

NH PRESCRIPTION DRUG MONITORING PROGRAM NH PDMP



**New Hampshire Controlled Drug Prescription
Health and Safety Program RSA 318-B 31-38**

ANNUAL REPORT July 1, 2019 – June 30, 2020



NH PRESCRIPTION DRUG
MONITORING PROGRAM



DATA NOTES

Data shown use the following designed criteria:

State fiscal years are July 1 thru the following June 30th. For example, the fourth quarter of state fiscal year 2020 is April 1, 2020 thru June 30, 2020.


1. The information in the PDMP comes from pharmacies. By law, all pharmacies in New Hampshire, including veterinarians, are required to report the controlled substances they dispense.
2. Unless otherwise specified, opioid drugs used for medication-assisted treatment of substance use disorder are not included.
3. The data include only patients with NH addresses.
4. The data include only pharmacies licensed in NH (includes mail order pharmacies)
5. Unless otherwise specified, data is for prescribers with NH DEA numbers. There is one slide for out of state prescribers.
6. The type of prescriptions counted are those dispensed in units of “Each”. Those include tablets, capsules, etc. No liquids or powders. Liquids and powders have been shown to be reported inaccurately. For example, one bottle is reported as dispensed when only a few grams or milliliters was actually dispensed. The inaccuracy skews Morphine Milligram Equivalent (MME), defined further on.
7. There is no slide for data by gender. Gender has not been a required data element to be submitted. Fifteen percent of prescriptions do not have a gender specified.
8. The data for the fourth quarter of state fiscal year 2020, April 1, 2020 thru June 30, 2020 may show a larger variation than might be expected. We attribute this to COVID-19 situations where provider offices may have been closed (dental for example) or may have had reduced staff and/or reduced patients.
9. This symbol  appears where data may have been impacted by COVID-19 socio-economic conditions.



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PDMP under the Office of Professional Licensure and Certification as of September 2019 (as of June 30, 2020)

STAFF	
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PDMP Advisory Council on 6/30/2020

Affiliation	Name
Medical Society	David Strang, MD (Chair)
Board of Dental Examiners	VACANT
Board of Medicine	Dan Potenza, MD
Board of Nursing	Gene Harkless, APRN
Board of Pharmacy	Nicole Harrington, RPH
Board of Veterinary Medicine	Steve Crawford, DVM
APRN Society	Donna Roe, APRN
Dental Society	VACANT
NH Hospital Association	David DePiero, RPH
Pharmacy Society	Michael Viggiano, RPH
Police Chief Association	Chief Bradley Osgood
NH Veterinary Medical Association	Claire Timbas, DVM
Attorney General	Thomas Worboys, Esq.
Department of Health and Human Services	Joseph Harding, MSW
Governor's Commission on Alcohol and Drug (public)	Anika Stanley-Smith
Governor's Commission on Alcohol and Drug (public)	Kate Frey
NH Senate	Bob Giuda, Senator
NH House of Representatives	Richard Osbourne, Rep.
NH House of Representatives	Joseph Guthrie, Rep.



Abbreviations

Abbreviation	Definition
CNS	Central Nervous System
CS	Controlled Substance: drugs with potential for misuse
DEA	Drug Enforcement Administration
DO	Doctor of Osteopathy
DPM	Doctor of Podiatric Medicine
HID	Health Information Designs, Inc.
MAT	Medication Assisted Therapy
MD	Medical Doctor
MME	Morphine Milligram Equivalent – see Appendix
ND	Naturopathic Doctor
NH	New Hampshire
NP	Nurse Practitioner (nurse with prescribing privileges)
PA	Physician Assistant
PDMP	Prescription Drug Monitoring Program
QTY	Quantity: for unit quantity of tablets, pills, etc. in a prescription. Not included are liquids, syrups, powders, etc..
Res	Medical Resident
RPh	Pharmacist
RX	Prescription
SAMSHA	Substance Abuse and Mental Health Services Association
SCH	Schedule: as in DEA Scheduled Drug
SFY	State Fiscal Year (July 1 thru the following June 30)



Executive Summary

This annual report to the Senate President, the Speaker of the House, the Health and Human Services Oversight Committee, the PDMP Advisory Council and the participating licensing boards presents information and performance metrics relevant to the operation of the Prescription Drug Monitoring Program (PDMP).

In December 2017, a State legislative audit was conducted of the New Hampshire Prescription Drug Monitoring Program (NH PDMP) and the NH Board of Pharmacy. The audit covered the period from the passing of SB 286 in 2012 through State fiscal year 2017. The audit resulted in a total of 18 findings specifically directed to the implementation and operation of the NH PDMP. The NH Board of Pharmacy was responsible for addressing the audit and, with the assistance of the NH PDMP Advisory Council, the NH Board of Pharmacy submitted a plan to the Office of Legislative Budget Assistance that addressed each of the findings. A strategic plan process in June 2018 provided a powerful roadmap that aligned and navigated efforts in pursuit of an impactful and inspiring mission. A goal-driven strategic plan was developed by a diverse network of statewide stakeholders. The directed outcome was a response to the legislature and the creation of a strategic plan that incorporated all of the findings and how they would be addressed. In July 2019, the strategic plan was approved by both the PDMP Advisory Council and the NH Board of Pharmacy.

Mission of the PDMP

Promote the quality of patient care and appropriate use of controlled substances for legitimate medical purposes, including deterrence of misuse and diversion of schedule II-IV controlled substances by:

- Inclusion of more accurate and complete data tracking of opioids and other scheduled drug prescriptions.
- Helping prescribers and pharmacists make safe prescribing and dispensing decisions.
- Improving the identification and education of high risk indicators (e.g. overdose and substance use disorders).

PDMP's Strategic Goals

- Provide an easy and accurate tool that improves prescribing and dispensing decisions.
- Develop advanced analytics to improve patient outcomes.
- Support initiatives through a multi-disciplinary leadership collaborative.



Executive Summary

PDMP Funding:

With the inception of the NH PDMP in 2014, there was an initial operating budget of approximately \$200,000, annually through the receipt of 100% federal funding. Six years later with successful fiscal stewardship of the NH PDMP staff, the NH PDMP will be in receipt of the following collective award funding starting in SFY 2020:

Source of Funds	TOTAL Funding Amount
Agency Fees	\$263,185
Bureau of Justice Administration (BJA) (awarded grant)	\$722,137
Center of Disease Control (CDC) (awarded grant)*	\$2,295,933
Health Resources & Services Administration (HRSA) (awarded grant)	\$60,000

*With a Memorandum of Understanding in place with NH DHHS and the NH Department of Justice, the PDMP is able to accept funds from the CDC grant and the Bureau of Justice grant. In SFY 2020 the combined funding covers two of the existing staff positions (e.g. program manager and administrative assistant), as well as allowing the PDMP to hire two of the three proposed positions (e.g. Health Systems Coordinator and PDMP Data Auditor). OPLC continues to fund the PDMP analyst position. PDMP also anticipates such funds will support improvements and additional developments of the PDMP database to increase utilization and data collection and analysis.

PDMP Registration:

The NH PDMP worked with its vendor, APPRISS to implement a semi-automated registration process, with the ultimate goal of achieving a fully automated registration system with auditing functions. Until the fully automated registration is finalized, PDMP staff will continue a manual auditing process to inform the regulatory boards on the status of their licenses registration with the NH PDMP, which is required by law.

By the end of SFY 2020 the following had occurred:

- 10,044 of New Hampshire-licensed controlled substance prescribers had a PDMP account.
- 4,754 delegates had a PDMP account.
- The total number of accounts increased 6% from SFY 2019 to SFY 2020. (only increased 3% from SFY 2018 to SFY 2019)
- Patient Information Requests increased 14%.
- Overall, 40% of all registered users were actively utilizing the PDMP, compared to only 33% in SFY 2019.
- 26% of registered users are delegates, who made 51% of the queries on behalf of their supervising practitioners.



Executive Summary

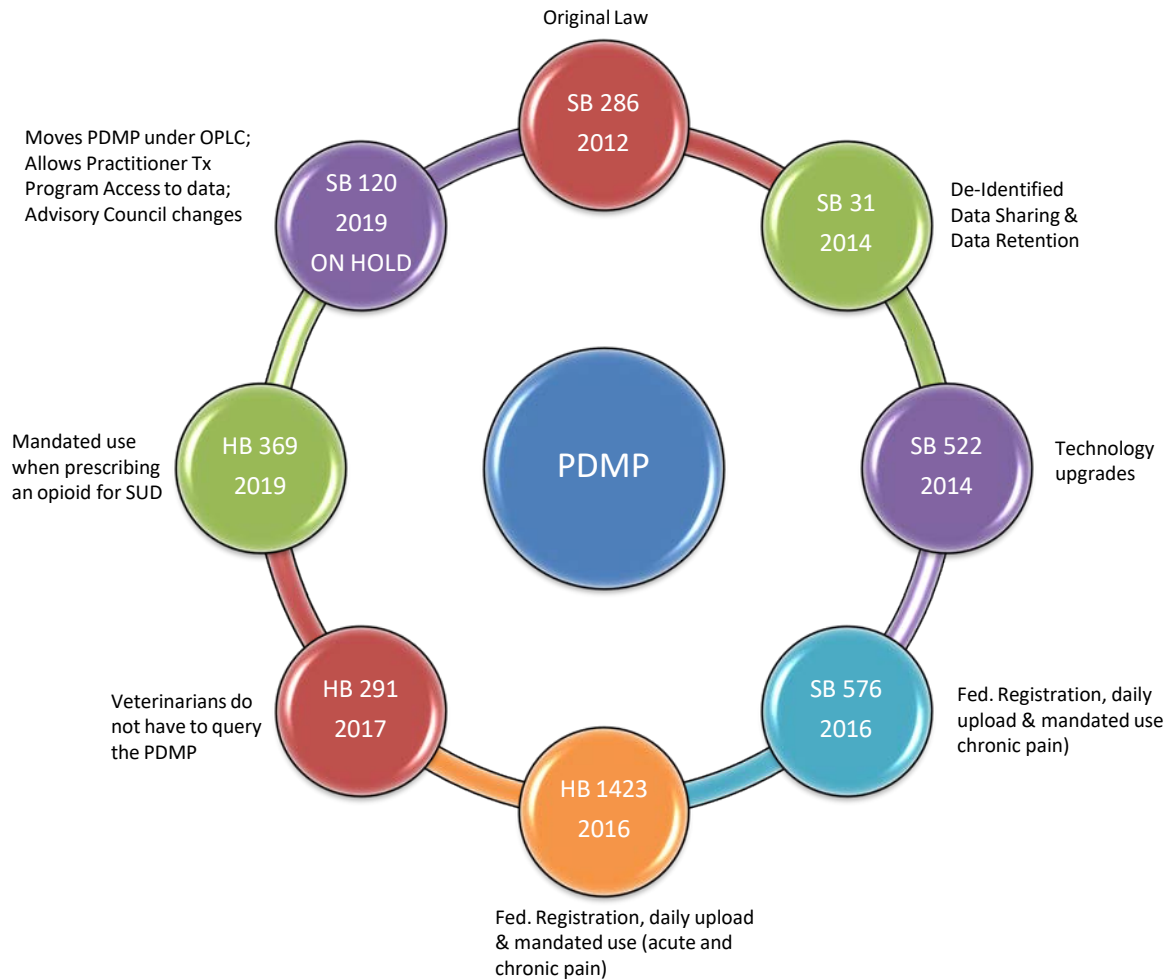
PDMP Utilization:

PDMP registered users and queries increased in 2020. For most user roles the number of active users increased. This data includes prescribers, pharmacists and both their delegates.

