MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING (PDMP)
Public Health Services

TELECONFERENCE CALL
October 3, 2019
12:00PM to 1:30 PM

Attendees

Advisory Board

Richard DeBenedetto, PharmD, MS, AAHIVP, **Chair**
Daniel M. Ashby, MS, FASHP
Amit Bhargava, MD, MS, RMSK
Thomas Bond III
Lenna Israbian-Jamgochian, PharmD, RPh
Authur C. Jee, DMD
Stephen A. Nichols, MD, FAAP, FAAMR
Bonnie Oettinger, RN, MGA
Orlee Panitch, MD
Larry Polsky, MD, MPH, FACOG
Joseph Scalese III, RPh
David Sharp, PhD, FACHE, FFSMB
Alexander Shekhdar, JD, MHS
Diana Shorter, DNP
Yvonne Umezurike, DMP

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

Advisory Board Not Present

Chris Jillson, MD
Brian Marascalchi, MD
Mark Olszyk, MD, MBA, CPE, FACEP, FACHE, FFSMB
Derek Peck
Amar Setty, MD
Michael Vaughn

Public Health Services Staff

Tryphena Barnes
Anna Gribble, MPH, MSW
Kate Jackson, MPH
Katherine Johnson, MHA
Vijay Murphy, MPH
Sara Roberson, MSW

CRISP Staff

Lindsey Ferris, DrPH

Public Attendees

Annie Coble

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.

II. Welcome Dr. Richard Debenedetto as the newly appointed Board Chair and new Board Member, Alexander Shekhdar

Kate Jackson, PDMP Director, announced Dr. Richard Debenedetto as the newly appointed PDMP Advisory Board Chair.

The Secretary appointed a new MDH Representative to the PDMP Advisory Board member, Alexander Shekhdar. Alexander is coming to the Board as a Senior Director of Medicaid Initiatives. The Office of Provider Engagement and Regulation (OPER) welcomes the collaboration with the Medicaid team.

III. PDMP Regulations Review Based on OCME and OAG Input

Anna Gribble presented input from the Office of the Chief Medical Examiner (OCME) and Office of the Attorney General (OAG) on the proposed regulation changes for implementing Chapter 364 and Chapter 531. Chapter 364 updates OCME's access to prescription monitoring data. OCME recommended removing "Shall register with the Department or its agent in a manner specified by the Department, in order to request disclosure of or otherwise access prescription monitoring data." from the proposed regulations. OCME also recommended changing "upon request from a medical examiner" to "upon request from the Office of the Chief Medical Examiner".

Chapter 364 adds OAG to the list of investigative entities that may access prescription monitoring data. OAG recommended changing "The Program shall disclose prescription monitoring data to the Office of the Attorney General, for the purpose of furthering a ***bona fide individual investigation"*** to "The Program shall disclose prescription monitoring data to the Office of the Attorney General, for the purpose of furthering a ***bona fide investigation***." OAG also recommend changing "Includes information sufficient to identify the ***unique prescriber***, dispenser, or patient about whom prescription monitoring data is requested"; to "Includes information sufficient to identify ***the prescribers***, dispensers, or patients about whom prescription monitoring data is requested."

Questions/Comments from Board on the changes:
Question: Access and Authorization is very wide open, should the opportunity for access to data be so broad?
Response: Recommended changing "the Department shall make available the electronic means by which the Office of Chief Medical Examiner may request disclosure of, or otherwise access, patient-specific prescription monitoring data" to "the Program shall make available the electronic means by which the Office of Chief Medical Examiner may request disclosure of, or otherwise access, patient-specific prescription monitoring data." This will allow the Program to set

parameters for OCME access to ensure access complies with statutory allowance that they get access in furtherance of their duties.

Question: Can the Program's data be used beyond its intended purpose? Once OCME has data, can it be disclosed or used for similar or supporting purposes?
Response: The Statute only allows for use of data for intended investigative purpose under Health General §5-309.

