Maryland’s Prescription Drug Monitoring Program (PDMP)

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Defining the Problem

United States: Injury Deaths by Cause, 1999-2010
Age adjusted rate per 100,000

Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS
Data Source: Maryland Poison Center
Prescription Overdose Deaths: The Iceberg Effect

In 2008, there were 14,800 prescription painkiller deaths.1

For every 1 death there are...

- 10 treatment admissions for abuse
- 32 emergency dept. visits for misuse or abuse
- 139 people who abuse or are dependent
- 825 non-medical users


Note: Not all drug poisoning deaths specify the drug(s) involved, and a death may involve more than one specific substance.
Source of Opioid Pain Reliever Most Recently Used by Frequency of Past Year Non-Medical Use (NSDUH, 2008-2011)

[Bar graph showing the percentage of survey respondents reporting days of non-medical use in the past year.]

The Problem in Maryland

Overdose Deaths in Maryland, 2007-2013

[Bar chart showing the number of overdose deaths in Maryland from 2007 to 2013.]
Number of Unintentional Intoxication Deaths Occurring in Maryland Through September of Each Year, 2007-2014.*

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Heroin</th>
<th>Rx Opioid</th>
<th>Benzo</th>
<th>Cocaine</th>
<th>Alcohol</th>
<th>Fentanyl</th>
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<tbody>
<tr>
<td>2007</td>
<td>596</td>
<td>298</td>
<td>214</td>
<td>23</td>
<td>189</td>
<td>135</td>
<td>17</td>
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<tr>
<td>2008</td>
<td>524</td>
<td>215</td>
<td>208</td>
<td>35</td>
<td>129</td>
<td>134</td>
<td>17</td>
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<tr>
<td>2009</td>
<td>497</td>
<td>251</td>
<td>170</td>
<td>32</td>
<td>108</td>
<td>102</td>
<td>23</td>
</tr>
<tr>
<td>2010</td>
<td>465</td>
<td>170</td>
<td>225</td>
<td>38</td>
<td>105</td>
<td>115</td>
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<td>2011</td>
<td>504</td>
<td>187</td>
<td>255</td>
<td>55</td>
<td>109</td>
<td>119</td>
<td>22</td>
</tr>
<tr>
<td>2012</td>
<td>600</td>
<td>298</td>
<td>237</td>
<td>59</td>
<td>116</td>
<td>148</td>
<td>23</td>
</tr>
<tr>
<td>2013</td>
<td>610</td>
<td>324</td>
<td>235</td>
<td>48</td>
<td>105</td>
<td>177</td>
<td>22</td>
</tr>
<tr>
<td>2014*</td>
<td>766</td>
<td>428</td>
<td>252</td>
<td>69</td>
<td>143</td>
<td>196</td>
<td>141</td>
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</table>

* 2014 counts are preliminary and include deaths reported by OCME through November 2014.

Overdose Deaths in Maryland, 2013
Source: DHMH Vital Statistics Administration
Prescription Drug Monitoring Program (PDMP)

PDMP’s Role in Addressing Opioid Addiction & Overdose Epidemic

• National overdose epidemic driven largely by Rx opioid addiction
• Recent increases in heroin addiction & overdose driven by increasing prevalence of Rx opioid addiction in Maryland
• PDMPs are important tool for preventing, identifying and intervening with opioid addiction

PDMP Effectiveness

• PDMP Center of Excellence at Brandeis University:
  - “Evidence continues to accumulate that prescription drug monitoring programs (PDMPs) are effective in improving clinical decision-making, reducing doctor shopping and diversion of controlled substances, and assisting in other efforts to curb the prescription drug abuse epidemic.”  

• SAMHSA issued a policy advisory letter recommending use of PDMP data by opioid treatment programs (OTPs)
PDMP Effectiveness

• Ohio ED Study\(^1\):
  - 41% who reviewed PDMP data altered prescribing for patients receiving multiple simultaneous narcotics prescriptions.
  - Of these, 61% prescribed no narcotics or fewer narcotics than originally planned, while 39% prescribed more.

• Prescriber survey in RI / CT\(^2\):
  - PDMP users more likely than non-users to take clinically appropriate action in response to suspected cases of prescription drug abuse or diversion
  - Actions included conducting drug screens or referring them to substance abuse treatment.


What is the Maryland PDMP?