- The PDMP received over 1,030,000 unique patient queries in SFY 2020, a **14% increase** over SFY 2019.
- Except for prescriber delegates, the counts of searches and persons doing the searches decreased for all roles. Veterinarians are not required to make queries.
- **The number of overall active users increased by 3%.**
- Any decrease in the number of active users by discipline is due to the removal of inactive or incomplete registrations.
- In SFY 2020, delegates made the most queries, over 500,000. That volume represents 51% of all queries.
- Increasing access and system use will remain a high priority for the program in SFY 2021.
- The PDMP will continue to work with partners to leverage prescription data to improve the health of New Hampshire residents.



History of PDMP Legislation



PDMP REGISTRATION

Registered Users by Role

PDMP registration is available to health care practitioners (prescribers and pharmacists) licensed in New Hampshire, the NH state medical examiner, and the federal veteran administrative facilities in New Hampshire, Maine, Vermont and Massachusetts. Users may delegate PDMP access authority to other health care, pharmacy or medical examiner staff. Delegates may be unlicensed staff.

User Role	SFY 2019 Registered Users	SFY 2020 Registered Users	SFY 2019 to 2020 Pct change
Physician (MD, PA, DO, Res, COVID)	6,043	5,926	-1.9%
Prescriber Delegates	3,851	4,679	21.5%
Pharmacists	3,054	3,280	7.4%
Pharmacists Delegates	70	75	7.1%
Nurse Practitioner / Clinical Nurse Specialist	2,268	2,478	9.3%
Dentist	987	933	-5.5%
Naturopathic Phys/Optomtrist/Podiatrist	347	363	4.6%
Veterinarian	326	344	5.5%
Totals	16,946	18,078	6.7%

At the close of SFY 2020, there were over 18,000 PDMP accounts. The program continues with registration audits during SFY 2020. This registration audit to date has been completed for the Board of Dental Examiners, and the Board of Pharmacy for pharmacists and pharmacies, Physician Assistants and currently APRNs. The PDMP initiated a new automated registration process with our vendor, APPRISS. And while the automated system is being finalized, the PDMP will continue registration audits to determine registration completeness with all the other participating Boards. Accounts with no activity, and account holders whose licensure indicates they no longer practice in NH, continue to be de-activated.

**Delegates are allowed to register under a prescriber or pharmacist supervision. Delegates are permitted to query patients on behalf of prescribers and pharmacists, with the expectation that they pass the information along.

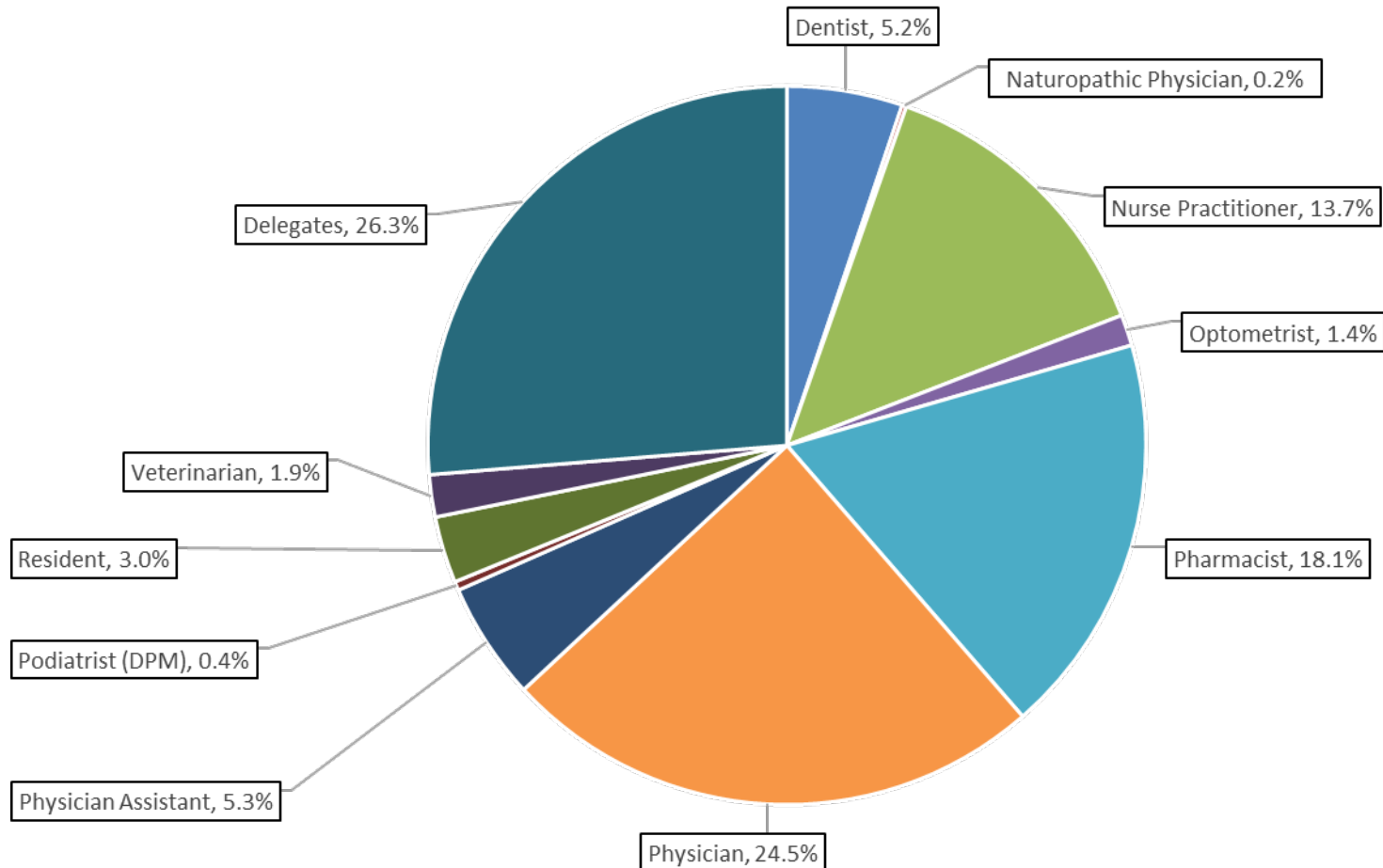
Note: SB 286, passed in 2012, mandated registration for all prescribers licensed to practice in New Hampshire who possess a DEA number associated with a facility in New Hampshire, as well as all pharmacists licensed in NH. An on-going challenge is the inability for the NH regulatory boards to collect their licensees DEA numbers with their renewal applications. Because of this challenge, the PDMP cannot report to the regulatory boards the number/percentage of licensees that are/are not registered with NH PDMP.



PDMP REGISTRATION

Registered Users by Discipline

This chart shows that delegates now comprise the highest percentage of registered users (last year it was physicians). They also represent the highest percentage of utilizers, as shown on the next slide.



PDMP UTILIZATION

Patient queries by expanded user roles

PDMP patient queries increased by 14% between SFY 2019 and SFY 2020. There were decreases for physicians, dentists, and veterinarians. The physician and dentist decreases are likely attributable to the delegates doing the queries. Veterinarians are not required to make queries. Administration staff make queries based on requests for reports.

User Role	SFY 2019 Patient queries	SFY 2020 Patient queries	% Change SFY 2019 - 2020
Admin	19	8	-58%
COVID19 Prescriber Out of State	N/A	35	N/A
Dentist	20,406	14,956	-27%
Medical Examiner - Delegate	581	778	34%
Medical Examiner/Coroner	59	80	36%
Medical Resident with Prescriptive Authority	5,018	5,515	10%
Naturopathic Physician	49	18	-63%
Nurse Practitioner / Clinical Nurse Specialist	66,908	66,545	-1%
Optometrist	1	2	100%
Pharmacist	268,641	316,836	18%
Pharmacist's Delegate - Licensed	5,469	4,885	-11%
Pharmacist's Delegate - Unlicensed	867	1,051	21%
Physician (MD, DO)	79,103	76,462	-3%
Physician Assistant	25,332	22,319	-12%
Podiatrist (DPM)	1,429	1,207	-16%
Prescriber Delegate - Licensed	140,262	137,031	-2%
Prescriber Delegate - Unlicensed	290,804	385,588	33%
VA Dispenser	53	0	-100%
VA Prescriber	25	72	188%
Veterinarian	81	9	-89%
Totals	905,107	1,033,397	14%

Note: In January 2017, the mandate to query the PDMP when treating and managing a patient's pain with opioids, went into effect.

PDMP UTILIZATION

Count of distinct users making patient queries

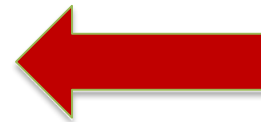
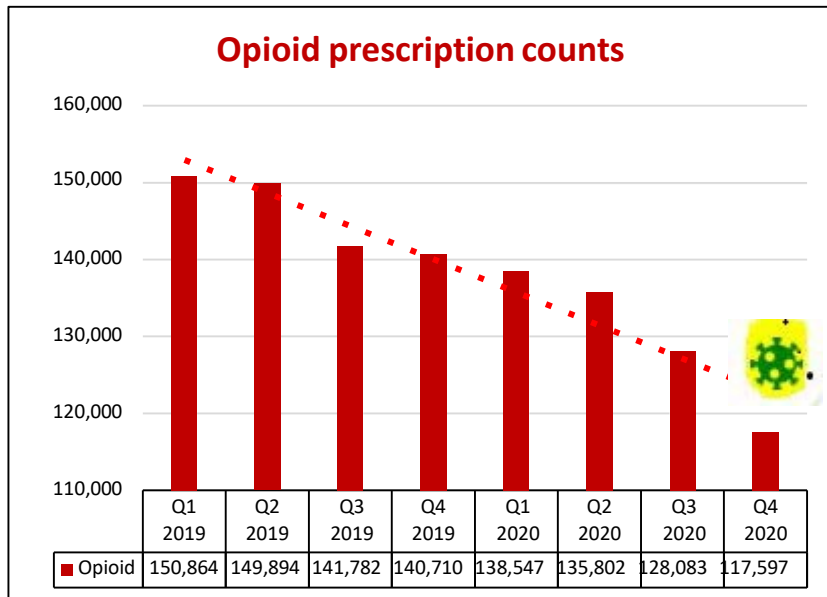
Overall, the number of active PDMP users increased by 3% from SFY 2019 to SFY 2020. The largest increase, by count, was for delegates, followed by nurse practitioners/clinical nurse specialists.

User Role	Count of users making patient queries SFY 2019	Count of users making patient queries SFY 2020	Percent Change SFY 2019 to SFY 2020
Admin	2	2	0
COVID19 Prescriber Out of State	N/A	4	N/A
Dentist	325	265	-23%
Medical Examiner - Delegate	1	1	0%
Medical Examiner/Coroner	2	2	0%
Medical Resident with Prescriptive Authority	189	215	12%
Naturopathic Physician	4	6	33%
Nurse Practitioner / Clinical Nurse Specialist	862	921	6%
Optometrist	1	1	0%
Pharmacist	1,029	1,071	4%
Pharmacist's Delegate - Licensed	17	29	41%
Pharmacist's Delegate - Unlicensed	10	10	0%
Physician (MD, DO)	1,563	1,511	-3%
Physician Assistant	548	582	6%
Podiatrist (DPM)	26	30	13%
Prescriber Delegate - Licensed	865	897	4%
Prescriber Delegate - Unlicensed	1,331	1,424	7%
VA Dispenser	1	1	0%
VA Prescriber	4	4	0%
Veterinarian	8	4	-100%
Totals	6,786	6,980	3%



Controlled Prescription Drug Use in New Hampshire

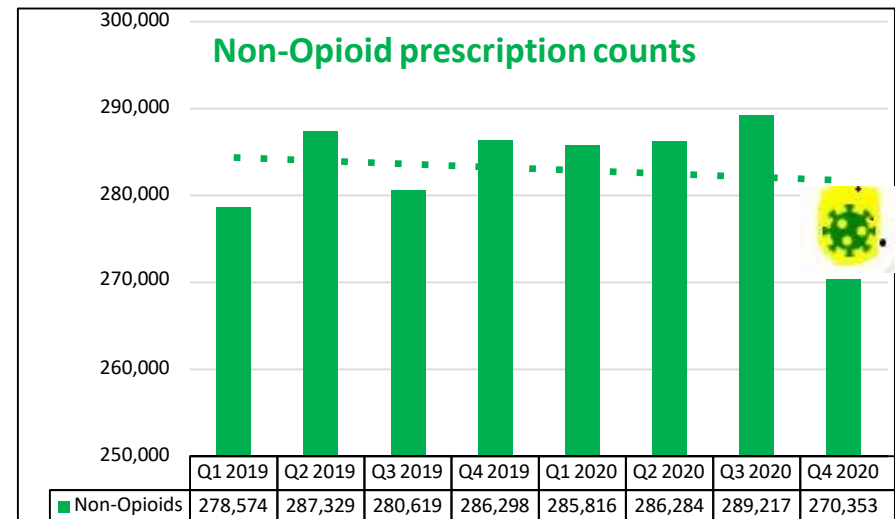
Comparison of Prescription Counts of Opioids to Non-Opioids



Opioid RX quarterly counts show a decline over the two state fiscal years. Therefore the decrease in total RX (shown previously) is driven almost entirely by a decrease in opioid RX.



