



**MARYLAND ADVISORY
BOARD ON PRESCRIPTION
DRUG MONITORING**

January 7, 2014

4:00PM to 6:00 PM

**ALCOHOL AND DRUG ABUSE
ADMINISTRATION (ADAA)**

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

Dr. Herrera, MD, MPH, Designee of the Secretary of DHMH & Advisory Board Chair

Gail Amalia B. Katz, MPH, Appointee

Orlee Panitch, MD, Appointee

Faryal Quereshi, PharmD, Appointee

Thelma B. Wright, MD, Esq., Appointee

Lenna Israbian-Jamgochian, President Board of Pharmacy

Ligia Peralta, MD, Appointee

Hoover Adger, Jr., MD, MPH, MBA, Appointee

Advisory Board Not Present

Andrea Mathias, MD, MPH, Chair, Board of Physicians

Chesapeake Regional Information System for our Patients (CRISP) Representative: Lindsey Ferris,
CRISP Project Manager

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

Prescription Drug Monitoring Program (PDMP) Staff

Michael Baier, PDMP Coordinator, ADAA

Tryphena Barnes, PDMP Secretary, ADAA

Public Attendees:

Jacqueline McNamara, Overdose Prevention Specialist

Erin Haas, Community Coordinator, Overdose Prevention

Kathleen Rebbert-Franklin, Acting Director, ADAA

David Sharp, Director, Center for Health Information Technology & Innovative Care Delivery, MHCC

Minutes

I. Agenda Review and Approval of Minutes: Meeting opened with greetings and agenda review by Dr. Herrera. There were no comments or changes to the minutes from the previous meeting.

Agenda items include:

- PDMP Advisory Board annual report
- Department of Legislative Services (DLS) preliminary evaluation of the PDMP,
- Technical Advisory Committee (TAC) appointments,
- Harold Rogers PDMP National Meeting
- PDMP funding grant
- Information technology (IT) implementation
- Law enforcement requests

II. PDMP Activity Updates: Michael Baier provided updates on recent PDMP implementation activity including:

Reappointments: There are three Advisory Board members who are in the process of reappointment. PDMP staff will be reaching out to Board members when their term is near expiration and will be sending out confirmation letters soon. If no letter is received in the next couple of weeks, please notify Tryphena Barnes.

DHMH Press Release: On December 20, 2013, PDMP launched healthcare provider access to PDMP data through Chesapeake Regional Information System for our Patients (CRISP). A press release was issued by DHMH.

Annual Report: The annual report was submitted to the Governor and the General Assembly on November 7, 2013. Michael stated that the session will be starting very soon and is anticipating some feedback on the report. Dr. Herrera and Michael have given updates in Annapolis at the Health and Government Operations Committee and the Senate Finance Committee to ensure their awareness of our implementation status. Michael noted that legislation could be introduced this session based on some of the comments that were made and what the DLS put in their report. As mentioned in the annual report, the PDMP law has a sunset provision. In part, this means that DLS does an evaluation of the program beforehand and they can recommend that the General Assembly waive the full evaluation. The DLS document that Michael sent to the Advisory Board is the DLS preliminary evaluation of the PDMP and includes recommendations, including changes to legislation for the General Assembly to consider. A lot of time was spent with DLS policy analysts explaining program design, timeline for implementation, funding, legal requirements, regulations and other program issue. DLS staff that conducted the evaluation, attended the hearings as well and briefed legislators on the report. DLS wants to extend the sunset of the program to July 1, 2019, and also advised expanded reporting requirements for the Advisory Board.

The DLS report recommends that the Advisory Board's annual report include cover additional topics, including:

- Efforts to collect and make PDMP data available in real-time,
- A long-term funding source to support the program,
- Include information on the status of any evaluation of the PDMP that will be funded,
- The status of any plans to pursue unsolicited reporting and/or mandatory utilization of the PDMP by providers. Michael stated that a lot of other states are utilizing unsolicited reporting and it is viewed as a best practice by PDMP experts and relevant federal agencies. Also, mandatory utilization of PDMP data by providers is something that a few states implemented within the last year.

