

**NH PDMP Advisory Council Meeting
July 16, 2018
OPLC/NH Board of Pharmacy**

Meeting Minutes

Advisory Council Members Present:

David Strang, MD, Chair, NH Medical Society (NHMS)
Stephen Crawford, DVM, NH Board of Veterinary Medicine (BOVM)
David DePiero, NH Hospital Association (NHHA)
Gil Fanciullo, MD, NH Board of Medicine (BOM) (via phone)
Kate Frey, New Futures
Eric Hirschfeld, D.D.S, NH Dental Society (via phone)
Andy McKibbin, DMD, NH Board of Dental Examiners
Bradley Osgood, NH Police Chiefs' Association
Michael Viggiano, NH State Pharmacy Associations (NHPA)
Candace White-Bouchard, Public Member, NH Board of Pharmacy (BOP)

Advisory Council Members Absent:

Sean Gill, NH Attorney General's Office, Dept. of Justice (DOJ)
Joseph Harding, NH Dept. of Health and Human Services (DHHS)
Kitty Kidder, APRN Vice Chair, NH Board of Nursing (BON)
Jonathan Stewart, Community Health Institute (CHI)

Also attending:

Michael Bullek, Executive Director, NH Board of Pharmacy (BOP)
Michelle Ricco Jonas, Manager, NH PDMP
Joanie Foss, Administrative Assistant, NH PDMP
Kathy Bizarro-Thunberg, NH Hospital Association
Jim Giglio, TTAC (via phone)
Pat Knue, TTAC (via phone)
Beth Sargent, NHPA, State NH Police Chiefs
Sheri Walsh, Director, OPLC Health Professions

The meeting began at 3:09 p.m.

• **Introductions**

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

• **Review & Approve Minutes**

May 21, 2018: Motion to accept by S. Crawford. Second by B. Osgood. All in favor.
C. White-Bouchard abstained due to her absence from that meeting.

There are no minutes from the June 18th meeting as this meeting was cancelled due to time constraints of the Strategic Planning Session.

- **Old Business**

1. Audit Update (M. Ricco Jonas)

The report to be supplied to the Fiscal Committee at their upcoming July 20th meeting was distributed and reviewed. This report contains the extensive work done thus far by the PDMP staff, the A.C. sub-committees and findings/recommendations from the 2-day Strategic Planning Session (S.P.S.) held June 27th and 28th. Some typographical errors were identified and corrections were made.

2. Strategic Plan Session (S.P.S.) Update (M. Ricco Jonas)

Highlights of the 2-day S.P.S. were reviewed, particularly our proposed Mission Statement. J. Foss is reviewing the audio tapes from both days, in order to construct a more complete review of the event. M. Ricco Jonas will also review her notes to further this effort.

One recommendation from the S.P.S. was to consider mandatory use of the PDMP by pharmacists, prior to filling a controlled substance (CS) prescription. Before taking action on this item, M. Ricco Jonas was asked to review what other States were requiring this measure and could they show a decrease in diversion and abuse of CS, consistent with the mission statement of our PDMP. She collated this review in a handout that shows that most States that have adopted a dispenser mandate (AZ, FL, MD and OH) had just started within the last few months and had no data re: effectiveness. MA noted that although they do not mandate dispenser use, many chain pharmacies already did. NJ noted that although dispensers are not mandated to query, they utilize the program more than prescribers, despite representing only 13% of total users. However, none of these States could provide any definitive data proving this measure compliments mandated prescriber use prior to filling a CS Rx (as we have in NH). Consequently, the A.C. felt that until such proof existed, that mandated dispenser use would be viewed as “make work” and should not be implemented. It was agreed to look at this measure again in a few years to see if these States have demonstrated a benefit. In the interim, the A.C. supports the proposed BOP rule urging (but not mandating) dispensers to use the PDMP prior to dispensing a CS, as many are already doing (Motion by M. Viggiano, second by D. DePiero, all in favor).

Further discussion took place re: placing mandated dispenser use in statute vs. rules, in case a study by some State(s) shows evidence of effectiveness. J. Giglio will monitor outcomes in those States that have adopted mandated dispenser use to see if they show proof of an additional reduction in abuse and diversion.

3. Audit Benchmarks (D. Strang)

Gary Merchant, President of the NH BOP, has asked the A.C. to make a recommendation re: using the 3 study categories, currently being considered for unsolicited prescriber reports, as benchmarks by which the BOP could track changes in prescribing behavior over the next several years. These 3 categories are:

- 1) High Current Daily Dose of Opioids (100 MME [*M*orphine *M*illigram *E*quivalents])
- 2) Concurrent Benzodiazepine and Opioid Prescriptions
- 3) Multiple Prescribers or Pharmacies (3 or more of either)

Although the A.C. has discussed fine tuning the “triggers” for these categories when it comes to unsolicited reports, the stock requirements that Appriss uses to generate these reports would be used for the benchmark reporting purposes. This would not require any additional costs from Appriss. These 3 reports can be purchased in a package for \$7,500 (year 1) and then \$5,000/yr. thereafter.