• Secure, state-wide, electronic database
• Contains information on the **prescribing** and **dispensing** of pharmaceutical controlled dangerous substances (CDS)
• Rx data can be disclosed for clinical, investigative and research/public education purposes as allowed by law

Schedules II-V CDS

**Opioids**
- Oxycodone (OxyContin, Percocet, Percodan, Roxicet)
- Hydrocodone (Vicodin, Lortab)
- Hydromorphone (Dilaudid)
- Methadone
- Morphine

**Benzodiazepines**
- Alprazolam (Xanax)
- Diazepam (Valium)
- Clonazepam (Klonopin)

**Stimulants**
- Methylphenidate (Ritalin, Concerta)
- Amphetamines (including Adderall)
PDMP Goals

• Assist medical, pharmacy and public health professionals in the **identification and prevention of prescription drug abuse**
• Assist law enforcement and regulatory agencies in the **identification and investigation of illegal prescription drug diversion**
• Promote a balanced use of prescription data that preserves the professional practice of healthcare providers and legitimate patient access to optimal pharmaceutical-assisted care.

PDMP as a Clinical Tool

• Give healthcare providers real-time access at the point-of-care to patient CDS Rx history to:
  • Improve patient-provider communication to optimize patient care
  • Initiate referral to appropriate assessment, treatment & recovery services
  • Increase confidence in prescribing/dispensing decisions
  • Identify aberrant drug use (i.e. "doctor/pharmacy shopping") indicating possible misuse, addiction or diversion

PDMP as an Investigative Tool

• Patient, prescriber or dispenser specific reports
• One subpoena for PDMP record instead of subpoenas for multiple pharmacies’ records
• 2002 GAO report: Average diversion investigation times reduced after PDMP implementation
  - 156 days to 16 days in KY
  - 120 days to 20 days in NV
• PDMP data reports do not serve as the official record; original prescription records must be obtained.
Source: National Association for Model State Drug Laws (NAMSDL), December 2014

• May 2011: legislation (H-G § 21-2A)
• Dec. 2012: regulations (COMAR 10.47.07)
• Administered by Department of Health and Mental Hygiene, Behavioral Health Administration, Office of Overdose Prevention

**Implementation Timeline**

- May 2011: PDMP Law passed
- October 2011: Advisory Board holds first meeting
- December 2012: PDMP regulations adopted
- August 2013: dispenser reporting requirement went into effect
- December 2013: access for healthcare providers through CRISP
- March 2014: first law enforcement requests processed
- May 2014: new law authorizing unsolicited reporting passed
- July 2014: first licensing board requests processed
- Spring 2015: interstate data sharing estimated to begin
How is Data Collected?

DISPENSERS are required by law to electronically report prescription data to the PDMP

- For every Schedule II-V CDS drug dispensed
- Within 3 business days of dispensing
- Including identifying info for:
  - Patient for whom drug is prescribed
  - Prescriber
  - Dispenser
  - Drug

Dispenser is both pharmacy (hospital outpatient or community) and dispensing practitioners

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Reporting Exemptions

- Direct administration & drug samples
- Pharmacies serving only hospital inpatients
- "Waiver pharmacies" exclusively serving assisted living, comprehensive care and developmental disabilities facilities
- Opioid maintenance programs
- Veterinarians (unless Rx taken to pharmacy)
- Pharmacy dispensing to hospice inpatients (DHMH waiver required)

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Data Elements

**Drug & Rx data**
- Rx #
- Rx date issued
- Rx date filled
- Rx new or refill
- # refills ordered
- Payment sources
- Drug metric quantity
- Days supply
- Nat. Drug Code

**Patient data**
- Name (first, last)
- DOB
- Gender
- Address
- ID #
- (Telephone Number)

**Prescriber data**
- DEA #
- Last name

**Dispenser data**
- DEA #
Who Can Request PDMP Data?

**Clinical Use:** Healthcare providers may access data in connection with treatment of a patient

**Investigative Use:**
- Law Enforcement (existing investigation & subpoena)
- Licensing Boards (existing investigation & subpoena)
- DHMH Agencies (existing investigation & Secretary’s approval required): OCME, OIG, OHCQ, Medicaid, DDC

**Researchers:** De-identified data only

**Patients:** Their own Rx data only

Legal Provisions

- Data are confidential, privileged, not subject to discovery or subpoena in civil litigation, not public records
- Prescribers & dispensers not required to check database; no liability/discipline solely for failing to check
- “Unsolicited reporting” to prescribers/dispensers starting 2015 (HB1296 2014)
- Program-initiated referrals to law enforcement, licensing boards, DHMH agencies not authorized (HB1296 2014)

Legal Provisions

- Program does not create new clinical practice standards
- Re-disclosure of PDMP data to other practitioners for treatment purposes is protected
- Civil penalty for dispenser failure to report ($500/incident)
- Criminal penalty for unlawful data access/use
IT Partners

