MARYLAND
Department of Health

MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING (PDMP)
Public Health Services
Vocational Rehabilitation Bldg.
55 Wade Ave. Catonsville, MD 21228
May 16, 2019
4:00PM to 6:00 PM

Attendees

Advisory Board
Daniel M. Ashby, MS, FASHP
Amit Bhargava, MD, MS, RMSK ☎
Richard DeBenedetto, PharmD, MS, AAHIVP
Lenna Israbian-Jamgochian, PharmD, RPh ☎
Stephen A. Nichols, MD, FAAP, FAAMR
Bonnie Oettinger, RN, MGA
Mark Olszyk, MD, MBA, CPE, FACEP, FACHE, FFSMB ☎
Orlee Panitch, MD ☎
Derek Peck
Larry Polsky, MD, MPH, FACOG
Joseph Scalese III, RPh
Amar Setty, MD ☎
Diana Shorter, DNP
Michael Vaughn

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

Advisory Board Not Present
Thomas Bond III
Audrey Clark, MPA, Chair
Authur C. Jee, DMD
Chris Jillson, MD
Marcus Jones
Brian Marascalchi, MD
David Sharp, PhD, FACHE, FFSMB
Yvonne Umezurike, DMP

Public Health Services Staff
Tryphena Barnes
Anna Gribble, MPH, MSW
Kate Jackson, MPH
Katherine Johnson, MHA
Casey Lyons, MPH, CPH
Vijay Murthy, MPH
Sara Roberson, MSW

CRISP Staff
Rhonda Moody, Project Analyst
Shannon Riggins, Pharmacy Intern, CRISP ☎

NIC
Kevin Schmidt, Director of Product Management, Healthcare

Public Attendees
Dr. Leslie Grant, DMD ☎

Minutes

I. Roll Call, Agenda Review and Approval of Minutes:

Kate Jackson, PDMP Director, opened today's meeting with roll call and reviewed the topics of discussion on the agenda.

II. Implementation of 2019 Legislative Session:

Kate gave updates on the two bills, Chapters 531 and 364, which passed during the 2019 legislative session and impact the Prescription Drug Monitoring Program (PDMP). Kate urged the Board to keep copies of the materials. The Chapters will be revisited continually as PDMP goes through the process of promulgating regulations.

Chapter 531 (HB25/SB195)- Requires the PDMP to review data for possible misuse or abuse of a monitored prescription drug and possible violation of law or possible breach of professional standards by a provider and provide education to the provider.

- Technical Advisory Committee (TAC) can provide guidance on methods used to identify a possible violation of law or possible breach of professional standards.
- The PDMP may provide prescription monitoring data to Office of Controlled Substances Administration (OCSA) when a possible violation of law or possible breach of professional standards occurs (subject to specific conditions outlined in statute).
- Takes effect October 1, 2019, pending promulgation of regulations

Chapter 364 (HB466/SB342) - The result of the Sunset Evaluation completed by the Department of Legislative last year:

- Improves interstate data sharing and expands to local, territorial, or federal agency to support medical care
- Allows Medical Facility accounts to access PDMP data to support clinical care and electronic health record integration
- Allows the Office of Attorney General access to PDMP data for investigations
- Revised OCME and Health Licensing Boards access to PDMP data
- Takes effect June 1, 2019, pending promulgation of regulations

Question from Board- Could you explain the medical facility account? Chapter 364 allows a medical director of a healthcare facility access to PDMP data and to be the first recipient of data for their facility. At present the data is released specific to a prescriber or pharmacist.

Regulation Plans- PDMP continues to work with legal counsel and others to determine what parts of Chapters 364 and 531 require the PDMP to propose regulatory changes. The regulation process includes the following activities:

- Review changes outlined in statute with PDMP legal counsel and other affected agencies
- PDMP staff will draft regulations
- Obtain feedback from stakeholders / approval from PDMP Advisory Board

- Submit for review and approval through the Department of Health
- Post in the state Register. The public and stakeholders will have 30 days to provide comments on the proposed regulatory changes
- PDMP staff will collect and respond to public comments
- Bring summary of comments and responses to the PDMP Advisory Board
- Revise regulations if substantive changes are needed (post for public comments again)
- Submit updated PDMP regulations for approval and promulgation

Regulations Next Steps – These are the next steps in the regulations process:

- Review changes outlined in statute with PDMP Legal Counsel
    - Identify changes that do not require regulations
    - Draft regulations for required items
- Begin working with OCSA on Chapter 531 changes
- The goal is to present a draft set of regulations during the August 22nd meeting

Question from Board: Would small practice sites, such as offices with 20-40 practitioners spread throughout various locations fall under "Health Care Facility"? PDMP will reach out to OHCQ for clarity.

Interstate Data Sharing - Kate reviewed the interstate data sharing portion of Chapter 364 with the Board and asked if the change could occur June 1, 2019, without going through the promulgation process. The change in Chapter 364 allows the PDMP to share PDMP data with authorized users in other states, or a local state, federal or territorial agency's PDMP in connection with the provision of medical care. This would allow data sharing with the Department of Defense (DoD) active military system, which now has a PDMP. DoD has contracted with a PDMP vendor and is in the process of connecting with other PDMP's through existing data sharing hubs.

As PDMP moves further into integrating data into electronic health records systems, the PDMP will stay engaged with health IT technology. Not all the solutions go straight through other states' PDMP; this change in Chapter 364 will allow integrations to facilities in other states.

