Fighting the Opioid Crisis: Arming Yourself with Data Webinar Q & A

1. When is the DEA self-audit tool going to be available? I don't see it when I log in.

The DEA self-audit will go live within the next two weeks. The report is accessed by the tab at the top of the screen labeled DEA Self-Audit.

2. How would you download PDMP results in order to upload them to the patient's EMR?

You may download a PDF copy of the PDMP search results and file in the patient's paper or electronic health record. In some cases, we have worked with a particular organization to allow the PDMP data to be ingested into the patient's medical chart. CRISP works with PDMP to ensure all new integration solutions meet Maryland PDMP statute and policies requirements. Please contact CRISP if you are interested in learning more about this option.

3. It is my understanding that PDMP data can be directly integrated into the EMR. How can I connect PDMP with our EMR?

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 3rd 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.

4. Does the CRISP Unified Landing Page display and function differently by web browser?

You may see differences in appearance of the various features available through CRISP across different web browsers or based on the version of the browser being used. The Chrome browser performs best.

5. Does the Unified Landing Page and PDMP display only controlled substances, or all medications prescribed to a patient?

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 by the entity that dispensed the prescription.

6. I'm in a chronic pain clinic and we prescribe Narcan to our patients. They have started to show up as overdose alerts. Is that triggered by the Narcan prescription written?

No. Currently, CRISP does not receive any information on Narcan prescriptions written, dispensed, or administered. The only information that triggers an overdose alert to appear is if the patient has a coded diagnosis indicating an accidental poisoning from an Emergency Department visit.

7. If you find that your DEA has been misused, what should you do after that? Is there a reporting feature? Also, will the pharmacy report an attempt to fill a prescription when the medication was not dispensed? Will that display in the DEA self-audit or only those that were successfully filled?

CRISP can provide a DEA self-audit report to prescribers to view the history of prescriptions dispensed under their DEA number. The PDMP only captures prescriptions that are actually dispensed to the patient, not just prescribed. The PDMP will not receive any information on attempted fills that are not dispensed and will therefore not display that within the DEA self-audit.

If you suspect fraudulent use of your DEA number / prescription pad, you may consider the following actions. You can report a stolen prescription pad to the Maryland Board of Pharmacy. You may also want to contact local law enforcement. Both of these entities can conduct a formal investigation, and are authorized to subpoena the PDMP for records to further their investigation. At this time, in compliance with PDMP regulations, you should not disclose PDMP records to either the Board or law enforcement; this provision may change in the future.

8. Does the July 1st requirement to search the PDMP apply to Maryland only, or other jurisdictions CRISP serves as well?

The July 1 mandated use of PDMP only applies to Maryland.

9. Can certified pharmacy technicians register with CRISP to be delegates of pharmacists?

Yes. Support staff can register using the link on CRISP's website, 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.

10. Is it normal for a patient to be given Narcan when they are given an opioid prescription?

Co-prescribing of naloxone (Narcan) should be considered for any patient receiving an opioid prescription, especially if someone is at elevated risk of overdose - for example, if they are on a high dose, are taking both

an opioid and a benzodiazepine, or if they have a history of prior overdose . This is recommended by the CDC in their 2015 opioid prescribing guidelines.

11. Are pharmacists required to check the PDMP data for each scheduled drug prescription that is filled and dispensed in our pharmacy, or only suspected cases of issues or misuse?

For pharmacists, the PDMP must be reviewed if there is reasonable belief that a patient may be seeking a controlled substance for any purpose other than treatment of a medical condition. Please note that this is only what is required under the PDMP mandate. There may be internal company policies with a different set of requirements as determined by a pharmacy system that should be referenced.

12. I work with pathologists who have CDS licenses but do not actively/currently prescribe medications. Does the July 1 mandate to use the PDMP system apply to them? Will they encounter any issues with renewing their CDS license after July 1, 2018?

If a prescriber does not prescribe medications, then the mandated use does not apply.

An individual must be registered with the PDMP to be issued a new or renewal CDS registration in Maryland (issued by the Office of Controlled Substances Administration). A prescriber only needs to register with the PDMP once. Therefore, as long as the prescriber is registered with the PDMP, there will be no issues with renewing a CDS license.

13. Why is it that some names don't show up in PDMP when searched for recent opioid prescriptions?

This could be because the patient does not have any Maryland PDMP prescriptions or because the pharmacy had different demographic information on file for this individual and that was passed along to the PDMP. If you feel this is in error, please contact CRISP at 1-877-952-7477.

14. If you remove a delegate from your assignment in your delegator dashboard, would that remove them from other users if they are assigned to other providers?

No. The delegator dashboard only represents your own personal delegates. Adding new delegates only establishes a relationship between you as a delegator and the delegate and removing the delegate only breaks the relationship between you as a delegator and the delegate. Other delegator/delegate relationships remain unaffected.

15. How often do we need to check the PDMP for each patient? Is it Monthly or every time they come into the office?

For prescribers, the PDMP mandated use requires that at least 4 months' worth of PDMP data be checked before initiating new opioid or benzodiazepine prescription and every 90 days if opioid or benzodiazepine course of treatment is ongoing (longer than 90 days). Please note that you must document in the patient's medical chart that the PDMP was reviewed.

For pharmacists, the PDMP must be reviewed if there is reasonable belief that a patient may be seeking a controlled substance for any purpose other than treatment of a medical condition.

16. Is CRISP connected to neighboring states and jurisdictions? If so, which ones and what data does CRISP receive?

Yes. From a PDMP perspective, the Maryland PDMP has established connections with West Virginia, Virginia, Delaware, District of Columbia, Pennsylvania, Connecticut, Arkansas, and Minnesota (as of July 2018). CRISP is currently displaying PDMP data for WV, VA, DE, and DC due to slowness with the interstate sharing hub. We are refactoring the system to add back in the other states (PA, CT, AR, and MN) once we are through the critical period with the PDMP mandate.

From a clinical data perspective, CRISP has partnered with DC and the West Virginia Health Information Network (WVHIN) to extend the health information exchange technology into those regions. In WV and DC, hospital participants contribute registration information (ADT data) and clinical data. Please see the CRISP website for participating organizations. https://crisphealth.org/connected-providers/