<p style="text-align:center">**Attachment D**
SUD Health Information Technology (IT) Plan</p>

<u>**Section I**</u>

As a component of Milestone 5, Implementation of Strategies to Increase Utilization and Improve Functionality of Prescription Drug Monitoring Programs (PDMP), in the SMD #17-003, states with approved Section 1115 SUD demonstrations are generally required to submit an SUD Health IT Plan as described in the STCs for these demonstrations within 90 days of demonstration approval.

In completing this plan, the following resources are available to the state:

a. Health IT.Gov in "Section 4: Opioid Epidemic and Health IT."[1]
b. CMS 1115 Health IT resources available on "Medicaid Program Alignment with State Systems to Advance HIT, HIE and Interoperability" and, specifically, the "1115 Health IT Toolkit" for health IT considerations in conducting an assessment and developing their Health IT Plans.[2]

As the state develops its SUD Health IT Plan, it may also request technical assistance to conductan assessment and develop its plan to ensure it has the specific health IT infrastructure with regards to the state's PDMP plan and, more generally, to meet the goals of the demonstration. Contacts for technical assistance can be found in the guidance documents.

In the event that the state believes it has already made sufficient progress with regards to the health IT programmatic goals described in the STCs (i.e. PDMP functionalities, PDMP query capabilities, supporting prescribing clinicians with using and checking the PDMPs, and masterpatient index and identity management), it must provide an assurance to that effect via the assessment and plan below (see Table 1, "Current State").

SUD Demonstration Milestone 5.0, Specification 3: Implementation of Strategies to Increase Utilization and Improve Functionality of PDMP

The specific milestones to be achieved by developing and implementing an SUD Health IT Plan include:

- Enhancing the health IT functionality to support PDMP interoperability; and
- Enhancing and/or supporting clinicians in their usage of the state's PDMP.

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[1] Available at https://www.healthit.gov/playbook/opioid-epidemic-and-health-it.
[2] Available at https://www.medicaid.gov/medicaid/data-and-systems/hie/index.html.

The state should provide CMS with an analysis of the current status of its health IT infrastructure/"ecosystem" to assess its readiness to support PDMP interoperability. Once completed, the analysis will serve as the basis for the health IT functionalities to be addressedover the course of the demonstration—or the assurance described above.

The SUD Health IT Plan should detail the current and planned future state for each functionality/capability/support—and specific actions and a timeline to be completed over thecourse of the demonstration—to address needed enhancements. In addition to completing the summary table below, the state may provide additional information for each Health IT/PDMP milestone criteria to further describe its plan.

Table 1. State Health IT / PDMP Assessment & Plan

Milestone Criteria	Current State	Future State	Summary of Actions Needed
5. Implementation of comprehensive treatment and prevention strategies to address Opioid Abuse and OUD, that is: *--Enhance the state's health IT functionality to support its PDMP; and* *--Enhance and/or support clinicians in their usage of the state's PDMP.*	*Provide an overview of current PDMP capabilities, health IT functionalities to support the PDMP, and supports to enhance clinicians' use of the state's health IT functionalityto achieve the goals ofthe PDMP.*	*Provide an overview of plans for enhancing the state's PDMP, related enhancements to its health IT functionalities, and related enhancementsto support clinicians'use of the health IT functionality to achieve the goals of the PDMP.*	*Specify a list of action items needed to be completed to meet the HIT/PDMP milestones identifiedin the first column. Include persons or entities responsible for completion of each action item.* *Include timeframe for completion of each action item*
Prescription Drug Monitoring Program (PDMP) Functionalities			
Enhanced interstate data sharing in order to better track patient specific prescription data	Interstate data sharing is already in place with all but 12 states, including sharing with all New England states and NY.	Initiatives in process include: 1. Adding a 'date sold' column in patients' rx history to flag when prescriptions were picked	The state attests that this milestone is completed.,

