

CSDB Real-Time Pilot

Lessons Learned

1. Pharmacists are interested in improving the timeliness of the CSD system. In the initial call to explain the real time program, most of the pharmacists were interested in participating and readily supplied contact information for regional managers or IT managers to continue the discussion. The decision-makers were more apprehensive than the pharmacists.
2. Medium and small chains use a third party software. This makes it easier for them to participate in the real-time program.
3. Larger pharmacies do not tolerate a 10 second delay anywhere in their process.
4. Large Chains would prefer to use centralized service – exchanges they already use to minimize their integration concerns. The regional manager from Target was very interested. However, their national IT director was not interested in creating this service that would talk to the state's system from each location. It would have caused changes to their firewalls and custom development of their software.
5. Large Chains custom develop their pharmacy software.
6. Changing to a daily batch would be less intrusive for the large chains.
7. Changes to a daily batch would be more intrusive for the small chains – it is a manual process
8. Anecdotal evidence – DOPL employee/prescriber checked the system in the morning, her patient did not have any recent controlled substance prescribed. The pharmacy that afternoon called the prescriber to let her know that multiple prescriptions had been filled for that same patient that day.

CONTROLLED SUBSTANCE DATABASE ACT

58-37f-101. Title.

This chapter is known as the "Controlled Substance Database Act."

58-37f-801. Pilot program for real-time reporting for controlled substance database -- Statewide implementation.

(1) As used in this section:

(a) "Pilot area" means the areas of the state that the division determines to operate the pilot program in, under Subsection (3), which may include:

- (i) the entire state; or
- (ii) geographical areas within the state.

(b) "Pilot program" means the pilot program described in this section.

(2) There is established a pilot program for real-time reporting of data to, and access to data from, the database by a pharmacy, a pharmaceutical facility, or a prescribing practitioner beginning on July 1, 2010, and ending on July 1, 2012.

(3) In addition to fulfilling the requirements relating to the database on a statewide basis, the division shall, in accordance with Subsection (4), upgrade, administer, and direct the functioning of the database in geographical areas specified by the division, or on a statewide basis, in a manner that provides for real-time reporting of information entered into, and accessed from, the database by a pharmacy or pharmaceutical facility.

(4) The division shall, under state procurement laws, and with the technical assistance of the Department of Technology Services, contract with a private entity to upgrade, operate, and maintain the database in the pilot area.

(5) (a) All provisions and requirements of the statewide database, described in the other parts of this chapter, are applicable to the database in the pilot area, to the extent that they do not conflict with the requirements of this section.

(b) For purposes of the other parts of this chapter, and this section, the database in the pilot area is considered part of the statewide database.

(6) A pharmacy or pharmaceutical facility shall cooperate with the division, or the division's designee, to provide real-time submission of, and access to, information for the database:

- (a) in the pilot area; and
- (b) when the division implements the pilot program as a permanent program under Subsection

(9), on a statewide basis.

(7) The penalties and enforcement provisions described in the other parts of this chapter apply to enforce the provisions of this section in relation to a pharmacy or pharmaceutical facility that is located in, or operates in, the pilot area.

(8) The division may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to provide for the real-time reporting of, and access to, information in accordance with the requirements of this section.

(9) The division shall, on or before July 1, 2012, implement the pilot program as a permanent program on a statewide basis.

(10) (a) The division shall, through the private entity contracted with under Subsection (4), provide, free of charge, to a pharmacy or pharmaceutical facility that is required to comply with Subsection (6), software, software installation assistance, and training, that will enable the pharmacy or pharmaceutical facility to comply with Subsection (6).

