**MARYLAND ADVISORY BOARD ON**
**PRESCRIPTION DRUG MONITORING (PDMP)**
**Behavioral Health Administration**
**Vocational Rehabilitation Bldg.**
**55 Wade Ave. Catonsville, MD 21228**
**November 15, 2018**
**4:00PM to 6:00 PM**

**TELECONFERENCE CALL**

**Attendees**

**Advisory Board**

Audrey Clark, MPA, Chair
Amit Bhargava, MD, MS, RMSK
Thomas Bond III
Richard DeBenedetto, PharmD, MS, AAHIVP
Lenna Israbian-Jamgochian, PharmD, RPh
Marcus Jones
Stephen A. Nichols, MD, FAAP, FAAMR

Bonnie Oettinger, RN, MGA
Orlee Panitch, MD
Derek Peck
Larry Polsky, MD, MPH
Joseph Scalese III, RPh
David Sharp, PhD
Diana Shorter, DNP
Michael Vaughn

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

**Advisory Board Not Present**

Daniel M. Ashby, MS, FASHP
Zachery Chattler, DPM
Chris Jillson, MD
Brian Marascalchi, MD

Mark Olszyk, MD, MBA, CPE, FACEP, FACHE, FFSMB
Amar Setty, MD

**MDH Staff**

Tryphena Barnes
Anna Gribble, MPH, MSW
Kate Jackson, MPH
Katherine Johnson

Vijay Murthy, MPH
Kathleen Rebbert-Franklin, LCSW
Sara Roberson, MSW

**CRISP Staff**

Lindsey Ferris, MPH
Rhonda Moody

**Leap Orbit Staff**

Michael Albert
Mrinal Bhasker, MBA
Tracy Morgan

**Public Attendees**
Leslie Grant, DDS
Erin Hopwood
Yvonne Umezurike

## Minutes

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

Kate Jackson, PDMP Director, reviewed the topics of discussion on the agenda and asked that any edits to October minutes be emailed to her by close of business Monday, November 26, 2018. All Board members were acknowledged and shown appreciation for their time and participation in interviews with the Sunset Evaluation team. Erin Hopwood, Sunset Evaluation team member from Department of Legislative Services (DLS), mentioned that a final draft from the Evaluation team will be provided to Kate for review.

II.     **Newly Promulgated Regulations:**

**Daily Dispenser Reporting:** PDMP Data Quality Specialist Katherine Johnson presented on dispenser daily reporting implementation. In 2016, legislation was passed that required MDH to amend PDMP regulations governing the timeframe in which CDS dispensers must report data (HB437 / Chapter 147, 2016). The law directed that data was to be reported 'every 24 hours' instead of 'within 3 business days of dispensing,' the timeframe in place since program inception. This change was intended to make PDMP data closer to real-time, and aligns with national trends in PDMP data reporting timeframes. The proposed regulations were presented to the PDMP Advisory Board in Fall 2016, voted on, and ratified at the November 14, 2016 Board meeting. This package of regulations was promulgated on September 28, 2018 with an effective date of October 8, 2018. The new regulation change requires non-exempt dispensers of CDS medications to report any dispenses to the Maryland PDMP within 24 hours of the dispense. The regulation change also requires the submission of zero reports in the event that no dispensing of a CDS medication occurs.
While the regulations went in effect on October 8, 2018, PDMP staff are coordinating enforcement of this change to occur with the migration to a new PDMP data collection solution, which will take place in Spring 2019. Dispensers will be encouraged to begin daily reporting now, if they are not already doing so; however the MDH Secretary granted permission to delay enforcement of the daily reporting requirement until Spring 2019.

**Data Redisclosure:** Kate Jackson presented on the second change to PDMP regulations, which altered data redisclosure language from "to facilitate the treatment of a patient" to essentially "consistent with HIPAA." Kate stated that this change will allow providers to treat PDMP data like any other HIPAA-covered patient data they are accustomed to handle, and will facilitate certain EHR data integrations. No major communication campaign with be undertaken at this

time, but all FAQs and other materials for clinical users will be updated to reflect the change and facilities conducting integrations will be informed.


