**Oregon Prescription Drug Monitoring Program Advisory Commission**
**January 18, 2019 Meeting Minutes**

**1:00 PM**
Portland State Office Building
800 NE Oregon Street, Room 918
Portland, OR 97232

**Attendees:**

Advisory Commission: Chris Apgar, Mike Millard, John Mcilveen, Paul Brannen, Laura Armstrong, Paul Coelho, Caroline Baldwin-Sayer,

OHA Staff: Drew Simpson, Stephanie Vesik, Josh Van Otterloo, Peter Geissert, Laura Chisholm, Tamara Ramirez

1. Introductions

Chris Apgar as Chair facilitated this meeting and all present introduced themselves by name am relevant title.

2. Review of Previous Meeting's Minutes

Apgar proposed the minutes from the previous meeting be accepted as written and Millard provided the second.

3. Standing Agenda Items

    a. Review quarterly metrics

Vesik presented a pharmacy compliance update. The pharmacies are now reporting via a new platform that is significantly more user friendly. This has resulted in a significant increase in the frequency of reporting. Pharmacies are reporting on average 22 times per month compared to 15 times per month previously.

Geissert presented the most recent quarterly report. Because the advisory commission had not met the previous two quarters Geissert reviewed and discussed trend that from the last year.

Enrollment has increased to 94% among top prescribers and 78% among all Oregon prescribers. Queries to the system also increased by 19% in the previous year. This is due to both increasing enrollment and increased access to the PDMP via EHR integration.

Prescribing continues to decrease for most controlled substances but is increasing for stimulant.

b. Research study updates

Van Otterloo shared an update regarding several on-going research projects utilizing PDMP data and discussed the process for vetting research proposals to ensure PDMP data will be protected.

There are currently four on-going research projects with DUA's allowing for PDMP data use, two research projects recently completed their projects, and two projects are currently pursuing PDMP data.

4. Secretary of State Audit Discussion

Simpson presented the 12 recommendations that the Secretary of State had made following the audit. Simpson provided the OHA official response to each recommendation and called for input or questions on each recommendation.

Simpson indicated that five recommendations are currently actionable with the PDMP's existing statute and eight recommendations will require legislative changes to be actionable. Extra time and attention were devoted to the five actionable recommendations and Simpson explained that there has been significant progress since receiving the audit report.

Millard commented that recommendation number two, to provide guidance to providers on ways to integrate accessing PDMP into workflow is already accomplished by multiple avenues.

5. PDMP Prescribing Practice Subcommittee Update and Review

Simpson provided an update on the most recent Prescribing Practice Review Subcommittee meeting and actions. The Subcommittee has now met three times and made adjustments to their approach at each meeting. The subcommittee has added high MED (>200) to the list of criteria to prompt a letter be sent and has selected not to send letters to palliative care providers.

The PDMP has added specialty of practice to all user profiles but since this is primarily self-entered field there are certainly some that are miscategorized. The letter sent to providers will be updated to ask that if a provider is a palliative care provider and feels they received the letter inappropriately that they should sign into the PDMP and update their specialty of practice.

6. EHR Integration Update

Simpson provided an update to the health IT integration initiative. As of Dec 2018, 3,666 providers and two pharmacy chains have access to the PDMP their daily electronic workflows. There are an additional 74 entities representing 12,000 providers in the process of connecting via integration.

EDIE is still the largest stake holder/user of integrated PDMP with 27 hospitals live.

7. Legislative Session Discussion

Apgar led a discussion regarding the recommendations the Governor's taskforce will be considering for the upcoming legislative session. There are seven recommendations, Apgar supplied his opinion on each recommendation and asked for feedback from the rest of the Advisory Commission.

- Adding dental directors to the list of authorized PDMP users – All in favor
- Adding gabapentin to drug collected – Apgar indicated that this kind of change could be more efficiently without a statutory change. Commission agreed that collecting gabapentin could be good but that accomplishing it via statute may not be the best avenue.
- Adding Method of Payment – No strong position from commission. Millard believes pharmacies will be against this change and Apgar indicated that the ACLU will likely come out against it.
- Adding diagnosis code to PDMP – Not opposed but has reservation regarding implementation. Commission discussed concerns that pharmacies do not routinely collect this field, and this may be a large lift. Millard indicated that the board of pharmacy will likely be consulted and may push back.
- Add exception to allow OHA to evaluate prescriber practice. – No strong position. Apgar indicated that he is not opposed to this change since it has been effective in other state.
- Allow OHA to proactively identify and inform authorities of potential pill mills. – No strong position. Apgar indicated that this is likely a good idea. Commission discussed that this would represent a large shift in the PDMP philosophy in Oregon. The Oregon PDMP has always had a health care tool and public health focus.
- Evaluate research request to ensure they will benefit health and safety of Oregonians – This change does not appear to strengthen protection of the data but may hinder the use of the data for valuable research.
- Permit CCO medical director access to the PDMP. – Apgar indicated that he does not oppose expanding access to CCO medical directors but does have significant concerns/reservations regarding the implementation of this change. Namely that it may be used for other reasons beyond improving patient safety, for example pressuring prescribers to prescribe lower cost medications. The commission agreed with Apgar's assessment and added that this type of access could potentially be used for other commercial reasons and not just ensuring quality healthcare is being provided. Implementation of this type of change would need to be done with controls to prevent inappropriate use of PDMP data.

8. Open Issues

No open issues raised.

9. Public Comment

No Public comment.

10. Next Meeting Date: April 19th, 2019, PSOB Room 918, 1pm

11. Member Wrap-Up

12. Adjournment by 3:15 PM