(b) Notwithstanding Subsection (10)(a), a pharmacy or pharmaceutical facility required to comply with Subsection (6) may, instead of accepting installation of the software provided by the division under Subsection (10)(a), modify its own software in order to comply with the requirements of Subsection (6), if the modification is made:

- (i) except as provided in Subsection (10)(d), at the expense of the pharmacy or pharmaceutical facility;
 - (ii) in consultation with the division; and
 - (iii) within six months after the division notifies the pharmacy or pharmaceutical facility, in writing, of the division's intention to install the software described in Subsection (10)(a).
- (c) The division shall, through the private entity contracted with under Subsection (4), cooperate with a pharmacy or pharmaceutical facility that is required to comply with Subsection (6), to ensure that the installation and operation of the software described in Subsection (10)(a), or the provision of information from the pharmacy or pharmaceutical facility to the database:
- (i) complies with the security standards described in 45 C.F.R. Parts 160, 162, and 164, Health Insurance Reform: Security Standards;
 - (ii) does not interfere with the proper functioning of the pharmacy's or pharmaceutical facility's software or computer system; and
 - (iii) in order to minimize changes in existing protocols, provides, to the extent practicable, for the transmission of data in the same manner that pharmacies currently transmit information to insurance companies.
- (d) The division may, within funds appropriated by the Legislature for this purpose, reimburse a pharmacy for all or part of the costs of the in-house programming described in Subsection (10)(b), if:
- (i) the pharmacy requests the reimbursement, in writing;
 - (ii) the pharmacy provides proof of the costs for the in-house programming to the division;
 - (iii) the pharmacy requests the reimbursement prior to a deadline established by the division; and
 - (iv) except as provided in Subsection (10)(e), the division pays an equal reimbursement amount to each pharmacy that complies with Subsections (10)(d)(i) through (iii).
- (e) The division may reimburse a pharmacy described in Subsection (10)(d)(iv) for an amount that is less than the reimbursement paid to other pharmacies described in Subsection (10)(d)(iv), if:
- (i) the proof of costs for in-house programming provided by the pharmacy establishes a cost less than the amount reimbursed to the other pharmacies; and
 - (ii) the amount reimbursed to the pharmacy is equal to the amount established by the proof of costs for in-house programming submitted by the pharmacy.
- (f) Notwithstanding any other provision of this section, the division may, by rule, allow up to 24 hours for the reporting of data to the database by a non-resident pharmacy, as defined in Section 58-17b-102.

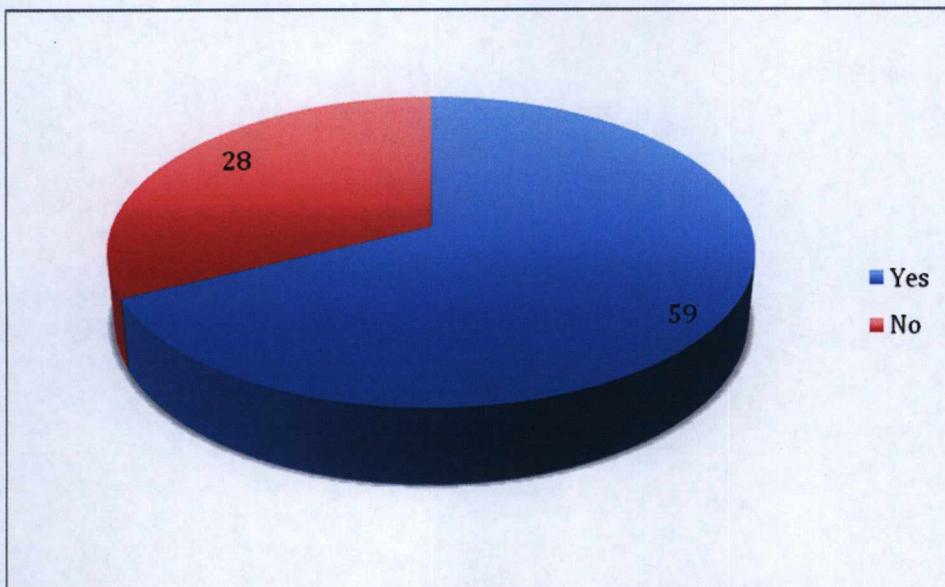
**Title 58, Chapter 37f
Utah Code Annotated 1953
As Amended by
Session Laws of Utah 2012
Issued May 14, 2013**

Disclaimer: The statute/rule above is an unofficial version provided for convenience only and may not be identical to the official versions on the Utah State Legislature (www.le.utah.gov) and the Utah Division of Administrative Rules (www.rules.utah.gov) websites.