Discussion ensued. Motion to recommend this to the BOP by G. Fanciullo. Second by E. Hirschfeld. All in favor.

As was requested at the May meeting, M. Ricco Jonas contacted Appriss to ask what was their trigger for the concurrent Benzo and Opioid report? She replied that both must be prescribed (in any quantity), during the same 90-day time period. Once again, it was pointed out this would capture patients who had received 1 or 2 doses of a Benzo prior to a procedure (e.g. CT or MRI) and were not regular users of both substances. Generating alerts on such small quantities may generate “alert fatigue.” We have learned that requests to customize the triggers will cost us money with Appriss. M. Ricco Jonas would rather we invest in the advanced analytics which brings two separate data components together (i.e. Jasper and another application), rather than spend money customizing this introductory package.

At the May A.C. meeting, it was also asked how Appriss handles the prescribing of opioids in terminally ill patients (who often receive in excess of 100 MME/day). We have not received a response yet from Appriss.

- **New Business**

1. Corresponding Liability (D. Strang)

At the May meeting, G. Merchant asked us to discuss possible recommended prescribing limits, in light of recent pressure from the DEA, which has generated calls from pharmacists to the prescriber, some of which have become confrontational (e.g. “why are you questioning my Rx,” etc.). The A.C. was clearly uncomfortable in setting limits for quantities, dose or days prescribing at that meeting.

Since then, Wal-Mart has recently circulated a letter saying they are not comfortable filling Rxs for greater than 50 MME/day for more than 7 days for the treatment of acute pain. They have implied they may begin asking for a designation or “acute” or “chronic” on the Rx or in the future, may be looking for a diagnosis. In response to this, D. Strang, G. Merchant and M. Bullek met with Jim Potter, Exec. V.P. of the NH Medical Society to discuss this emerging trend in the pharmaceutical industry. Clearly, the days of “you write, we fill” (no questions asked) are over.

J. Potter does not support this request from Wal-Mart. Although thus far, they are the only major pharmacy chain that has requested this additional information, it is felt that

others are likely to follow. J. Potter is looking to arrange a meeting between DEA officials, high level administrators of Wal-Mart and other chain pharmacies, along with G. Merchant, M Bullek and D. Strang, to discuss this and work out a compromise solution. D. Strang stated that although he (as a prescriber) is happy to participate in this discussion, both he and M. Ricco Jonas do not feel this falls under the responsibility of the PDMP. It should be taken up by the licensing boards under their prescribing mandates.

2. Staffing Update (M. Ricco Jonas)

The analyst's position has been approved by Human Resources (HR). The position was internally posted (first) last week. Only one applicant responded and did not meet the qualifications. It has now been posted externally. The applicant should preferably have a B.S. degree with 5 years' experience or a Master's Degree in data analysis or a similar field.

3. Possible New Funding Initiatives (M. Ricco Jonas)

The PDMP may receive funding from a CDC grant already awarded to the State. M. Ricco Jonas met with the group that manages funds from the CDC, for both their Judicial Recovery & Bio-Surveillance programs. If awarded the grant, our goal is to improve our data quality, further the effort of safe prescribing, improve linkages, and to hire temporary staff.

A proposal entitled "NH PDMP Data Audit & Compliance Project" (see handout) was drafted by M. Ricco Jonas to:

- Hire a part-time Asst. Pharmacy Inspector for one year to analyze PDMP data.
- Hire a part-time PDMP Pharmacist/Inspector.

\$100,000 may be available to fund these two part time positions. This proposal also reviewed Audit methodology, examples of that methodology and regulations around annual BOP inspections. It will also help the program to improve its data by:

- Implementing a standardized process for evaluating accuracy
- Correct "bad" data when identified
- Prevent errors (see handout)

This proposal is based on a similar effort in Nevada

- **Items of Interest**

None brought forward

- **Non-Public Session**

Motion to move to Non-Public Session at 4:31 p.m. by M. Viggiano. Second by D. DePiero. All in favor by roll call vote.

Motion to emerge from non-public session at 4:50 p.m. by D. DePiero. Second by S. Crawford. All in favor.

- **Next Meeting**

Date/Time: August 20, 2018; 3:00 p.m.

Location: Office of Professional Licensure and Certification

- **Adjournment**

Motion to adjourn at 4:50 p.m. by D. DePiero. Second by B. Osgood. All in favor.

Respectfully submitted,

A handwritten signature in cursive script that reads "David E. Strang MD". The signature is written in dark ink and is positioned above the printed name.

David E. Strang, MD
Chairman