Question: What constitutes "bona fide"? Who determines that, or is it just an investigation?
Response: The term "existing bona fide investigation" is defined in the statute that authorizes the entity to access prescription monitoring data. A definition in the regulations can be created to define "bona fide" to mean 'an active good faith investigation of an identified person (or an entity).'

Question: How would Maryland Medical Assistance be involved in a bona fide investigation?
Response: The Maryland Medical Assistance program would have access to prescription monitoring data when investigating possible prescription fraud.

Proposed definition- 'bona fide' means an active and good faith investigation of an identified prescriber, dispenser, or patient for possible violations falling under the jurisdiction of the requesting governmental unit or agency.

Question: What is the OAG's process for data that has been obtained but not used? Is there evidence of the destruction of the data?
Response: It would fall under the Office's retention schedules. Data are held confidentially according to the case and afterward subject to OAG's retention schedule. Data are handled like any other HIPPA data received.

The Board voted on the changes to regulations as amended and the regulations will move forward.

IV. 2019 PDMP Annual Report Review

Anna Gribble presented on the 2019 PDMP Annual Report Review. Chapter 531 requires the Program to review data for misuse or abuse or possible violations of law, or possible breaches of professional standards, allowing for referral to the Office of Controlled Substances Administration (OCSA) and requires the Program to include the following sections in the Annual Report:

- The number of providers, by provider type, who received outreach and education from the Program (SECTION 3)
- The number of cases for which providers received outreach and education from the Program (SECTION 3)
- The number of cases that were identified for Technical Advisory Committee review before referral to OCSA (SECTION 3)

- The number of providers, by provider type, involved in the cases (SECTION 3) The number of cases that were referred to the OCSA for further evaluation and the outcomes of the OCSA evaluations (SECTION 3)
- The number of providers, by provider type, involved in the cases (SECTION 3)
- Any recommendations related to modification or continuation of the Program (SECTION 4)

Additional sections in the Annual Report include a description of the vendor migration and the 2018 Sunset Evaluation requirements regarding the Technical Advisory Committee (TAC).

Questions on the Report:

Question: What is meant by additional clinical tools in the second paragraph of the Recommendations section?
Response: This section will highlight the Programs plans to expand the number of clinical alerts and build the Prescriber Insight Report that will be available in CRISP.
Comment: In the paragraph where it lists integrating PDMP data into hospital electronic health records (EHRs), it would be valuable if both ambulatory and hospital providers have access to prescription monitoring data through integrated EHRs.

***Question*:** Will veterinarian data be reported to PDMP in the near future?
Response: There is not national consensus on the mechanism or the value of displaying veterinarian data this topic in the PDMP.
Recommendation: Include the following recommendation in the Annual Report: "In 2020 the Board will engage in policy conversations on the value of adding veterinarian prescriptions to reduce CDS-specific adverse events." The Program will facilitate the discussion to answer the following questions: What needs to change in statute and operationally to meet the policy goals? Do healthcare providers need veterinary data? Do veterinarians need access to PDMP data?

Question: Is there a specific reason for using the 5/5/3 threshold for Multiple Provider Episodes (MPE), i.e., patients visiting 5 prescribers and 5 pharmacies/dispensers in a 3-month period of time?
Response: The 5/5/3 threshold is the most commonly used set of metrics to identify potential multiple provider episodes or doctor/pharmacy shopping. In 2016 the Program conducted additional data analysis and began sending MPE letters based on a much higher threshold than 5 prescribers, 5 pharmacists in a 3 month window. As prescribing and dispensing patterns have changed so has the threshold.

Question: There has been a reduction in number of prescriptions dispensed; are we working towards a reduction target?
Response: No, a target has not been set. It is hopeful that in the near future OPER will be able to conduct a robust analysis within our new platform, RxGov, that will allow the Program to assess additional metrics other than prescription counts.

The Board voted on and approved the 2019 Annual Report.

V. 2020 Board meeting dates will be sent out shortly.

VI. Public Comment Session

None

Meeting Adjourned