

**SUBJECT: Mississippi Prescription Monitoring Program (MPMP)  
Advisory Committee Minutes**

**DATE:** April 17, 2013

**PLACE:** MS Board of Nursing, 713 Pear Orchard Road, Plaza II, Suite 300, Ridgeland,  
MS 39157

**Present:** Meg Pearson, Pharmacist-MSDH; Melinda Rush, MBON; Terri Kirby, Pharmacist-Medicaid; Steve Parker, MBP; Neely Carlton, MSMA; Dr. Tom Joiner, MSMA; Dr. Richard Chance, MBML; Thomas Washington, MBML; Deborah Brown, MBP; Marshall Fisher, MBN; Frank Gammill, MBP; Andy McDermott; Ryan Harper, Pharmacist, MIPI PMP Rep.; Robert Dozier, MIPA

Dr. Kyle D. Null, Research Assistant Professor, University of MS (UM)- MS Medicaid Drug Utilization Review (MS DUR) Contractor  
Ashlee Parker, Pharmacy Student, University of MS  
Dr. Ben Banahan, Director of Pharmaceutical Marketing and Management (CPMM)-UM & MS Medicaid DUR Contractor  
Therese Hanna, Executive Director, Center for MS Health Policy  
Laurie Warrington, Clinical Assistant Professor, UM School of Pharmacy  
Tracy Rhinewalt, NP  
Blake Bee, Special Assistant Attorney General

**Opening Remarks:**

The meeting was called to order at 10:08 by Meg Pearson, PharmD, Chairperson

**Approval of the December 12, 2012 Meeting Minutes:**

Dr. Joiner moved to accept the minutes.  
Dr. Chance seconded.  
Votes were taken, and the motion carried.

**PMP Reports:**

Deborah Brown presented the PMP usage trends and compliance reports for the October 1, 2012 through March 31, 2013 timeframe. (See Attachment A)

**Committee Comments**

Dr. Chance stated that all prescribers with a DEA license must register as a PMP user by the end of December 2013. This requirement also applies to dispensing veterinarians and physicians.

Deborah stated that, to date, no pharmacies have been fined for non-reporting. She reiterated that the new PMP system will have better report capabilities with the tentative go-live date being in August of 2013.

## MPMP Advisory Committee – April 17, 2013

### Subcommittee Update/ Activities:

#### PMP Use Parameters Subcommittee

Dr. Joiner stated that he recently attended the Drug Abuse Summit in Orlando, Florida and recommended that a PMP representative attend yearly. He stated that his take-away from the meeting was that MS is way ahead of the curve. Many states do not have our level of cooperation.

Dr. Joiner and Ms. Carlton reached out to other states to assess their reporting parameters. For example, Maine uses five narcotic prescriptions for any one person triggers an unsolicited report to prescribers.

It was mentioned that CMS uses six prescribers, six pharmacies and six prescriptions as their threshold.

At what level do we trigger letters to the Board of Medical Licensure and law enforcement? Dr. Joiner thinks five is a good number. Dr. Chance agreed that it's a starting point.

Dr. Banahan cautioned that the day supply on the prescription also be taken into account.

Deborah can run report based on thresholds and then report back to the appropriate entity so that we are proactive rather than reactive.

Deborah suggested that each entity represented on the PMP Committee come to her office and craft their own standard reports. Established that the expectation is that each entity will have someone to run reports themselves then coordinate back with Deborah.

Method- Need list of agencies and boards and the people running reports so Deborah can ensure there's no duplication of effort.

Deborah would run unsolicited reports. New system will alert her of others who have looked at same patient.

Each entity will sit down with Deborah to develop unsolicited reports and report at next meeting. If you provide notice and problem you also need to provide education.

No discussion of unsolicited report going to a patient- Meg said it should be reported to somebody.

Director Fisher motioned to table the decision on whether or not to send unsolicited reports to patients for the Executive Committee to address. Dr. Rush seconded. Motion passed.

Director Fisher stressed that addicted patients need therapy and help rather than scaring them. For example, when his agency gets information on a nurse, he works with the Board of Nursing to help the patient.

### **Education Subcommittee**

On hold- don't want to campaign until new system is implemented.  
List has been composed of groups to educate

Online toll- Video to instruct hos to sign up and use

Educate the public

Neely developing newsletter on why PMP is importatns.

Dr. Hamilton doing seven hour prescriber course this fall and with C.E. hours

### **CMS/Insurance/ Worker's Compensation Subcommittee**

Ms. Kirby stated meetings between

### **Coordination Between Law Enforcement and Practitioners Subcommittee**

MBN in process of putting drop safes statewide, specifically for people to drop off prescription drugs. These will be located at highway patrol offices offering driver's licenses. Evidence management will pick up and destroy.

Annual threat assessment diverted pharmaceuticals. Biggest problem and biggest threat- trend is pill problem then heroin problem. Pills addicts first hen herioin. We now have heroin in MS. Now easier and cheaper for addicts to get heroin.

Pharmacy burlaries on the rise. Criminals are in and out of stores in 2 minutes.  
Coordination and communication so important. The Executive Committee requested to review the drop safe document.

Executive Meeting for Executive Committee scheduled for May 15, 2013 at 5pm.

### **Advisory Committee Meeting Scheduled for September :**

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

### **Adjourned:**

The meeting adjourned at 12:14pm.