

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

**DATE:** April 15, 2015

**LOCATION:** 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	Brett Thompson
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	
6.	Mississippi State Medical Association- a member who is registered to use the MPMP	Tom Joiner, M.D.
7.	Mississippi State Board of Medical Licensure-Executive Director or member of board	Richard Chance, MD
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	Geoffrey Morgan
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	Kelli Coggin
12.	Mississippi Nurses Association- a member who is a registered user of the MPMP	
13.	Mississippi Academy of Physician Assistants – a member	Andy McDermot, P.A.
14.	Mississippi State Board of Dental Examiners-Executive Director or a member of the board	Karen Wilson, Investigative Supervisor
15.	Mississippi Dental Association-a member who is a registered user of the MPMP	Connie Lane , Executive Director

**Guests:**

Dr. Ben Banahan (University of MS-Center for Pharmaceutical Marketing and Management), Tony Mastro (Media Liaison-Department of Mental Health), Thomas Dobbs (MS State Department of Health- MSDH), Dana Crenshaw (PMP Director-MBOP), Stephanie M. Brown (MSDH), Shannon Hardwick (Clinical Director-Medicaid MS-DUR), Thia Walker (Epidemiologist-DMH), Charlene Barnett (Project Director-DMH)

**Guests, continued:**

Jasmine Williams (Prevention Fellow-DMH), Signe Shackelford (Senior Policy Analyst-Center for MS Health Policy), Manuela Staneva (Epidemiologist-MSDH), Steve Parker (BOP)

**Opening Remarks:**

The meeting was called to order at 10:04 a.m. by Meg Pearson, Pharm D, and Chairperson.

**PMP Reports:****Objective-To provide PMP usage trend reports for PMP Advisory Committee review and comment; timeframe October 2012 – April 2015**

Frank Gammill introduced Dana Crenshaw, the new PMP Director. He stated that she has been with the Board of Pharmacy for six years and has been helping Deborah Brown with the PMP for the past two to three years. Prior to this she worked for the Attorney General's Office for 18 years.

**Use Reports**

Dana Crenshaw presented the PMP usage trend reports from October 2012 through April 2015. She stated that some of the numbers provided for previous reports were not accurate because of the way Appriss was running them (by NDC instead of Generic Code Number).

Ms. Crenshaw related that pharmacists will soon be required to register as PMP users.

She stated that she has been speaking at many professional meetings.

In addition, she related that she wants to expand her role and assist those with grants. She requested to speak to these people after the meeting to see how she can assist. She intends to apply for the Harold Rogers grant this year.

**Number of patient inquiries:**

By prescribers- 720,000

By pharmacists- 200,000 in 2014

By investigators- 5,000 and steadily rising

Average of 70,000 total inquires per month

167,000 total inquiries during first quarter of 2015

**Update on Projects****Update on Establishment of Governor's Task Force**

Dr. Pearson reminded members that they voted to establish a Governor's Task Force at the September 2014 meeting, but since that time the PMP Executive Committee had met twice and, after conferring with Jay Ledbetter (Policy Advisor to Governor Bryant), concluded it was not a good time and that it was not needed. The decision was made to proceed forward with ongoing activities within the PMP Advisory Committee.

**Update on Integration for PMP data with MS-HIN**

Dr. Pearson related that the Executive Committee feels strongly about integrating PMP data with MS-HIN, but the reality of it is that it's not a project which can be done this year. She stated she spoke to Mike Garcia and he is still actively keeping up with what is going on at the national level so that when we are ready to integrate, we'll be ready. He will provide a national status update during the September 2015 meeting.

**Data Analysis: Proposed Reports for Medicaid and Other Agencies**

**Dr. Ben Banahan**

Dr. Banahan stated that work to obtain claims for Medicaid beneficiaries is still ongoing. Dr. Joiner asked whether Medicaid DUR activity includes Magnolia and United Healthcare beneficiaries. Dr. Banahan confirmed they have included data from these plans for the past year, starting June 1, 2014.

### **Data Analysis: Demographic and Comorbidity Profile of Opioid-Related Hospitalizations in Mississippi: A Call for State Surveillance**

Dr. Pearson stated that the Department of Health is working on grant related projects. She reminded the committee that one of the four pillars specified in the operations framework outlined by the president of the ASTHO (Association of State and Territorial Health Officers) is to help the states with monitoring and surveillance of drug abuse.

Since November of 2014, a small team from the DOH was pulled together to analyze hospital discharge data, specifically, prescription drug abuse related hospitalizations.

