Oregon Prescription Drug Monitoring Program Advisory Commission

July 21, 2023 Meeting Minutes

Meeting Contact: Drew Simpson, drew.r.simpson@oha.oregon.gov, 971-352-5569

Advisory Commission member attendees:
Laura Armstrong (Chair) – the Oregon Optometric Physicians Association
Kaley Bourgeois – Oregon Association of Naturopathic Physicians
Kathleen Hansen – Public Member
Leah Hickson – Oregon Dental association
John Hinton –Osteopathic Physicians and Surgeons of Oregon
Daniel Kennedy – Oregon Pharmacy Coalition
Maureen McAvoy – Public Member, Information Technology Specialist
John McIlveen – State Opioid Treatment Authority
Lina Dorfmeister – Pain Management Commission

OHA/PDMP staff attendees
Drew Simpson – Program Coordinator
Kim Waite – Program Manager
Ariane Erickson – Data Analyst
Bryan Loy – Data Analyst
Elizabeth McCarthy – Epidemiology

1. Introductions

Armstrong called the meeting to begin with introduction and reminded any public present that there would be time reserved for public comment at the end of the meeting. Each member introduced themselves with their role and representation (see above) followed by each member of OHA staff.

2. Review of Previous Meeting's Minutes

Armstrong corrected the record for the presented minutes regarding the discussion around passwords. The question asked and discussed was not about the time between password reset but whether there was other options. For example, receiving a text code that some systems use. Simpson stated he would make the correction in the minutes before they are posted online.

Armstrong asked for a motion to accept the minutes, Hinton moved, and Kennedy seconded.

3. PDMP Overview and Discussion

Simpson explained that because much of the commission is still relatively new to the commission and may not know the history and features that are currently in practice. Simpson will take time at each meeting to discuss the history of the PDMP and answer any basic questions.

Simpson explained the PDMP's statutory charge to collect schedule II-IV drugs dispensed in Oregon and make that information available to authorized users to improve patient care. The PDMP does not collect from long term care, methadone clinic, or inpatient pharmacies.

The PDMP has a secondary charge to make the data available for research and in a limited scope to law enforcement and regulatory authorities. The PDMP data analyst is constantly working with external researchers to make de-identified available to better understand the evolving epidemic.

Simpson reviewed who are authorized system users and the basic process the PDMP staff use to vet new applicants who would like access to the system.

Simpson reviewed current initiatives that the PDMP has ongoing. The two primary initiatives are the EHR integration and the Peer Comparison reports. The integration initiative has been active since 2018 and now over 80% of prescribers can access the PDMP from within their clinical workflow. The PDMP is currently working with a contractor to complete an in-depth evaluation of both projects. Based on the findings there will be changes to how they are implemented.

McIlveen provided additional insight into the topic of methadone prescribing and the non-collection in the PDMP. There is significant effort to protect patient privacy and to prevent patients from being identified as participating in a substance use disorder program, if those dispensations were collected in the PDMP it would identify those patients and violate federal privacy protections.

Armstrong asked which states we currently share data with. Simpson stated WA, ID, NV, AZ, TX. Oregon also receives data from MT but does not share OR data at this time. The PDMP also has an executed MOU with CA to allow data sharing but we are currently working to resolve some policy issues with CA before we can begin receiving data. The PDMP used to share with ND and KS but based on an analysis of the sharing there were virtually no data ever returned for searches of those states and the Advisory Commission recommended discontinuing sharing distant states.

4. Standing Agenda Items

    a. Review quarterly metrics
        i. Quarterly Report

Erickson presented the quarterly report for Q1 2023 and reminded the commission that all percent change measures listed are compared to the same quarter of the previous year. Most measures have been stable for the last several years, registration in particular has plateaued with about 86% of all prescribers registered. Registration among OR's highest 4,000 prescribers is stable at 98%.

Erickson explained the utilization measures and the difference between web portal, manual integrated queries, and automated queries. Many integrated entities allow the EHR to initiate a query without provider actions, such as when the patient checks, or when the provider opens the patient's EMR. Those queries occur but do not reflect true utilization of the PDMP. The quarterly reports distinguish between automated and manual queries and distinguish between automated queries that result in the PDMP report being viewed and those that are never viewed.

There has been a consistent increase in utilization of the PDMP for many years, however recent reporting shows a small decrease in utilization among integrated users. Erickson stated that we are investigating the trend and it may be a data artifact from a change in reporting rather than a true decrease in use. We will know more by next meeting.

Erickson reviewed the routine metrics of registration by board, prescribing and use trends. The most significant stand out measure is the continued increase in stimulant prescribing.

Kennedy asked for clarification around why naloxone will no longer be reported to the PDMP. Simpson stated that this was a legislative change that came out of last session and while there was no hearing that explained the exact rationale the legislature used to decide to make this change, Simpson explained that in general there is fear that by collecting naloxone in the PDMP it may disincentivize people from getting naloxone out fear of being labeled as a person with substance use disorder. It is likely the legislature is looking to remove a barrier created by the taboo.

ii. Pharmacy Compliance

Vesik is out of the office today, Simpson presented her compliance report in her stead. The report is very basic, Vesik has continued her aggressive compliance activities to remove account that no longer qualify and to reverify delegates connection to master account holders. There is a one-pager showing the figures for the compliance work attached to the meeting.

b. Research study updates

Loy presented an update on research currently underway utilizing PDMP data. There are seven DUAs for research projects using PDMP data. Loy shared a list of all the research that has come out in the last year that utilized PDMP data, there were 22.

