NH PDMP Advisory Council Meeting
March 19, 2018
OPLC/NH Board of Pharmacy

Meeting Minutes

Advisory Council Members Present :
David Strang, MD, Chair, NH Medical Society (NHMS)
Charles Albee, DMD, NH Board of Dental Examiners
Stephen Crawford, DVM, Board of Veterinary Medicine
David DePiero, NH Hospital Association (NHHA)
Kate Frey, New Futures
Sean Gill, NH Attorney General's Office, Dept. of Justice (DOJ)
Joseph Harding, NH Dept. of Health and Human Services (DHHS)
Eric Hirschfeld, D.D.S, NH Dental Society
Kitty Kidder, APRN Vice Chair, NH Board of Nursing (BON)
Michael Viggiano, RPh, State Pharmacy Associations
Candace White-Bouchard, NH Board of Pharmacy (BOP)

Advisory Council Members Absent:
Gil Fanciullo, MD, NH Board of Medicine (BOM)
Bradley Osgood, NH Police Chiefs' Association
Jonathan Stewart, Community Health Institute (CHI)

Also Attending:
Michelle Ricco Jonas, Manager, NH PDMP
Joanie Foss, Administrative Assistant, NH PDMP
Mike Bullek, Executive Director NH Board of Pharmacy
Jim Giglio, TTAC (by phone)
Pat Knue, TTAC (by phone)
James Potter, NH Medical Society (by phone)

The meeting began at 3:03 p.m.

- **Introductions**
  A roll call of the Council members was made. Those in the public gallery were introduced.

- **Review & Approve Minutes**
  February 12, 2018: D. Strang proposed that Old Business, item e, of the draft minutes be amended to state: "Per M. Ricco Jonas, investigation material can be turned over to law enforcement, as long as it does not include PDMP data." Motion to accept the amendment by C. Albee. Second by J. Harding. All in favor.

  Motion to accept the minutes as amended by C. Albee. Second by E. Hirschfeld. All in favor.

- **PDMP Performance Audit Plan (M. Ricco Jonas)**
  The last update presentation to the Fiscal Committee was Friday, March 16th. D. Strang spoke at the BOP meeting on Feb. 21, to update the Commissioners on progress made by the A.C. on the audit action items.

- **Sub-Committee Reports**
  Strategic Planning (D. Strang)
  The first meeting between D. Strang, C. White-Bouchard and M. Ricco Jonas was held on Mon., March 12th. The "to-do list" was reviewed to become familiar with what the Sub-Committee was primarily responsible for and those items that it was asked for secondary input. D. Strang asked all of the Sub-Committees to pay special attention to those items that required input from multiple Sub-Committees (i.e. primary, secondary input) and to try to address those items first, in order to allow a timely response from all to the Fiscal Committee. Also, some discussion took place regarding the larger Strategic Planning Session that is planned for this summer.

  Policy & Procedures (M. Viggiano)
  The first meeting was held on February 28, 2018. The following items were discussed:

  1. Review of the Audit Plan Worksheet:
  A review for the purpose of discussing observations, recommendations, assignments with primary and secondary responsibilities, action items and due dates.

  2. Identify Clinical Threshold Alerts:
  With input from other states, review daily MMEs, opioid and benzodiazepine thresholds, etc.

  3. Delegate and Supervisor Review
  Review the yearly activation/deactivation of delegates, etc. What will be the policy here?

  4. Miscellaneous discussion
  - A timeline was developed as a result of the audit. P&P SC will adhere to early dates first and those critical items that need to be promptly addressed.

  - This Sub-Committee has its primary assignments highlighted in purple on the audit task list and is aware of secondary assignments.

  5. Recommendations

  - Different pharmacies within a shared database would be different pharmacies (e.g. 3 separate Walgreens would technically be 3 different pharmacies).

  - Different providers within the same practice would be one (the same) provider.

  - Threshold for an alert would be 3 providers and 3 pharmacies within a rolling 90-day period. Providers would receive alerts on their dashboard. A second rolling event would trigger appropriate Board notification (see Clinical Alerts/Threshold Reports handout).

Education Reports

These suggested reports (future enhancements) would not be clinical determinations, but rather used as educational tools:

- MME (morphine milligram equivalents) daily threshold. NH currently has 100 MME in statute and rules.
  - Patients over 100 MME/day over 90 days, need to be considered for or referred to a pain management specialist. Needs documentation.

- What combined Opioid/Benzodiazepine thresholds should we consider?

- Should there be a Methadone threshold?

- Should we consider an opioid consecutive days' limit?

- What is considered over prescribing? How does insurance/cash pay play into this?

- What are considered early refills? How does insurance/cash pay play into this?

- Relative to further investigation, what would the BOP consider worrisome enough for them to provide information to prescribers in question? What are reportable thresholds and what feedback is provided back to the A.C. re: discipline from the Boards after a report is made?

- Timeframe for reportable data would be 90 days.

A second meeting was held earlier today. As a result of that meeting, M. Ricco Jonas circulated a handout outlining language for the following four (4) audit topics:

"The Council Shall....."

1. *Develop criteria for reviewing the prescribing and dispensing information collected.*
   a. Review of prescribing information, what are the criteria?
   b. Review of the dispensing information, what are the criteria?

   For the purposes of the PDMP, these are one the same. If a physician writes for 60 doses, and a patient only receives 30 due to personal preference, insurance, etc. does this change the criteria?

2. Develop criteria for reporting matters to the applicable health care regulatory board for further investigation.

   a. What would be a matter reportable to a (licensing) board for further investigation?

