

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF HEALTH PROFESSIONS  
PRESCRIPTION DRUG MONITORING PROGRAM

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Interim Executive Director



**MINUTES FROM THE PRESCRIPTION DRUG MONITORING PROGRAM  
ADVISORY COUNCIL FEBRUARY 10, 2020 MEETING**

The February 10, 2020, meeting of the PDMP Advisory Council (the “Council”) convened at 3:06 p.m. at the Office of Professional Licensing and Certification, 121 South Fruit Street, Concord, New Hampshire with the following members present and eligible to vote:

**Council Members Present:**

Chairman David Strang, MD, NH Medical Society  
Stephen Crawford, DVM, NH Board of Veterinary Medicine  
David DePiero, NH Hospital Association  
Kate Frey, Governor’s Commission on Alcohol & Other Drugs (via phone – meeting conflict)  
Sean Gill, NH Attorney General’s Office  
Joseph Guthrie, NH House of Representatives  
Dennis Hannon, DDS, NH Board of Dental Examiners  
Joseph Harding, NH Department of Health and Human Services  
Nicole Harrington, RPH, Commissioner, NH Board of Pharmacy (via phone – work conflict)  
Bradley Osgood, NH Police Chiefs’ Association  
Donna Roe, DNP, APRN, BC, CEN, NH APRN Society (via phone – work conflict)  
Michael Viggiano, RPH, NH State Pharmacy Associations

**Council Members Absent:**

Robert Giuda, NH Senate  
Richard Osborne, NH House of Representatives  
Daniel Potenza, MD, NH Board of Medicine  
Annika Stanley-Smith, Governor’s Commission on Alcohol & Other Drugs  
Claire Timbas, DVM, NH Veterinary Medical Association  
VACANT, NH Board of Nursing  
VACANT, NH Dental Society

**Others in Attendance:**

Lindsey Courtney, Interim Executive Director, OPLC  
Michelle Ricco Jonas, Program Manager, NH PDMP  
Mark Cioffi, Program Analyst, NH PDMP  
Joanie Foss, Administrative Assistant, NH PDMP  
Jon LaVallee, Esq., Attorney General’s Office (Attorney for the Council)

Kathy Bizarro-Thunberg, NH Hospital Association  
Jim Giglio, TTAC (via phone)  
Pat Knue, TTAC (via phone)

**I. Review of December 16, 2019, Council Minutes:**

Deferred by Chair D. Strang due to errors and omissions.

**II. Revisit Clinical Alerts – Dissemination of alerts:**

M. Ricco Jonas and M. Cioffi reviewed summary data with the Council (attached below). They also expressed concern over “alert fatigue” and are seeking other ways to notify practitioners of high-risk areas. The Council members discussed and agreed with their recommendations to issue the multiple provider/pharmacy alerts at this time (due to statute requirements) and continue to seek out other ways these alerts could follow a patient in the system in the future.

**III. Recommendations for future system functionality:**

M. Ricco Jonas and M. Cioffi also requested that the Advisory Council members discuss with their respective boards and associations for input, what could be done with the PDMP system to improve access, utility, data and patient care. Additionally, what they thought could further decrease the misuse and diversion of controlled substances, while ensuring appropriate care and access to controlled substances. Council members can forward this information to the PDMP staff by the end of March. This information will help to inform, and the staff will provide a summary for the Council meeting in April 2020.

**IV. Updates:**

- a. **PDMP Legislation.** L. Courtney noted that SB 676, which if passed would permit data sharing with DHHS, is still a work in progress, and has not yet been scheduled in any Senate committee. She is working on the EHR section of that piece of legislation.
- b. **Funding & Staffing.** M. Ricco Jonas provided an update on awarded grant funds and planned staffing. These grant awards include the following:
  1. The Comprehensive Opioid Abuse Program (COAP): Funding through a sub-grant with the NH Department of Justice, will award the NH PDMP \$714,113 over three years (\$238,038 per year). The key activities of these funds include expanding data sharing, developing a training program, evaluating the impact of utilization of the PDMP and the continuation of sharing statistical/de-identified data. These funds are expected to begin in March 2020.
  2. Centers for Disease Control (CDC) - Opioid Data to Action (OD2A): Funding through a sub-grant with the NH Department of Health and Human Services, will award \$2,295,633 over three years (\$765,211 per year). The key activities of these funds include auditing of PDMP data; hiring two full-time staff; integration of the PDMP into electronic health systems (EHRs); hiring a full-time staff member to coordinate these efforts; increased advanced analytical capacity for data analysis and to provide enhanced data fields, alerts, and education information to practitioners.

V. **Other Items:**

**E-Prescribing Legislation update – (D. Strang)**

D. Strang provided an update on his presentation to the NH House of Representatives HHS sub-committee on HB 1332 last Thursday. At that session, he informed the Representatives that the Council had not yet taken a formal vote on the legislation, but based on the discussion at the Dec. 16, 2019 meeting, seemed supportive of the concept of e-prescribing. He informed them of several suggested changes that were raised at the Dec. Council meeting. J. Guthrie thanked Chairman Strang for his attendance at that session and for his input. Discussion ensued.