Pharmacy responses to initial invitation

Out of 87 invitations, 32% were interested in participating. 68% were not interested. Listed below are the main reasons for opting out of the pilot program.

- We don't have a point of sale device
- Don't want to rock the boat
- Since this is an optional program, the Corporate office is not interested in developing a custom solution for their Utah branches.

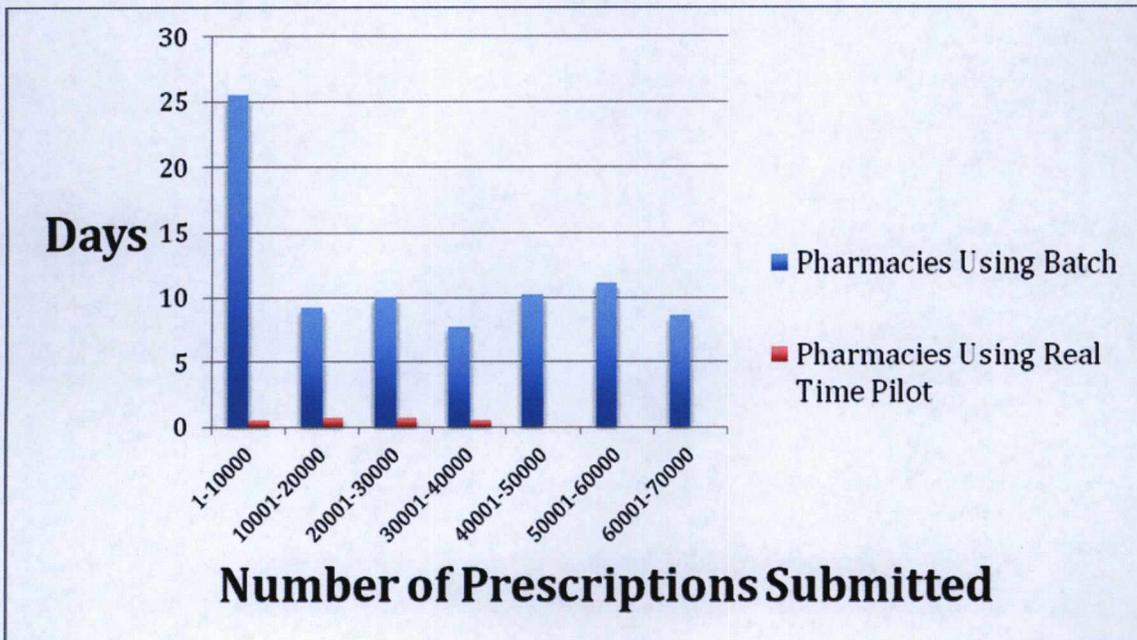


Pharmacy Participation 2012 - 2013



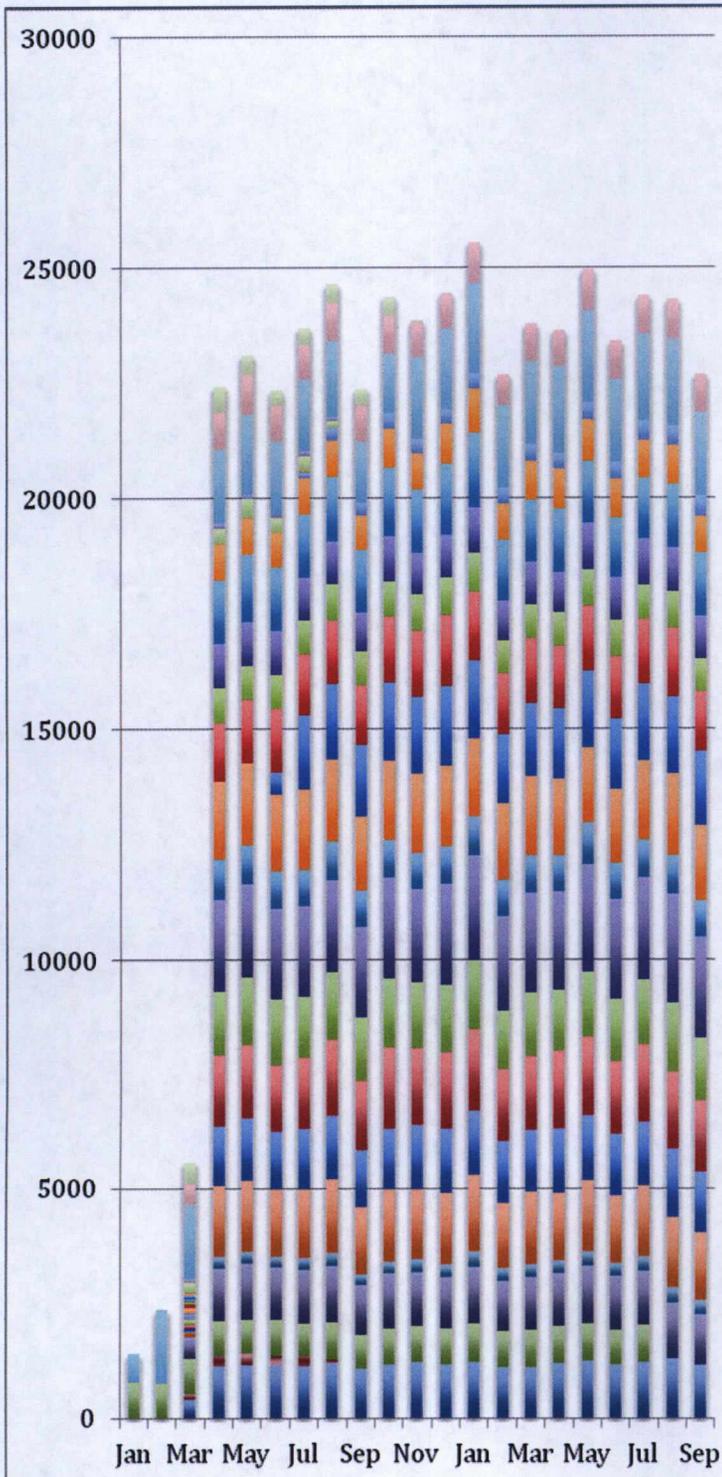
Historical Data

Average delay between RX Filled and Recorded in CSD
(2012 - 2013)



Note: The average delay is 9.5 days.

