Prescription Drug Monitoring Program 2017 Annual Report to the Advisory Commission

Oregon Health Authority

PUBLIC HEALTH DIVISION

Acknowledgments

Abbreviations

BJA	Bureau of Justice Assistance. A bureau of the federal Department of Justice from whom the PDMP receives grant funds.
CCO	Coordinated care organization
CDC	Centers for Disease Control and Prevention
CNS-PP	Clinical nurse specialist (nurse with prescribing privileges)
DDS	Doctor of dental surgery (DDS and DMD are the same degrees)
DMD	Doctor of medicine in dentistry or doctor of dental medicine (DDS and DMD are the same degrees)
DEA	Drug Enforcement Administration
DO	Doctor of osteopathy
EDIE	Emergency Department Information Exchange
HB	House Bill
HID	Health Information Designs. This third-party vendor hosted the PDMP until 2017
MD	Medical doctor
ND	Naturopathic doctor
NP	Nurse practitioner (nurse with prescribing privileges)
OHA	Oregon Health Authority
OHSU	Oregon Health & Science University
OSU	Oregon State University
PA	Physician assistant
PDMP	Prescription Drug Monitoring Program
PfS	Prevention for States. A grant awarded by the Centers for Disease Control and Prevention
RPh	Pharmacist
SB	Senate Bill

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Executive summary

This annual report to the PDMP Advisory Commission presents information and performance metrics relevant to the operation of the Prescription Drug Monitoring Program (PDMP) to guide operations and assess system performance.

System changes

The PDMP underwent several system changes and customizations during 2017:

- **Modifications per HB 3440:** HB 3440 passed during the 2017 legislative session. The bill amended the original PDMP legislation, effective Jan. 1, 2018. This legislation:

  » Established a Prescription Monitoring Program Prescribing Practices Review Subcommittee tasked with developing prescribing criteria that will be used to target education efforts around prescribing guidelines

  » Allows medical directors and pharmacy directors to access the PDMP for medical oversight and quality assurance

  » Explicitly allows interstate data sharing with states that share similar privacy and security rules

  » Made naloxone reportable to the PDMP and allows pharmacists to prescribe/dispense naloxone

  » Put into statute the PDMP program policy of using data use agreements as part of requests for de-identified PDMP data for research, public health or educational purposes

  » The subcommittee will convene in 2018. PDMP staff created a process for medical and pharmacy directors to register to use the system as a separate role type.

- **Implementation of HB 4124,** which permits integration of the PDMP into health information technology platforms, is ongoing. At the close of 2017 the Emergency Department Information Exchange (EDIE) system was connected to the PDMP. Other hospitals and health systems were in process.

- **US DEA Lawsuit:** In June 2017, the Ninth Circuit Court held that the Oregon law restricting access to PDMP information for law enforcement is preempted by federal law. The court found that an administrative subpoena from the DEA is sufficient to request records for a named individual. Should Oregon contest a subpoena, a court order may be necessary. All law enforcement requests continue to be reviewed by the Oregon Department of Justice.

- **Change of vendor and data platform:** The vendor that held the PDMP contract was acquired by Appriss Health at the beginning of 2017. In October of 2017 the Oregon PDMP migrated to a new software platform, PMP AWARxE. PDMP staff coordinated migration of accounts, worked to bridge old system functionality into the new platform, and produced training materials for the new system.

Pharmacy reporting compliance

- All mandated Oregon pharmacies reported data to the PDMP in 2017. They had a less than 1% error rate for data submitted. Despite the disruption resulting from the transition to the new PDMP platform, 95% of pharmacies remained in compliance, reporting dispensed prescriptions within 72 hours as required by law.

PDMP registration

Migration of the PDMP to the new platform necessitated removal of inactive accounts. At that time, accounts of prescribers who had not queried the system in 12 months were deactivated. As a result, PDMP registration decreased in 2017.

Note: HB 4143, passed in early 2018, mandated registration for all prescribers licensed to practice in Oregon and possessing a DEA number associated with a facility in Oregon. As of the end of July, 2018, 70% of DEA holders and 89% of the top prescribers in Oregon had been enrolled.

By the end of 2017 the following had occured:

- 45% of all Oregon-licensed controlled substance prescribers had a PDMP account. 71% of the top 4000 prescribers had a PDMP account.

