

## Oregon Prescription Drug Monitoring Program Advisory Commission

Jan 15, 2021 1:00 PM Meeting Minutes

**Meeting Contact:** Drew Simpson, [drew.r.simpson@state.or.us](mailto:drew.r.simpson@state.or.us), 971-673-1033

In attendance: Chris Apgar, Michael Millard, Laura Armstrong, Kaley Bourgeois, Paul Coelho, Tracy Klein, John McIlveen, Paul Brannen.

OHA Staff: Peter Geissert, Drew Simpson, Stephanie Vesik, Tamara Ramirez, Kim Waite, Lisa Shields, Dagan Wright.

### 1. Introductions

Chair Apgar welcomed the commission and began with introductions of all present with their relationship to the work of the PDMP for the benefit of the new commission member. Dr. Bourgeois is the newly appointed member as a Naturopathic physician representative.

### 2. Review of Previous Meeting's Minutes

Klein recommended minor correction to previous minutes and moved for acceptance; Coelho seconded.

### 3. Standing Agenda Items

#### a. Review quarterly metrics

Geissert presented Q4 2020 quarterly report to the Commission. Queries through the web portal continues to decrease as substantial increase is seen in integrated queries. Geissert emphasized that web portal and integrated queries are very different. Integrated queries are often automated and occur without a provider request, whereas searches through the web portal require providers to log in and conduct a specific search.

Geissert asked Vesik to describe special requests received by the program. The PDMP continues to receive periodic requests from law enforcement, boards, and patients. During the pandemic the number of law enforcement requests has decreased substantially.

Table 3 shows PDMP enrollment and use. Of the top 4k prescribers 96.7% are enrolled and 86% of all prescribers are enrolled. At this point most PDMP use is via integration rather than via the web portal.

Coelho requested to include in this report the percent of prescribers who prescribe greater than 90 MED during that quarter. Coelho indicated it would be useful to see the trend of this particularly risky prescribing pattern.

Gabapentin prescription reporting continues to increase. Collection began Jan 2020.

Vesik presented an update on pharmacy reporting and compliance.

Vesik presented a question to the commission on where to draw the line with deactivation of unused prescriber accounts. The rules and statute do not require an account to be deactivated after a specified period of inactivity for prescribers and pharmacists but does for delegates (6 months). The question was asked should the PDMP deactivate accounts that are not being used after a certain timeframe? This would only apply to accounts that do not fall under the registration mandate. For example, prescribers without a DEA number, pharmacists and out of state prescriber accounts. The Commission conferred and decided that after 6 months of inactivity the account should be deactivated. These individuals would still be eligible to have their accounts reactivated at any time.

#### b. Research study updates

Wright presented a research update. There are two new staff coming onboard in January – a new research analyst and an epidemiologist. These new staff members will be instrumental in working on the backlog of data use agreements.

McIlveen asked if Wright was working with the NW Indian Health Board. Wright reported they are involved and have been great to work with.

#### 4. PDMP proposed fee increase

Waite presented a proposed fee increase on all healthcare licensees to fund the Oregon PDMP. The fee would change from \$25 annually to \$35 annually. This would be the first fee increase since the program was first established in 2009.

Waite presented the increase in terms of the expanded scope and responsibilities the program has experienced since it was founded and the increase in staff to address the expanded scope of the PDMP. Changes include interstate data sharing, EHR and EDIE integration, PDMP Advisory Subcommittee work, peer comparison reports, and director level reports.

The Commission discussed the need for increased fees and alternate program funding sources. Coelho and Apgar commented that payers need to also be responsible for funding the program and that high utilizers should be contributing more. Coelho described the strong benefit to payers that the PDMP provides by assisting to reduce overdoses and thus reducing costs.

Apgar requested that PDMP take this message back to the OHA Office of the Director to request a review in PDMP funding with a look to more diverse funding for the PDMP noting that grants do not provide stable funding for the PDMP. Simpson committed to communicating this to the legislative liaison and commented that PDMP staff is not able

to advocate for legislative change and will have to see how to enlist outside groups to recommend these changes. Chisholm commented that each member should take this message back to their respective associations to discuss with their legislative outreach offices.

Apgar recommended the Commission communicate this message directly to the OHA Office of the Director. Simpson will verify the ideal avenue for the Commission to communicate directly to the OHA Office of the Director and will coordinate that with Apgar. Likely an official letter from the Advisory Commission to the Director would be most appropriate. Simpson will coordinate with Chisholm and communicate back to Apgar.

