



**MARYLAND ADVISORY  
BOARD ON PRESCRIPTION  
DRUG MONITORING  
(PDMP)  
May 4, 2015  
4:00PM to 6:00 PM  
BEHAVIORAL HEALTH  
ADMINISTRATION  
VOCATIONAL  
REHABILITATION  
BUILDING  
55 WADE AVENUE  
CATONSVILLE, MD 21228**



**Attendees**

**Advisory Board**

Mona Gahunia, D.O., Chair  
Captain Daniel D. Alioto (phone)  
Dale Baker, CPRS/RPS  
Shirley Devaris, RN JD  
Rimple Gabri, RPh (phone)  
Vinu Ganti, MD (phone)  
Lenna Israbian-Jamgochian (phone)  
Gail Amalia B. Katz, MPH (phone)  
Orlee Panitch, MD (phone)  
David Sharp, Ph.D.  
Thelma B. Wright, MD, Esq. (phone)

**Advisory Board Not Present**

Nancy D. Adams, MBA, RN  
Janet M. Beebe, CRNP  
Janet Getzey Hart  
Celeste M. Lombardi, MD

**CRISP Representative:** Lindsey Ferris, CRISP Project Manager

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

**PDMP Staff**

Kate Jackson, MPH, PDMP Manager, DHMH  
Tryphena Barnes, PDMP Secretary, DHMH  
Sara Roberson, PDMP Data Analyst, DHMH  
Michael Baier, Overdose Prevention Manager, DHMH

## Minutes

**I. Agenda Review and Approval of Minutes:** Kate Jackson reviewed the topics of discussion in the agenda. Any changes to the March 17<sup>th</sup> meeting minutes should be emailed to Kate by COB on Wednesday, May 20<sup>th</sup>.

## II. PDMP Updates

**PDMP/CRISP User Registration and Access:** Lindsey Ferris shared the following PDMP access numbers. There are approximately 7,000 active accounts made up of 4,500 prescribers, 1,500 pharmacists and 900 delegates, in total making approximately 20,000 queries each week. There are over 200 new users on-boarded each week.

Lindsey mentioned that the upgrade occurring about a month and a half ago addressed speed and access to the PDMP and that clean-up work to eliminate duplicates was occurring on the evenings and weekends to help maintain the speed of the system during the daytime weekdays. Lindsey asked to be notified of any issues.

**Interstate Data Sharing:** The work has been completed by Health Information Designs (HID) to allow for other states to access our data, and Mirth, CRISP's vendor, is working to complete the development for the new user interface for Maryland users to query out-of-state data.

In the CRISP interface, Lindsey explained that there will be 2 boxes, one for Maryland's PDMP data and one for other states' PDMP data. Sorting of records will be available for each of the primary data fields and the user will have the ability to print in-state, out-of-state or combined PDMP data.

Kate mentioned that the Maryland PDMP's goal is to connect with all states eventually, but access is established individually with each state. The Program will prioritize connecting with neighboring states first. In order to manage the exchange of data with other states, PMP InterConnect (PMPi), the interstate data sharing hub, uses an administrator console, which allows the PDMP Manager control over allowing or denying connectivity to individual states at the user role level based on compatibility of Maryland and other state statutes.

From a data display perspective, the Program will balance providing relevant information with CRISP performance and speed. The plan is to have Maryland's border states and other states of interest automatically load in the interface, with the option for users to select additional states from a drop-down pick list. A question was raised as to what period of time should be available when querying. It was decided that 1-year was a reasonable period of time, and consistent with what most other states display. Michael Baier clarified that out-of-state data would not be available for investigative requests; out-of-state data is only available for view by clinical users through CRISP.

**Unsolicited Reporting:** Kate provided two documents for the Board to review, *PDMP Unsolicited Reporting: Background and Justification for Proposed Regulation Changes* and *Review of Unsolicited Reporting: State Template Reporting Letters*. She created these documents Summer 2014 to assist with unsolicited reporting regulations development at that time. The documents detail how other states with similar laws have implemented these types of activities.

