Meeting Minutes
South Dakota Prescription Drug Monitoring Program (SD PDMP) Advisory Council
June 20, 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; Amber Determan, DDS; Bobette Greenfield, OD; Louise Papka, PA-C, MPAS, DFAAPA; Robert Van Demark Jr., MD; Dave Mentele, RPh; Brian Zeeb, Office of the Attorney General; Deb Fischer-Clemens, RN; Kristen Bunt, MS, BSN, RN
Others Present Via Phone:
Sue Schaefer, SDPhA; Amanda Bacon, SDPhA
Others/Staff Present in Person:
Kari Shanard-Koenders, RPh - Executive Director, SD Board of Pharmacy; 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 introductions of staff present along with welcoming new members to the advisory board including Kristen Bunt, SD Association of Healthcare Organizations, Dr. Robert Van Demark, SD State Medical Association, and Louise Papka, Academy of Physician Assistants.

II. Minutes

Minutes from the October 28, 2016 meeting were introduced. A motion to approve the minutes was made by Deb Fischer-Clemens, seconded by Louise Papka, 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 9.7 million requests (up from 2.7 million requests as reported in October 2016) and 18 million disclosures (in October 2016, 4.5 million disclosures were reported). SD's PMPi stats for the last 30 days are: 5,168 requests were performed by our PDMP (3,887 requests in October 2016) with 74,122 disclosures processed by our PDMP (53,237 disclosures in October 2016). Referring to the PMPi US state map it was noted that there are 41 states and the District of Columbia connected to PMP InterConnect. SD shares with 21 states with MT and MA recently added. A Memorandum of Understanding (MOU) is under review with WY as well as a signed MOU is in place with NC with connection planned in 2017. NE is still unable to share per statute but hopes to have that changed in the future. South Dakota practitioners are able to get accounts with WY and NE.

B. Recent Activities

Education on the SD PDMP continues to be a priority and DeNoon has given the following presentations since October 2016: November 2016 in Pierre to the Prescription Opioid Abuse Advisory Committee (POAAC) which was appointed by the SD DOH as part of their CDC Data-Driven Prevention Initiative Grant, DeNoon will continue to attend these committee meetings and will provide PDMP updates; in January 2017, a presentation was made as part of the Great Plains Quality Innovation Network's Medication Safety Webinar; Two Sanford presentations were made, one at a Clinical Supervisor Meeting in February 2017 and the other at Sanford Women's Clinic in March 2017. In April 2017, visitors were hosted at the Board of Pharmacy office from the SD DOH that are part of the CDC grant with a demonstration and education on how PMP AWARxE is utilized.

Also DeNoon was part of the SD DOH's team that traveled to Atlanta in May 2017 to attend the 2017 Awardee Meeting for the CDC's Data-Driven Prevention Initiative Grant recipients.

C. Upcoming Activities

Four meetings will be attended in July 2017 and August 2017: BJA/Brandeis University's HR PDMP's North Regional Meeting in Milwaukee where DeNoon will present on the newly passed mandatory registration; NABP's PMPi Steering Committee Meeting in Chicago; the NABP/AACP District V Meeting in Des Moines with DeNoon being part of a PDMP panel; and a Regional PDMP Roundtable Meeting hosted by the KS Board of Pharmacy and TTAC. DeNoon is also a member of the NABP Steering Committee's Research Subcommittee.

Current projects include finishing up pharmacy licensing, mandatory registration, and the drug take-back project.

D. Statistics

The statistical information was reviewed highlighting the most prescribed drug was Hydrocodone with nearly 16,000 prescriptions in May 2017. Vyvanse took over the #10 spot replacing Percocet. Over 7 million prescriptions have been in the system since the inception in 2011. Approved for access is a work in progress with pharmacists having the largest percentage of licensees participating. Currently, physician assistants and nurse practitioners are surpassing the MD/DO/DPMs with registrations. Our office is also working with registering the dentists. Due to a medical board mandate, the prescribers outpaced pharmacists in on-line profile queries run. Staff queries in April 2017 spiked due to reports requested from the drug courts.

