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

DATE: April 27, 2016

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	Dr. Lynn Langley, Executive Director- present by phone
3.	Recording Secretary	Mississippi Division of Medicaid- Executive Director or his/her designee	Terri Kirby
4.		Mississippi Board of Pharmacy –Executive Director or member of board	Steve Parker
5.		Mississippi Bureau of Narcotics, Executive Director or designee	Sam Owens
6.		Mississippi State Medical Association- a member who is registered to use the MPMP	Dr. Tom Joiner
7.		Mississippi State Board of Medical Licensure- Executive Director or member of board	Charles Ware- Investigator
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, Assistant AG
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	James Beau Cox
12.		Mississippi Nurses Association- a member who is a registered user of the MPMP	
13.		Mississippi Academy of Physician Assistants – a member	Andy McDermott
14.		Mississippi State Board of Dental Examiners- Executive Director or a member of the board	Brian Chalk
15.		Mississippi Dental Association-a member who is a registered user of the MPMP	

Guests:
Dr. Ben Banahan (University of MS-Center for Pharmaceutical Marketing and Management –CPMM-, MS Medicaid Evidence-Based Drug Utilization Review Initiative (MS-DUR), Nyki Preacely (Epidemiologist-DMH), Dr. Thomas Dobbs (MS State Epidemiologist), Brian Chalk (Investigator-MS Board of Dental Examiners), Karen Wilson (Deputy Director, MS Dental Board), Signe Dignan (Policy Analyst-Center for MS Health Policy), Phyllis Johnson (Director of Advanced Practice, MS Board of Nursing), David Roberts (Director of Govt. Affairs-MS State Medical Association), Patti Marshall (Asst. AG), Stephanie Mueller (MS Board of Pharmacy), Manuela Staneva (Epidemiologist- MSDH) , Dana Crenshaw (MSBOP-PMP Director), Steve Parker (BOP),

I.   Welcome

The meeting was called to order at 10:05 a.m. by Dr. Meg Pearson, Chairperson. She stated that it is very important to band together as a group and continue working together to address strategies surrounding prescription drug abuse. Deaths by overdose continue to rise as does the doses of naloxone administered as reported by EMS data.

II.   Approval of the April 15, 2015 and September 22, 2015 Meeting Minutes:
(10 members needed for a quorum)
Dr. Joiner moved to accept both sets of minutes. Sam Owens seconded the motion.
The motion carried by voice vote.

III.   PMP Reports

Dana Crenshaw reported that trending is up for both users and usage and is on track to have 1.2 million requests by the end of the year. Last year there were approximately 11,900 users and this year, to date, there are roughly 12,400 registrants.

a. **Opioid- Related Hospital Discharges by Zip Code of Home Residence**
   Objective: To provide follow-up mapping information from Hospital Discharge Data Analysis from 2014 (Demographic and Comorbidity Profile of Opioid-Related Hospitalizations in Mississippi: A Call for State Surveillance)
   Nyki Preascely, CDC's epidemiologist assigned to MSDH, reviewed all drug related hospital discharges, specifically linking patients' physical address to their P.O. Boxes. (**See Attachment A**)
   There are approximately 740 pharmacies and 117 hospitals in MS. The zip codes within four counties had highest rate of opioid related discharges: Lauderdale, Forest, Marion and Perry counties, and
    83% were Caucasian, 54% were females in the age group of 25-44. The map represents home addresses of the patients.

b. **Public Health Overview of PMP Data**
   Objective: To inform to-date PMP data management for analysis; to submit proposed data analysis reports

   Dr. Pearson presented a summary of how the MSDH handles PMP data. (**See Attachment B**)
   The MSDH has an extract of PMP data and a four member team which includes Drs. Dobbs and Pearson, Preascely and Staneva.

From 2011-2014, 29.5 million line entries were put on the sequel server found at MSDH. Data was encrypted and highly secure. Only two people at MSDH have access, Matt Calvert and Manuela Staneva. Dr. Pearson reviewed the filtering process used to identify controlled substances as some pharmacies submit all drug claims. She reviewed the data validation process. There has been a steady increase of controlled substances from 2011 to 2014. Opiate agonists have had slight decrease and a steady increase in fentanyl with most going to females.

Patti Marshall, Assistant AG, commented that the number of children in custody in these counties has increased and asked if the committee has done any work with the Department of Human Services with the goal being to drive down the number of children in certain counties. She asked if the committee should pinpoint mental health and drug treatment to certain areas or counties and it would help to know where to direct resources for these kids in custody. She stated that the Department of Mental Health has hospital discharge data.