- The total number of system accounts decreased 14.8% from 14,914 at the end of 2016 to 12,708.

- Enrollment among the top 4000 prescribers decreased 13.4% from 2,928 at the end of 2016 to 2,547.

- More than 21% of registered users were delegates. Most delegates used the system on behalf of prescribers (92%). The remainder represented pharmacists (8%).

PDMP utilization

PDMP queries increased in 2017 even as the number of registered users decreased. For most license types the number of active users decreased, with the notable exception of delegates. The number of queries increased for all license types as well as for delegates.

- The PDMP received 1,148,508 unique system queries in 2017, a 20.4% increase over 2016.

- This increase was observed across all license types and was led by delegates, whose querying activity increased by over 43% in 2017.

- The number of overall active users decreased by 6.1%.

- The number of active users decreased among MDs, DOs and PAs (-12.9%); pharmacists (-12.6%); nurse practitioners (-7.2%) and dentists (-2.4%).

- The number of active users increased among delegates (+13.2%) and naturopaths (+2.4%).

- In 2017 there was a trend of more queries from fewer users and an increased proportion of queries from delegates.

Reducing the burden of prescription drugs is a priority for Oregon. The PDMP is a key piece of the overall strategy to reduce high risk opioid prescribing, providing data for monitoring, evaluation and research. Increasing access and system use will remain a high priority for the program in 2018.

Note: HB 4143, which mandates PDMP registration, passed during the 2018 legislative session. This bill resulted in a sharp increase in registration.

The PDMP will continue to work with partners to leverage prescription data to improve the health of Oregonians.

Introduction and public health importance

In 2009, the Oregon Legislature passed Senate Bill 355, which directed OHA to develop a Prescription Drug Monitoring Program (PDMP). The PDMP went live in September of 2011. The PDMP is an electronic, web-based data system that collects information on Schedule II–IV controlled substances dispensed by retail pharmacies. The system gives users — who may be prescribers, pharmacists or their delegates — access to information about controlled substances dispensed to their patients. The intent of the PDMP is to support health care providers, improve patient care and prevent harms associated with prescription drugs.

This annual report is intended to provide the PDMP Advisory Commission with information and performance metrics relevant to the operation of the program, including system registration, utilization, status on key objectives and evaluation activities. The objective of this report is to inform those who guide the operation of the PDMP by assessing program performance.

PDMP system changes and customizations

In January of 2017, the Oregon PDMP transitioned to a new technology vendor when the existing vendor was acquired by Appriss Health. In October 2017 the PDMP migrated to a new software platform, PMP AWARxE. PDMP staff coordinated the migration of accounts, worked to bridge old system functionality into the new platform, and produced training materials for the new system. The new platform provides an enhanced user interface and registration process.

The Oregon Legislature passed House Bill 3440 in 2017, which amended the original PDMP legislation in several ways:

- Establishes a Prescription Monitoring Program Prescribing Practices Review Subcommittee tasked with developing prescribing criteria that will be used to target education efforts around prescribing guidelines. The subcommittee will convene in 2018.

- Allows medical directors and pharmacy directors to access the PDMP for medical oversight and quality assurance. PDMP staff created a process for medical and pharmacy directors to register to use the system as a separate role type.

- Explicitly allows interstate data sharing with states that share similar privacy and security rules. At the close of 2017, the Oregon PDMP had a memorandum of understanding in place with the National Association of Boards of Pharmacy (NABP) to allow access and use of the sponsored Prescription Monitoring Program InterConnect (PMPi) data sharing hub. The Oregon PDMP had a data sharing agreement in place with Idaho. Data sharing agreements with other states, including Washington, are under review.

- Makes naloxone reportable to the PDMP and allows pharmacists to prescribe/dispense naloxone. Naloxone began being reported to the PDMP on Jan. 1, 2018.

- Puts into statute the PDMP program policy of using data use agreements as part of requests for de-identified PDMP data for research, public health or educational purposes.

