



## The Prescription Drug Monitoring Program (PDMP) Mandate and Where You Fit In: Webinar Q & A

**1. Who enters the data (according to this must be done within 24 hours now, not 3 days). Doctor/delegate or pharmacy? I didn't see an option to enter data so far.**

The PDMP data is reported by dispensers of controlled dangerous substance prescriptions. The act of prescribing does not create a requirement to report any information to the PDMP. Dispensers include most pharmacies in Maryland (and mail-order pharmacies sending CDS prescriptions to Maryland addresses) and practitioners who can dispense CDS from the practice setting. If you are a pharmacy or dispensing prescriber, you should already be set up to submit controlled substances II-V to the PDMP through our PDMP vendor, however, if you are not yet set up to report, please find more information on how to submit data here: <http://rxsentry.net/mdpdmp/dispenser.html>). As of late June 2018, we are still awaiting promulgation of regulations to require dispensers to report daily to the PDMP; the 3-business day rule is currently still in effect.

**2. How do these regulations apply to pediatric neurologist who routinely and frequently prescribe benzodiazepines to children with epilepsy? Are we required to query PDMP for every prescription?**

If you are prescribing opioids or benzodiazepines to patients (children or adults), you must query the PDMP before newly initiating treatment or every 90 days for ongoing treatment. The statute and regulations do not differentiate between prescribing and dispensing to adults and minors. Please review all of the exceptions to the use mandate, however, for specific clinical situations which may be applicable to your prescribing practices (<https://bha.health.maryland.gov/pdmp/Pages/pdmp-use-mandate-information.aspx>)

**3. If an advanced practitioner searches as a delegate, does it satisfy compliance requirement for the doc delegate and their own at the same time?**

Currently, a user falls into one of two categories: prescriber/pharmacist or a delegate of a prescriber/pharmacist. The way the delegator dashboard is being rolled out is such that a prescriber/pharmacist will see the delegator dashboard and will not be able to select who they are querying on behalf of since they can query directly as a prescriber/pharmacist. Delegates will have to select who they are querying on behalf of and do not have access to the delegator dashboard. We have no way to give a prescriber/pharmacist both roles at this time. If this is something that providers feel would be common and would assist with adoption of PDMP use, PDMP Office and CRISP can look into any policy considerations and technical updates to the system to allow for that scenario in the future.



#### **4. Does the doctor have to do this personally or can a Registered Nurse?**

Prescribers (physicians, nurse practitioners, physician assistants, nurse midwives, dentists) and pharmacists are able to delegate access to the PDMP to a licensed healthcare professional or a non-licensed healthcare professional that is within the same clinical practice as the delegator. Therefore, a registered nurse or other delegate, such as a medical assistant or LPN, may query PDMP on behalf of the prescriber and is considered compliant with the mandated use. Delegate access is very much supported for users accessing the PDMP data through the Unified Landing Page. The Delegator Dashboard in the ULP will assist the delegator in managing his or her delegates.

Note: deeper integration with electronic medical records are often designed in a way in which the PDMP information is embedded within the workflow of the prescriber and therefore do not require delegate access.

#### **5. If prescriber sees multiple prescriptions for controlled substances for patient by multiple prescribers, should prescriber contact the other prescribers about their concerns? Should CRISP be notified?**

CRISP does not need to be notified. Please use your clinical judgement in contacting other prescribers to coordinate care.

#### **6. What is the best way to get the support staff registered for a practice, so they can be delegates? Does each individual provider need to select the delegate, or can this be added on your end?**

Support staff can register using the link on CRISP's website, [www.crisphealth.org](http://www.crisphealth.org). Please note that support staff needs to complete their individual registration before they can serve as a delegate. The delegator will not be able to search for and approve a delegate in the Delegator Dashboard (within the ULP) if the delegate has not been issued a login. We suggest you allow your support staff sufficient time to complete the registration process, which will include watching a training video.

The delegator is assuming responsibility for the delegates accessing PDMP data on their behalf and therefore needs to "approve" the delegator/delegate relationship. Therefore, CRISP rolled out the Delegator Dashboard to allow the delegator full control of the process.

