



PRESCRIPTION MONITORING PROGRAM & DATA

Fan Xiong, M.P.H
August 9th – 11th, 2022

PDMP West/North Regional Meeting Salt Lake City, Utah

State Opioid and Overdose Response Plan

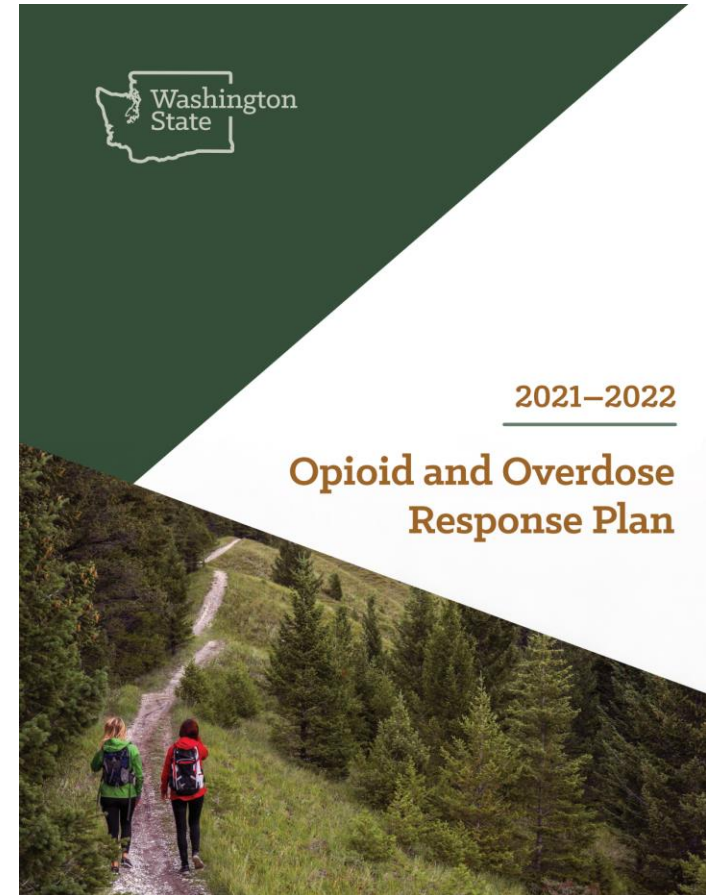


State Opioid and Overdose Response Plan

- Goal 1: Prevent Opioid Misuse
- Goal 2: Identify and Treat Substance Use Disorder
- Goal 3: Ensure and Improve the Health and Wellness of Individuals That Use Drugs
- Goal 4: Use Data and Surveillance to Detect Drug Use Trends, Monitor the Health and Wellness of Individuals Who Use Drugs, and Evaluate Interventions
- Goal 5: Support Individuals in Recovery

State Plan Link:

<https://www.hca.wa.gov/assets/program/WashingtonStateOpioidandOverdoseResponsePlan-final-2021.pdf>



The PMP as a Prevention Strategy

- What it is
 - Repository of dispensing records
- How it works
 - Information in-information out
 - Dispensing data submitted to PMP
 - Users view/query PMP
- Why it's important
 - Helps inform prescriptive decision-making
 - Improves patient care, reduces prescription drug misuse
 - Component in integrated approach to reducing prescription opioid overdose and related harms



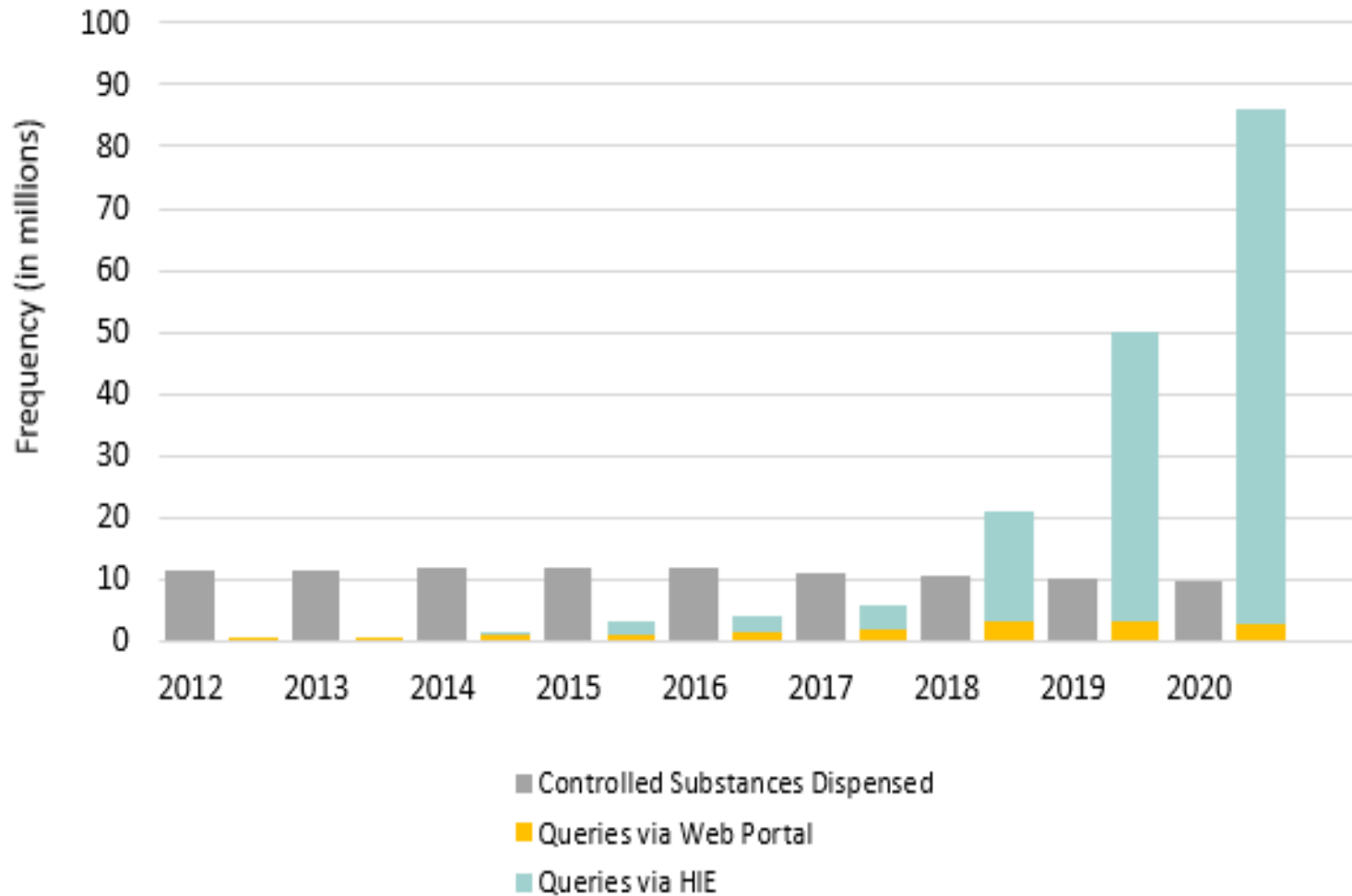
What is Not Required to be Reported to the Washington PMP

- Prescriptions dispensed outside the state
- Prescriptions prescribed for ≤ 24 hours
- Prescriptions prescribed/administered to a patient in a hospital
- Prescriptions dispensed from Department of Corrections pharmacy unless offender is released with a prescription
- Prescriptions dispensed from an Opioid Treatment Program
- Prescriptions dispensed from federally-operated pharmacies (Indian Health Services and Veterans Affairs report voluntarily)
- Prescriptions from treatment and methadone programs are restricted from reporting (42-CFR federal law)

