

COVID-19's Impact on Prescription Drug Monitoring Programs (PDMPs)

Jim Giglio:

Welcome, and thank you for listening to this podcast. Part of the Prescription Drug Monitoring Program Training and Technical Assistance Center, or PDMPTTAC. TTAC provides a comprehensive array of services, support, resources, and strategies to PDMPs' federal partners and other stakeholders to further the efforts and effectiveness of PDMPs in combating the misuse, abuse and diversion of prescription drugs. Our focus is to improve consistency among PDMPs, facilitate coordination between PDMPs and state and national stakeholders, increase PDMP efficiencies, measure performance and effectiveness, and promote best practices. Funding and support for TTAC is provided by the US Department of Justice Office of Justice programs, Bureau of Justice assistance, or BJA. BJA supports PDMPs through the Harold Rogers PDMP grant program. The opinions expressed in this podcast are not necessarily those of the US Department of Justice.

Patrick Knue:

As you know, the COVID-19 pandemic has impacted every facet of our society. Along with businesses and organizations, the pandemic has also forced federal, state, and local governments to find new ways to provide vital services. This podcast will explore the impact the pandemic is having on the Prescription Drug Monitoring Programs. PDMPs are state government programs that collect information about the prescribing and dispensing of controlled substance medications. Even though controlled substances are effective in the treatment of certain medical conditions, they also have the potential to be misused or abused. PDMPs are tools used by prescribers and dispensers to ensure proper use of these medications and to enhance patient care. There are 54 PDMPs nationally, including programs in the District of Columbia, Puerto Rico, Guam, and the Northern Mariana Islands.

This podcast will provide the listener with an overview of how the pandemic has affected the operations of a few PDMPs, and what PDMP administrators are doing to keep this valuable tool operating for healthcare providers and their patients. We will be talking to four PDMP administrators and explore with them the operational adjustments made in response to the pandemic, changes in reporting of prescription information, any indication of any changes in misuse or abuse of prescription medications, review any changes in the prescribing or dispensing

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patterns resulting from the pandemic, and what the impact the COVID-19 pandemic may have on future budgets and operations of PDMPs.

Hello, my name is Patrick Knue with the Prescription Drug Monitoring Program Training and Technical Assistance Center, and I will serve as moderator. Joining me on this podcast are Scott Szalkiewicz, the PDMP manager for the state of Connecticut, Department of Consumer Protection Drug Control Division, Sasha DeLeon, who is the Drug System Director for the Washington State Department of Health, which covers the Prescription Monitoring Program and the Safe Medication Return Program. Next is Kate Jackson, the director of the Maryland Department of Health Office of Provider Engagement and Regulation, which administers the Maryland PDMP. And finally, Kevin Borchert, the program director for the Nebraska Department of Health and Human Services. Before we get started, I'd like to thank each of you for taking time from your job to be with us today to talk about this very important topic. I want to start by asking each of you how the COVID-19 outbreak has affected your state's PDMP. Let's start with Sasha with the state of Washington.

Sasha DeLeon:

So the outbreak has not necessarily affected our state's PMP directly, but it has had an effect on some of the legislation we have been trying to implement around integration with our PMP. Additionally, simultaneously to the COVID outbreak, we have upgraded our system to the Appriss Health Aware platform, and that has definitely been a huge ongoing change that we're still adjusting to. We have increased our messaging to our users so that they are aware of everything going on, and we have created a customer service schedule for our team so that we can respond as quickly as possible to incoming calls and emails. And since we have been working closely with an Appriss migration team for the upgrade, we've been having weekly meetings with Appriss to discuss any issues, so issues are actually being resolved in a very timely fashion.

Patrick Knue:

Thank you, Sasha. Scott, what about Connecticut?

Scott Szalkiewicz:

Well, for us, the effect was most immediately seen, and continues to be seen, which is directly affecting the program team. The most important thing we've been fortunate with to date is that the virus has not impacted the program team directly in terms of their own health or their family's health. As a team we've had to action a pretty abrupt evacuation, so to say, and move our operations out of the office into a virtual realm. So, there's been considerable disruptions in the lives of the team, but we're impressed how adaptive they've been with the new way to work and the transition that's occurred. The state's response basically concerning state employees has

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been varied because the whole emphasis is to get as many employees out of a building and to start teleworking or move whatever operations they have for an undetermined amount of time.

Patrick Knue:

Thanks Scott. Kevin, do you have any comments?

