California's Prescription Drug Monitoring Program (PDMP)

The California Controlled Substance Utilization Review and Evaluation System (CURES) is a database of Schedule II, III, and IV controlled-substance prescriptions dispensed in California. Access to CURES is limited to licensed prescribers and licensed pharmacists strictly for patients in their direct care; and regulatory-board staff and law-enforcement personnel for official oversight or investigatory purposes.

What California Health Practitioners and Pharmacists Need to Know

- **Effective October 2, 2018, it is mandatory for healthcare practitioners to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II–IV controlled substance for a patient under their direct care.**
- The mandatory consultation requirement requires healthcare practitioners to consult the CURES database to review a patient's controlled-substance history under the following circumstances:
  - — Before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time; and
  - — At least once every four months thereafter if the substance remains part of the treatment for the patient.
- All California-licensed prescribers must register for access to CURES upon issuance of a Federal Drug Enforcement Administration Controlled Substance Registration certificate. This is required even if the prescriber is not dispensing, prescribing, or administering a controlled substance.
- All California-licensed pharmacists should register for access to CURES upon issuance of a Board of Pharmacy Pharmacist license, if not already registered. This is required even if the pharmacy is not dispensing, prescribing, or administering a controlled substance.

Additional Resources

- CURES homepage link: https://oag.ca.gov/cures
- Mandatory-use link: https://oag.ca.gov/sites/all/files/agweb/pdfs/pdmp/cures-mandatory-use.pdf
- FAQ link: https://oag.ca.gov/cures/faqs#top
- CURES webinar (YouTube video) training link: https://youtu.be/cJJ_FLylU6I

Contact Information

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Crosswalk With MIPS-Improvement Activities Category

If you are a Merit-based Incentive Payment System (MIPS)-eligible clinician and if you consult CURES 2.0, you may be eligible to report on the following Improvement Activities:

Consultation of the PDMP

- **Activity ID**: IA_PSPA_6
- **Subcategory:** Patient Safety & Practice Assessment
- **Activity Weight:** High
- **Activity Description:** Clinicians would attest to reviewing the patients' history of controlled substance prescription using the state prescription drug monitoring program (PDMP) data prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription lasting longer than 3 days. For the transition year, clinicians would attest to 60 percent review of applicable patient's history. For the Quality Payment Program Year 2 and future years, clinicians would attest to 75 percent review of applicable patient's history performance.
- **Documentation Requirements:**
  - Number of Issuances of CSII Prescription—Total number of issuances of a CSII prescription that lasts longer than 3 days over the same time period as those consulted; and
  - Documentation of Consulting the PDMP—Total number of patients for which there is evidence of consulting the PDMP prior to issuing an CSII prescription (e.g., copies of patient reports created, with the personal health information [PHI] masked).

Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments

- **Activity ID:** IA_PSPA_10
- **Subcategory:** Patient Safety & Practice Assessment
- **Activity Weight:** Medium
- **Activity Description:** Completion of training and obtaining an approved waiver for provision of medication-assisted treatment of opioid use disorders using buprenorphine.
- **Documentation Requirements:**
  - Waiver—Substance Abuse and Mental Health Service Administration (SAMHSA) letter confirming waiver and physician prescribing ID number; and
  - Training—Certificate of completion of training to prescribe and dispense buprenorphine dated during the selected reporting period.

Centers for Disease Control and Prevention (CDC) Training on the CDC Guideline for Prescribing Opioids for Chronic Pain

- **Activity ID:** IA_PSPA_22
- **Subcategory:** Patient Safety & Practice Assessment
- **Activity Weight:** High

- **Activity Description:** Completion of all the modules of the Centers for Disease Control and Prevention (CDC) course, "Applying CDC's Guideline for Prescribing Opioids," that reviews the 2016 "Guideline for Prescribing Opioids for Chronic Pain." Note: This activity may be selected once every 4 years, to avoid duplicative information, given that some of the modules may change on a year-by-year basis, but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the Improvement Activities performance category score.
- **Documentation Requirements:** Documented participation in and completion of the entire CDC course "Applying CDC's Guideline for Prescribing Opioids" that reviews the 2016 "Guideline for Prescribing Opioids for Chronic Pain"

Patient Medication Risk Education

- **Activity ID:** IA_PSPA_31
- **Subcategory:** Patient Safety & Practice Assessment
- **Activity Weight:** Medium
- **Activity Description:** In order to receive credit for this activity, MIPS-eligible clinicians must provide both written and verbal education regarding the risks of concurrent opioid and benzodiazepine use for patients who are prescribed both benzodiazepines and opioids. Education must be completed for at least 75 percent of qualifying patients and occur: (1) at the time of initial co-prescribing and again following greater than 6 months of co-prescribing of benzodiazepines and opioids, or (2) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.
- **Documentation Requirements:** Education must be completed for at least 75 percent of qualifying patients and occur as follows:
  - At the time of initial co-prescribing and again following greater than 6 months of co-prescribing of benzodiazepines and opioids, or
  - At least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.

Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support

- **Activity ID:** IA_PSPA_32
- **Subcategory:** Patient Safety & Practice Assessment
- **Activity Weight:** High
- **Activity Description:** In order to receive credit for this activity, MIPS eligible clinicians must utilize the CDC Guideline for Prescribing Opioids for Chronic Pain via clinical decision support (CDS). For CDS to be most effective, it needs to be built directly into the clinician workflow and support decision making on a specific patient at the point-of-care. Specific examples of how the guideline could be incorporated into a CDS workflow include, but are not limited to: electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.

- **Documentation Requirements:**
  - Eligible clinicians or groups utilizing CDS must build the capability directly into the clinician workflow and document the support decision making on patients during the 90 day or year-long attestation period at the point-of-care; and
  - Document specific examples of how the guideline is incorporated into a CDS workflow. This may include, but is not limited to: electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.

Technical Assistance for MIPS From HSAG