

Testimony of Meghna Patel, Deputy Secretary for Health Innovation, Pennsylvania Department of Health
Informational Hearing about Pennsylvania PDMP
The Center for Rural Pennsylvania

Good Morning Chairman Senator Yaw, Vice Chairman Representative Everett and the members of the Center for Rural Pennsylvania Committee.

Thank you for giving me an opportunity to testify about Pennsylvania's Prescription Drug Monitoring Program (PDMP), a critical program for addressing the opioid epidemic. I am Meghna Patel, Deputy Secretary for Health Innovation, at the Pennsylvania Department of Health where I oversee the Pennsylvania PDMP. With me in this hearing, I have Jared Shinabery, Director of the PDMP Office, at the Pennsylvania Department of Health.

I joined the Department of Health in March of 2016 to launch the PDMP system and make it accessible to prescribers and dispensers as early as possible. My team and I have not only focused on implementing the PDMP system successfully but expanded our efforts to fatal and non-fatal drug-related surveillance, education and prevention activities as well as patient advocacy. In my testimony today, I will provide an update of Pennsylvania's PDMP since it was transferred from the Office of Attorney General, and its efforts to share data with prescribers and dispensers to improve clinical decision making and with federal, state, and local partners to drive law enforcement, investigative, and public health programs. At the end of this testimony, I would also like to share some recommendations inspired by states that have optimized their own PDMPs in innovative ways with an emphasis on patient safety.

Background

Pennsylvania has had a PDMP since 1973, which was operated and maintained by the Office of Attorney General for law enforcement and investigation purposes and collected Schedule II controlled substances prescription dispensation data until June of 2016. It was then transitioned to the Department of Health in accordance to the Achieving Better Care by Monitoring All Prescriptions (ABC-MAP) Program Act of 2014. The ABC-MAP Program is most commonly referred to as the Pennsylvania PDMP for the ease of understanding amongst health care providers nationwide. The PDMP started collecting Schedule II – V controlled substance prescription dispensations records from over 3,200 licensed pharmacies starting on June 24, 2016. Today, the PDMP collects approximately 1.7 million dispensation records of controlled substances schedule II – V per month.

Testimony of Meghna Patel, Deputy Secretary for Health Innovation, Pennsylvania Department of Health
Informational Hearing about Pennsylvania PDMP
The Center for Rural Pennsylvania

The PDMP system was launched on August 25, 2016, granting access to critical prescription information to licensed prescribers, dispensers and their delegates for the first time in Pennsylvania. PDMP data is also shared with other agencies and groups as authorized by the law for public health, investigative, and law enforcement purposes. Additional authorized users include the Office of Attorney General on behalf of law enforcement agencies, Department of State Licensing Board for licensure investigations, U.S. Drug Enforcement Agency (DEA) for the administrative licensure investigations, out-of-state licensing boards for their licensure investigations, Department of Drug and Alcohol Program staff that administer the Methadone Death and Incident Review (MDAIR), county coroners and medical examiners, Department of Human Services' medical assistance and CHIP programs, and Department of Aging's PACE and PACENET programs. Through Governor Wolf's Statewide Disaster and Emergency declaration in January 2018, to aggressively combat the heroin and opioid epidemic, the PDMP was permitted to collaborate with other state agencies and provide PDMP access to the Professional Health Monitoring Program in the Department of State, the Workers' Compensation Claims Program in the Department of Labor and Industry, and the Special Funds program in the Pennsylvania Insurance Department. Today, more than 110,000 licensed prescribers, dispensers and their delegates have registered with the PDMP. On average, the users perform more than 1.6 million patient searches each month. Pennsylvania's PDMP is also sharing data with 22 states, Washington D.C. and the federal Military Health System through an interstate data sharing hub. This allows practitioners in Pennsylvania to search across state lines for their patients, who may be traveling outside of Pennsylvania to see other prescribers or pick up prescriptions and vice-versa.

Clinical Tool

As a clinical tool, the PDMP gives prescribers and dispensers the information they need to facilitate more effective and safer prescribing, dispensing and treatment for patients. The PDMP helps prescribers and dispensers identify when patients are seeing multiple prescribers and dispensers in a short-time, when patients are receiving dangerous combinations of opioid and benzodiazepines, when patients are receiving a daily dose of 90 morphine milligram equivalent or more of opioids, or when patients are paying cash for prescriptions even though they have insurance coverage. As an enhancement, we launched a feature in October 2018 that provides notifications to health care practitioners in three situations: when a patient is seeing 3 or more prescribers and going to 3 or more pharmacies in a 3-month timeframe, when a patient is receiving a dosage of 90 morphine milligram equivalent or more of

Testimony of Meghna Patel, Deputy Secretary for Health Innovation, Pennsylvania Department of Health
Informational Hearing about Pennsylvania PDMP
The Center for Rural Pennsylvania

opioids, or when there are concurrent opioid and benzodiazepine prescriptions. These notifications are made available at the top of the patient's report and practitioners can access a listing of all their notifications in the PDMP system. The thresholds for alert notifications were established based on the Centers for Disease Control and Prevention (CDC) and Pennsylvania Prescribing Guidelines. The PDMP has communicated and educated clinicians that the notifications and the prescribing guidelines are intended to help them improve patient outcomes and to supplement, but not replace the individual practitioner's clinical judgement.

