**MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING (PDMP)**
**November 9, 2017**
**4:00PM to 6:00 PM**
**BEHAVIORAL HEALTH ADMINISTRATION**
**VOCATIONAL REHABILITATION BUILDING**
**55 WADE AVENUE**
**CATONSVILLE, MD 21228**

## Attendees

**Advisory Board**
Audrey Clark, MPA, Secretary Designee
Daniel M. Ashby, MS, FASHP (phone)
Janet M. Beebe, CRNP
Thomas Bond
Richard DeBenedetto, PharmD, MS, AAHIVP (phone)
Janet Getzey Hart (phone)
David Gottlieb, MD
Arthur Jee, DMD
Chris Jillson, MD
Marcus Jones
Stephen A. Nichols, MD,FAAP, FAAMR
Bonnie Oettinger, RN, MGA
Orlee Panitch, MD (phone)
Derek Peck
Larry Polsky, MD,MPH, FACOG
Joseph Scalese III, MD
Amar Setty, MD
David Sharp, PhD (phone)

**Advisory Board Not Present**
Amit Bhargava, MD, MS, RMSK
Dale Baker, CPRS/RPS
Celeste M. Lombardi, MD
Stephen A. Nichols, MD, FAAP, FAAMR

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

**CRISP Representation**
Lindsey Ferris, MPH

**MDH Staff**
Michael Baier
Tryphena Barnes
Kate Jackson, MPH
Kathleen Rebbert-Franklin, LCSW
Mary Viggiani. LCSW-C, LCADC

**Public**
Leslie Grant, DDS
Tim Santoni

## Minutes

### I. Roll Call and Introductions

The PDMP Advisory Board meeting opened with roll call and introductions of all present and of those on conference line, highlighting new members. There are three categories of Board members (1) Existing Board members (2) Newly appointed and (3) Re- appointed. SB038, Chapter 40 passed allowing the expansion of Board membership. The new seats are the President's designee for the Board of Podiatric Medical Examiners, Secretary's designee from the Board of Dental Examiners, Secretary's designee from Maryland State Police, and President's designee from the Maryland Association of County Health Officers. The Program is filling a position for an Academic Research professional. Board members participated in a one hour webinar last week to learn PDMP terms and basics and were provided with resources.

There is one active subcommittee which is our Clinical User Experience Subcommittee geared toward providers who are on the Board who would like to advise and provide input as we develop enhancements within CRISP and to improve the PDMP for clinical stakeholders. Please contact Kate Jackson if any Board members wish to join the committee.

### II. Agenda Review/Approval of Minutes

Minutes will shared with Advisory Board members, if any corrections to previous meetings minutes are needed, please inform Kate by next Wednesday. Previous meeting minutes will be finalized and posted to the PDMP website.

### III. Secretary's Revised Management Structure

David Lashar, the MDH Secretary's Chief of Staff, shared a presentation highlighting changes made by the Secretary to address internal management of the PDMP program. PDMP, though housed within the Behavioral Health Administration, affects other Administrations and Offices in the Department and has many stakeholders outside of the Department. To coordinate activities and communication, a three-tier governance structure has been established:

- **Steering Committee**- sets priorities and identifies resources. The PDMP Advisory Board advises the Chair of the Steering Committee, Secretary Dennis Schrader.
- **Program Management Office (PMO)** - develops plans and coordinates execution. PDMP Manager: Kate Jackson
- **Teams/Offices**- delivers solutions and services for the PDMP program. The IT platform team plays a special role of providing data services.

Mr. Lashar stated Kate Jackson has been empowered across all Administrations and Offices with a direct line to the Secretary as well as to the Deputy Secretary to effectively serve as the PDMP Manager. Kate is very excited about the opportunity to work collaboratively across the Department.

## IV. Advisory Board Bylaws Review

The mission of the PDMP Advisory Board is to work with and provide advice to the Program. The Advisory Board Bylaws were drafted in 2015 and modeled after other states' committees and boards' bylaws. The Board is charged with the following responsibilities:

- Make recommendations to the Secretary relating to the design and implementation of the Program, including recommendations related to regulations, legislation, and sources of funding,
- Provide within 180 days after its first meeting, in accordance with §2-1246 of the State Government Article, an interim report to the General Assembly setting forth the Board's analysis and recommendations of the Program,
- Provide annually to the Governor and, in accordance with §2-1246 of the State Government Article, the General Assembly an analysis of the impact of the Program on patient access to pharmaceutical care and on curbing prescription drug diversion in the State, including any recommendations related to modification or continuation of the Program.
- Provide ongoing advice and consultation on the implementation and operation of the Program, including recommendations related to:
    - Changes in the Program to reflect advances in technology and best practices in the field of electronic health records and electronic prescription monitoring,
    - Changes to statutory requirements, and
    - Changes to the design and implementation of an ongoing evaluation.