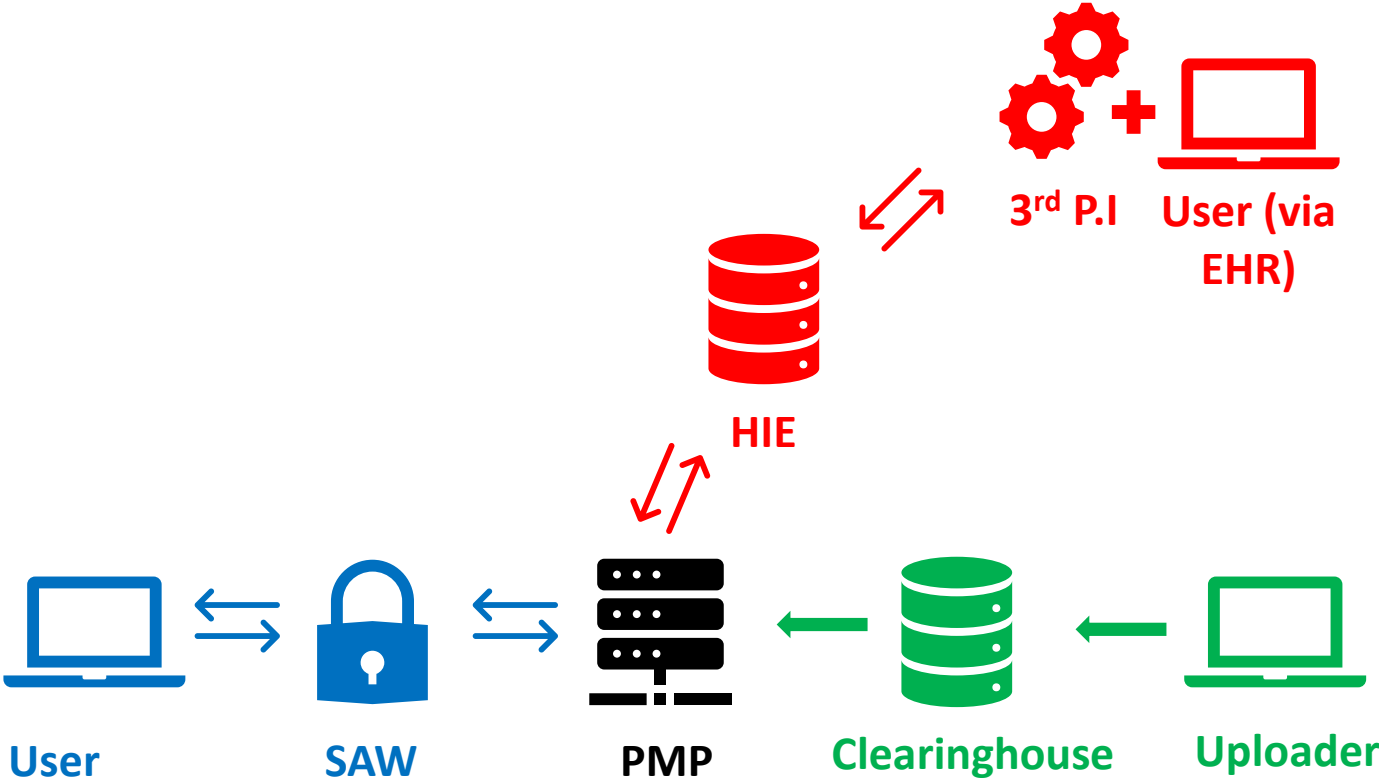
Goal 1 Work Group

- Prevent Opioid Misuse: Increase the use of the Prescription Monitoring Program (PMP) to encourage safe prescribing practices.
 - Increase the use of the PMP among health care providers to help identify opioid use patterns, opioid/sedative co-prescribing, and indicators of poorly coordinated care.
 - Focus areas include:
 - ◆ Promoting use of delegate accounts;
 - ◆ Integrating PMP access through electronic medical record systems; and
 - ◆ Improving web-based access to the PMP
 - Share data with prescribers so they can understand their prescribing practices.
 - DOH collaborates with the Healthcare Authority (HCA), Washington State Hospital Association, and Washington State Medical Association to provide provider feedback reports.

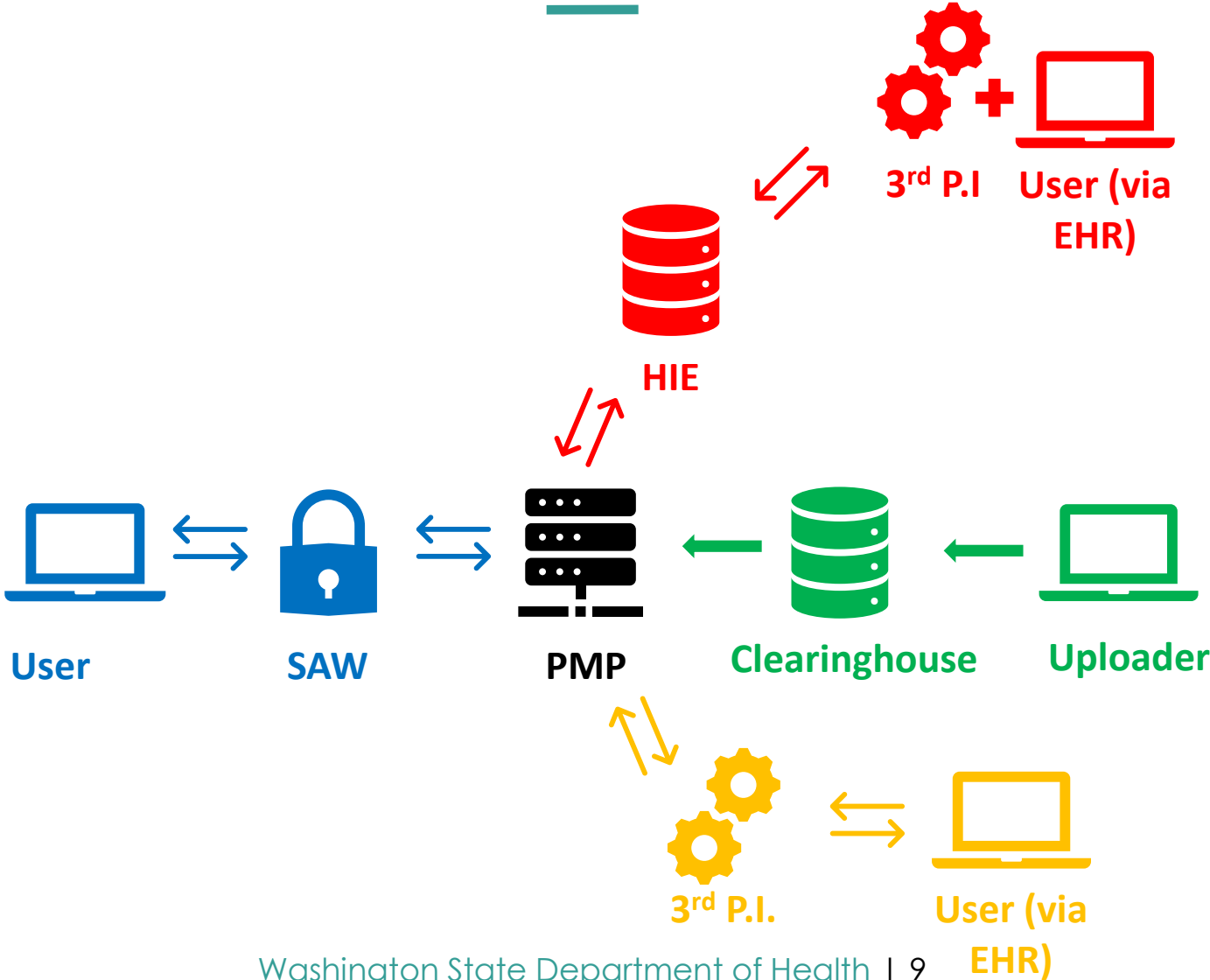
PMP Prescriptions Dispensed and Queries by Calendar Year



Washington State PMP – Previous Diagram



Washington State PMP – Existing Diagram



Interjurisdictional Data Sharing

- Why
 - Full picture of patient's prescriptive history
 - Discourage prescription shopping across state lines
- How

