



**MARYLAND ADVISORY  
BOARD ON PRESCRIPTION  
DRUG MONITORING  
(PDMP)**

**July 14, 2016  
4:00PM to 6:00 PM  
BEHAVIORAL HEALTH  
ADMINISTRATION  
VOCATIONAL  
REHABILITATION  
BUILDING  
55 WADE AVENUE  
CATONSVILLE, MD 21228**



**Attendees**

**Advisory Board**

Captain Daniel D. Alioto (phone)  
Daniel M. Ashby, MS, FASHP  
Dale Baker, CPRS/RPS  
Janet M. Beebe, CRNP  
Richard DeBenedetto, PharmD, MS, AAHIVP  
Vinu Ganti, MD (phone)  
Janet Getzey Hart (phone)  
Gail Amalia B. Katz, MPH (phone)  
Celeste M. Lombardi, MD (phone)  
Stephen A. Nichols, MD,FAAP, FAAPMR  
Bonnie Oettinger, RN, MGA  
Orlee Panitch, MD (phone)  
David Sharp, Ph.D.  
Thelma B. Wright, MD JD (phone)

**Advisory Board Not Present**

Rimple Gabri, RPh

**Board Adjunct:** Linda Bethman, JD, MA, Office of the Attorney General, DHMH  
(absent)

**CRISP Representation:**

Michael Banfield, CRISP Project Manager  
Lindsey Ferris, CRISP Project Manager

**DHMH Staff**

Michael Baier, Overdose Prevention Director, BHA  
Tryphena Barnes, PDMP Secretary, BHA

Shauna Donahue, Chief of Staff, Office of Deputy Secretary, BHA  
Brian Holler, Special Programs manager, Overdose Prevention, BHA  
Kate Jackson, MPH, PDMP Manager, BHA  
Christina Trenton, LCSW-C, CAC-AD, Assistant Director, Population-Based Behavioral Health, BHA (phone)

## Minutes

- I. Introductions and Announcements:** Today's meeting opened with roll call and an introduction by Kate of PDMP's newest board members: Richard DeBenedetto, Assistant Professor, Department of Pharmacy Practice & Administration, University of Maryland Eastern Shore School of Pharmacy & Health Professions, and Stephen Nichols, Senior Attending Physician for Rehabilitation Services, Mt. Washington Pediatric Hospital.

Michael Baier announced that Dr. Gayle Jordan-Randolph has accepted a new position and would be leaving the Behavioral Health Administration. Michael also made mention of Dr. Randolph's great contribution to the Department of Health and Mental Hygiene and thanked her for her service in at DHMH and in her role as interim Chair of the PDMP Advisory Board.

- II. Agenda Review and Approval of Minutes:** Kate Jackson reviewed the topics of discussion in the agenda. Any changes to the April 6<sup>th</sup> meeting minutes should be emailed to Kate by close of business on Tuesday, July 19th.

- III. PDMP Activities:** Kate gave an update on PDMP operational activities:

- **Staffing:** The PDMP is in the process of bringing on a new PDMP IT Functional Analyst and hope to have this currently vacant position filled soon. In Fall 2016, PDMP will begin recruitment for 2 new positions, a Database Specialist, who will maintain the PDMP in-house dataset, and a Project Administrator, whose main focus will be on data quality. Also, the Office of Overdose Prevention is in the process of hiring an Epidemiologist, who will conduct PDMP and other dataset analyses.
- **Interstate interoperability expansion:** As of today, there are no new connections, pending a change in regulations to make it easier for Maryland to connect with other states; however, we are actively working with Minnesota to do a one way data share with Maryland.
- **PDMP data requests by Fatality Review Team:** Outreach has been done for Maternal, Child, and Overdose Fatality Review Teams. To date, PDMP has been able to train the Maternal Mortality Review Program coordinator, as well as representation from a number of local Overdose Fatality Review Teams: Baltimore City, Baltimore County, Washington County, Carroll County, Worcester County, Calvert County, Anne Arundel County, Harford County and Howard County. Many of these teams have already begun to make requests for PDMP data to support their existing case reviews.

