**MARYLAND ADVISORY BOARD ON
PRESCRIPTION DRUG MONITORING (PDMP)**
Public Health Services
Vocational Rehabilitation Bldg.
55 Wade Ave. Catonsville, MD 21228
February 28, 2019
4:00PM to 6:00 PM

MARYLAND
Department of Health

Attendees

Advisory Board

Audrey Clark, MPA, Chair	Mark Olszyk, MD, MBA, CPE, FACEP,
Amit Bhargava, MD, MS, RMSK	FACHE, FFSMB☎
Thomas Bond III	Orlee Panitch, MD
Richard DeBenedetto, PharmD, MS, AAHIVP	Derek Peck
	Joseph Scalese III, RPh
Lenna Israbian-Jamgochian, PharmD, RPh ☎	Amar Setty, MD
Authur C. Jee, DMD	David Sharp, PhD
Brian Marascalchi, MD☎	Diana Shorter, DNP ☎
Stephen A. Nichols, MD, FAAP, FAAMR ☎	Yvonne Umezurike, DMP (*Designee*)
Bonnie Oettinger, RN, MGA	FACHE, FFSMB☎
	Michael Vaughn

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

Advisory Board Not Present

Daniel M. Ashby, MS, FASHP	Marcus Jones
Chris Jillson, MD	Larry Polsky, MD, MPH

MDH Staff

Tryphena Barnes		
Anna Gribble, MPH, MSW	Casey Lyons, MPH, CPH	Sara Roberson, MSW
Kate Jackson, MPH	Vijay Murthy, MPH	
Katherine Johnson, MHA	Fran Phillips, RN, MHA	

CRISP Staff
Lindsey Ferris, MPH
Brandon Neiswender, Vice President, COO

Leap Orbit Staff
David Finney, Partner

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, reviewed the topics of discussion on the agenda, and introduced the Deputy Secretary of Public Health Services, Fran Phillips.

II. MDH Reorganization-Office of Provider Engagement and Regulation (OPER)

Deputy Secretary Fran Phillips gave an update on the Maryland Department of Health (MDH) Reorganization. The Maryland PDMP office under the supervision of Kate Jackson, has moved from the Behavioral Health Administration to Public Health Services and has merged with the Office of Controlled Substance Administration (OCSA) under the supervision of Audrey Clark, to form the Office of Provider Engagement and Regulation (OPER). OPER is the forward facing entity within MDH working with providers, prescribers and dispensers on tough clinical decisions and providing surveillance data.

III. Fatal Overdose Notifications Update

Anna Gribble presented on PDMP's Unsolicited Reporting Notifications for fatal overdose. During the last Advisory Board meeting, the Board discussed sending out notifications to providers when a of their patients died of an overdose, and the PDMP was asked to assess what other states were doing in this area and then draft an initial letter for review. Anna reported on activities in other states, shared the drafted letter, and posed several questions to the Advisory Board on what would trigger a fatal overdose notification. The Board decided to convene a subcommittee to discuss the process that would trigger a notification, decide who would receive a notification, and the content of the notification. The subcommittee will present decisions at the next PDMP Advisory Board meeting in April 2019.

Questions that came up after the Fatal Overdose Notification presentation:

1. Is there a trigger point to notify someone after they have gotten a certain number of letters? What are next steps?
    The PDMP currently notifies providers via a letter and can provide educational information.
2. Are suicides indicated?
    The Medical Examiner determines the cause of death, and suicides are not included in the data that the PDMP receives.
3. Are we tracking Narcan distribution?
    The Center for Harm Reduction tracks Naloxone distributed through Overdose Response Programs.
4. Does anyone notify pharmacies?
    The PDMP is unsure if pharmacies are notified when a patient has died, the PDMP will follow up with CRISP.

IV.   **Investigative Data Requests-Record Matching:**

Sara Roberson presented on patient matching for investigative data requests in the new software, RxGov. RxGov will allow for a more nuanced match. Statute allows investigators to request PDMP data with a subpoena or a request form approved by the MDH Secretary. Regulations require that a subpoena must include information sufficient to identify the unique individual that is the target of the request. The migration from RxSentry to RxGov provides the state more visibility into, and more flexibility to configure the way patient matching works. Among factors to consider are patient privacy, minimum necessary, workflow, and usability of data systems for investigative users.

