

**NH PDMP Advisory Council Meeting
August 20, 2018
OPLC/NH Board of Pharmacy**

Meeting Minutes

Advisory Council Members Present:

David Strang, MD, Chair, NH Medical Society (NHMS)
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)
Andy McKibbin, DMD, NH Board of Dental Examiners
Bradley Osgood, NH Police Chiefs' Association
Jonathan Stewart, Community Health Institute (CHI)
Michael Viggiano, NH State Pharmacy Associations
Candace White-Bouchard, Public Member, NH Board of Pharmacy (BOP)

Advisory Council Members Absent:

Stephen Crawford, DVM, Board of Veterinary Medicine (BOVM)
Gil Fanciullo, MD, NH Board of Medicine (BOM)

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 (NHHA)
Sebastian David, Pharmacy intern, MCPHS
Jim Potter NH Medical Society (NHMS, via phone)
Sheri Walsh, Director, OPLC Health Professions

The meeting began at 3:06 p.m.

• **Introductions**

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

• **Review & Approve Minutes**

July 16, 2018 (Public Session): Motion to accept by D. DePiero. Second by E. Hirschfeld.
All in favor.

July 16, 2018 (Non-Public Session): Motion to accept by A. McKibbin. Second by D. DePiero. No discussion. All in favor.

- **Old Business**

This meeting was a work session and an extension of the 2-day Strategic Planning Session of June 2018.

M. Ricco Jonas:

The original timeline proposed that these goals would be achieved by July, however the current program workload has prevented this. The new plan is to present a modified timeline to the BOP at their October meeting. The suggestion was made that the A.C. recruit a few members to assist in achieving these goals (see “New Business” below), as well as put forth a legislative package in areas that require statutory changes.

M. Ricco Jonas reviewed the PowerPoint slides summarizing the 2-day Strategic Planning Session.

Overarching Goals for the PDMP (PPT slide 4):

- Provide health care providers a tool to reduce the misuse, abuse, and diversion of controlled substances, while ensuring patients with legitimate medical needs have appropriate access to controlled substances.
- Use data to prevent the consequences of inappropriate prescribing and dispensing.
- Collaborate with licensing boards for compliance with statutes and administrative rules governing the program
- Improve the usability and integrity of the PDMP
- Leverage PDMP information to improve public health and public safety policies, strategies and services.

Prescriber Use Mandates (PPT slide 5 and beyond):

Current licensing board(s) rules stipulate when prescribers shall query the PDMP, frequency of querying, etc.

Desired goal includes expanding to emerging controls, methadone prescribers, possibly other entities.

Discussion involved different levels of support and opposition:

- Supporters.
- Fence sitters
- Challengers.
- Unknown

Some commentary included:

Do we need to have a conversation with the licensing boards about PDMP usage around this?

J. Harding asked if methadone clinic prescribers should be required to query the PDMP on their patients. M. Ricco Jonas indicated that currently this is not a requirement.

Different states have different requirements for combined benzodiazepine & opioid thresholds, combined stimulant & opioid thresholds, etc.

D. Strang suggested moving slowly on any additional querying mandates to avoid backlash. Also, do we have data on (the number of) methadone providers?

J. Harding stated that DHHS has regulatory oversight with the methadone program. There are 3 providers and 7 sites in NH. Some (office based) prescribers have waivers to prescribe buprenorphine/Suboxone (thru SAMHSA). Which ones are querying PDMP?

M. Ricco Jonas asked if we should we have legislation to allow behavioral health specialists access to the PDMP? Discussion around the pros and cons of this ensued. MAT (Medication Assisted Therapy) programs: Best practices have an integrated team approach however Jim Potter stated that, in reality, this is not necessarily the case.

Motion by J. Harding that the A.C. recommend to the BOP to support legislation to require opioid substance abuse prescribers to query the PDMP on their patients. Second by J. Stewart. All in favor.

What are some of the challenges for using the PDMP? How can it be made less cumbersome and more easily assimilated into the workflow?

- EMR integration would make it easier if we didn't have to change screens to log in and could go directly into the application.
- Create a list of systems that could integrate with the PDMP
- Assign analyst to work on data as the first priority
- Detail examples of where things are going well regarding practice flow.
- Legislation will be needed for EMR integration

Side note: Mark Cioffi starts on August 31st as our new data analyst.

Discussion around adding other authorized PDMP users:

- Regulatory groups
- Law enforcement (LE)
- Medical Examiner's Office
- Drug treatment providers
- ? others

Law enforcement currently does not have direct access to the PDMP data, as the statute requires a "court order" before submitting a request to the PDMP Program Manager. There may be an easier mechanism where LE can have *some* access without a court order. Some states allow access with only "probable cause." Discussion ensued around access by LE, associated criminal activity, sharing PDMP info and its restrictions, drug court use, etc.

(Potential) Supporters for Increased LE Access:

- CMS
- Medicaid Fraud Unit
- PIU (Program Integrity Unit) of DHHS
- Policy makers
- Law enforcement
- Pharmacists

(Potential) Challengers

- Medicaid supporters (? fear of loss of benefits)
- Privacy rights advocates
- Organizations that advocate for healthcare policies and substance use disorder treatment

- **New Business**

M. Ricco Jonas asked for 2-3 volunteers to meet a few additional times in the next few weeks to continue & complete the Strategic Planning Session work and bring a draft product to the Sept. A.C. meeting. J. Harding, M. Viggiano and D. Strang volunteered for this task.

She also asked for 1-2 volunteers to review the contract extension over the next 3 days.

- **Items of Interest**

None brought forward.

- **Next Meeting**

Date/Time: September 17, 2018; 3:00 p.m.

Location: Office of Professional Licensure and Certification

- **Adjournment**

Motion to adjourn at 5:04 p.m. by J. Harding. Second by D. DePiero. All in favor.

Respectfully submitted,



David E. Strang, MD
Chairman