Maryland statutes provides the Program with the legal authority to review PDMP data for possible indicators of abuse, misuse and diversion, and if found, notify prescribers and dispensers. Most states operationalize this authority by querying the PDMP data using thresholds of the number of prescribers and the number of dispensers utilized by a given recipient over a set time period, and notifying those prescribers and/or dispensers who prescribed and/or dispensed to the recipient that met or exceeded the threshold. The experience from other states indicates that the Program should identify the obvious behaviors that are far exceeding expected practice norms. Starting with significant outliers will allow the Program time to ramp up operational activity.

The Program will seek guidance from the Board and the Technical Advisory Committee on clinically relevant and meaningful thresholds, especially as the analytic capacity of the Program expands to accomplish more sophisticated analyses of the PDMP data. The goal of the Program staff is to begin by sending letters to prescribers of identified significant outlier recipients. Sending electronic notifications would be ideal, but prescriber emails are not reliably available and accurate, and there is not an established secure way to email protected information at present. Sending unsolicited reports electronically through CRISP using the unique CRISP Patient ID would be ideal, but not currently operational because not all prescribers and dispensers are registered for CRISP.

One Board member suggested drilling down to patients who pay by cash as a possible threshold for unsolicited reporting. Another Board member posed a question about the utility of contacting dispensers. Sending letters containing confidential information to specific pharmacists has been mentioned by other states as difficult to operationalize; sending a letter to an identified point of contact at a pharmacy is usually how other states have provided unsolicited reports to dispensers.

The Program intends to send a survey with the unsolicited reporting notification to obtain feedback on the accuracy and utility of the notification for the prescriber who received it, and any action that prescriber decided to take as a result of the notification. A drafted unsolicited reporting letter will be ready for comments by the next meeting.

In summary, the below issues need to be taken into consideration during the development of unsolicited reporting policies and procedures:

- Volume of notification letters and managing workload with a small PDMP staff
- Starting with a threshold of true significant outliers
- Altering the threshold to narrow criteria while maintaining clinical relevance
- Communication with the Board and the TAC

Alert fatigue was mentioned as a possible issue to avoid where possible. This would occur if a prescriber receives notifications multiple times in a row for the same recipient; while the recipient may continue to show up as meeting or exceeding the threshold being used, other states report that providers begin to ignore the content of notifications if they receive the same ones many times in a row. Kate mentioned that a database of all notifications sent would be maintained to analyze how often prescribers receive notifications overall and for specific patients, and how the number of patients meeting evolving thresholds change over time. Other states have reported to Kate that the number of people who meet thresholds will decline over time. Evidence from other states shows that once prescribers start using the PDMP, the number of his/her recipients meeting thresholds decline.

**Dispenser Reporting Compliance:** Recently PDMP vendor, Health Information Designs (HID), made an adjustment in the error threshold, changing from only accepting records that were less than 180 days old to now allowing records of medications dispensed up to 3 years prior to the submission date. This update was critical in the dispenser reporting efforts by PDMP staff to ensure that pharmacies have been compliant in reporting to the PDMP from the mandated start date of August 20, 2013. PDMP staff will be rolling out a new dispenser compliance campaign this summer. The next priorities for compliance will be dispensing practitioners and ER dispensing.

**PDMP Evaluation:** The PDMP Evaluation team is finalizing the questions for the physicians' survey, working on the design of the focus groups and proceeding with the general data analysis to determine baselines for PDMP effectiveness.

### III. Legislation Update

**Unsolicited Reporting Proposed Regulations:** The Unsolicited Reporting regulations were put on hold by AELR pending resolution of comments from Med Chi and the National Association of Chain Drug Stores. The Advisory Board approved the Program's response to the comments, which were distributed to both organizations. A letter was sent on April 30th to Sen. Roger Manno and Del. Samuel Rosenberg of AELR requesting that the hold on the regulations be lifted. A copy of the letter was distributed at this meeting.

**SB757 – Departmental Overdose Bill:** Since the overdose language was dropped from this bill (language was included in another parallel bill moving through the legislature), SB757 focuses solely on PDMP-specific issues. The bill clarified language to accurately reflect the Board of Physicians' process for voting on a subpoena so that they could begin making investigative requests of the PDMP. The bill also clarified disclosure of PDMP data to other entities by specifically naming: Child Fatality Review Teams, Local Overdose Fatality Review Teams, Maternal Mortality Review Program and medical review committees. The bill passed and will be signed into law by the Governor on May 12th.