Except for SFY 2020 Q4 (see previous COVID-19 note) non-opioid RX counts show a variation of less than 9,000 quarter to quarter. The trend line over two years is essentially flat.

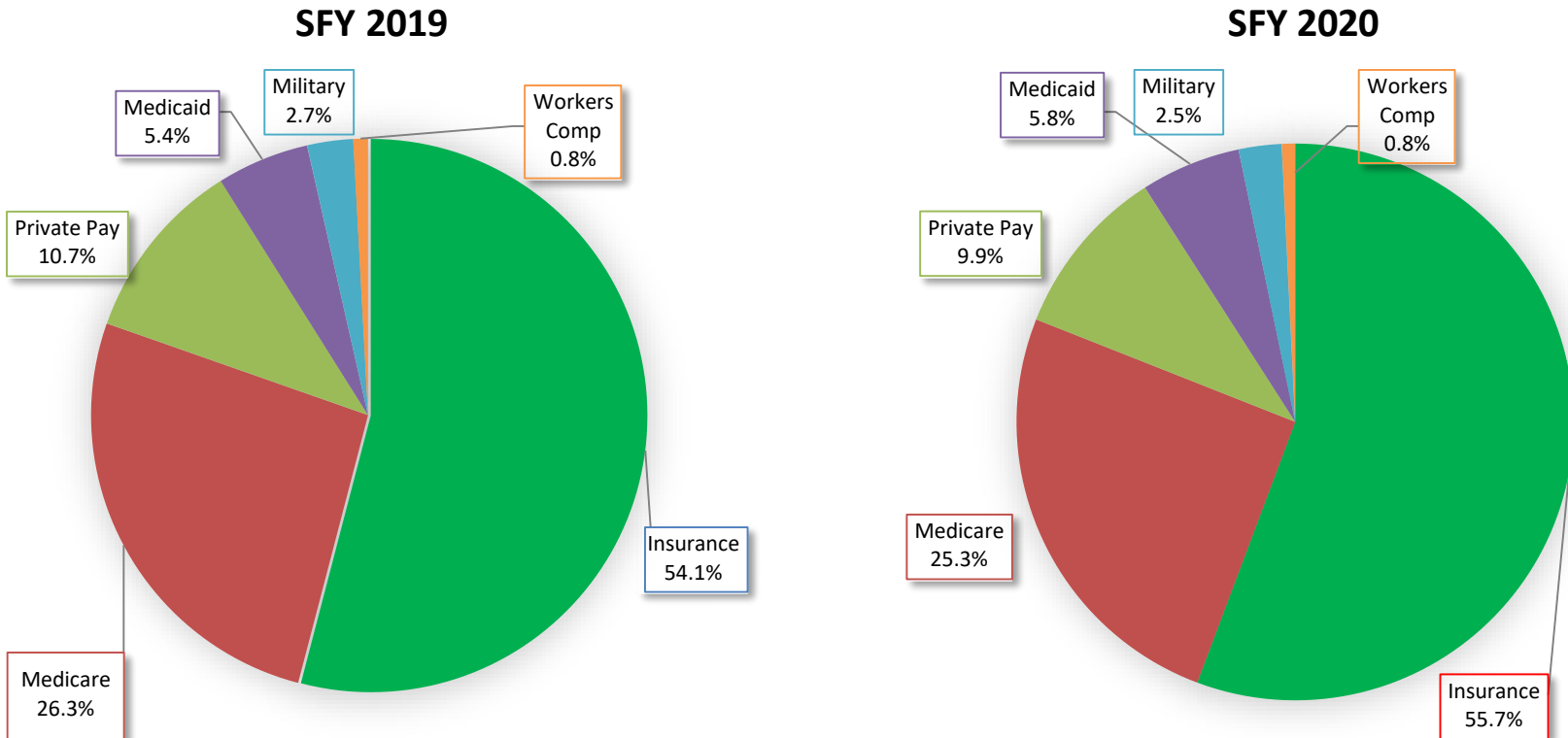


Controlled Prescription Drug Use in New Hampshire

Payment Type: Opioids only

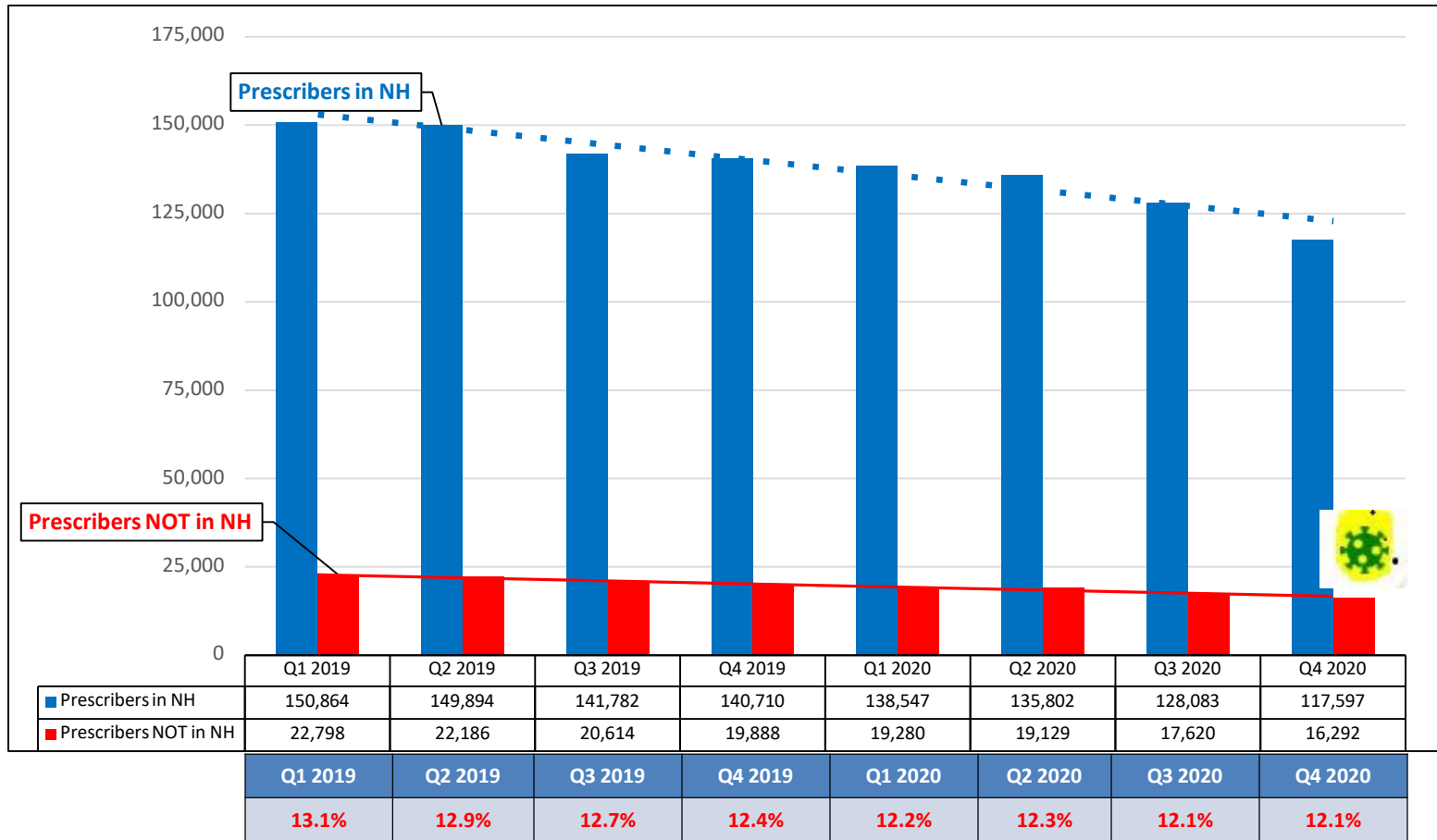
The variations from one year to the next are not substantial. The percentage of insurance payments (**green**) shows the largest increase from SFY 2019 to SFY 2020. The percentage of private pay (cash) decreased from SFY 2019 to SFY 2020.

The use of cash discount cards is included in insurance percentages.



Controlled Prescription Drug Use in New Hampshire

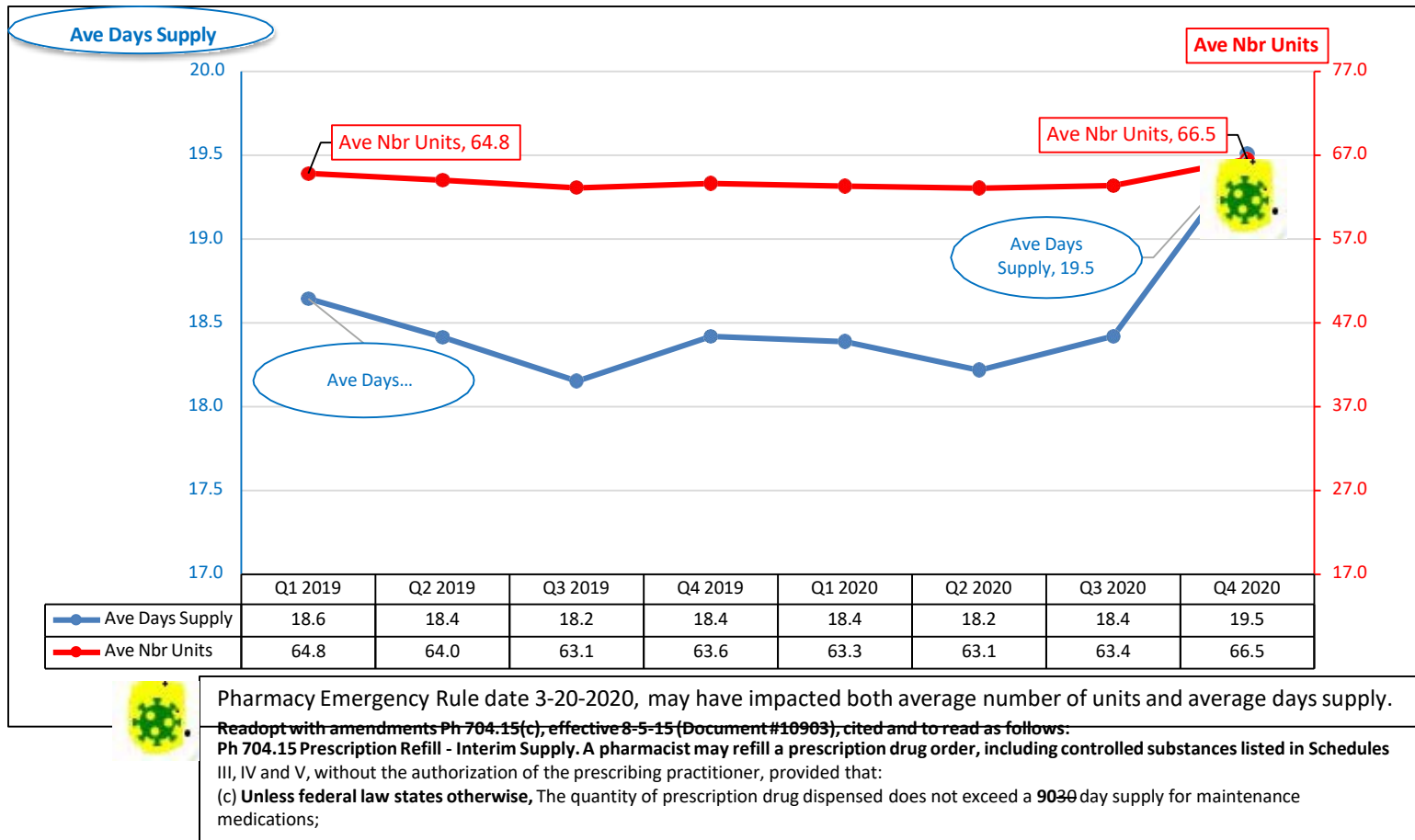
Count prescriptions for Opioids only – The chart shows how “Out of state prescribers” influence opioid pain treatment for NH residents. The chart compares opioids prescription counts, prescribed by NH prescribers to those prescribed by non-NH prescribers. The chart shows that while the count of opioid prescriptions has declined, the percentage of prescriptions from out of state prescribers (table below chart) has declined more slowly. The percent of prescribers without NH addresses, but in the border states of ME, MA & VT in SFY 2019 was 82% and SFY 2020 was 85%.



