

Meeting Minutes
South Dakota Prescription Drug Monitoring Program (SD PDMP) Advisory Council
December 18, 2017, 12:00 P.M. CST
Conference Call
Sioux Falls, SD

Members Present In Person:

Melissa DeNoon, RPh – Director SD PDMP

Members Present Via Phone:

Brian Lounsbery, RPh; Robin Arends, CNP; Louise Papka, PA-C, MPAS, DFAAPA; Robert Van Demark Jr., MD; Dave Mentele, RPh; Brian Zeeb, Office of the Attorney General; On behalf of Deb Fischer-Clemens, RN, Danielle Hamann; Jim Bregel, RPh, Kristen Bunt, MS, BSN, RN, Susan Sporrer, Department of Health

Others Present Via Phone:

Margaret Hansen, South Dakota Board of Medical and Osteopathic Examiners; Mark East, South Dakota State Medical Association; Amanda Bacon, SDPhA

Others/Staff Present in Person:

Melanie Houg, SD PDMP Assistant

I. Call Meeting To Order

Roll Call was taken and the presence of a quorum was noted.

The meeting was called to order by Melissa DeNoon at 12:00 pm with introduction of staff present.

Melissa announced there is now a PDMP Advisory Council web page under “PDMP” on the Board of Pharmacy’s website.

II. Minutes

Minutes from the June 20, 2017 meeting were introduced. A motion to approve the minutes was made by Robert Van Demark Jr, MD, seconded by Dave Mentele, RPh, motion passes with minutes approved.

III. Report from SD PDMP – Melissa DeNoon

A. PMP InterConnect

NABP’s PMP InterConnect (PMPi) launched in July of 2011 and facilitates participating states’ PDMPs in the secure sharing of data across state lines. SD went live as a participant in March 2013. Nationally, in the last 30 days, PMPi has processed 16.3 million requests (up from the 9.7 million requests reported in June) and 31.2 million disclosures (in June it was reported 18 million disclosures). SD’s PMPi stats for the last 30 days are: 6,153 requests were performed by our PDMP (5,168 requests in June) and 229,633 disclosures were processed by our PDMP (74,122 disclosures in June). Referring to the PMPi US state map it was noted that 41 states and the District of Columbia are currently connected to the PMP InterConnect and SD shares with 21 states. Oregon and North Carolina have Memorandums of Understanding (MOU) signed with a 2018 planned connection. Wyoming has a MOU under review as well as Missouri has a MOU signed for Multi-Jurisdictional Collaborative PMP. Currently, Nebraska cannot share although Nebraska hopes to change that. Also noted was that South Dakota prescribers and pharmacists can get accounts with Wyoming and Nebraska as neither state is currently sharing data.

B. Recent Activities

PDMP education continues to be a priority accomplished both through user education on SD's PMP AWAxE and through program admin attendance of regional and national PDMP conferences. A listing of conferences attended and presentations given since the June 2017 conference call were provided.

C. Upcoming Activities

Senate Bill 4 added statute 34-20E-21 which now requires the Board of Pharmacy to report to the standing health and human services committees of both the Senate and the House on the monitoring and use of prescription opioids before the fourth Tuesday in January every year. The report needs to include the number of opioid prescriptions from the past three years and update any changes or enhancements made to the program. (This statute sunsets on 6/30/2022.) Melissa DeNoon will be preparing this report utilizing new statistics available through Appriss' Tableau platform. Current projects: development of the mandatory registration maintenance plan, the drug take-back project, EHR integrations (Sanford and Regional Health), and data submission compliance.

D. Statistics

The statistical information was reviewed with the most prescribed drug being Hydrocodone in November 2017. #10 Vyvanse and Percocet continue to flip-flop during the year. Of the 113,463 controlled substance prescriptions dispensed in November 2017, 42.1% were opioids with 57.9% being non-opioids. From January 2013 to midnight on December 17, 6,784,815 controlled substance prescriptions have been dispensed with 45.11% (3,060,687) being opioids and 54.89% being non-opioids. Controlled prescriptions by year as well as prescriptions by month and year were reviewed noting that the Veteran's Administration began reporting in December 2014. On a positive note, reviewing 2016 quarterly controlled substance prescriptions, there has been a steady decrease in the total number of opioid prescriptions.