Dr. Pearson stated that the MSDH sent a co-op intent- that is, the use of more than just one data set. Further, she stated that the committee hopes to work across all sectors and all groups.

Mr. Parker stressed that education is key and the more accurate the data the more you can pinpoint. The Appriss pilot program ends October 2016 (after 3 years). They must submit a Request for Proposal (RFP) to transition to a new software and are doing everything they can to keep Appriss. Remember that BOP is forced to be gatekeeper of data.

Dr. Pearson stated that she would craft as letter from PMP Advisory Committee listing the disadvantages of moving to new vendor.

Dr. Langley advised being proactive by having a meeting with ITS.

c. Division of Medicaid Review of Beneficiaries' PMP Data

Dr. Banahan stated he has received 24 months of PMP data on Medicaid beneficiaries. The Memorandum of Understanding (MOU) between the BOP and Medicaid was signed and allows MS-DUR to work directly with Appriss. He stated as as Medicaid's Drug Utilization Review (DUR) vendor , they have the Medicaid paid claims already and will look at cash Rxs.

The data will assist with setting quantity limits on narcotics as well as quality measures. Additionally, they will look at beneficiaries and prescribers who are outliers of cash versus Medicaid paid claims to look at abuse or inappropriate use.

Mr. Parker commented that even with the cash prescriptions, it's still not all of products that affect our citizens. The MBN dosage units recovered from robberies etc. and getting them off the street is also important.

IV.   Review of PMP Advisory Committee Policies and Procedures

Committee members reviewed the 'Mississippi Board of Pharmacy, Mississippi PMP Advisory Committee Policies and Procedures" (See Attachment C) which was created December 2012 and has not reviewed since that time.

Changes:

ARITICLE II-OBJECTIVES AND DUTIES

> 1.2 (iv) Mr. Morgan requested adding 'as defined in state law' to "Additional sources of funding to include agency users"

ARTICLE III-MEMBERSHIP

> 3.1- Change Maximum Membership from 20 to 21
>> Per Dr. Langley Add 'or his or her designee' across all 'Boards'- designees may vote
>>> Add Nurse Practitioners Association and remove MS Nurses Association
>>> Add Department of Mental Health (Bureau of Alcohol & Drug Services) as an Associate Member
>> Per Ms. Crenshaw- Strike all 'who is a registered user of the MPMP' where mentioned.

ARTICLE IV- OFFICERS AND EXECUTIVE COMMITTEE

> 4.1.3   "Notice for the meetings shall be consistent with the policies and procedures of the ~~Board   of Pharmacy~~ Open Meetings Act."

> 4.2 Executive Committee Composition:
>
> Add 'or designee' to each entry
>
> Add Executive Director of the Dental Board
>
> Change Three (3) At-Large members to two (2)

ARTICLE V- MEETINGS

Discussion ensued concerning attendance being required to conduct business and letters being sent to all members to encourage participation. Prior to each spring meeting the chair should send emails to each director requesting the names of their appointees for the year. A vote was taken and the majority voted to continue holding two meetings per year.

Mr. Parker volunteered to contact each agency.

Dr. Joiner made a motion to add the PMP Administrator, Dana Crenshaw, to both the PMP Advisory Committee and the Executive Committee and to add the Department of Mental Health to the Executive Committee Composition. Sam Owens seconded the motion. The motion carried by voice vote.

Recording Secretary Note- This will change Maximum Membership (pg.1) and Executive Committee (pg.3) totals

ARTICLE VI –MISCELLANEOUS

6.2 Quorum – Change '10' to 11' members of the PMP Advisory Committee shall constitute a quorum.

V.   **Nominations and Election of Officers and At-Large Members of the Executive Committee(ballot)**

Several rounds of ballot votes were held to determine the two At Large Executive Committee Members:

Results: Dr. Tom Joiner and Dr. Meg Pearson

Ballot votes were taken to determine the Chair, Vice Chair and Recording Secretary.

Results: Chair- Dana Crenshaw

           Vice-Chair, Dr. Tom Joiner

           Recording Secretary, Dr. Lyn Langley

VI.   **Other Business**

None

VII.   **Setting of next PMP Advisory Committee Meeting and Adjourn**

      The next PMP Advisory Committee Meeting is scheduled for September 21, 2016.

      The meeting was adjourned at 12:55pm.

Attachment A:

2010_2011Drug_Disc
harge_Mapspresenta

Attachment B:

PMP_data_4_26_16
MSDHpresentation.pp

Attachment C:

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