**III.     Education and Outreach:**

**PDMP Training Videos:** Anna Gribble presented on PDMP's partnership with Maryland Public Television to develop four videos on the PDMP. The target audiences are prescribers, dispensers, delegates, and anyone in the clinical arena.

>    The Expert video, featuring PDMP Director Kate Jackson, covers a brief description of the PDMP, reviews the Use Mandate, what to do if a provider finds something concerning in the PDMP, and recommends using other clinical tools such as SBIRT and co-prescribing naloxone.
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> - The Delegate video, featuring Office of Prevention staff member Brooke Holmes, covers delegates supporting the integration of the PDMP into the health care team's workflow, who can be a delegate, how delegates register through CRISP, how providers manage delegates through the dashboard, delegate and delegator responsibilities and how delegates reduce administrative burden and facilitate compliance with the PDMP Use Mandate.
> - The Pharmacist video features PDMP Advisory Board member Rich DeBenedetto and was shot at the University of Maryland School of Pharmacy. This video covers how the PDMP is a helpful tool for pharmacists, identifying patients using the Fuzzy Logic function, how to use the PDMP to identify concerning information, and what to do when concerning information is found.
> - The Prescriber video features PDMP Advisory Board member Orlee Panitch and was shot at the Adventist HealthCare Germantown Emergency Center. In this video, Dr. Panitch shares how the PDMP is a helpful clinical tool, when to use the PDMP and using the PDMP to collect all of the facts and engage patients in care.

PDMP videos will be used in educational settings and when presentations are given on the PDMP for clinical users. Videos are anticipated to be released early 2019. The Board asked about the availability of the videos once completed.   They will be posted on the PDMP website for viewing and may be linked to by other sites, will be disseminated through Boards and professional organizations, and are encouraged to be used as training/educational tools.

**Pharmacist Interview Report:**  Anna also presented on a project to identify pharmacist perceptions of PDMP and educational needs of these clinical users. The BHA's Office of Prevention received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) titled the Strategic Framework for Prescription Drugs (SPF-Rx). With this funding, PDMP Office is collaborating with the Office of Prevention to work with the University of Maryland's School of Pharmacy's Behavioral Health Resources Team (BHRT) to develop interventions to address non-medical use of prescription drugs. This includes a quantitative analysis of prescribing practices in the state, looking at geographic and specialty-specific differences in prescribing to youth and young adults. Additionally, there is a qualitative pharmacist component.

The BHRT team developed and deployed a structured interview to identify pharmacist-specific issues and educational needs in implementing utilization of the PDMP, pharmacists' perceived role when it comes to the PDMP, how pharmacists react to 'red flags' within the PDMP data, and potential opportunities. Nineteen interviews were conducted either in person or on the phone between June and October 2018. General themes of the findings include recommended improvements to the PDMP, the need for additional resources to support clinical decisions or offer to patients, and training/education needs for new pharmacists still in school.

Findings from the pharmacist interviews and the quantitative analysis will support the development of and deployment of an education plan. If Board members have any feedback on pharmacist and delegate specific education needs around the PDMP, they were instructed to reach out to Anna Gribble who serves as the point of contact for this project.

### IV.       Overdose Notifications:

Kate presented on the concept of notifying CDS prescribers of overdose decedents, a topic previously discussed at the March 7, 2016 Board meeting.  Kate cited an August 2018 Science journal article which reported on the impact of mailed notifications to healthcare providers of individuals who died from an overdose. This study found promising changes in prescribing behavior after receiving a notification. MDH has an interest in notifying clinicians who prescribed CDS to a patient that subsequently experienced a fatal overdose. While the PDMP Advisory Board was previously consulted in 2016 about overdose notifications, no notifications occurred at that time due to competing priorities and resource limitations. Given recent study findings, MDH is revisiting this activity, which is authorized under the unsolicited reporting section of the PDMP statute (Health-General Article §21-2a-06).