Controlled Prescription Drug Use in New Hampshire

Opioids only - Average Days Supply and Average Number of Units per Prescription

The Pharmacy Emergency Rule cited below the chart is the most likely contributor to the increase in days' supply.

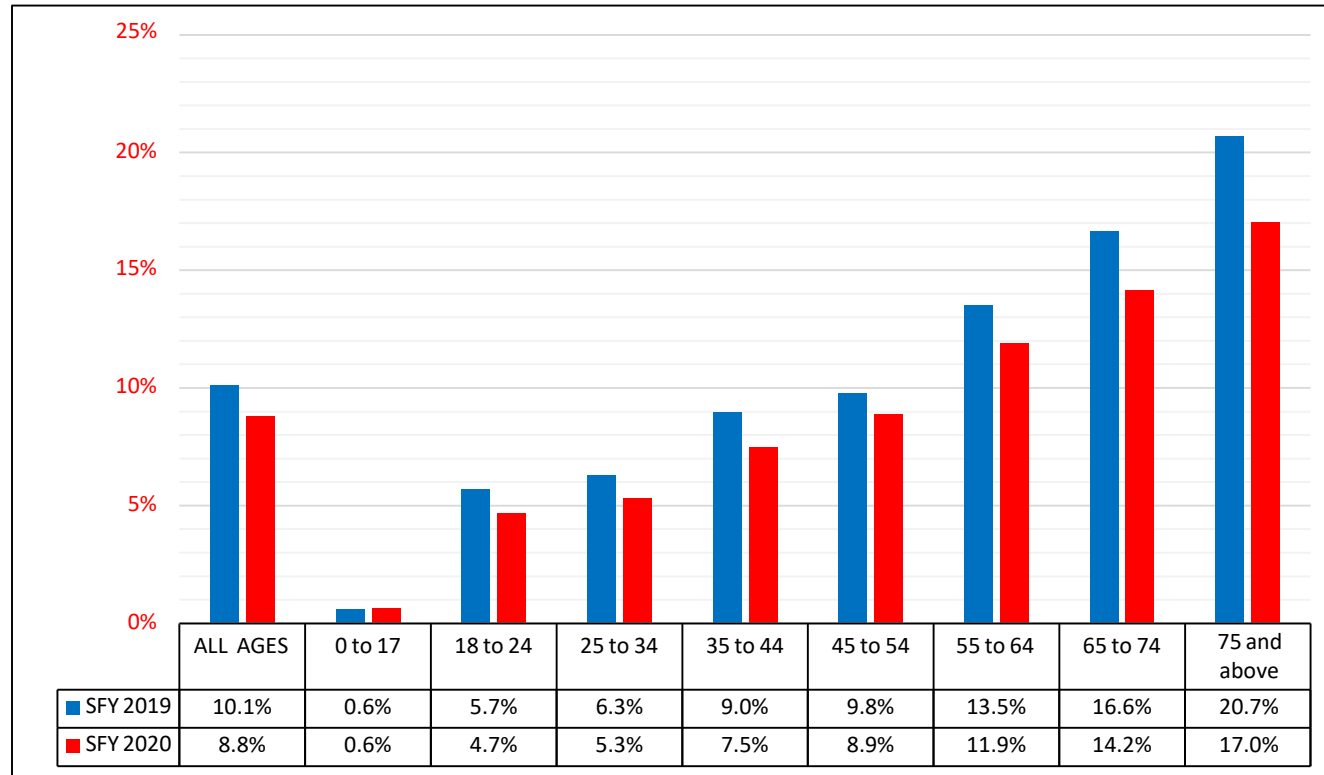


Controlled Prescription Drug Use in New Hampshire by Age

The percentage of the population filling prescription opioids by age range.

Calculated as the number of distinct persons filling opioid prescriptions divided by the population in that age group.

(Population data from (<http://mcdc.missouri.edu/applications/population/by-age/report.php?s=33&y=2019&d=&a=5b> accessed 8/2020).



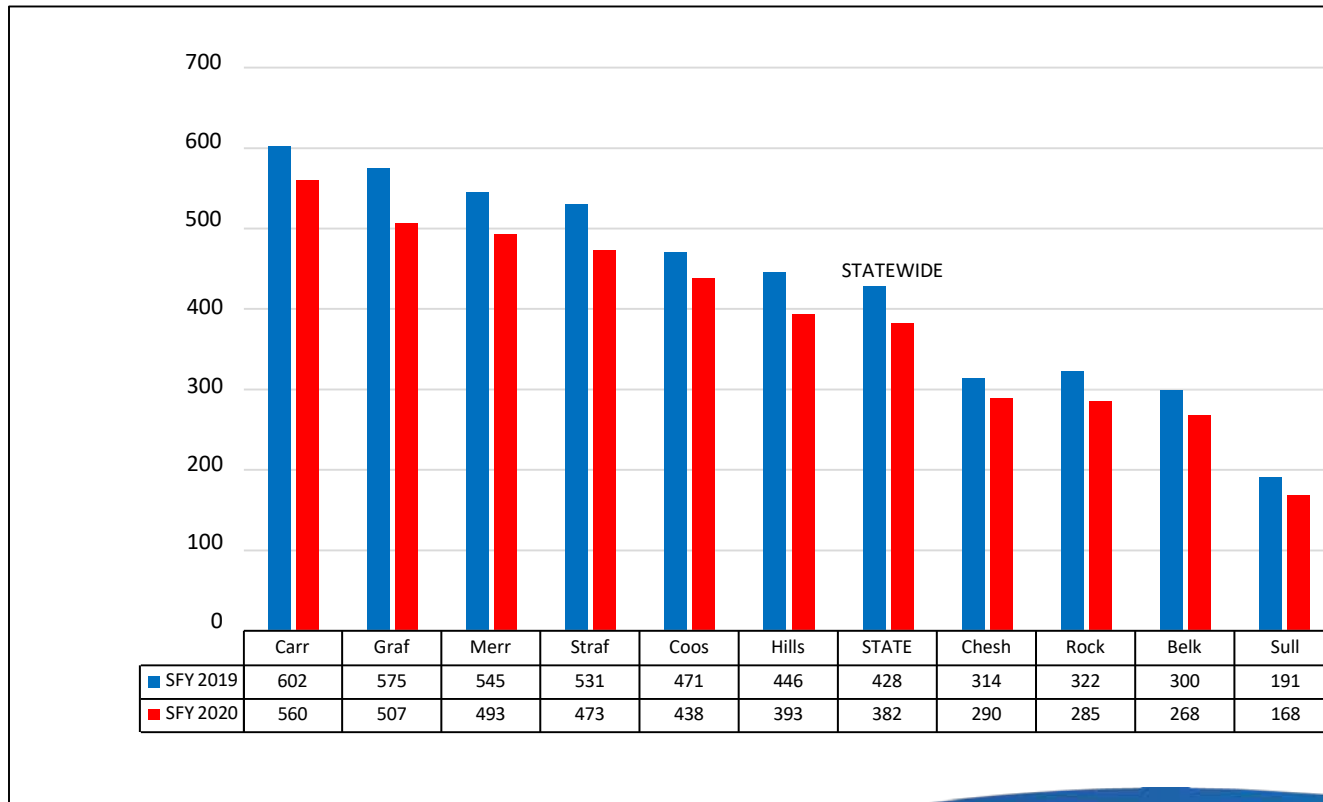
Except for the zero to 17 age group remaining the same, the percentage of the population filling an opioid prescription declined from SFY 2019 to SFY 2020. This follows the decline in the count of opioid prescriptions.

Controlled Prescription Drug Use in New Hampshire

Opioid prescriptions by county

The chart shows the rate of opioid prescriptions per one thousand residents in each county. That rate is declining in each county. The same 6 counties are above the statewide rate for each SFY, and the same 4 counties are below the statewide rate.

(Population data from <http://mcdc.missouri.edu/applications/population/by-age/report.php?s=33&y=2019&d=&a=5b> accessed 8/2020).