      Issues would include non-compliance with registration and with querying the PDMP

prior to prescribing opiates. Discussion ensued re: what will/should licensing boards do with information about licensees who haven't registered.

3. Develop criteria for notifying practitioners of their patients who are engaged in obtaining controlled substances from multiple prescribers or dispensers.

Discussion of continuing with the current language of X providers ***AND*** Y dispensers versus X providers ***OR*** Y dispensers. Should we use AND versus OR?

4. Collect information on the outcomes and impact of the Program, including satisfaction of the users of the Program, impact on prescribing patterns, impact on referrals to regulatory boards and other relevant measures.

a. Define "prescribing patterns."
b. What other relevant measures can show outcomes?
c. Should there be a specific policy around combined opioid/benzodiazepine prescribing?
d. Should these patterns and/or outcomes be broken down by specialty?
e. Should there be an educational focus on this item? Since the NHMS is responsible for tracking CEUs, can PDMP "goals" be targeted to them?

J. Potter disagreed with the following: "If you hold a NH-based DEA license, yet don't prescribe opiates, that you still ***HAVE*** to register with the PDMP." Discussion and disagreement ensued. D. Strang mentioned that many providers have a physician's license yet may not be practicing, but the Medical Society would not excuse them from the mandatory CEUs that must be completed every 2 years. J. Potter agreed to discuss this further with D. Strang outside of the meeting.

Mike Bullek mentioned that currently, the BOP is devoid of policy and procedures.

Data/Evaluation (J. Harding)
The first meeting was held on March 14, 2018. They are primarily concerned with proof of effectiveness of the Program.

- Their focus is on using de-identified data to demonstrate the effectiveness of the PDMP, e.g. is there a decrease in opiate Rxs, are MMEs/Rx down, etc.?

- Also, can we show how data can direct policy and services based on identified risk factors, when and where intervention can occur, and coordinate with other public health services. Once risk factors in the population are identified, how do we better direct resources?

  J. Harding and M. Ricco Jonas also met with the Medical Examiner's (ME) office to see what other data they feel is needed. For example:
  - Are top prescribers an issue?
  - Are there patterns developing?
  - Can the data address certain disorders?

- Can we do predictive analysis based upon combined ME and PDMP data?

M. Bullek indicated that certain legislators are very interested in better access for law enforcement. This directly applies to the ME's office as they are part of the DOJ.

D. Strang suggested a survey to providers asking if they are prescribing fewer opioids than last year and have they changed their prescribing habits based upon PDMP usage. This way, we would have an irrefutable link between PDMP usage and prescribing patterns. He also asked M. Ricco Jonas to update the A.C. on his request to APPRISS (from the January meeting with them) on the top 5 reports that other states are using to show PDMP effectiveness in their state (see her handout). All of the reports on this list would have an additional cost (i.e. not included in our base contract). Once we have an analyst, we may be able to run these reports ourselves (at no additional cost). D. DePiero suggested that we ask certain states how are they using their data and why do they find a specific report beneficial? Discussion ensued re: thresholds, etc.

S. Crawford mentioned that, based on statutory language, he did not think the A.C. had a "defined purpose." Discussion ensued. Although State RSA states the purpose of the A.C. is "to assist the board (of pharmacy) in carrying out its duties...,(regarding the PDMP)" the language could be more specific.

M. Bullek replied that one of the State Representatives wanted to link PDMP performance to a reduction in opioid-related deaths in New Hampshire. We now have our own legislative fiscal oversight group that will determine what reports they want for themselves. He stated that legislators want to see outcomes. How does the PDMP data "link up" with deaths from "street opiate drugs?" Is there an inverse correlation between a reduction in Rx opiates and deaths from heroin and fentanyl for example.

Legislation/Rules (K. Frey)

The first meeting was held on Friday, March 16. K. Frey was unable to chair the entire meeting. Members felt that some of their primary tasks may be not part of the process at this time. Discussion ensued around the need for a broader strategic plan before proceeding with many of their audit plan items.

- **New Business**

M. Ricco Jonas stated the Fiscal Committee approved the amended budget.

Our vendor contract with APPRISS will be renewed. Per OPLC, the contract will not be sent out to bid as APPRISS just recently became our vendor in July 2017 (by virtue of their acquiring our old vendor, HID). In addition, there are no other vendors that would qualify to submit a bid, based on the number of years of business experience required.

- **Old Business**

SB573 has passed the Senate Finance Committee. It will be voted on in the House on March 22nd. If it passes, it will give us the second part of the revenue needed to fund the Program (the 5% of fees collected by the State's licensing boards). The remaining portion (increased fees on out-of-state pharmacies) is working its way thru JLCAR.

C. Albee mentioned that, of late, there has been minimal attendance at our meetings from the BOM. This is discouraging as they are the one professional board with the largest number of licensees in the State. D. Strang will address this with Emily Baker at the BOM.

There was discussion around adding more members to the A.C. (i.e. podiatry, optometry, naturopaths, etc.). D. Strang advised caution re: adding more members from small groups that may not have the members or interest to assure regular attendance, as it will negatively effect our ability to achieve a quorum at our meetings.

- **Items of Interest**
  None brought forward

- **Next Meeting**
  Date/Time: April 16, 2018; 3:00 p.m.
  Location: Office of Professional Licensure and Certification

- **Adjournment**
  Motion to adjourn at 4:27 p.m. by C. Albee. Second by D. DePiero. All in favor.

Respectfully submitted,

David E. Strang, MD
Chairman