

MN Prescription Monitoring Program Advisory Task Force Meeting
Tuesday, October 28, 2014, 1:30pm-3:00pm

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

Objectives:

Reports from workgroups
Recommendations for Report

ATTENDEES:

Committee Members

Present: Connie Jacobs, Neal Benjamin, Alfred Anderson, Julie Sabo, Julia Wilson, David Thorson, Betty Johnson, Jeff Lindoo, Richard Neumeister, Carol Falkowski, Anne Bracey for Lindsey Thomas

Absent: Diane Rydrch, Kevin Evenson (excused), Michelle Shih-Ming Falk, Mary Benbenek, Ruth Grendahl, Collin Arnett (excused), Carmelo Cinqueonce, Carol Falkowski (excused)

Board of Pharmacy Staff: Barbara Carter, Cody Wiberg, Katrina Howard & Melissa Winger

I. Call to Order, Welcome & Introductions

- Overview of the objectives for today's meeting
- Introduction of Committee Members
 - Introduction of New PMP Staff:
Katrina Howard, PharmD; PMP Pharmacist Consultant
Melissa Winger; PMP Coordinator

II. Old Business

- Review and approval of minutes from 9.29.2014

III. Workgroup Activities

Task force members were provided handouts with recommendations (located at end of minutes)

A. Reports from workgroups/Recommendations

Encouraging Access to Appropriate Treatment Workgroup

Members: Betty Johnson and Kevin Evenson

- i. Betty Johnson reported on behalf of the group. Much discussion regarding access by prescribers and whether they are "required" to access or they "can" access. Currently there allowable access is fairly restrictive and prescribers do not have to use the PMP. Ms. Johnson mentioned an example of OB-GYN provider not prescribing but wants to look to see if pregnant patient is taking controlled substance. David Thorson mentioned liability concern if they do access or they do not access, what immunity

would prescribers have. Richard Neumeister recommends prescribers should not have complete immunity.

- ii. Concern is whether this would be a standard of care to access on all patients.
- iii. Discussion on recommendation for using PMP website to post resources on drug treatment. Example from Massachusetts using a “one stop shop” that contains all state resources on substance abuse for professionals and consumers. For MN it would be recommended that another state agency build and administer this resource site but PMP would provide a link and vice versa.
- iv. Recommendation on unsolicited reports being sent to prescribers and pharmacies proactively identifying patients that meet certain criteria. Mr. Thorson raised a question about the report being part of the patients EHR. Recommended to wait until research is evaluated on the use of unsolicited reporting, Comment that this process needs to be done correctly to avoid adding barriers to access for patients that do need these medications.
- v. Recommendation on unsolicited reports being sent to patients. Much discussion on privacy regarding sending PHI through the mail, may not have correct address, and limited data on unique identifiers. Audience comment on you may identify a patient is already in treatment. Question on if there is evidence that unsolicited reporting to a patient leads them to seek treatment.
- vi. Mr. Neumeister states if the provider has unsolicited report then patient should as well. Consent should be obtained when accessing any data on the patient.

- B. Conclusion to Encouraging Access - specific language will be placed in report
- i. Prescribers should have access to PMP whether prescribing a controlled substance or of medical opinion that accessing would be beneficial for patient care, without consent. Additionally the ability to access should not be tied to standard of practice. Statutory language is already in place regarding immunity. Pharmacists should also have access without needing consent. 9 – agree 1- oppose based on lack of consent of patient.
 - ii. Resources on substance abuse should be provided on the PMP website, more marketing of the PMP and make information on the website available to patients. 10 – agree
 - iii. Unsolicited reporting to patients 1 – agree 9 – oppose
 - iv. Coordinated referral through central navigation system, with the possibility of regional walk in assessment centers that could coordinate with central navigation as needed.
 - Develop and implement a public facing dashboard

www.pmp.pharmacy.state.mn.us or by e-mail: Minnesota.pmp@state.mn.us

- v. Remove report language on mandated use as that is a part of another workgroup