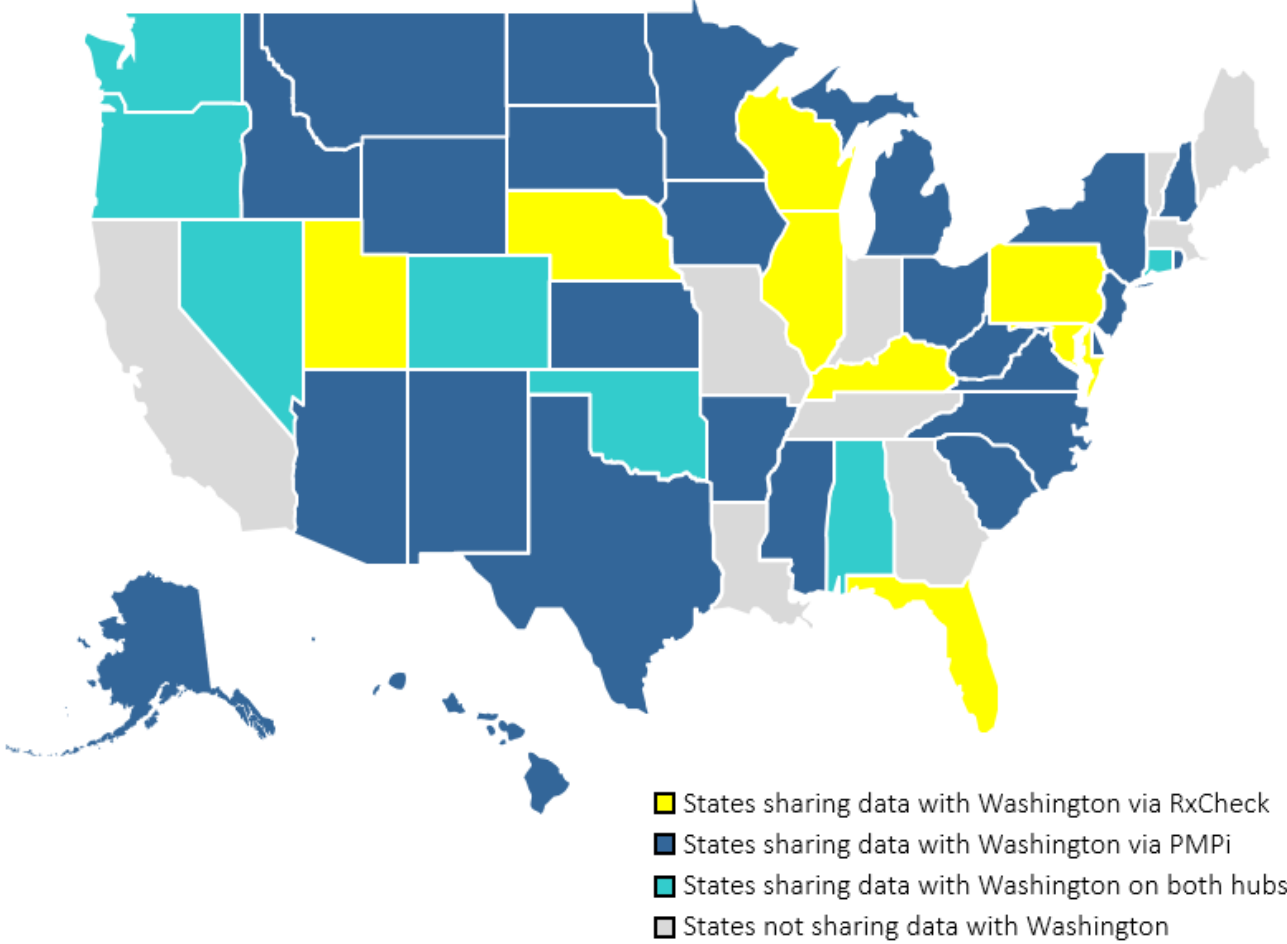
Washington joined
RxCheck in Dec. 2018



Washington joined
PMPi in Apr. 2019



Interjurisdictional Data Sharing



BPBT Opioid Prescribing Report

- A peer-to-peer, clinician-driven quality improvement program that promotes safe, appropriate prescribing to curb opioid misuse and overdose.
- Launched to focus on quality improvement rather than punitive regulatory oversight.
- A collaboration between the Washington State Medical Association, Washington State Hospital Association, Washington State Department of Health, and the Washington State Health Care Authority.

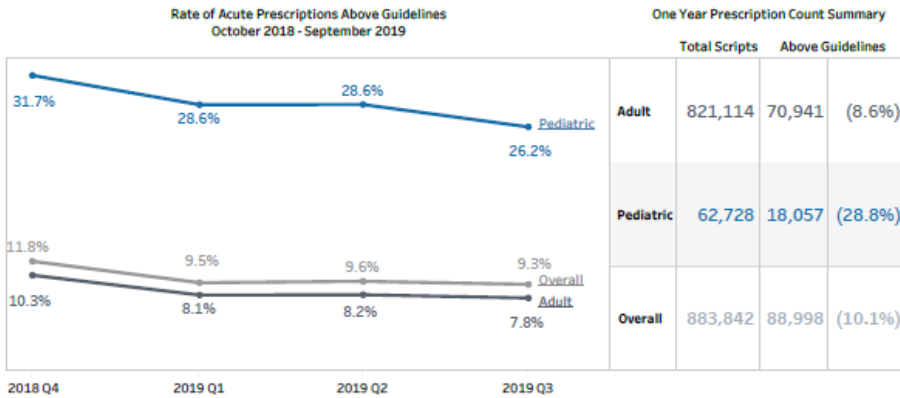


October 2018 - September 2019

Washington State Opioid Prescribing Report: Acute Prescribing

On behalf of the WSHA, WSMA, Washington State DOH and HCA, we want to thank you for your continued participation in Better Prescribing, Better Treatment: Washington State Opioid Prescribing Reports. This joint effort helps ensure proper utilization of opioids and encourages safe prescribing. Prescribing data in this report is derived from the Prescription Monitoring Program (PMP) Database.

As you review this report, think about what actions you can take within your hospital, health system, or medical group to reduce variation in opioid prescribing. Your acute opioid prescribing performance at Hospital is reflected in the figures below.



	Total Scripts	Above Guidelines	(%)
Adult	821,114	70,941	(8.6%)
Pediatric	62,728	18,057	(28.8%)
Overall	883,842	88,998	(10.1%)

Figure 1. Quarterly prescribing rate of pediatric, adult and overall acute opioids above HCA prescribing guidelines for this hospital, health system or medical group. The One Year Prescription Summary table notes an aggregate count and percentage of prescriptions above HCA guidelines generated over the past year (October 2018-September 2019). Data Source: Washington State Prescription Drug Monitoring Program (PMP).

Definitions
Acute Opioid Prescription: prescription for a patient who is considered 'opioid naive' - no opioid prescription filed within the prior 103 days. While the guidelines state 90 days, given patient variation in filing practices, latitude was given up to 103 days.

Within Guidelines: per the Health Care Authority (HCA) prescribing policy, the limits for acute opioid prescriptions is no more than 18 tablets/doses (3 days) of opioids for pediatric patients (≤ 20 years old) or 42 tablets/doses (7 days) for adult patients, unless exempt. This policy is in alignment with CDC and AMDG acute prescribing guidelines.

Above Guidelines: the number of acute opioid prescriptions that are higher than the HCA prescribing policy limits described above. (Note: This does not exclude exempt prescriptions or patients receiving cancer care or palliative care.)

Action Plan

As a next step, consider engaging the specialty groups with highest number of acute opioid prescriptions above guidelines and co-design improvement projects. For a complete list of metric details and quality improvement ideas, visit WSHA.org/opioidreports. To review this report in greater detail, contact Brooke Evans BrookeE@wsba.org.

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This informational report is authorized by Engrossed Substitute House Bill 1427. Better Prescribing, Better Treatment is a collaboration between the Washington State Hospital Association, Washington State Medical Association, Washington State Department of Health, and the Washington State Health Care Authority.



October 2018 - September 2019

Washington State Opioid Prescribing Report: Acute Prescribing

Acute opioid prescribing above guidelines (orange) and within guidelines (blue) displayed by provider specialty type. Orange bars to the right of the white benchmark line indicate prescribing rates beyond state average for peers in each specialty group. Prescribing data in this report is derived from the PMP Database reflecting prescribing across payors but does not exclude "exempt" prescriptions, cancer care or palliative care patients.

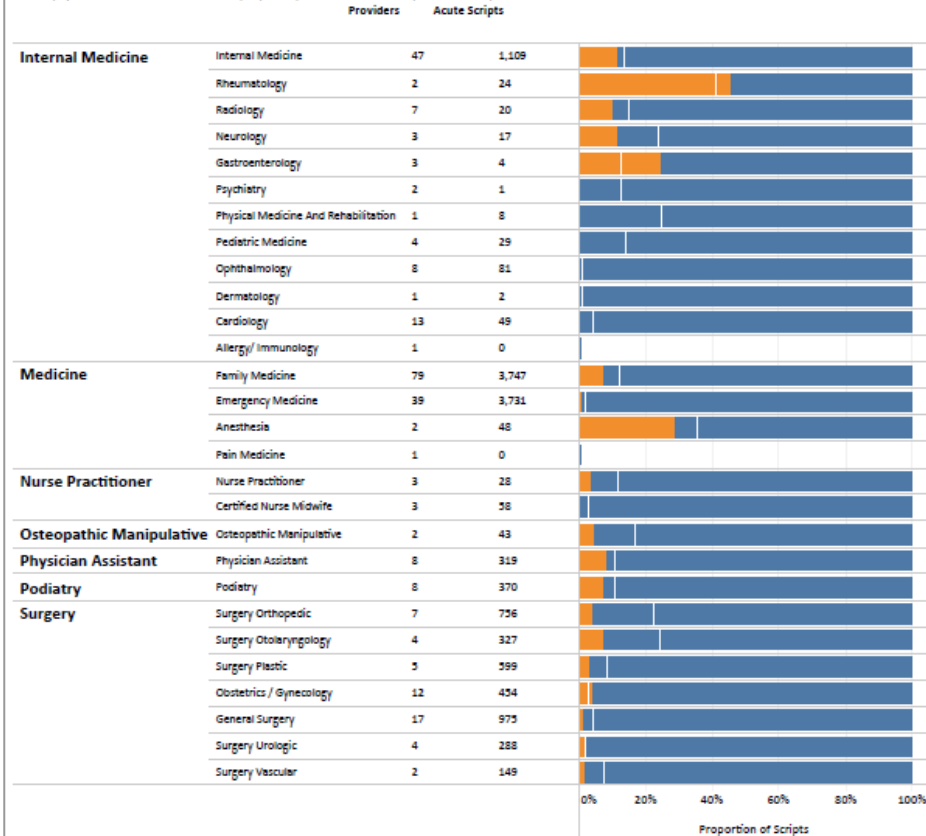


Figure 2. Number and percent of acute opioid prescriptions above and within guidelines by provider specialty. Specialties without data indicate no acute opioid prescriptions were filed and recorded in the PMP. Timeframe for October 2018 - September 2019. Data Source: Washington State Prescription Monitoring Program (PMP). For a complete list of metric details and quality improvement ideas, visit WSHA.org/opioidreports.

