

MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING



APRIL 15, 2013
4:00PM to 6:00PM
ALCOHOL AND DRUG ABUSE
ADMINISTRATION
55 WADE AVENUE
CATONSVILLE, MD 21228

Attendees

Advisory Board Present

Captain Daniel D. Alioto, Appointee;
Janet M. Beebe, CRNP, Appointee;
J. Ramsay Farah, MD, MPH, Appointee;
Vinu Ganti, MD, Appointee;
Janet Getzey Hart, Appointee;
Laura Herrera, MD, MPH, Deputy Secretary for the Public Health Services, DHMH;
Gail Amalia B. Katz, MPH, Appointee;
Faryl Quereshi, PharmD, Appointee;
Orlee Panitch, MD, Appointee;
Michael Souranis, President, Board of Pharmacy;
Hoover Adger, Jr., MD, MPH, MBA, Appointee;
Andrea Mathias, MD, MPH, Chair, Board of Physicians

Advisory Board Not Present

Hoover Adger, Jr., MD, MPH, MBA, Appointee;
Thelma B. Wright, MD, Appointee;

Board Adjunct: Linda Bethman, JD, MA, Office of the Attorney General, DHMH

PDMP Staff:

Michael Baier, PDMP Coordinator, ADA A;
Tryphena Barnes, PDMP Secretary, ADA A

CRISP Representatives:

Lindsey Ferris, Project Manager, CRISP;
Scott Afzal, Program Manager, CRISP

Public:

Dan Shattuck, Executive Director, Maryland Society of Anesthesiologist ; Michael Isaeff, Pharmacy Compliance Specialist, Safeway; Caleb Alexander, John Hopkins School of Public Health; Micken Brown, University of Maryland School of Pharmacy, MD; Lisa Hadley, Medical Director, ADA A;
Susan Lawrence, citizen, Eastern Shore; Mike Massuli, Clinical Director, Alcohol & Drug Recovery, Cecil Co.; Christian Lawrence, citizen, Eastern Shore; Virginia Geckler, Chief of Policy, GOCCP

MINUTES

- I. **Roll Call, Agenda Review and Approval of Minutes:** Meeting opened with roll call and agenda review by Michael Baier. There were no comments or changes to the minutes from the previous meeting requested.
- II. **Roll Call, Introductions, Membership Update & Approval of Minutes:** Meeting opened with roll call. Introductions were given and Michael Baier provided an update on re-appointed Board members: Dr. Vinu Ganti, Dr. J. Ramsay Farah and Gail Katz. Michael also mentioned vacancy positions that need to be filled; a patient representative and a pharmacist.
- III. **Announcements:** Michael Baier provided updates on PDMP implementation and the development of the Maryland Opioid Overdose Prevention, including:

PDMP Legislation: Senate Bill 80 was passed which includes the Division of Drug Control among the DHMH agencies that may request PDMP data.

Overdose Prevention Plan: DHMH has developed a statewide overdose prevention plan in response to the recent increases in the number of fatal overdoses, particularly those related to heroin. The plan includes ongoing development of the PDMP and CDS Integration Unit as well as requiring local health departments (LHD) to come up with local overdose prevention plans. In March, ADAA held an overdose prevention planning conference to assist local teams with the development of these plans. Information and presentations from the conference are available on ADAA's website. The local plans must include a strategy for education of the clinical community; many LHDs will be promoting use of the PDMP as part of their education initiatives.

Additionally, ADAA has established an MOU with clinical pharmacists specializing in pain management at the University of Maryland, School of Pharmacy to develop a plan to respond to public health and safety emergencies related to the sudden cessation of CDS prescribing or dispensing at the local level. Dr. Herrera provided background on the suspension of a high-volume prescriber's State CDS permit as a catalyst for the creation of such an emergency situation.

Overdose Fatality Review: The State plan also includes the creation of an Overdose Fatality Review (OFR) process, which will entail the implementation of Local Overdose Fatality Review Teams (LOFRT) in pilot jurisdictions to conduct multi-disciplinary reviews of overdose deaths and make recommendations to systems change to prevent future overdoses. This process will be modeled on the Child Fatality Review Teams that have long been active in every jurisdiction.

