# Oregon Prescription Drug Monitoring Program Advisory Commission

## Jan 20, 2023 Meeting Minutes

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**Meeting Contact**: Drew Simpson, drew.r.simpson@state.or.us, 971-352-5569

Commission Members in Attendance: Laura Armstrong, Kaley Bourgeois, Lina Dorfmeister, Katie Hansen, John Hinton, Tracy Klein, Maureen Jemison, John McIlveen.

1. Introductions

With quorum met, Armstrong began the meeting with introductions for the two new members in attendance.
Lina Dorfmeister introduced herself, she is the new representative of the Oregon Pain Management Commission and practices as a Nurse Anesthetist at a Coos Bay area pain and addiction management practice.
Maureen McAvoy introduced herself to the group, she does not have a background in medicine but joins the group as the public member who is required to have expertise in information technology, she has 20 years' experience in the area.

After introductions Armstrong communicated her excitement that the commission had strong attendance and was ready to engage in this important work.

2. Review of Previous Meeting's Minutes

Having reviewed the previous meeting minutes, Armstrong asked if there was a motion to accept the minutes as written. McIlveen motioned to accept, and Hinton seconded.

3. PDMP Overview and Discussion

Armstrong turned the time over to Simpson to give an overview presentation of the PDMP and lead a discussion. Simpson stated that with most of the commission being relatively new to the position, it was important to review some of the origins of the program and review important aspects that not everyone may be familiar with.

To begin Simpson presented the commissions legislative mandated purpose which is to provide consultation to the OHA in the establishment and maintenance of the PDMP and to review the annual report. Simpson stated that the annual report is a more lengthy version of the quarterly report that the commission reviews each quarter and includes additional narrative explaining large changes that have taken place. This report is overdue from the last years since the program was short staffed during the pandemic. With the analyst positions now filled, the reports will again be completed and presented to the commission this year.

The commission serves as a connection between the PDMP and OHA staff to the broader healthcare community and patient population. Especially since we added Hansen to the commission to bring in a patient advocate perspective. This is particularly valuable during legislative session. The program is well equipped to understand the feasibility of proposed legislative changes but not necessarily equipped to understand the impact they may have at the provider or patient level.

Simpson used this overview time to explain ongoing initiatives and present an example of the peer comparison report. This report shows a prescribers prescribing trends in high risk areas compared to those within their same specialty of practice. We have heard that these reports are somewhat cumbersome to interpret and are considering alternative version and changes that may implemented in the future but anecdotally there is evidence that they are being used by providers to understand their prescribing habits. Additionally OHA is using grant funds to conduct a robust evaluation of the peer comparison reports which will be released late this year. Kennedy asked if this report was limited to opioids and benzos, Simpson responded that the subcommittee is considering adding a stimulant measure but at this time it is limited to opioids and benzos. The alternate version that is being considered by the subcommittee is the standard report prepared by Bamboo health and includes more measures and stimulants.

Klein asked if anyone could offer insight into changing CDC guidance and removal of the xwaiver requirement. McIlveen responded that the removal of the xwaiver passed as part of an omnibus bill and became effective almost immediately which was the intent. There is however still training requirements and there is not likely to be a massive explosion of new suboxone prescribing despite the demand for it.

Armstrong reminded the commission that if there are topics like this that would benefits from research and preparation prior to the meeting that they can be sent to her and Simpson so that we can come to the meetings ready to discuss. This is a valuable topic.

4. SUDORS Presentation

McCarthy presented an updated on the state unintentional drug overdose reporting system or SUDORS. McCarthy linked PDMP data to this data set. The aim of the project is to look at individuals that suffered an unintentional fatal overdose and see if they had a drug collected in the PDMP in the 12 months prior to the overdose. Most states have not completed this project but it was listed in the Overdose data to action CDC grant as an optional activity.

Once the data was prepared for analysis McCarthy conducted a preliminary analysis to compare those with PDMP records and those that did not have a PDMP record. Based only on the preliminary analysis about 40% of those who suffered an unintentional overdose had received a schedule 2-4 drug in the year prior. Those individuals were disproportionately non-hispanic, higher education, and have a history of non-fatal overdoses. This will be prepared to submit to CSTE.

Dorfmeister asked if veteran status was considered in the analysis. McCarthy commented that that is a known risk factor, but that veteran status wasn’t captured in either dataset and couldn’t be accounted for in the analysis.

5. Standing Agenda Items

a. Review quarterly metrics
    i. Quarterly Report (available on OHA webpage for reference)

Erickson presented the quarterly report for Q3 2022. This report is standard and reports out on registration rates, number of queries submitted, prescribing counts by drug, and number of information request received by boards, patients, and law enforcement.

Most measures are stable with minor fluctuation. The largest increase in buprenorphine naloxone prescribing.

    ii. Pharmacy Compliance

Vesik presented the recent activities that she has performed to increase registration. Vesik has worked directly with the medical, dental, and nursing boards to increase registration among those that are under the state mandate by providing lists of registrants the boards can use to identify unregistered licensees and conduct targeted outreach.

