MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING (PDMP)

March 17, 2015

4:00PM to 6:00 PM

BEHAVIORAL HEALTH ADMINISTRATION VOCATIONAL REHABILITATION BUILDING

55 WADE AVENUE

CATONSVILLE, MD 21228

Attendees

Advisory Board
Mona Gahunia, D.O., Chair
Dale Baker, CPRS/RPS, Appointee
Janet M. Beebe, CRNP, Appointee
Rimple Gabri, RPh, Appointee
Vinu Ganti, MD, Appointee
Janet Getzey Hart, Appointee
Lenna Israbian-Jamgochian, Appointee (phone)
Gail Amalia B. Katz, MPH, Appointee (phone)
Celeste M. Lombardi, MD (phone)
Orlee Panitch, MD, Appointee
David Sharp, Ph.D., Appointee
Thelma B. Wright, MD, Esq., Appointee

Advisory Board Not Present
Shirley Devaris, RN JD, Appointee
Captain Daniel D. Alioto, Appointee

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

PDMP Staff
Kate Jackson, MPH, PDMP Manager, DHMH
Tryphena Barnes, PDMP Secretary, DHMH
Sara Roberson, PDMP Data Analyst, DHMH
Michael Baier, Overdose Prevention Manager, DHMH

Public Attendees:
Karen Kaiser, American Society for Pain Management Nursing, MD Chapter President
Marcia Wolf, MD, PDMP Technical Advisory Committee (TAC) Member

Minutes

I. Agenda Review and Approval of Minutes: Kate Jackson reviewed the topics of discussion in the agenda. Any changes to the November 13th meeting minutes should be emailed to Kate by COB on Friday, March 20.

II. PDMP Updates

PDMP/CRISP User Registration and Access: Kate presented that there are currently 6,000 active clinical PDMP users out of 9,124 individuals registered for access to PDMP data through CRISP. CRISP is averaging about 16,000 inquiries per week since the beginning of the calendar year.

Dr. Marcia Wolf brought up PDMP issues involving difficulty registering and timely loading of the website. Kate mentioned that last December 2014, CRISP implemented an upgrade, which truncated the initial amount of data that loads on the clinical portal to improve access time; users can then click to expand the timeframe if desired. Michael Baier emphasized that there are different requirements for CRISP registration and PDMP registration, and that more outreach and education by PDMP and CRISP may be needed to ease confusion between the two. Access to clinical feeds in the CRISP portal is a role-based attribution process. In order to gain access to clinical information other than PDMP data, users need to provide a patient list, which CRISP uses to grant specific patient access for users. Providing this patient list can be cumbersome for some providers, and is perceived as a barrier to full CRISP clinical access utilization; however, this patient list is not required for PDMP data access. David Sharp mentioned that plans to incorporate an insurance billing feed into CRISP are underway, but this would not address cash-pay patients in regard to patient access in CRISP.

PDMP User Survey: The PDMP User Survey was requested by the Board at the November 13, 2014 meeting to gain a sense of the users' experience with the PDMP and areas for improvement. The survey was sent on December 10, 2014 by CRISP using the email address on file for all PDMP registrants. The survey closed on December 30, 2014 after two reminders were sent, and a total of 564 respondents completed the survey. The majority of the respondents were pharmacists and physicians. Kate reviewed the survey responses with the Board.

In addressing one of the issues on the survey, the presence of duplicate records for a single patient, Kate mentioned specific efforts being made by CRISP to resolve this. The survey went out as improvements were occurring to address this and other issues, so the survey may not have captured the expected change in user experience. Some Board members commented that the issue of duplicate patient accounts for the same patient improved, but then seems to have gotten worse again. There are a few possible explanations for why this is occurring and PDMP will relay the feedback to CRISP.

Interstate Interoperability: Maryland PDMP will connect with PMPi (PMP Interconnect), the interstate data sharing hub created by NABP (National Association of Board of Pharmacy). After discussing this issue at the last Advisory Board meeting and obtaining input from the Board, the PDMP has decided not to pursue the previously discussed NARxCHECK functionality at this time. Because the Maryland PDMP is integrated in the CRISP, our connection to PMPi requires two separate development projects. HID has completed the work necessary for other states to request data from the Maryland PDMP. CRISP's vendor is slated to complete the work necessary

for Maryland to query other states at the end of April, depending on how development and testing continue to go.

Once the development work is complete, Maryland PDMP will begin connecting with individual states one at a time. Kate, as the PDMP Manager, works with each state. All state laws and regulations must be compared in order to set up user access based on the user's role. Kate has begun working with Virginia, and Delaware will be next. Twenty-eight states are now connected to the PMPi hub, and Maryland's neighboring states will take priority. Accessing data from Florida and Pennsylvania were mentioned as desirable. Florida is not currently working with the PMPi, but Dr. Wolf mentioned that Virginia has access to Florida's data through another data sharing hub connection. Also, Pennsylvania just passed new legislation to expand the PDMP in that state. It will take some time for them to scale up, but Maryland hopes to connect with them as soon as that becomes possible.

