MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING (PDMP)
April 6, 2016
4:00PM to 6:00 PM
BEHAVIORAL HEALTH ADMINISTRATION
VOCATIONAL REHABILITATION BUILDING
55 WADE AVENUE
CATONSVILLE, MD 21228

Attendees

Advisory Board
Gayle Jordan Randolph, MD
Dale Baker, CPRS/RPS
Rimple Gabri, RPh
Thelma B. Wright, MD JD
Daniel M. Ashby, MS, FASHP
Gail Amalia B. Katz, MPH
Captain Daniel D. Alioto (phone)

Advisory Board Not Present
Shirley Devaris, RN JD
Vinu Ganti, MD
Orlee Panitch, MD
Celeste M. Lombardi, MD
Janet M. Beebe, CRNP
Janet Getzey Hart
David Sharp, Ph.D.

Board Adjunct: Linda Bethman, JD, MA, Office of the Attorney General, DHMH

CRISP Representative: Michael Banfield, CRISP Project Manager

DHMH Staff
Kate Jackson, MPH, PDMP Manager, BHA
Michael Baier, Overdose Prevention Director
Vani Subramanian, PDMP Data Analyst, BHA
Kathy Rebbert-Franklin, LCSW-C, Deputy Director, Population-Based Behavioral Health, BHA

Christina Trenton, LCSW-C, CAC-AD, Assistant Director, Population-Based Behavioral Health, BHA

Public
Pam Kasemeyer (phone)
Marcia Wolf (in person)

Minutes

I. Agenda Review and Approval of Minutes: Kate Jackson reviewed the topics of discussion in the agenda. Any changes to the September 10th and March 7th meeting minutes should be emailed to Kate. Discussion of the PDMP Advisory Board Bylaws were postponed to a future meeting in order to address the full agenda regarding legislation.

II. PDMP Activities

PDMP/CRISP User Registration, Use, System Performance: Mike Banfield shared the following PDMP access numbers. Presently, there are approximately 9,00 active users, a 9% decrease from the last PDMP Advisory Board meeting report in March. There are a total of 15,545 registered users, with an anticipated increase of 40,000 new users prior to July 1, 2017 under the PDMP legislation. The system saw an average of over 21,500 weekly queries in the month of March, a 7% increase since the last report.

Interstate Interoperability Expansion: So far, Maryland is connected with Virginia, West Virginia, Connecticut, and Arkansas. Kate is working with other states on potential connectivity and will be attending the PMP InterConnect Steering Committee meeting in July 2016, which is an opportunity to engage with other state PDMP administrators and discuss any barriers to connectivity. Status of work with other states:

- **DE:** they are renegotiating their MOU with NABP; back in November determined there are legal questions to resolve
- **NJ:** interested in connecting, need to reengage conversations
- **KY:** had conference call, need to follow up with them
- **TN:** needs to resolve redisclosure issues
- **SC:** went live with a new PDMP vendor at end of the year and now ready to discuss connection through PMPi
- **OH:** have had an initial conversation but identified questions about how each state credentials users that need to be resolved
- **RI:** both sides interested in connecting and need to follow up

PDMP data requests by fatality review teams

A bill in the 2015 legislative session, SB757, in part allowed for disclosure of PDMP data to fatality review teams in Maryland, including Maternal Mortality, Child, and Overdose Fatality

teams. Disclosure is allowed only for the purposes of furthering an existing bona fide individual case review, and requests must be approved by the DHMH Secretary. Initial outreach on this new activity was completed by the PDMP Manager. Kate presented to the Mortality, Morbidity and Quality Review Committee in September of 2015 to engage stakeholders. Regulations were drafted as required by the statute, and these were promulgated February 29, 2016. An email was sent to all teams when the regulations were approved, informing them of the availability of this new activity and the required steps to begin making requests.

A process for Maternal and Child fatality teams was developed that mimics that of DHMH agencies making investigative requests under the PDMP statute, using RxSentry and a request form that is signed each time by the DHMH Secretary. Given the high volume of requests expected from the local Overdose Fatality Review (OFR) Teams, a special workflow was created and vetted by the DHMH Secretary, Van Mitchell. This workflow involves OFR teams formally requesting a blanket approval from the Secretary to make requests of the PDMP for individual, existing bona fide case reviews. Upon approval by the Secretary, the ORF team chair will designate a representative to be trained and make requests of the PDMP for data in compliance with the statute and regulations. This process is ready for implementation.