Vesik also reported that the end of the year compliance had been quiet with few pharmacy issues arising.

b. Research study updates

Loy shared a list of all active DUAs using OR PDMP data for research purposes. Five that currently have PDMP data and are working publications and two new projects that recently began the process of receiving PDMP data. The two new ones come from Comagine and the University of Maimi. They will each be evaluated and reviewed by the analyst team in the next couple of weeks.

At the next meeting, Loy will share a list of all the publications that have utilize OR PDMP data. There are approximately 30 publications to date.

Loy also took time to highlight one project of note. The dataset included PDMP data from 2013-2018 which was linked with the all payer all claims database, death certificate data, discharge data. So far three publication have come from the project with more coming after the data is updated. One of the papers explores the difference in chronic use risk and overdose risks between oxycodone and hydrocodone. There are many complicating factors, including wide differences in initial doses but there appears be a small benefits to using hydrocodone over oxycodone.

Dorfmeister asked if the papers reported on the likelihood that a patient would eventually progress to substance use disorder, the current papers brought to the commission did not include that element. Hansen commented that a consistent issue that patients face is little to no warning before having access to pain medication limited and insufficient post-op pain care. Many providers are worried about consequences to themselves for even appropriate prescribing so patients who have legitimate pain care needs are not appropriately treated.

The commission discussed this as a known issue where primary care refers complicated patients to pain management and pain management doesn't respond to take them on so that patients can be left without proper and needed care. Klein pointed out that providers get harassed by insurance companies for providing even low dose chronic opioids and that that should have stopped with the CDC guidelines. Bourgeois asked if any other

providers have been contacted by pharmacists after prescribing opioids and been recommended a tapering plan. Bourgeois has been contact multiple times by Walmart pharmacists with tapering plans and it appears they may have a policy requiring them to confirm with a provider if prescriptions are deemed risky. No other members have experienced this their practice but McIlveen and Kennedy provided confirmation that this practice by pharmacists does regularly occur. Kennedy pointed out that pharmacists are often given unclear corporate guidelines that they then have to incorporate into their daily practice.

Hansen asked with all these clear issue, what the commission can do to help solve it. Simpson commented that the commission itself is an advisory body to OHA and is limited in its direct actions. The strongest role the commission has is for the members to work with their associations based on discussions had here and to advise OHA on potential legislative actions. Armstrong recommended that we discuss this item more during the old business segment of the meeting since there should be an update on legislative items.

6. Subcommittee Activities Update

McCarthy provided a brief update on actions taken by the subcommittee since the commission last met. There was a request to do a literature review to understand the risks posed by schedule V drugs and specifically promethazine with codeine and pregabablin. The OR PDMP does not currently collect any of these drugs but based on the literature available McCarthy was able to draw some basic conclusions. Schedule V by definition are medication which are less risky for abuse and misuse, but the literature did show that higher doses especially when combined with other controlled substances were associated with increased risks of overdose. There is a good chance that the PDMP will collect more schedule V drugs in the future since that has been the national trend and once we collect them McCarthy will be in a position to do more complete analyses.

7. Old Business

Simpson used this time to update the commission on legislation that is likely to be pursued during this legislative session and update any recommendations from the commission. Session had already begun, and two bills related to the PDMP are being considered.

One bill is related to mandatory use of the PDMP whenever prescribing a controlled substance. The commission unanimously agreed that requiring checking the PDMP for all controlled substances was inappropriate but would be neutral on a more conservative requirement such as for schedule II substances. Primary stated reasons were that this would create addition burden on providers with limited benefit to patients and may lead to more providers becoming unwilling to provide pain care.

The commission discussed enforcement and Simpson described the current process for enforcing PDMP mandates which happens through the licensing boards. There has been no interest in requiring OHA to conduct proactive enforcement or compliance checks.

The second bill would add veterinarian controlled substances to the PDMP. The introduced bill has a number of problems that are already being addressed through amendments. The primary questions to be addressed by the commission today is whether

they would support the addition of veterinarian drugs to the PDMP and whether they would support adding veterinarians as users of the PDMP. Simpson added that the commission did not need to worry about the feasibility of the proposal because other states have already been successful and bamboo is now experienced in implementing veterinarian legislation.

Simpson described the most likely implementation method for collecting veterinarian drugs which would be to assign the drug to the person who collects it from the pharmacy rather than attempting to assign it to an owner of the pet. The drug is then part of the person collecting the drugs PDMP profile but is listed with a non-human field. Adding veterinarians as users is a bit more nuanced since they would be querying based on the person seeking care for the animal and there is potential for privacy issues to arise from veterinarians being exposed to the humans PDMP data.

The commission was split on the benefit of adding these drugs and users and the commission's official position will remain neutral.

8. New Business

Armstrong asked if it is possible to increase the timeframe for changing passwords for the PDMP. It is currently set at 90 days and is a consistent frustration in logging in to the PDMP. Simpson stated that it has been considered previously but was rejected by the states information security office, but it has been long enough that he is willing to ask again.

9. Open Issues

None brought forward.

10. Public Comment

None present.

11. Next Meeting Date: April 21st, 2023

12. Member Wrap-Up

13. Adjournment by 3:15 PM