UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

APR 27 2012

The Honorable Daniel K. Inouye
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This enclosed report responds to House Report 112-110, page 261, accompanying H.R. 2219, the Department of Defense Appropriations Bill, 2012. The House Appropriations Committee requested the Secretary of Defense examine the feasibility of electronically transferring prescription data from theater to the Department's central pharmacy data repository. The committee further requested the Assistant Secretary of Defense (Health Affairs) submit a report on the required steps and potential obstacles toward electronic transmission of prescribing drug data. This issue falls under my purview, and I have been asked to respond. A similar letter is being sent to the Chairmen of the congressional defense committees.

The report includes the current status of transmitting records of prescription medication from theater, the logistical obstacles that may exist, the resources required to ameliorate the problem, and a projected plan of action. While the final report was due no later than February 12, 2012, we needed additional time to develop a technical approach to isolate the unique theater medication records without duplicating data. We apologize for the delay.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

Jo Ann Rooney
Acting

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman

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APR 27 2012

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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cc:
The Honorable John McCain
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
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The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

APR 27 2012

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cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

APR 27 2012

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cc:
The Honorable Norman D. Dicks
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

The Honorable Jim Webb
Chairman
Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

APR 27 2012

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The Honorable Lindsey Graham
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
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PERSONNEL AND
READINESS

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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cc:
The Honorable Susan A. Davis
Ranking Member

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4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

APR 27 2012

The Honorable C.W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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cc:
The Honorable Norman D. Dicks
Ranking Member

Report to Congress

on

The Growing Use of Pain Management Prescription Medications and the Transmission of Prescription Data (particularly in Theater)

Preparation of this report/study cost the Department of Defense a total of approximately $1,290 in Fiscal Year 2012.

BACKGROUND:

House Report 112-110, page 261, to accompany H.R. 2219, the Department of Defense (DoD) Appropriations Bill, 2012, requested the Secretary of Defense examine the feasibility of electronically transferring prescription data from theater to the Department's central pharmacy data repository. The committee further requested the Assistant Secretary of Defense (Health Affairs) submit a report on the required steps and potential obstacles toward electronic transmission of prescription drug data. The report should include the current status of transmitting records of prescription medication from theater, the logistical obstacles that may exist, the resources required to ameliorate the problem, and a plan of action for establishing a more consistent electronic transmission process.

A second subject of the report language asked that the report include what efforts the Department is taking to track prescription drugs that Service members obtain in the private sector and the status of cooperation with state controlled substance monitoring programs.

PART I—PHARMACY DATA REPOSITORY:

The DoD Pharmacy Data Transaction Service (PDTS) is a centralized data repository that records information about prescriptions filled worldwide for DoD beneficiaries through Military Treatment Facility (MTF) pharmacies, TRICARE Retail Network Pharmacies and the TRICARE Mail Order Pharmacy. The PDTS has processed more than 1.5 billion transactions in real time since it was fully implemented in 2001. The PDTS conducts online, real-time prospective drug utilization review (clinical screening) against a patient's complete medication history for each new or refilled prescription before it is dispensed to the patient. The clinical screenings identify such potential patient safety or quality issues as potential adverse reaction between two or more prescriptions, duplicate prescriptions, therapeutic overlaps and other alerts that can be immediately addressed to ensure the patient receives safe, quality care. In addition to the more than 100 million prescriptions processed in fiscal year (FY) 2011 through retail, mail and MTF pharmacies, the PDTS also captures member-submitted claims (paper claims) for reimbursement, as well as claims from the Department of Veterans Affairs (VA) for dual-eligible members via information sharing processes. The PDTS, however, does not capture prescription information for a DoD beneficiary who chooses not use the TRICARE benefit (i.e., pays cash or uses other health insurance) for a prescription in a retail pharmacy.

CURRENT STATUS OF TRANSMITTING PRESCRIPTION DATA FROM THEATER:

The TRICARE Management Activity (TMA), Pharmaceutical Operations Directorate (POD) and Defense Health Information Management System (DHIMS), along with the contractors that support PDTS and the Theater Medical Data Store (TMDS) have developed an interface that will allow PDTS to capture ambulatory prescription information on Service members in theater via TMDS. In December 2011, this team established connectivity between TMDS and PDTS and the first file containing theater prescription data was received by PDTS. During the initial processing of the first production file, the team identified an issue of duplicate

prescription data. To ensure the integrity of the Service member's medication profile, the team recommended suspending inclusion of theater prescription data into PDTS until the duplicate prescription data issue was corrected.

The POD and DHIMS have been actively working to develop a technical approach that will eliminate the duplicate data. Once the solution is implemented, PDTS will reinstate the inclusion of theater prescription data and begin capturing historical data retroactively from April 2011.

LOGISTICAL OBSTACLES:

Currently there are no logistical obstacles identified.

RESOURCES REQUIRED TO AMELIORATETHE PROBLEM:

Resources are assigned to support the interface between TMDS and PDTS.

PLAN OF ACTION:

The POD and DHIMS are currently refining the prescription processing activities to isolate the unique theater medication records for each service member to ensure the accuracy of the PDTS medication profiles. It is anticipated that the necessary changes will be completed by 2nd Quarter calendar year (CY) 2012 and theater prescription data will then be included in PDTS.

PART II—EFFORTS TO TRACK PRESCRIPTION DRUGS SERVICE MEMBERS OBTAIN IN THE PRIVATE SECTOR AND THE STATUS WITH STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS:

The TRICARE Mail Order Pharmacy and Retail Network Pharmacies currently supply prescription data to State Prescription Drug Monitoring Programs (PMDPs). The TMA and the Services are assessing current policies, Federal legislation, and privacy considerations (i.e., Health Insurance Portability and Accountability Act (HIPAA)) to determine the best approach for participation in the various PMDPs by MTF pharmacies. Also, the TMA, POD, and the contractor that supports PDTS are determining the feasibility of providing MTF prescription data to each State's PMDP. The challenge remains that there is not a National standard for PMDPs, and the state programs are at varying levels of maturity, operationally and technologically. The POD is assessing various technical approaches and levels of effort (i.e., funding requirements) to determine the best solution for MTF data sharing with state PDMPs.

CONCLUSION:

While the PDTS is a robust and comprehensive prescription database that has been operational since 2001, TMA is continuing to explore innovations in technology to improve the quality of care provided to TRICARE beneficiaries.