

STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY
PRESCRIPTION MONITORING PROGRAM
RFI 2013-066-A



STATE OF NEW HAMPSHIRE

Board of Pharmacy

RFI 2013-066-A

REQUEST FOR INFORMATION FOR:

PRESCRIPTION MANAGEMENT PROGRAM

ISSUED: February 1, 2013

RESPONSE REQUESTED BY: February 27, 2013

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1 GENERAL INFORMATION

This Request for Information (RFI) is issued by the State of New Hampshire Board of Pharmacy (BOP) to solicit information regarding a comprehensive Prescription Drug Monitoring Software Program that is web based, easily trained and user friendly. The features of the program must include collecting and securing controlled substance prescription data from pharmaceutical dispensers, utilization of the data by authorized practitioners and managerial analytical reports.

1.1 BACKGROUND

The State recognizes that there is a significant problem with the abuse, misuse, and diversion of controlled prescription drugs, resulting in over 100 deaths annually in New Hampshire and thousands of unnecessary visits to health care practitioners and our hospital emergency rooms. The controlled prescription drugs most misused are found in schedules II, III, and IV.

The State understands that health practitioners are challenged everyday with the difficult task of discerning between patients in need of legitimate pain treatment and the “doctor shoppers” who seek a controlled drug prescription for their own addiction or for diversion on the street. Access to a controlled drug prescription monitoring program can help physicians and other health practitioners differentiate the former from the latter, while providing better care to patients truly in need of such medications. A controlled drug prescription monitoring program will also help identify health practitioners who are fraudulently prescribing controlled drugs and adding to prescription drug abuse in New Hampshire.

The State believes that a controlled drug prescription monitoring program that fully complies with all state and federal Health Insurance Portability and Accountability Act (HIPAA) privacy and security laws and regulations should be established as a tool to improve medical treatment.

The State intends that a controlled drug prescription monitoring program will reduce patient morbidity and mortality associated with controlled drugs by providing a secure program through which the prescriber and the dispenser may access information on a patient’s controlled drug prescription history. The program is designed to create a greater sense of safety, security, and comfort in the health practitioner-patient relationship when controlled drugs are prescribed.

The State believes, to achieve these goals, New Hampshire should join 48 other states to enact a controlled drug prescription monitoring program that physicians and other legal practitioners can access when prescribing or dispensing controlled drugs. There are approximately 2,500 pharmacists and over 250 community pharmacies registered in New Hampshire. Of these community pharmacies, 28 are independently owned with the balance being mostly chain pharmacies. There are approximately 500 non-resident mail

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order pharmacies registered in New Hampshire but are domiciled out the state. There are approximately 10,000 potential users of the program.

2 SYSTEM REQUIREMENTS

2.1 General Requirements

This application should be a user-friendly, secure, browser-based application which:

1. Allows for timely and accurate transfer of data from dispensers to the Prescription Drug Monitoring Program (PMP);
2. Has been examined, tested, and is currently in-use by other U.S. state agencies that have Prescription Drug Monitoring Programs;
3. Can perform data collection from all pharmacy software systems licensed in the State of New Hampshire;
4. Is HIPAA compliant;
5. Allows PMP Program Management to run Ad-Hoc Queries/Reports;
6. Provides canned reports to help monitor and manage client activities;
7. Possesses tools that will allow users to accurately and quickly retrieve information;
8. Provides a support network for all users;
9. Minimum of 5 years

2.2 Required System Features and Functionality

This Section details the requirements which the Board of Pharmacy has established as being necessary for a base Prescription Drug Monitoring Program (PMP) system. It is presented in a response matrix so that the proposal can inform the State the extent to which the System meets these requirements.

Response Options – A response of “Y” indicates that the COTS System meets the requirement for the Board of Pharmacy and for Dispenser. A response of “N” indicates the COTS System cannot fulfill the requirement. A response of “P” indicates the requirement is partially fulfilled and should be explained in the Comment Section. “F” indicates the requirement will be available in the future, please provide time frame.