#### 5. Review of Potential Legislative concepts, Advisory Commission Vote

##### **Non-PDMP Pseudoephedrine tracking system**

**Description:** Implement an IT system outside of the PDMP used to track non-prescribed purchases of Pseudoephedrine in real time and nationwide. Similar systems have been set up in other states which allows pseudoephedrine to be sold without a prescription; a pharmacist must enter government issued ID into the tracking system at the time of sale.

**Pros:** Real time tracking prevents prescription from being used the same day at multiple pharmacies.

**Cons:** Partially redundant system to the PDMP.

**Feasibility:** Feasible. Majority of implementation work is unrelated to PDMP.

**Fiscal impact:** None to OHA/PHD

##### **PDMP Advisory Commission Official Position:**

(2020 position) Advisory Commission is in favor of unscheduling pseudoephedrine.

(2020 position) Advisory Commission has no position on the type of alternate tracking system used to track it.

(2021 position) Advisory Commission in favor of an alternate tracking system .

##### **Discussion Notes:**

No significant discussion. Similar to bill presented last session.

##### **Prescriber overdose notification**

**Description:** Allow PDMP data to be used to identify and notify prescribers when someone they prescribed a controlled substance to overdoses. Allow disclosure of PDMP data to contractors for this purpose as long as security and retention requirements are followed.

**Pros:** Improved provider collaboration and improved prescribing practices.

**Cons:** Increased scope of PDMP data use. Decreased privacy.

**Feasibility:** Feasible.

##### **PDMP Advisory Commission Official Position:**

2021: Opposed due to a likely large fiscal impact and limited impact on illicit overdoses. Prescription overdoses continue to decrease while illicit overdoses are the primary issue. Funds and efforts should be used on more timely issues.

##### **Discussion Notes:**

Coelho described the benefits and rationale behind the overdose notification and described Oregon's need to address the shift in overdose to illicit fentanyl that is expected. Commission discussed the need for additional funds and energy to go towards

illicit not prescribed overdoses. Simpson commented that there is no bill currently being considered but there is interest from stakeholder groups.

### **PDMP Provider Fee increase**

**Description:** Increase fee from \$25 to \$35 annually for Oregon healthcare providers to fund the PDMP.

**Pros:** Improved program sustainability.

**Cons:** Increased burden on Oregon healthcare providers.

**Feasibility:** Feasible.

### **PDMP Advisory Commission Official Position:**

Neutral with the request that other funding sources be explored for long term sustainability.

### **Discussion Notes:**

The primary discussion was held during Waite's presentation. The Commission would like a broader conversation beyond this legislation to improve PDMP funding.

## 6. Old Business

### a. Harold Rogers update

Simpson gave an update on the Harold Rogers award. Three goals will be covered: surveillance improvements, pharmacy compliance standardization, and evaluation of recent initiatives. The team is currently in the contracting phase for the evaluation with Comagine and HIT Commons.

### b. Medicaid Funding Application

The PDMP is in the process of becoming a certified CMS PDMP which will allow the PDMP to access matched funding for operational spending. The team is currently working on the data use agreement with Medicaid which will allow the allocation to be determined.

### c. Peer Comparison Reports update

These reports were planned to be in production in Q4 2020 but have been delayed. The reports will be in production Q1 2021. HIT Commons will assist in promoting peer comparison reports via the Org management tool.

## 7. New Business

No new business.

## 8. Open Issues

Simpson announced that two new staff have been hired to fill the long-standing holes in the PDMP analyst staff. They will be coming onboard in the next couple of weeks and only one open position will remain.

Waite commented that there is an additional bill being considered that will change the fund type that holds PDMP funds. This fund will allow PDMP funds to be comingled with other OHA funds which would permit other OHA funds to cover the PDMP if there is a shortfall in PDMP funding. There was significant opposition to this bill from the Advisory Commission if there were not strong protections in place to prevent PDMP funds from being used for non-PDMP related activities. Simpson and Waite will evaluate the bill and circle back to the Commission if there is not sufficient protection.

9. Public Comment

10. Next Meeting Date: April 16<sup>th</sup> 2021

11. Member Wrap-Up

Millard asked that the minutes reflect that the Advisory Commission recognizes and appreciates that excellent job that the PDMP team has been doing to operate the PDMP. This was echoed by Apgar and Commission members.

12. Adjournment by 3:15 PM