Kevin Borchert:

There was little to no negative impact on Nebraska's PDMP. In fact, because Nebraska reports all prescriptions, which we are unique in the country, we're the only one that reports all prescriptions, we've been able to review trends and patterns in prescriptions and their use for virtually all medications within Nebraska's model. We've been able to assist the state in identifying patients at higher risk for COVID-19 effects, such as those with chronic diseases or those on medications which can compromise the patient's immune system. We've even had other states contact us who are interested in collecting all prescriptions under an executive order from their governor to perform similar functions within their PDMP.

Patrick Knue:

Thank you, Kevin. And you, Kate?

Kate Jackson:

Here in Maryland we didn't have a significant operational impact at first, the way that many of our counterparts in other parts of the department were impacted operationally. Our staff have not largely been reassigned for COVID duties, although we did have one staff member working at a call center for a while, and our vendors had been operating as usual. So we've been able to continue operating the PDMP at our normal rate and with the normal level of attention.

What's been interesting is that having to pare back on some of our other activities that come out of the office of the PDMP and the office of provider engagement and regulation, because they necessitated it being out in the field, or engaging with other stakeholders who are focused primarily on COVID, this has been an interesting opportunity for us to focus inward and really get a lot done with some of our own data analytics and our clinical tools to assist providers in the use of PDMP data. So it's been, for some of our staff, an unexpected opportunity to really drill through a number of development projects with CRISP, our state health information exchange that serves as our PDMP vendor, and with some of our other vendors to push closer to the finish line a number of program priorities that just haven't been able to get the attention needed in the past.

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Patrick Knue:

Thank you, Kate. All of you went from an office environment to working from home. I want to take a minute to have you describe how that transition has impacted you, your staff, and perhaps the program. Scott, perhaps you could start off the discussion and tell us your experience?

Scott Szalkiewicz:

So basically for us, our PMP, we've been off site in a telework status since March 27th. You have to keep in mind that not everyone wants to come to work, our agency has had this offered since last year, and in my program it was not widely used prior to COVID. Luckily for us, the leadership of the agency, as well as the leadership within the drug control division that PMP is in, they've been very accommodating, because work at home on an abrupt, unplanned basis here has brought all kinds of other unavoidable responsibilities, such as childcare, relative assistance, things that are considered distractions under normal telework. So for us, luckily, our leadership has been very accommodating. These are stressful times, so that's been a benefit.

Life became virtual. Our routine days are now out of the office. So we pride ourselves in being a team, we constantly call ourselves a team, and meanwhile, we're a virtual team now, and we pride ourselves on seeing each other all the time. So, a lot of time on the computer now, we're communicating amongst each other electronically or through cameras and everything, where before we were basically in a 30, 35 square foot area where we were in reach of each other. I don't like emails amongst each other because a lot of things can be implied, so that camaraderie, it gets a little bit lost.

Patrick Knue:

Kevin, would you like to share your experience or thoughts?

Kevin Borchert:

Our PDMP team has been working remotely from home since mid-March. That's been an adjustment, needless to say, when you're used to working face-to-face and suddenly you're scheduling all of your meetings via Zoom or WebEx. I was getting used to sleeping in a little bit later, not dressing up and not having to drive to work. Our team adapted pretty rapidly and we've had regular touch points to keep projects moving forward.

Patrick Knue:

I see that Kate, you'd like to add some comments. Please go ahead.

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Kate Jackson:

From a purely operational standpoint, all of our program staff are teleworking, but are continuing our major operational tasks. We did have to make a few adjustments, some putting things on hold and some refocusing our efforts. For example, we are still sending unsolicited reporting notifications by mail. Although one of the opportunities has been that we've been able to make great strides towards deploying our electronic unsolicited reporting notifications sooner in 2020 than we would have expected, because we could focus on them. I credit the fact that my staff has been able to quickly transition to working remotely to the fact that we did have most of our analytics staff prepared to be able to VPN in. They all had laptops, VPN, remote desktop abilities. And we set that up back when we were often asked for very quick turnaround on data requests, whether it had to do with something that was needed during legislative session or in the way that the PDMP supports events that happen in our community here in Maryland, when if a CDS practitioner is suddenly unable to practice because of practice closures and the PDMP is relied upon for an initial data report that allows the response team to make decisions on how and what kind of response is needed at the local level to support patients in care coordination. And we had all of our epi's and our managers set up to be able to remote in and work with our data in house and perform a lot of functions, even if they were at home on a weekend or they were off at a conference. And so having that as our normal allowed us to quickly pivot to working remotely.