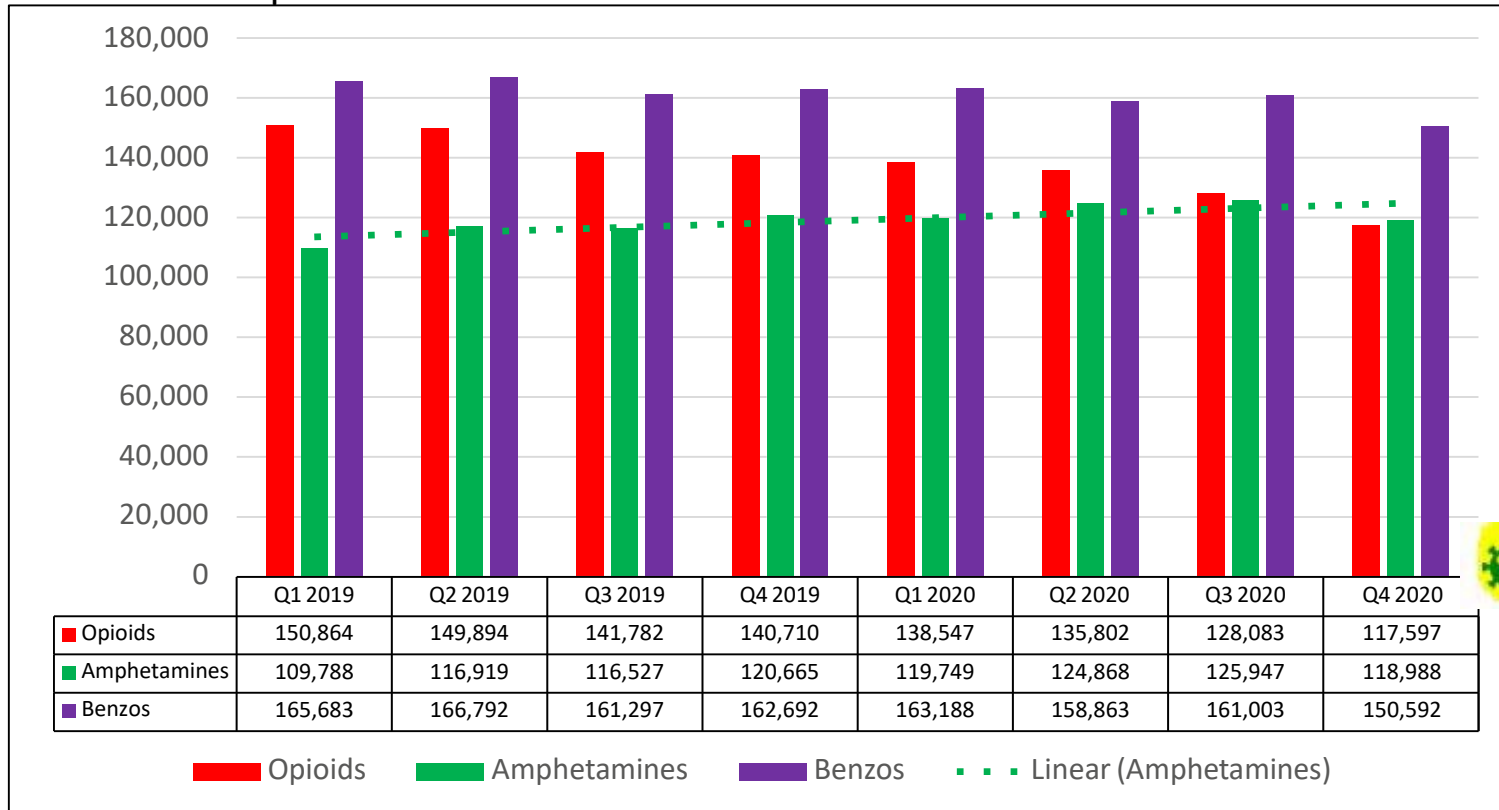


Controlled Prescription Drug Use in New Hampshire

Comparing opioid prescription counts to amphetamine and benzodiazepine prescription counts.

This chart is used to hi-lite that amphetamine prescription counts are increasing, while opioid prescriptions counts are decreasing.

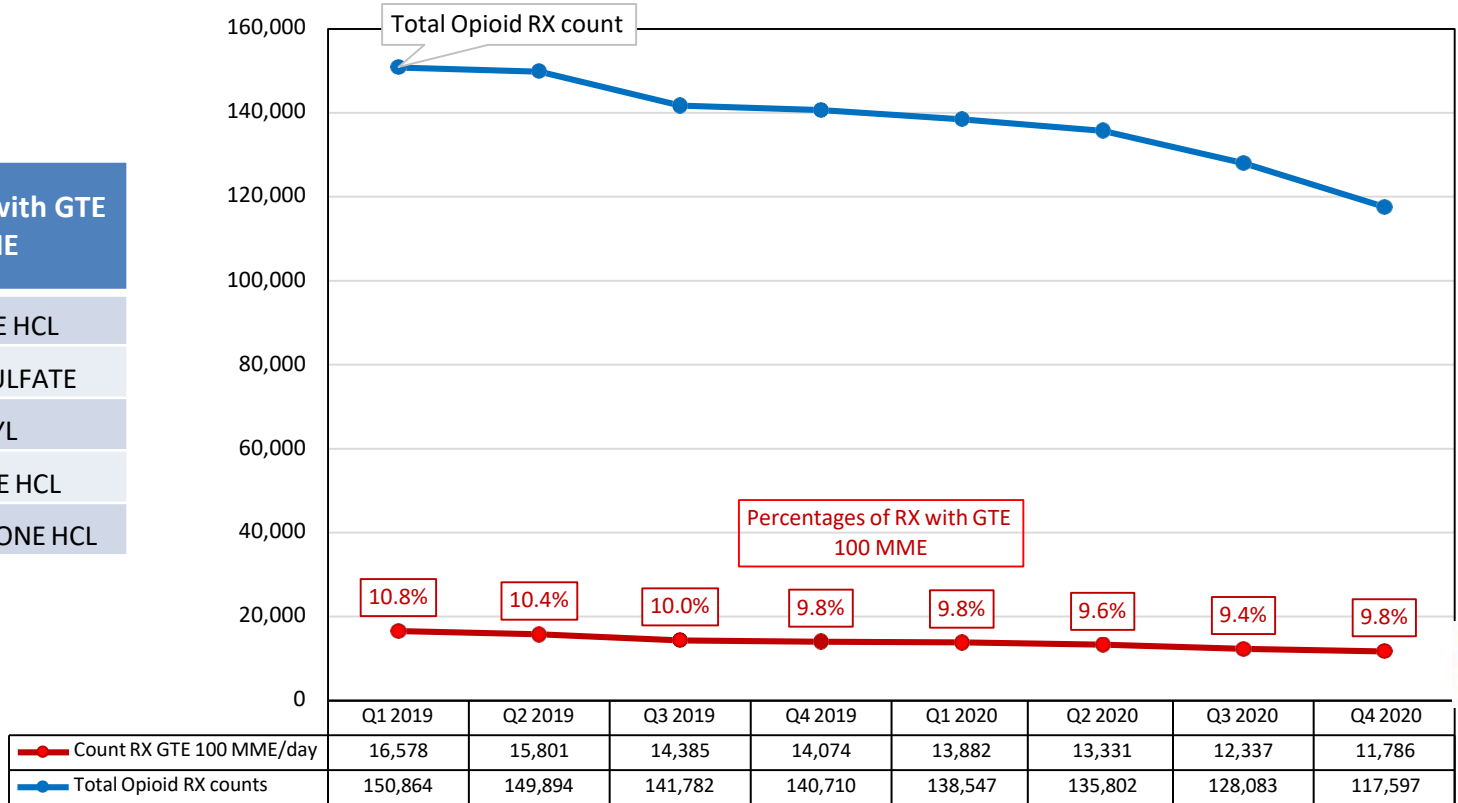
Benzodiazepines have remained about level.



Controlled Prescription Drug Use in New Hampshire

Prescription count and percentage of opioid prescriptions with an average daily dose Greater Than or Equal to (GTE) 100 Morphine Milligram Equivalents (MME). MME is a method to compare relative strengths of different opioid drugs. There are drug conversion factors, adopted by the CDC, based on one milligram of morphine being the baseline. For example: 1.5 milligrams of oxycodone is equivalent to one milligram of morphine.

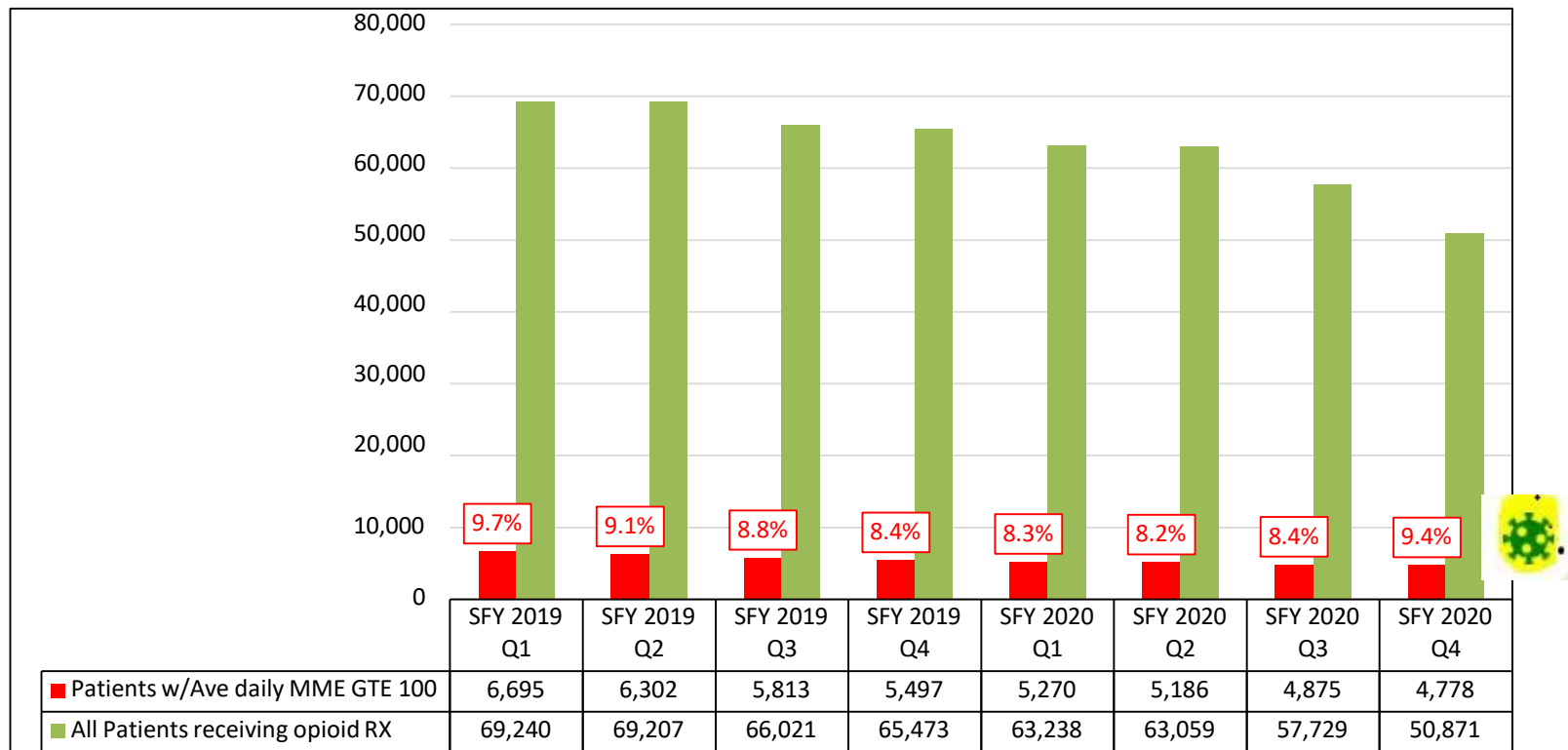
- Top 5 opioids with GTE 100 MME**
- OXYCODONE HCL
 - MORPHINE SULFATE
 - FENTANYL
 - METHADONE HCL
 - HYDROMORPHONE HCL



Controlled Prescription Drug Use in New Hampshire

Patient counts by MME threshold

Organizations such as the CDC, Substance Abuse and Mental Health Services Administration (SAMHSA) and Medicare have set thresholds for average daily MME values which carry a risk of opioid abuse. NH has set the threshold value at 100 MME. This data is gathered to support a grant from the CDC.