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Table 1 System Requirements

A	System Operations	Meets Requirement (Y / N / P / F)	Comments
1	The PMP system must be designed to minimize the number of N.H. personnel required to maintain and operate the system and the program.		
2	The system must be compliant with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Documentation must be presented on how HIPAA compliance is enforced/ maintained.		
3	Provide disclosure of the vendor's current involvement with any other state or federal agency with similar systems.		
4	The system must include Ad Hoc Reporting and the creation of Alerts at a minimum.		
5	Training vendor will train 4 Board of Pharmacy personnel in the operation and maintenance of the application.		
6	Detailed Systems Documentation, Technical Systems Documentation, and End User Documentation must be presented at all levels for reference by End Users (i.e. all N.H. licensed practitioners, dispensers and authorized users), Agency Based Management and Enforcement Personnel and Agency Onsite Technical Staff. Recommended Types of Documentation include but not limited to: • Online Help • Online Documentation • Hardcopy Documentation • Removable Media		
7	The vendor must provide end user help desk support during normal business hours (Eastern Time) with a function including, but not limited to: answering questions, resetting passwords, trouble-shooting, etc.		
B	Technical Requirements		
1	System must be hosted by vendor.		
2	All of the data in the database shall belong to the Board of Pharmacy.		

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3	All information related to an individual shall be deleted as soon as there has been no activity for greater than 6 months consecutively from the initial prescription. All Data older than 3 years shall be deleted.		
4	Web Browser Access should be the primary access method to all data, reports, and administration as well as maintenance tasks.		
5	The application must be accessible from Google Chrome, Mozilla Firefox, Internet Explorer, Safari or any other commonly used internet browser.		
6	Application must be accessible from mobile devices such as Smartphones and Tablets; i.e. Mobil App.		
7	The PMP system must be designed to allow future upgrades to be easily incorporated into the system with minimal programming effort required by pharmacies of PDMP personnel.		
8	Management functions must be automated wherever possible, including automatically notifying pharmacies that uploads have not occurred, as well as automatic notification of data errors from dispensers' transmissions.		
C	Reporting Requirements		
1	The application must provide Standard Canned Reports, Customized Reports, and Ad Hoc Reporting capabilities.		
2	An estimated 20 Canned Reports must be developed.		
3	An estimated 20 Customized Reports must be developed.		
4	The PMP system must minimize paperwork and manual processing through the implementation of built-in automated electronic reports and alerts.		
5	All plans and procedures for reporting data shall be made in consultation with and subject to approval of the Board of Pharmacy.		
6	The system should allow registered users to limited data access reports on their own patients, both past and present, for which a prescription was written or an appointment was scheduled and conducted.		
7	Reports should be available with bar graphs, charts to assist in the production of reports or publishing.		

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8	The system must enable BOP to perform queries to respond to requests from other states' primary monitoring authorities to respond to lawful court orders; and for statistical, research or educational purposes. Since these queries and reports may vary in substance, an ad hoc query and reporting function is an essential aspect of the system.		
9	The system must have the capability to produce automatic threshold reports. The user defined criteria have not yet been determined and may change over time. Expected criteria may consist of number of prescriptions dispensed, number of prescribers used, and number of pharmacies used in a designated time period. A report function for this activity is required and must allow for parameters to be changed.		
10	Automated alert reporting should be keyed from thresholds that are user and system administration definable.		
11	System allows for choice of required data entry fields.		
12	The system must be able to identify the number of registered user requests made by user type, reports based on the registered user requests, and system logins. An exact, unalterable copy of any report must be saved by the system.		
13	The system must allow authorized BOP staff to search, correlate, query, and match records on all variables contained in the records in order to discover all instances in which the records of a single patient are misidentified as being the records of two or more patients.		
D	Data Collection Requirements		

