MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING

SEPTEMBER 3, 2013
4:00PM to 6:00PM
ALCOHOL AND DRUG ABUSE ADMINISTRATION
55 WADE AVENUE
CATONSVILLE, MD 21228

Attendees

Advisory Board Present
Gail Amalia B. Katz, MPH, Appointee;
Janet Getzey Hart, Appointee;
Faryl Qureshi, PharmD, Appointee;
Laura Herrera, MD, MPH, Deputy Secretary for the Public Health Services, DHMH;
Vinu Ganti, MD, Appointee;
Janet M. Beebe, CRNP, Appointee;
Orlee Panitch, MD, Appointee;
Andrea Mathias, MD, MPH, Chair, Board of Physicians;
Captain Daniel D. Alioto, Appointee;
Hoover Adger, Jr., MD, MPH, MBA, Appointee;
Lenna Israbian-Jamgochian, President, Board of Pharmacy

Advisory Board Not Present
Thelma B. Wright, MD, Appointee;
J. Ramsay Farah, MD, Appointee;

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

PDMP Staff
Michael Baier, PDMP Coordinator, ADAA
Tryphena Barnes, PDMP Secretary, ADAA

Public
Linda Starr
David Sharp

MINUTES

I. **Roll Call, Agenda Review and Approval of Minutes:** Meeting opened with roll call and agenda review by Michael Baier. There were no comments or changes to the minutes from the previous meeting requested.

II. **PDMP IT Implementation Update:** Michael Baier provided an update on implementation of the PDMP information technology. Specific topics include:

CRISP/HID contract: In May, Chesapeake Regional Information System for our Patients (CRISP) established a contract with Health Information Designs (HID) to provide data collection and other services supporting PDMP implementation. Dispensers now must report information to HID for controlled substances dispensed in Maryland. HID offers a number of batch file reporting options for pharmacies and a Universal Claim Form that may be more appropriate for dispensing practitioners or those that dispense rarely. HID is also providing RxSentry, a web-based application that will allow the program to electronically process non-practitioner requests for PDMP data, manage compliance with the reporting requirement and access an array of reporting tools for data analysis. HID is hosting a PDMP database for investigative queries and has established an interface with CRISP that includes a data standards translation function. CRISP will host a separate database to support queries from practitioners.

Real-time data collection issues: CRISP's Request for Proposals (RFP) had include a request for real-time data collection capability. HID's response to CRISP's RFP had included a proposal from Relay Health to partner with HID to allow Relay's pharmacy clients to report to the PDMP in real-time via Relay's electronic "switch" network. Relay provides electronic claims adjudication services to pharmacies to assist them with processing payments by insurers. Although CRISP had been in discussions with Relay about possible approaches to establishing real-time reporting, Relay withdrew its proposal before the HID contract was signed. ADAA and CRISP have continued discussions with Relay and pharmacies to identify potential partners for a real-time reporting pilot.

Data access by user type: The process for accessing PDMP data has been split for the clinical and investigative users. Healthcare practitioners with register with and access data through CRISP (HIE query portal). Investigative users (law enforcement, licensing boards and DHMH agency investigators) will register with and submit data requests through HID's RxSentry. ADAA will use RxSentry to manage the processing of investigative data requests, including review by the Technical Advisory Committee (TAC). The TAC will receive user accounts and be able to view all requests in a queue, review the actual PDMP data report and enter narrative comments that will be accessible by the PDMP administrator and the data requester.

Implementation timeline and dispenser feedback: Dispensers were notified of PDMP implementation by mail in May. Beginning on June 29, dispensers could be registering with HID to create upload accounts and send test or production files. The reporting deadline went into effect on August 20. The "RxSentry Dispenser's Implementation Guide" is posted on the new PDMP website and contains all the information that dispenser need to register and begin reporting. HID also staffs a toll-free help desk that dispensers can call with technical questions. ADAA has been fielding calls from dispensers as well. So far, pharmacies seem to have had little

problem with implementing batch reporting. Some pharmacy practice management system vendors are reporting on behalf of their clients. The only significant concerns expressed so far came from practitioners that regularly dispense controlled substances to specific patient populations, including cosmetic surgery and weight-loss clinics, whose current systems are not capable of batch reporting. However, only a few such practitioners have contacted ADAA.

CRISP is revising its online user registration form to comply with the requirements of the PDMP law/regulations. CRISP will begin registering a group of pilot clinical users in late September. These pilot users will likely be emergency department physicians that are already using CRISP as well as community pharmacists that will only receive access to PDMP data. If all goes well with the pilot, ADAA hopes to open registration for all healthcare providers by mid to late October.

Dr. Herrera noted that CRISP registrants would be required to watch a short training video with information on the purposes and use of PDMP data. This video could include additional information, particularly clinical guidance on screening for substance use disorders, referral to assessment, treatment and recovery services and links to resources for further education. Board members were solicited for feedback on any additional suggestions or comments on the the training video, specifically whether a longer video could serve as a barrier to registration.

Dr. Mathias stated that CRISP's current training video could be improved by the inclusion of more specific instruction and that a longer video would not be a barrier to implementation. Dr. Ganti believed a shorter video would be sufficient. Dr. Panitch thought that the video should be made mandatory (CRISP's does not make their video mandatory) and that a 10 minute video would not be burdensome. Dr. Herrera noted that the additional information would briefly focus on safe opioid prescribing and could link to resources available from the American Society of Addiction Medicine and the VA/DOD Opioid Prescribing Guidelines. Dr. Panitch raised the question of whether the video should have a quiz that the registrant must complete in order to be registered. Janet Hart noted that Louisiana and other states require a training video that may be thirty minutes or more. Michael Baier stated that the slides for the video would be shared with the group for feedback.