In addition to their work to implement changes mandated by HB 3440's passage in 2017, PDMP staff continued to implement 2016 House Bill 4124. This bill amended the PDMP legislation to allow integration of PDMP data through health information technology systems. This integration is made possible through the Appriss Gateway. At the close of 2017, the Emergency Department Information Exchange (EDIE) was connected to the PDMP through the Gateway. Several other hospitals and health systems are pursuing integration of the PDMP into their electronic health records. OHA, in partnership with the Oregon Health IT Commons, is pursuing a statewide license for PDMP integration. The statewide license will enable all entities in the state to connect under a single umbrella agreement. This step will decrease costs to health systems for integration and incentivize adoption.

Operations and business processes

The PDMP completed its sixth full year of operation in 2017. The program routinely monitors metrics to evaluate operations and improve business processes. Quarterly business operation and prescribing trend reports are available at www.orpdmp.com/reports.html.

Pharmacy reporting compliance

Retail pharmacies licensed by the Oregon Board of Pharmacy are required to report data on all prescriptions for Schedule II–IV controlled substances to the PDMP within 72 hours of dispensing. The roster of participating pharmacies continually changes as new pharmacies open and existing pharmacies close. Information technology is often updated on the pharmacy side, or at the PDMP. Management of reporting compliance is ongoing.

In 2017, all pharmacies required to report controlled substance prescription data submitted data to the PDMP. Despite the disruption resulting from the transition to the new PDMP platform, 95% of pharmacies remained in compliance, reporting dispensed prescriptions within 72 hours as required by law. The remaining 5% were brought into compliance within 30 days of system migration.

Data quality assurance

Pharmacies report data to the PDMP within 72 hours after a prescription is dispensed. OHA's software vendor, Appriss Health, generates automated error reports, when data from the pharmacies is found to be in error, or is rejected. The most common pharmacy error is an incomplete report. Mistyped or skipped-over fields are the likely cause of most common pharmacy data errors, which include unknown DEA numbers or invalid ZIP codes.

PDMP staff review the reports for frequency of errors by type and by pharmacy. Pharmacies with data errors are granted time to make corrections. Many follow up by resubmitting their corrected data. In 2017, the PDMP worked with reporting pharmacies to improve response to rejection reports. PDMP data quality begins with error-free data entry at the pharmacy. Overall, pharmacies had a less than 1% rate of errors for all data submitted in 2017.

PDMP system user survey

The PDMP conducts evaluation activities to monitor user experience and access. One key tool is the user survey conducted in 2013 and 2016. Some salient results from the 2016 survey include the following:

- 95% of responding prescribers believed the PDMP improves patient safety.

- Only 3% of respondents believed that drawbacks exceed benefits.

- 27% of respondents felt it is difficult to access patient information.

- Top barriers to use were time, lack of delegates, and issues logging in.

- 87% of respondents felt use of the PDMP increased their communication with patients.

- 20% of users accessed the PDMP daily, and 37% accessed the system weekly.

The next user survey is scheduled for the summer of 2018. It will incorporate a new survey of prescriber and pharmacy delegates, who have become the most frequent users of the PDMP.

PDMP registration

PDMP registration is available to health care providers licensed in Oregon and neighboring states, pharmacists and the state medical examiner. Users may delegate PDMP access authority to other health care, pharmacy or medical examiner staff. Delegates may be unlicensed staff.

At the close of 2017, there were 12,708 PDMP accounts. In the transition to the new platform, accounts with no activity for one year, account holders whose licensure indicated they no longer practiced in Oregon and accounts with invalid email addresses were not migrated to the new system. Consequently, the total number of accounts decreased by 14.8% between 2016 and 2017.

Note: HB 4143, passed in early 2018, mandated registration for all prescribers licensed to practice in the Oregon and possessing a DEA number associated with a facility in Oregon. As of the end of July 2018, 70 % of DEA holders and 89% of the top prescribers in Oregon had been enrolled.

Table 1. PDMP system accounts by user group: Oregon, 2016–2017

License	PDMP accounts*	% change[†]
MD/PA/DO	4,909	-14.8 %
Pharmacists	2,673	- 4.1 %
Delegates	2,741	-19.0 %
Nurses	1,469	-6.0 %
Dentists	891	-21.4 %
Naturopaths	251	-19.6 %
TOTAL	**12,708**	**-14.8 %**

* This table presents data on active users calculated from the first three quarters of the year due to inconsistent identifiers before and after system migration. An active user is defined as someone making more than one query.