David Finney presented on the RxGov investigative workflow's standard configuration. The RxGov investigative workflow utilizes a rules-based matching algorithm that accommodates minor variations such as nicknames, soundex, and number transpositions. Rules are tuned to reduce the chances of a false positive match as much as possible, and unless the preponderance of the evidence suggests a match, two records will not be linked. This approach is consistent with the way that CRISP and the healthcare industry overall carries out patient matching.

Question from Board:

> Why can't investigative users use CRISP instead of RxGov? CRISP is designed for clinical access, not investigative requests access.

Question for Board:

> Given the statute and regulations, and given the context of other states, does the Board recommend the Program implement the RxGov record matching algorithm in the investigative data request workflow? The Board recommends that we move forward with the intent of removing the second tier of matching.

V.   **Clinical User Multi-Factor Authentication Pilot:**

Brandon Neiswender gave a brief overview of CRISP's Two-Factor Authentication pilot. CRISP's Privacy and Security Committee last year required CRISP to move forward into multifactor authentication for disclosing clinical data. Multifactor authentication uses an identifier, in addition to a username and password. The third identifier is a six- digit code captured through short message service (SMS) via text or email to log-in to the system. The pilot was deployed for CRISP's clinical users today, and CRISP is soliciting feedback from pilot users.

Fishing is becoming more prevalent in capturing usernames and passwords. CRISP understands that usability of the PDMP system is a priority and is working to determine how to address security in a way that does not inhibit access. From a PDMP perspective, the Advisory Board will be able to guide the decision for PDMP only users. Brandon will review options that do not cause undue burden on the users.

Questions from Board:
1. Could you get a code if you login and submit your password? Could users call a number and punch in that code and then get access? That would not work; there is no reverse code at the moment.
2. Could users make a phone call? CRISP can investigate to see if phone calls are possible possible.
3. Would it be possible to increase the amount of time to stay logged in? Needs further discussion.

CRISP would love to be able to integrate into existing single sign-on systems to eliminate the need for multi-factor authentication.

Board members have agreed to proceed with caution and suggested not forcing users to participate in the pilot run but to ask for volunteers.

VI.   Legislative Session Update

Kate Jackson presented updates on 2019 Legislative Bills as of February 27, 2019.
1. **HB466/SB342**- Prescription Drug Monitoring Program Evaluation Bill (Based on the Sunset evaluation). The bill would remove the PDMP from the list of other programs that undergo periodic review. If the bill passes, the PDMP will no longer be subject to review. This bill would also allow the PDMP to share data with authorized users through other states' interstate data sharing hubs. The Sunset Evaluation Bill has an amendment that would remove the requirement for the Licensing Boards to have a quorum to administer an administrative subpoena.
2. **HB025/SB195**- Public Health Prescription Drug Monitoring Program Revisions- This bill seeks to expand unsolicited reporting. The Program would be required to look at prescriber behavior and have the TAC review methods used to identify possible violations of professional standards. The PDMP's role would be to notify prescribers and to provide educational information. If bill passes the PDMP would be legally allowed to make a referral to Office of Control Substance Abuse Administration (OCSA) to begin an investigation.
3. **HB847/SB498**- Prescription Drug Monitoring Program Disclosure of Data to Managed Care Organizations (MCO). This bill requires the Program to disclose data to the Medical Director of the Medicaid MCO, specifically for complying with the Corrective Managed Care Program.
4. **HB755-** This bill would require the Prescription Drug Monitoring Program to collect dispense data on Gabapentin.
5. **HB1338/SB992**- Prescription Drug Monitoring Program-Health Care Facility. This bill would require the Program to release data to the Medical Director of a Healthcare facility for the purpose of providing medical pharmaceuticals to a patient.

Questions from Board:

Is HB0409 the electronic prescribing bill? Yes, it does not directly impact the PDMP.

VII.   Public Comments- None

VIII.   Announcement

Educational Videos: Four PDMP videos are now available via the PDMP website: https://bha.health.maryland.gov/pdmp/Pages/pdmp-updates.aspx. The videos star two PDMP Advisory Board members, Dr. DeBenedetto and Dr. Panitch.

Meeting Adjourned