Kate explained that a yet-to-be determined sub-set of unintentional drug-related intoxication deaths from the Office of the Chief Medical Examiner (OCME), as prepared by Vital Statistics Administration (VSA), would be matched against PDMP records using appropriate demographic information. PDMP would identify clinicians who prescribed certain CDS to a decedent within an agreed upon period of time prior to the event. A notification and guidance documents would be sent, similar to the existing unsolicited reporting notification process already in effect.

Questions from the Board focused on the contents of the notification letter that would be sent under this activity. Kate confirmed that the letter could be sent on behalf of the PDMP, or in conjunction with other parts of MDH; current unsolicited reporting notifications are signed by the PDMP Director. Kate also confirmed that notification letters are legally authorized to be sent for educational purposes only, and cannot be punitive in nature. Members of the Board agreed with the approach, reiterating the importance of making sure that the language in the letters is clearly educational in nature. Kate described the need for MD to identify a staff resource to field follow up questions and feedback from prescribers who receive such a notification.

A formal motion was made to request PDMP staff to continue working up the notification protocol and a draft of the letter for presentation at the next meeting. The motion also requested PDMP staff to review any available materials from other states on this topic and bring findings to the next

meeting. It was intended that the members will further advise on the topic after a discussion at the next Board meeting. The motion was seconded with no objections to the motion.

Final suggestions were made after the motion. A Board member requested that the letter assure the recipient that no action by them is requested and that it is for informational purposes only. Another Board member suggested that pharmacies also be notified of fatal overdoses to help to prevent diversion should a prescription be filled in the decedent's name; the comment was made that Maryland does not require an ID be shown by the person picking up a prescription, which is required in some other states like West Virginia. PDMP staff stated they would look into how OCME data currently reported to CRISP could be leveraged.


## V.          Prescriber Insights Report Pilot and Deployment:

Tracy Morgan from CRISP IT contractor, LeapOrbit, presented on the Prescriber Insights Report. She reviewed screen shots of the administrator and prescriber views of this Report. The first Prescriber Insights Report version contains prescriber utilization reporting aligned with the use mandate, including peer comparison graphs. Future versions of the Prescriber Insights Report will contain additional prescribing practice metrics. A prescriber can review their own utilization and compare against relevant peer groups. A pilot is being conducted to gather feedback from prescribers about the content and format of the Report as well as the associated guidance materials before being released statewide.

Anna Gribble described the Provider Insights Report implementation pilot, which will run November 14-December 6, 2018. Reports were sent to 32 prescribers including physicians, advanced practice nurses, and physician assistants. Pilot users were identified through PDMP Advisory Board membership, working in partnership on activities with Office of PDMP and Office of Prevention, and prescribers associated with an Overdose Response Program (ORP) site. Anna announced that additional pilot users are welcome through November 21, 2018.

A Board member asked how the mandate compliance displayed in the Report would be affected if a prescriber checked the PDMP but did not prescribe. PDMP staff confirmed that total number of queries and total number of dispensed prescriptions attributed to a prescriber are each printed on the Report along with the number of dispensed prescriptions where a corresponding query could be found to have occurred. However, the visual display of compliance against peer averages is only intended to show the ratio of number of queries for a dispensed prescription to the number of dispensed prescriptions attributed to the prescriber. The action of checking the PDMP but not prescribing would not affect this ratio because the query would not be linked to a dispense. It was suggested that switching the order of statistics on the left-hand side of the screen may be helpful to the user. The PDMP staff will also revisit explanations of what each part of the Report is intended to convey to a prescriber.

Board members discussed the definition of a "new prescription" compared to a "refill".
Each new prescription written has a new prescription number; therefore, when a prescriber is required to write a new prescription for certain opioids instead of issuing refills, they may write a series of new prescriptions that function as continuation of the same original prescription. Members

asked if there was a way to separate out the continuing of an existing prescription, but not marking it as "new." Kate said that PDMP staff will take this observation back for discussion.

**VI.**     **Public Comment Session:** None


**Meeting Adjourned**