CDC Grant Metric

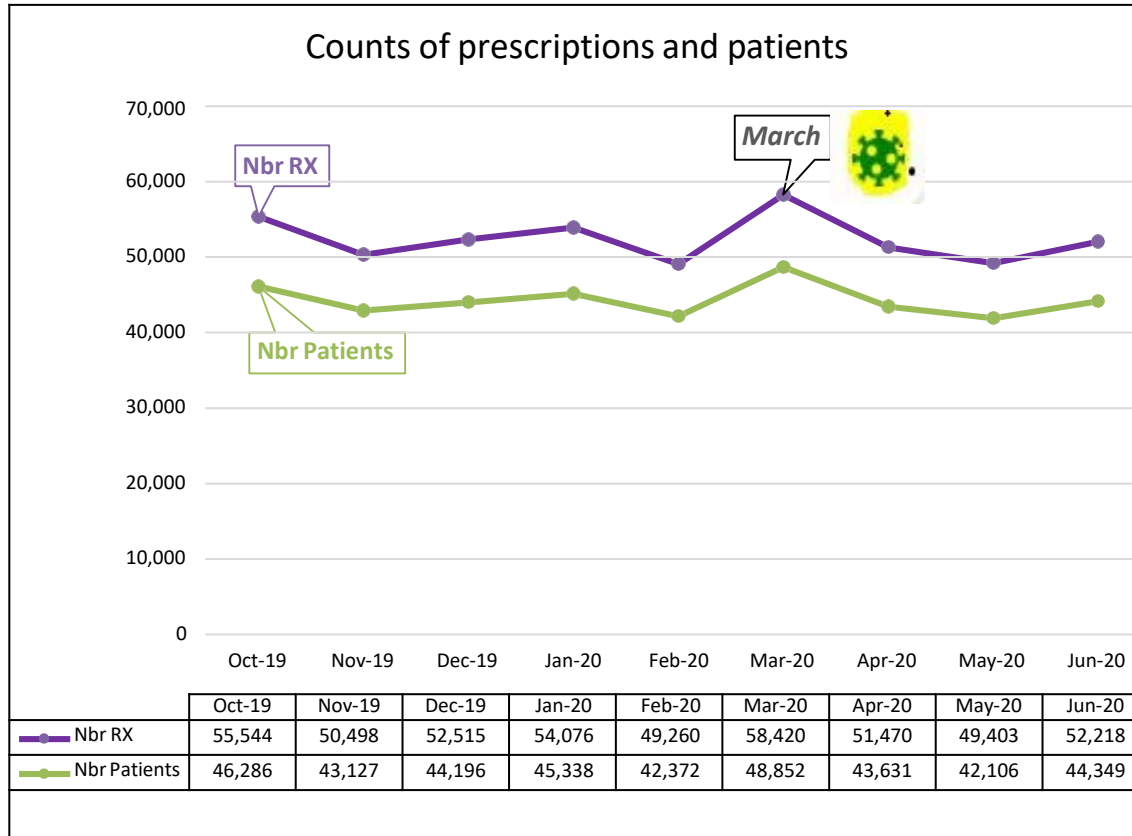


Controlled Prescription Drug Use in New Hampshire

Counts of sedative-type prescriptions and patients. This request came from DHHS and they chose the starting date of October 2019, which is the beginning of SFY 2020 quarter 2.

The chart shows counts of patients, prescriptions for anti-anxiety, and insomnia medications.

The slide is included as a possible measure of any impact that COVID-19 may have had on controlled drug prescribing. This data is been provided to DHHS monthly.



Sample Drug Name-All DEA Sch 4	
Generic Name	Brand name
Alprazolam	XANAX
Clonazepam	KLONOPIN
Diazepam	VALIUM
Lorazepam	ATIVAN
Zolpidem Tartrate	AMBIEN

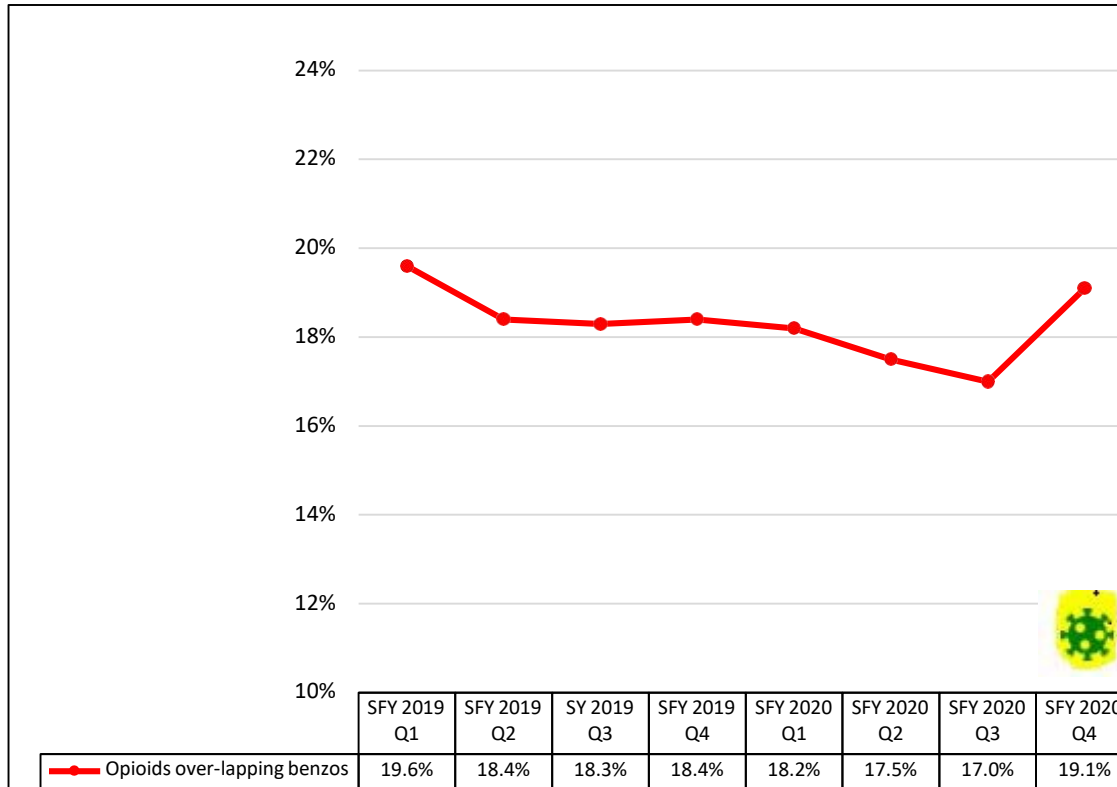
Note: This request came from DHHS and they chose the starting date of October 2019, which is the beginning of SFY 2020 quarter 2.



Controlled Prescription Drug Use in New Hampshire

Percent of prescription opioid days that overlap with benzodiazepine prescription days.

Patients with concurrent prescription use of both drugs may be at more risk of harm. This data is gathered to support a grant from the CDC.



Sample Benzodiazepine Drug Names	
Generic Name	Brand Name
Alprazolam	XANAX
Clonazepam	KLONOPIN
Diazepam	VALIUM
Lorazepam	ATIVAN
Temazepam	TEMAZEPAM

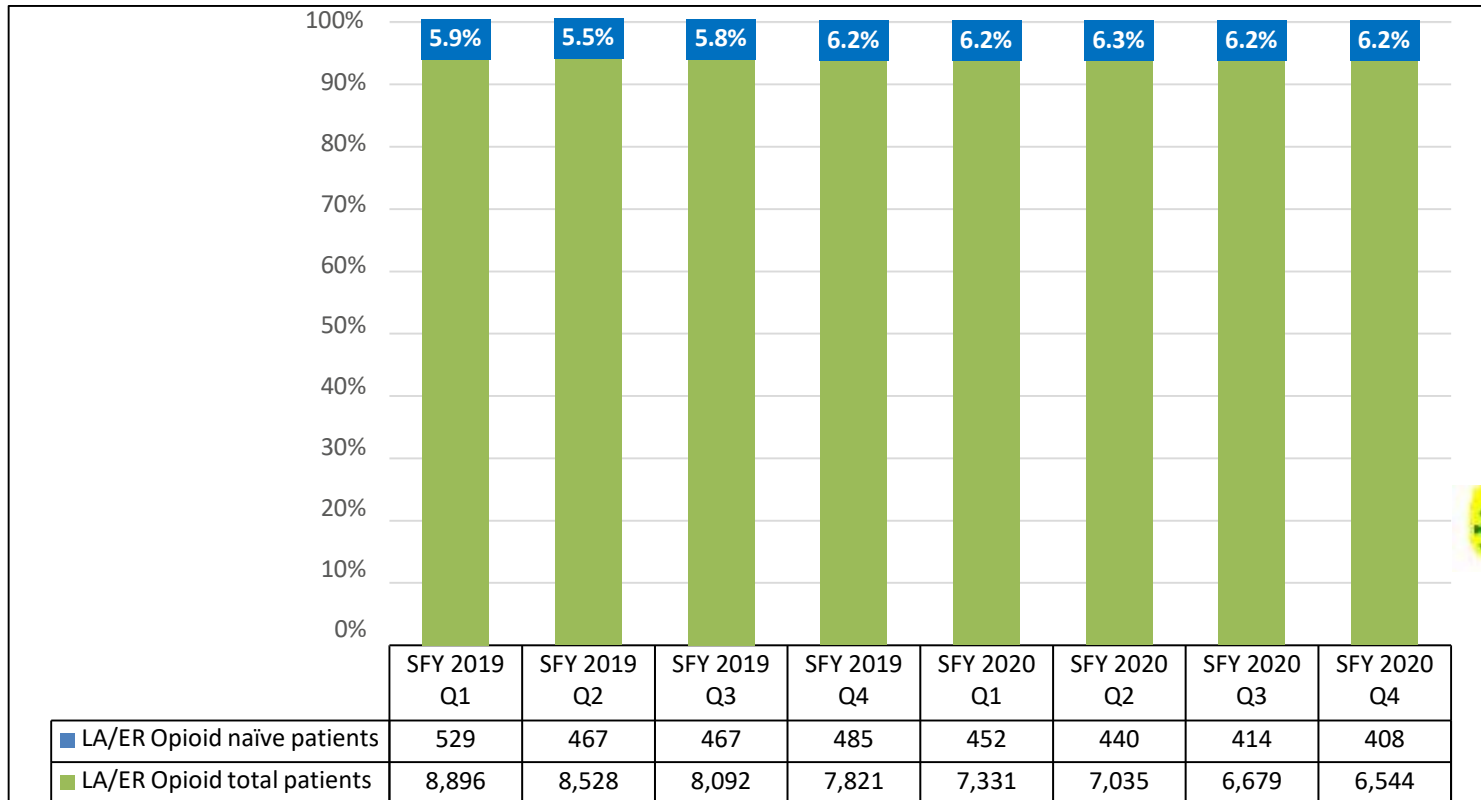
CDC Grant Metric



Controlled Prescription Drug Use in New Hampshire

Opioid Naïve patient count and percentage

Opioid-naïve is defined as a patient who had not received any opioid prescriptions in the prior 90 days. Prescribing a long-acting/extended release (LA/ER) opioid to patients who are “Opioid Naïve” may generate a risk of abuse. Below the chart are the counts of patients. At the top of each column is the calculated percent of patients. This data is gathered to support a CDC grant.



