

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

DATE: September 17, 2014

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	Lynn Langley, 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, Director MBN
6.	Mississippi State Medical Association- a member who is registered to use the MPMP	Conner Reeves
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	Ryan Harper, Pharm D
11.	Mississippi Pharmacy Association-a member who is a registered user of the MPMP	
12.	Mississippi Nurses Association- a member who is a registered user of the MPMP	
13.	Mississippi Academy of Physician Assistants – a member	Andy McDermot (present by phone)
14.	Mississippi State Board of Dental Examiners-Executive Director or a member of the board	Karen Wilson
15.	Mississippi Dental Association-a member who is a registered user of the MPMP	
16.	A member appointed by the Governor	
17.	A member appointed by the Lt. Governor	
18.	A member appointed by the Speaker of the House of Representatives	
19.	A member of the Mississippi Prosecutors Association	
20.		

Guests: Thomas Washington (Board of Medical Licensure-Bureau Director), Marshall Fisher (Director, MS High Intensity Drug Trafficking Area (HIDTA) Task Force), Dr. Ben Banahan (University of MS-Center for Pharmaceutical Marketing and Management), Tony Mastro (Media Liaison-Department of Mental Health), Eric McKinley (BCBSMS), Thomas Dobbs (MS State Department of Health- MSDH), Dr. Scott Hambleton (MS Professionals Health Program),

Guests, continued:

Leslie Leon (Pharmacist-Xerox), Mike Garcia (Consultant for the MS-Health Information Network project, GCS Company), Robert Dozier (MIPA Executive Director-present by phone), Dana Crenshaw (MBOP), Deborah Brown (MBOP), Stephanie M. Brown (MSDH), Ron Hatfield (Appriss), Jay Ledbetter (Policy Advisor to Governor Bryant -present by phone)

Opening Remarks:

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

Approval of the April 23, 2014 Meeting Minutes:

Dr. Chance 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; timeframe October 2012 – August 2014

Use Reports

Deborah Brown presented the PMP usage trend reports for the October 2012 through August 2014 (23 months). (See Attachment A for complete report)

Use of PMP by registration category:

7,110 total users with top three being physicians (4,153), nurse practitioners (1,181) and pharmacists (1,012)

Number of patient inquiries:

By prescribers- 441,354
By pharmacists- 87,320
By investigators- 2,340
By regulatory agency- 1,056
By drug court- 678
By drug treatment program- 10
By medical examiner/coroner- 6

Number of practitioners licensed vs number of practitioners registered in PMP vs number of practitioners who made patient inquiries:

Practitioners registered – 7,087
Practitioner queries – 2,997

Dosage units, top five drugs

Ketamine powder (reported by veterinarians- high number because units reported in grams)

Hydrocodone 10/Acetaminophen 325
Hydrocodone 10/Acetaminophen 500
Hydromet Syrup (Hydrocodone 5 mg/Homatropine 1.5 mg/5 ml)
Alprazolam 0.5 mg tablet

Ms. Brown stated that in the future she may ask that all hydrocodone dosage forms to be grouped together in one category.

Unsolicited report parameters were briefly discussed. Ms. Brown stated that when she queried patients who had seen six prescribers and been to six pharmacies in six months, over 3,000 people were returned. She concluded by stating that the PMP needs a collective decision on parameters to use for unsolicited reports.

Update on Projects

Integration of PMP data with MS-HIN

Mike Garcia (See Attachment B for complete presentation)

Mr. Garcia stated that every state is funded to build a Health Information Exchange (HIE) so as to allow providers to share clinical information. Mississippi's HIE is known as the Health Information Network or MS-HIN.

MS-HIN started after Katrina in 2007 and five to six hospitals were using it on the MS Gulf coast. Currently, there are 12 participating hospitals, over 200 FQHCs (Federally Qualified Health Centers), over 600,000 patients being served by the MS-HIN and 20 hospitals involved in the active onboarding process.

