



**MARYLAND ADVISORY  
BOARD ON PRESCRIPTION  
DRUG MONITORING**  
September 30, 2014  
4:00PM to 6:00 PM  
**BEHAVIORAL HEALTH  
ADMINISTRATION  
VOCATIONAL  
REHABILITATION BUILDING**  
55 WADE AVENUE  
CATONSVILLE, MD 21228



**Attendees**

**Advisory Board**

Captain Daniel D. Alioto, Appointee  
Janet M. Beebe, CRNP, Appointee  
J. Ramsay Farah, MD, MPH, Appointee  
Vinu Ganti, MD, Appointee  
Janet Getzey Hart, Appointee  
Mona Gahunia, D.O., Chair  
Lenna Israbian-Jamgochian, President Board of Pharmacy  
Gail Amalia B. Katz, MPH, Appointee  
Orlee Panitch, MD, Appointee  
Thelma B. Wright, MD, Esq., Appointee

**Advisory Board Not Present**

Hoover Adger, Jr., MD, MPH, MBA, Appointee  
Faryal Quereshi, PharmD, Appointee  
Ligia Peralta, MD, Appointee

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

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

**PDMP Staff**

Michael Baier, PDMP Coordinator, DHMH  
Tryphena Barnes, PDMP Secretary, DHMH  
Sara Roberson, PDMP Data Analyst, DHMH

**Public Attendees:**

Erin Haas, MPH, Overdose Prevention Community Coordinator, DHMH  
Kate Jackson, MPH  
Gayle Jordan-Randolph, Deputy Secretary for Behavioral Health, DHMH  
Kathy Rebbert-Franklin, Deputy Director, Population-Based Behavioral Health, DHMH  
Dan Shattuck, Maryland Society of Anesthesiologists  
Allison Taylor, Governmental Affairs, DHMH  
Marcia Wolf, MD, PDMP Technical Advisory Committee (TAC) Member

## Minutes

**I. Agenda Review and Approval of Minutes:** Michael Baier reviewed topics of discussion in today's agenda. Any changes to the April 3<sup>rd</sup> meeting minutes should be emailed to Michael.

## II. PDMP Updates

**PDMP Personnel:** Michael has taken a new position as the Overdose Prevention Director. PDMP falls under his direction in the new Overdose Prevention Office which also houses the Overdose Prevention and Response Program and the Overdose Fatality Review Program. He is in the process of hiring a new PDMP Manager.

**PDMP/CRISP User Registration and Access:** There are currently 5500 active PDMP users which include 1500 pharmacists. There are 12,000 inquiries per week and 50,000 per month. There are 14 million prescription records.

CRISP has been working on the duplicate client issue which should be resolved within the next week; however, after that time, Lindsey Ferris requests that any identified duplicate records should be sent to her for follow-up.

Dr. Marcia Wolfe mentioned the issue of slow searches and being booted out of the system. Lindsey mentioned that the next upgrade will be implemented within the next two weeks. This upgrade will change the average search time from 40 seconds to 4-5 seconds.

NARxCHECK may be an option to address difficulty in viewing prescription data. Along with rolling out interstate sharing, there is a possibility of layering with NARxCHECK, a tool that assesses risk of misuse in an individual based on a proprietary algorithm of PDMP data offered through NABP. Both of these issues will be discussed at next month's meeting.

Interstate sharing is complicated by the fact that Maryland's PDMP is integrated with CRISP in that two connection points are needed, one for pulling data from other states to be viewed in Maryland and another for providing other states with access to Maryland PDMP data. The implementation timeline is roughly three months from the time there is a commitment to the project. The start date for the first part of the set-up is anticipated to be early 2015 and there is grant funding available.

**PDMP Evaluation:** An MOU with the University of Maryland School of Pharmacy is in process for the evaluation of the PDMP. The University of Maryland will work with the Johns Hopkins School of Public Health to design baseline measures and a user survey. An outline of the scope of work will be sent to the Board before the next meeting.

**PDMP Advisory Board Annual Report:** The annual report is due soon and a draft will be sent to all board members. Michael asked for comments to be emailed to him as soon as the draft report is received.

