

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

**DATE:** April 23, 2014

**PLACE:** MS Board of Pharmacy, 6360 I-55 North, Suite 400, Jackson, MS, 39211

**MPMP Membership**

**Maximum Membership:** The membership of the PMP Advisory Committee shall be limited to twenty (20) Active Members representing users of the program.

**Active Membership:** The Active Membership consists of a representative from the following entities:

**PRESENT**

1. Chair	Mississippi State Department of Health- Executive Director or his/her designee	Meg Pearson, Pharm D
2. Vice Chair	Mississippi Board of Nursing-Executive Director or member of the board	Lynn Langley, Interim Executive Director
3. Recording Secretary	Mississippi Division of Medicaid- Executive Director or his/her designee	Terri Kirby, BS Pharm
4.	Mississippi Board of Pharmacy –Executive Director or member of board	Frank Gammill, BS Pharm
5.	Mississippi Bureau of Narcotics, Executive Director or designee	Sam Owens, Interim Director
6.	Mississippi State Medical Association- a member who is registered to use the MPMP	Neely Carlton (present by phone)
7.	Mississippi State Board of Medical Licensure-Executive Director or member of board	Rickey Chance, MD (present by phone)
8.	The Special Agent in Charge for the Mississippi Field Office of the United States Drug Enforcement Administration or his/her designee	
9.	The Attorney General of the state of Mississippi or her/his designee	
10.	Mississippi Independent Pharmacists Association- a member who is a registered user of the MPMP	
11.	Mississippi Pharmacy Association-a member who is a registered user of the MPMP	Beau Cox, Pharm D
12.	Mississippi Nurses Association- a member who is a registered user of the MPMP	
13.	Mississippi Academy of Physician Assistants – a member	
14.	Mississippi State Board of Dental Examiners or a member of the board	
15.	Mississippi Dental Association-a member who is a registered user of the MPMP	

**Guests:** Marshall Fisher- present by phone (Director, MS High Intensity Drug Trafficking Area (HIDTA) Task Force), Jacquelyn German (Bureau Director-MSDH), Dr. Ben Banahan (UM-CPMM), Signe Shackelford (Policy Analyst-Center for MS Health Policy), Therese Hanna (Director-Center for MS Health Policy), Nikki Johnson (Division Director-MSDH), Dr. Craig Escude (Medical Director-Hudspeth Regional Center), Jerri

**Guests, continued:**

Avery (Bureau Director-Department of Mental Health), Tony Mastro (Media Liaison-Department of Mental Health), Leslie Leon (Pharmacist-Xerox), Steve Parker (Board of Pharmacy), Mike Garcia (Consultant for the MS-HIN project, GCS Company), Robert Dozier (MIPA), Connie Mills (Cost Containment Director-MS Workers' Compensation Commission)

**Opening Remarks:**

The meeting was called to order at 10:02 a.m. by Meg Pearson, Pharm D, and Chairperson

**Approval of the September 18, 2013 Meeting Minutes:**

Robert Dozier moved to accept the minutes.  
Sam Owens seconded the motion.  
Votes were taken, and the motion carried.

**PMP Reports:****Objective-To provide PMP usage trend reports for PMP Advisory Committee review and Comment**

Steve Parker presented the PMP usage trend reports for the April 2013 through September 2013. (See Attachment A)

Committee members discussed a discrepancy in the September figures found in the 'Top 3' drugs for July 2013 through September 2013.

Meg reminded everyone that the new system went live in October of 2013 and stated that the September controlled substance units might be low for that reason.

Ms. Carlton asked for the number of physician PMP users. Dr. Chance said he would ask the Board of Medical Licensure for a comparison between the number of physicians who are candidates and the number actually registered. Ms. Carlton offered to publicize these numbers. Mr. Gammill reported that physician registration rose 80% from the past year.

**Summary of October 30, 2013 Governor's Public Safety Summit:**

Dr. Pearson stated that Governor Bryant requested that the PMP Advisory Committee highlight its ongoing initiatives to address prescription drug abuse and diversion at the October 30, 2013 Public Safety Summit. Marshall Fisher facilitated the 'Prescription Drug Abuse/Treatment Options' group breakout sessions at the summit at which two state legislators were present. Recommendations from this group presented to all in attendance were as follows:

1. Adequately fund the PMP
2. Fund drug courts
3. The best way to address prescription drug abuse is to work with the state licensure boards to promote regulation rather than jumping too quickly to legislative actions.

Mr. Fisher stated that some legislators were in attendance that had been planning on writing legislation, but because of the meeting did not.

## **Integration of PMP data with MS-Health Information Network (HIN)**

### **Outline of project concept - Mike Garcia:**

Mr. Garcia provided an overview of MS-HIN and explained they are working with the PMP and are in the high level discovery phase of working toward integration.

