

I. Project Identification

Project Title: Enhancements to the Connecticut Prescription Monitoring and Reporting System (CPMRS)

Agency Name

Department of Consumer Protection

Agency Business Unit

Prescription Monitoring Program

Your Name(Submitter)

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II. Project Details

A. Project Dates

Proposed Start Date (MM/DD/YYYY) Expected Completion Date (MM/DD/YYYY) Project Duration (in months)

07/01/2015

07/01/2016

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B. Project Description - This information will be used for listings and report to the Governor and General Assembly on capital funded projects.

Enhancing the Connecticut Prescription Monitoring and Reporting System (CPMRS) to more effectively identify medication abuse, misuse and overprescribing patterns by adding more functionality and automating many of the highly labor intensive manually function within the system.

C. Summary.

Summary - Describe the high level summary of this project in plain English without technical jargon

The proposed enhancements will provide prescribers, pharmacists and law enforcement with additional resources that will assist them in identifying patients that may be misusing or abusing prescription medications.

The modification to the CPMRS are divided into the following categories:

Clinical Notification

Any time a patient exceeds a certain threshold, the related parties are notified (following are the threshold factor):

- a. morphine equivalent
- b. number of practitioner
- c. number of pharmacy

Excessive lookup Alert

If any patient is being looked up excessively in last X hours (based on threshold factor), admins are notified, to review further for any suspicious action.

Real-Time Reporting

Currently, pharmacists are only required to submit data to the CT Prescription Monitoring and Reporting System at least once per week. Because of this, the data within the database may not be accurate or complete. Real-time reporting will provide immediate and more reliable data prescribers and pharmacists can utilize to determine whether to prescribe or dispense.

Registration Auto Approve

Allows all registrations to be validated automatically against repositories such as driving license or board license to automatically approve access to PMP.

Delegate Support

Extend access to health care extenders, such as medical assistants, registered nurses, etc. Access to CPMRS needs to be approved by CPMRS admin and their respective supervisor. Supervisor will have access to revoke/approve delegates access. Every request processed by a delegate, will identify their supervisors.

Case Management

Allows to track any cases associated with CPMRS searches. Law enforcement users can create a case and tag all PMP searches to a case.

Mobile Device App

Apps to support the CPMRS on iPhone, Android & Windows OS.

Purpose – Describe the purpose of the project

The purpose of this project is to enhance the CPMRS in order to streamline, automate and expand upon many of the functions within the system. This will allow prescribers and pharmacists to provide better care and treatment options to their patients, while assisting law enforcement in conducting prescription fraud investigations.

Importance – Describe why this project is important

Over the past two decades the United States has seen a significant rise in the misuse and abuse of prescription medications, especially opioid pain medications. Between 1999 and 2010, deaths from prescription drug overdose doubled in 29 states. Misuse or abuse of prescription medication results when a person takes a drug in higher quantity, in another manner or for another purpose than what it was prescribed for by its prescriber, or takes medications prescribed for another individual.

Like the rest of the nation, Connecticut (CT) has also seen a significant rise in deaths from prescription drug overdose. In 2010, an estimated 10.1 per 100,000 people in CT died from prescription drug overdose. Currently accidental poisoning from prescription drugs is the second leading cause of death from unintentional injuries in the state and residents of CT are more likely to die from an unintentional drug overdose than a motor vehicle accident. Emergency Department (ED) visits and hospitalizations have also increased over the past few years. The number of ED visits, not leading to a hospital inpatient stay, ranged from 3,220 to 3,621 between 2007 and 2012. Inpatient discharge counts show that the admissions for prescription overdose ranged from 1,096 to a high of 1,272 between 2007 and 2012.

Prescription drug abuse has not only caused tremendous loss of lives and morbidity, but also has led to significant healthcare costs in CT. In CT, from 2007 – 2012, the cost for emergency department visits due to prescription drug overdose totaled about \$32 million. Also, the average hospitalization cost for unintentional prescription drug overdose rose from \$16,744 in 2007 to \$24,227 in 2013.

Since July 2008, when the CPMRS was first implemented, prescribers, pharmacists and law enforcement utilizing the system have been able to identify various types of patient drug-seeking behaviors and post almost real-time alerts to warn or bring attention to a particular patient or situation. In addition, the CPMRS provides the opportunity for practitioners to review their own prescribing history report to identify individuals using their DEA number to obtain controlled substances without their knowledge.