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1	Data collected from the dispensers shall include for each Schedule II-IV prescription the following required information: • Dispenser identification number (Drug Enforcement Agency DEA) • The date the prescription for the controlled substance was issued and subsequently filled • Drug name and strength • The prescription number • Is controlled substance new or a refill • Number of refills permitted • The national drug code number for the drug dispensed • Amount of controlled substance dispensed and the number of days supplied • The patient's first and last name, street address, postal code • The date of birth of the patient • Patient's phone number (Optional) • Prescribing practitioner's Drug Enforcement Agency's ID number • The type of payment for the controlled substance		
2	The data transfer from Pharmacy to PMP will fail if data is missing.		
3	Data shall be collected by the vendor in the current format established by the American Society for Automation in Pharmacy in its <i>ASAP Rules Based Implementation Guide for Prescription Monitoring Programs</i> .		
4	The vendor shall collect the electronic data in the ASAP format from dispensers by secure email, telephone modem, diskette, CD-ROM, tape, secure FTP, Virtual Private Network (VPN), and other agreed upon media.		
5	Conversion of Drug Enforcement Agency (DEA) registration numbers: When a dispenser reports to the system, the DEA registration numbers of the prescriber and dispenser are reported. The system must be able to convert the DEA registration numbers to prescriber and dispenser name, address and registered schedules. Invalid DEA entry should result in a failed transmission. BOP will provide the DEA registration database.		

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6	The system must allow authorized Dispensers and BOP staff to search all prescriptions that contain unknown DEA Numbers and correct bad DEA numbers through a 'Search and Replace' function.		
7	Conversion of NDC (National Drug Code) numbers: The system must be able to convert NDC numbers to drug, name, strength, controlled substance schedule and dosage form; both at the point of data import and also retrospectively upon receiving NDC number updates. The vendor shall maintain a current reference source of NDC numbers that has been approved by authorized BOP staff.		
8	Database should be designed to allow minimal performance degradation as the database grows.		
9	All Personal Health Information (PHI) should be encrypted while stored and in transit.		
10	The vendor shall prepare and provide to dispensers any instructions needed to comply with the reporting requirements, including technical assistance, on-site training and webinar training. BOP reserves the right to review and approve any communication prior to it being distributed to dispensers. BOP will provide the vendor with a list of dispensers required to report, which will include the dispensers' name and addresses. There are approximately 800 dispensers that may be required to report to the program. An updated list of dispensers will be provided as needed to the vendor.		
11	The vendor shall accept written paper reports on a form approved by Board of Pharmacy (BOP) provided the dispenser has been granted a waiver by BOP. The vendor shall be responsible for providing a form for this purpose to the dispenser. The vendor shall enter data submitted on paper into the data file within 2 days of receipt.		

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12	Dispensers under common ownership must be permitted to submit their data in a single, joint transmission, provided each dispenser is clearly identified for each prescription dispensed. The vendor is responsible for monitoring that each dispenser has submitted data on the required schedule, and for notifying both the dispenser and BOP of any failure to submit.		
13	The vendor shall perform data checks to ensure that the data submitted meets the accuracy and completeness threshold established by the Board of Pharmacy. Ensuring the presence of data in all required fields and that data in all required fields are valid, e.g., the dispensing date must be greater than the date of birth but less than the current date.		
14	The vendor shall prepare reports for the Board of Pharmacy at each reporting period identifying dispensers that have not submitted a required report, dispensers that submitted a report but the report was rejected and dispensers who have failed transmissions. These periods may be monthly or bi-monthly for dispensers however that may change depending on the outcome of analysis of the data.		
E	Security Requirements		
1	The PMP system must be secure with multiple data access levels based on user groups. Role based security must be implemented.		
2	Use of the reporting system should not allow retrieval and storage of data on devices outside the security infrastructure in place for the State of New Hampshire unless first approved by the Board of Pharmacy (BOP). Data should remain internal to this infrastructure and encrypted.		

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2.3 Optional System Features and Functionality

This Section details optional requirements which the Board of Pharmacy would regard as valuable but not required for basic functioning. Please respond as in Section 2.2 above.

