MN Prescription Monitoring Program Advisory Task Force Meeting

Monday, September 29, 2014, 1:30pm-3:00pm

University Park Plaza, 2829 University Ave SE, Conference Room A, Minneapolis, MN 55414

Objectives:

Demonstration of MN PMP RxSentry

Reports from workgroups

ATTENDEES:

Committee Members

Present: Kevin Evenson, Connie Jacobs, Neal Benjamin, Alfred Anderson, Julie Sabo, Julia Wilson, David Thorson, Betty Johnson, Mary Benbenek, Michelle Aytay for Jeff Lindoo, Richard Neumeister, Carol Falkowski, Lindsey Thomas

Absent: Diane Rydrch, Connie Jacobs (excused), Michelle Shih-Ming Falk, Ruth Grendahl, Collin Arnett, Carmelo Cinqueonce

Board of Pharmacy Staff: Barbara A. Carter, Cody Wiberg, Judy Little

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I. Call to Order, Welcome & Introductions

- Overview of the objectives for today's meeting
- Introduction of Committee Members

II. Current PMP Activities

- Replacement of PMP Coordinator
- Status of new position

Interviews for both positions will be conducted during the period 9/30/14-10/8/14

III. Old Business

Action Items from 9/29/14 PMP-ATF meeting

1. Number of search warrants (during period 1/1/14-6/30/14) and from which agencies they are coming from?

229 Search warrants

Specific Agencies are unknown as a search warrant does not specify an agency, only the county of issuance.

Hennepin-205

Anoka-23

Wright-1

2. # of prescriptions that were in the database last year at this time vs. the number prescriptions that are in the database currently?

On 9/1/2013 6,816,699

On 9/1/2014 6,585406

6/2014 569,545 vs. 8/2014 800,460-substantial increase, may be due to reporting of tramadol and butalbital, along with removal of certain exemptions from reporting.

3. # of unique individuals currently in the database?

1,565,039

Comparable to year around this same timeframe

4. Volume of queries going through PMPi and where they are initiated?

Summary:

	July 2014	August 2014
Participating States	18	19
Queries from other states	14,699 with 1,218 matches	15,480 with 1,305 matches
Queries to other states	20,336 with 1,107 matches	31,699 with 1,228 matches

IV. Demonstration of the MN PMP RxSentry system

A demonstration in the use of the MN PMP RxSentry system was given.

Areas covered:

- Log in
- MN patient search& generating report
- Multi-state patient search& generating report
- Conducting a search for query activity-both own activity and delegate activity
- Conducting a Prescriber's Search by DEA query (shows prescriptions associated with the prescriber who is logged into the system)

V. Workgroup Activities

Task force members were provided several handouts that workgroup members provided during the workgroup meetings. None of these handouts was reviewed as they were provided as a courtesy to those not on the various workgroups.

- Reports from workgroups
    i. Required Use Workgroup
    Members: Carol Falkowski, Kevin Evenson, Jeff Lindoo, David Thorson, Betty Johnson, Rich Neumeister
    Several handouts were provided to the members at this meeting as well as after the meeting. These was much discussion during the meeting and

no consensus was reached as to whether or not there should be required/mandatory use of the MN PMP by prescribers and pharmacists. Recommendations varied and included:

1. Rather than mandatory use, guidelines should be developed by a multi-disciplinary group such as Institute for Clinical System Improvements (ICSI) and those guidelines should also include a quality measure to show how the guidelines are being used and how effective they are.
2. Some workgroup members were comfortable with mandatory checking in certain situations such as opioid prescriptions out of the ER or Urgent Care, all new opioid prescriptions from a new provider, or yearly for those on chronic scripts.
3. Some felt mandatory use should be required by both the prescriber and the pharmacist for all opioid prescriptions.
4. Some felt mandatory use should be required by both the prescriber and the pharmacist anytime a new prescription for any controlled substance is written.
5. Dr Thorson indicated that he was willing to bring back to MMA any ideas from the workgroup and thinks he could get support for selective mandates with the understanding that work towards a hardwired solution, like they have for drug/drug interactions, can be implemented within the next 3 years and that the HIPAA concerns (keeping a copy of the PMP information as part of the medical record) can be addressed.

This workgroup will meet again in October.

ii. Identification of Inappropriate Prescribing Workgroup
Members: Neal Benjamin, Julia Wilson, Alfred Anderson, Connie Jacobs, Julie Sabo and Rich Neumeister
There was much discussion during the workgroup meeting and the following are some initial ideas that need to be further discussed:

1. Communications with prescribers is important if we are to ensure there is no impact on appropriate prescribing. There may be a need to reeducate prescribers on controlled substance prescribing.
2. If the Boards are to have access to prescribing data there need to be good oversight to prevent "fishing expeditions" What triggers a request for data from the MN PMP? A bona fide complaint investigation.
3. The current process in place for investigating a complaint related to inappropriate prescribing is not expeditious; getting information from the PMP would move things along with resolution much sooner.
4. The workgroup has asked that additional information be collected from the Boards as follows:
    a. How necessary is it for the boards to have access to prescribing history?
        i. Would it assist in expediting the investigation process?

b. How many complaints related to overprescribing during the past 2 years?
    i. Of those complaints, how many were actually disciplined?
c. How important is it for the board to be able to access the prescriber's individual prescription history as part of an investigation (without requiring consent)?

5. It was recommended that we stay away from proactively searching the database to identify potential inappropriate prescribing patterns as it may cause a chilling effect on prescribing. Additionally, having prescription data alone and no supporting diagnosis information or detailed patient information makes it virtually impossible to determine, based on the PMP data alone, that the prescribing may be inappropriate. A representative from DHS spoke to the workgroup and indicated that DHS Medicaid patient database does reveal outliers and that if deemed appropriate will file a complaint with the board. Their data is much more comprehensive than the PMP data in that there are diagnosis codes and other medical information available to them.

It was pointed out that there are two states whose law states that they are "required" to report inappropriate prescribing to the board and in both cases, law enforcement as well. Those two states are MS and NV. Most other states "allow" the PMP to report to the boards.

The workgroup will meet again to refine its recommendations.

iii. Encouraging Access to Appropriate Treatment Workgroup
Members: Betty Johnson and Kevin Evenson
There was much discussion during the workgroup meeting and the following are some initial ideas as to how to encourage access to treatment using the PMP:

1. Education in how to recognize addiction
2. Add resources to the MN PMP website for both the practitioner and the patient, such as a link to the SAMSHA's Behavioral Health Treatment Services Locator.
3. Notification to all system users of the new updated resources pages
4. Encouraging practitioners to print off information for the patient or help the patient call to arrange for assistance.
5. Market the delegate account option to encourage system use.
6. Use of Screening, Brief Intervention and Referral to Treatment (SBIRT) as a means of early identification of substance abuse disorders

The workgroup will meet again to fine tune its recommendations.

VI. Next Steps, Announcements & Wrap-up

VII. Adjourn:

Meeting was adjourned at 3:45pm. Next meeting is scheduled for Tuesday, October 28, 2014.