#### **7. If you access data via through the EHR PDMP instead of your own personal ULP login does that satisfy the compliance requirement?**

Yes. If you see Maryland PDMP data directly in your institution's EHR, then it is satisfying the requirement to access PDMP data. There are differences in the ways the data is integrated with different EHR vendors, but in all designs, the requirement is being met if you are seeing the Maryland PDMP data. Your access is audit logged and can be substantiated if there were a question of your compliance in accessing the data.

The only real nuance relates to where the audit history of PDMP queries lives. If the integration of the PDMP is a real-time call to CRISP, your identifying information (DEA, CDS, or NPI) is sent to CRISP



so PDMP data is only supplied to authorized registered users and the audit history is stored within the CRISP system. If your institution is getting a feed of the PDMP data such that the data is stored within your EHR, you viewing the PDMP data stored in your EHR still satisfies the compliance requirement, but the audit history lives with your organization.

**8. The current CRISP SSO patient portal page PDMP link does not track provider usage/query of PDMP. The CRISP FHIR app does track usage/query of PDMP. The FHIR app does not return all info such as results, etc as the CRISP portal displays. We are not sure how to force our providers to use the FHIR PDMP link to track compliance when we also need to display the CRISP portal page. With that, when will the FHIR app display all results, etc so we can disable the CRISP SSO portal page link or when will the CRISP SSO portal page PDMP link track usage/compliance?**

Provider usage is tracked for both SSO and SMART on FHIR access methods. Any time a user accesses the PDMP data through single sign-on (SSO) or via a CRISP SMART on FHIR app available through your vendor, CRISP is sent an identifier for the unique individual performing the query, so CRISP can know in real time whether the PDMP data can be disclosed to the authorized user (namely, that they are registered/credentialed for access). Therefore, we know who is querying the PDMP and that information is stored in the CRISP audit logs. In these cases, please note that the user will have to document in the patient's chart (in your EHR) that the PDMP was checked per the mandate requirements. It is up to your organization if you want to continue using SSO once the FHIR-based app is deployed – please discuss the considerations of doing so with your CRISP representative. We are also working to incorporate PDMP interstate data into the FHIR-based application within the next one or two months.

**9. Can we do the query on a patient prior to their appt and will that count towards compliance. For example, if we run reports early in the day for all incoming patients so that it is readily available for the provider during the day. Will that satisfy the compliance requirement for that patient, or must it be done in "real time" during the prescribing action?**

Yes, you can query on a patient prior to the appointment and the PDMP program has a way to look at compliance with the mandate with a variable lookback period. Please note that because the PDMP information is being constantly updated, you have the best chance at the most complete picture the closest to the date in which you actually see the patient as possible. Please use reasonable judgment about data completeness and clinic operational constraints in deciding when to pull a patient's PDMP data prior to a visit.

**10. What about out of state pharmacies with unlicensed MD RPh staff that review the Rx's? Is it my understanding that they are not mandated?**

If you are an out-of-state pharmacy that dispenses into Maryland (i.e. mail-order pharmacy), the use mandate applies to any prescription filled for a Maryland resident. The ability to dispense into Maryland as an out-of-state pharmacy means that a pharmacist is on staff that holds a Maryland



license. Out-of-state pharmacists who hold a Maryland license are allowed to register with and access the Maryland PDMP directly, however, out-of-state delegates are not allowed to access the Maryland PDMP directly. Please note that if your state is set up to exchange PDMP data with Maryland, you can access the Maryland PDMP data through interstate sharing by logging into your state's PDMP system. Please see the CRISP website for which States Maryland is exchanging PDMP data with here: <https://crisphealth.org/services/prescription-drug-monitoring-program-pdmp/>

Also, please keep in mind that the mandated use language in statute for Maryland licensed pharmacists is to review the PDMP if there is reasonable belief that a patient may be seeking a controlled substance for any purpose other than treatment of a medical condition.