Pharmacy Compliance: An initial push was made during the PDMP implementation to notify pharmacies of the legal requirement to upload data to the PDMP. Efforts have been ongoing in contacting pharmacies that have both an active CDS license from the Division of Drug Control (DDC) and an active pharmacy license from the Board of Pharmacy. PDMP staff are about to initiate updated procedures for confirming dispenser compliance, including both pharmacies and provider dispensers, which includes an initial letter, follow up telephone calls, a second letter, and an escalation plan for non-compliant pharmacies. The PDMP staff has met with the Board of Pharmacy and DDC to explore assistance and collaboration around pharmacy compliance.

A question was raised about the situation where patients leave the ED with a dispensed prescription and who is required to report this dispensing to the PDMP. The PDMP law requires that CDS prescriptions, even starter packs, dispensed from the ED are reported to the PDMP. These dispensing are considered a prescriber-dispensing and therefore the DEA number of the provider who dispensed the medication to the patient should be listed as the dispenser DEA. Hospitals should be reporting all of these dispensings to the PDMP, and as part of the ongoing dispenser compliance efforts, PDMP staff are working to ensure that all hospitals comply with this requirement.

A question was raised about what to do if a provider does not see in the PDMP a prescription record that they know was dispensed. It is requested that providers contact PDMP staff to report the name of the known dispensing pharmacy in these situations. This will allow the staff to check the compliance of the pharmacy.

Program Evaluation: The PDMP staff has been attending biweekly calls with the University of Maryland School of Pharmacy (UMSOP) and the Johns Hopkins School of Public Health (JHSPH) to facilitate the ongoing PDMP Evaluation plan that was reviewed during the last Board meeting. Both UMSOP and JHSPH have begun analyzing national prescription datasets to determine baseline information from before the PDMP was implemented. Beginning in May, a statewide physician survey will be conducted. Kate may ask clinicians on the Board to review the survey before it is mailed. Physician focus groups will also be conducted as part of the PDMP Evaluation.

Bylaw Finalization: The PDMP Advisory Board Bylaws were voted on and approved by the Board with one change in language regarding the majority of a quorum of the Board required for the passage of a vote.

III. Legislation and Regulations

Unsolicited Reporting Proposed Regulations: At the September Board meeting, the Unsolicited Reporting Regulations were reviewed. The final regulations were available for public comment in January and February. The regulations were placed on hold by the Joint Committee on Administrative, Executive and Legislative Review (AELR) due to the receipt of substantive comments by the National Association of Chain Drug Stores and Med Chi for which responses are being prepared. These drafted responses were reviewed with the Board and to provide the Board with the chance to review the responses in depth, it was decided that Kate would send out the full written responses immediately after the meeting. Board members will have until Friday, March 20, 2015 to provide any feedback for consideration by the PDMP staff and DHMH. [Post meeting note: no issues with the written responses were raised by Advisory Board members during this review period and responses were finalized after March 20th]. PDMP staff will follow up with both NACDS and MedChi after comment responses have been released to those organizations.

DDC Regulations: The DDC regulations discussed at previous meetings, which in part required an educational module and PDMP registration as conditions of renewing or obtaining a new CDS permit, are currently on hold until a web-based registration system is in place. At that time, similar regulations may be considered.

HB003 – Mandatory Use Bill: This bill mandated that prescribers and dispensers access the PDMP before prescribing or dispensing any CDS prescription. On February 5, 2015, there was a hearing on this bill in the Health and Government Operations Committee (HGO) in the House of Delegates. Following the hearing, the HGO Committee Chair informed DHMH that HB3 would not move out of committee, but HGO requested that the Advisory Board on Prescription Drug Monitoring complete a review of the feasibility and desirability of a mandatory use law, and report its finding to HGO. Dr. Mona Gahunia read the requirements of the report which will be a part of the Annual Report due in December 2015. The Board will form a subcommittee to respond to the requirements. Dr. Gahunia collected the names of volunteers for participation in this subcommittee.

Executive Order (01.01.2015.12) Heroin and Opioid Emergency Task Force: Governor Hogan signed an Executive Order creating the Heroin and Opioid Emergency Task Force. He also created a separate Inter-Agency Heroin and Opioid Coordinating Council. Both groups are tasked with working across state and local agencies to address heroin and opioid abuse. The Task Force has set up listening sessions in different regions of the state, which will allow for public comment on the problem. Kate will ask DHMH Health Policy Analyst-Advanced, Sara Cherico-Hsii, to provide an update for the next Board meeting

IV. Open Discussion

Conference Call: A Board conference call is not needed before the end of the legislative session.

CRISP Opt-Out: Patients can opt out of having their information shared in CRISP; however, they cannot opt out of having their prescription records uploaded to the PDMP.

Next Board Meeting: Monday, May 4, 2015

Meeting Adjourned