Patrick Knue:

Thank you for sharing your thoughts about transitioning from office to home. I want to now ask all of you to talk a little bit about what you may have seen in the reporting of prescription information and any changes or trends in the prescribing or dispensing of medications. Have you detected any changes in the misuse or abuse of prescription medications? Sasha, please start us off with Washington's experience.

Sasha DeLeon:

So the abuse and misuse of prescription medications, it's tough to see in general. So in our state department we do have a number of overdoses that involve commonly prescribed opioids, which is a term actually that CDC has used. I don't know if that's still relevant. But those commonly prescribed opioids are the natural and semi-synthetic opioids, as well as methadone. So it doesn't include synthetic opioids like fentanyl and Tramadol and stuff. But overall, for all prescription opioids, we don't see any changes in misuse or abuse as it's reflected in overdose deaths. With respect to hospitalizations, we only have the first quarter of 2020, so it doesn't really show much for when COVID really hit. But overall, we haven't really been able to detect much changes in misuse or abuse of prescription medication.

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Patrick Knue:

Thank you for that information. Kate, would you like to go next and inform the audience about what you saw in Maryland?

Kate Jackson:

Here in Maryland we have not been able to delve into the data sufficiently to detect any changes in misuse or abuse of prescription medication that would be specifically tied to COVID. What we did do is put a halt on some of our unsolicited reporting notifications that were derived on misuse or abuse metrics during the beginning part of COVID, specifically because we knew that folks may be scrambling to legitimately get access to their prescriptions by having to change up prescribers and/or dispensers, and didn't want that to cloud any analysis of the data. So we have restarted unsolicited reporting notifications based on multiple provider episodes, and we are still continuing to see those, although have not seen a significant change in the trend in those notifications that we're sending out based on that type of metric. And that's really the only way that we have looked into changes in misuse or abuse within our own data at this time, but that is something that we are looking into, whether we can characterize further in the future.

Patrick Knue:

Kevin, how about in Nebraska?

Kevin Borchert:

We have noticed an increase in both controlled and non-controlled substance prescriptions that occurred in March, and that was relatively increased over January and February. And then we saw a decrease in April. We haven't identified the exact causes, but as an example, for myself personally, in March, as the pandemic was increasing and more publicity was out on it, there were rumors of drug shortages and a lot of people were getting prescriptions filled early, maybe a 90 day supply or having a type of a stockpile to prevent those shortages. So it is possible, in part, that patients stocking up on their prescriptions in March caused an increase for that. And then we saw a subsequent decrease in April with prescriptions.

Patrick Knue:

Very interesting. Perhaps when the dust settles TTAC may host a webinar on the impact COVID-19 has had on the prescribing and dispensing patterns and trends. Scott, what did you see in Connecticut?

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Scott Szalkiewicz:

We were able to get an analysis of the most recent second quarter of 2020. We looked at a comparison to the first quarter of 2020, which goes January to March. During that first quarter we had 1,976,000, a little bit over, of controlled substances dispensed in the state of Connecticut. We're looking at a population of about 3.5, 3.6 million. So when we went into the second quarter now, pandemic starting in March for Connecticut, as far as us locking down and businesses closing, providers closing, state offices closing and so forth, what we saw was we had an overall prescribing of controlled substances of 1,788,000. So we did see a drop in overall controlled substance prescribing. What we kind of surmise right now, it may still be early, we're still within the pandemic in the state of Connecticut, we just started seeing doctor's offices, dentists, elective surgery, all of that stuff starting to return, not in full swing, it's been very gradual. So we suspect that probably the closure of private practices, dentists, psychiatric offices, things like that, caused a decline within the prescribing of controlled substances. What we're curious to see is will we see now any sort of increase once things get back to a normal. I say normal, whatever the new normal may be. But the stress and strain of the pandemic potentially. We already see, within our state data coming out of our public health, accidental overdoses emergency department reporting is up, overdoses from the street drug Fentanyl is up, suicides are up. So the psychiatric need, we feel, is going to increase. So it's just a compounding situation we're in, but again, so far, so good. Good news, but again, you hear all of our other agencies reporting not so good numbers, so we expect probably the prescribing data to catch up to what we're already hearing as far as this other agency data.

Patrick Knue:

Thanks, Scott. Have you seen any changes in the number of PDMP queries?

Scott Szalkiewicz:

No, not ... Again, we've seen drops, just because of the nature of what the pandemic's done. The hospitalizations caused due to COVID have not caused an increase in controlled substance prescribing, and then the telehealth restrictions haven't allowed an increase in controlled substance prescribing. Just the prescribing that's already existed. So again, we haven't seen anything like that yet, and I say yet because I'm not going to say, "Oh, we're not going to see that." You never know, Murphy's law.