Average Prescription per pharmacy



Pharmacy names in this chart have been redacted

CSD Survey

Instant Reporting

Sep 30 – Oct 7, 2013

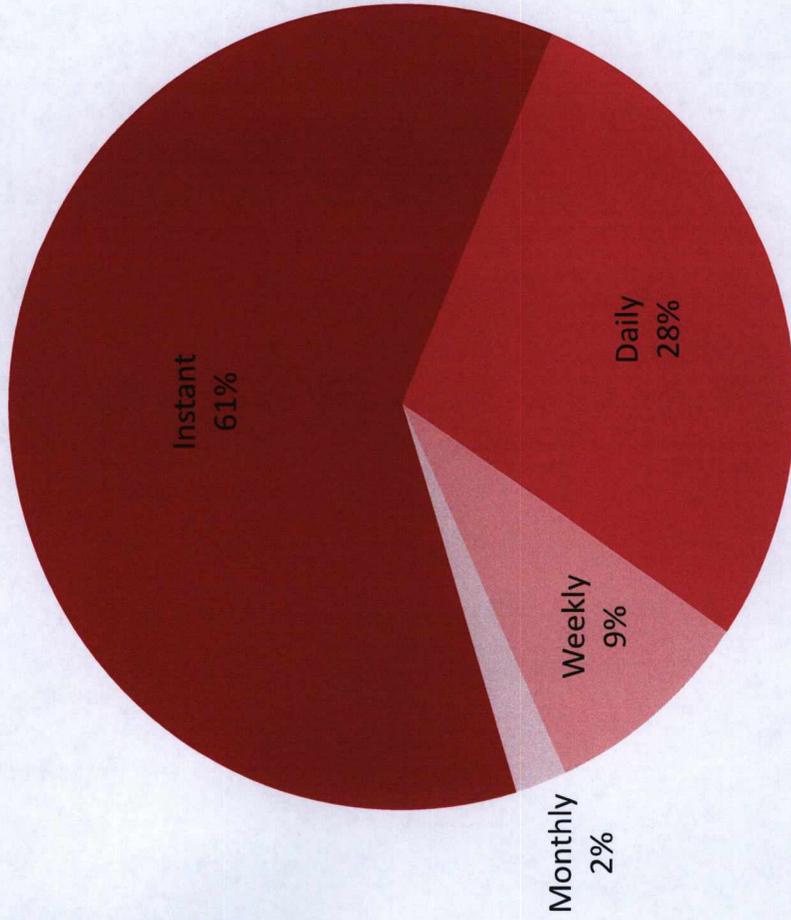
620 Respondents

Conclusions

- CSD Users prefer Instant Pharmacy Reporting to Daily, Weekly or Monthly
 - 61%, 28%, 9%, 2% respectively
- Daily reporting is an acceptable alternative to Instant
 - Averages ratings of 8.37 & 8.60 (scale of 1-10)
- Daily reporting could exceed “return time” for most CSD users
 - 70% of respondents search CSD less than daily
- 18% of CSD users were aware of Pilot Program
 - 27% of those noticed a difference
 - 79% of those felt it was a positive difference

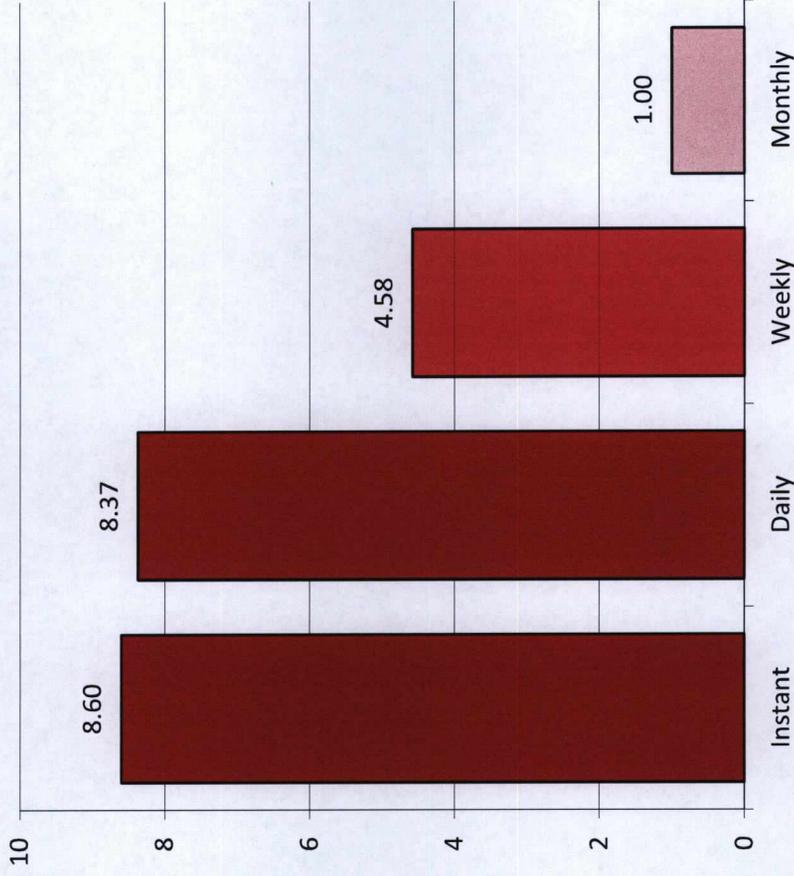
Reporting Deadlines

Preference

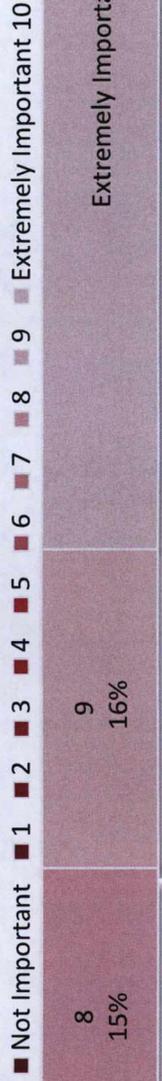


Acceptability

Average of Responses (1-10)

