MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING (PDMP)
Public Health Services
55 Wade Ave. Catonsville, MD 21228
Vocational Rehabilitation Bldg.
November 21, 2019
4:00PM to 6:00 PM

Attendees

Advisory Board

Richard DeBenedetto, PharmD, MS, AAHIVP, **Chair**
Daniel M. Ashby, MS, FASHP
Amit Bhargava, MD, MS, RMSK
Lenna Israbian-Jamgochian, PharmD, RPh
Authur C. Jee, DMD
Marcus Jones
Stephen A. Nichols, MD, FAAP, FAAMR
Bonnie Oettinger, RN, MGA
Orlee Panitch, MD
Derek Peck
Larry Polsky, MD, MPH, FACOG
Joseph Scalese III, RPh
Amar Setty, MD
David Sharp, PhD, FACHE, FFSMB
Alexandar Shekhdar, JD, MHS
D. Gail Shorter, DNP
Yvonne Umezurike, DMP
Michael Vaughn

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

Advisory Board Not Present

Thomas Bond III
Chris Jillson, MD
Brian Marascalchi, MD
Mark Olszyk, MD, MBA, CPE, FACEP, FACHE, FFSMB

Public Health Services Staff

Tryphena Barnes
Anna Gribble, MPH, MSW
Lindsey Goddard, MPH
Kate Jackson, MPH
Katherine Johnson, MHA
Sara Roberson, MSW

CRISP Staff

Rhonda Moody
Lindsey Ferris, DrPH

Public Attendees

Megan Wilk, Shenandoah University School of Pharmacy
Leslie Grant, DDS

Minutes

I. Roll Call, Agenda Review and Approval of Minutes

Anna Gribble, PDMP Health Policy Analyst, opened today's meeting with roll call and reviewed the agenda. PDMP's new Epidemiologist, Lindsey Goddard, was introduced to the Board.

II. Maryland Department of Health Attendance Policy for Boards

A new attendance policy from the Secretary of the Department of Health is now in effect regarding Board member attendance. Appointees are required to attend at least 50% of Board meetings. If Board members have any questions concerning attendance or would like to dispute any attendance record report, Anna Gribble will be happy to address any questions or concerns. Board attendance includes attendance by phone or in person, and the new policy was distributed via email.

III. Unsolicited Reporting Notification Update

Anna Gribble and Sara Roberson presented on the PDMP Unsolicited Reporting Notification (URN) updates. URNs are letters from the Office of Provider Engagement and Regulation (OPER) to health care providers. The goal of proactive reporting is to support clinical decision making, to improve patient access to care, and to assist prescribers and dispensers in identifying diversion. URN is considered a best practice. Maryland has been sending educational letters to prescribers since 2016 for Multiple Provider Episodes (MPE) and recently began sending letters to prescribers for Overdose Fatalities and High Opioid Prescribing.

- The PDMP Technical Advisory Committee (TAC) reviews data to determine if OPER should begin sending educational letters based on a new metric. Several iterations of review occur to ensure the metric is appropriate. The contents of the educational letter and resources are reviewed by the TAC. OPER sends data based on the metric for the TAC to review and the TAC returns clinical guidance, data interpretation, and recommendations within ten business days. Chapter 531 allows the TAC to provide guidance on the methods and removes the requirement for the TAC to review each provider identified once a metric has been approved.
- An MPE letter is issued to a provider when a patient meets a threshold of visiting a set number of providers and dispensers within a set time period. The threshold for sending URNs for MPE has changed over time, beginning with a patient visiting 15 prescribers and 15 pharmacies, in a 3-month period of time; the current threshold is visiting 7-8 prescribers and 5 pharmacies in a 3-month time period.
- Fatal Overdose Notification letters are issued to a prescriber when a fatal overdose has occurred; the cause of death was illicit or prescription opioids; and a provider prescribed an opioid or a benzodiazepine within 3 months before the death. Notifications are based on a prescribers' DEA number. If a provider has multiple DEA numbers they may receive multiple letters.
- The newest metric, High Opioid Prescribing, identifies prescribers who write 2,000 or greater opioid prescriptions in a 3-month period of time.

High Opioid Metric Timeline

- December 2018: OPER epidemiologist presented data for metric of greater than 2,000 opioid dispenses in a 3-month period of time to TAC
- January 2019: TAC started reviewing data for prescribers with opioid dispenses greater than 2000 in October-December 2018
- January-September 2019: TAC and OPER's Assistant Attorney General reviewed the letter and survey content. The vendor migration delayed activities.
- October-November 2019: TAC reviewed data for 8 prescribers meeting threshold; first 8 letters were sent November 11, 2019

High Opioid Metric: What's next?

