



**MARYLAND ADVISORY
BOARD ON PRESCRIPTION
DRUG MONITORING
(PDMP)**

**September 10, 2015
4:00PM to 6:00 PM**

**BEHAVIORAL HEALTH
ADMINISTRATION
VOCATIONAL
REHABILITATION
BUILDING**

**55 WADE AVENUE
CATONSVILLE, MD 21228**



Attendees

Advisory Board

Mona Gahunia, DO, Chair
Dale Baker, CPRS/RPS
Rimple Gabri, RPh
David Sharp, Ph.D.
Thelma B. Wright, MD JD
Daniel M. Ashby, MS, FASHP
Janet M. Beebe, CRNP
Orlee Panitch, MD (phone)
Janet Getzey Hart (phone)
Vinu Ganti, MD (phone)
Gail Amalia B. Katz, MPH (phone)

Advisory Board Not Present

Captain Daniel D. Alioto
Shirley Devaris, RN JD
Celeste M. Lombardi, MD

CRISP Representative: Michael Banfield, CRISP Project Manager

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

DHMH Staff

Kate Jackson, MPH, PDMP Manager, BHA
Tryphena Barnes, PDMP Secretary, BHA
Lisa Hadley, MD, JD, Medical Director, BHA
Kathy Rebbert-Franklin, LCSW-C, Deputy Director, Population-Based Behavioral Health, BHA

Christina Trenton, LCSW-C, CAC-AD, Assistant Director, Population-Based Behavioral Health, BHA

Minutes

- I. Agenda Review and Approval of Minutes:** Kate Jackson reviewed the topics of discussion in the agenda. Any changes to the May 4th meeting minutes should be emailed to Kate by COB on Tuesday, September 15th.

Dr. Mona Gahunia, current Advisory Board Chair, is leaving DHMH and Deputy Secretary for Behavioral Health, Dr. Gayle Jordan-Randolph, will step in as the Interim Chair. Tonight is Dr. Gahunia's final meeting.

II. PDMP Updates

PDMP/CRISP User Registration and Access: Mike Banfield 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.

Mike provided a demo of the interstate data sharing user interface in CRISP.

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. Currently, the Maryland PDMP is connected with Virginia and is in the process of trouble-shooting testing with West Virginia. 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.

Unsolicited Reporting: At the last meeting, the Board discussed what should be considered when developing policies and procedures to implement this activity.

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 sought guidance from the Board on pilot policies and procedures for unsolicited reporting activity. Kate explained current constraints on analytic capabilities due to resource limitations and the way the RxSentry Query tool is currently designed. Kate walked the Board through some summary statistics pulled from the RxSentry Query tool's analysis of PDMP data around number of patients receiving prescriptions from threshold numbers of prescribers and dispensers over set periods of time. It was decided that the Program would start with pilot analyses using thresholds that identified significant outliers, seeing the greatest number of different prescribers and dispensers over a given period of time. 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 PMDP, the number of his/her recipients meeting thresholds decline.

The Board voted to approve the pilot procedures introduced by Kate. As a next step, Kate will finalize draft notification materials that were reviewed in this meeting, and will work with the TAC to discuss operational implementation of the procedures.

Mandatory Registration/Use Subcommittee update:

The sub-committee analyzing the desirability and feasibility of mandatory registration and use are completing their draft recommendations. In the meantime, Delegate Hammen met with Mona Gahunia and Kate Jackson over the summer and requests a 'roadmap' for items identified by DHMH as needing to be accomplished for successful implementation of a registration or use mandate. A draft version of this Interim Report document was reviewed by the Board and feedback was solicited. A final version of this document, including all knowable budgetary impacts, will be sent to Delegate Hammen soon.

Patient Clinical User Access Request Policy:

CRISP brought to the attention of the PDMP the request by some patients to have CRISP disclose whether their data had been accessed and by whom. CRISP has a policy for this type of situation when multiple CRISP data feeds, including PDMP data are being asked about. If a patient opts out of CRISP clinical data display, however, then only PDMP data displays in the Query Portal and thus only PDMP data would be available for query. If a patient who has opted out of CRISP clinical data requests information on whether and who had accessed their data in CRISP, this would necessarily require CRISP to disclose whether and who had accessed PDMP data. PDMP created a Policy Statement addressing this type of situation for CRISP and presented this document to the Board for review. The Board voted to adopt the Policy Statement, which stated that CRISP would follow their existing disclosure policy even if a patient had opted out of CRISP clinical data display and thus only had PDMP data for query by clinicians.

III. Legislation Update

Governor's Task Force Update:

Kate reminded the Board of the Task Force's composition and mission. The Task Force started its work with six summits held across the state in Spring / Summer 2015. 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/>

The Council has broken down into sub-groups to address specific issues within this topic area. Major activity by the Council and initial recommendations were summarized in the Interim Report, released August 24, 2015. Final recommendations are expected in December 2015. PDMP was mentioned in the following sub-group activities: Intergovernmental Law Enforcement Workgroup and Education, Public Awareness, and Prevention Workgroup. Both groups discussed the potential for mandating PDMP registration and/or use.

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 was signed into law by the Governor on May 12th. Regulations pertaining to this statute change have been drafted and were reviewed with the Board. The Board voted to adopt the regulations as presented to them.

IV. Open Discussion: No items addressed.

Next Board Meeting: Monday, March 07, 2016

Meeting Adjourned