DLS suggests that the legislature consider removing the statutory requirement for the Technical Advisory Committee (TAC) to review data requests from other states' PDMPs. After discussion with the TAC members, everyone believes that in order for our program to operate with interstate data sharing in a way that just about every other state does, that the TAC should not be reviewing requests from out of state physicians, nurses, or pharmacists; it should be an automated process.

Michael stated that all Advisory Board members should have gotten a copy of these suggestions and if anyone had any questions to please send an email or call.

TAC Appointees: TAC appointments were made and appointees are as follows:

- Haitham Al-Grain, attending physician at Well Span Interventional Pain clinic in York Pennsylvania; clinical associate of Anesthesiology and Critical Care medicine at Johns Hopkins. Nominated by the Maryland Society of Anesthesiology.
- James Chaifu Wang, PharmD. clinical pharmacy specialist in Nephrology with Kaiser Permanente.
- Dr. Doris Cope, until recently, director of the University of Pittsburgh inter-professional program on pain research, education and healthcare and now practices at Kure Pain Management in Annapolis, MD.
- Dr. Marcia Wolf, Medical Director at the Mid-Atlantic Pain Medicine Center in Pikesville and also a past member of the PDMP Advisory Council. Nominated by the Maryland Society of Physical Medicine and Rehabilitation.
- Dr. Ramsey Farah, Nominee of the Maryland Society of Addiction Medicine.

December 20, 2013 was our first webinar orientation training for the TAC. The TAC was given an overview of the web-based process for conducting the review of investigative queries for PDMP data. The TAC has to review requests from law enforcement, licensing boards and DHMH agencies.

Michael stated that the TAC will use RxSentry, a web-based application provided by Health Information Designs (HID) to process the investigative requests. The TAC will also use RxSentry to review PDMP reports.

Once that process is finalized, processing of data requests from law enforcement users can begin. The TAC desires to be able to review and discuss the requests and to come to a consensus opinion or interpretation of the data before their report is entered into the system.

To conduct outreach to law enforcement agencies, ADAA has worked with the Governor's Office of Crime Control and Prevention (GOCCP) which has very close relationships with state and local law enforcement throughout Maryland. GOCCP sent out a request to all the agencies asking for two names of officers that would be signed up as law enforcement pilot users. Twenty-seven agencies responded and about fifty-two officers were identified for the first group of users. Two law enforcement training webinars were held to walk officers through the process of how they will submit their data requests and upload subpoenas. The webinars also briefed them on the TAC review process.

2013 Harold Rogers PDMP Grant: The majority of PDMP funding is received through the Harold Rogers PDMP Grant by the US Department of Justice. In order to receive this grant, attendance is required for both an annual conference in Washington and also a regional conference every two years. Michael and Lindsey Ferris attended the DC conference in September 2013, and they presented on Maryland's approach to PDMP implementation. Michael noted that it was very well received, especially the integration with CRISP aspect.

DHMH received a 2013 Harold Rogers PDMP Grant. Maryland was one of four other states to receive a grant which will supplement current program activities. Michael noted that we did not apply for funding to support the PDMP specifically this time; we felt that we already had sufficient funding for the IT aspect of implementation for our first year of operation. There has been a brand new funding category created, somewhat inspired by events that took place in Maryland.

The purpose of this grant is to fund local level, multi-disciplinary collaborations between public health, treatment providers, law enforcement, social services, everybody at a local level that is touched by the prescription drug abuse and addiction problem in some way and to figure out a way to analyze data together and to develop strategies for dealing with high risk communities or individuals. It is more about taking PDMP's and the data they have and other data and using it as a basis to form collaborations between different partners. Funding was applied for under this category to support a process that we call Overdose Fatality Review. Local jurisdictions will be setting up teams and conducting confidential case reviews of people that have died from drug overdoses. The purpose of this is to see what risk factors were involved, were there points where there could have been interventions and were other things done on a system level that could have prevented this overdose death. PDMP data can be a part of this. Michael mentioned that a change was made in the PDMP regulations recently allowing re-disclosure of PDMP data to an overdose fatality review team.