The Board, PDMP, and PDMP legal counsel decided substantive changes are needed to allow PDMP to enact the interstate data sharing statutory change from Chapter 364. Data sharing with DoD, other jurisdictions, and authorized users in other jurisdictions will wait until regulations are promulgated.
Comment: A Board member suggested changing the phrase "state's PDMP" within the regulations to authorized PDMP. Conflict with the statutory language or going beyond the statute is not allowed. The regulations must mimic the statute.

After broad discussion on the language proposed in the regulations the Board agreed that another look at the regulations is necessary.

III. PDMP Vendor Migration Update:

Sara Roberson provided an update on PDMP vendor migration. The Maryland PDMP is currently in the process of migrating from Appriss' RxSentry to NIC's RxGov. Impacted by this migration are data submitters, investigative users, and PDMP administrative staff. PDMP clinical users are not impacted.

Data Submitters:

- April 9th data submitters were able to send CDS dispensing data to RxGov
- April 9th to June 1st: Data submitters transition from sending CDS dispensing data from RxSentry to RxGov.
- The anticipated number of dispensers and uploaders who will be impacted by this transition are:
    - 1,696 dispensers
    - 437 uploaders
- Both RxSentry and RxGov are running in parallel until mid-June

Investigative Users:

- Beginning mid-May, investigative users will submit requests through RxGov
- PDMP anticipates the creation of over 140 investigative user accounts will be created in the new system
- PDMP and NIC will host a training in May that will cover how investigative users will submit requests through RxGov

The Maryland RxGov Help Desk went live on April 2, 2019. The Help Desk is available for dispensers, uploaders, and investigative users.

Outreach and Communication efforts: The PDMP office has implemented various outreach and communication efforts for dispensers and investigative users. Outreach efforts include PDMP website updates, emails and newsletter blurbs, faxes to pharmacies with CDS permits, mailings, and outreach to data uploaders via email and phone calls. Investigative users were informed in February 2019 via email of the vendor change, migration process, timeline, pending informational video on the new submission process through RxGov, and expanded functionality of RxGov.

Comments on presentation: The Board made additional outreach suggestions on communication methods to dispensers. The Board recommended the PDMP emphasize the need for dispensers to proactively switch their accounts to RxGov. Suggestions from the Board on communication activities include:

- Utilize Board members for their contacts after June 1st
- Create a list of organizations and people to contact
- PDMP staff could call dispensers reminding them of the reporting deadline and migration timeline
- PDMP can report to Board when a list is of contacts are populated
- CRISP can share a message on the Unified Landing Page (ULP)
- The Maryland Pharmacist Association MPHA can support outreach, requires follow up with Board member Dr. DeBenedetto

IV. Prescriber Insight Report Update:

Anna Gribble presented an update on the Prescriber Insight Report. The Prescriber Insight Report is a clinical tool for prescribers in CRISP that will show prescribers summary statistics of their prescribing patterns and indicate how prescribers compare to their peers. PDMP is working with CRISP and NIC to finalize the measures that will be available on the Insight Report and will follow-up with the Board when the PDMP begins the next pilot. The Prescriber Insight Report will also be a tool for PDMP outreach and education.

V. Academic Detailing Pilot/Provider Education Opportunities:

Anna also presented on the Maryland Opioid Academic Detailing Pilot project. The Maryland Department of Health (MDH) Office of Provider Engagement and Regulation (OPER) is partnering with the National Resource Center for Academic Detailing (NaRCAD) to launch a Maryland-based Opioid Academic Detailing Pilot project. The goals of the project are to improve opioid prescribing practices, increase clinician use of the PDMP, prevent overdose deaths and increase the skillset of Maryland public health workforce. Academic Detailers are one-on-one outreach educators who meet with providers to offer best evidence and customized clinical tools to improve frontline care. Academic Detailers have been formally trained and provided a core set of messages and curriculum for conducting field visits. Detailers will not be expected to provide clinical guidance or review patient data, but will be directing providers to resources that can support clinical decision making. Academic Detailers have accomplished or will accomplish the following activities:

- Attended a full two-day training at Spring Grove Hospital Campus (May 6 – 7, 2019)
- Become familiar with the curriculum provided by OPER and NaRCAD
- Conduct multiple field visits to health care providers in their county, > 4 hours per week, between 10-30 minutes for each visit
- Prepare for visits and complete post-visit tasks to support program administration and evaluation (time commitment 15-20 minutes)
- Regular calls with OPER staff, evaluators, and peers to allow opportunities to discuss troubleshooting, trends, and receive peer support
- Attend an in-person 6-month follow-up meeting to discuss progress and lessons learned.

PDMP's Pilot participants are 9 nominees from Local Health Departments, Maryland Primary Care Program-Care Transformation Organizations (CTOs) and MDH coaches. These are the next steps for the Academic Detailing Pilot:

- Implement pilot with NaRCAD, state partners, and evaluation team
- Report pilot findings to stakeholders and expand statewide
- Partner with other academic detailing projects in MD such as infectious disease testing and treatment
- Coordinate with other state resources such as MACS and MedChi's CME presentations
- Await expansion funding under CDC's OD2A (application submitted May 2019)

Comments on Presentation- Board member suggest that PDMP partner with the Health Departments as a method for their own Opiod Misuse Prevention Program (OMPP) project. Many of PDMPs detailers are OMPP- funded, so this is a natural fit.

PDMP Advisory Board members had divided opinions on the effectiveness of Academic Detailing outreach. Some Board members believe it will be an uphill battle, while other Board members believe Academic Detailing is a great idea that could support Maryland providers.
Kate suggests that discussion around Academic Detailing outreach methods be ongoing. Kate stated that under the Office of OPER over the next year and beyond, the intent of the office is to have a much broader and deeper engagement with prescribers, pharmacists and other practitioners.

VI. Public Comment

None

VII. Announcements

None

Meeting Adjourned