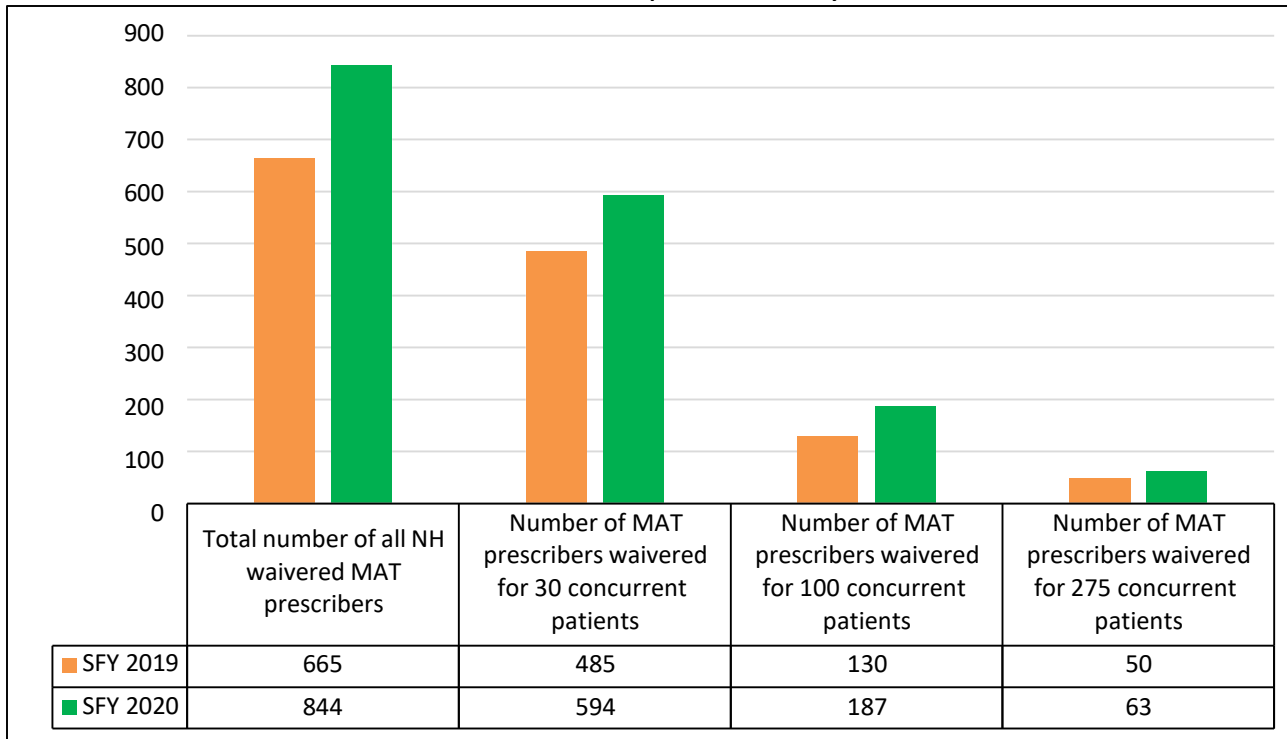
CDC Grant Metric



Medication-Assisted Treatment (MAT) in New Hampshire

MAT Prescriber Counts in New Hampshire by waiver categories

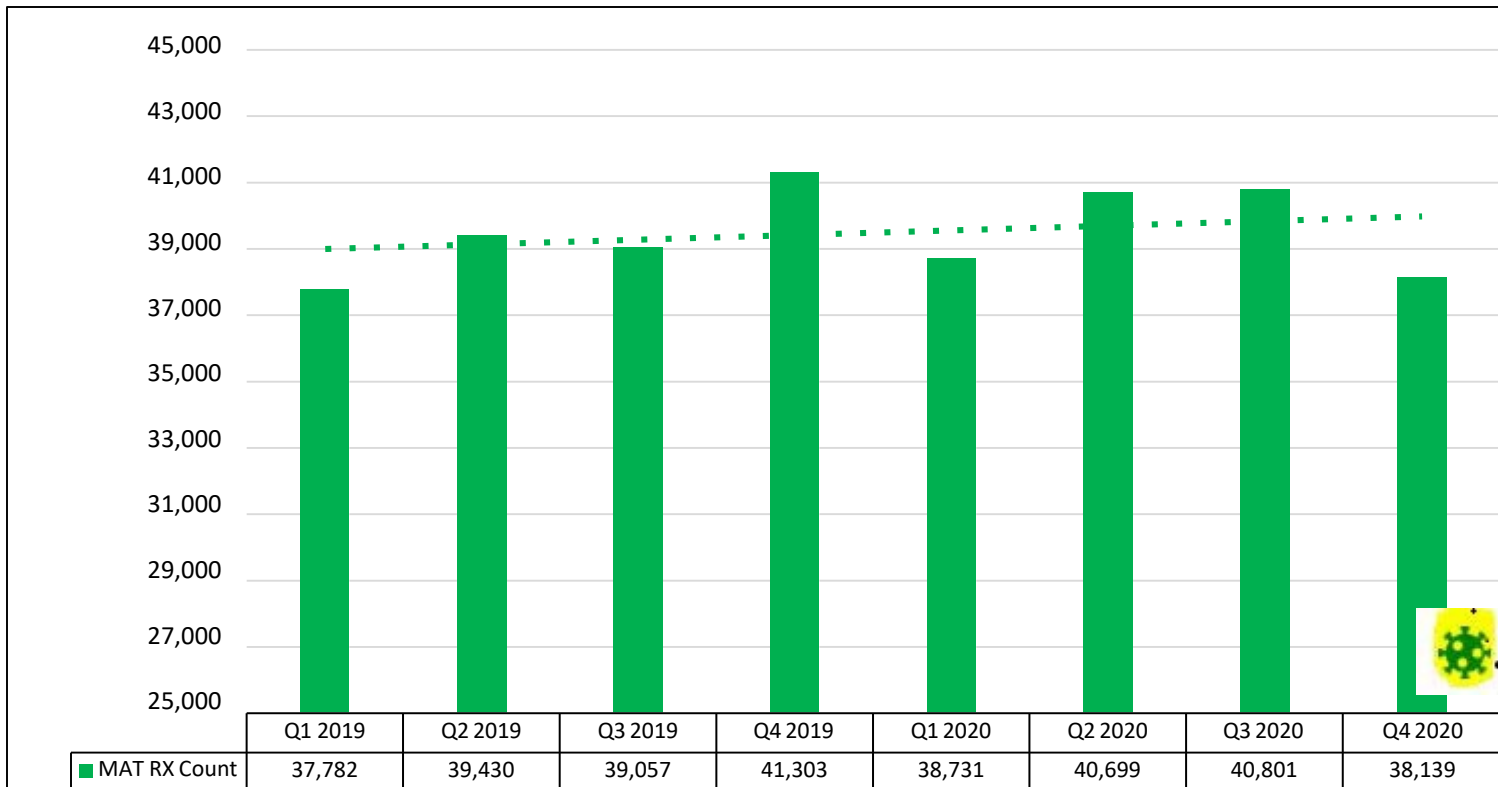
Information provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). The counts of “waivered” MAT prescribers. Those prescribers require 8 hours of training to apply to the Drug Enforcement Agency for a waiver to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Prescribers are limited to the number of concurrent MAT patients they can treat.



Medication-Assisted Treatment (MAT) in New Hampshire

MAT Prescription Counts

MAT prescription counts are showing a slight upward trend. In a previous slide we showed there was an increase in the number of MAT Waivered prescribers in NH, which is likely a contributing factor. In addition, the state has increased addiction resources, such as the Doorways project. There are likely other contributing factors not considered here.



Medication-Assisted Treatment (MAT) in New Hampshire

MAT prescriber data in New Hampshire

There are 850 NH waived MAT prescribers on the SAMHSA waived provider list as of March 2020. Of those prescribers, 460 had prescriptions filled by NH patients (53%) in SFY 2020. In SFY 2019 there were 665 waived prescribers, with only 402 having MAT prescriptions filled.

PDMP currently can only assess if the prescription is for MAT based on the drug name itself. MAT drugs are buprenorphine, buprenorphine hydrochloride and buprenorphine/naloxone combination. Buprenorphine itself, could be used for pain. Buprenorphine represents 1.5% of all filled prescriptions in this time period. Some of those may be for pain.

Data based on SAMHSA waived prescribers	SFY 2019	SFY 2020
Number of Patients	10,303	11,486
Number of Prescribers with filled prescriptions	402	460
Number of RX	141,229	158,370
Number of Days' Supply	1,915,621	2,289,252
Average Days per RX	13.6	14.4

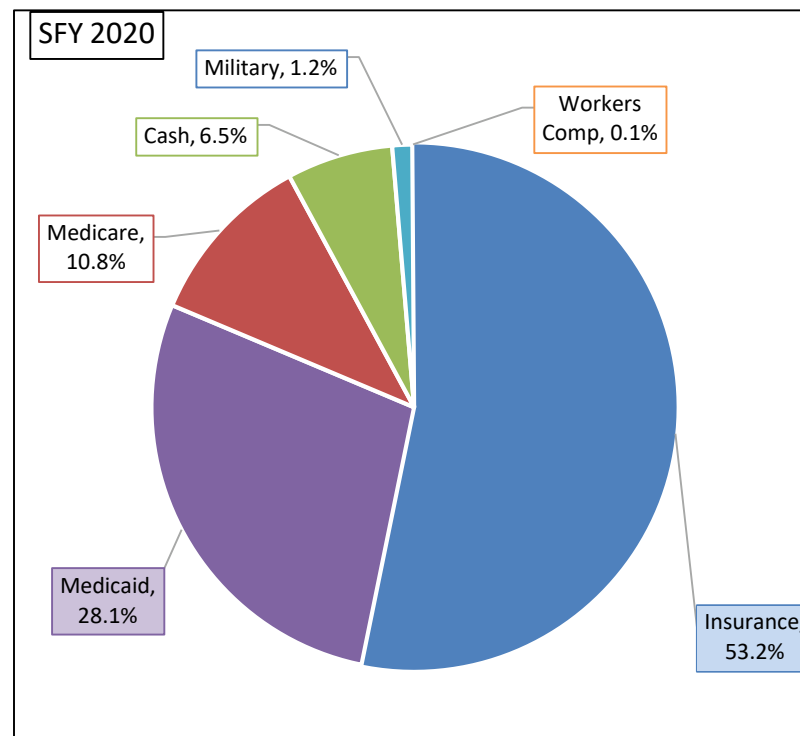
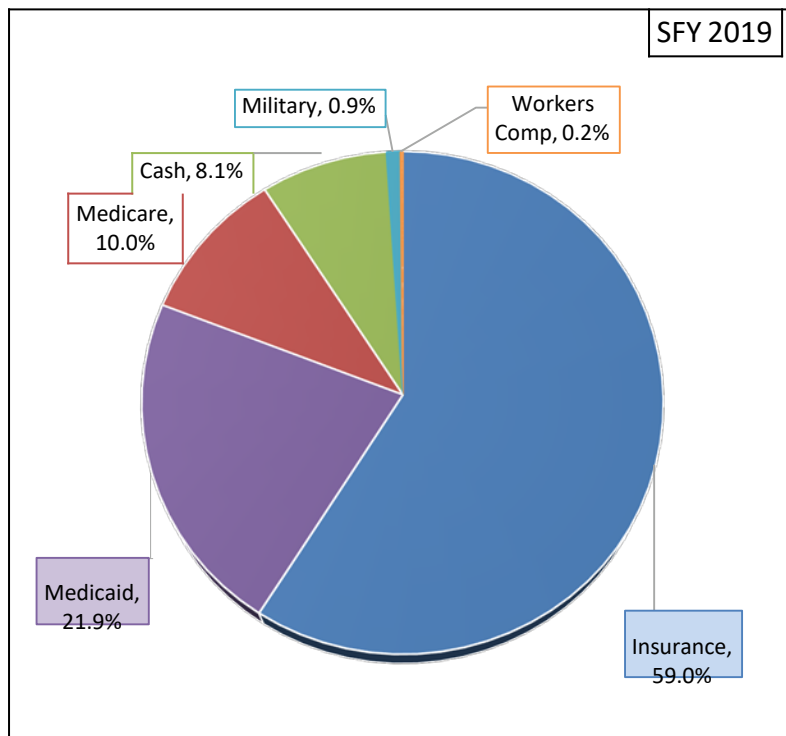
NOTE: SAMSHA waived provider list provided quarterly by SAMHSA



Medication-Assisted Treatment (MAT)