However, to ensure the CPMRS is maintained current and relevant to prescribers, pharmacists and law enforcement, the proposed enhancements will provide a variety of new features needed to combat and reduce prescription drug misuse, abuse and overdose.

Outcomes – What are the expected outcomes of this project

- Increase in patient alerts/notifications to prescribers.
- Increase in patient alerts/notifications to pharmacists.
- Increase in patient alerts/notifications to system administrator.
- Live data reporting from all Connecticut-licensed pharmacies.
- Increase in the number of prescriber registrations.
- Increase in the number of pharmacists registrations.
- Increase the number of delegates registering for access in the system.
- Increase in patient prescription history report searches.
- Increase in prescriber request in the system.
- Increase in pharmacists request in the system.
- Increase in law enforcement request in the system.
- Increase in the number of prescribers reviewing their own prescribing history to identify forgeries.

Approach and Success Evaluation – Provide details of how the success of the project will be evaluated

We are going to compare and contrast current and future program outcomes based on the following criteria:

- # of registered prescribers
- # of registered pharmacists
- # of patient request by prescribers
- # of patient request by pharmacists
- # of patient request by law enforcement
- # of prescribers review their own prescribing history reports

D. **Business Goals.** List up to 10 key business goals you have for this project, when (FY) the goal is expected to be achieved, and how you will measure achievement, Must have at least one. Please use action phrases beginning with a verb to state each goal. Example: "Reduce the Permitting process by 50%". In the Expected Result column, please explain what data you will use to demonstrate the goal is being achieved and any current metrics.

Business Goal (Action Phase)	Target FY for Goal	Current Condition	Expected Result
Increase in prescriber registration to 100%	2016	50% of prescribers are registered in the CPMRS	Remaining 50% of prescribers will complete registration
Increase in pharmacists registration to 100%	2016	30% of pharmacists are registered in the CPMRS	Remaining 70% of pharmacists will complete registration
Pharmacies to report real-time data	2016	Pharmacies reporting data at least once a week	100% compliance from all pharmacies

E. **Technology Goals.** From a technical perspective, following the above example, list up to 10 key technology goals you have for this project and in which Fiscal Year (FY) the goal is expected to be achieved. Please use action phrases beginning with a verb to state each goal. Example: "Improve transaction response time by 10%".

Technology Goal	Target FY for Goal	Current Condition	Expected Result
N/A	N/A	N/A	N/A

F. **Priority Alignment.** The criteria in this table, in concert with other factors, will be used to determine project priorities in the capital funding approval process. Briefly describe how the proposed projects will align with each criterion.

Priority Criterion	Y/N	Explanation
Is this project aligned with the Governor's Key Priorities?	Y	A working group has been formed by the Governor's in hopes of reducing prescription drug misuse, abuse and overdose throughout the CT.
Is this project aligned with business and IT goals of your agency?	Y	All enhancements will be made through our contracted vendor (Optimum Technology).
Does this project reduce or prevent future increases to the agency's operating budget?	Y	By automating certain labor intensive aspects of the program, this will translate into savings by streamlining required staff support
Will this project result in shared capabilities?	N	The information contained in the system is HIPAA protected and by statute can only be shared with authorized users.
Is this project being Co-developed through participation of multiple agencies?	N	Although partnerships have been established with other agencies through the Governor's working group, the ownest is on DCP to ensure the enhance are made to the CPMRS.
Has the agency demonstrated readiness to manage project of this size and scope?	Y	CPMRS Program Manager will be responsible for managing the project.
Is the agency ready to deliver the business value proposed?	Y	We have a long term relationship with the vendor and are very pleased with the results to date in the following areas cost, timeliness , quality of work and support.

G. **Organizational Preparedness.** Is your agency prepared to undertake this project? Is senior management committed, willing to participate, and willing to allocate the necessary time, energy and staffing resources? How will the project be managed and/or governed and who will make the key project decisions?

Yes, DCP is prepared to carry out this project. Senior management has endorsed it and will support it as a high priority project. PMP Project Manager will work with DCP's administration, the Information Technology Advisory Committee, as well as with senior management in coordinating this project.

H. **Project Ramp Up.** If capital funds are awarded for this project, how long will it take to ramp up? What are the key ramp-up requirements and have any of these already been started? For example, has a project manager been identified? Has an RFI been issued? Is a major procurement required such as an RFP?