**IV. Statute Update and Program Planning:** Kate provided updates on legislative changes and upcoming reports to the legislative.

**Legislative Changes:** Kate led a discussion of the final legislative changes that were included in HB437, the bill that was signed into law in April 2016. HB437 is effective October 1, 2016.

- PDMP Branding: A new logo has been developed to make PDMP related literature and IT functionality easily recognized by clinical users, and is to be used widely, especially in outreach materials.
- PDMP Legislation Fact Sheet: This educational outreach tool was designed to inform clinicians across the state about changes to the PDMP, notably the registration and use mandates.
- Changes impacting PDMP clinical users:
  - Pharmacist must register with PDMP by 7/1/2017 and CDS Prescribers must register before obtaining a new or renewal CDS permit or by 7/1/2017, whichever is sooner. Any clinician already registered meets the registration requirement, and re-registration is not needed at any time. The statute also requires DHMH to provide a course of instruction on effective use of the PDMP, which will be accomplished by requiring registrants to view a training video during the registration process.
  - A mandate to use the PDMP becomes effective 7/1/2018, and the details of this requirement will be fleshed out in regulations.
  - The statute expands definition of a Delegate role to include any staff who is: authorized by registered prescriber or pharmacist, and employed by or under contract with same professional practice as the registered pharmacist or prescriber.
- Changes impacting Investigative users: The role of the TAC in review of investigative data requests will shift from required to permissive. The statute requires the Program consult with the PDMP Advisory Board on policies or procedures for when it would be advisable to have TAC review of investigative requests. BHA will bring such policy to the PDMP Advisory Board at a future meeting.
- Dispenser Reporting Timeframe: The statute directs that regulations be written to change the reporting time-frame from within 3 business days of dispensing a CDS prescription to daily.
- Expansion of TAC: The statute expands the composition of the TAC to reflect the new role of the group within PDMP activities. The statute retains the original five seats of one pharmacist and four physicians, and now will include two health professionals with experience or expertise in substance related or mental health disorders, a dentist, and an internist or family medicine practitioner. The statute also no longer limits TAC membership to the statutorily defined members, and allows the Secretary to appoint additional members as needed.
- Expanded Unsolicited Reporting: Expansion of the existing unsolicited reporting authority of the program will allow the PDMP to analyze data for possible violations of law and possible breaches of professional standards by prescribers and dispensers. Notification will be authorized to prescribers and dispensers only, for the purpose of education. While the original bill proposed during Session included notification to law enforcement, this was not retained in the final bill, but reporting on this topic will occur in the future.

### **Reports of Legislation:**

- Kate explained that HB437 also required a number of reports to be developed in the coming years, for submission to the Joint Committee on Behavioral Health and Opioid Use Disorders, the House Health and Government Operations Committee, and Senate Finance Committee, among others.
- Section 5 requires two reports on the possible expansion of unsolicited reporting to include reporting to law enforcement, licensing boards and DHMH agencies who are authorized to request PDMP for investigations. These reports are due 12/1/2016 and 9/1/2017, the latter of which is to be submitted in consultation with the PDMP Advisory Board.
- Section 6 requires a report on 11/1/2016 to contain an assessment of the feasibility and desirability of analyzing prescription monitoring data through the regular ongoing use of specific statistical and advanced analytical techniques.
- Section 8 requires that the DHMH Secretary make a determination, in consultation with the PDMP Advisory Board, the Joint Committee on Behavioral Health and Opioid Use Disorders, and other stakeholders, to put into effect Section 1 of HB437, which requires PDMP registration by a CDS prescriber before Division of Drug Control (now Office of Controlled Substances Administration) issues a new or renewal CDS prescribing permit. The Secretary's consultation with the Advisory Board will occur through a scheduled teleconference. Michael Baier asked whether there were particular pieces of information that Board members would want to have to make a recommendation to the Secretary; feedback included that data on Division of Drug Control's permit processing turnaround times would be important to know.
- Section 9 requires the DHMH Secretary make a determination, in consultation with the PDMP Advisory Board, the Joint Committee on Behavioral Health and Opioid Use Disorders, and other stakeholders, to put into effect the PDMP use mandate as written in HB437. The use mandate is not effective until July 1, 2018, per statute, and consultation by the Secretary will occur prior to that date.

