Oregon Health Authority

Oregon Prescription Drug Monitoring Program Advisory Commission
Prescribing Practice Review Subcommittee

June 22, 2023 Meeting Minutes

Meeting Contact: Drew Simpson, drew.r.simpson@oha.oregon.gov, 971-673-1033

1. Welcome and Introductions

Simpson opened the meeting as the facilitator and explained the objectives for the meeting and the process for hearing comments from any public attendees. The primary objectives will be to review the versions of the letter in use, review current criteria, review open items from last meeting on overlapping prescribing, and a thorough review of the opioid naïve prescribing measure. The subcommittee welcomed a new member, John Mahan, a psychiatrist with a fellowship in addiction medicine working in Jackson county as a health officer. Each subcommittee member introduced themselves and their connection to the subcommittee's goals.

2. Follow up items from previous meeting

    a. New tiered version of letters

Simpson reminded the subcommittee of the decision to create two letters templates that will be used going forward. One is the current, gentle format and the new version includes some additional language to indicate that the subcommittee strongly urges the recipient to reassess their prescribing to ensure it is in line with guidelines.

Farris asked when this new version will be in use since he has recently received a call from a hospice provider who had received a letter and informed Farris he was going to quit prescribing to hospice patients altogether. This is obviously not the intent of the letter. Simpson stated that the new version will begin use with the next batch of letters. No hospice providers should receive a letter and the letter itself makes it clear that there is no intent to change hospice prescribing. However, specialty of practice is a self-entered field in the PDMP and is not always accurate, occasionally hospice providers may receive letters. When we learn of these cases, we reassure the provider there is no record of who receives letters provided to any group outside the PDMP staff and that all they must do is update their specialty within the PDMP to stop receiving letters. Simpson reminded the subcommittee that previously they added a bolded paragraph to the letter specifically communicating that this letter does not apply to palliative and hospice care and that there is no intention of influencing their practices.

    b. Specialty and subspecialty of top prescribers

At a previous meeting the subcommittee asked McCarthy which specialties most commonly received letters. McCarthy presented her finding on that question. After analyzing the 2022 prescribing data McCarthy reported that the highest prescribers come from Family Medicine, Internal Medicine, and Pain Medicine. It is often common to have Nurse Practitioner selected as a subspecialty but that may be a data artifact of the options presented during registration rather than a true disproportionate number of nurse practitioners as high prescribers.

Mahan asked if there was any intention to include schedule II stimulants in the letters. Simpson explained the current four measures which the subcommittee and legislature intended the subcommittee to pursue and the current plan to add stimulants to criteria used as more evidence emerged. This was discussed by the subcommittee last year and they chose to consider adding stimulants in the future once guidelines were better established to base criteria on. More guidance is being established and the subcommittee can choose to add a stimulant measure any time.

3. Presentation, Long duration prescriptions to opioid naïve patients

Simpson explained for the benefit of the new member the current process that the subcommittee is in. Each meeting the PDMP epidemiologist prepares an analysis of ways the subcommittee could alter the criteria used for one of the selected measures. The subcommittee is able to use this information to ask for additional analyses from the epidemiologist or to make decision on how to change that measure's selection criteria. At the last meeting McCarthy presented the deep dive into the coprescribing criteria to the subcommittee. The presentation showed how many providers would be receiving letters if the subcommittee adjusted the selection criteria in many different ways, and included non-benzo sedatives , gabapentin with a dose over 300 mg, and included a 30 day buffer timeframe between opioids and sedatives.

At this meeting, McCarthy presented a deep dive into the opioid naïve measures. This measure focuses on patients who have not received an opioid in the last year (naïve) and were initiated on a opioid prescription with a long day supply (> 7 days). Currently prescribers with more than 20 patients in a quarter who fit this criteria qualify to receive a letter. McCarthy presented the number of prescribers who would qualify if the number of patients was increased to 50 or decreased to 10 to show the options to the subcommittee. Farris asked if surgeons were included in this analysis and McCarthy confirmed that they are but has prepared slides with the surgeons removed based on the literature and subcommittee requests. With surgeons removed the number of prescribers qualifying for letters decreases by about half.

The subcommittee asked for more insight on the specialty reliability within the PDMP and Simpson provided an explanation of the efforts to increase specialty records but that it is still not perfect as a self-entered field and not all prescribers are even registered with the PDMP despite the mandate to do so. Currently approximately 88% of Oregon prescribers are register and for high prescribers it is close to 98% are registered. Related to who is receiving letters, virtually all of recipients are registered and should have a specialty selected.

McCarthy then showed two other options. Including tramadol and changing the look back period to be considered opioid naïve. Including tramadol decreased the number of patients considered opioid naïve significantly which would result in fewer letters in this category.

4. Discussion of potential changes to criteria

The subcommittee requested McCarthy prepare additional information and analysis before changing the criteria that is used to determine who receives letters for the opioid naïve measure. The analysis will include a breakdown of dental and surgical prescribing and explore changing the 42 dose, 7 day supply aspect of the long day supply.

Simpson will prepare a new version of the letter with stronger language and work offline with subcommittee member volunteers to finalize the new version.

The subcommittee asked for more information on stimulants be prepared for the next meeting and McCarthy asked for direction on where the analysis should focus. Mahan requested that prescriber with high number of patients on stimulants regardless of dose should be included, even though the dose may not be dangerous they are increasing the amount of stimulants in the community and may be doing harm. Farris requested information on prescribers who prescribe stimulants and benzo and opioids overlapping to the same patient.

5. Public Comment

No public present at the meeting.

6. Adjournment

The meeting adjourned and Simpson stated he would be sending out a doodle poll for the next meeting in quarter 4.