
Oregon Prescription Drug Monitoring Program Advisory Commission

July 15, 2022 1:00 PM Meeting Minutes

Meeting Contact: Drew Simpson, drew.r.simpson@state.or.us, 971-352-5569

Attendees: Laura Armstrong, Michael Millard, John Hinton, John McIlveen, Tracy Klein, Kaley Bourgeois, Kathleen Hansen.

1. Introductions

Armstrong welcomed all to the meeting and began with introductions. Each commission member introduced themselves with their work experience. The PDMP staff briefly introduced themselves. Liz McCarthy and Ariane Erickson presented themselves as new PDMP data staff members.

2. Review of Previous Meeting's Minutes

Armstrong presented the minutes to the commission and with quorum present Klein proposed they be accepted as written, Hinton seconded.

3. Standing Agenda Items

- a. Review quarterly metrics
 - i. Pharmacy Compliance and user update

Vesik presented the quarterly pharmacy compliance and user report. Registration among mandated prescribers is up to 89% overall. There has been a large increase in registration among medical board licensees. Goal is to achieve minimum over 90% registration for each board. The Nursing board has 95% registered among mandated licensees.

- ii. Quarterly Report

Erickson presented the quarterly report for Q1 2022. Significant findings include very high registration rates among high prescribers, of the top 4,000 prescribers 97% are registered.

System use continues to increase with the vast majority of queries coming through EHR integration. This new version of the report distinguishes between automated queries that go unused and queries that result in the users viewing the report. This is useful to show both integration penetration and true utilization.

There was a slight decrease in overall prescribing but a large increase in stimulant prescribing which has been a sustained trend for the last several years. Klein pointed out

that since this has been a sustained trend for a long time there should be a position or plan from the commission. Simpson stated that the PDMP AC subcommittee is considering adding a stimulant measure to their outreach and that this is a national trend with current research being conducted. Simpson invited the commission to consider requesting the PDMP staff add additional measures to this report that can be reported out at the following meeting. Hansen asked about other factors that may be driving the increase in stimulant use outside of ADHD, such as increased work hours. Simpson stated that while that type of information isn't available from within the PDMP the staff can conduct a lit review and present information at future meetings and invited the commission to send any relevant research they come across to him or Armstrong and they can disseminate it to the commission.

Millard recommended separating out Adderall because the FDA has made specific recommendations restricting Adderall in response to the stimulant trend. Viewing Adderall separately will allow the commission to see the impact of those changes. Bourgeois requested a breakdown of who is responsible for the increase in stimulant prescribing by license or specialty. Ariane will prepare a stimulant specific supplement report to the quarterly report for next meeting which will capture as many of the commissions questions as possible. McIlveen would like to have an age breakout since there has been reports that say ADD among youth is responsible for the increase, but it would be good to see how that is seen in the data. Hinton would like to know if there are other non-ADD diagnosis contributing. Vesik explained that PDMP does collect diagnosis code but since it is a situational field it is inconsistently reported and not useful for analysis at this time.

b. Research study updates

Loy presented an update on all the open research data requests. There are currently 6 open at different phases of the request process. One is likely to be published in the next year. The remaining are in the analysis and linkage stage.

Simpson supplied an update on the request from the Northwest Tribal Epi Center. The commission previously took the position that the statute should be altered to allow identified data to be used for data linkage which would allow the data request from the epi center to move forward. Simpson explained that OHA reviewed the concept but had not chosen to pass it on to governor's office to move forward.

4. Secretary of State Audit follow up

Armstrong invited Simpson to review the SOS audit follow up report. Simpson explained the original audit and the recommendations that had come out of the audit. There were 12 recommendations made and OHA implemented all of them that were within its power to implement, however, there were several recommendations that would require significant changes to the Oregon statute to allow. Simpson pointed out that while the recommendations come from the SOS, the recommendations do not all align with the Oregon legislature philosophy of patient and prescriber privacy and protections. The SOS released a follow up audit report which highlighted the failure of OHA to implement all the measures. The media wrote several articles criticizing the failure which generated some attention.

