



MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING



April 3, 2014

4:00PM to 6:00 PM

BEHAVIORAL HEALTH
ADMINISTRATION
VOCATIONAL
REHABILITATION BUILDING
55 WADE AVENUE
CATONSVILLE, MD 21228

Attendees

Advisory Board

Janet M. Beebe, CRNP, Appointee
J. Ramsay Farah, MD, MPH, Appointee
Vinu Ganti, MD, Appointee
Janet Getzey Hart, Appointee
Dr. Laura Herrera, MD, MPH, Designee of the Secretary of DHMH & Advisory Board Chair
Orlee Panitch, MD, Appointee
Lenna Israbian-Jamgochian, President Board of Pharmacy
Hoover Adger, Jr., MD, MPH, MBA, Appointee
Thelma B. Wright, MD, Esq., Appointee

Advisory Board Not Present

Captain Daniel D. Alioto, Appointee
Faryal Quereshi, PharmD, Appointee
Gail Amalia B. Katz, MPH, Appointee
Ligia Peralta, MD, Appointee
Hoover Adger, Jr., MD, MPH, MBA, 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, ADAA
Tryphena Barnes, PDMP Secretary, ADAA

Public Attendees:

Christine A. Farrelly, Acting Executive Director, Maryland Board of Physicians

Minutes

- I. **Agenda Review and Approval of Minutes:** Michael Baier reviewed topics of discussion in today's agenda. .
- II. **Updates on Recent Activity:** Michael Baier provided updates on recent PDMP implementation activity, including:

PDMP/CRISP User Registration and Access: Healthcare provider access was opened in December 2013 and since then registration and use of the system by practitioners has been tracked. Lindsey Ferris, CRISP Project Manager, has been providing weekly updates to ADAA. The total number of PDMP users is just over 2000, with the majority being prescribers. Pharmacy users have risen to approximately 520 from 20 users in January.

Over the course of a quarter, PDMP data was accessed 63,000 times, averaging 5000 per week and 1000 per day. There are 9-10 million prescriptions in the PDMP database so far, an increase from January's 6.5 million.

Lindsey addressed the duplicate record issues that have been coming up and assured members of the Board that CRISP will work with the vendor to see if they can address this. CRISP is also aware of the problem with empty patient records and are at present working on this issue.

Michael asked the Board members to email him of any future empty record issues or records that they believe should be merged together, using only the CRISP ID number for identification, and he will forward to Lindsey. This will give a better idea of how many empty records there are and what might be causing the duplication of records in certain instances.

Lindsey mentioned that there is a slight backlog in registration requests, and CRISP is working on a new tool that will help streamline the process. It should be ready in approximately one month.

Dr. Herrera suggested that there be further conversation at a later time to discuss a Quality Improvement initiative to start timing the process of when applications are coming in, CRISP processing time and other indicators to identify where breakdowns may be occurring. Michael requested that Board members notify him if they hear of anyone having registration delays.

Law Enforcement Requests & Technical Advisory Committee (TAC) Review: Health Information Designs' (HID) RxSentry system is now open for law enforcement subpoenas. The Governor's Office of Crime Control and Prevention sent out a request to all state and local law enforcement agencies in the state requesting names of up to two investigators to be registered. The TAC review process is unique to Maryland and is managed through an online system that HID developed. The rollout included about fifty law enforcement users from around twenty agencies.

Two subpoenas which met the requirements have been received and the reports generated based on these subpoenas are being reviewed by the TAC. Michael noted that once the process is set and the TAC members understand the process, registration will be opened more widely to law enforcement agencies.

Dr. Farah shared his experience as a TAC member utilizing the system and commented on the pros and cons, including the importance of the TAC issuing one consensus report instead of individual comments from each member. Dr. Farah noted that he thinks the system is going to work.

PDMP Legislation: There were two PDMP related bills in the General Assembly this session. The first was the House Bill 225 /Senate Bill 296, the PDMP Sunset extension. This is a bill that came out of the Department of Legislative Services (DLS) PDMP evaluation that was reviewed at the last Board meeting. DLS did a preliminary evaluation and made some recommendations about statutory changes. HB225/SB296 include a number of relatively non-controversial recommendations from the report, including:

- Extension of the sunset of the program to July 2019,
- Removal of the requirement that the TAC review requests from prescribers and dispensers in other states that are submitted to Maryland's PDMP from the other states' PDMPs
- Additional reporting requirements for the Advisory Board's annual report, including the number of prescribers and dispensers registered with the system and the number of disclosures to law enforcement agencies. Michael noted that pulling these numbers will be easy for CRISP and their PDMP contractor, HID.

HB225/SB296 has passed both houses unanimously and is likely to be signed by the governor.

The second PDMP Bill was House Bill 1296. HB1296 was introduced after the last Board meeting and would authorize the program to analyze PDMP data for indicators of prescription drug misuse and abuse and notify prescribers and dispensers of suspected misuse by their patients. Many PDMPs do this and the process is typically referred to as "unsolicited reporting." Michael noted that this is seen as a PDMP best practice and is generally supported throughout the country.