**Membership:** The Board shall consist of a Chair and Members as outlined in §21-2A-05. Members shall be appointed by the Secretary. A Member or Chair of the Board may not receive compensation, but is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

**Meetings:** The Board shall meet no fewer than three times per year; all meetings are subject to the Maryland Open Meetings Act.

- During Open Sessions, public attendees may comment during the designated public comment period(s) of any given Open Session.
- A session may be closed according to the provisions of the Maryland Open Meetings Act, during which only Board members and identified Program-related personnel will be in attendance.
- A quorum of the Board shall consist of one-third (1/3) of the Members, including the Chair. A quorum shall be required for the affirmative transaction of any official business of the Board.
- Attendance Policy: Members are required to attend, either in person or remotely by telephone, at least two-thirds (2/3) of the meetings during any consecutive 12-month period.

## V. PDMP Registration Mandate Progress and Provider Outreach Efforts

The PDMP Registration Mandate went into effect July 1, 2017. The PDMP does not have a 100% registration rate but the Program has conducted the following outreach activities:

- **Letters-** were mailed out to unregistered providers
- **Reminders to unregistered CDS license applicants**- OCSA notified all CDS license applicants who have not registered for PDMP
- **Direct outreach** to providers by MedChi staff under contract with PDMP through CRISP via email, phone, and in person
- **CME/Provider Education events** hosted by MedChi to promote PDMP registration, use, appropriate prescribing, and clinical resources
- **Letter to hospital CEOs**-Electronic communication about PDMP registration mandate and how to assist their providers' compliance
- **Registration updates to Licensing Boards**- summary statistics provided on registration rates
- **Registration updates to Local Health Departments**-summary statistics provided on registration rates
- **Registration updates to OOCC/MDH**- summary statistics provided on registration rates
- **PDMP Registration Video**- promotional video explaining PDMP registration and will be circulated electronically and presented at conferences.

Official letters resulted in a high volume of calls and emails to the PDMP office and CRISP. Providers need answers to a wide range of registration questions and scenarios. PDMP staff provided clarification using communication guidance. Additional alignment between PDMP, CRISP, and OCSA on methods for aggregate reporting will happen and advance notice to Boards will occur before the next round of outreach.

**PDMP Registration Mandate Achievements:**
Nursing (CNM, CRNP) 77%
Dental (DMD, DDS) 71.45 %
Physician (DO, MD, PA)73.01 %
Veterinary (DVM, VMD) 78.01 %
Podiatry (DPM) 82.29 %
Pharmacist- 59.97 %
**Total Prescribers-** 73.64 %
**Total Providers-** 70.27 %

## VI. Board Discussion

- **PDMP Annual Report Review and Approval Process-** Kate proposed assessing the format of the report according to the standard template for sections and data reported. Solicitation of topics will be presented to the Board for feedback to be included in the Advisory Board Report to the Governor. The full draft will be circulated for comments and edits from the Board. Once comments and edits are addressed, a call will be held to vote on accepting the revised, final version. The final version will be submitted for MDH courtesy review and submission.
- Mr. Lashar relayed a question to the Board from the Secretary, asking, "How can the Board have more impact?" When the Board receives the Annual report, members may want to craft a statement that would help set a course for future planning.

- **PDMP Implementation and Operations Update-** Kate gave an update on the PDMP Implementation and Operations development. This tool is designed for reporting on the quantity of registered clinical users and investigative users. Data captured for clinical users include statewide registration rates for prescribers, pharmacists, and delegates; county-level registration rates; as well as statewide use rates for prescribers, pharmacists, and delegates. Data captured for investigative users include the number of registered users by agency type, number of requests approved by agency type, and program turnaround time for requests.

- **Analysis of PDMP Impact on Patient Access to Pharmaceutical Care and on Curbing Prescription Diversion-** Other major areas where statistics are captured on an annual basis are dispensed prescription data, unsolicited reporting, and interstate data sharing. The Opioid Indicators Dashboard has progressed how we help our public health users, planners, and evaluators, as well as our other major stakeholders such as our clinical users and investigators. Our Data Dashboard is now live with over 50 users who are trained and credentialed. Dashboard users have access to aggregate PDMP data, as well a dashboard for non-fatal overdose data. The Data Dashboard was built by CRISP.

- **Naloxone -** Is Naloxone captured within this dashboard? No. It's not a controlled substance.

- **Public Comment Session**
  Dr. Grant mentioned reports of intentional animal abuse as a means to access prescription drugs.

  **Meeting Adjourned**