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2019-Q4: October 1 - December 31, 2019

Provider ID: SCH-FranH-01017

Washington State Opioid Prescribing Report: Acute Prescribing

On behalf of the WSMA, WSHA, Washington State DOH and HCA, we want to thank you for your continued participation in Better Prescribing Better Treatment: Washington State Opioid Prescribing Reports. This joint effort helps ensure proper utilization of opioids and encourages safe prescribing habits.

As you review this report, think about what actions you can take within your hospital, health system, or medical group to reduce variation in opioid prescribing. Your individual acute opioid prescribing performance at Sample Healthcare Center is reflected in the figures below.

Rate of Acute Prescriptions Above Guidelines

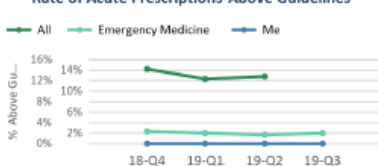


Figure 1: Percentage of your opioid prescriptions that are above HCA guidelines (Me), compared to other prescribers in your specialty statewide (All) and other prescribers in your specialty (specialty).
Data Source: Washington State Prescription Monitoring Program (PMP)

Number and Percentage of Acute Prescriptions Above Guideline for this Quarter*

Population	Above Guidelines	Total Scripts	% Above Guidelines
Pediatrics	0	1	0.00%
Adults	0	8	0.00%
All	0	9	0.00%

Figure 2: Number and Percentage of your prescriptions in pediatrics, adults, and both, for the current quarter only. * Rows in red are one standard deviation above the average of your specialty; and rows in green are one standard deviation below the average of your specialty.

Definitions

Acute Opioid Prescription: prescription for a patient who is considered 'opioid naive' - no opioid prescription filled within the prior 105 days. While the guidelines state 90 days, given patient variation in filling practices, latitude was given up to 105 days.

Within Guidelines: per the Health Care Authority (HCA) prescribing policy, the limits for acute opioid prescriptions is no more than 18 tablets/doses (3 days) of opioids for pediatric patients (≤ 20 years old) or 42 tablets/doses (7 days) for adult patients, unless exempt. This policy is in alignment with [CDC and AMDG acute prescribing guidelines](#).

Above Guidelines: the number of acute opioid prescriptions that are higher than the HCA prescribing policy limits described above. (Note: this does not exclude exempt prescriptions or patients receiving cancer or palliative care.)

Action Plan

There are multiple opportunities and resources you can use to reduce the variance present among physicians that prescribe opioids; two include walking through the specifics of your report with Dr. Nathan Schlicher (Nathan_schlicher@teamhealth.com), and/or contacting Monica Salgaonkar (monica@wsma.org), who is available for opioid management coaching for your hospital, health system, or medical group.

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2019-Q4: October 1 - December 31, 2019

Methodology

To participate in the Better Prescribing, Better Treatment program, a chief medical officer may enroll all prescribers at their hospital, health system, or medical group. Once enrolled, all prescribers at their hospital, health system, or medical group will receive a report analyzing their prescribing patterns, based on a count of acute opioid prescriptions for the most recent quarter.

Better Prescribing, Better Treatment program's prescribing reports are based on data from the state prescription monitoring program (PMP).

Specifications for the data:

- Specialty Classification:** Specialty classification is determined by a prescriber's affiliated hospital or health system.
- Pill vs Day Limits:** Deciding between using pill limits or day limits was a challenging issue for us. There is no perfect way to "set limits." In the end, we struck a balance between the two by setting a 6 dose per day limit, which means a target of 18 tablets for pediatrics and 42 tablets for adults. Anything above those limits would be above guidelines.
- Prescription Exemptions:** There are exemptions that we are unable to be removed due to the nature of the PMP database. For example, we cannot exclude patients receiving cancer care or palliative care.
- Drug Exclusions:** All opioid prescriptions written by a prescriber are reviewed to ensure the acute prescribing metric is most accurate. We excluded: extended release or long acting formulations (including patches), and opioids used to treat opioid use disorder (i.e. buprenorphine). We excluded controlled substances that are not opioids.
- Prescriptions Included:** This report looks at all filled prescriptions written by any prescriber for a patient anywhere in the state of Washington that are tracked in the PMP. The Department of Defense (military bases) is the only entity not in participation in the PMP, thus prescriptions filled for those patients are not included.
- Group Classification:** The peer comparison group members (see table at the end of this report) were defined when the hospital, health system, or medical group opted in to receive the opioid prescribing reports in 2017. To update group classifications, WSHA is implementing a system for health care organizations to update their prescriber lists which will impact the peer comparison groups.
- Peer Comparisons:** In Figure 1 above, an individual's prescribing rates "above guidelines" are compared to your peers' prescribing rates "above guidelines". These are categorized within your specialty at your organization and across Washington state for your specialty. Figure 3 below shows the "above guidelines" rate for your peers at your organization.

Frequently Asked Questions

Q: What is the BPBT program, why was it created, and has there been improvements to date?

A: The Better Prescribing, Better Treatment (BPBT) program is a peer-to-peer, clinician-driven quality improvement program promoting safe, appropriate prescribing to curb opioid abuse and overdose. The program was developed by the Washington State Hospital Association and the Washington State Medical Association in response to the legislature and regulatory agencies in Olympia. The regulatory agencies wanted mandatory prior authorization for all prescriptions, including acute prescriptions. The legislature wanted statutory 7-day pill limits with the exceeding of that limit being an indication of improper care, potentially resulting in disciplinary action. WSHA and WSMA fought back against these efforts and launched BPBT to focus on quality improvement over regulatory oversight. This effort has allowed the medical profession to avoid further legislative or regulatory interference, while significantly improving opioid prescribing behaviors within guidelines.

Q: Many of my prescriptions were "exempt." Including them in this report pushes me into the "above guidelines" category, which is an inaccurate reflection of my prescribing behavior. How are you addressing this issue?

A: We acknowledge this data limitation and are always looking for ways to improve the reports. In the meantime, we are educating the organizational leaders about these limitations. We will also continue to emphasize the educational feedback component of the report and that these are a starting point for conversation, not a disciplinary or other intervention tool.

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2019-Q4: October 1 - December 31, 2019

Q: Where can I find which patients were "above guidelines?"

A: This is managed by the state, and the WSMA does not have access to the individual patient level information. You will need to log-in to the [PMP](#) to review those patients under "Prescriber Data Query".

Q: What does it mean for me as a prescriber and for my practice if I am "above guidelines"?

A: The reports are meant for education only and we do not monitor individuals. Protections can be found at [RCW 70.225.040](#). All information submitted to the prescription monitoring program (PMP) is confidential, exempt from public inspection, copying, and disclosure under chapter [42.56 RCW](#). Facility/entity and individual prescriber information is only to be used for internal quality improvement and individual prescriber quality improvement feedback purposes. It cannot not use the information from the PMP as the sole basis for any medical staff sanction or adverse employment action. These reports are for prescribers to use the data to inform their practice and create opportunities to learn from their peers.

Q: What do you want me to do with this information?

A: The goal of these reports is to provide you with information so you can reflect on your data. With this information, prescribers have changed their practice over the four years of the program. Collectively, we have seen a gradual improvement in prescribing, especially in reducing variation between prescribers.

Q: I do not see any pediatric patients. Why do my data show pediatric patients?

A: The pediatric population extends up to 20 years old under the Early and Periodic Screening, Diagnostic, and Treatment program ([EPSDT](#)).

Q: Why did I receive multiple reports?

A: Reports are delivered to each prescriber for each hospital, health system, or medical group at which they practice. If your specialty is listed as the same at both groups, the reports would have a similar format, except for the peer comparisons found at the end of the report. Since the group leaders were responsible for assigning specialties to the prescriber, some prescribers could be classified as a different specialty at each organization. This could result in different looking reports.

Q: Why are names of other prescribers at my organization shown on the report?

A: The thought has been that prescribers will respond to their peers and seek out guidance from those that they perceive to have similar patient populations. That way we can do peer to peer learning. If we blind everyone, then people will not know whom to reach out to for assistance.

Q: My specialty/email/organization is incorrect, can I correct it?

A: We are sorry about that! Please contact your organization's credentialing office to inquire about your specialty classification and to see if it can be changed.

Q: What can I do to change my prescribing patterns?

A: Great question! As outlined in the action plan, there are various ways for you to engage with the data by reaching out to our Physician Lead, Nathan Schlicher at Nathan_Schlicher@teamhealth.com. Similarly, if your hospital, clinic, or medical group would like more targeted coaching on opioid management, please reach out to Monica Salgaonkar at monica@wsma.org.

