

SUBJECT: Mississippi Prescription Monitoring Program (MPMP) Advisory Committee

DATE: October 10, 2012

PLACE: 1080 River Oaks Drive, Suite A100, Flowood, Mississippi

PRESENT: Pete Stokes, MPA; Robert Dozier, MIPA; Wayman Tigret, Pharmacist; Meg Pearson, MSDH; Terri Kirby, Pharmacist-Medicaid; Steve Parker, MBP; Neely Carlton, MSMA; Blake Bee, AGO; Dr. Tom Joiner, MSMA; Richard Chance, MD, MBML; Thomas Washington, MBML; Deborah Brown, MBP; AGO; David Delgado, AGO; Marshall Fisher, MBN; Camp Murphy, Governor's Office; Frank Gammill, MBP; Melinda Rush, MBON

Opening Remarks:

The meeting was called to order at 9:00 a.m.

Committee Policies and Procedures:

Melinda Rush reviewed amendments to the proposed Policies and Procedures, formerly referred to as the bylaws. Members of the Policies and Procedures Committee, formerly Bylaws Committee, met on September 12 and September 26 to discuss revisions. Rush thanked Neely Carlton for writing the procedures.

Issues Discussed

1. Committee members may participate in meetings by telephone conference consistent with the policies and procedures of the Board of Pharmacy; however, this language does not have to be included in Policies and Procedures.
2. Article IV - Officers and Executive Committee, 4.3. Language was changed to clarify that elected officers shall be members of the Executive Committee.

Revisions will be sent to the committee for their review.

Election of Officers:

A Chair, Vice Chair and Recording Secretary will be elected at the next MPMP Advisory Committee meeting. The Policies and Procedures state that the Executive Committee composition includes seven (7) members, four of whom are the Executive Directors of the Board of Medical Licensure, Board of Nursing, Bureau of Narcotics and the State Board of Pharmacy. The remaining positions are three (3) At-Large Members who are to be elected from the Active Membership of the MPMP Advisory Committee. Nominations are to be submitted to Melinda Rush by Friday, November 30.

Legislative Meeting:

Steve Parker reported a meeting with legislators is scheduled for 10:00 a.m. on November 8, 2012, in Room 113 at the Capitol to bring awareness to the MPMP. Parker will present an overview and how various agencies utilize the of the program, Frank Gammill and Deboarah Brown will review the software, followed by a 30 minute Q&A session.

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Report from MPMP Manager:

Deborah Brown and Frank Gammill recently attended a meeting in Chicago regarding regarding the new software.

Brown reported on PMP operations in other states including numbers of staff required, annual budget and funding sources; MPMP reports that are currently available; MPMP performance measures; and a review of software. (See attachments.)

Brown will be submitting a proposed three and five year budget. The MPMP currently functions with one staff member on less than \$150,000 annually.

Advisory Committee Meeting Scheduled for December 12:

The next MPMP Advisory Committee Meeting was scheduled for December 12, 2012, at 3:00 p.m., at the Board of Nursing Nursing Office.

Adjourned:

The meeting adjourned at 9:45 a.m.

EXAMPLES OF HOW SOME OTHER STATE PMP's OPERATE

Louisiana

- Two employees
- 400K yearly budget
- Revenue from \$25.00 fee from practitioners and pharmacist
 - Allowed to do unsolicited reports, they notify the physicians and pharmacist of those "doctor shopping"

Virginia

- Three employees
- 900K yearly budget
- Revenue from court settlement trust fund
- Allowed to do unsolicited reports, no set procedure to do them

Michigan

- Seven employees
- 600K yearly budget
- Revenue from \$20.00 fee for every controlled substance registration and grant funds
 - Statute is silent regarding notifications. Send letters and surveys (ALERTS) automatically when shoppers hit 6 or more scripts and doctors in a month with grants from NASCSA. In a one year period, the number of high shoppers (10 or more) and shoppers overall has decreased by more than 50%. Our highest is around 14. Prior to that shoppers were as high as 27 in a single month.