This process will have to be defined in regulations. The additional step in this process is that requests to notify prescribers and dispensers will be submitted to the TAC, who would review the requests and then provide feedback.

Advisory Board Attendance: Dr. Herrera asked Linda Bethman to address concerns about Board attendance, due to the nature of future decisions about bills and regulations that the Board will need to address. Dr. Herrera asked if a quorum was necessary and whether no response is acceptable on some of the issues on which the Department is required to consult with the Board.

Linda stated that quorums are typically required for regulatory boards, but the issue is less significant for an advisory board. However, from an appearance standpoint, participation is desirable. Linda also mentioned that the Board can develop bylaws, protocols or charters and non-compliance can be brought before the Secretary. Linda will look further into the quorum issue; however, she stated that in order to have credibility, attendance is important.

Dr. Herrera stated that, given the possibility that legislation could be introduced in Maryland to mandate PDMP use, the Board's responsibility to work with the Department and communicate

with stakeholders could be greatly increased in the coming months. This highlights the need for members to be engaged and attend meetings regularly.

2014 Harold Rogers PDMP Request for Applications: Michael noted that US Department of Justice's Harold Rogers PDMP Grant Program has been the main federal grant funding source for the PDMP. Maryland has had three of these grants. The request for applications is open now, due in early May.

Michael noted that DHMH will be applying for the grant and identified potential projects for which funding could be requested. These include software to improve CRISP's PDMP data user interface and development of a process for using PDMP data in the context of Screening, Brief Intervention, Referral to Treatment (SBIRT). Dr. Herrera requested that the Board provide any additional ideas for program enhancements that this funding could support.

VA PDMP Access: The VA update will be given by Dr. Qureshi at a later time. Dr. Herrera noted that Dr. Qureshi is doing an outstanding job advocating for PDMP at the VA. Dr. Qureshi has been key in opening doors for Dr. Herrera and Michael Baier to address the medical staff at the VA. The VA is now implementing recent regulatory changes that allow their providers to access the PDMP. Dr. Qureshi will be on the agenda for the next Advisory Board meeting.

III. Communication & Education: Dr. Herrera noted that the Board should develop potential educational initiatives that are currently happening and educational initiatives for the future for providers, patients, the community and hospitals, identifying areas where PDMP information could be inserted. These ideas should be presented to the Board and then a plan should be developed for going forward. Consensus was reached that licensing boards should provide information about the PDMP during the license renewal process.

Patient education is an important issue that the Board has not yet addressed. Michael has gotten a few calls from patients with their perceptions of what the system is and how it has changed the practice of the people with whom they are working. During the HB1296 hearings, a representative of MedChi mentioned that since they have gotten access to the PDMP, they have discharged about 5-10% more people than they were previously discharging. One of the issues is where does the patient go once discharged? Patients also ask about opting out of the PDMP. Dr. Herrera mentioned that the only opt-out is not to take or get a CDS. If they get a CDS, Schedule II-V in Maryland, the patient is going into the PDMP. Michael stated the patients may be interpreting CRISP's opt out policy to apply to PDMP data as well.

Dr. Farah suggested town hall meetings in communities where you can invite the public and educate them about the PDMP. Michael responded that many jurisdictions are already doing this as part of overdose prevention activities. Last summer and fall, community round table events were held to discuss overdose prevention in Baltimore City and Cecil, Baltimore, Prince George's and Wicomico counties. The governor attended the round table in Elkton and there

were hundreds of people there. Information about PDMP was included at all of these events and ADAA has directly supported the locals in implementing the meetings.

Dr. Herrera talked about the video on the registration page and noted that they have tied in information on treatment referrals and screening for addiction.

Dr. Mathias asked about the process of giving a prescription for naloxone in regard to checking the PDMP. Michael explained that the naloxone program that Dr. Mathias referenced came out of a bill that passed last year and created the Overdose Response Program. The main purpose of that bill was to allow “third parties” to get access to naloxone and administer it to someone who is overdosing. There are programs being set up at local health departments that are authorized to train people on how to recognize an opioid overdose and then administer naloxone. Those who have completed the training receive a certificate that legally authorizes them to receive a prescription from any physician or nurse practitioner in the state for the drug and get it dispensed to them as well.

Dr. Mathias mentioned that there is a standard template for the education for this certificate holder and what that should include. It may be worth considering including a blurb about the existence of the PDMP to the certificate holders because they presumably will be people who are in contact with patients or consumers who are getting controlled dangerous substances. Dr. Mathias will include PDMP information in the Worcester County trainings. Dr. Herrera will send sound bites and slides for Dr. Mathias to incorporate into her materials and in return receive feedback that could potentially be a best practice that we could share with the other local health departments.

Michael requested that Board members notify him if they are giving presentations about the PDMP so that this information can be included in grant reports to the Department of Justice.

IV. Closing: Michael noted that the next meeting will focus on changes to regulations and developing a process for unsolicited reporting.