To make prescriber education a priority, PDMP Office developed a Prescriber Education Workgroup in November of 2016. This workgroup consists of addiction specialists, health care practitioners, representatives from Single County Authorities, and experts from the Department of Health and the Department of Drug and Alcohol Programs. Through this workgroup, we identified several key priority education topics for prescribers in Pennsylvania, and ultimately developed a series of prescriber education materials called "Evidence-Based Prescribing: Tools you can use to fight the opioid epidemic." There are seven educational modules available online and health care providers can also receive face-to-face educational sessions for free. Health care practitioners can earn continuing medical education (CME) credits for each of the seven modules, and five of the modules can be used to meet the Act 124 of 2016 opioid education requirements. These modules focus on the importance of using the PDMP, effectively using data from the PDMP to make clinical decisions and optimize pain management, opioid prescribing and tapering guidelines for opioid dependent patients, referral to treatment for patients with substance use disorder, approaches to addressing substance use disorder with patients that were identified through PDMP, and how to conduct a warm-hand off to a treatment program or center. Since March of 2017, the PDMP has educated more than 6,000 health care providers to date.

Another enhancement that our prescribers and dispensers requested right after the launch of the PDMP system was to integrate the system within their clinical workflows. Without integration, users must navigate to the PDMP web portal, log-in to the system, and enter the patient's name and date of birth in order to get to a patient report. I am very glad to share that Pennsylvania has made tremendous progress in ensuring that the PDMP is available to prescribers from within their electronic health records (EHR) systems and to the pharmacists from within their pharmacy management systems. These users can access a patient's PDMP report in seconds with a single click. Since September 2017, my team has ensured that more than 46,000 health care providers can obtain PDMP reports for their patients

Testimony of Meghna Patel, Deputy Secretary for Health Innovation, Pennsylvania Department of Health
Informational Hearing about Pennsylvania PDMP
The Center for Rural Pennsylvania

seamlessly without disrupting their clinical workflows. This allows providers to spend more face time with patients, and less time on the computer.

Law Enforcement and Investigative Tool

The PDMP is also a critical tool for law enforcement and licensure investigations. As required in Act 191 of 2014, the PDMP office provides data on aberrant prescribers to the Department of State Licensing Board. This report is also sent to the Office of Attorney General in response to grand jury subpoenas. In 2018, the Office of Attorney General reported that by using PDMP as an investigative tool, they made 72% more diversion-related arrests that involved health care professionals. The opioid crisis has been a challenge for both public health and public safety agencies. Pennsylvania's PDMP remains committed to assisting our law enforcement partners with prevention, treatment referral and intervention efforts.

Public Health Tool

The PDMP is also an effective public health tool. The PDMP office understands the importance of sharing de-identified data and statistics in support of public health research that informs health policy decisions. With the approval of the ABC-MAP Board, the PDMP developed a policy and protocol of de-identified data sharing to governmental and non-governmental agencies. We have successfully shared de-identified, record level data with Philadelphia Department of Public Health and Allegheny County Health Department so that they can identify prescribing patterns and evaluate and design prevention and intervention strategies in their jurisdictions. Additionally, we have also created an Interactive Data Report which is hosted on the Pennsylvania PDMP website. This data dashboard provides the public with statewide and county-level data on controlled substances dispensations and drug-related overdose measures. Much of this data is also available on the Pennsylvania Opioid Data Dashboard under Open data PA. Researchers, reporters, academic institutions, and county coalitions can use this data to measure and monitor their prevention, intervention and treatment efforts.

Progress

It is important to note that the Pennsylvania PDMP system is just one piece of the many strategies that we have developed in our efforts to promote safe and effective prescribing. Opioid prescribing has decreased by 26% from the time we launched the PDMP system in August 2016 to December 2018. For

Testimony of Meghna Patel, Deputy Secretary for Health Innovation, Pennsylvania Department of Health
Informational Hearing about Pennsylvania PDMP
The Center for Rural Pennsylvania

comparison, the national trend for opioid prescribing decreased by 19% from 2006 to 2017 according to the CDC. The total number of patients in Pennsylvania who went to 5 or more prescribers and 5 or more pharmacies in a 3-month timeframe have decreased by 92%. The total number of patients who are prescribed a high dosage of opioids¹ per CDC and Pennsylvania prescribing guidelines, has decreased by 36%.