Table 2 Optional System Requirements

A	System Software; Additional Features	Meets Requirement (Y / N / P)	Comments
1	Provide a Law Enforcement User Account with limited access to data.		
2	Track Medicare and Medicaid participation and compare with payment type; cash vs. plan coverage.		
3	Allow Users to add Comments to records in PMP application.		
4	Provide the ability to compare number of queries with number of prescriptions by Pharmacy, Town, County, State and other criteria.		

2.4 Additional Security

- 1) How do you verify, identify, and authenticate users?
- 2) What are your rules for establishing and maintaining user names and passwords?
- 3) How are new users added and deleted from the application?
- 4) How are passwords transmitted and stored in your system?
- 5) How do you handle session timeouts during periods of inactivity?
- 6) How do you detect and record all attempted accesses that fail identification or authentication?
- 7) To what extent does your system log activities?
- 8) How do your logs track each user's activities?
- 9) How do you protect application data from access when at rest?
- 10) Please discuss options pertaining to where data is stored, e.g. Cloud?
- 11) How does your application handle user roles and permissions?
- 12) How does your application handle permissions for entering, viewing and updating of data?
- 13) How will the State of NH make inquiries regarding security and what is the process?
- 14) Does your application pass the Open Web Application Security Project (OWASP) Top Ten (http://www.owasp.org/index.php/OWASP_Top_Ten_Project) vulnerabilities?

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- 15) What process/procedure do you follow regarding a breach or suspected breach of data?

2.5 Capabilities- Application Architecture

Provide a description of the technical architecture of the proposed solution. The following topics, at a minimum, should be addressed:

- 1) What architecture is used in your application?
- 2) Other than your software, what other 3rd party software is required to run your application?
- 3) What database does your application utilize?
- 4) What programming languages were used to build your application?
- 5) Is your application open source?
- 6) Does your application use an open data format?
- 7) What reporting tool does your application utilize?
- 8) Are there any components of the system that must reside on another platform?
- 9) What are the recommended specifications for application servers used to support the proposed solution?
- 10) What features of your application are configurable?
- 11) What is the growth potential of the proposed system?
- 12) What is the timeframe for technical obsolescence of the proposed software? (For the purpose of this question, the version of the proposed software would be considered obsolete when support is no longer available.)
- 13) What type of staffing is typically required on the State side to support the proposed product for a client of the size and complexity of the State of New Hampshire? (Discuss both number of staff and skills required.)
- 14) What standard applications features are available?
- 15) What optional applications features are available?
- 16) How do you support ASAP and it's several versions?

2.6 Capabilities- Features/Functions

- 1) How does your application handle compounded controlled substances?
- 2) Does your application provide an automated data validation process for DEA registration numbers?
- 3) Please explain your applications' ability to flag potential duplicate patient names that vary slightly but are in fact the same patient.
- 4) Please explain how the application verifies data during the data transmission process. How are data problems/issues identified and corrected? What kinds of notifications are produced?

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- 5) What options are available for the timing/scheduling of data collection from Dispensers?
- 6) How does your application handle or suggest handling manual data entries for those providers that do not have a pharmacy processing prescription data. (practitioners)
- 7) Will the data interface fail, or will any error occur, if all of the data collection requirements outlined under D1 are not fulfilled by the dispenser?
- 8) If data is missing and the data transfer fails, how will the provider be notified that the transfer has failed?