- Chapter 531 allows the TAC to provide guidance on the methods and remove requirement for TAC to review each notification
- During the November 4, 2019 TAC meeting, the TAC decided not to vote on the metric and continue reviewing data before educational letters are sent
- TAC recommended reviewing prescriber specialty data and further refining the metric
- Summer 2019: OPER staff reviewed preliminary runs of specialty data collected by CRISP upon PDMP registration
- November 2019: CRISP and OPER reviewing consistency of specialty data

URN Surveys- Each URN letter is sent with a survey. The goal is to improve quality and allow providers the opportunity to communicate with the OPER. The surveys include a mix of seven to ten quantitative and qualitative questions. Survey questions were designed to obtain additional provider background, awareness of patient or provider behaviors, needed resources, and anticipated behavior changes.

Survey Response Rate:

- MPE - 3,396 letters mailed out; 216 letters returned as undeliverable; 355 (9%) surveys completed
- Fatal Overdose - 271 letters mailed out; 8 letters returned as undeliverable; 35 (13%) surveys completed
- High Prescriber- 8 letters mailed in November 2019

Anna Gribble presented findings from the MPE and Fatal Overdose Notifications survey analysis which included common themes.

Questions on Presentation:
Question- Do letters take into consideration the location of the practice site?
Answer- No, if a prescriber meets the criteria the PDMP data is reviewed by the TAC to determine if an educational letter should be sent. The prescribers' address is sourced from the DEA file which can give information about the practice site.
Kate mentioned that letters may be sent to the practice address OCSA based on the address provided when prescribers apply or renew their CDS permit.

The Advisory Board had a lengthy discussion on high opioid prescriber notifications, PDMP bandwidth, and the TAC's role in providing clinical input. The PDMP plans to incorporate electronic measures for sending out URN letters in the future.

Question- Are providers viewing the URN letters as threatening? Will the same provider get a second letter?
Answer- If the same provider is identified three months in a row for meeting the threshold for the MPE metric for the same patient, they will receive one letter a quarter. The feedback that OPER receives from providers is mostly positive and some providers justify their prescribing.
A Board member suggested making the survey questions shorter and narrowing the questions down to 3 or 4 questions as well as omitting any questions that could potentially imply unprofessional conduct.

Question- Are interviews being conducted with providers who participate in the surveys?
Answer- Currently, no. OPER staff could talk with some of the providers in the future.

Kate Jackson tasked the Board with identify additional metrics that are clinically relevant and actionable to drive new URN letters.

IV. Chapter 531: Referrals to the Office of Controlled Substances Administration (OCSA)

Anna Gribble presented on HB025, Chapter 531: Referrals to OCSA. Chapter 531 grants the Program and the TAC new authorities. Other states refer to this process as "Unsolicited Reporting to an Investigative Entity."

The Program is required to review prescription monitoring data for indications of possible violations of law (VoL) or possible breaches of professional standard (BPS) by a prescriber or a dispenser. If VoL or BPS are identified, the Program is required to notify the prescriber or dispenser of the possible VoL or BPS and provide education. Before the PDMP notifies the prescriber or dispenser, the Program is required to obtain from the TAC clinical guidance regarding methods used to identify possible VoL or BPS.
If the methods indicate possible VoL or BPS and the Program determines that outreach and education to the prescriber or dispenser is inadequate to address the possible VoL or BPS, the Program may refer the possible VoL or BPS along with prescription monitoring data to OCSA for further investigation provided that the PDMP:

- Provides notice and opportunity to the TAC to make recommendations within 10 business days regarding interpretation of the data
- Provides the recommendations of the TAC to OCSA and
- Notifies the prescriber or dispenser that the prescription monitoring data will be provided to OCSA for further investigation

PDMP's initial review of other state statutes found that 36 states allow some referral to Health Licensing Boards, and 29 states allow some referral to law enforcement. A survey conducted by the PDMP Training and Technical Assistance Center (TTAC) on URN activities found:

- 28 states have statutory language that allow Unsolicited Reporting to an investigative entity (referral to law enforcement, health licensing board, or their state's OCSA)
- 14 actively engage in Unsolicited Reporting to an investigative entity

PDMP has reached out to several different states to discuss how those states are implementing effectively. Anna Gribble ended her presentation by briefing the Board on the outcomes of her conversations with each state that was contacted.
The OPER will continue to reach out to other states and encouraged the Board to provide input on the following questions:

- For what possible breaches of BPS or VoL should the Program review data?
- How should the Program determine if education is inadequate (letters)?
- How many opportunities for education should the provider receive?
- Is it dependent on BPS or VoL?
- What scenarios should generate a referral to OCSA?
- What information should be included in the referral to OCSA?
- What should be included in the letter to providers alerting them that a referral to OCSA is taking place?

Board members suggested the following actions:

- Sending letters to pharmacies, addressing the Point of Contact or the Pharmacy owner.
- Automating a list that shows a summary of providers who have met each metric.
- Reviewing a pain management group, look at their average for scripts per day they are prescribing, calculate two standard deviations, and that can be a starting threshold.
- Analyzing the quality of prescriptions written more than the quantity.

Kate Jackson stated that with our new vendor, OPER is working toward incorporating specialty to the data. For next steps OPER plans to invite the TAC to attend a Board meeting.

V. Public Comment Session

None

Meeting Adjourned