2013 Harold Rogers PDMP Application: DHMH will apply for the FY2013 Harold Rogers PDMP grant, Category III: Data Driven Multidisciplinary Approaches to Reducing Prescription Drug Abuse grants. If awarded, the grant will fund the implementation of pilot LOFRTs. Board members were provided with a summary of the Category III intent and requirements.

PDMP Regulations Change: Category III requires that the awardee use PDMP data analysis for strategic planning. To allow PDMP data to be analyzed by LOFRTs, DHMH intends to change the PDMP regulations to allow for re-disclosure of PDMP data to a State or local OFR team. The confidentiality protections established for OFR will ensure that the privacy of the decedent's family is not violated. Board members were provided with draft language for the proposed change. Michael asked if anyone had any questions or concerns about pursuing this change to the regulations. The Board did not raise any objections to the change to regulations.

IV. Subcommittee Issues: Michael Baier and Dr. Herrera discussed a number of upcoming issues that the Board's subcommittees could provide assistance with, including:

Technical Advisory Committee: Dr. Herrera gave an overview of the process to appoint the Technical Advisory Committee (TAC). DHMH has an appointments division that deals with the governor's appointees, the different boards, and the different advisory groups that are mandated by law. The office will review any conflicts of interest and conduct an ethics review. Board members could be involved with interviewing TAC nominees given the time commitment once selected to sit on the TAC. The 5 positions are: A Board Certified Anesthesiologist, licensed and practicing in the state, nominated by the Maryland Institute of Anesthesiologists. A Certified Addiction Medicine Specialist, licensed and practicing in the state, nominated by the Maryland Society for Addiction Medicine, A Pharmacist, licensed and practicing in the state, a Medical Professional, licensed and practicing in the state who is treating cancer patients, and a Board Certified Physician, specializing in the treatment of patients with pain, licensed and practicing in the state, nominated by the Maryland Society of Physical Medicine and Rehabilitation.

Educational Initiatives: Dr. Herrera noted that the Board needed to give input on educational initiatives to be developed for prescribers, dispensers, patients and others. Michael Baier commented that the State and Board should identify or develop standardized educational programs on the PDMP, safe and appropriate CDS prescribing and related issues to reduce the possibility of conflicting messages. Michael noted the FDA REMS program and the current planning discussions between ADAA and the Maryland Society of Addiction Medicine (MSAM) as an example of this.

Dr. Farah provided background on the development of the REMS program and the funding MSAM has received from FDA to provide continuing education programs in the State for free to healthcare providers.

Program Evaluation: Dr. Herrera noted a number of specific questions that PDMP evaluation could examine, including the impact of implementing a program that is integrated from the outset with a health information exchange. The study could evaluate the effect of integration on the workflows of various types of healthcare providers.

- V. CRISP PDMP Request for Proposals and Contracting Review:** Scott Afzal, Program Director and Lindsey Ferris, Project Manager from Chesapeake Regional Information System for our Patients (CRISP) gave a PowerPoint presentation (attached) on CRISP's release of a Request for Proposals for PDMP-specific vendor services and the contracting process. After the presentation, Lindsey and Scott answered questions from the Board.