### **Heroin and Opioid Emergency Task Force and Inter-Agency Coordinating Council:**

Kate described the Task Force's composition and mission. The Task Force is starting its work with six summits held across the state in Spring / Summer 2015. Three of the meetings have already been held: for the Upper Shore in Elkton, for Central Maryland in Baltimore City, for Southern Maryland in Prince Frederick. The three remaining meetings will be held for Western Maryland in Hagerstown on May 18<sup>th</sup>, for the Eastern Shore in Salisbury on June 10<sup>th</sup>, and for the Washington, DC Region in Rockville on July 2<sup>nd</sup>. The Task Force will create an interim report in August and a final report in December with recommendations for how Maryland should tackle the opioid and heroin epidemic. Some of the broad themes reported by a DHMH staff member who has attended the first three meetings include:

- Alternatives to incarceration
- Tools needed by law enforcement to prosecute drug dealers
- Quality of treatment
- Length of stay while in treatment
- Types of services (MAT, 12 step, recovery support)
- Marijuana
- Strengthening of PDMP was brought up at two summits

More information about the Task Force can be found at its designated web page:

<http://governor.maryland.gov/ltgovernor/home/heroin-and-opioid-emergency-task-force/>

In addition, an Interagency Coordinating Council was formed and contains representation from the following State Departments or Agencies:

- Department of Health and Mental Hygiene (Chair)
- Maryland State Police
- Department of Public Safety and Correctional Services
- Department of Juvenile Services
- Institute for Emergency Medical Services System
- State Department of Education
- Governor's Office of Crime, Control and Prevention
- Other state agencies at the request of the Chair

The Council has broken down into sub-groups to address specific issues within this topic area. Major activity by the Council will likely occur after the interim Task Force report is released.

#### **IV. Education and Outreach Discussion**

**Prescriber Education Model:** One Board member asked about the prescriber education course that the Division of Drug Control (DDC) was planning on offering with renewals. Michael mentioned that DDC's first priority is to establish an online registration system. Screening for substance use disorders (SUD) is part of a broader prescriber education campaign which will include registering for CRISP access, a more focused and up-to-date video during CRISP registration, engaging patients in SUD and overdose issues, and providing prescribers with appropriate educational materials.

**Outreach:** Since success of the PDMP is dependent on how well it is utilized, Kate would like to expand outreach efforts and broaden the audience of presentations given about the PDMP. She asked that the Board share the names of groups to which they have presented and when the presentations occurred. The Board members brainstormed ideas for outreach by making presentations or requesting time on the agendas of current meetings:

- Federally Qualified Health Centers (FQHC)
- Health Systems; some health systems, such as Kaiser-Permanente Mid-Atlantic Health Group, have changed policies to promote PDMP
- Specialty Societies
- Maryland Rural Health Association
- Urgent Care Health Clinics
- Maryland Chapter of American College of Physicians
- Family Medicine
- Emergency Medicine
- Maryland Hospital Association (have established contact with this organization)
- Dentists
- Anesthesiologists and pain management clinics (CRISP has done outreach to this population)
- Veteran's Administration at Ft. Meade
- Maryland Academy of Advanced Practice Clinicians

Letters targeting particular specialties could be sent by the Program. Having PDMP education as part of any professional license renewal process or new hire education could be useful. Becoming a part of resident / fellow / new staff orientation for medical systems and presenting at Grand Rounds were also suggested. There is a need for regular and sustained follow-up. As Dr. Mona Gahunia develops an outreach plan, she may reach out to individual Board members. Kate asked that Board members email her lists of groups to which they have presented and to let her know if there are any resources that are needed. Kate would also like to know the specific questions that come up about PDMP, so that she can create a Frequently Asked Questions reference sheet.

- V. **Open Discussion:** The Maryland Veterans Administration is now reporting to the PDMP.

**Next Board Meeting:** Thursday, September 10, 2015

**Meeting Adjourned**