### **Educational Outreach:**

Kate explained that additional requirements are found in the uncodified language of HB437. Section 7 requires DHMH to develop and implement a plan to conduct outreach to and education of prescribers and pharmacists about the process for registering with the PDMP. Outreach efforts to date include: multiple calls with MedChi and other professional organization lobby representation to discuss outreach activities and tactics, creation of the PDMP logo branding, creation and side distribution of the PDMP Legislation Fact Sheet, a presentation conducted by Dr. Jordan-Randolph and Kate Jackson to representation from the Health Profession Licensing Boards, planned CRISP registration table at events and conferences, a new PDMP education video, an updated PDMP registration training video, and other training or registration materials to assist providers. Kate also explained that if Board members hear about questions or concerns with understanding or complying with the PDMP registration mandate or other provisions of HB437, the Board members should contact BHA. The PDMP staff will be working diligently to answer questions and convey accurate and complete information to providers statewide.

### **CRISP/PDMP Enhancements:**

Mike Banfield gave a presentation on PDMP enhancements in CRISP, covering current CRISP clinical user statistics, PDMP-specific enhancements in progress, and other CRISP enhancements impacting PDMP users.

- PDMP stats: there are currently 14,006 active users, 20,214 registered users and over 21,522 queries each week on average for the month of June
- BHA and CRISP are working together on a number of enhancements and are taking the approach of developing projects with significant clinical user input and feedback. Some enhancements are being developed or scoped now, and some will be coming down the pike in the next year or two.
- Development projects underway include: auto-registration or streamlined registration workflow, delegate/delegator management dashboard, an enhanced PDMP user interface and prescriber DEA number self-look up within CRISP.
- Enhancement projects on the horizon include: in-system PDMP notifications, data visualization and analytics, and electronic unsolicited reporting.
- Current CRISP projects that impact PDMP clinical users include: development of a Unified Landing Page, which will allow a clinical user to have a single log-in to access all CRISP services and products, integration of CRISP clinical data and PDMP data into the electronic medical record (EMR) through single sign-on (SSO) or complete integration in-context notifications.
- CRISP collaboration with DHMH on other initiatives includes: setting up the ability to receive data from the Office of the Chief Medical Examiner for certain user access, making available CRISP clinical data for use by State and local fatality review teams, and possible display of PDMP data through CRISP Reporting Services, a collaboration with HSCRC to provide clinicians an analytics tool.

**PDMP Advisory Board Subcommittee on Clinical User Experience:** Given the types and scope of PDMP enhancement plans within CRISP, Kate asked whether there was interest in creating a sub-committee to advise BHA and CRISP on new and updated functionality impacting clinicians. The PDMP Advisory Board has created sub-committees in the past to conduct specific, targeted, or short-term work. General consensus of the Board was that a sub-committee to advise on PDMP functionality enhancements would be useful and clinician Board members were willing to participate. Kate obtained immediate volunteers and requested that others email her to join the committee, which would meet regularly by phone.

**V. Public Discussion:** None

**Reminders:** Please remember to contact Kate with any edits or changes to the April minutes, or if you want to be part of a sub-committee. Finally, if you have any questions, concerns or feedback around outreach efforts, please contact Kate.

**Next Board Meeting:** Wednesday, October 5, 2016

**Meeting Adjourned**