C. Identification of Inappropriate Prescribing Workgroup

Members: Neal Benjamin, Julia Wilson, Alfred Anderson, Connie Jacobs, Julie Sabo and Rich Neumeister

- i. Julie Sabo reported on behalf of the workgroup. Recommendation that data be released to the licensing board that has a bona fide complaint investigation alleging a licensee is inappropriately prescribing a controlled substance. Much discussion on what may trigger a board to request data from PMP. Recommended that individual licensee boards develop their own criteria and not promulgated by rule. A comment about rule promulgation is very lengthy process that may take years. Comments also were brought up on setting criteria by individual boards would lead to many inconsistencies amongst prescribers.
- ii. Recommendation that if this is based on a rule then the Attorney General Office (AGO) would request the data from PMP. AGO would redact, at minimum, patient specific data.
 - Comments that redacted information would be difficult to use in an investigation.
 - Would not need to have AGO involvement in boards could request directly based on their own criteria. Comment that many times AGO is already involved.
 - Comment that patient info should be redacted if you do not have consent.
 - Workgroup recommends against proactively searching database for inappropriate prescribing.
 - Privacy issues – “information about patient should not be given to anyone without patient knowledge/ consent”
 - Complaints to license boards are not public information so patient information is kept confidential with the Board.
- iii. Conclusion to Inappropriate Prescribing –Specific language will be placed in report
 - Individual health licensing boards will be able to request PMP report if they have a bone fide complaint investigation. 9- Agree 1 Oppose as consent should be required.
 - Redact patient information 9 Oppose and 1 Agree

D. Required Use Workgroup

Members: Carol Falkowski, Kevin Evenson, Jeff Lindoo, David Thorson, Betty Johnson, Richard Neumeister

- i. Noted that workgroup was not unanimous in the recommendations presented.
- ii. Requiring use by enrollees who will be prescribing a controlled substance schedules II, III or IV.

1. Comments that this requirement is not enforceable
 2. Too much time needed in MD workflow to access the PMP
 3. Mr. Thorson believes that MMA would be against a universal mandate for use. A selective mandate may be acceptable.
 4. No state has full mandated use, there are exceptions.
 5. At least one individual felt that we need to start somewhere that there are legislators that feel a real need to mandate use.
- iii. Integration into EHR
1. MMA and others support integrating access to PMP data in the EHR.
 2. Concerns are that the PMP report may become part of the patient record, which may allow people to access that are not permitted to access. Change in legislation may be needed to address this issue.
 3. Integration may be costly and typically only enforced with legislation.
 4. Comment on not agreeing with an exemption for hospital prescribers in using the PMP. They do a lot of scheduled drug prescribing at discharge.
 5. Cody Wiberg raised concern on overall mandates that they are difficult to enforce and who is doing the enforcing. Currently no states have this mandate. And will this mandate reduce prescribing when it is appropriate or cause a chilling effect on prescribing. There is no solid data that PMP's in and of themselves reduce drug abuse. Addressing the issue of drug abuse is a multifaceted approach.
- iv. Conclusion to Required Use –Specific language will be placed in report.
1. Integration in EHR/HIE is supported and encouraged keeping patient privacy in mind when developing. – All vote Yes
 2. Recommendation to require enrollment to access the data in the MN PMP by every MN prescriber holding a DEA registration with the exception of Veterinarians. And require enrollment by all MN licensed Pharmacists. Unanimous Yes Vote
 3. No mandate requiring use of the PMP by prescribers and pharmacists; Vote 8 yes 1 oppose (1 member left before vote)
 4. Convene a multi-disciplinary group, meeting on neutral ground, to discuss and develop guidelines for use of the PMP by prescribers and pharmacist. In addition, include quality measures to show how the guidelines are being used and how effective they are in the fight against prescription drug abuse.
 5. It should be noted in the report that Carol Falkowski and Kevin Evenson have strong feelings on required use and although not

present at this meeting, would most likely have voted against not mandating some form of required use.

IV. Next Steps, Announcements & Wrap-up

V. Adjourn:

Meeting was adjourned at 4:45pm. Next meeting is scheduled for: Tuesday, November 25, 2014.