

# PDMP opportunities and barriers

- Electronic health record PDMP integration has increased utilization<sup>1</sup>
  - <50% of Colorado providers have integration
- Vendor fees are problematic
  - Unable to expand PDMP scope (legislative + cost)
    - Overdose, diagnosis, problematic drugs
- Other states secured permanent funding for statewide integration
  - Cost effective on a per provider basis
  - Opioid settlement funds?

# PDMP evaluation

- Evaluation legislative changes: PDMP mandates (SB 22-027)
  - Impact on providers, outcomes for patients, unintended consequences
  - SB 18-22 evaluation: no impact on 7 day opioid prescriptions or PDMP use<sup>2</sup>
- Language around research (access) and public health (resources) use is a barrier to using PDMP as a tool for public health and evaluation
  - HB14-1283 “The board, THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, OR THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, pursuant to a written agreement that ensures compliance with this part 4, may provide data to qualified personnel of a public or private entity for the purpose of bona fide research or education so long as the data does not identify a recipient of, a practitioner who prescribed, or a prescription drug outlet that dispensed, a prescription drug.”

# UC Denver approved Honest Broker Linkage

Color code:

Clear-text PHI

De-identified data