Millard asked if it would be productive to have the commission respond to the SOS follow up. Simpson responded that the moment had largely past and there didn't seem to be any residual fallout from the SOS follow up report or the media reporting. Millard

recommended officially noting in the meeting minutes that the follow up report was reviewed by the commission and that the commission supports the action that the OHA has taken and acknowledges that the remaining recommendation are outside their scope. The commission agreed.

5. Subcommittee Report

McCarthy reported out on recent activities conducted by the PDMP AC subcommittee. The subcommittee convened the week prior to reinstate their work after the long pause due to lack of staff turnover. Simpson gave a brief description of the subcommittee composition made up of Oregon prescribers and current licensees. The subcommittee identifies risky prescribing trends and directs OHA to provide outreach to providers meeting the criteria to provide them with self-assessment tool and resources.

The subcommittee has selected four risky criteria that determine whether a provider should receive a letter and those four measures have been largely unchanged since the subcommittee began in 2018. The subcommittee is now interested in changing the criteria to include more prescribers as the original measures were very narrow. When the project began there were approximately 350 prescribers who met the criteria but now only approximately 200 meet the criteria. The number of prescribers meeting each criterion decreased except for the measure related to those that prescribe to patients with multiple prescribers, that measure was relatively unchanged.

The subcommittee has asked McCarthy to explore the existing literature on MME calculation for patches and liquids and for additional insight into the acute to chronic vs acute but reoccurring issue.

Simpson commented that the subcommittee is going to be significantly more active for the foreseeable future as they adjust the measures. Millard commented that the criteria are not aggressive and recommends the subcommittee greatly broaden the criteria to reach additional providers. Simpson agreed to communicate that to the subcommittee and assured the commission that based on the last meeting that the subcommittee agreed it was time to update the criteria.

6. Old Business

a. New Advisory Commission members update

Simpson reported that the PDMP staff has had a difficult time finding a replacement for the public member IT specialist and asked that if the commission has anyone in mind that has IT expertise and may be interested in servicing on the commission to pass them on to him.

7. New Business

No new business.

8. Open Issues

No open issues.

9. Public Comment

Chisholm pointed out that there were comments and question in the chat that could be addressed.

A representative from the group Oregon Pain Action group provided the comment that there is a large problem in Oregon with pain being discriminated against by providers and patients having a difficult time finding medications. The group has a concern that the letter from the subcommittee may scare already wary doctors from appropriate prescribing. Simpson commented that the subcommittee is shielded from identified PDMP data and that the subcommittee is very concerned about not influencing appropriate prescribing especially regarding palliative and hospice care.

McIlveen commented that there are trends in Oregon where chronic pain patients are being transferred to buprenorphine for pain care. It is a problem that raises questions beyond chronic pain and into MAT and is an emerging topic. McIlveen wanted to acknowledge that this issue is known and will need to be addressed as new policies are considered. The commenter wanted this meeting to capture that buprenorphine does not work well for everyone.

Hansen raised the concern that insurance can complicate the transition to buprenorphine for pain if there isn't a substance use disorder diagnosis. The regulations and the insurance need to align. Hansen asked if there was a plan to address this and Armstrong commented that those issues are beyond the scope of this body as it is the advisory commission to the PDMP specifically.

Millard commented that the PDMP was designed to address different problems and largely has tried to prevent being a catch all to address every issue related to opioids. While it is a valuable question for the situation at large it is not something that the PDMP should be involved in.

The Oregon Pain Action group raised a concern that the Medical Board had representatives on the subcommittee and that there may be biases on the subcommittee. Simpson commented that he would bring that to the subcommittee and the state health officer who sits on the subcommittee as a raised concerned.

10. Next Meeting Date: Oct 21st, 2022

11. Member Wrap-Up

McIlveen ended by thanking Millard for his long and dedicated service as a member of the advisory commission. He has been an amazing asset and partner for many years.

Armstrong asked if there was interest in an in person meeting. The commission expressed little interest in doing so. For the time being meetings will remain virtual. Ju 0-

12. Adjournment by 3:15 PM