Michael Baier then reviewed the implementation timeline for investigator access. The goal is to begin processing these requests in November. ADAA will work with the Governor's Office of Crime Control & Prevention (GOCCP) to request the names of registrants from law enforcement agencies.

Finally, Michael noted that interstate data sharing was included in the HID contract and establishing interoperability with other states would be a priority immediately after the basic components of the PDMP were in place.

III. Board and Subcommittee Issues: Michael Baier led a discussion about current issues relevant to the Board as a whole and specific subcommittees, including:

2013 Advisory Board Annual Report: Michael noted that the Board's Annual Report to the Governor and General Assembly will be due in October. Like 2012, the Board may not be able to directly answer the questions that the PDMP law requires since the program is not yet fully operational. Dr. Herrera stated that, even though those questions could not be addressed, a great

deal of progress has been made that could be reported. She asked the Board whether an extension should be requested or if the Board should submit a report on time that contained only updates on implementation. If the latter, the Board could follow with another update when impact could be analyzed. Janet Hart noted that New York has issued a press release on the impact on doctor shopping of the recent I-STOP legislation within a few days of implementation. The Board discussed the identification of doctor shopping behavior and the unsolicited reporting being employed in New York, and Michael noted that Maryland PDMP law's prohibition of such reporting. The Board decided to issue the October report on implementation to date and possibly issue an addendum in December. Dr. Herrera noted that the report would require a short turnaround time for review.

Technical Advisory Committee Appointments: Michael Baier noted that requests for candidates for the TAC were requested from the three organizations listed in the law, as well as MedChi, the Maryland Pharmacists Association and others for the seats that did not have a specific nominating organization. Most organizations provided only one nominee. The DHMH Appointments Office has reviewed the nominees and requested more nominees from the organizations. DHMH is currently waiting for responses. The TAC must be appointed and trained before the PDMP begins processing investigative requests. DHMH does not have a good idea of how many investigative requests the TAC will have to review on a weekly basis, though information from HID on requests in comparably sized states indicates there could be a few to a dozen or more requests per month.

Educational Initiatives: Michael Baier noted that Dr. Wright has given a multiple continuing education presentations recently, including one at Shady Grove and one at Kernan Hospital. Michael attended the Kernan presentation to answer specific questions from the audience. He mentioned that he is willing to do the same for any others who would be interested in holding a CE program for providers. Michael also mentioned some upcoming presentation he will be doing including at the Harold Rogers PDMP National Meeting, the Mid Atlantic Life Safety Counsel, a Board of Pharmacy CE on October 6, a GOCCP training program for law enforcement investigators and the Key Risk Workers Comp conference. Dr. Herrera stated that in November she would be doing grand rounds at Shepard Pratt and the VA Maryland Healthcare System. She also mentioned that VA will now be able to participate with state PDMPs following a change in federal regulations. Shirley Devaris mentioned that the Board of Nursing will also be having events where PDMP presentations could be held.

Michael stated that the Maryland Society of Addiction Medicine has received funding from FDA to implement CORE REMS continuing education programs on opioid prescribing and that the programs in Maryland will include a PDMP component. The first program will be held in Elkton in November. Dr. Mathis noted that the Lower Shore region would like to have a REMS training program or at least a PDMP-focused presentation in support of the local overdose prevention initiatives. Dr. Herrera stated that ADAA will provide a slide deck that can be used for presentations by the local health department and that a standard slide deck can be created that can

be used statewide. Dr. Herrera can also take the question to the health officers at the next roundtable meeting at DHMH. She also stated that emergency department opioid prescribing guidelines are being finalized by the Maryland Chapter of the American College of Emergency Physicians.

Dr. Herrera stated that additional educational materials should be developed for patients about data collection for PDMP, specifically concerning the non-applicability of the CRISP opt-out to provider access to PDMP data. Gail Katz noted that patient education should be focused on the subset of patients that are receiving controlled substance prescriptions. Basic brochures, cards or posters that could be distributed by pharmacists were discussed as possible ways to disseminate information. Linda Bethman noted that the patient notification section in the regulations focusing on providers accessing the data, not on reporting of information to the PDMP.

Dr. Mathias noted that use of the PDMP should be presented as a tool to assist providers with meeting of the standard of care, especially considering the frequency with which a physician's failure to screen for or take into account the full spectrum of medications that a patient is using has been noted as an problem by the Board of Physician's peer reviewers. She also asked how the CRISP opt-out has been addressed in patient materials. David Sharp noted that providers participating with CRISP are supposed to provide notice and information to patients on how to opt-out. He stated that only two thousand had opted out while there are over six million unique patients identities in the Master Patient Index.

Program Evaluation: Michael stated that he and Dr. Herrera have been talking with researchers from the University of Maryland School of Pharmacy whom ADAA has an existing relationship with through the Statewide Epidemiological Outcomes Workgroup, which is mainly a data analysis project focusing on measures of substance abuse and addiction around the state. This group is the data arm of statewide prevention activities at ADAA. The researchers have a lot of experience looking at PMPs.

The next meeting will be scheduled for early December.

Meeting adjourned.

Contact: Michael Baier, PDMP Coordinator, ADAA 410-402-8643 michael.baier@maryland.gov