Milestone Criteria	Current State	Future State	Summary of Actions Needed
		up at a pharmacy. 2. Implementing a Mandatory Use Compliance module that provides both the PDMP administrators and the end users with detailed information regarding the practitioner's compliance with the state's requirement to utilize the PDMP prior to issuing a prescription for a Sch. II-III opioids or a benzodiazepine. 3. Implementation of a Buprenorphine Therapy Interruption alert, that will alert practitioners and/or their team that a patient has failed to pick up a prescription for Suboxone or other buprenorphine-based treatment drug. Additionally, stakeholder engagement has begun regarding a Non-Fatal Overdose flag that would utilize ADT feeds collected from Emergency Rooms across the state.	
Enhanced "ease of use" for prescribers and other state and federal stakeholders	Series of enhancements since PDMP 'go live' have been implemented to improve usability. Enhancements for establishing clinician delegates are in place. Ability to perform 'bulk patient		The state attests that this milestone is completed.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	search' has been implemented. Public-facing reporting of state and county level is accessible for state and federal stakeholders and includes: - Total Schedule II Opioid Prescriptions - Total Number of Schedule II Opioid Solid Dosage Units - Individuals Receiving Schedule II Opioid Prescription - % of Individuals Receiving Schedule II Opioid Prescription (of total population) - Individuals with Activity of Concern - Rate of Individuals with Activity of Concern (per 1,000) - Numbers of prescriptions, individuals receiving prescriptions, and number of PDMP searches since Q1 2015		
Enhanced connectivity between the state's PDMP and any statewide, regional or local health information exchange	The Commonwealth of Massachusetts has robust adoption of Health Information Technology by health plans and providers. The state operates a statewide electronic health information exchange (HIE), called the Mass HIway, through the Direct Standard. HIway Direct Messaging allows providers to securely communicate with messages to one another regardless of technology. All Massachusetts acute care hospitals, community health centers, and large provider organizations are able to use direct messaging and have access to the Mass HIway for sending and receiving messages, including for accessing public health reporting such as the PDMP, Syndromic Surveillance, and Electronic Lab Reporting.		The state attests that this milestone is completed.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns3 (see also "Use of PDMP" #2 below)	PDMP dashboards include 2-year history of Narcotic, Sedative, and Stimulant prescriptions, identify risk indicators, and assign an overdose risk score. Quarterly reports are posted to prescribers' PDMP dashboards on a quarterly basis. Reports specific to opioids include Prescriptions per Patient; Daily MME per Patient; Average Quantity per Patient; Average Duration per Patient; Unique Patients; and Unique Patients in Peer specialty group. Prescriber reports also flag patients 'at risk' due to Dangerous Combination Therapy; Patients Exceeding Multiple Provider Thresholds; and Patients Exceeding Daily MME Thresholds.		The state attests that this milestone is completed.
Current and Future PDMP Query Capabilities			
Facilitate the state's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e. the state's master patient index (MPI) strategy with regard to PDMP query)	Prescriptions for opioids and other controlled substances are accessible through the state's PDMP.		The state attests that this milestone is completed.
Use of PDMP – Supporting Clinicians with Changing Office Workflows / Business Processes			
Develop enhanced provider workflow / business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow	EHR integration and enhancements for establishing clinician delegates are in place. Ability to perform 'bulk patient search' has been implemented as well.		The state attests that this milestone is completed.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription	Advanced patient support tool Visano has been implemented. In addition to the existing PDMP functionality, Visano also offers a representation of the data in an interactive format to help prescribers, pharmacists, and care teams access and more quickly and easily comprehend the data to aid in clinical decisions and provide improved patient safety and outcomes. Visano also provides tools and resources that support patients' needs and connects them to treatment, when appropriate.		The state attests that this milestone is completed.
Master Patient Index / Identity Management			
Overall Objective for Enhancing PDMP Functionality & Interoperability	The Center for Health Information and Analysis (CHIA) maintains the MA All Payer Claims Database (APCD) Master Patient Index and reports on Massachusetts health insurance coverage, access, and use of health care services including mental health and substance use disorder services. All payments for prescriptions to providers and retail pharmacies are part of the APCD which allows for the relationship between prescriptions and SUD care to be captured.		The state attests that this milestone is completed.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Leverage the above functionalities / capabilities / supports (in concert with any other state health IT, TA or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing—and to ensure that Medicaid does not inappropriately pay for opioids	1. In addition to the above overview and as part of the Commonwealth's comprehensive response to the opioid epidemic, the following protocols and controls have been implemented, including under Massachusetts General Law c.94C:Requirement that the PDMP must be checked prior to each time a prescription for Schedule II or III narcotic or benzodiazepine is issued. 2. Requirement that pharmacies must submit data for all controlled substances dispensed. 3. Establishment of a Prescription Monitoring Program Medical Review Group where MassHealth representatives attend. The Medical Review Group reports to the MA Department of Public Health Drug Control Program and includes physicians, APRNs, physician assistants, dentists, and pharmacists. The group convenes when PDMP staff identify outlier prescribers or receive a complaint about a prescriber. MassHealth convenes an opioid workgroup every 2 weeks to review cases and, additionally, MassHealth's Program Integrity Unit initiates investigations into patterns of over prescribing or inappropriate prescribing practices.		The state attests that this milestone is completed. The Commonwealth pays for the PDMP System without CMS FFP funding. The PDMP meets all Federal and State security, privacy, and operational requirements.

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[3] Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:265–269. DOI: http://dx.doi.org/10.15585/mmwr.mm6610a1.

Section II – Implementation Administration

Please provide the contact information for the state's point of contact for the SUD Health ITPlan.

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Section III – Relevant Documents

Please provide any additional documentation or information that the state deems relevant to successful execution of the SUD Health IT Plan.

[105 CMR 700.00: Implementation of MGL c.94C | Mass.gov](#)

[Massachusetts Prescription Awareness Tool (MassPAT) | Mass.gov](#)