MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING (PDMP)
August 30, 2018
4:00PM to 6:00 PM
Behavioral Health Administration
Vocational Rehabilitation Bldg.
55 Wade Ave. Catonsville, MD 21228

Attendees

Advisory Board

Audrey Clark, MPA, Chair (phone)
Amit Bhargava, MD, MS, RMSK (phone)
Richard DeBenedetto, PharmD, MS, AAHIVP
David Gottlieb, DPM (phone)
Lenna Israbin-Jamgochian, PharmD, RPh (phone)
Arthur Jee, DMD (phone)
Marcus Jones (phone)
Stephen A. Nichols, MD, FAAP, FAAMR (phone)
Bonnie Oettinger, RN, MGA (phone)
Orlee Panitch, MD (phone)
Derek Peck (phone)
Larry Polsky, MD, MPH (phone)
Joseph Scalese III, RPh(phone)
Amar Setty, MD (phone)
David Sharp, PhD (phone)
Diana Shorter, DNP (phone)
Michael Vaughn (phone)

Advisory Board Not Present
Daniel M. Ashby, MS, FASHP
Thomas Bond III
Zachery Chattler, DPM
Chris Jillson, MD
Mark Olszyk, MD, MBA, CPE, FACEP, FACHE, FFSMB

Board Adjunct: Linda Bethman, JD, MA, Office of the Attorney General, MDH (phone)

CRISP Representation
Lindsey Ferris, MPH
Rhonda Moody

Leap Orbit Representation
Michael Albert, Leap Orbit
Mrinal Bhasker, MBA, Leap Orbit
David Finney, MA, Leap Orbit

General Assembly of Maryland Department of Legislative Services
Amber Gundlach
Erin Hopwood
Jared Sussman

MDH Staff
Tryphena Barnes
Anna Gribble, MPH, MSW (phone)
Kate Jackson, MPH
Katherine Johnson (phone)
Casey Lyons, MPH, (phone)
Vijay Murthy (phone)
Kathleen Rebbert-Franklin, LCSW (phone)
Sara Roberson, MSW

Public
Leslie Grant, DDS (phone)
Patrick Carlson, Johns Hopkins
Sandy Yankosky, OCSA (phone)

Minutes

I. Roll Call and Introductions- The PDMP Advisory Board in-person meeting changed to a call-in meeting due to building conditions. Roll call was taken for all attendees.

II. Agenda Review and Approval of Minutes- The agenda was reviewed and Kate Jackson requested that any corrections to the minutes be sent to her via email by end of business on Tuesday, September 4, 2018.

III. CME Requirements for CDS Registrants Update- Sandy Yankosky from the Office of Controlled Substance Administration (OCSA) presented on the Controlled Dangerous Substances (CDS) Registration Continued Education Requirement which goes into effect on October 1, 2018.

- **Criminal Law § 5-301(c):** "An authorized provider applying for a registration to dispense a controlled substance under this section and who will prescribe or dispense controlled dangerous substances under that registration shall attest on the registration form to the Department that the authorized provider has completed two hours of continuing education. The continuing education or certification must be recognized by the providers licensing or certified board or accredited by the Accreditation Council for Continuing Medical Education."
- **Outreach-** Prior to the October 1, 2018 deadline, OCSA implemented the following outreach efforts regarding the new CME requirement:
    - OCSA posted information on their website

- Maryland Board of Nursing posted information on their website and notified professional associations.
- Board of Nursing president notified all hospital HTS during the August 20, 2018 meeting
- Nurse Practitioner Association of Maryland was notified and agreed to post notice on their website
- Maryland Board of Podiatry posted information on their website, notified professional associations, and emailed all registrants
- Maryland Board of Physicians posted information on their website
- Maryland Board of Pharmacy posted information on their website
- Maryland Board of Dentistry posted information on their website

- **Regulations**-OCSA is currently revising CDS regulations to incorporate the new requirements established in HB1452. Once revisions are complete, OCSA will send a notice to the Boards for comments.
- **Questions-** A Board member asked if this requirement would apply to pharmacies?" No, the CME requirement is only for providers, not for establishments.

IV. PDMP Sunset Evaluation Introduction- The Prescription Drug Monitoring Program (PDMP) is one of approximately 70 registered entities that are subject to periodic evaluation under the Maryland Program Evaluation Act; a process better known as Sunset Review. PDMP is scheduled to terminate July 1, 2019; therefore the Department of Legislative Services (DLS) is charged with evaluating the program and will be contacting the Board within the next few weeks to schedule interviews. The purpose of the interviews is to ensure the PDMP is compliant with statutory mandates. An interview sheet will be provided via email ahead of the interview and the interview should last around 30 minutes. The PDMP was evaluated in 2014 and the termination date was extended to July 2019. A full evaluation could allow the program to be extended up to 10 years. Erin Hopwood will send the Board a copy of the preliminary evaluation.