D. Strang asked for a vote to support, not the specific bill per se, but the concept of e-prescribing and the following four recommendations noted in the December 16, 2019 meeting minutes:

- Requiring out-of-state providers to e-prescribe if the prescription is filled in NH
- Exempt a hospital from (internal) e-prescribing when they are dispensing less than a 48 hour supply (similar to their exemption from reporting the same to the PDMP)
- Develop a waiver process
- Change the implementation date to Jan 1, 2022 to allow ample time for the State's prescribers to obtain the necessary software to implement this plan

D. DePiero motioned to support the concept. Second by M. Viggiano. Council vote: 8 in favor, 1 opposed, 3 abstained (J. Harding, S. Crawford, S. Gill). D. Strang will inform Rep. Merchant of this vote, as he was the one who formally requested the Council's input.

L. Courtney noted that OPLC administration has not taken a position on e-prescribing at this time. They will take the vote of the Council under consideration.

VI. **Next Meeting:**

April 20, 2020 at 3:00 PM

D. Hannon motioned to adjourn the meeting at 5:09 PM. Second by J. Harding. The Council voted unanimously to adjourn the meeting at 5:09 PM.

## ATTACHMENT

### Summary of Clinical Alerts for prescriptions from October 1, 2018 thru March 31, 2019

#### Definition of Alerts

1. Daily Active MME Threshold: (where MME is the Morphine Milligram Equivalent calculation) Generates an alert when the daily MME is greater than or equal to 100 MME at any time during a 90-day period.
2. Opioid-Benzodiazepine Threshold: Generates an alert when benzodiazepines and opioids are co-prescribed during a 90-day period.
3. Prescriber-Dispenser threshold: Generates an alert when the patient has seen three or more prescribers OR used 3 or more dispensers during a 90-day period.

Alerts attach to the prescriber's individual DEA number. Residents at Dartmouth Hitchcock Medical Center and Concord Hospital are using the organization's DEA number. The PDMP is unable to assign prescriber specialties to the residents. It removed these two (facility) DEA numbers, with the results shown below:

There were 98,309 total alerts, broken down into the following categories:

Alert Category	Alerts	Alerts for Residents	% Alerts for Res
1.Daily Active MME Threshold	20,384	9,775	48%
2.Opioid-Benzo Threshold	37,907	13,180	35%
3.Prescriber-Dispenser Threshold	40,018	29,915	75%
<b>Total</b>	<b>98,309</b>	<b>52,870</b>	<b>54%</b>

Result totals after removing the residents. Alert counts by distinct prescriber DEA numbers.

Alert Category	Alerts	Distinct Prescribers	Ave/Prescriber
1.Daily Active MME Threshold	10,609	1,203	8.8
2.Opioid-Benzo Threshold	24,727	2,267	10.9
3.Prescriber-Dispenser Threshold	10,103	2,449	4.1
<b>Total</b>	<b>45,439</b>	<b>3,132*</b>	<b>14.5</b>

**\*Note:** The total for the distinct prescriber counts is not the sum of the three categories because some prescribers received alerts in more than one category.

### Alerts by Top 10 Prescriber Specialties (Residents have been removed)

1. Daily Active MME Threshold	Alert Count per specialty
Family Medicine	3,149
Internal Medicine	2,008
Nurse Practitioner	1,558
Pain Medicine	1,387
Physical Medicine & Rehabilitation	639
Anesthesiology	497
Unspecified	298
Physician Assistant	281
Clinical Nurse Specialist	281
Orthopedic Surgery	180
<b>Top Ten Total</b>	<b>10,278</b>

Top 10 represent 97% of alert type 1 (Daily Active MME Threshold)

2. Opioid-Benzo. Threshold	Alert Count per specialty
Family Medicine	7,412
Internal Medicine	4,732
Nurse Practitioner	3,254
Psychiatry & Neurology	2,636
Pain Medicine	1,773
Unspecified	1,020
Physician Assistant	776
Physical Medicine & Rehabilitation	627
Anesthesiology	599
Orthopedic Surgery	409
<b>Top Ten Total</b>	<b>23,238</b>

Top 10 represent 94% of alert type 2 (Opioid-Benzo. Threshold)

3. Prescriber-Dispenser Threshold	Alert Count per specialty
Family Medicine	2,086
Internal Medicine	1,554
Nurse Practitioner	1,360
Psychiatry & Neurology	881
Emergency Medicine	795
Orthopedic Surgery	736
Unspecified	486
Physician Assistant	343
Pain Medicine	339
Hospitalist	290
<b>Top Ten Total</b>	<b>8,870</b>

Top 10 represent 88% of alert type 3 (Multiple Prescriber/Dispenser Threshold)