Loy highlighted one paper in depth to the commission which was done by the Comprehensive Opioid Risk Registry project. The purpose of this paper was to assess the role of household opioid availability and other household prescription factors associated with an individual's odds of fatal or nonfatal opioid overdose and is a retroactive cohort study. The study found that having a household member with a recent opioid prescription fill was associated with increased odds of opioid overdose.

Loy will continue to present updates to the list of ongoing research projects and will highlight significant findings at each meeting.

c. Subcommittee Activities Update

McCarthy provided an update on the activities of the Prescribing Practice Review Subcommittee since the last time the Advisory Commission met. McCarthy explained the subcommittee's current plan to use each of its quarterly meetings to review and analyze one of the four criteria currently in use to determine who will receive letters. Those meeting allow the subcommittee to ask questions and give direction to McCarthy who can produce additional analyses for consideration.

The last meeting focused on the coprescribing measure and the subcommittee made the decision to make several changes. The subcommittee decided to include non-benzo sedatives with a high daily dosage and decrease the number of patients a provider has coprescribed to in order to qualify for a letter down to 15 rather than 25.

This will cause a large increase in the number of providers receiving letters and the subcommittee has directed the PDMP to prepare two versions of the letter sent to providers who qualify for the copresribing measures. One version will remain gentle in tone and nature to encourage providers to self-assess their prescribing against current guidelines, this version will be sent to those with 15-25 coprescribed patients. The second version will be more straight forward in directing providers to reassess their prescribing and will be sent to those with more than 25 coprescribed patients. Neither version is punitive.

The subcommittee is interested in adding a stimulant measure and has requested that McCarthy research the topic and bring them info to assist in developing a stimulant specific measure. McCarthy will present that research at the next meeting to assist in their decision.

5. Legislative Changes

Simpson presented two bills that passed during this session that impact the PDMP. House Bill 3258 and 5506.

The 5506 bill was a pleasant surprise that added 1.5 million to this next biennium for PDMP support and maintenance. This will allow the PDMP to maintain the PMDP EHR integration initiative which has become a crucial tool for many providers. The PDMP staff continue to pursue CMS certification which will allow for matched federal funds to support the PDMP, that process is time consuming, and this legislative financial support will help cover the gap until federal aid can begin.

House bill 3258 includes several items that will impact the PDMP. Beginning Jan 2025 the Oregon PDMP will begin to collect all schedule V drugs, and all schedule II-V veterinarian prescribed drugs dispensed through retail pharmacy. Both of these items were recommendation that came out of the Secretary of State audit and have been considered in previous sessions.

Simpson explained that there was significant concern and discussion about the administrative burden on veterinarians and the version that passed will have little to no impact on veterinarians. They will not be added as users of the PDMP and only drugs dispensed through retail pharmacy will be collected by the PDMP.

Dorfmeister asked about veterinarian drugs that can and cannot be used by humans. Simpson will prepare more information as implementation gets closer to review with the Advisory Commission.

In addition to those changes there are two other large changes to the PDMP. First, access to the PDMP through EHR integration is now written into statute, the OHA is required to provide this access to providers in the state. This initiative has been very successful and is popular with Oregon providers. This statute change ensures it will not be taken away. Second, State Medicaid will be able to access PDMP data for overseeing the state Medicaid program and for the purpose of CMS certification. The PDMP staff will likely conduct administrative rulemaking mid/late 2024 to establish appropriate limits on the data to be shared. Typically, the Advisory Commission providers participants to the rules committee.

McAvoy asked for clarification around any potential controversy or pushback regarding collecting schedule V drugs. Simpson explained that each board was approached prior to session to discuss this topic and in general there is no controversy, the one potential drawback that was mentioned by the medical board is that by collecting schedule V drugs the amount of noise on the PDMP report will increase and may make it slower to interpret.

6. Old Business

Simpson provided a brief update on the PDMP's CMS certification efforts. Currently the PDMP is preparing to submit an application for federal funds, once it is approved an official certification date will be scheduled. The process is fairly redtape heavy and each step takes longer than you think it should but Simpson hopes that the certification review date will be scheduled before the end of this year.

Hickson asked if this federal support would allow the prescriber fee to be removed. Simpson commented that there is no intention of removing or reducing the fees.

7. New Business

Armstrong encouraged the Commission to email her or Simpson prior to the next meeting so that it can be addressed.

8. Open Issues

None announced.

9. Public Comment

One member of the public was present and was given the opportunity to speak. She pointed out that in the discussion of HB 3258 there was no mention of adding a new member to the Advisory Commission. Simpson was unaware of this change and asked for clarification., after reviewing the bill it was confirmed that a third public member will be added to the commission. The public participant also commented that there needs to be better balance in the research presented at these meetings as the drivers of the opioid epidemic have changed from ten years ago and is not as simple as blaming prescribing.

10. Next Meeting Date: October 20th, 2023

11. Member Wrap-Up

12. Adjournment by 3:15 PM