III. Bill Update and Program Planning

Bill implications for the PDMP

The 2016 PDMP bill has been discussed at prior PDMP Advisory Board meetings. At the time of this meeting, it was decided that Delegate Barron's bill version, HB437 (and Senator Klausmeier's cross-filed bill SB537) would move forward. The house version of the bill had passed out of the house was receiving a hearing in Senate Finance on 4/7. On the same day, the senate version of the bill, which has passed out of the senate, will receive a hearing in the House Health and Government Operation committee. Details of the bill as it is currently written were discussed with the Board. PDMP Manager Kate Jackson and Director of Overdose Prevention Michael Baier have attended the workgroup sessions and hearings, along with representative from CRISP, DHMH, and the Offices of the Governor and the Lt Governor. Kate and Michael walked the Board through the current version of the bill.

Discussion around the expansion of the definition of a delegate under the law provided feedback on the need for prescribers and pharmacists to be able to handle staffing terminations or any situation where a delegate or delegator would like to sever an existing relationship. The Program will keep that in consideration while designing the delegate relationship functionality within CRISP.

Discussion around the registration mandate included a suggestion to build PDMP registration into existing pharmacy learning modules that are required by many pharmacy chains for their pharmacists to complete on a regular basis.

Reports to the Legislature:

HB437, as currently negotiated through the workgroup process has added additional reporting requirements of DHMH, through use of uncodified language. The legislative reports listed in the uncodified sections of the bill were outlined for the Board's education. These include, Section 5: expanded unsolicited reporting, Section 6: advanced analytics, Section 7: education and outreach campaign plan, Section 8: mandatory registration link to CDS permit assurances, and Section 9: mandatory use assurances. The PDMP will be planning out these required reports and will engage the PDMP Advisory Board as required by statute and as appropriate to inform plans related to these reports.

Education and Outreach Campaigns:

The bill requires that DHMH conduct an education and outreach campaign to providers about the new mandates under the law, and DHMH already intends to do this regardless of a statutory requirement. Kate and PDMP Chair, Gayle Jordan-Randolph, engaged Board members in a discussion of strategies for informing providers and supporting their adoption of PDMP in general and specifically in compliance with the mandate. Board members were asked to help the Program understand what organizations they are connected to and the best avenues and means of getting information to certain provider types and stakeholder groups, as well as what the content of expanded educational outreach should look like. Suggestions included the following:

- Board of Pharmacy connections: Maryland Pharmacists Association (MPhA), Maryland Society of Hospital Pharmacies, providing information during licensing renewal notifications.
- Board of Physicians: all physicians who are up for a license renewal must do so by 9/30 of each year, and notifications are sent out ahead of the expiration so outreach materials could be included in those mailings.
- Commercial carriers and MCOs (managed care organizations within Medicaid) privilege and re-privilege providers; it was suggested that they could implement policies requiring privileging be dependent on PDMP registration.
- Malpractice insurance for providers is concentrated into a few different insurance providers, and they could potentially implement policies requiring or promoting PDMP registration for who obtain coverage.
- Many hospitals are self-insured and could also be engaged to a similar end, such as the University of Maryland Medical System's Maryland Medicine Comprehensive Insurance Program (MMCIP).
- Specific academic medical institutions and professional societies have an interest in spreading this word to their partners and affiliated providers; outside of the Boards, these might be the best groups to spread the word to the greatest number of providers across the state.

- It was suggested that PDMP registration and education could be worked in provider continuing education curricula, though this would require either Board buy-in or significant work to obtain CE credits.
- Pharmacy and health profession schools and residency programs could be engaged to provide training and education to applicable professionals.
- Finally, the PDMP and CRISP websites should be updated with new information and FAQs as they are developed, and the enhanced CRISP registration workflow should be explained for potential registrants – so they are aware of what is involved in the registration process.

IV. Open Discussion: No items addressed.

Next Board Meeting: Wednesday October 5th, 2016

Meeting Adjourned