Patrick Knue:

Thanks Scott. Kevin, have there been any changes in queries in Nebraska?

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Kevin Borchert:

We did see queries drop in March and April. We don't have specific reasons, it's possible that because patients weren't seen as frequently as providers, that presumably, in part, we've seen decreases due to fewer patient visits.

Patrick Knue:

Thank you, Kevin. Kate, what about Maryland?

Kate Jackson:

We've definitely seen some changes in the number of PDMP queries, specifically looking at our health care providers here in Maryland. We were really excited at the beginning of 2020 to see significant increases in the number of queries occurring in those first few months as compared to the same month in 2019. And that was sustained week over week, month over month, until we hit the beginning of March. And starting with the first week in March, we started to see a decline. We're still seeing more queries in 2020 than in 2019, but certainly a drop-off in the number of queries occurring by our clinical users or healthcare practitioners. And then by the end of March, we really started to see a real significant decline to the point where we were having fewer queries in 2020 than we saw for those same time periods in 2019. That really peaked in March and April timeframes. We continue to see decreases week over week, month over month, in the number of queries during the 2020 calendar year compared to 2019, and there's been some fluctuations, some increases and decreases in that deficit, but we have continued to see a sustained decrease in the number of queries for the same time period in 2020 as compared to 2019. We assume that that is, of course, due to fewer patient visits occurring and fewer times where a clinician needs to have access to the data, as we haven't really seen a significant difference in our unique users who are accessing the data, which just demonstrates that our core base of practitioners are still accessing the data and are using it for clinical decisions. There's just fewer of those decisions that they may be making at this time.

Patrick Knue:

Thank you, Kate. Sasha, have you seen any changes in the number of queries in Washington?

Sasha DeLeon:

So for our state, PMP queries have been increasing year over year since 2018, because in early 2018 we began to seriously encourage and push EHR PMP integration. So what we've seen from January to June of 2020 is a slightly higher query count than the same time period in 2019. And that is kind of what we were expecting to see when we were looking at these numbers, because the queries have been increasing year over year.

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Patrick Knue:

Sasha, let's start with you, have you seen any changes in the number of PDMP accounts?

Sasha DeLeon:

So this question is difficult for me to answer accurately because 2019 brought a lot of new users to our PMP, and that was also reflected in the beginning of 2020. But in early May of 2020 we actually upgraded our system, and so we paused our efforts to add new users and create accounts for a couple of months, which was kind of March and April, while this upgrade was taking place. So this has skewed the numbers for us quite a bit. So we did see a slight increase for the first quarter, but we cannot speak for the whole thing because of our upgrade, which kind of confounds all of the data that has to do with COVID.

Patrick Knue:

Kate, how about you? Have you seen any changes in the number of PDMP accounts in Maryland?

Kate Jackson:

We have not seen any significant changes, either increases or decreases, in the number of PDMP accounts that are registering for access. We did create a waiver system to allow practitioners who were coming out of state and were coming to work at a facility, a registered health care facility, specifically for the purposes of COVID surge. So the out-of-state practitioners were allowed to come in and start working, and we did create a waiver system that worked with our state CDS permit authority so that we knew who these folks were who were coming from out of state but were not getting Maryland credentialed, and making sure that they were able to gain access to Maryland PDMP data. Those numbers were pretty small, and so we didn't see a drastic uptick in the number of accounts due to individuals coming from out of state. And we haven't seen any other significant trends in the number of our PDMP accounts, again for our clinic users.

Patrick Knue:

Thanks Kate. Kevin, how about you? Any changes in the PDMP accounts in Nebraska?

Kevin Borchert:

We haven't seen the changes in PDMP accounts for the registrations. This has remained steady throughout this period.

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Patrick Knue:

Thank you, Kevin. Sasha, let's start with you. Have you seen any changes in the patterns of prescribing or dispensing in Washington?

Sasha DeLeon:

So I did two comparisons. I compared January through June, 2019 with January through June of 2020. And I did see decreases in the number of prescriptions dispensed. I also compared the first quarter of 2020, so January through March, with the second quarter of 2020, which is April through June, and I was also able to see modest decreases in the dispensing pattern. So, in general, yes, I have seen reductions in the pattern of dispensing that has happened. And I don't know if it's all because of COVID, but it's potential that some of that could be because of COVID.

