

## DHHS and Prescription Drug Diversion Monthly Meeting

**Warning**...long meeting = long report.

The Maine pharmacy stakeholders and legislative group met once again on Wednesday, October 13th with representatives from DHHS to give us an update on programs and activities and law enforcement to discuss possible improvements - fixes – solutions to the multi-faceted, growing prescription drug abuse problem in the State of Maine.

**DHHS:** Tony Marple, Director of MaineCare, reported that the current \$35 million dollar shortfall we have heard about would not impact Maine pharmacies but the next supplemental budget cycle may due to new "Managed Care" programs that MaineCare hopes to launch by next summer/fall. While it is certain that managed care will affect Maine prescribers, the jury is still out regarding pharmacy's participation in the program(s). The group explained to Tony that pharmacies simply cannot take any more financial "hits", which would seriously affect access for MaineCare patients, especially in rural areas of the state. He explained that the new "Managed Care" components will change the "payment model" for prescribers, which is currently fee-for-service and will move responsibility of "management" and cost-savings to the prescribers. The positives/negatives will be measured focused on the "wellness" of their patients and based on "quality", which is difficult to measure. Quality incentives to prescribers will be part of the program(s) but what is uncertain at this time. We heard the word "capitation" a few times, and it concerned us.

I jumped in to remind Tony, from a historical prospective, that "capitation" of pharmacy benefits was utilized by the PBMs in the '90s to lower client costs and was an abject disaster for pharmacies...putting many out of business nationwide. When patient access to services became a major problem, the PBMs eliminated the practice.

DHHS plans to contract with two managed care organizations (MCOs) to provide services. Based on a Request for Information (RFI) done recently, it showed #22 willing MCOs ready to provide services. The department plans to send out a Request for Proposal (RFP) to bid to provide managed care services in April, 2011. They plan to have all MaineCare patients enrolled in an MCO within a 3-year period.

Jen Palow commented that, if funded, the new Maine dispensing fee survey would be ready in July, 2011. Tony or Jen will update us at subsequent meetings.

**Prescription Drug Diversion:** Dr. Edward Pontius, representing Maine's psychiatric physicians, gave a presentation that he believed would save many of the estimated 200 - 300 patients that would die this year from prescription drug over-doses. He stated that while patient's acquisition of prescription drugs begin (in most cases) with a valid prescription, the prescriber quickly loses control over the patient's utilization (or lack thereof) of the drugs. His remedy was that of utilizing of blister or unit-dose packing of scheduled medications by pharmacies which the prescribers could easily do drug-count checks.

While his intentions were heartfelt and well-meaning, the group reminded Dr. Pontius that well over 90% of prescriptions were paid by 3rd parties and none of them reimbursed pharmacists for blister /

unit dose packaging or the time/personnel involved. We asked who might cover these additional costs of materials - time - personnel if pharmacies could do this? He heard, from someone, the costs of blister packing was minimal (30 cents) and that it took only a minimal (1 minute) amount of time to fill and seal the units.

Despite our common-sense approach to his proposal, he stated that he planned to move ahead with his ideas...next going to the Maine Medical Association for help. He seems intent on doing this and we will be watching the new legislative bills for this in the new session.

**U.S. Attorney's Office:** Jim Chapman gave a brief report on pharmacy robberies in Maine. Checking with the DEA, he found, based on the submission of 106 forms, that there have been #26 pharmacy robberies in the last 3 years. The U.S. Attorney's Office, an active participant in these drug diversion meetings, plans to be more aggressive in the prosecution of pharmacy robbery suspects and seek maximum sentences (up to 30 years) based on the circumstances, upon conviction. He also related a meeting that he recently had with Purdue Pharma, who plans to utilize "fake" bottles that look like Oxycontin that cannot be opened, and contains a GPS tracking device inside...verrry interesting.

**Prescription Monitoring Program (PMP):** Dan Eccher, from the Office of Substance Abuse, told us about the upcoming proposed rule changes to PMP based upon user suggestions: Prescribers who are over-prescribing (based on high-threshold criteria) of scheduled drugs would be referred to their respective regulation board...If more than one drug in the same therapeutic category is prescribed, a report will be generated...If a MaineCare patient pays cash for scheduled drugs, a report will generate. Health Information Designs (HID) will replace GHS as the provider of services to PMP on January 1st and during this transition period no threshold reports will be generated to prescribers or pharmacists. Dan also reminded us of a new requirement (federal) to new users of PMP...that a Notary Public needs to witness/seal the signing of the PMP application by prescribers and pharmacists.

Jim McGregor, meeting moderator, stated that our last couple of meetings were a bit like "herding cats". He suggested that the group, after many months of compiling information and the assignment of projects to various people, that a smaller committee should be formed to process and decide on which issues to move ahead on first to best serve the safety of the public.

All agreed.

I will keep you posted.

Respectfully submitted,

Bob