Dr. Herrera stated that this set-up would be like the child fatality review teams. Based on the framework, they will have the protections of a medical review committee, it will be confidential, and it will be multi-disciplinary. Dr. Herrera also mentioned that we will be starting out with three pilots and were waiting for all the paperwork to set up the process for the three jurisdictions. Dr. Herrera noted that there are some counties that have no deaths in their jurisdictions, but still have overdose prevention plans. As for the counties that do have overdose deaths, we will roll out overdose fatality review teams in those jurisdictions first.

III. PDMP IT Implementation Update: Michael introduced Lindsey Ferris, PDMP Program Manager at CRISP, who provided update information on the CRISP rollout date and gave a demonstration on how healthcare providers access PDMP data through the CRISP portal. Michael gave an RxSentry demonstration and also provided updates on RxSentry investigative data request processing and law enforcement user rollout.

The rollout happened over the course of two to three months and began with a core of thirty people, a mix of pharmacists and physicians. Based on their feedback, a couple adjustments have been made. Roll-out began to additional CRISP users who were already credentialed in using the system and were eligible according to the regulations. Lindsey noted that over the course of the past couple of months, they have extended access to about 700 existing CRISP users. Since the go-live date about sixty new users have been credentialed. As of today, there are about 790 users. Daily, about 240 PDMP users are accessing patients that have PDMP information and about 80% of the time they are clicking on the medication detail which indicates that they are actually looking and engaging with the PDMP data. Lindsey stated that over the past week, there have been about 1700 logins and searches done on patients.

Lindsey stated that she can break down registered providers by type. There are about 30 dispensers and pharmacists, and from the prescribing side, there are 760. About 100 of these are a mix of physician assistants (PA's) and medical professionals (MP's) and doctors of osteopathy (DO's). Lindsey can also provide a breakdown by MD specialty, including ER physician's daily access.

Lindsey noted that to date, there are about seven million prescriptions available in the system. Michael made mention that when it comes to provider registration, you can go to the CRISP website and watch a short, narrated training video. After watching the training video, you are taken to the registration page where steps are provided for registering with CRISP. Outreach has occurred for pharmacist registration by approaching chain pharmacies first and giving them the option to provide CRISP with a list of licensed pharmacists that they employ to begin the process. Walgreens has already participated in supplying a list. Lindsey notes that they now have a list of about 285 people and are working to make sure they have access to the training video.

Janet Hart had the National Association of Chain Drug Stores (NACDS) call and mentioned this information to the other member companies at that time. Lindsey clarified the individual information needed: name, license number and email. Janet also mentioned that every store has access and are now just awaiting the logon information. Janet agreed to reach out to other chain stores and find out if they have access.

Further discussions about rollout included topics such as credentialing, usernames, privacy and confidentiality. Michael noted that written in the terms of use, it states that you cannot share your login information with anyone.

HIE Query Portal Demonstration: Lindsey provided board members information on how to login and access PDMP data through the CRISP website. Also mentioned during the HIE Query Portal demonstration was CRISP's progressive attempts to work out all glitches within the system in order to ensure that the workflow runs smoothly.

RxSentry: Investigative Data Request Processing & Law Enforcement (LE) User Rollout: This demonstration given by Michael provided information on how RxSentry (HID web product) is set up to process a request from an LE user and then reviewed by the TAC. Michael presented a step-by-step review on how LE would log in and access data through HID's website. The RxSentry demonstration covered topics such as the report cue, which gives law enforcement the ability to see what has been reported; user management, their ability to manage their site; the query frame which allows LE to request a report that is specific to a patient, prescriber or dispenser; and the terms of each type that are in the regulations. Michael ran a test patient query in order to provide insight to Board members on how the patient query process works. Also reviewed during this presentation were the various reporting formats, subpoena documents and the TAC's role in reviewing requests. The TAC has ten business days to review a request.