[†] Percentage change calculated relative to the first three quarters of 2016

Figure 1: PDMP system accounts by discipline: Oregon, 2017 (n = 12,708)

- Podiatrist 0.3%
- Pharmacist 21.1%
- Dentist 6.7%
- Naturopathic Doctor 2.0%
- Nurse Practitioner 11.3%
- Medical Doctor 29.4%
- Osteopathic Doctor 0.9%
- Delegate 21.6%
- Physician Assistant 6.8%
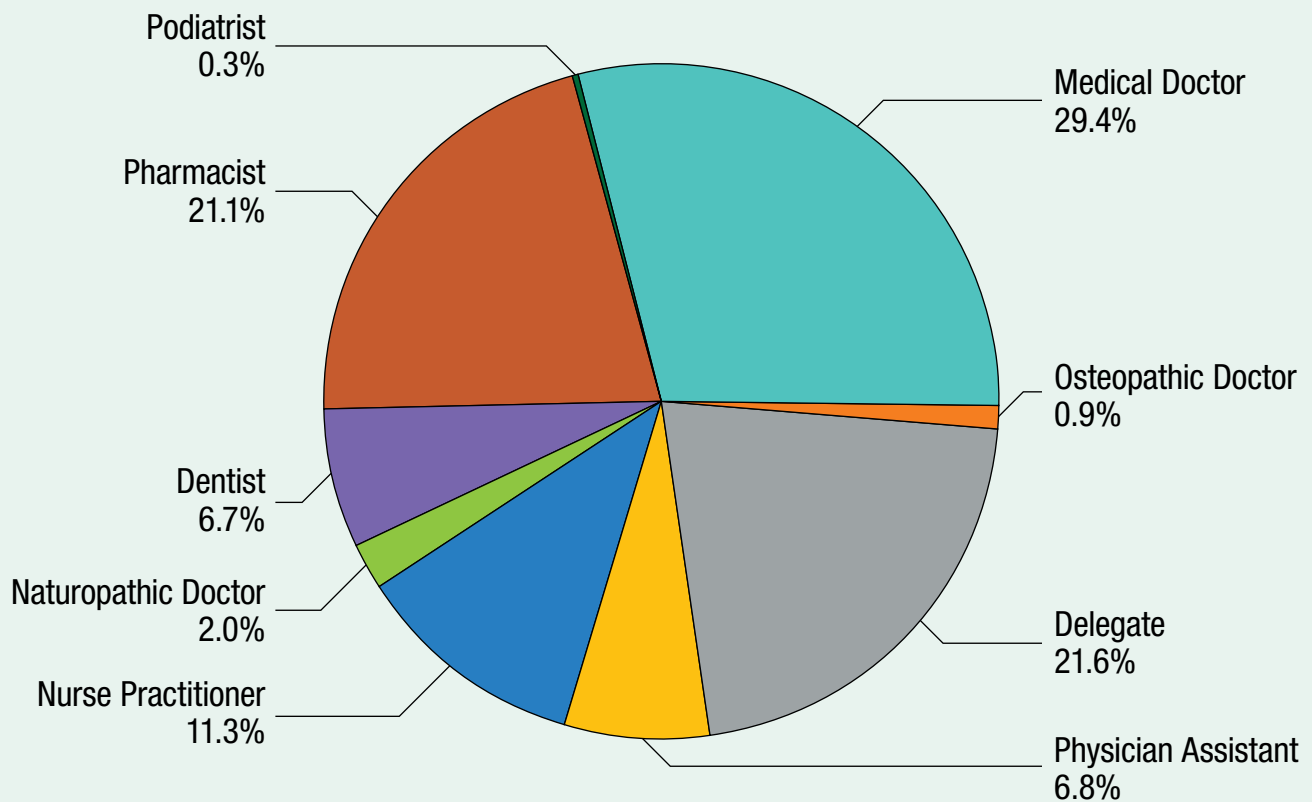
The trend has been toward greater utilization of delegates to consult the PDMP. At the close of 2017 delegates held more than 21% of user accounts (Figure 1). Of these, 92% consulted the system on behalf of prescribers, while the remaining 8% used the system on behalf of pharmacists.

Health care providers practicing in states bordering Oregon (California, Idaho and Washington) accounted for 7% (n=915) of total PDMP accounts. There were 685 accounts for Washington providers, 143 for Idaho providers and 87 for California providers.