2019-Q4: October 1 - December 31, 2019

Figure 3: The table below shows you the prescribing patterns of your peers. (AG=Above Guidelines)

Name	Specialty	Ped AG	Ped Total	Ped AG%	Adult AG	Adult Total	Adult AG%	Total AG	Total	Total AG %
LAST NAME, FIRST NAME	Emergency Medicine	0	1	0.00%	3	20	15.00%	3	21	14.29%
	Emergency Medicine	0	0	0.00%	3	29	10.34%	3	29	10.34%
	Emergency Medicine	2	2	100.00%	0	22	0.00%	2	24	8.33%
	Emergency Medicine	1	1	100.00%	0	14	0.00%	1	15	6.67%
	Emergency Medicine	3	4	75.00%	0	45	0.00%	3	49	6.12%
	Emergency Medicine	1	3	33.33%	0	18	0.00%	1	21	4.76%
	Emergency Medicine	1	2	50.00%	0	19	0.00%	1	21	4.76%
	Emergency Medicine	1	2	50.00%	0	24	0.00%	1	26	3.85%
	Emergency Medicine	1	1	100.00%	0	26	0.00%	1	27	3.70%
	Emergency Medicine	0	4	0.00%	2	52	3.85%	2	56	3.57%
	Emergency Medicine	1	2	50.00%	0	32	0.00%	1	34	2.94%
	Emergency Medicine	1	5	20.00%	0	37	0.00%	1	42	2.38%
	Emergency Medicine	1	2	50.00%	0	45	0.00%	1	47	2.13%
	Emergency Medicine	1	3	33.33%	0	53	0.00%	1	56	1.79%
	Emergency Medicine	1	2	50.00%	0	59	0.00%	1	61	1.64%
	Emergency Medicine	0	4	0.00%	1	71	1.41%	1	75	1.33%
	Emergency Medicine	1	3	33.33%	0	73	0.00%	1	76	1.32%
	Emergency Medicine	0	1	0.00%	0	6	0.00%	0	7	0.00%
	Emergency Medicine	0	0	0.00%	0	40	0.00%	0	40	0.00%
	Emergency Medicine	0	2	0.00%	0	16	0.00%	0	18	0.00%
	Emergency Medicine	0	0	0.00%	0	12	0.00%	0	12	0.00%

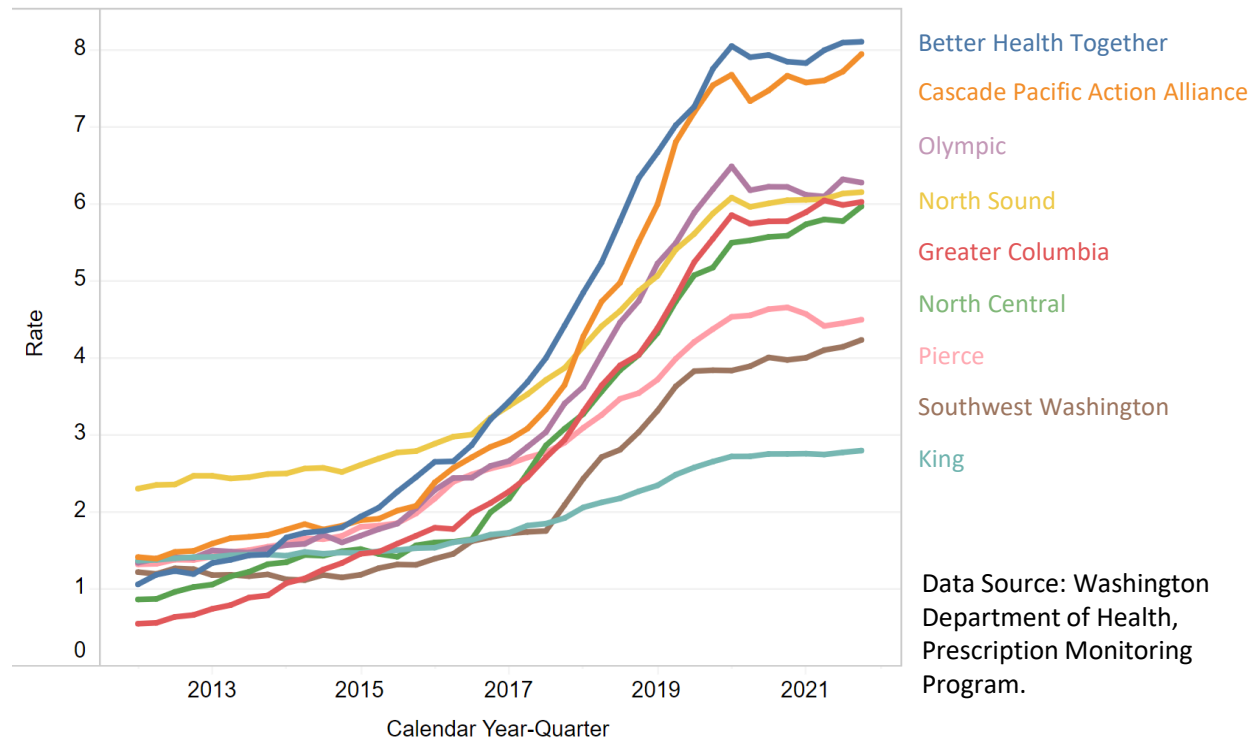
BPBT Opioid Prescribing Report

- 'The program has managed to reduce opioid prescriptions exceeding new state Medicaid program prescribing guidelines by nearly 70 percent. It also reduced total Medicaid opioid prescriptions for acute (non-chronic) pain by nearly 30 percent.'
- Source: [WSHA, WSMA, HCA release initial results for Better Prescribing, Better Treatment for opioids - Washington State Hospital Association](#)

Goal 2 Work Group

- Identify and Treat Substance Use Disorder
 - Increase workforce capacity to treat patients with opioid use disorder.

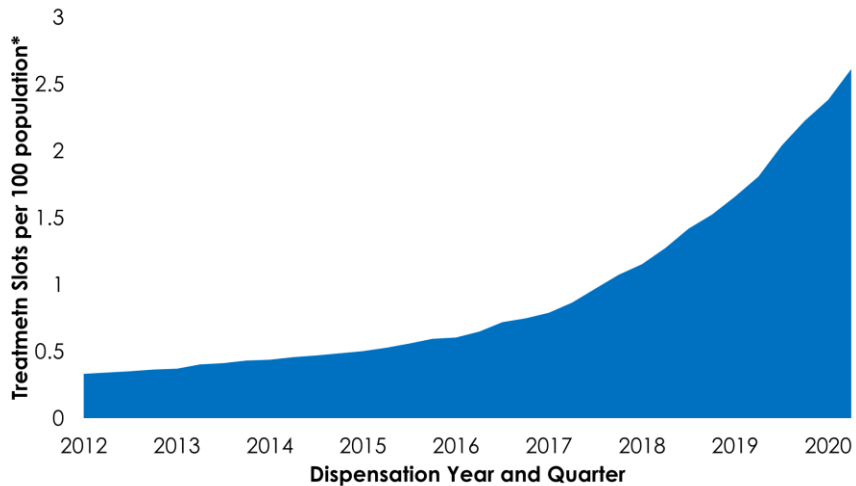
Figure 1. Sex-age adjusted Buprenorphine Prescription Rate per 1,000 population by Accountable Communities of Health (ACH) Region, 2012-2021



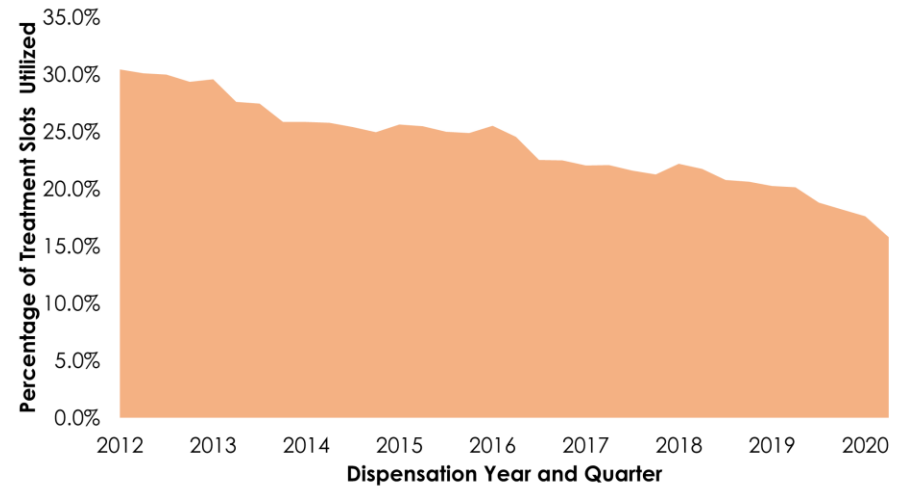
Treatment Capacity and Utilization in Washington State

The total number of MOUD **treatment capacity has increased** with an **almost 1 out of 5 utilization rate**.

Total Treatment Capacity per 100 population*



Percentage of Treatment Capacity Utilized



*Not age- or sex- adjusted.