Patrick Knue:

Great. Thank you, Sasha. Kate, what about Maryland?

Kate Jackson:

We've definitely seen some interesting trends in the dispensing of controlled substance prescriptions here in Maryland. We began tracking our 2020 data against 2019's as a comparator to look at those trends. We've been watching all prescriptions and prescriptions by therapeutic classes of interest, not just opioids, benzodiazepines, stimulants, as well as breaking out from opioids, buprenorphine intended for opioid use disorder treatment to watch and make sure individuals who relied on access to buprenorphine as part of their opioid use disorder treatment plan were continuing to have access to those medications. We saw similar trends at the beginning of 2020 compared to the trending that we would see in 2019 for all prescriptions, and for prescriptions by those therapeutic classes. So, the seasonality trending that we saw in the first couple of months of 2020 did track with what we would normally see seasonally in 2019. However, I will note that we were happy to see that while the trending was the same for opioids in the first few months of 2020, we were seeing lower numbers in 2020 as compared to 2019. So fewer opioid prescriptions, fewer individuals receiving opioids in 2020 as compared to the 2019. Again, the seasonality trends month to month were holding steady between 2019 and 2020. When we started looking into the spring, as COVID came here in Maryland, we did see a drop-off in the number of prescriptions and the number of individuals receiving prescriptions, and particularly looking at opioids. And when we look at opioids here in Maryland, we pull out those opioids for opioid use disorder treatment, so we look at opioids really intended for pain separately from those opioids that are FDA indicated for opioid use disorder treatment. And we track those separately. When we were looking at those opioids for pain, we did see the number of prescriptions and individuals receiving opioid prescriptions drop off during the months of

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March, April and May, but have been watching those numbers climb back up slowly throughout the summer to where we would expect them to be compared to the same trends in 2019. The same trend of seeing a drop off during March, April, May, and then coming back up into following the same trend that we saw in 2019 was consistent for all the prescriptions, as well as stimulants, and for buprenorphine for opioid use disorder treatment. Of interest, benzodiazepines, we saw a small uptick in March of 2020, the number of benzodiazepine prescriptions being dispensed, as compared to that same time period in 2019. But after that small uptick, benzodiazepines also followed along all the other therapeutic classes in having a drop off in April and May, and then slowly coming back up throughout the rest of the summer to begin to trend back again with what we saw in 2019.

Patrick Knue:

Thank you Kate. I would now like to turn the discussion to what you all see as the future of PDMPs in the wake of COVID-19. Many states have been reporting an obvious decrease in funds available for state operations resulting from the forced shutdown of business. While no one knows or can predict the future, I was hoping you could share with us what may be in the horizon for PDMPs in staffing and operations. Kate, would you like to start this discussion?

Kate Jackson:

So Maryland is operating under a statewide hiring freeze in our state government. However, we have been able to bring on some priority positions during this time, especially those that are federally funded. We've been able to bring on our PDMP provider outreach coordinator at the beginning of COVID, and that person is really helping with a lot of the CME work, our academic detailing, and linking our clinical tools that are developed in the PDMP to our provider outreach efforts. So that's been great to be able to bring that person on and get them moving. We're also hiring for a new PDMP coordinator, and that should significantly increase our staff bandwidth, especially as we always anticipate that there may suddenly be a need for staff reassignment to take on additional COVID duties if we see any changes in patterns in COVID here in Maryland, or if there's a second wave, et cetera. So trying to make sure that we have as great a bandwidth of staffing as possible in the event that we do need to divert attention to support COVID duties.

Patrick Knue:

Do you anticipate any other changes in staffing?

Kate Jackson:

Other than being able to thankfully bring on some of these positions, I don't anticipate any other changes in staffing, except if there is a need to reassign our staff to more directly support COVID

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duties. We've been able to retain our staff to be doing full-time work, in particular because they've been able to be so productive remotely and do so much of their normal essential duties. We haven't had to put our team really on admin leave, which is the case in some other parts of the department where staff, unfortunately, have had to be put on admin leave, and those staff, often it's easier to reassign them for COVID duties. So here in Maryland we have been aggressive in completing grant applications, both for federal and some state level opioid opportunities to anticipate any budget shortages in FY '21.

Patrick Knue:

Thank you, Kate. Sasha, would you care to say something about what you see for the Washington PDMP?

Sasha DeLeon:

So we're actually at a good staffing structure right now, and I anticipate it's going to stay this way for a while. Our staff have all been assigned furlough dates for the remainder of the year and our agency currently has a hiring freeze. So I actually don't anticipate changes in staffing anytime soon for our program.