PDMP utilization

PDMP queries increased by over 20% between 2016 and 2017. This increase was evident across all user groups. Queries by delegates increased dramatically (43%) between 2016 and 2017 (Table 2). In the last quarter of 2017, delegates queried the PDMP more frequently than either prescribers or pharmacists (Figure 2).

Table 2. Number of PDMP queries by user group: Oregon, 2016–2017

License	Number of queries	% change
MD/PA/DO	239,406	+ 5.7 %
Pharmacists	423,719	+13.0 %
Delegates	400,134	+43.1 %
Nurses	69,847	+16.6 %
Dentists	10,102	+14.9 %
Naturopaths	5,076	+18.5 %
TOTAL	**1,148,508**	**+20.4 %**

Note: This table describes queries deduplicated using user ID, date and patient last name.

Figure 2: Oregon PDMP queries by month (2016–2017)
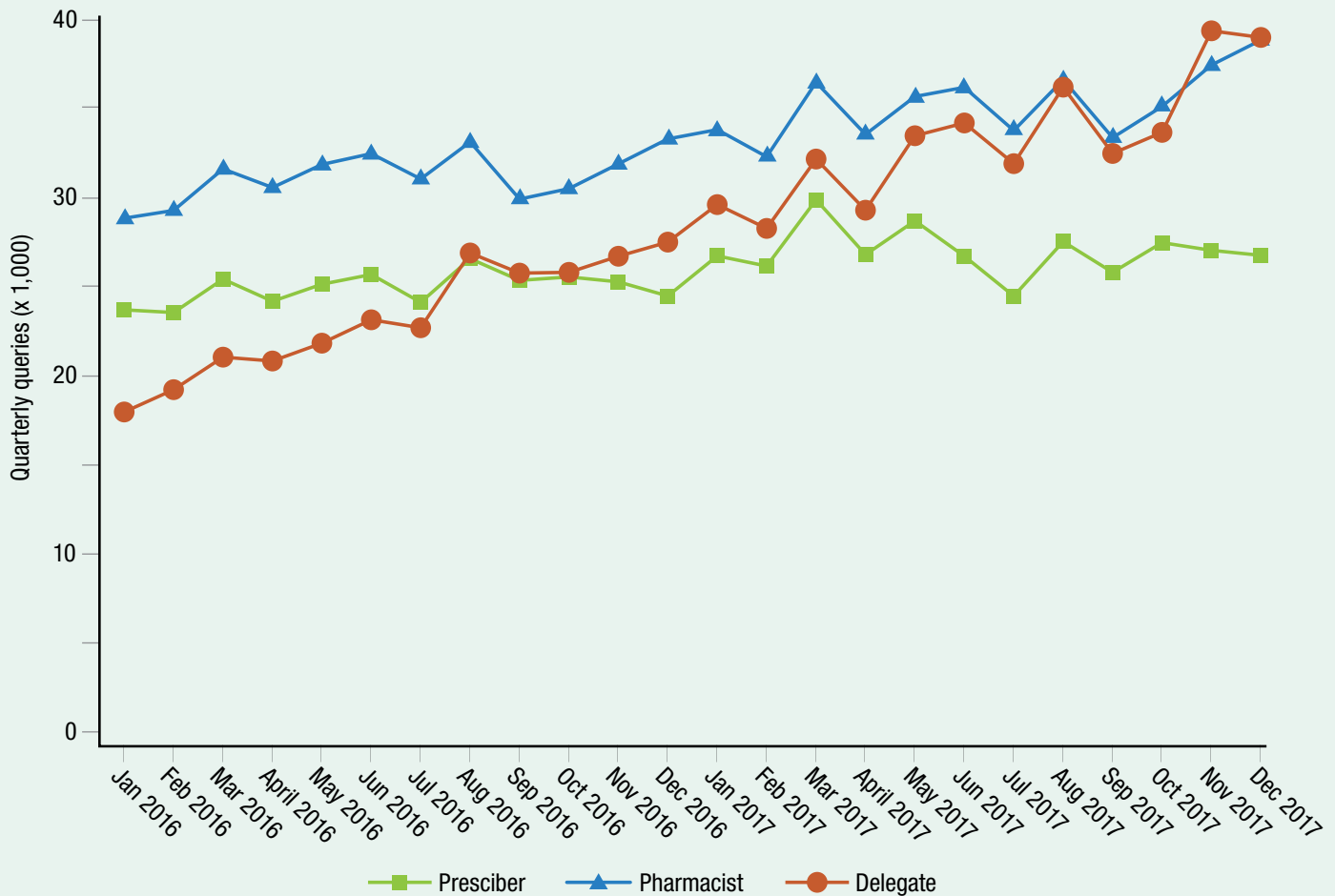
Overall, the number of active PDMP users decreased by more than 6% during the first three quarters of 2017. This decrease was unevenly distributed across the different user types. Active users decreased among MDs, DOs and PAs (-12.9%); pharmacists (-12.6%); nurse practitioners (-7.2%); and dentists (-2.4%) and increased among delegates (+13.2%) and naturopaths (+2.4%).