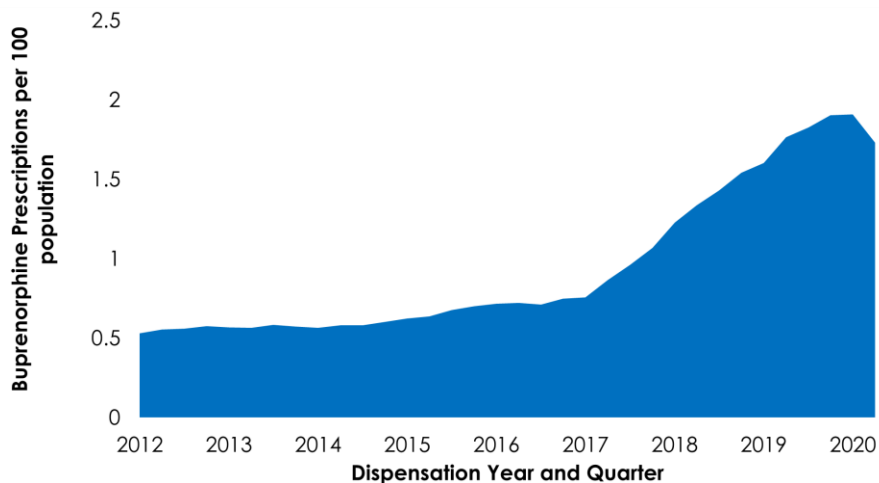
Presented at the 2021 WSPHA Conference.

Data Source: Washington Prescription Monitoring Program and SAMSHA.

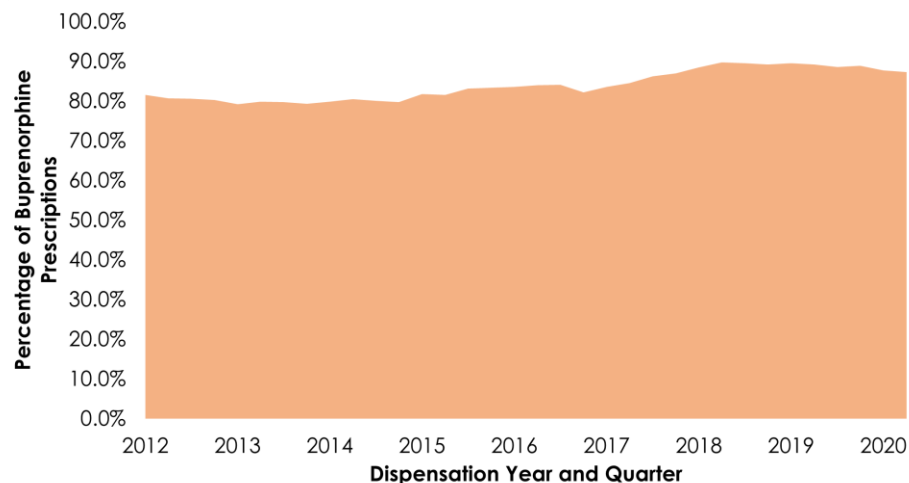
Buprenorphine Prescribing in Washington State

The **rate of buprenorphine prescriptions** has **increased** significantly.

Sex-Age Adjusted Buprenorphine Prescriptions by All Healthcare Providers per 100 population



Percentage of Buprenorphine Prescriptions Prescribed by Waivered Healthcare Providers



Presented at the 2021 WSPHA Conference.

Data Source: Washington Prescription Monitoring Program and SAMHSA.

Goal 4 Work Group

- Use Data and Surveillance to Detect Drug Use Trends, Monitor the Health and Wellness of Individuals Who Use Drugs, and Evaluate Interventions
 - Improve quality and timeliness of the data submitted to the PMP from pharmacies
 - Increase integration of PMP data with electronic medical records.
 - Provide quarterly updates to the six Bree-based PMP metrics on the DOH Opioid Data Dashboard.
 - Explore buprenorphine prescribing practices to assess adequacy of treatment for different models of care, develop standardized metrics, document care patterns and determine impacts of system level interventions.

Goal 4 Work Group (cont.)

- Use Data and Surveillance to Detect Drug Use Trends, Monitor the Health and Wellness of Individuals Who Use Drugs, and Evaluate Interventions
 - Analyze linked PMP and death data to assess the relationship between prescription history and risk of death.
 - Develop buprenorphine prescribing rate metric and begin reporting to DOH Opioid Data Dashboard.
 - Dashboard Link: <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/opioids/county-prescriptions-dashboard>

Improvements in Data Sources

- PMP data
 - On average, we followed up with 70–200 pharmacies each week regarding reporting compliance (timeliness and frequency).
 - Quarterly data checks (e.g., unverifiable prescriber DEA #s) (since 2016q3)
 - Weekly calls with PMP Vendor
 - ASAP 4.2A submission guidelines to dispensers/uploaders
 - Education outreach to dispensers via PQAC

Buprenorphine OUD Treatment Retention with PMP Data

- 21,702 of Washington residents from January 1, 2012 – December 31, 2015 were prescribed buprenorphine for opioid use disorder (OUD) treatment.
- 10,582 people had no previous buprenorphine prescription from Oct 7, 2011 to December 31, 2011.
- 39% of the study cohort with a new buprenorphine prescription remained in care for 180 days.
- Only 3% of patients receiving buprenorphine did not have an indication for opioid use disorder.
- Buprenorphine patients might respond better after 60 – 90 days of retention.

Source: Banta-Green, Caleb J., Ryan N. Hansen, Eric M. Ossiander, Cathy R. Wasserman, and Joseph O. Merrill. "Buprenorphine utilization among all Washington State residents' based upon prescription monitoring program data-Characteristics associated with two measures of retention and patterns of care over time." *Journal of Substance Abuse Treatment* 127 (2021): 108446.

Public Health Surveillance Projects

- **Washington Tracking Network (WTN) Public Health Opioid Prescribing Metrics Dashboard**
 - [Opioid Prescriptions and Drug Overdoses County Data :: Washington State Department of Health](#)
 - Data is updated quarterly (latest data is for 2021Q4).
 - Provides BREE-based opioid metrics by state, ACH, and county.
 - Recently, we added a metric for buprenorphine dispensation trend.
- **Socrata Open Data Portal**
 - [Prescription Monitoring Program \(PMP\) Public Use Data | Data.WA | State of Washington](#)
 - Provides prescription-record level data for public use.
 - All identifiers are removed.
 - Data is updated quarterly (latest data is for 2021Q4).

Public Health Surveillance Projects

- PMP – Death Data Linkage
 - The linked data is used to fulfill data requests from various surveillance systems or projects through a DSA:
 - Maternal Mortality Review Board (MMR)
 - Deaths with Dignity
 - State Unintentional Drug Overdose Reporting System (SUDORS)
 - WSIRB-approved Research Projects
 - The process is conducted annually with the finalized death data or semi-annually with the preliminary death data file.

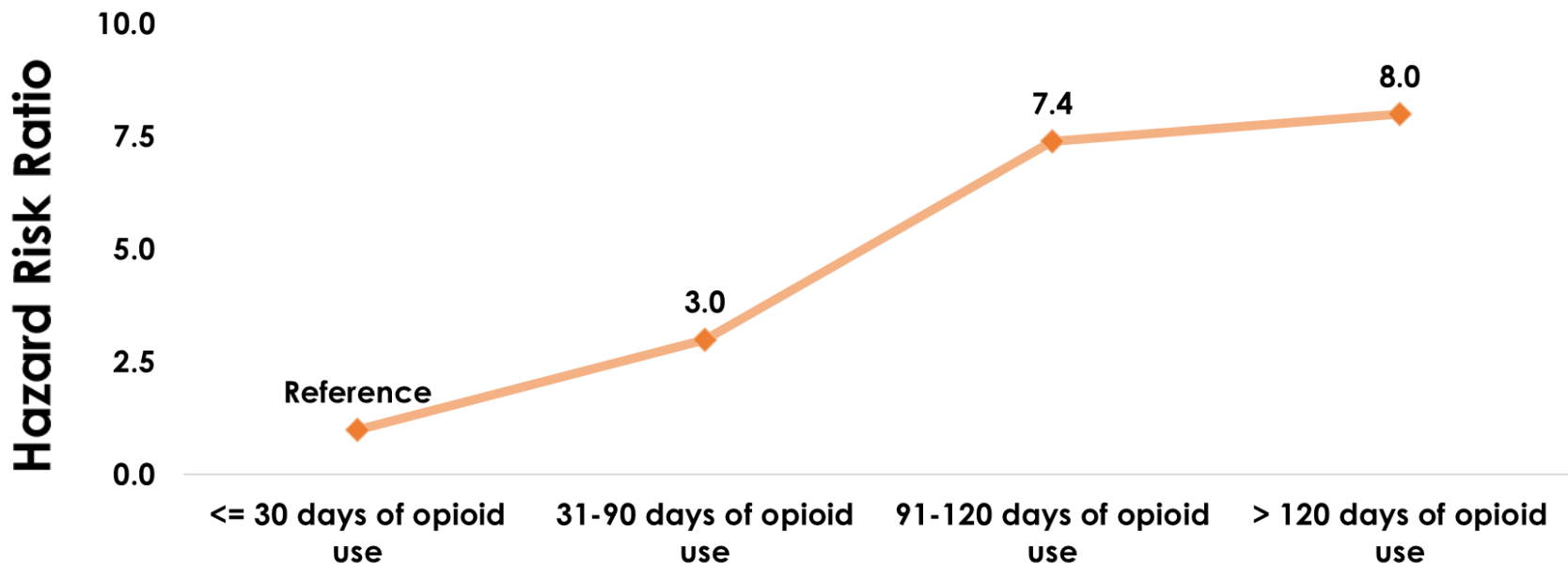
Public Health Surveillance Projects

- **PMP – Birth Data Linkage**
 - In development
 - The goal is to examine potential associations between prescription drug and maternal/birth factors/outcomes.
- **PMP – Hospital Discharge Linkage**
 - The goal is to examine potential associations between prescription drug and non-fatal drug overdoses.
 - There has been some expressed interest, but we are currently assessing the capacity level needed to complete this project.