CRISP

*Connecting Physicians With Technology
to Improve Patient Care in Maryland*

Chesapeake Regional Information System for Our Patients

CRISP Prescription Drug Monitoring Program RFP Review

February 19, 2013





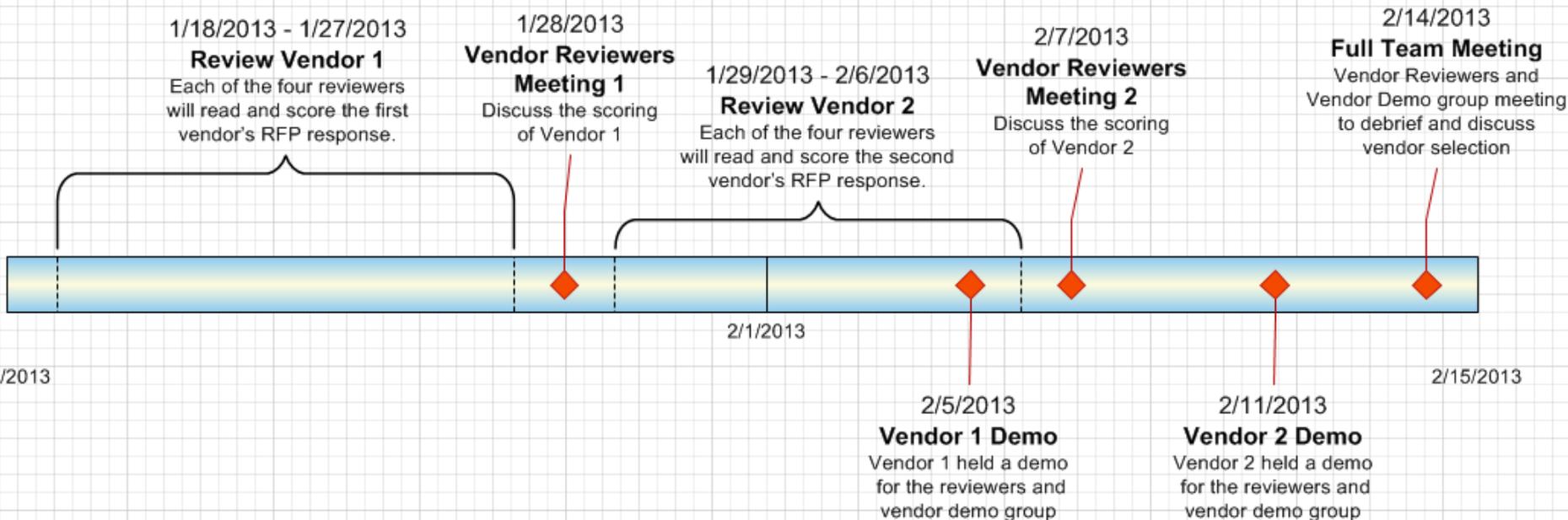
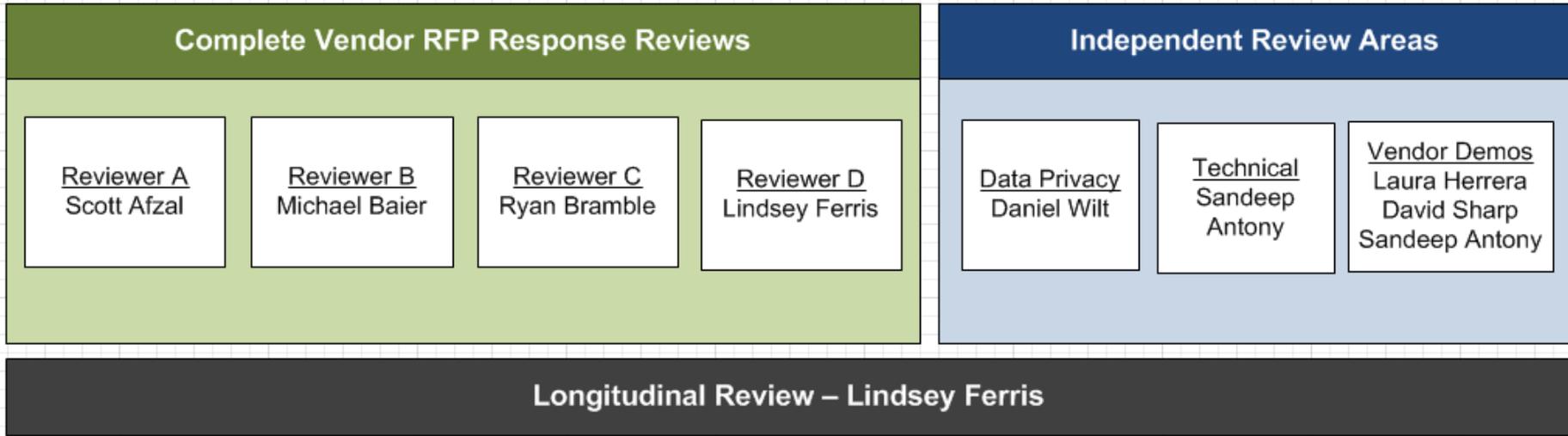
Agenda

Chesapeake Regional Information System for Our Patients

- 1) High-Level Overview of Review Process
- 2) Documentation Review
- 3) Vendor Overview and Discussion