North Carolina

- 2 employees
- 400K yearly budget
- Revenue from controlled substance registrations and grants
- Unsolicited reporting parameters determined by advisory committee

Ohio

- 4 employees
- 700K- 1.5M yearly budget
- Revenue from grant funds
- Not allowed to do unsolicited reports

Current PMP Reports Available

Dispenser Activity by Drug/Dosage

Dispenser Activity High Level Summary

Dispenser Activity Script Detail

Dispenser Activity Script Detail with Patient
Dispenser Comparison Peer Group Exceptions
Dispenser Comparison Top X Ranking
Drug Usage by Drug/Dosage
Drug Usage Top X Ranking
Patient Comparison Shopper Report
Patient Comparison Top X Ranking
Patient Profile Detail
Patient Profile My Prescriptions Only
Patient Profile Summary
Prescriber Activity by Drug/Dosage
Prescriber Activity High Level Summary
Prescriber Activity Script Detail
Prescriber Activity Script Detail with Patient
Prescriber Comparison Peer Group Exceptions
Prescriber Comparison Top X Ranking

PRESCRIPTION MONITORING PROGRAM PERFORMANCE MEASURES

Program Manager Requirements

1. Accomplishments
2. Barriers
3. Planed Activities
4. Prescribers using the System
5. How many prescribers wrote scripts
6. Dispensers using the System
7. How many pharmacist
8. Others using the system
9. How many solicited reports did prescribers request

Law Enforcement Requirements

1. Accomplishments
2. Barriers
3. Planned Activities
4. How many individuals in your agency are authorized to conduct investigations using the MS PMP?
5. How many coroner reports indicated that controlled prescription drug use was the primary or contributing cause of death?

6. How many solicited reports were produced?
7. How many unsolicited reports were produced?

Key Operational Features/Advantages of planned NABP PMP program

- Designed to address today's operational challenges:
 - Input solicited in the design process from a number of PMP Administrators regarding current operational challenges
- Designed for future operational challenges:
 - Scalable-for today's needs and the needs of tomorrow
 - Secure-data traffic fully encrypted to industry standards
 - Reliable-24x7x365 operations
 - Customer support 24x7x365
- Designed for evolving access methods:
 - Supports multiple browsers on Windows and Apple platforms
 - Supports iOS and Android systems for tablet access
- Takes advantage of PMPi integration built-in
 - Designed with interstate data sharing in mind.
 - Designed for further integration with third parties' software systems
 - Health Information Exchanges
 - Physician and Hospital-based software systems
 - Pharmacy workflow systems
- Intuitive user interfaces
 - Web portal customized for functionalities based upon user type/role
 - Dashboards with relevant information to that user/user type
 - Includes recent news, recently completed and pending requests, alerts from PMP system administrator
 - Can include delegate requests if allowed by the PMP
 - Includes unsolicited reports
 - User Registration enhancements
 - Streamlined registration process for users, including electronic document submission
 - Password maintenance tools to prevent inadvertent expiration of credentials
 - Administrator-initiated re-verification process supported
- PMP System User Enhancements
 - Reporting based upon consolidated person records for completeness
 - Designed to allow integration with other software systems to ease barriers to use by users
 - Multiple state requests built into request interface, including setting default multistate request parameters
- PMP Administrator Tools and Enhancements
 - Dashboard for monitoring activity and items needed Administrator attention
 - Includes monitoring tools for data requestors and data submitters
 - PMP Insight data access and mining tools to enhance access to PMP data by PMP Administrators
 - Review and approval of search requests for certain role types
 - Provide audit, compliance, diversion prevention and statistical reports to PMP Administrators

- o Report scheduling supported
 - o Pre-programmed reports of significant interest to PMP Administrators (i.e. unusual activity, highest usage or utilization of certain drugs/drug classes, threshold reports.
- o Record consolidation and de-consolidation tools
- o Full control over user administration
- o Configurable alert system via screen and/or email to communicate with system users about urgent events or situations
- o Ability to generate unsolicited reports to users
 - o Ability to import and maintain data such as NDC numbers and DEA numbers, to match to submitted data for monitoring purposes
- o Address standardization option
- o Data archiving tools to enhance system performance and ensure data privacy
- Tools and functionalities to ease compliance burden with data submission
 - o Validation rules programmable to ensure complete and compliant data submissions
 - Includes pre-validation functionality to eliminate submission of files with multiple errors-eases burden on program
 - Ability for data submitters to correct and resubmit data which fails validation rules via web interface
 - Reminders to data submitters regarding uncorrected errors
 - o Ability to submit data in various methods via Secure File Transfer Protocol (SFTP), via web services, and manual file upload, as well as direct web interface for entry
 - o Support of all existing ASAP data file formats
 - o Monitoring of data submission process, including status of file submissions, missing transmissions, need for zero entry reports, etc.