Prescription Opioid Fatal Overdose Risk Factors Analysis

There is an increased risk of a fatal prescription opioid overdose death with increasing days of opioid use.

Hazard Rate for Risk of Prescription Opioid Overdose Death by Duration of Prescription Opioid Usage



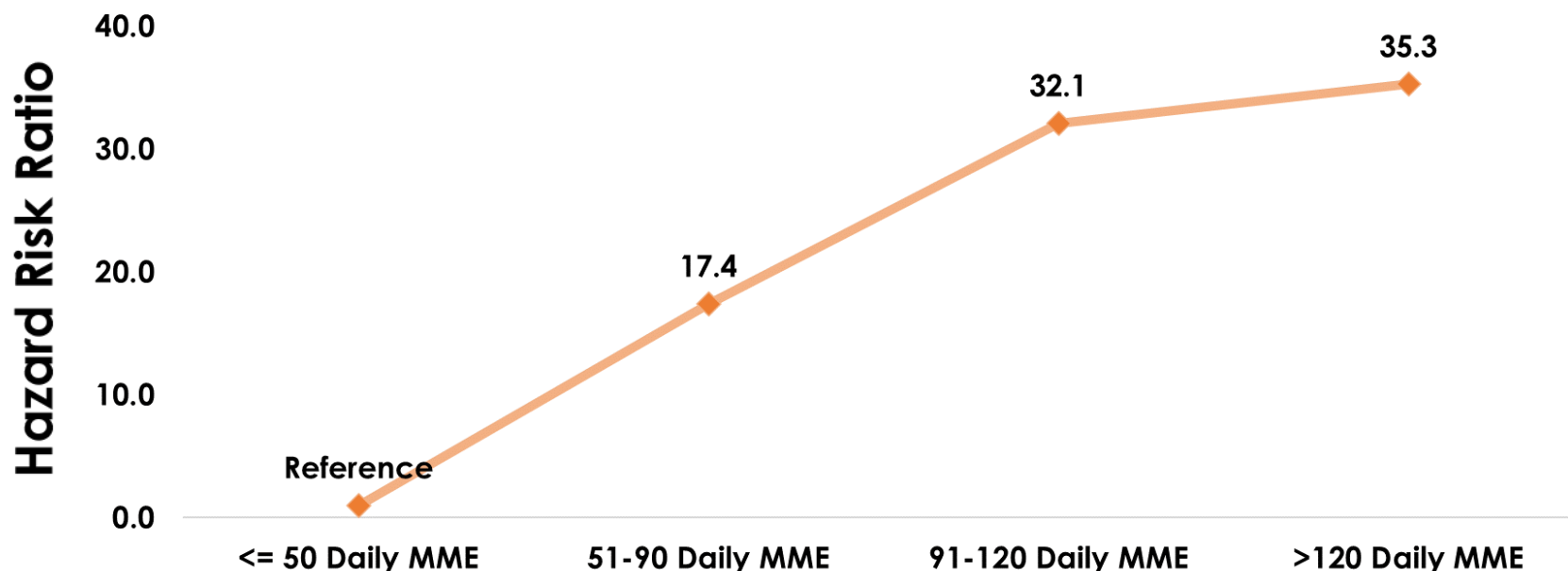
Presented at the 2020 WSPHA Conference.

Data Source: 2013-2015 Washington PMP and Washington Death Data.

Prescription Opioid Fatal Overdose Risk Factors Study

There is an increased risk of a fatal prescription opioid overdose death with increasing dosage of opioid use.

Hazard Rate for Risk of Prescription Opioid Overdose Death by Dosage of Prescription Opioid Usage

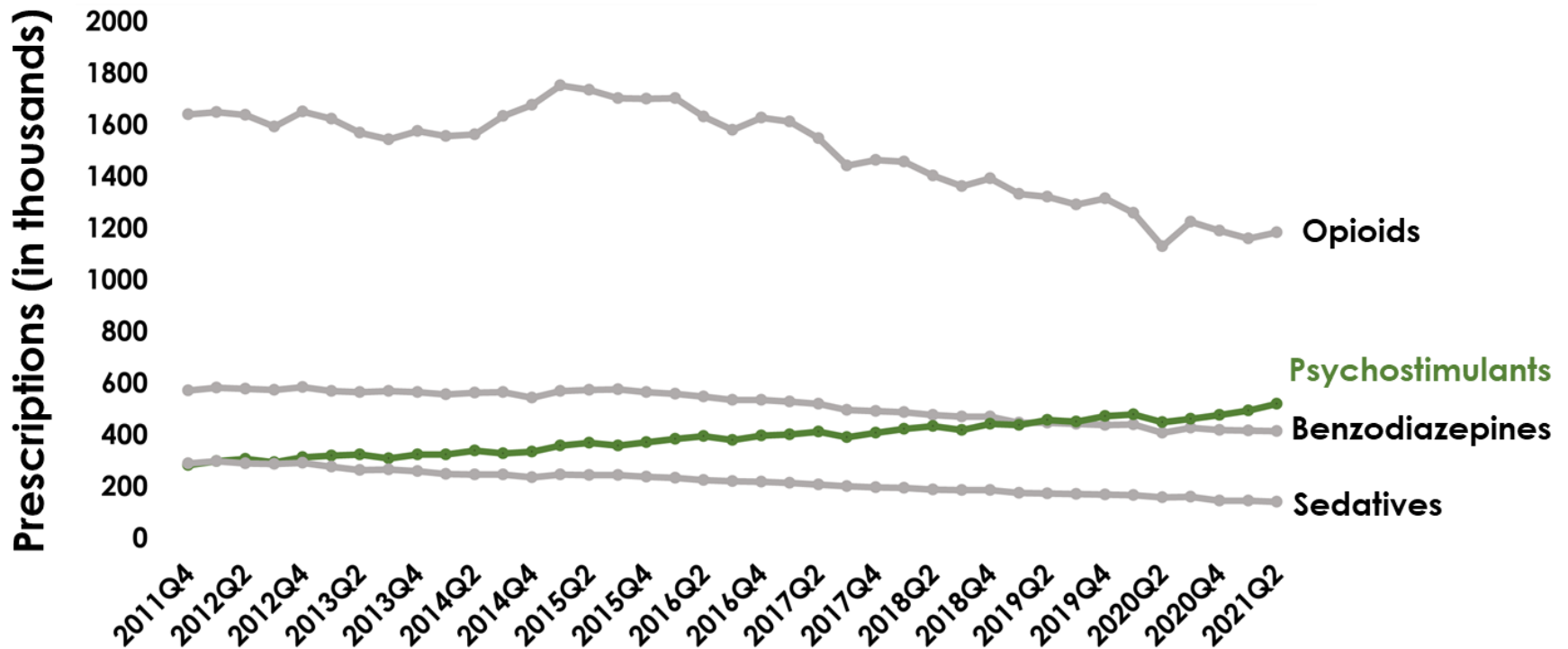


Presented at the 2020 WSPHA Conference.

Data Source: 2013-2015 Washington PMP and Washington Death Data.