2.7 Capabilities- Software Releases

Discuss the following aspects of anticipated future releases of the proposed Software. Coverage should include but not limited to the following:

- 1) What types (maintenance, enhancement, other) of releases are planned?
- 2) What is the historical (past three years) and expected frequency of each type of new release?
- 3) What is the current version of the current release?
- 4) How is the content of future releases determined?
- 5) How is the content of a release communicated to the client?
- 6) Do government clients have input through a users' group or some other mechanism?
- 7) Are enhancements made for specific clients included in future releases?
- 8) What specific enhancements are planned for release within the next 24 months?
- 9) What resources, planning, and technical skills are required to install a release of each type?
- 10) Can components of a release be applied individually or by module without adversely affecting the overall functionality of the system?
- 11) Do configuration settings carry forward from one release to the next or must they be reinstalled?
- 12) Do patches carry forward from one release to the next, or must they be reinstalled?
- 13) How long is a release supported?
- 14) Will the system have scheduled downtime and be unavailable in order for updates to complete? How often can this be expected and how long would it last?

2.8 Capabilities- Hardware

- 1) What hardware does the software operate on?

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- 2) Is hardware shared by multiple customer applications?
- 3) Describe your server patching/updating process

2.9 Capabilities- Ad Hoc Reporting

Provide an overview of the ad hoc reporting capability which your solution provides. If a third-party tool is employed, identify and describe the tool. Discuss capability, sophistication, and ease of use, including training required.

Describe how the following needs are addressed:

- 1) Ad hoc reporting in terms of selecting fields and field values.
- 2) Online analytical processing (OLAP).
- 3) Creation of data extracts.
- 4) Historical reporting.

2.10 Cost

Please outline typical costs for an implementation involving a Central Office and 800 Dispensers.

3 REQUESTED INFORMATION

Please answer the prior questions listed in sections 2.4 through 2.10 and respond to the requests for information listed below. Please respond concisely and completely. Base responses on current not planned capabilities.

- 1) The State is interested in a complete listing of the equipment specifications, operational considerations and any further issues the State needs to consider.
- 2) The State is interested in a comparative analysis of the advantages and disadvantages of configurations which meet the requirements outlined above. Please state your recommendations and support them with respect to system cost, reliability, and flexibility.
- 3) Every project has certain inherent risks. Describe the significant risk factors associated with your solution and how you would mitigate them.
- 4) Describe any experience/expertise with similar projects.
- 5) Provide estimated costs, implementation time frames, and resources necessary for the solution that you propose to be most advantageous.
- 6) Please include any additional comments or suggested alternatives, as deemed appropriate based on your industry knowledge and expertise that you feel would be beneficial to the State of New Hampshire.
- 7) What type of help desk/assistance is given to the State? Hours of operation (Eastern Time), number of help desk staff, response times, etc.

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8) How is data transferred if there is a change in agency or vendor?

4 RESPONSE INSTRUCTIONS

Vendors are requested to submit their response by February 27, 2013. Responses received after this date will be accepted, but entry into the examination process will not be guaranteed. Please provide an original and five (5) copies of your response to:

Jay Queenan, R.Ph.
Executive Secretary / Director
NH Board of Pharmacy
57 Regional Drive
Concord, NH 03301-8518

RFI INQUIRIES

For inquiries regarding this RFI, please contact:

Jay Queenan, R.Ph.
Telephone: (603) 271-7842
Email: james.queenan@nh.gov

5 VENDOR CONTACT

Please provide a main contact name, address, e-mail address, and telephone number in each response.

6 VENDOR PRESENTATIONS

Based on interest that is generated following a review of the responses to this RFI, some vendors may be invited to present an overview and demonstration of their proposed design, equipment, and associated services. There is no guarantee that a vendor may be asked to provide a presentation. All presentation costs incurred by the vendor shall be born by the vendor.

7 LIABILITY

This RFI has been issued to obtain information and to determine what alternative choices and options exist for Prescription Drug Monitoring Program software. This solicitation is not intended to result in a contract or vendor agreement with any respondent.

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This solicitation for information does not commit the State to publish an RFP, RFB, or award a contract. The State shall not be liable for any costs incurred by the vendor in preparation of its response.

8 CLOSING

The New Hampshire Board of Pharmacy thanks you for your efforts in preparing a response. We anticipate that the information gathered in this project will be highly beneficial and will assist the State in making the best decisions related to the procurement of online Prescription Drug Monitoring Program application.