In September 2016, the PDMP office was able to secure a CDC grant which allows us to conduct enhanced opioid and heroin related fatal and non-fatal overdose surveillance. We collect data on drug-related overdoses from 98 percent of Emergency Departments in Pennsylvania and are in the process of onboarding the rest of the Emergency Departments. This data is collected in a de-identified and near real-time manner for syndromic surveillance purposes at the Department of Health. Drug-related overdose classifiers and thresholds have been developed to alert public health and public safety agencies if there are clusters of overdoses identified in a particular region. These alerts are called “EpiCenter Alerts”, which are sent out to the Unified Opioid Emergency Command Center for distribution, which may then trigger a need for an intervention or rapid response. The PDMP also collaborates with 50 county coroners and medical examiners to collect drug-related overdose death data and to collect additional risk factor data. After in-depth analysis with the CDC, this data can help drive public policy and health policy decisions. We aim to partner with all 67 county coroners and medical examiners by the end of this year to have a comprehensive and detailed view of drug-related overdose deaths in Pennsylvania. We will leverage this partnership and identify training opportunities for them that can help increase specificity of drugs and completeness of death certificates in Pennsylvania.

In the past 3 years since the inception of the PDMP, our team has consistently encountered complaints from patients who have abruptly lost access to their providers due to variety of factors, such as patient dismissal, provider arrest or licensure revocation, retirement, or relocation of practice. These patients are not necessarily diagnosed with substance use disorder or opioid use disorder, but rather are opioid dependent and need consistent and reliable care from providers trained to treat pain safely and effectively. In order to help guide Pennsylvanians that face such issues, the PDMP created the Patient Advocacy Program. This program serves as a centralized response team to coordinate health care

¹ High dosage of opioids is defined as an average daily dose of opioid medications with morphine milligram equivalent of greater than 90.

Testimony of Meghna Patel, Deputy Secretary for Health Innovation, Pennsylvania Department of Health
Informational Hearing about Pennsylvania PDMP
The Center for Rural Pennsylvania

resources for opioid-dependent patients in need. The Patient Advocacy Program collaborates with other federal and state agencies to ensure that high-risk patients are helped and placed under the care of a health care provider.

The PDMP also continues to focus on innovative education and outreach strategies to promote the Naloxone Standing Order and Good Samaritan laws. An education curriculum was developed for First Responders, such as members from EMS, Fire and Police departments, to reduce stigma and encourage the adoption of best practices for Naloxone administration. The education program is expected to begin early 2020.

Recently, the PDMP Office was awarded the CDC Overdose Data to Action grant that will provide \$8.4 million per year for up to three years. The purpose of the Overdose Data to Action grant is to support the relationship between surveillance and prevention efforts. This is done by improving the collection of comprehensive and timely data on fatal and non-fatal overdoses and using that data to drive prevention programs. Accordingly, the PDMP Office is using a significant portion of this funding to collaborate with county and municipal health departments by sharing data to drive local prevention activities. For example, prescriber data from the PDMP can be used by local health departments for targeted, personalized prescriber education. The PDMP fully recognizes the benefit of sharing PDMP data and has always been open and willing to share data within the confines of the law for the benefit of public health.

Potential Enhancements/Recommendations

The Pennsylvania PDMP team received several opportunities to collaborate with other state administrators to meet, discuss challenges and learn from each other's experiences. To optimize PDMP as an effective clinical, public health and public safety tool, we would need to think outside of the traditional standards of data collection and data sharing. First, it would be helpful to health care practitioners if they knew whether their patient recently had a non-fatal drug-related overdose event reported in an Emergency Department before they further prescribe or dispense controlled substances to that patient. Second, it would also be helpful to health care practitioners if they received notifications when a patient dies from a fatal drug related overdose. Third, the Pennsylvania PDMP could improve its data if there was a standard patient identifier, such as a government ID, collected or validated at the

Testimony of Meghna Patel, Deputy Secretary for Health Innovation, Pennsylvania Department of Health
Informational Hearing about Pennsylvania PDMP
The Center for Rural Pennsylvania

point of dispensation. Fourth, we should evaluate the impact of state and federal privacy laws pertaining to the patients who are in medication assisted treatment programs. In many instances, prescribers are not aware that their patients are undergoing substance use treatment and unknowingly prescribe opioids, which can overlap with other treatment medication and be dangerous or fatal to those patients. Fifth, PDMP should have the ability to proactively reach out to at-risk chronic pain or substance use disorder (SUD) patients who have lost access to their health care provider. Finally, medical directors should be lawfully permitted to review PDMP records as part of peer review and clinical supervision of their prescribers to monitor any instances of inappropriate prescribing of controlled substances, and for post-mortem reviews to determine which controlled substances had been prescribed when there was an overdose death.

Concluding Remarks

The Pennsylvania PDMP is committed to continue to share data for public health good, and I believe that the PDMP has been proven to be an effective tool for prescribers and dispensers in Pennsylvania, as well as for others working in public health and public safety. However, the PDMP can become a more robust clinical tool if we continue to innovate, look at the lessons learned from other states and listen to feedback from the PDMP user community on opportunities for improvement. Thank you for giving me an opportunity to share this update about the Pennsylvania PDMP and illustrate its important role in saving the lives of Pennsylvanians.