



**MARYLAND ADVISORY BOARD ON
PRESCRIPTION DRUG MONITORING (PDMP)
Public Health Services
55 Wade Ave. Catonsville, MD 21228
Tele-Conference Call
July 16, 2020
3:00 PM to 4:30 PM**



Attendees

Advisory Board

Richard DeBenedetto, PharmD, MS,
AAHIVP, Chair

Amit Bhargava, MD, MS, RMSK

Thomas Bond III

Lenna Israbian-Jamgochian, PharmD, RPh

Arthur C. Jee, DMD

Stephen A. Nichols, MD, FAAP, FAAMR

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

Orlee Panitch, MD

Marcia Parris, MD

Derek Peck

Larry Polsky, MD, MPH, FACOG

Joseph Scalese III, RPh

Diana Shorter, DNP

Jenell Steele, MSN, RN

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

Advisory Board Not Present

Daniel M. Ashby, MS, FASHP

Deondra Asike, MD

Matthew Crisafulli

Bryan Marascalchi, MD

David Sharp, PhD, FACHE, FFSMB

Alexander Shekhdar, JD, MHS

Yvonne Umezurike, DMP

Michael Vaugh

Public Health Services Staff

Tryphena Barnes

Mary Ann Bruce, LCADC

Adrian Catwell

Anna Gribble, MPH, MSW

Lindsey Goddard, MPH

Lisa Guy, R.Ph

Kate Jackson, MPH

Doris Mason, MSW

Vijay Murthy, MPH

Rachel Park, PharmD

Sara Roberson, MSW

CRISP Staff

Lindsey Ferris, DrPH

Maria Gottlieb, MPH

Rhonda Moody

Minutes

I. Roll Call and Agenda Review

Anna Gribble, Health Policy Analyst, Office of Provider Engagement and Regulation (OPER), opened the Advisory Board meeting with roll call and agenda review.

II. Approval of Outstanding Minutes

Minutes from the Board's meeting held on May 21, 2020, were presented to the Board for approval. Minutes were approved and will be available on Maryland's PDMP website.

III. Missing Prescription Pad Resources

The Maryland Board of Pharmacy contacted the PDMP with concerns about missing or stolen prescription pads:

- When a prescription pad goes missing or possible fraudulent use of DEA number is suspected, and a prescriber is unsure what to do and
- When a pharmacist is presented with a prescription from an assumed missing prescription pad or otherwise fraudulent prescription.

Anna developed a fact sheet to address these topics and reviewed a draft of the fact sheet with the Board. PDMP's proposed course of action:

- Link to Board of Pharmacy's list of stolen prescription pads on DEA Self-Audit webpage
- Share the fact sheet with prescribers and dispensers via GovDelivery email
- Request the Board of Pharmacy share the fact sheet as well

Board Member Recommendations:

- Because pharmacists do not have access to the DEA Self-Audit page, include the link on the PDMP query view as well as the DEA Self-Audit page.
- Share the link and fact sheet with the health licensing Boards.

IV. Program Update: Provider Education Activities

Anna provided program updates on Electronic Unsolicited Reporting Notifications and Academic Detailing.

Unsolicited Reporting Notifications (URNs) are educational letters from the PDMP to healthcare providers which the Office has been mailing since 2016. The goal for providing these letters is to ensure proactive reporting, support clinical decision making, improve patient access to care, and assist prescribers and dispensers in identifying diversion. URN is considered a best practice and is implemented in many other states. As of June 11, 2020, the PDMP sends four types of URNs: multiple provider episodes, high opioid prescribing, fatal overdose notifications, and dangerous drug combination. Every letter includes a resource page and a survey.

The PDMP is transitioning to electronic URNs. Electronic notifications will allow providers access to a user-friendly format and easier access to resources. The goal is to increase the use of the PDMP

and the number of URNs OPER can send. Transitioning to electronic access will also expand who can receive a URN, hopefully increase response to surveys, and provide an efficient workflow for OPER staff. For providers not registered with CRISP's Unified Landing Page (ULP), OPER will continue to send a portion of URNs via the United States Postal Service. The PDMP would like to expand the URN to include pharmacists.

The multiple provider episodes (MPE) metric is based on the number of prescribers and pharmacies a patient visits within a set time period. Presently, OPER can identify the pharmacies a patient visits but not the pharmacists who dispensed the medication. Without an email address assigned to a pharmacy and without a known "pharmacist in charge," how could URNs be sent to pharmacists electronically?

To investigate, the PDMP reached out to other states:

- Idaho sends URN to the contact person for each pharmacy.
- Minnesota: sends letters and addresses them to "Pharmacist in Charge."
- North Carolina: Decided not to send URNs to pharmacies after considering the same barriers.
- Connecticut: Offers a notification when the pharmacist logs into the PDMP.

PDMP's proposed course of action is to alert pharmacists if a patient meets the MPE metric when a pharmacist queries a patient in the PDMP and mail or fax URNs to identified pharmacy for fatal overdose notifications.

The Board agrees that it is a good idea to move toward electronic notifications, but some pharmacies would need to receive faxes due to not having a designed point-of-contact email address. Adding a link to the fax notification could be a possibility. The Board suggested that having an advisory in the query would be helpful unless it is for a fatal overdose; the fatal overdose notification should be directly sent. Anna will meet with the pharmacists on the Board to discuss further, before making a recommendation to CRISP.

Academic Detailing is a type of provider outreach and education which includes one-on-one visits in a clinician's office. The goal for Academic Detailing is to provide evidence-based strategies for clinical practice. In the first year of the Academic Detailing project, nine local health departments participated in the pilot, and two additional local health departments were added during the second year which started July 1, 2020.

Academic Detailing Pilot Successes:

- The detailers have visited many providers for a combined total of 128 visits as April 2020.
- Detailers have leveraged existing relationships with providers and health department leadership.
- Connections have been made to other programs, such as MACS.
- The detailers have delivered a variety of messages including difficult messages.
- The detailers are flexible and evolve – especially in COVID.
- Continuing medical education (CME) credits are available through the University of Maryland.

Academic Detailing goals for Year 2 include utilizing the skills of PDMP's new Provider Outreach Coordinator, Adrian Catwell, find new ways to identify providers, provide more in-person meetings

for detailers, incorporate technical assistance from NaRCAD, implement 2-day training that will serve as an introduction to detailing and a 1-day refresher in Maryland. Additional goals for the second year of Academic Detailing include;

- Evaluation measures with surveys from CME credits
- Coordinating with other detailing projects – similar messages
- Supporting “Lead Detailers” as mentors
- Encourage Detailers to discuss new PDMP clinical tools during visits
- Expand to E-Detailing due to COVID related social distancing needs

If Board members have any follow-up questions or would like to reach out directly to talk about the resources shared via Detailing visits, please contact Anna. Over the next year, the PDMP plans to collect additional data from the CME surveys and will have more to share.

V. Public Comments – None

Meeting Adjourned