Full Review Process





Selection Process Documentation

Chesapeake Regional Information System for Our Patients

- 1) RFP Response Scoring
- 2) RFP Response Clarification Questions from Vendors
- 3) Vendor Presentation Discussion/Feedback
- 4) Ongoing Vendor Questions/Responses
- 5) Reference Checks
- 6) Technical Advisory board Discussion/Feedback
- 7) DHMH/ADAA Discussion/Feedback



Potential Vendors

Chesapeake Regional Information System for Our Patients

- Optimum/Emdeon
- HID/RelayHealth

Both RFP responses consisted of a PDMP vendor partnering with a pharmacy switch for real-time reporting capabilities



➤ Primary Strengths

- Optimum technology has put more upfront work into the underling technology necessary for the CRISP-specific approach
- Integration between Optimum / Emdeon well thought out

➤ Primary Weaknesses

- Price
- Emdeon market share lower than RelayHealth



➤ Primary Strengths

- HID has larger number of PMP contracts (17 states)
- RelayHealth has larger market share (~70%)
- Lower proposed pricing
- Established ad-hoc reporting system

➤ Primary Weaknesses

- HID's technology was not initially clear on some necessary components for CRISP-specific approach
- Technical integration between the partners is new



Vendor Comparison Process

Chesapeake Regional Information System for Our Patients

The process to gather information above and beyond the information included in the RFP response included:

- Onsite vendor presentation/demonstration
- Vendor-specific questions on RFP responses
- Detailed Price Analysis
- Customer Reference Interviews
- Technical Review
- Data Privacy Review
- Financial Stability/Proposal Check



Technical Infrastructure

Chesapeake Regional Information System for Our Patients

Optimum/Emdeon



HID/RelayHealth

- Optimum/Emdeon presented an integrated technical diagram of data flow and vendor ownership.
- Optimum has experience with SSO using SAML 2.0
- HID/RelayHealth expressed flexibility in the configuration of the data flow to and from the CRISP MPI
- HID has experience with SSO via proprietary methods



Reporting Capabilities

Chesapeake Regional Information System for Our Patients

Optimum/Emdeon

HID/RelayHealth



- Optimum's ad-hoc reporting system will be available end of Q1 2013
- HID has an established ad-hoc reporting system
- HID does not audit attempted (but failed) uploading



Implementation

Optimum/Emdeon



HID/RelayHealth

- Optimum's implementation plan accounted for CRISP-specific needs and aligned with our timeline
- HID/RelayHealth provided a more generic implementation plan and timeline and did not account for CRISP integration efforts



Price Comparison

Chesapeake Regional Information System for Our Patients

Optimum/Emdeon

HID/RelayHealth



- Optimum offered price matching
- Emdeon stated pharmacies may incur a charge for cash dispenses if they are not already being sent to Emdeon
- HID/RelayHealth's pricing was substantially lower



Customer References

Chesapeake Regional Information System for Our Patients

Optimum/Emdeon

HID/RelayHealth



- Optimum's Connecticut reference was positive, expressing:
 - + Good responsiveness and turnaround time on development projects
 - + Good interaction with the help desk
 - + No hidden costs in their budget
 - + Minimal downtime

- HID's Florida and Alabama references were positive, expressing:
 - + Good responsiveness and turnaround time on development projects
 - + Good interaction with the help desk
 - + Seemingly ahead of the curve in terms of integrating with systems (EMRs, HISs)
 - However, expressed extra development costs since certain functionality was not included in contract



Financial Stability

Chesapeake Regional Information System for Our Patients

Optimum/Emdeon



HID/RelayHealth

- Optimum is a smaller company overall, but both have comparable PDMP revenues, even with HID's higher percentage of the market share



Comparison Summary

Chesapeake Regional Information System for Our Patients

Criteria	Optimum/Emdeon	HID/RelayHealth
Technical Infrastructure	✓	✓
Reporting Capabilities	✓	✓
Implementation	✓	
Price Comparison		✓
Customer References	✓	✓
Financial Stability	✓	✓



Where we are today...

- Letter of Intent to Award sent to **HID/RelayHealth** on February 28
- Red-lined contract/SOW sent back to HID
- Draft Project Plan complete
- Collecting contact lists for pharmacies and dispensing practitioners in preparation for outreach
- Requirement Validation on-site sessions scheduled for April 24/25