Project ramp-up will begin immediately upon capital funds being awarded. The designated project manager is (Soto.X). We received a quote from the current system vendor for the proposed work. A major procurement is not required, this is a system upgrade.

- I. **Organizational Skills.** Do you have the experienced staff with the proper training to sustain this initiative once it's a production system? Do you anticipate having to hire additional staff to sustain this? What training efforts are expected to be needed to maintain this system?

Current staff is trained and ready to carry out the initiative once in the production phase. No additional staff will be required to complete this initiative. All program staff are very familiar with the program, since the enhancements to the program will be used to streamline the existing process, additional training will be minimal..

- J. **Financial Estimates.** From IT Capital Investment Fund Financial Spreadsheet

Estimated Total Development Cost	Estimated total Capital Funding Request	Estimated Annual Operating Cost	One Time Financial Benefit	Recurring Annual Financial Benefit
\$293,476.00	\$200,255.00	\$138,756	\$0	\$0
Explanation of Estimates				
a. Clinical Notification –\$27,500.00 b. Excessive lookup Alert –\$10,500.00 c. Case Management - \$22,000.00 d. Mobile Device App – \$66,000.00 e. Real-Time Reporting - \$40,000.00 F. Automatic Registration Approval - \$34,255.00				
Assumptions: Please list key assumptions you are using to estimate project development and implementation costs				
All cost estimates were provided by vendor (Optimum Technology, Inc.).				

III. Expanded Business Case

- A. **Project Impact.** Beyond the top business goals identified in Section II, 1) What impacts will this project have, if any, in the targeted areas below, 2) What would be the impact of not doing this project, 3) How will the project demonstrate benefits are achieved.

(1) Impact Area (Vision)	Y/N	Description of Project Impact
Will this project provide efficient and easily accessible services for all constituents?	Y	Mainly assisting physicians, pharmacies and law enforcement.
Will this project promote open and transparent government with the citizens of the state?	Y	Not applicable. System is restricted due to the sensitivity of information gathered.
Will this project establish efficient and modern business processes?	Y	Current system is antiquated relying on a person to manually upload the data at length intervals.
Will this project increase accuracy and timeliness of data for policy making, service delivery and results evaluation?	Y	Real time data will allow for current trends in prescription fraud, abuse to be up to date and easily accessible.

2) What is the expected impact of NOT doing this project?

Residents – further increase in prescription drug abuse.
Municipalities – increase taxes for prescription related crimes and increase tax for treatment programs.
Physicians – inability to quickly and accurately determine misuse and abuse of prescription drugs by patients.
Businesses (pharmacies) – inability to quickly and accurately determine misuse and abuse of prescription drugs by patients.
Law enforcement – providing state of the art real-time investigative tool for prescription fraud investigations.
Government – lack of accurate data leading to ineffective programs, outdated policies and procedures.

(3) How will you demonstrate achievement of benefits?

A final report will be generated in late 2016 by the Program Manager detailing all completed achievements with funds provided by the IT Capitol Investment funds.

B. Statutory/Regulatory Mandates. 1) Cite and describe federal and state mandates that this project is intended to address. 2) What would be the impact of non-compliance?

(1) Statutory / Regulatory Mandates:

Connecticut General Statute, Sections 21a-254 requires all prescribers to register in the CPMRS.

(2) Impact of non-compliance:

Increase in prescription drug abuse, misuse and overdose.

C. Primary Beneficiaries. Who will benefit from this project (citizens businesses, municipalities, other state agencies, staff in your agency, other stakeholders) and in what way?

Residents – reduction in prescription drug abuse.
Municipalities – reduction in treatment of prescription drug related crimes and treatment.
Physicians – real-time tools for determining prescription misuse and abuse.
Businesses (pharmacies) – real-time tools for determining prescription misuse and abuse.
Law enforcement – providing state of the art real-time investigative tool for prescription fraud investigations.
Government – more accurate and further enhanced tool for developing policy and prevention related to prescription drug misuse, abuse and overdose.

Important:

- If you have any questions or need assistance completing the form please contact Jim Hadfield or John Vittner
- Once you have completed the form and the [IT Capital Investment Fund Financial Spreadsheet](#) please e-mail them to Jim Hadfield and John Vittner

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