The query/utilization data is now important information. From January 2015 to present, prescriber queries doubled in 2016 with an increase already seen in 2017. Pharmacist queries also increased each year. Avera Integration from May of 2016 are for pharmacists and prescribers. There are no delegates in the Avera Integration as the PDMP information is available to the prescribers in their workflow.

Information in Tableau from Appriss will be used to revamp and modernize web data and monthly statistics. Also, days of supply statistics will be coming soon to compare with prescription data.

Jim Bregel asked for confirmation on the statute that those prescribers holding a South Dakota Controlled Substance Registration are to be registered with the SD PDMP.

IV. Old Business

A. BJA Harold Rogers PDMP Enhancement Grant 2016-PM-BX-0012

This grant has two projects, the first being an integration of Sanford Health's EHR, Epic, and the SD PDMP. Sanford continues to work through their budget process for the integration and has not committed to a time frame to start the project.

The second project is establishment of a drug take-back program in South Dakota retail pharmacies. A stakeholder call was made to assist in determining the company to be used as well as to discuss pharmacy location possibilities. Walgreens has their own program with the 24-hour

store in Rapid City having a receptacle. CVS/Target also has their own program. Walmart and HyVee did not express an interest. Shopko did not respond. This project is progressing as receptacles are in place in the Lewis Family Drugs in Milbank and Chamberlain. Receptacle invitations have been accepted by Cornwell Drug, Webster; Lynn's Dakotamart, Pierre; Martin Drug and Mercantile, Martin; Lewis Drug #1, Sioux Falls; and Lewis Family Drug, DeSmet. Selection of drug take-back receptacles utilized geographical and controlled substance prescription data. There were counties in South Dakota that do not have at least one full-time retail pharmacy. It was also determined that some counties have a receptacle available to the public in a law enforcement facility. Two initial counties, Brule and Grant, were decided. Then the mapped controlled substance prescriptions dispensed per county data was used to determine additional counties to include. Funding is available for 15 pharmacies; a receptacle and two initial collection bundles are being provided at a total cost of \$2250 per location with \$1,550 for the receptacle, \$300 for the collection bundles, and \$400 for shipping. Information is provided monthly from MedDrop regarding returned bundles.

Jim Bregel of Lewis in Chamberlain has been checking his store's receptacle weekly and will be returning a bundle shortly. Customers are happy with the ability to bring in unused medications. He explained that the receptacle opens flat which allows the medications to be set on it, then it closes just as a mailbox would. The Milbank location has already returned a bundle. The newspapers in Chamberlain and Milbank had articles promoting the drug take back receptacles. DeNoon explained that only the owners of the medication can deposit into a receptacle (could not give meds to a pharmacist/technician to deposit on their behalf) as well as the receptacle needs to be in sight of the pharmacy.

Mark East asked for an explanation of why other pharmacies were not interested. Due to concern of liability, East wondered if there was any statute to reduce the liability and if following the DEA collector status rules would assist.

B. BJA Harold Rogers PDMP Enhancement Grant 2017

Unfortunately, at the end of September, our office was informed that South Dakota was not awarded a 2017 Harold Rogers grant. This grant application included three grant projects: 1) Integration of Regional Health's EHR, Epic, and the SD PDMP, 2) Expansion of the drug take-back program to a goal of 1 receptacle per county (53) plus 15 additional (these were funded through 2016 grant) and funding for 2 additional collection bundles per site, and 3) PMP AWARe/SD Licensing Boards Software Integration to automate our credentialing process. Other funding opportunities are being explored in order to proceed with these important projects.

C. 2017 Legislative Session – SB1 and SB4

To review SB1's highlights: 1) defined "Integration" which allowed us to write new administrative rules to allow credentialing by the health system for integration users, 2) ASAP V4.2 (how pharmacies submit data), 3) submission frequency now at least once every 24 hours, 4) added "integration" to allowable disclosure, and 5) a new section mandating registration by all SD Controlled Substance Registration (SD CSR) holders.