Integration of PMP data with MS-HIN is vital to realize the goal of making MS-HIN a 'one stop shop' for all patient related clinical data. Back in April stakeholders were discovered: pharmacists, Board of Pharmacy, PMP, MSDH, MS-HIN and healthcare providers.

Mr. Garcia stated that legislative changes may be needed because for the MS-HIN to be of value *all* prescription claims are needed, not just controlled substances. Currently, MS-HIN contracts with Medicity, but it's expensive and they desire a more cost effective solution. Controlled substance abuse is a huge problem in MS and there is now discussion of forming a Prescription Task Force with the PMP being a subtopic of that committee. There are two ways to create a Governor's Task Force: legislation or by executive order.

Dr. Pearson suggested that the PMP can be one component of a Governor's Task Force to address prescription drug abuse in general. She also stated that more information will be forthcoming as we start pulling all of this together.

Data Analysis: Proposed Reports for Medicaid and Other Agencies

Dr. Ben Banahan

Dr. Banahan stated that his group received a test set of data from the new system and related that they are in the process of acquiring all PMP data. The first step needed to analyze Medicaid data will be to explore the cash payment claims of Medicaid beneficiaries. Additionally, as of last week, the reports for 2011, 2012, and 2013 are available, but a 'key' is needed and they are working with Appriss to obtain it. He also stated that he will start scheduling meetings with different agencies and groups to develop reports for use in investigations.

Dr. Pearson said that we will know the outcome of the Harold Rogers grant request after this meeting. She thanked members for their individual signatures on a single letter supporting this grant request.

Subcommittee Activities

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

Education Subcommittee

Tony Mastro (See Attachment C for all materials presented)

Mr. Mastro shared the MS Prevention Partnership's educational materials: a poster for doctor's offices, a window sticker which lets drug seekers know doctors are checking their controlled substance drug use via the PMP and a brochure entitled 'Where Do You Get Help?' He stated their goal is to distribute these to every pharmacy and doctor's office in the state.

The MS Prevention Partnership now has eleven counties and is funded by a block grant.

Dr. Chance requested that the educational documents be put in the MS State Medical Association journal and be distributed to prescribers who want to refer patients to treatment facilities. Mr. Mastro explained that distribution will be overseen by the Substance Abuse and Mental Health Services Administration (SAMSHA) grant and the Department of Mental Health.

CMS/Insurance/Worker's Comp Subcommittee

Ms. Kirby stated she had nothing further to add to Dr. Banahan's previous comments.

Software, Funding, and Trend Reports Subcommittee

Mr. Gammill stated that they are awaiting an answer on their Harold Rogers grant application.

Appriss Speaker- Ron Hatfield

Mr. Hatfield reviewed PMP Aware history: the National Association of Boards of Pharmacy (NABP) contacted Appriss to develop a method to help states share data through PMP Interconnect and 31 states currently use it. The work in Louisiana is moving well and they will be working with Oklahoma and Texas. He added that they have found that some states have vendors who are hesitant to help states connect.

Currently there is no charge to the state for a three year period and they are working on other things to continue providing free service. Every month a new release is pushed out and they are pleased with results of the satisfaction surveys.

PMP Gateway is a translation service, with Department of Justice. Gateway will replace PMP Interconnect.

Mr. Hatfield stated that we are moving toward unsolicited and threshold reporting and in the meantime Ms. Brown can manipulate reports until use parameters are defined and established.

By end of next quarter letter generation will be electronic. Additionally, he is excited about the integration possibilities as it was built to work with Interconnect. The lack of integration with existing provider workflow is the number one drawback.

Appriss is working with other states on integration such as the Lewis and Clark information exchange in Kansas. He provided an example; an emergency room doctor clicks enter- goes to the PMP and runs a report - then puts it back into the patient's medical record.

Appriss recently acquired Narc. Check which is akin to a credit report for drug abusers. A low score would not indicate a drug seeker and a high score is indicative of a person with a higher risk of being a drug seeker.