IV. Communications & Education (CE): Now that the program is up and running, at least from the healthcare provider aspect, the focus will shift to education and promoting use of the system. Michael noted since the last meeting, Dr. Farah, Dr. Yngvild Olsen and others from the Maryland Society of Addiction Medicine have been working on the CORE REMS training, which was done on November 16 at Union Hospital in Elkton. The training's topic was "Provider Education on Opioid Prescribing" and related issues. Michael also attended the CORE REMS training and was able to give a brief presentation on the PDMP; any type of CE program is always an opportunity to put out information about the PDMP and will allow people to know about the program and how to register. Michael gave a presentation at the Board of Pharmacy CE event and will be attending another upcoming event on February 9, 2014, at the Maryland Pharmacist Association. Dr. Herrera and Michael gave a presentation at the VA and look for additional opportunities to get the word out about the program. Advisory Board members are encouraged to give any ideas or suggestions they may have for further education of the PDMP. Dr. Farah mentioned a plan for upcoming presentations that he would be attending; one in January in Baltimore City and another in Cumberland, the first week in March. Dr. Farah also noted that he was recently a part of a CE presentation for the FTA and is integrating it into their CORE REMS program.

Dr. Herrera asked if anyone was present on the phone from the Board of Physicians who could provide insight regarding whether information about the PDMP can go out in the form of newsletters or additional upcoming conferences; what is the best way to go about this?

Dr. Ganti noted that during licensure renewal, information about the PDMP could be provided.

A few of the many other recommendations and suggestions for ways to provide information about the PDMP are as follows:

1. Information about the PDMP could also be provided with DDC, CDS and also the DA.
2. Dr. Farah noted that both the State Medical Society and the Maryland Society of Addiction Medicine are very interested and anxious about spreading the word about the PDMP in any way they can.
3. Janet Hart made mention that the Nurse Practitioners Association of Maryland put something on their website.
4. Dr. Ganti suggested reaching out to Gene Ransom, Executive Director of MEDCHI, to have an email sent out weekly with PDMP information; Dr. Herrera noted that we are to follow up on that suggestion.
5. Michael will get the screen shots updated on the CRISP website so that they have all the information presented and he can also provide slides and updates as he gets more information.
6. Dr. Wright suggested that she can do PDMP presentations during orientation at the University of Maryland.
7. Dr. Farah suggested adding a point of contact for presentation purposes; Michael agreed and noted suggestion.

Michael gave a brief presentation on the DHMH/ADAA website and recommended that the Board direct people to this website for detailed information on the Maryland PDMP.

- V. **Next Steps:** Michael addressed the next steps, which covers the funding, sustainability and program evaluation.

Program Evaluation: Michael has received a proposal from the University Of Maryland School Of Pharmacy and is currently reviewing that proposal. More information about what that proposal includes, as far as evolution goes, will be given at our next Advisory Board Meeting.

Funding & Sustainability: The DLS report is suggesting that the legislature asks for more information. Michael commented, at this time, we do not have any more information and this will be another topic to address further at the next Board meeting.

Michael asked the Board for their suggestions on moving toward regularly scheduled Board meetings. The Board agreed to the regular four to six times per year time frame, set up in advance to avoid repetitive polling. Dr. Herrera noted that we would try to schedule meetings

around the same time the reports are due to the General Assembly and that she would look at the calendar and get dates sent out accordingly.

The floor was open for any additional comments.

Dr. Herrera congratulated Michael Baier for doing an extraordinary job in getting the PDMP going and he received a grand applause by the Board for his huge part in the success of PDMP.

Meeting Adjourned