Patrick Knue:

So you have established a furlough date. What does that mean?

Sasha DeLeon:

Yes. So actually given where we are right now with our state budgets, all state employees, which is over 40,000 state employees, for the month of July, we have been asked to furlough everyone a day a week for the month of July, which means then we're still employed by the state, but we will not be working that day and we will not be getting paid for that day. So basically, for the month of July, every week, we are only working four days a week. And that is a mandate that was brought down by the governor. And then, after July, August through, I believe, the rest of the year, the months through the rest of the year, every employee will have one furlough day for the month. So it's not great, it's just kind of what apparently has come down from our governor for ways to save money because of the COVID situation that has happened.

Patrick Knue:

Sasha, do you anticipate any changes in your budget going forward?

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Sasha DeLeon:

So currently our program is mostly run on federal grants, so if the federal grant funding continues there should be minor impacts to our program budget. We do have a small amount of funding through our state, but given the size of that funding, which is very minor, we don't anticipate that we will have any changes in our budget. We will continue to ensure that the system is fully operational and that we are able to perform our customer service duties. Unfortunately, with the upcoming furloughs for program staff, our system users are going to have less support as we cannot work on specific dates. And then additionally, when we return to work, we will have delayed responses because we'll have extra emails and the missed calls that we have to work our way through. So we anticipate, operation wise, our changes will be a slower response time to our users. I anticipate that staffing and customer service will be most affected by budget cuts. If things continue the way they are, our governor is going to be looking at layoffs, so staffing will be the primary thing that's affected or impacted. And because we will have less staff, that's going to affect our ability to provide good customer service to our system users.

Patrick Knue:

Thank you Sasha, for that insight about Washington's situation. Kevin, do you have anything to say about Nebraska?

Kevin Borchert:

Currently, we've been able to increase our staffing due to projects and work that we're involved with through the Support Act funding through CMS. Without an extension of the Support Act, which expires in September, we may see a likely decrease in our staffing due to that. With some decreases in federal funding through the Support Act in general, I would anticipate a decrease in our budget. I'm not aware of any major changes directed to the PDMP through the state, and we don't know how the COVID-19 response will impact us on the long term. At this point, we don't anticipate changes with how we're going to operate or maintain the PDMP.

Patrick Knue:

What about budget cuts, Kevin?

Kevin Borchert:

We haven't heard of any particular cuts, but with some budgetary limitations on how the COVID-19 response has impacted states, we may have to address that. We may not be able to do certain enhancements to the PDMP. We'd also have to look at what support and maintenance operations would have to be considered non-essential. I'm hopeful that we won't have to go down that road, but need to be prepared for whatever may fall upon us.

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Patrick Knue:

And finally, Scott, what do you foresee for the Connecticut PDMP?

Scott Szalkiewicz:

I do anticipate a struggle to continue the level number, nevermind additional staff at this time. So the current staff I have are really federally funded, and a few funded by my general fund. I've been in state government for over 20 years, and this is something that no one has ever experienced, nor can say what will come out at the end of this tunnel, this pandemic. We have an economic shutdown, social injustice, and overall insecurity in general. And now we could be looking at mental health in the aftermath. We're all living in a true public health emergency right now. So the final price of COVID-19 has really not been rung up, even on a PMP level. One thing we did notice though is that this pandemic furthered our thoughts about the value of a PMP and how we can help patient care in emergency situations.

Patrick Knue:

Scott, what about the impact to your budget?

Scott Szalkiewicz:

I don't know. We can look at this and say, "Maybe." The outcome is huge, budget windfalls for prescribers or dispenser healthcare or decision making tools such as the PMP may not be in vogue, so to say, for funding. I don't know. These tools are useful, we've enhanced the effectiveness of these amongst many audiences, patients and prescribers and dispensers alike so that everybody understands the value of this. The full fiscal impact, obviously, as I said before, has yet to be realized, so many of our appointed positions being grant funded, we have to monitor now more looking for grant availability.

Patrick Knue:

Thanks Scott.

Patrick Knue:

This concludes our podcast on the COVID-19 pandemic's impact on PDMPs. I'd like to, again, thank Sasha DeLeon, Kate Jackson, Scott Szalkiewicz, and Kevin Borchert for their time and sharing their experiences with us. To our listeners, thank you for your time listening to this podcast. Please let us know if you have any questions on this topic or any PDMP related topic. You can get TTAC's contact information by visiting our website at pdmpassist.org.