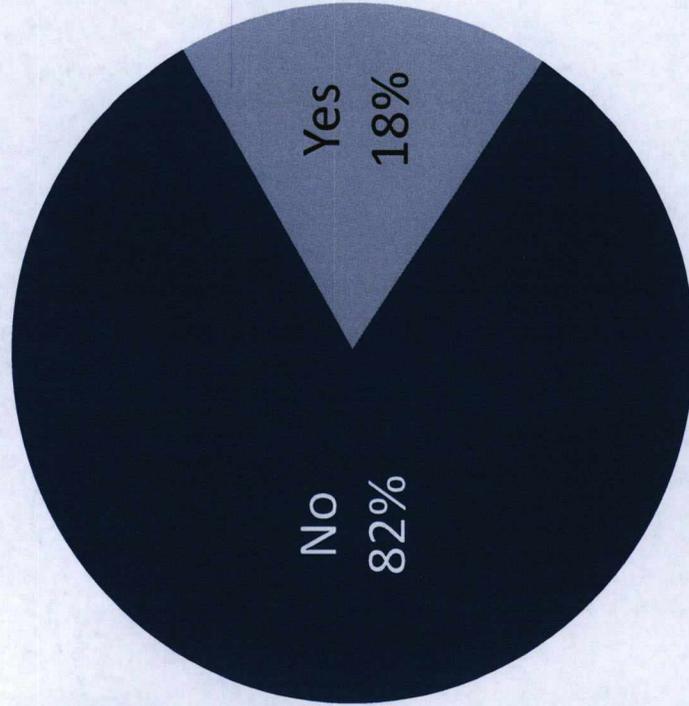


Importance of Instant Reporting



“Real Time” Pilot Program

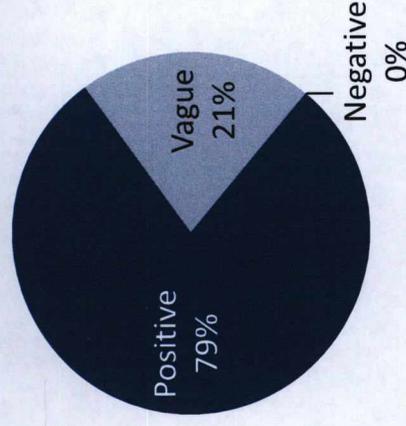
Aware of
Pilot Program (605)



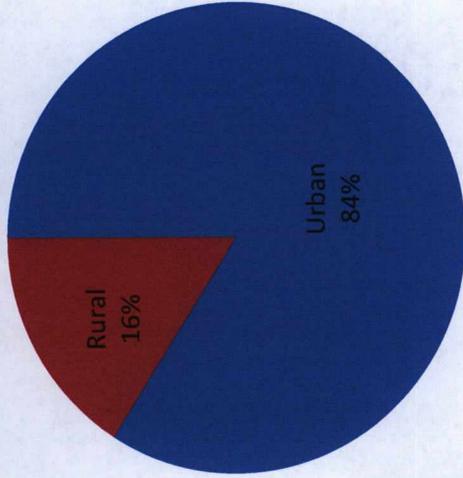
Observed Impact (107)