Dr. Pearson introduced Manuela Staneva, Epidemiologist with the DOH, and Dr. Thomas Dobbs, State Epidemiologist, who co-presented 'Opioid-Related Hospitalizations in MS, 2010-2011'. (See Attachment A).

#### **Highlights:**

Ms. Staneva stated that opioid substance misuse is a fast growing and difficult to control epidemic of increased morbidity and mortality, imposing an urgent need for building state surveillance systems.

It is important to note that it's not only a mortality crisis, but a morbidity crisis. Now they are trying to use hospitalization data to evaluate and estimate morbidity rates. They decided to identify populations at risk, define side effects of opioid treatment and baseline demographic characteristics which will ultimately be provided to physicians.

Dr. Dobbs stated that in 2010 and 2011 there were almost 10,000 opioid-related hospital discharges. When all drugs were looked at, prescription opioid drugs were the leaders above cannabis and cocaine. In addition, More females than males were hospitalized with an opioid-related diagnosis and Caucasians accounted for 83% of these hospital admissions.

The five counties with the highest rate of hospital discharges in Mississippi during this time frame were Forrest, Perry, Marion, Lauderdale, and Jones.

Mental health disorders were a leading comorbidity among patients hospitalized with opioid-related diagnoses: 71% of all patients with an opioid-related diagnosis had a co-existing mental health disorder (excluding other types of substance abuse), while 24% of all other patients had a co-existing mental health disorder.

Medicare and Medicaid accounted for 31% and 23% of all charges for opioid-related hospitalizations.

Compared to patients hospitalized for all other causes the uninsured were more likely to be hospitalized with a diagnosis indicating opioid misuse (17% vs. 7%).

Dr. Joiner stated that Medicaid does not pay for opioid treatment by itself. It will only pay if there's a dual diagnosis of a mental disorder.

#### **Subcommittee Activities**

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

#### **Education Subcommittee**

Mr. Tony Mastro stated that efforts are still ongoing to distribute educational materials to physicians and nurse practitioners in the eleven counties specified in the MS Prevention Partnership now funded by a block grant. Once dentists are required to sign up to use the PMP they will be included as well.

In addition, he mentioned the new good Samaritan law which legalized Narcan administration in suspected drug overdose situations.

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

Ms. Kirby stated efforts are still ongoing to obtain PMP data on Medicaid beneficiaries.

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

Steve Parker provided an update on software funding. He stated that the goal is to find long term funding of the PMP program and that they are working diligently to pursue the Harold Rogers grant. He stated that sharing funding costs by 'like' agencies is an option. For example the Board of Medical Licensure offered to put up \$100,000.00, but in order for the BOP to accept this they'd have to have authority to expend those funds. He related that the BOP has looked at legislation, but it is complex and would open up the Pharmacy Act of each agency. In addition there may already be tools so they backed off that options. He stated the goal is a fair and equitable plan and a formula. If legislation is needed they will do it in 2016.

MS was not awarded the Harold Rogers grant this year.

Mr. Parker related that the national discussion surrounding PMP programs is the concept of a holistic approach. That is, a nationalization of certain aspects of PMP, which concerns him because 'nobody knows MS like this room knows MS'.

Dr. Joiner stated that the feeling is that there is a big push from the 'feds' and he doesn't know if it's good. He said the 'feds' want PMP data to come up on your EHR when you check on it and he disagrees with that. He stated that certain entities stand to gain financially from this push. He stated 'you deserve a private medical record'.

Connie Lane asked what the annual budget need is.

Mr. Parker stated that it is a moving target. Right now we are in a pilot program and it is free until late 2016. He answered \$250,000.00 up to \$500,000.00 per year.

Mr. Gammill stated that the federal grant is not a final solution because there are administrative costs. The goal is to find a long term funding solution.

### **Use Parameters Subcommittee**

Dr. Joiner stated that the BML requires physicians to have 10 hours of drug abuse education every two years and it is provided at annual meetings as well.

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

Ryan Harper and Marshall Fisher still exploring requiring ID and minimum age to pick up narcotic prescriptions in pharmacies.

### **Other Business**

#### **Approval of the September 17, 2014 Meeting Minutes:**

Geoffrey Morgan moved to accept the minutes.

Dr. Joiner the motion.

Votes were taken, and the motion carried.

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

The next PMP Advisory Committee Meeting is scheduled for September 16<sup>th</sup>, from 10 a.m. to 12 p.m. at the Board of Pharmacy.

The meeting was adjourned at 11:43 a.m.

## **Attachment A:**

### **Opioid-Related Hospitalizations in MS, 2010-2011**



MSDH\_OPIOIDS\_PPT  
4-15-15.pdf