The Board of Pharmacy has worked with Bob Coolidge in the Division of Controlled Substances, using his active SD CSR list as our "master list", de-duping against the master list the PMP AWARe user list and the Avera Integration user list, and indicating in the master list "Y" after are compliant. The communication process has included: 1) at the end of May the licensing boards emailed a communication to all their licensees explaining SB1 and how to become compliant, 2) in early August our office sent all those SD CSR holders still non-compliant a letter from the DOH and the BOP reminding them of the mandate, instructions for registration, and a "warning" that

“continued failure to comply with this state statute could potentially affect your CSR and/or your professional licensure status”, 3)in late Oct/early November each licensing board sent all those still non-compliant a letter with the same language as letter #2, and shortly each licensing board will receive a list with their remaining non-compliant licensees with direction from the DOH on how to address these remaining CSR holders. As of November 30, 2017, 95% of SD CSR holders were registered with the SD PDMP. Prior to the law’s effective date of 7/1/17, compliance was at 55%. Ongoing maintenance and compliance will be developed. Susan Sporrer thanked the PDMP staff for the work done for the mandated registration.

V. New Business

A. PMP AWARxE Clinical Alerts and Prescriber Reports

We are very excited to be rolling out by the end of the year two enhancement packages to PMP AWARxE! Initial funding for these two enhancements is being provided through the Department of Health’s CDC DDPI Grant. These new features are Clinical Alerts and Prescriber Reports.

Clinical Alerts will provide alerts and/or notifications on patients to registered pharmacists, prescribers, and prescriber delegates that meet one or more of the following thresholds: multiple prescribers and dispensers within a time period, daily active MME, and/or concurrent opioid and benzodiazepine prescribing. Threshold setting will be at the current level of 4 prescribers & 4 pharmacies in 30 days. A discussion regarding what the daily active MME threshold should be for the Clinical Alerts was held. DeNoon gave examples of Maine having 100 MME/day with exceptions, Nevada is at 90 MME/day and Rhode Island was at 30 MME/day for out-patient adults. Dr. Van Demark remarked that his medical group looks at 90-100 MME/day. Members agreed that 90 MME/day was an acceptable level.

Prescriber Reports will provide registered prescriber users with a quarterly report on the previous six month period. Each report will inform the prescriber on their own prescribing history including: comparing prescribing behavior to red flag indicators, comparing prescribing behavior to peers in their specialty field and statewide, summarizing patient and prescription volumes, providing information on potential multiple prescriber/dispenser patients, and summarizing PMP AWARxE usage. In order to receive a prescriber report, the prescriber user has to have their healthcare specialty in their PMP AWARxE account profile. Announcements and emails were sent to all users to whom these enhancements will be available describing them and instructed prescribers to log-in and complete their healthcare specialty if they had not previously done so.

The SD PDMP believes these enhancements will evolve PMP AWARxE into an even more effective tool aiding practitioners in clinical decision making and positively impacting patient care.

Noted that as of November 12, 2017, there is an updated look and navigation experience on the Appriss AWARxE site. Users are now able to update their email addresses as well as delegates can also add or delete to their supervising prescriber list.

VI. Other Business

A discussion regarding a paramedic to be a licensed prescriber delegate under an emergency department prescriber was held. After a presentation made by DeNoon to the Sisseton hospital, the ability to have a paramedic look up information on behalf of a prescriber in the emergency department was asked about. Mark East asked if it was in law or rule and also if the prescriber needs to sign off. Susan Sporrer felt as long as the paramedic is licensed and there is a prescriber giving approval, that it should be acceptable. DeNoon will gather more information and the topic will be discussed at a future Advisory Council meeting.

VII. Next Meeting

The next meeting is planned for May 2018.

VIII. Adjourn

Motion to adjourn was made by Susan Sporrer with Robert Van DeMark, Jr. seconding the motion. Meeting was adjourned at 12:56 pm.

DRAFT