The major trend in 2017 utilization data was a decrease in active system users and an increase in queries; in short, the PDMP received more queries from fewer people. This was probably caused by clinicians delegating PDMP use to other staff in their practices.

Table 3. PDMP active users by user group: Oregon, 2016–2017

License	Active users*	% Change†
MD/PA/DO	2,737	-12.9 %
Pharmacists	1,987	-12.6 %
Delegates	2,040	+13.2 %
Nurses	927	-7.2 %
Dentists	368	-2.4 %
Naturopaths	126	+2.4 %
TOTAL	**8,185**	**-6.1 %**

* Due to inconsistent identifiers before and after system migration, active users were calculated for the first three quarters of the year. An active user is defined as a user making more than one query.

† Percentage change was calculated relative to the first three quarters of 2016.

Frequent prescribers

PDMP staff prioritizes outreach to frequent prescribers. In 2017, the top 4,000 health care providers prescribed 77% of the controlled substances recorded in the PDMP. While less than half of all Oregon licensed prescribers were enrolled in the PDMP at the end of 2017, 71% of the 4,000 most frequent prescribers were enrolled (Table 4).

Table 4. Percentage of Oregon controlled substance prescribers enrolled in PDMP by most frequent prescribers: Oregon, 2014–2017

Prescribers	2014	2015	2016	2017
2,000 most frequent	74%	80%	80%	77%
4,000 most frequent	66%	72%	74%	71%
All Oregon prescribers	42%	48%	47%	45%

In 2017, the most frequent prescribers also queried the PDMP more often than other prescribers, but their use of the system was commensurate with prescription volume. In 2017, on average prescribers performed 12.9 queries (≈ 0.04 queries per fill) while the top 4,000 prescribers averaged 42.3 queries (≈ 0.04 queries per fill).

Interactive data dashboard

The PDMP makes aggregated PDMP data available to policy makers, state agencies, local governments and community organizations. These organizations promote PDMP use, implement prescribing guidelines, promote non-opioid pain management strategies, educate prescribers and the public, and improve access to addiction treatment services.

The Oregon Prescribing and Drug Overdose Data Dashboard is one of the chief mechanisms for sharing PDMP data. The dashboard provides a web-based interface for people to interact with PDMP, EMS, hospitalization, vital records and medical examiner data. The dashboard, which is updated quarterly, provides an interactive portal where the user can select variables, geographies and time periods. The dashboard is available at https://www.oregon.gov/oha/ph/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx.

Dashboard data and visualizations are used in presentations and state and local government documents throughout Oregon. In 2017 there were 6,336 unique page views on the data dashboard web site.

Data requests

PDMP staff respond to data requests from a variety of sources. Several different entities are entitled to timely access to PDMP data: patients, health care regulatory boards and law enforcement agencies.

Patient-requested reports

Patients may request a copy of their PDMP information. This includes lists of prescriptions dispensed and system users who accessed their PDMP information. Patients may also ask for their PDMP information to go to a third party, such as a behavioral health care provider or an attorney. PDMP staff met all patient requests in 2017 within the statutorily required time frame (10 business days).

There were 81 patient-requested reports completed in 2017.

Health care regulatory board report requests

Health care regulatory boards may ask for PDMP information for an active investigation related to licensure, renewal or disciplinary action involving an applicant, licensee or registrant.