V. PDMP Use Mandate Implementation Update- Sara Roberson gave a presentation on updates to the Maryland PDMP Use Mandate. Since the Use Mandate went into effect, the PDMP query volume has increased tremendously within the past year. PDMP would like to thank CRISP and MedChi for collaborating with BHA in addressing questions from providers on the use mandate. Technical questions are handled by the CRISP Operations Support staff. Use Mandate content questions are handled by the PDMP Use Mandate Call Center, staffed by MedChi, and clinical questions are handled by Maryland Addiction Consultation Services (MACS).

Next Steps-

- PDMP video vignettes-Filming will occur September and October
- Additional Fact Sheets-Delegate Fact Sheet and CRISP Functionality Instruction; Delegator Fact Sheet, and CRISP Delegation Management Instruction
- Correspondence about use mandate- OCSA will send an email to all CDS registrants via GovDelivery
- Use Mandate FAQs will be updated

- PDMP website will be updated with clinical resources

VI. DEA Self-Audit Tool- CRISP deployed a DEA self-audit tool in the Unified Landing Page (ULP). Maryland providers with a valid DEA number can review prescriptions dispensed in Maryland attributed to their DEA number. The self-audit tool can be used as to audit for potential fraud concerns. This tool currently supports one DEA number per user. The self-audit tool was launched in August 2018 and used by 228 prescribers resulting in a total of 1,180 queries.

VII. PDMP Annual Report Content Recommendations- Section 21-2A-05 (f) (3) (ii) of the Health-General Article requires the Board to provide annually to the Governor and, in accordance with §2-1246 of the State Government Article, the General Assembly a report that includes:

i. The number of prescribers and prescriber delegates registered with and using the Program (SECTION 1)
ii. The number of pharmacist and pharmacist delegates registered with and using the Program (SECTION 2)
iii. An analysis of the impact on the Program on patient access to pharmaceutical care and on curbing prescription drug diversion in the State; and (SECTION 3)
iv. Any recommendation related to modification or continuation of the Program (SECTION 4). Feedback from the Board will be included
    - Use Mandate
    - Interstate data sharing
    - More useful to prescribers/pharmacist-focus on the Alerts Center enhancements
    - Rx-street drug use; narcan use (prescriptions dispensed, EMS administrations)- stigma regarding narcan prescriptions; dispensed outside pharmacies
    - Hospital links to data-resources to improve performance
    - Veterinarians- reporting dispensing data? Access to PDMP data? What does national veterinarian org suggest?
    - Impact on SUD services-number of individuals seeking services

    Any additional ideas or recommendations whether clinical, investigative or public focused should be emailed to Kate or provided through edits when draft is circulated.

Timeline- A timeline has been established to provide ample time to effectively generate PDMP's annual report. Setting a due date to complete various aspects of the report will allow the Board to stay on track during the report building process.

- Solicitation of topics or items for inclusion by Board due 8/30/2018
- Report template finalized based on Board and MDH feedback due 9/7/2018
- Draft narrative circulated for Board feedback due 9/12/2018
- Incorporation of Board feedback for final version and inclusion of final data/due 9/26/2018
- Board vote on approval of final version/due 10/1/2018

- Submission of final version for MDH review and finalization due 10/26/2018

VIII. New Functionalities: Compliance Monitoring and Provider Insight Report- David Finney, a representative from Leap Orbit, presented on compliance monitoring and the Prescriber Insights Report. Last year, CRISP licensed Leap Orbit's PDMP software to analyze and monitor data quality/data integrity within Maryland's current PDMP data processing system. In the spring, CRISP extended that license to include a new suite of reports and analytics related to mandated use of the PDMP.

In July, Leap Orbit formed a strategic partnership with NIC and is now calling their PDMP software "RxGov." The Mandated Use reporting will be rolled out by the Leap/NIC team in phases. The current round of work will be completed by early fall.

The Prescriber Insights Report will provide information on the daily query volume, queries filtered by organization, and queries per day filtered by query method, a method specific to the University of Maryland Medical System and Johns Hopkins Hospital System.

Leap Orbit's demo also covered information on statewide mandate reporting filtered by user type, specialty, and by organization.

IX. Board Feedback on IT and Policy Questions-

A Board member expressed a concern in displaying inaccurate numbers in the Insight Report. Another Board member expressed an interest in incorporating an option to "drill down" or identify patients and dispenses that contribute to the Insight Report data. Board members suggested combining the two functionalities and list prescription tied to a query. Finally, a Board member recommended the development of FAQs for providers.

The clinicians on the Board for further input on disseminating the Insight Report, content of tool tips, and content of FAQs. Kate mentioned a potential need to revive the Technical Review team that previously assisted with these types of tasks.

X. Public Comment Session- No public comments

Meeting Adjourned