Prescription Psychostimulant Trends

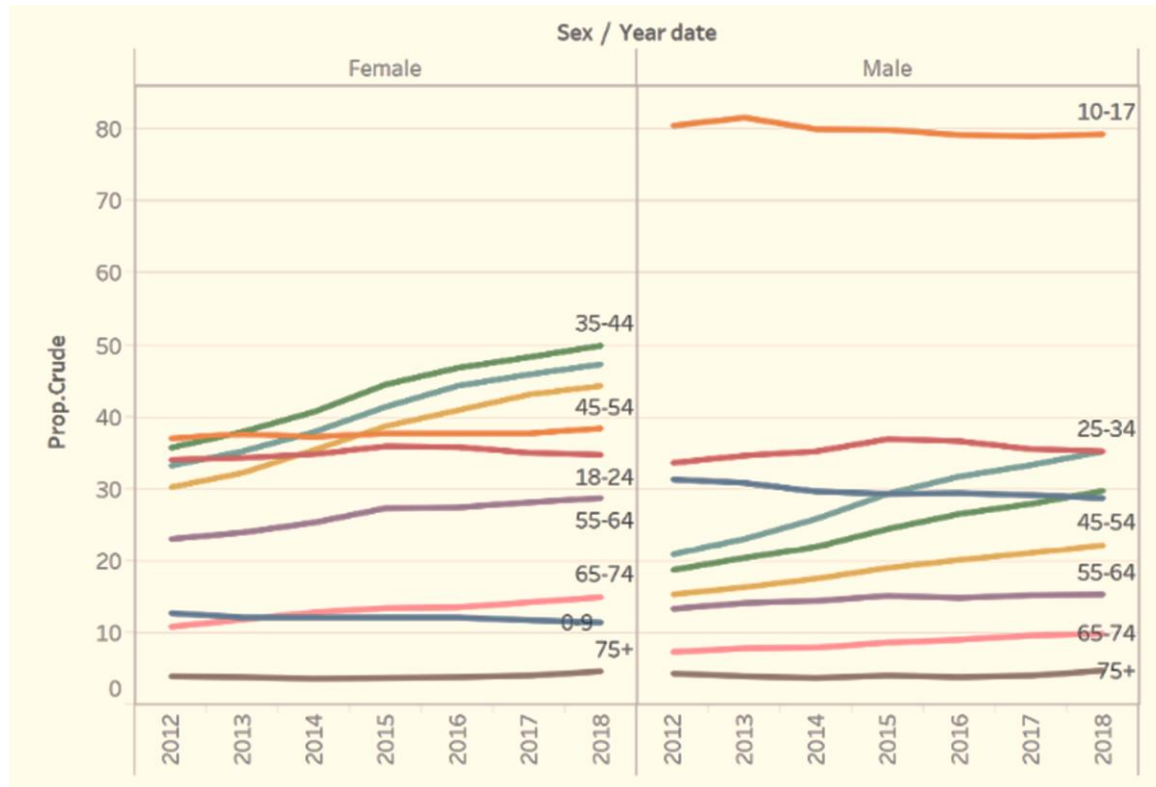
Psychostimulant prescriptions are the only increasing major prescription drug class.



Data Source: 2011-2021 Washington PMP.

Prescription Psychostimulant Trends

Psychostimulant prescription varies by sex and age.



Presented at the 2020 WSPHA Conference.

Data Source: 2012-2018 Washington PMP.

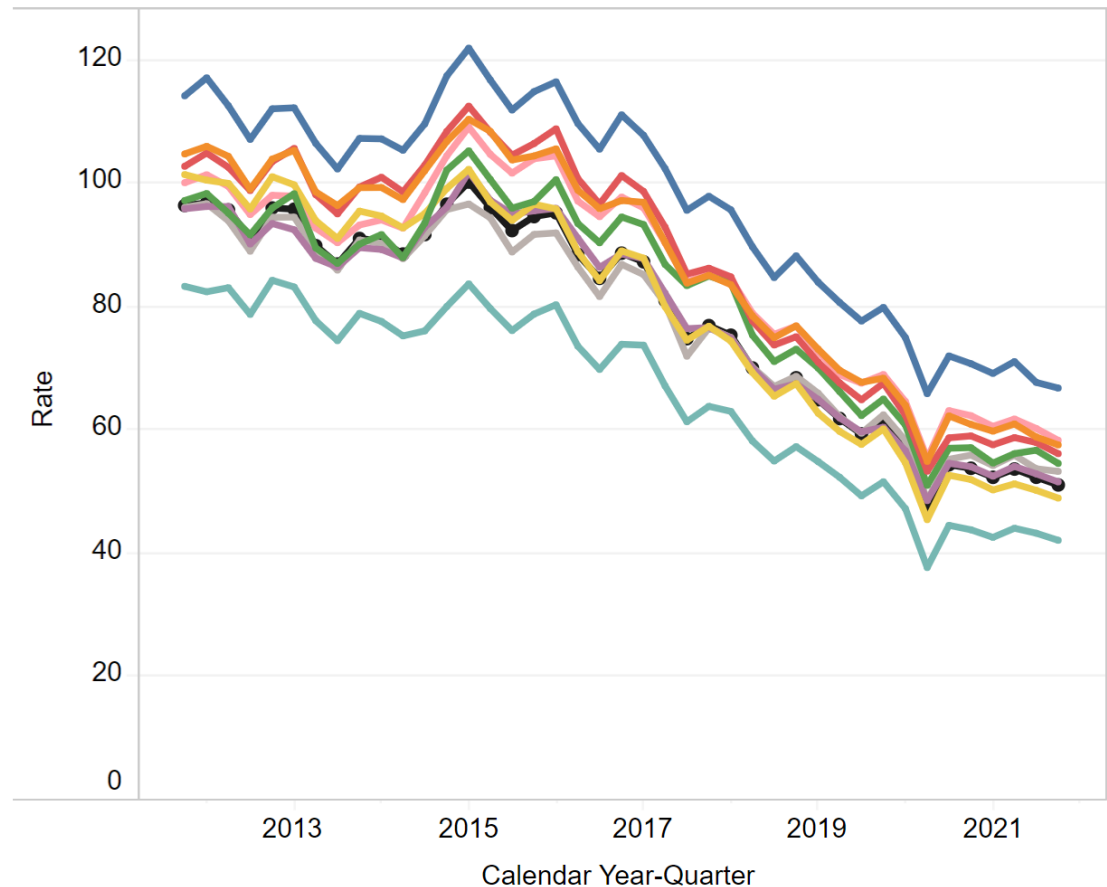
Prescription Opioid Trends During Covid19 Pandemic

Opioid prescriptions did decline during 2020Q2 due to the pandemic.

Data Source: 2011-2021 Washington PMP.

Graph is from [WTN Dashboard](#).

Age-Sex Adjusted All Opioid Patient Rate per 1,000 population by ACH Region, 2011-2021



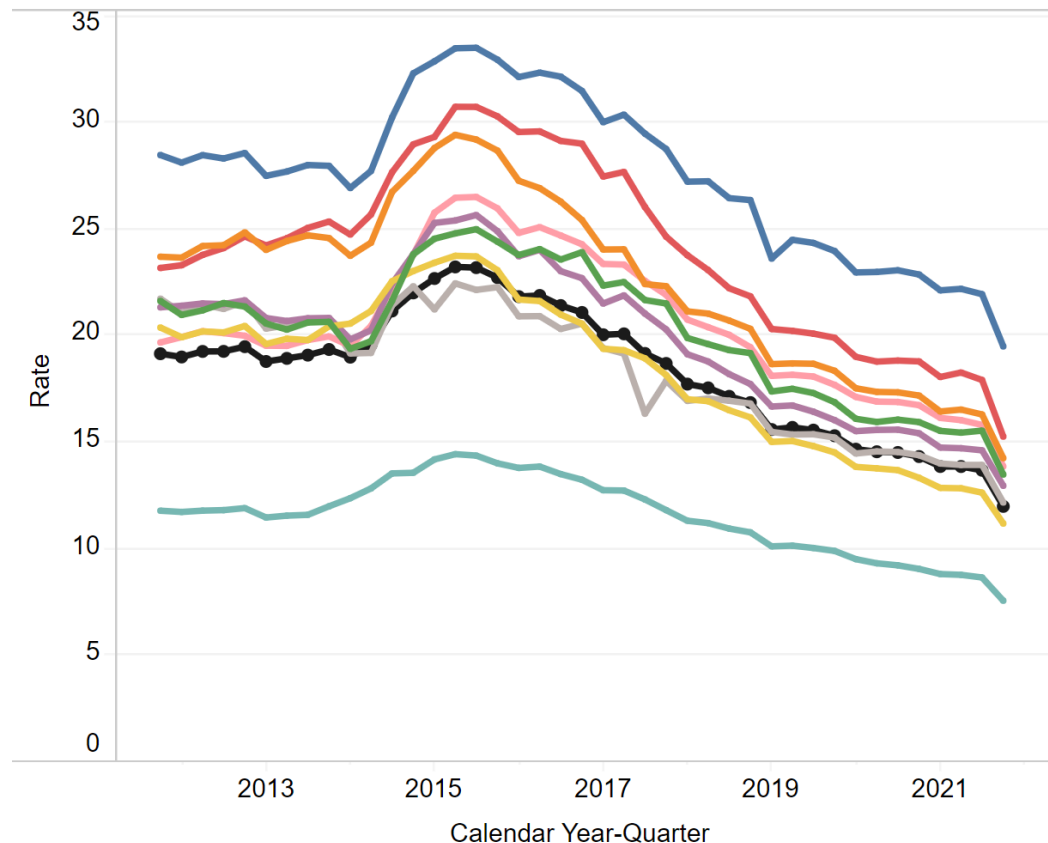
Prescription Opioid Trends During Covid19 Pandemic

Chronic opioid prescriptions did NOT seem to decline during 2020Q2 due to the pandemic.

Data Source: 2011-2021 Washington PMP.

Graph is from [WTN Dashboard](#).

Age-Sex Adjusted Chronic Opioid Patient Rate per 1,000 population by ACH Region, 2011-2021



Conclusion

- Washington PMP substance misuse and abuse work is related to the State Opioid and Overdose Response Plan
 - PMP has increased integration options for EHRs and providers.
 - There has been an increased in provider query of the PMP.
 - HCA partner and others have managed to increase utilization of buprenorphine as a treatment option for opioid use disorder.
 - Data is provided to providers as an aggregated summary.
 - WA PMP is actively looking at innovative ways to share aggregated data to partners and help researchers obtain PMP data for evaluation or research.

Contact

Questions?

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