The PDMP received 281 data requests from regulatory boards in 2017 (Table 5).

Table 5. Regulatory board report requests by discipline: Oregon, 2017

Licensing board	Requests
Medical Board	137
Board of Naturopathic Medicine	20
Board of Nursing	71
Board of Pharmacy	8
Board of Dentistry	1
TOTAL	**281**

Law enforcement reports requested

Federal, state or local law enforcement agencies may request PDMP information in an authorized drug related investigation of an individual or prescriber. A valid court order based on probable cause is required. The program forwards all law enforcement requests for PDMP information to the Department of Justice for review.

There were 10 law enforcement requests submitted to the PDMP in 2017. Three of these requests met fulfillment requirements and were completed in 2017.

Advisory commission activities

The Prescription Drug Monitoring Program Advisory Commission (PDMP-AC) has statutory responsibility to:

- Study issues related to the PDMP

- Review the program's annual report

- Make recommendations to OHA on program operation and

- Develop criteria to evaluate program data.

The commission's discussion around integration of PDMP data into health information technology platforms is ongoing. In 2017, advisory commission members consulted on the security standards for the EDIE PDMP integration, which was completed prior to the end of the year.

Advisory commission members consulted OHA on legislative concepts related to HB 3440, which established the Prescribing Practices Review Subcommittee, allowed medical directors and pharmacy directors to access the PDMP, allowed interstate data sharing, made naloxone reportable to the PDMP, allowed pharmacists to prescribe/dispense naloxone, and put into statute the PDMP program policy of using data use agreements as part of requests for de-identified PDMP data for research, public health or educational purposes.

Advisory commission members provided guidance to OHA on implementation and establishment of the Prescribing Practice Review Subcommittee tasked with developing prescribing criteria used to target prescribing educational materials.

Partnerships

The PDMP partners with governmental agencies, both inside and outside of OHA. PDMP staff have collaborated with counties, coordinated care organizations (CCOs) and relevant OHA internal workgroups. Staff provides subject matter expertise, PDMP technical assistance and de-identified PDMP prescription data.

The PDMP supports grant-based programs within OHA and in the community with data on prescribing practices and system utilization. The PDMP supports the work of the prescription drug overdose (PDO) coordinators for nine regions of Oregon. These positions are funded through the Prevention for States (PfS) grant from the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control and the State Targeted Response (STR) grant from the Substance Abuse and Mental Health Services Administration. The PDO coordinators have historically spearheaded local initiatives to increase enrollment among frequent prescribers by working with health officers and champion clinicians, and through outreach to clinics. The PDMP has provided the PDO coordinators with lists of top prescribers and enrollment data to benchmark their progress.

PDMP data is used by county officials, local public health and regional community partners to highlight prescribing measures, hospitalizations, overdose fatalities and other data measures (age, county, etc.) in reports, grant applications and presentations.

Finally, the PDMP supports health research by providing de-identified data to researchers and public health practitioners. Research collaborations include OHSU, OSU School of Pharmacy, counties, CCOs, schools of public health, and other university-based researchers. Some notable publications in 2017 using PDMP data include:

> Deyo, R.A., Hallvik, S.E., Hildebran, C., Marino, M., O'Kane, N., Carson, J., … & Wakeland, W. (2017). Use of prescription opioids before and after an operation for chronic pain (lumbar fusion surgery). *Pain, 159(6), 1147-1154.*

> Deyo, R.A., Hallvik, S.E., Hildebran, C., Marino, M., Springer, R., Irvine, J.M., … & McCarty, D. (2017). Association of prescription drug monitoring program use with opioid prescribing and health outcomes: A comparison of program users and non-users. *The journal of pain, 19(2), 166-177.*

> Deyo, R.A., Hallvik, S.E., Hildebran, C., Marino, M., Dexter, E., Irvine, J.M., … & Millet, L.M. (2017). Association between initial opioid prescribing patterns and subsequent long-term use among opioid-naïve patients: A statewide retrospective cohort study. *Journal of general internal medicine, 32(1), 21-27.*

Fink, P.B., Deyo, R.A., Hallvik, S.E., Hildebran, C. (2017). Opioid prescribing patterns and patient outcomes by prescriber type in the Oregon prescription drug monitoring program. *Pain medicine.*