**11. Why have there been several patients on controlled substances that are not showing up in CRISP or showing up with PDMP data?**

CRISP can best troubleshoot with patient information - name and date of birth. Please call our support line at 877-952-7477 or go to [feedback.crisphealth.org](https://feedback.crisphealth.org) and send us a secure message.

**12. Will PDMP show all drugs prescribed or only control drugs?**

Only dispensed schedule II-V controlled substances are reported and available for view within the PDMP. Non-CDS medications are not included in the PDMP. Additionally, the act of prescribing a CDS medication does not create a record in the PDMP; once a prescription has been dispensed, a record should be reported to the PDMP.

**13. Will all pharmacies be required to report to CRISP?**

Yes, all pharmacies (hospital outpatient, community retail, and mail-order) and dispensing prescribers have been required to report dispensing of CDS prescriptions to CRISP (via a data collection vendor) since 2013. The use mandate has not changed this requirement. There are some exemptions to who must report dispensing data, such as substance use treatment facilities subject to 42 CFR Part 2 Federal regulations. Please see the MDH website for further detail on exemptions, particularly FAQ #1 and #4. <https://bha.health.maryland.gov/pdmp/Pages/Dispensers0106-5.aspx>

**14. Will the CRISP interstate query find patients who live in Delaware or does it only show Maryland residents who have filled prescriptions in Delaware?**

Interstate PDMP queries look for any patient with the same first name, last name, and date of birth in states in which interstate sharing is configured. If a patient with the same first name, last name, and date of birth is found in one of those State PDMPs, then the prescription history for what was dispensed to that patient in that State is returned regardless of where the patient lives.

Note: Please use discretion when viewing interstate data. Due to the limited amount of demographic information used to search for and match on the patient, false positive matches may occur. Consider discussing findings with the patient or with other prescribers or pharmacists linked to records of concern that originate from another state's PDMP.



### **15. Can you give more info on the new overdose alert?**

Overdose histories for patients are being captured in based on a list of diagnosis codes that come to CRISP via real-time feeds from emergency departments (some from registration/ADT feeds and others from the Syndromic Surveillance feed to MDH). Healthcare providers can see the overdose histories within the Unified Landing Page PDMP Search screen or when they access CRISP data from within their EMR (via InContext alerting). Please note that not all organizations with InContext alerting will see the overdose histories as some vendors require additional work to add new alerts registry information.

The hospitals we are capturing overdose diagnoses from include 45 Maryland hospitals, 33 West Virginia hospitals, and 7 DC hospitals (all hospitals with an ED). We are working on getting to 100% of hospitals in each region.

This information is intended to be informational only and should not be the sole determinant of clinical action. Please also be aware that the information is only as good as the data being collected from our participants and it may also not represent the full picture of suspected overdoses.

### **16. Do you have a list of EMR vendors that have portals that satisfy the PDMP data pull?**

The EMR vendors we have successfully integrated (each with their own unique flavor of integration) include: Epic, Cerner, Meditech, NextGen, and Allscripts. We are very interested in expanding the number of vendors we have integrated with and can do so in a variety of ways - direct/custom integration, using a 3<sup>rd</sup> party integrator, through a service like e-prescribing, delivering the PDMP data for ingestion (requires signed agreement and workflow signoff), or via SMART on FHIR. Please contact CRISP for more information on how PDMP data can be embedded into your workflow. CRISP works with PDMP to ensure all new integration solutions meet Maryland PDMP statute and policies requirements.

### **17. Can a patient request a PDMP report on themselves?**

Yes. There is a pathway for patients to request a PDMP report on themselves through the PDMP program. The Patient Data Request Form can be found at <https://bha.health.maryland.gov/pdmp/Pages/PDMP-Forms.aspx>. The prescriber or pharmacist may also provide the patient a copy of their PDMP history (I.e. redisclose the data directly to the patient).

### **18. Can a patient opt out of PDMP?**

No, a patient may not opt-out of PDMP. Information required under state law (e.g. PDMP information) will continue to display, even if a patient opts out of clinical information sharing.