

**Oregon Prescription Drug Monitoring Program Advisory Commission
Prescribing Practice Review Subcommittee**

July 23, 2025, 9:00, Meeting Minutes

Meeting Contact: Stephanie Vesik, Stephanie.g.vesik@oha.oregon.gov, 971-200-9463

SubCommittee Attendees:

Kathi Norman
John Mahan
Jordana Gaumond
Helen Turner
Dean Sidelinger
Tamby Moore

Absent: Curt Hawkinson

OR PDMP Staff Attendees:

Liz McCarthy
Drew Simpson
Stephanie Vesik

Of Note: Due to technical difficulties an audio/video recording was not taken of this meeting.

Announcements: Drew Simpson reported out from the OR PDMP that the RFP is in progress on the Oregon PDMP contract with Bamboo Health. He also reported Bamboo's Peer Comparison reports are being improved their peer comparison report and we will be switching over to that as an improved self-assessment tool in the near future. Stimulant prescribing report will be available at the next meeting

Presentation: Liz McCarthy gave a presentation on the latest risky prescribing practice trends in Oregon, providing a brief readthrough of each slide that prompted conversation.

Subcommittee redefined the subcommittee definitions by removing single pill dispensations which resulted in decrease in Q2 2022.

Opioid naïve measure redefined in Q4 2022

Schedule 5 dispensations started to be collected Q1 2025.

Subcommittee interest are the opioids and the CNS's – however most CS5 are anti-tussives – both excluded by the MME measure – these will be included in the tri-prescribing, multiple prescribers, co-prescribers. Schedule V collection could have impact on the number of patients included for consideration. One such example is Lyrica/pregabalin which could impact the co-prescribing and tri-prescribing measures. Another is the number of Lomotil, an antidiarrheal, it has a small number of dispensations.

A discussion about which schedule V controlled substances to include for consideration in the subcommittee letters determined to continue collecting codeine preparations and pregabalin and not include Lomotil/antidiarrheals.

Next the subcommittee discussed Morphine Milligram Equivalent (MME) measures with the current 200 MME potentially being reduced and what the increase in letters to be sent would be. Liz McCarthy explained that this has not been fully explored yet to determine who the increased in letters to be sent would include. There was discussion at what a decrease from 200MME, to 150MME might look like as 90MME may be too low. Subcommittee members discussed creating a timeline to reduce the MME number from 200 to 90 over a timeline of several years.

Liz McCarthy made a point of stating that the shift in risky prescribing trends aligns with changes to the measures being reported out.

The Subcommittee agreed to have Liz do a prescriber specialty type review on the MME question and look at a potential reduction from 200 MME to 150MM, then 150MMe to 90, and get a better idea of how many providers may be impacted.

The Tri-Prescribing Measure was briefly discussed noting that most patients identified as tri-prescribed were over the age of 65. The discussion on the tri-prescribing continued with Liz McCarthy agreeing to look at reducing the bugger period considered in the tri-prescribing measure to see if it yields results worth further consideration.

The meeting concluded with agreement for outreach in early Fall to determine the next meeting date and time.