Geissert P, Hallvik S, Van Otterloo J, O'Kane N, Alley L, Carson J, … & Deyo RA (2017). High-risk prescribing and opioid overdose: Prospects for prescription drug monitoring program-based proactive alerts. *Pain, 159(1), 150-156.*

Hartung, D. M., Ahmed, S. M., Middleton, L., Van Otterloo, J., Zhang, K., Keast, S., ... & Deyo, R. A. (2017). Using prescription monitoring program data to characterize out-of-pocket payments for opioid prescriptions in a state Medicaid program. *Pharmacoepidemiology and drug safety, 26(9), 1053-1060.*

Barriers and needs

Although Oregon's PDMP system use continues to increase, registration and use are not yet universal. Program evaluation data show that prescribers want the PDMP to fit seamlessly into their clinical workflow. Integration of the PDMP with other health data systems has the potential to have a large impact. Integration will also require a large up-front investment for both the program and its users.

The PDMP is seen as a key tool in the context of the ongoing national prescription drug overdose epidemic. Indeed, PDMPs are one of the few tools available to local and state leadership. New demands on the system are often outside of the scope of the original use case. These projects require expensive and/or time intensive changes that stretch the resources of the program.

Issues on the horizon

- **Platform migration:** In October 2017, the PDMP program migrated to a new vendor, Appriss Health, and a new online platform PMP AWARxE. While overall the change was positive for users, there are some functionalities and reports that PDMP staff continue to work to restore.

- **Implementation of HB 3440:** The Prescribing Practice Review Subcommittee is tasked with developing thresholds for opioid prescribing based on agreed upon practice standards, such as the Oregon Opioid Prescribing Guidelines for chronic pain. Providers exceeding these thresholds will receive information and/or training related to pain management and appropriate opioid prescribing.

- **PDMP Integration** (**HB 4124 Implementation**)**:** The rollout of PDMP integration must proceed in a way that is useful to prescribers and pharmacists, expands access, and conforms to data security and privacy standards.

- **Interstate data sharing:** Users from states that do not have data sharing agreements desire access to PDMP information. The PDMP will continue to develop agreements with other states that have similar standards for privacy and security, while prioritizing neighboring states.

- **Expanded access:** Medical providers and health systems have expressed interest in expanding PDMP access or permission levels to other provider types. As part of this expansion, medical directors now have access to the system. Their permissions allow them to view the prescribing behavior of clinicians whose practice they oversee. Building awareness of the use case for and registration of medical and pharmacy directors will be a task for the coming year.

- **Prescriber mandate (HB 4143):** In the coming year, prescribers licensed in Oregon with valid DEA numbers associated with facilities in the state will be mandated to register with the system. PDMP staff is prepared for a surge in registration requests.

Discussion

The Oregon PDMP is an important tool to reduce the burden of opioids in the population, which is a priority in the State Health Improvement Plan. In 2015, the Oregon Health Authority chartered an opioid initiative that integrated and coordinated efforts at the state and local level to improve access to opioid use disorder care, improve pain management, provide prescribing guidance and establish metrics to measure progress. The rate of death from opioid overdose and registration with the PDMP are key accountability metrics in Oregon's movement toward public health modernization. Thus, the PDMP is a critical component of the overall strategy to reduce high risk opioid prescribing, providing data for monitoring, evaluation and research.

The Oregon PDMP increased system use in 2017 to more than 1.15 million unique patient queries by health care providers, pharmacists and their delegates. Supported by funding from the CDC PfS grant, local partners focused enrollment efforts on frequent prescribers. Delegate access and use accounted for the largest share of new system utilization. This shift indicates that delegate query fits easily within the clinical practice workflow. Efforts to increase access and system use will continue to be a high program priority.

The PDMP made significant improvements to the system in 2017, establishing data sharing with other states and integrating with health information technology systems. The new online platform brought increased functionality and easier registration, yet also left behind improvements and customizations that were implemented on the old platform. PDMP staff have worked to ease transition and maintain continuity in system function.

Evaluation, research and quality assurance efforts are important to program operations. Work conducted with partners illustrates how the use of PDMP data can support clinical practice. Much remains to be understood about how the PDMP affects health outcomes. The PDMP will continue to work with partners to leverage prescription data to improve the health of Oregonians.

Oregon Health Authority

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