Payment Type: Medication-Assisted Treatment Prescriptions- SFY 2019 and SFY 2020

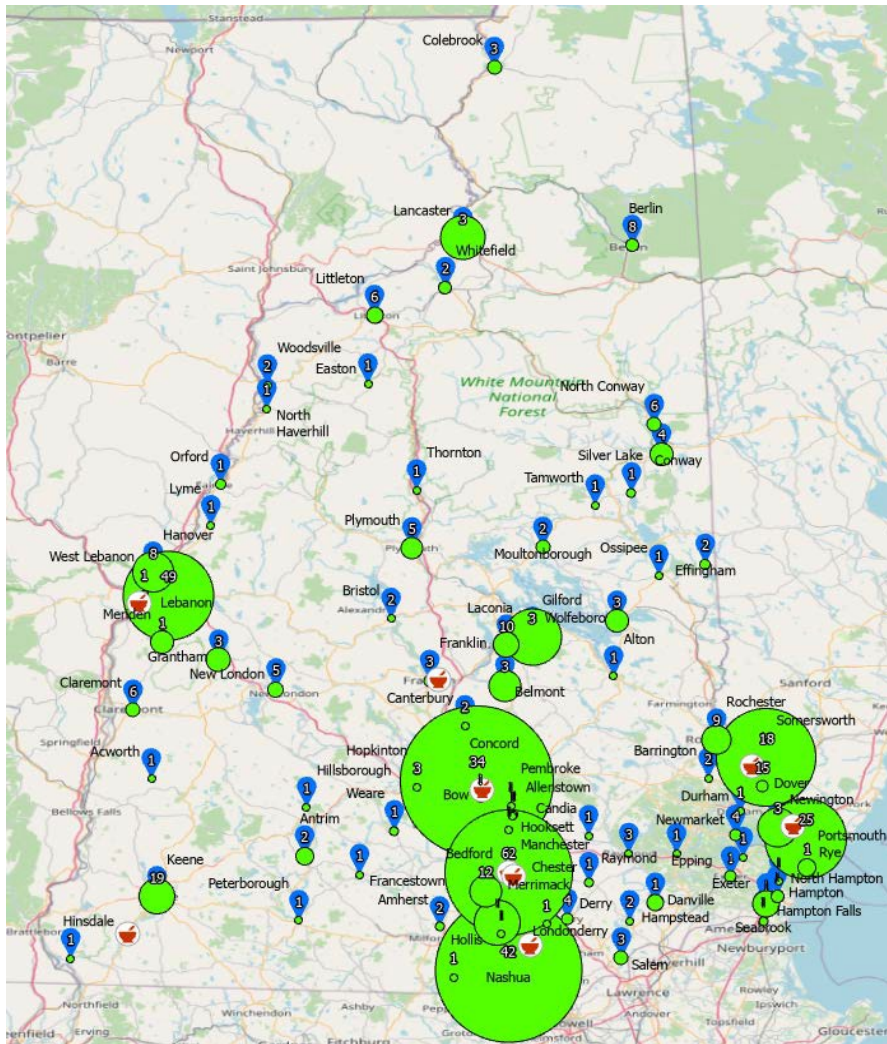
Percentages are calculated on prescription counts. The percent of MAT prescriptions which were paid by Medicaid increased. Commercial insurance shows a decline.



Medication-Assisted Treatment (MAT)

Blue teardrops indicate the number of MAT waived prescribers that had MAT prescriptions in SFY 2020, showing the top ten prescriber towns by number of patients per prescriber.

Green circles indicate the relative magnitude of MAT prescription counts by town.



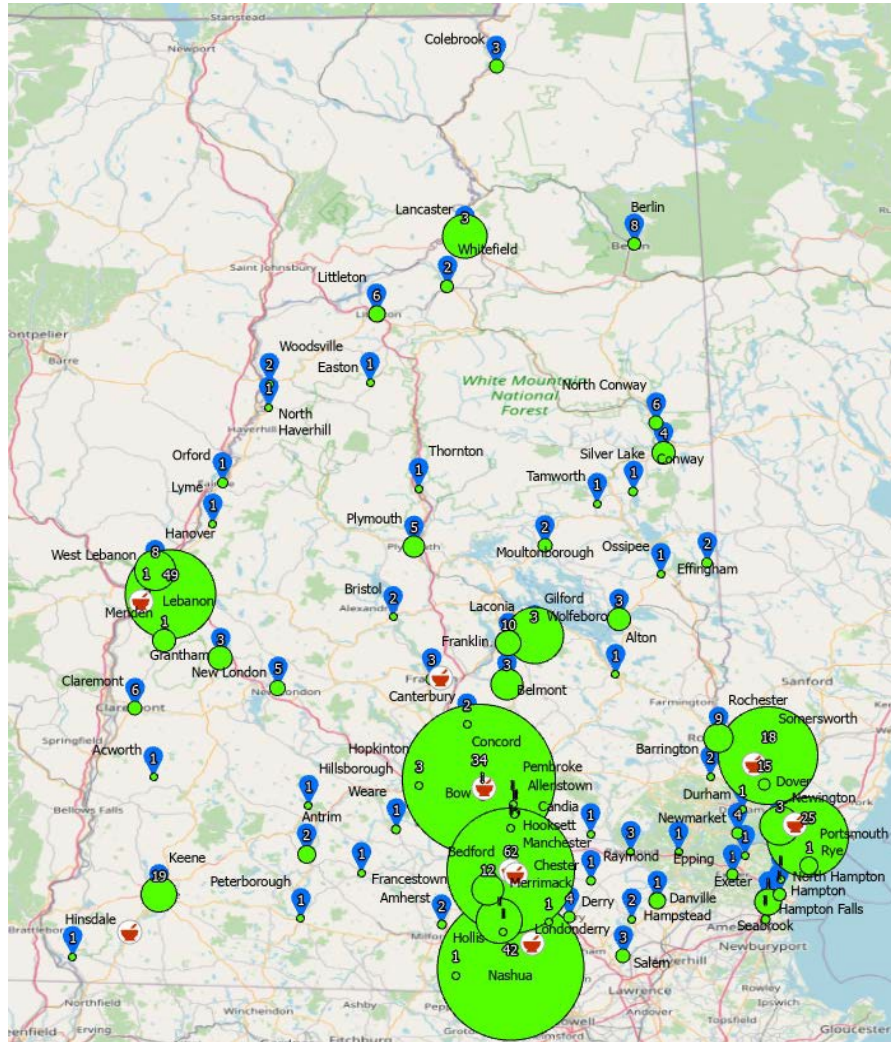
The red symbols indicate locations of outpatient treatment programs (OTP). The locations are: Concord, Franklin, Hudson, Manchester (2), Newington, Somersworth, Swanzey, West Lebanon.

Top 10 patient towns by MAT RX	Average Number of Patients per MAT Prescriber	Number of distinct prescribers that had MAT RX
GILFORD	186	5
NEWINGTON	143	5
MERIDEN	109	2
HAMPTON FALLS	85	2
PELHAM	76	2
SOMERSWORTH	68	17
LANCASTER	67	5
BOW	64	3
WHITEFIELD	62	1
EFFINGHAM	61	4

The average number of patients per MAT prescriber statewide was 26.



MAT Substance Use Disorder Treatment: MAT prescription volume locations and Doorways project facilities.



New Hampshire Doorway Regions

- Berlin
- Concord
- Dover
- Keene
- Laconia
- Lebanon
- Littleton
- Manchester
- Nashua

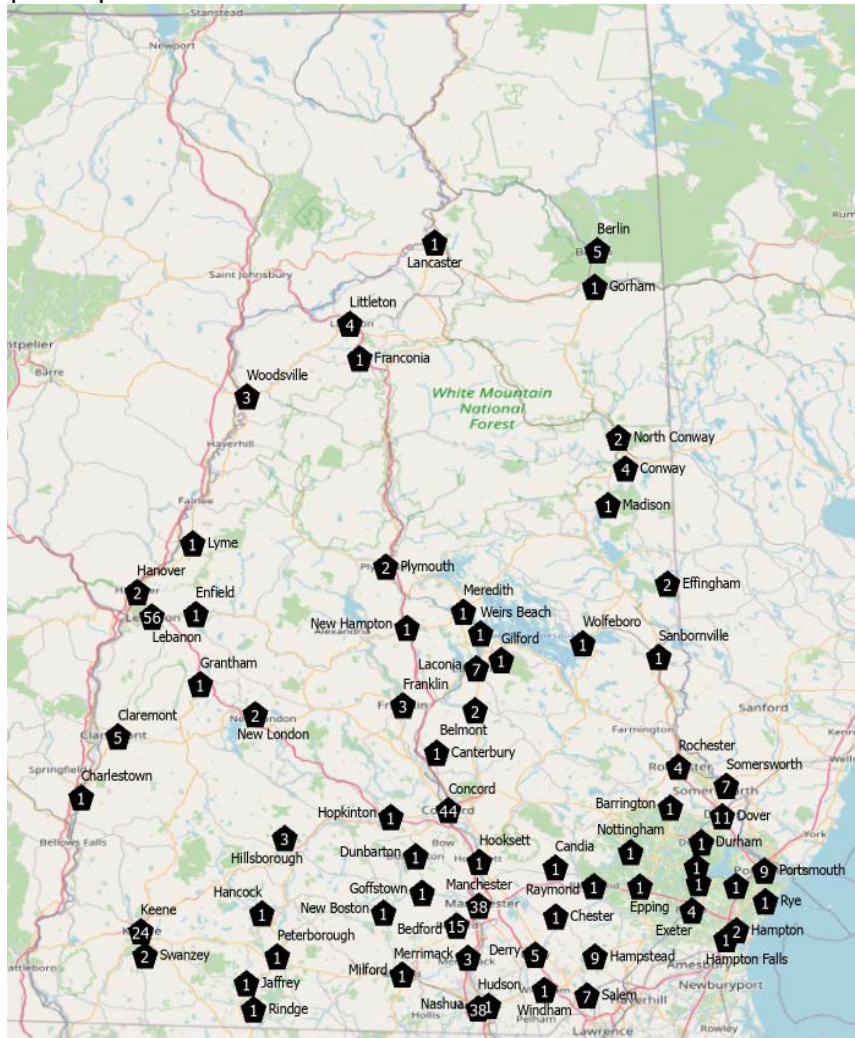


DRAFT



Access to Medication-Assisted Treatment (MAT)

According to SAMHSA, there are 850 MAT Waivered prescribers in NH. A little over half of them, 460, had at least one filled MAT prescription. The **black** pentagons indicate the number of MAT waived prescribers by location who did not have any MAT prescriptions.



County	Total Number of MAT prescribers*	Number of MAT Prescribers with an MAT RX	% of MAT prescribers NOT active
BELKNAP	31	15	52%
CARROLL	30	24	20%
CHESHIRE	50	22	56%
COOS	23	17	25%
GRAFTON	155	79	49%
HILLSBOROUGH	241	129	46%
MERRIMACK	117	61	49%
ROCKINGHAM	103	62	40%
STRAFFORD	74	43	45%
SULLIVAN	17	8	53%
STATEWIDE	850	460	47%

* Source of MAT Waivered prescribers in NH is SAMHSA.



Data Requests

PDMP staff respond to data requests from a variety of sources pursuant to RSA 318-B:35. Several different entities are entitled to receive requested reports of PDMP data: patients, health care regulatory boards, and law enforcement agencies; along with a consultant retained by the state as described below.

	SFY 2019	SFY 2020
Patient Requests	2	0
Regulatory Boards	19	11
Law Enforcement with subpoenas	2	1
NH Professionals Health Program*	n/a	14

**RSA 318-B:35 I (b) (5) granted access to “A practitioner or consultant retained by the office to review the system information of an impaired practitioner program participant or a referral who has agreed to be evaluated or monitored through the program and who has separately agreed in writing to the consultant's access to and review of such information. “*

During SFY 2020, the PDMP provided 14 reports to the New Hampshire Professionals Health Program (NHPHP) www.nhphp.org

NHPHP now has their own access to query the PDMP. The organization's website states: “NHPHP is a nonprofit organization, independent of other medical organizations and the State of New Hampshire. NHPHP provides peer assistance services for NH licensed healthcare providers who are experiencing difficulties with substance abuse and addiction, psychiatric and/or behavioral health concerns, stress/burnout, work-related conflicts or professionalism concerns that are self-recognized or have come to the attention of an employer or licensing board.”

(Website accessed October 2020)



ACKNOWLEDGMENTS

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THANK YOU