#### **Presentation Highlights:**

- The 2010 Affordable Care Act-High Tech Act funds Health Information Exchanges (HIE) in all jurisdictions. MS has one, the MS-HIN. MS-HIN collects core data.
- MS-HIN to push data to provider electronic health records (EHR), but the problem is that EHR's are not ready. We will see more data pushed to EHRs in the next n two to three years.
- MS has had Health Information Exchange (HIE) since 2008.
- MS-HIN has relationship with MSDH. Dr. Currier is the Chair of the MS-HIN Board and supports integration of PMP data.
- First focus is hospitals and then expand to PCPs
- MS-HIN receives clinical data from Medicity Health Care Systems- they get 70-75% of filled prescriptions, but not prescriptions paid by cash
- Charge to hospitals is \$4.50/bed/month participation fee-.Grant ended last month and hospitals now hesitating to pay this fee.
- Driving factors for integration-
  - PMP funding for Appriss ends in approximately 18 months
  - MI-HIN is the states' HIE—HIN needs all medications, not just controlled substances which may require legislation
  - Every type of integration requires funding and requirements need to be defined
- Risks: Funding (currently working on funding via Harold Rogers grant), Timing, Adoption

Mr. Gammill asked if it would be valuable if the BOP provided *all* MS prescription claims data to MS-HIN and said they're exploring other data collection methods. He stated that he doesn't want it to be a financial or physical burden for pharmacists.

### **Data Analysis: Proposed Reports for Medicaid and Other Agencies - Dr. Ben Banahan:**

Dr. Banahan stated that he has two ongoing projects:

- Acquire all data to integrate with Medicaid data to see what's happening with cash prescriptions
- To serve as DUR agent for the PMP and to work with boards and law enforcement to customize reports and provide 'at risk' reports.

Dr. Pearson said the driving force for subcommittees is to decrease injury, death and diversion from controlled substance prescribing. She stated that last year's Advisory Committee focus was to communicate PMP awareness. Now that the PMP report application works well the next piece of puzzle is report development, which will provide more focus.

## **Subcommittee Activities:**

**Objective: Update PMP Advisory Committee members of recent and planned activities; provide opportunity for review, comment, and feedback**

### **Education Subcommittee**

Dr. Pearson recapped 2013 projects:

Six fliers were distributed to MD's offices

MS Bureau of Narcotics- 'Toe tag' flier entitled, 'Mississippi, We Have a Problem'

Prescription drug drop safes are now located in driver's license stations throughout the state

MS Medical Association- PMP informational pamphlets

The Department of Mental Health (DMH) has been brought on board and is planning projects and education.

Jerri Avery stated that in 2014 the DMH received federal grant money to implement programs aimed at preventing prescription drug abuse. She stated that they are targeting ages 16-25 because these ages are the hardest to reach. Additionally they are working with the MSU collegiate recovery program. To date, posters have been displayed in restrooms and they are considering displaying posters where people aged 21-25 drink. Ms. Avery introduced Tony Mastro, MDH's media liaison. He has helped with the posters.

Dr. Chance said one issue with prescribers is finding affordable treatment for drug abusers. He stated that Pine Grove is expensive. Ms. Avery stated treatment is available on a sliding scale basis through federal grants. Dr. Chance said the process needs to be organized. Ms. Avery stated the DMH has 14 districts and the best way to obtain help is for doctors to contact their local Community Mental Health Center and speak with the alcohol and drug director.

Ms. Avery offered to speak at any physician meetings.

### **CMS/Insurance/Workers' Comp Subcommittee**

Ms. Kirby stated that she met with Connie Mills, Worker's Compensation Commission, to brief her on the PMP. Ms. Mills is now a new PMP user. She also stated that Medicaid received its first cut of PMP data and she is working with Dr. Banahan on this project.

### **PMP Use Parameters Subcommittee**

Ms. Carlton stated that Ben's work will be helpful.

### **Coordination between Law Enforcement and Practitioners**

Mr. Fisher has a new job, but wishes to continue to serving on the PMP Advisory Committee.

The subcommittee has discussed possibly requiring a photo ID for persons picking up controlled substances as well as restricting pick up to age of 18 and over. They are now researching other states' regulations. A 'how to'

document for pharmacists on knowing what to expect from law enforcement when break-in/robbery investigations take place is being developed.

### **Software, Funding, and Trend Reports Subcommittee**

Mr. Gammill said that the PMP software is continuously being improved and a new version will be out in 20-30 days. He just met with Appriss about collection of *all* prescription claims data.

Dr. Langley stated that the Board of Nursing is exploring mandatory PMP registration of all nurse practitioners. She relayed that nurse practitioners have a horrible time because they can't delegate a user. Mr. Gammill said it's a reasonable thing to fix. Ms. Kirby asked what it would take to fix and Mr. Gammill said it would be a policy and procedure change.

Mr. Gammill stated that if MS had to fund the PMP it would cost from \$400,000 to \$500,000 per year.

### **Other Business**

Sam Owens mentioned that law enforcement can't run PMP queries after 5pm.

Toney Mastro shared the MS Prevention Partnership's work including a poster for doctor's offices and a sticker that lets drug seekers know doctors are checking their controlled substance drug use via the PMP. A PMP brochure entitled 'Where Do You Get Help?' is in development for distribution to doctors, nurse practitioners and pharmacists.

### **Setting of next PMP Advisory Committee Meeting:**

The next MPMP Advisory Committee Meeting is scheduled for September 17, 2014, 10 a.m. to 12 p.m. at the Board of Pharmacy.

Frank Gammill thanked all in attendance.

The meeting was adjourned at 11:45 a.m.

**Attachment A: Presentation by Steve Parker**  
(Double click area below to view entire presentation)



PMP Usage Trend  
Reports1Q2014.pdf