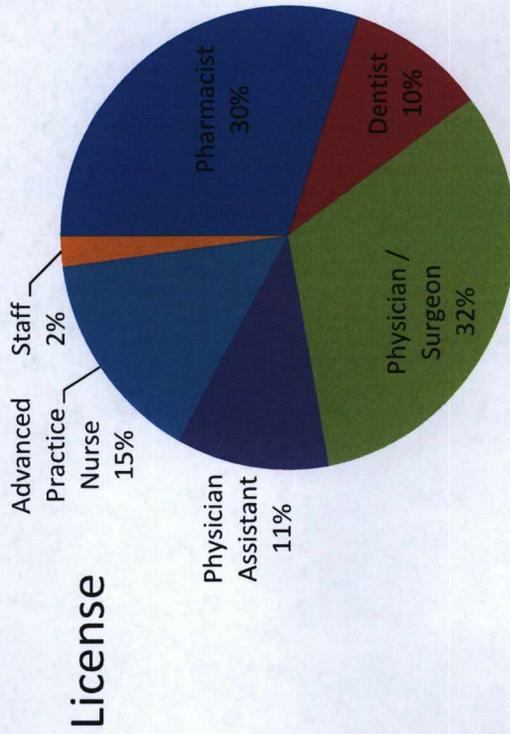
Type of Impact (33)
Positive - Negative - Vague



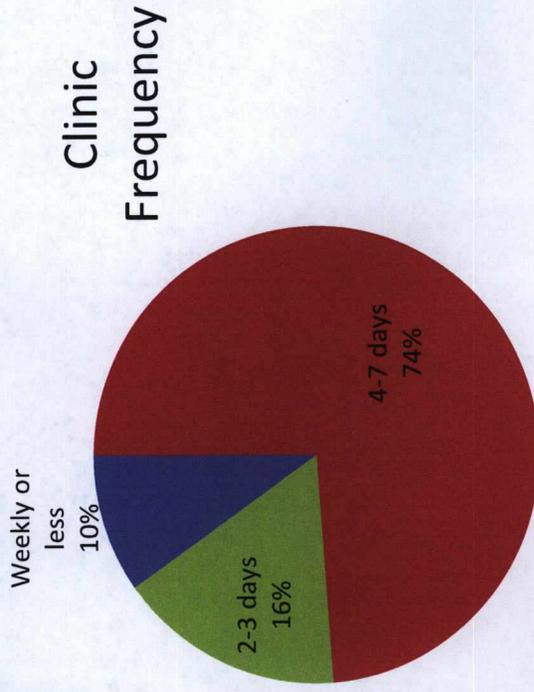
Respondent Demographics



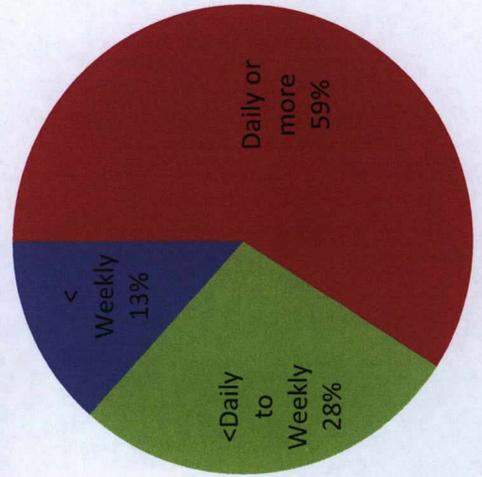
Geography



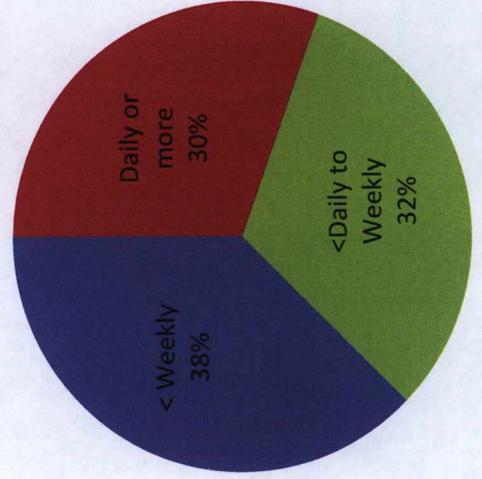
License



Clinic Frequency



Prescribing Frequency



CSD Frequency