Mr. Gammil stated that the BOP has thought about asking for all prescription claims. It wouldn't be as expensive as it is today and would be less than \$100,000 to write the software. There is now ongoing work for such a pilot in North Dakota. In January, legislation is to be introduced in North Dakota to make it happen. Additionally, Mississippi's relationship with Appriss, and the five other states with which they are working, is guaranteed to last three years. If there is a cost the state will be notified 12 months in advance. Things such as Narc Check are value add-ons and most doctors are willing to pay a fee per year per DEA registrant, for example, a \$48 per year per DEA registration to use Narc Check.

Deborah stated that data sharing currently occurs with seven states: Arkansas, Arizona, Illinois, Kansas, Michigan, New Mexico and North Dakota.

NABP is writing an Rx Check- interface with Rx Hub so AL can share with us. AL is only sharing with Kentucky now. Florida may share in the distant future and Texas is interested.

It is legal for people in other states to access our system, but they must first query their state.

Use Parameters Subcommittee

Ms. Brown discussed parameters she used to identify possible drug abusers. She stated when six pharmacies, six doctors over six months were used over 3,000 people showed up which is way too many to work with. She then tried eight, eight and eight, but wants to narrow the final output down to 100 people. At that point she wants to coordinate with MBN to make sure they are not stepping on anyone's toes. Her opinion is there will be a lot of interest in unsolicited reports. She stated that Appriss said that in Kansas, where they send quarterly unsolicited reports, abuse went down 40%.

Dr. Chance asked if there have been any studies to identify whether abusers are taking or selling and Ms. Brown said she didn't know.

Coordination between Law Enforcement and Practitioners

Dr. Harper discussed the fact that the law states that one has to be 18 years old to buy cigarettes and 21 to buy alcohol. Therefore, there should be no reason the state shouldn't require that customers are 18 and show an ID when picking up controlled substances. There is no legislation in any state. Ohio and Kentucky came very close, but the chain pharmacies opposed it.

Another concept is to limit CII prescriptions to a 30 day supplies. He stated that he believes the first baby step should be to require ID.

Proposal for Requesting Establishment of Governor's Task Force

Dr. Pearson reminded everyone that the PMP Advisory Committee was established in late 2012 and its members have been working together phenomenally well. She stated that, nationally, there is a need for states

to have a real strong structure. She cautioned that if you want to go fast, go alone, but if you want to go far, go together.

Dr. Pearson stated that the formation of a Governor's Task Force was discussed during the last PMP Executive Committee meeting in August. She requested that the Advisory Committee make a proposal in support of this task force. This proposal would then be presented to the Governor's office. The motion was made by Dr. Chance and seconded by Sam Mosley. All voted in favor.

Dr. Pearson said that the proposal will go to Jay Ledbetter who voiced agreement.

Neely Carlton recommended that a scope of work description is needed for the task force.

Dr. Pearson suggested that national guidelines be used and for the group to proceed with ascertaining bullet points. Consensus was reached to convene the PMP Executive Committee on November 12, 2014 from 3:00 p.m. to 5:00 p.m. for the purpose of drafting a document which will then be sent to the entire PMP Advisory Committee for comment.

Other Business

Meg asked for questions and discussion. Discussion ensued about hydrocodone products moving to DEA schedule II status on October, 6th. In addition, if a benefit plan allows for a 90 day supply then the DEA would allow a 90 day supply to be dispensed.

Setting of next PMP Advisory Committee Meeting

The next PMP Advisory Committee Meeting is scheduled for April 15, 2015 from 10 a.m. to 12 p.m. at the Board of Pharmacy.

The meeting was adjourned at 11:24 a.m.

Attachment A: Presentation by Deborah Brown

(Double click the icon below to view entire presentation)



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Attachment B: Presentation by Mike Garcia

(Double click the icon below to view entire presentation)



PMP Advisory
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Attachment C: Educational Material- Tony Mastro, MDMH

(Double click the icons to view)



MS PMP Logo
JPEGbyDMH.jpg



MS-PMP Brochure 4
ODMHsept14.pdf



PMP Poster
MDMH.jpg