### III. Legislation and Regulations

**HB 255 – Sunset Extension and Program Evaluation:** was proposed by the Department of Legislative Services to extend the PDMP to 2019 and must complete a full program evaluation by 2017. It also cleared up the law regarding out-of-state PDMP requests being reviewed by the TAC. If a report is requested by a prescriber or a dispenser, the TAC does not have to review it.

**HB 1296 – Unsolicited Reporting:** instituted unsolicited reporting for which draft regulations have been written.

**Next Legislative Session:** Two changes are going to be proposed. Because of the change in the structure of how the Board of Physicians conducts investigations, the requirement of a quorum to institute a subpoena will be dropped. The second change will establish the State Child Fatality Review team, the Overdose Fatality Review team and any team associated with Maternal Mortality as data requesters in the PDMP.

**Mandated Registration Proposed:** DHMH is proposing changes to the Division of Drug Control's regulations mandating that prescribers register with the PDMP when they renew or obtain a CDS permit. This is a mandate involving having a PDMP user account, not mandated use. The plan is to have a rolling registration and an integrated CDS and CRISP registration. By the next meeting, there will be a more concrete proposal.

**PDMP Unsolicited Reporting and Other Proposed Regulation Changes:** Kate Jackson, the PMDP summer intern, drafted the unsolicited reporting regulations. Other states advised that the regulations should avoid naming specific thresholds due to changing resources and changing patterns in prescription behavior. Here are the proposed changes shown in the handout:

1. Page 8: .04 Review of Prescription Monitoring Data - Updated language is taken directly from the statute.
2. Page 10: (5) – Avoiding too much detail in order to let resources and data dictate action.
3. Page 13: Updated language is taken directly from the statute and it is in line with the law.
4. Other changes on Page 13: Adapted to the new authority and did not substantively change from the previous regulations.
5. Page 17: Covers redisclosure of PDMP data to clear up what is allowable, e.g., law enforcement agencies could share with other law enforcement agencies if working on the same case, but not if creating a new case to investigate.
6. Lindsey mentioned the possibility of adding patient phone # to the PDMP requested fields to improve matches in the MPI (Master Patient Index).

7. Board had no modifications to the regulations as proposed. DHMH will submit the regulations for review, approval, public comment, and publication according to standard Department processes.

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

**Outreach Ideas:** Michael has been doing a lot of PDMP presentations to small groups, so ideas were solicited regarding PDMP outreach and education to larger interested groups. Here are the ideas: insurance companies, risk management programs, worker's compensation groups since they often work with patients with pain and chronic pain. Lindsey mentioned that CRISP sent mailings to 300 pain doctors as identified by the provider directory in which insurance companies identify the doctors who are in their plans.

**Information Requests:** Dr. Thelma Wright mentioned that she has received requests for PDMP outcomes. Michael mentioned that since we have not yet been operational for a year, there have not been published outcomes. The PDMP Evaluation MOU with the University of Maryland School of Pharmacy will help to establish outcome measures.

#### **Broadening Use of PDMP General Discussion**

1. Michael asked if broadening the criteria for delegate accounts to non-licensed staff would encourage more use of the PDMP. The overwhelming opinion was yes. Michael also clarified that nurses can currently obtain delegate accounts.
2. Lindsey mentioned that CRISP is willing to work with any vendors to create a single sign-on in a current EHR or EMR system. All Medstar hospitals now have a single sign-on for their EHR and CRISP.
3. The Board of Dental Examiners is now requiring an opioid prescribing course for licensing. Could registering for the PDMP be mentioned in this course?
4. The Council for Affordable Quality Health Care (CAQH) collects providers' credentials in a central repository. Could the CRISP/PDMP registration be integrated with this database?

**Next Board Meeting:** The next Board meeting is slated for November. The Board Members were encouraged to respond to the Google poll so that a date could be set. The topics to be discussed at the next meeting are DDC regulation changes, interstate sharing, NARxCHECK and the scope of work for the PDMP program evaluation.

**Meeting Adjourned**