Noted in the 2016 year end stats is that Dextroamphet/Amphet prescriptions increased by 28.9% with the quantity increasing by 63.9% over 2015. Also noted is Methylphenidate prescriptions increased by 18.9% with a quantity increase of 41.4% over 2015.

IV. Old Business

A. Unsolicited Reports

After DeNoon's November presentation to the POAAC, approval was sought from the Advisory Council for a new unsolicited reports threshold. The advisory council approved a change to 4 prescribers and 4 pharmacies in 30 days (previously it was 6/6/90). The new threshold parameters were started in December 2016 with a chart of information provided in the packet. Feedback from the advisory council included encouragement that registration along with use is promoted as well as patients are given additional help as opposed to a prescriber not seeing patient. DeNoon also emphasized that the letters that are sent are for educational purposes and not meant to interfere with the prescriber or dispensers practices.

B. 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 is continuing to work through their budget process for the integration and has not committed to a time frame as of yet to start the project. The second project is establishing a statewide drug take-back program for SD retail pharmacies. Phase One of this project began in February and included researching and choosing a program and then determining sites for the collection receptacles. After further review of the program offered by Great Lakes Clean Water Organization (the program proposed in the grant application), we decided not to pursue their program but instead researched two other programs, Assured Waste Solutions' MedDrop Program and Sharps Compliance MedSafe Program. A stakeholder group was convened for a conference call on February 28th. After presenting both programs, AWS MedDrop Program was chosen. The MedDrop program also seems to be the least burdensome for pharmacies. The decision was

primarily based on cost; AWS allows reorder of 1 collection bundle at a time at a cost of $150 whereas Sharps requires a reorder of 4 collection bundles at a cost of $765. Grant funds will be used to purchase a receptacle and two initial collection bundles for 15 locations (Total cost of $2250 per receptacle with a breakdown of $1,550 for the receptacle, $300 for two collection bundles, and $400 for shipping). Phase Two will be the program roll-out.

C. 2017 Legislative Session – SB1 and SB4

Included in the meeting packet was a copy of SB1 and SB4. Highlighted changes with SB1 are: 1) defined "Integration" which will allow the board to write new administrative rules to allow credentialing by the health system for integration users to be done, 2) ASAP V4.2, 3) submission frequency now at least once every 24 hours, 4) added "integration" to allowable disclosure, and 5) a new section mandating all South Dakota Controlled Substance Registration (SD CSR) holders to be registered with the South Dakota Prescription Drug Monitoring Program. SB4 states that a report will be made to the legislature each year in January.

With the mandatory registration, the PDMP office is working with Bob Coolidge and using his active SD CSR list as our "master list", de-duping against the master list the PMP AWARxE user list and the Avera Integration user list, then indicating in the master list compliance with PDMP registration. Emails were sent to all executive officers of licensing boards regarding the mandatory registration and those licensing boards then forwarded the email to their licensees. There are approximately 4,300 SD CSR holders and a little over 2,000 have a PDMP registration. Approximately July 1st, it is suggested that a letter be sent to SD CSR holders who have not yet registered.

A discussion on the topic of licensed prescriber delegates being allowed was had with concerns from Dr. Determan with who in a dental office that may include. Clarification was made by DeNoon that delegates must be approved by the PDMP office as well as the supervising prescriber.

V. New Business

A. BJA Harold Rogers PDMP Enhancement Grant 2017

A grant application was submitted in April and 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 one 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 AWARxE/SD Licensing Boards Software Integration to automate our credentialing process. Grant awardees will be announced in September.

VI. Other Business

No other business was discussed.

VII. Next Meeting

The next meeting is planned for November 2017.

VIII. Adjourn

Motion to adjourn was made by Deb Fischer-Clemens with Dave Mentele seconding the motion. Meeting was adjourned at 12:58 pm.