Chesapeake Regional Information System for our Patients (CRISP)
• Statewide health information exchange (HIE)
• State’s PDMP IT contractor

Health Information Designs (HID)
• CRISP’s PDMP contractor
• RxSentry®: Data collection & other services

CRISP Background

• 2007: designated statewide HIE by MD Health Care Commission
• 501(c)3 nonprofit corporation
• Consortium of MD’s prominent health systems (Johns Hopkins, UMD, MedStar, Erickson) with gov./community representation on boards
• Connects all 47 acute care hospitals in state, labs and radiology centers

CRISP Health Information Exchange

CRISP Web-Based Portal
• Patient demographics
• Lab results
• Radiology reports
• Electronic Reports (discharge summaries, history and physicals, operative notes, consults)
• Prescription Drug Monitoring Program Data

Encounter Notification Service
• Real-time notification to provider of patient hospital admission
• Increases coordination of care and improves follow-up care
• Reduces hospital re-admissions

Encounter Reporting Service
• Inter- and intra-hospital readmission reports

Public Health Reporting
• Stage 2 ongoing reporting of Public Health Meaningful Use measures to the State
**PDMP Data Access**

**Clinical Users**
- Register with CRISP
- Access data through CRISP HIE web portal
- Single source for PDMP & HIE clinical info

**Investigative Users (LE, licensing boards, DHMH agencies)**
- Register with HID
- Submit requests through HID website

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**Registration**

CDS Prescribers/Dispensers:
- Can access PDMP data & other CRISP clinical data feeds

Non-prescribing licensed practitioners:
- Must be delegated PDMP data access by prescriber
- Can access other CRISP clinical data feeds as legally allowed
www.crisphealth.org

Select PDMP from “CRISP HIE Services”

Registration

- Read and electronically sign MOU (terms of use)
- Email/fax copy of photo ID
- All registrants must have their own email address to receive login credentials
- **DO NOT SHARE YOUR LOGIN CREDENTIALS WITH ANYONE!**

“Point of Contact” Verification

- Required for CRISP access to **non-PDMP** clinical data
- Additional step to prevent fraud/unauthorized access and protect confidential information
- CRISP will attempt to establish and verify all registration requests with organizational POC
• PDMP data are only reports of dispensing activity, not an official record. Only the original prescription can serve as the official record.

• Although all efforts are made to ensure data accuracy, reports may contain errors or omissions.

• If you have concerns about possible data inaccuracies, contact CRISP at support@crisphealth.org or 877-952-7477.
Clinical Users: Current Stats

9275 total registered clinical users, including:
- 5729 prescribers (physicians, PAs, NPs, dentists)
- 1356 prescriber delegates (nurses, social workers, counselors, etc.)
- 2190 dispensers & dispenser delegates (pharmacists & pharmacy techs)

Averaging 16,000 patient queries per week

Total Active* PDMP Users by User Type

Source: CRISP/PDMP, March 2015

Number of PDMP Users and Queries by Type, April 2014 to Present

Source: Vital Statistics Administration
Unsolicited Reporting

- **Unsolicited Reporting**: proactive dissemination of PDMP data or notification of PDMP users about aberrant drug prescribing, dispensing or use patterns

- **HB1296, 2014 (Chapter 651)**: authorizes Program to review PDMP Data for indications of possible misuse or abuse
  - If found, Program may provide proactive report to *prescriber or dispenser only*

Interstate Interoperability

- Will allow MD practitioners to query other states’ PDMPs and vice versa
- Connect through a central hub (PMPi), facilitated by NABP
- Neighboring states already connected:
  - VA, WV, DE, NJ
- Estimated operational late-spring 2015
PMP InterConnect (PMPi)

- PMPi facilitates the transfer of PDMP data across state lines to authorized users
- Accommodates individual state laws around access, data elements, security
- Allows participating state PDMPs to grant access at the user role level
- National Landscape:
  - Twenty eight (28) states connected
  - Three (3) states have executed MOU
  - Three (3) states in process

Program Evaluation

- Scope of Work
  - Understanding baseline and immediate post-implementation prescribing and dispensing patterns
    - Focus on opioids and benzos
  - Prescriber uptake of PDMP and identifiable barriers to and facilitators of PDMP use
    - Prescriber-level study of use – survey, focus groups
    - Capacity building potential
  - Population-level impact of PDMP
    - Rates of ER / hospital events
    - CDS-related death rates
    - Access to / use of treatment / recovery services
  - Unintended consequences of policy/program

NABP PMP InterConnect Map
Questions?

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DHMH/BHA PDMP website:
http://bha.dhmh.maryland.gov/pdmp/

CRISP website:
www.crisphealth.org