

Oregon Prescription Drug Monitoring Program Advisory Commission

April 16, 2021 Meeting Minutes

Meeting Contact: Drew Simpson, drew.r.simpson@state.or.us, 971-673-1033

Members Present: Laura Armstrong, Michael Millard, Kaley Bour, Tracy Klein, Paul Coelho.

OHA Staff: Drew Simpson, Stephanie Vesik, Kim Waite, Tamara Ramirez, Katie Branson, Bryan Loy, Dagan Wright, Lisa Shields.

1. Introductions

Millard started the meeting and directed Simpson to conduct roll call and allow each person present to introduce themselves. After roll call there was not a full quorum of Advisory Commission members present, items that require a quorum to vote were postponed until quorum was reached.

The PDMP added two new staff since the last meeting an epidemiologist and a research analyst. Katie Branson is the new epidemiologist and Bryan Loy is the new analyst. The PDMP has been short staffed on analyst capacity for approximately one year and is excited to add these new members.

2. Review of Previous Meeting's Minutes

Minutes were not approved at this time due to the lack of quorum.

3. Standing Agenda Items

a. Review quarterly metrics

Loy described the current process for getting the data from Appriss Health and the delay that took place in receiving this quarters data. As of now the quarter one 2021 report is not yet available but will be prepared and sent to all members following its completion within the next two weeks. The commission will review the report via email and provide any feedback prior to the report being posted.

Vesik provided an update on registration and a pharmacy compliance. 88% of all prescribers who are required to register with the PDMP are now registered. Vesik works with boards monthly to provide targeted outreach to unregistered licensees.

Vesik reported improved tracking of x waivers and has begun the process of phasing out reporting waivers from pharmacies. Improved zero reporting processes that now require

little effort from pharmacies has made it less burdensome and removed the justification for pharmacy waivers.

Vesik described her efforts to remove access from accounts that have not been used in an excessive amount of time. Primarily this recent effort has been focused on pharmacists that have not used their account in nearly a year. Those pharmacists were emailed prior and given an opportunity to request their account be kept open.

Millar asked if removing these pharmacists will hurt the programs ability to fulfil the registration mandate. Vesik pointed out that pharmacists are not covered under the mandate since most do not have a DEA registration but that she also does remove dormant prescriber account periodically which does impact that number. The rationale being that it is best practice to improve security and removed infrequently used points of access. Millard recommended reporting use and registration clearly to show progress on the mandate and ensure that the 88% is correctly interpreted by stakeholders.

b. Research study updates

Loy gave a research study update. There are currently four open data request and one active data project.

The PDMP team is currently working on a project to link the northern tribal data with the PDMP to identify and analyze prescribing patterns. This project has a number of challenges that must be addressed to ensure all data protections are in place. The team is revising their request to align with the PDMP requirements and will resubmit the request. The PDMP analysts are working diligently to allow access to researchers to leverage the PDMP to full effect while also proactively protecting the data from any potential misuse or reidentification.

Millard requested an update on all projects that are ongoing. It is difficult for the Commission to track ongoing research with only verbal quarterly updates. Simpson committed to sending a list of all ongoing projects to the commission following the meeting along with the minutes and the quarterly report. Simpson suggested the commission review the quarterly report when sent out and recommend any changes to improve interpretation.

4. Legislative Session Update

a. Current bills

Simpson provided an update on the bills being considered. This session has been atypical due to COVID and significantly less active. There are two bills related to the PDMP. The fee increase bill that would change the fee from \$25 to \$35 is currently with ways and means and passed out of the healthcare committee with a surprising amount of support and a do-pass recommendation. Bill is straightforward and expected to pass.

The second bill would change the fund type that holds the PDMP funds. The new fund type would allow PDMP funds to be comingle with other OHA funds to prevent shortfalls between large payments from boards. There was significant opposition from the commission at the last meeting to this bill unless there are specific protections keeping the funds for PDMP from being used for non-PDMP purposes. Based on that feedback, Simpson and Waite communicated the recommended language change to the legislative

office and an amendment was engrossed that added stipulations limiting use of funds deposited in that fund to activities listed in the PDMP statute. Chair Apgar reviewed the revised language and was satisfied with the change.

b. Funding Letter to the Office of the Director of OHA

The commission reviewed the letter that was written by Chair Apgar following the discussion at the previous meeting. Coelho pointed out the importance of identifying free riders that are benefiting from the PDMP without contributing to its funding. Mainly that would be payers with no CCO involvement. Coelho and Millard discussed whether specific groups should be called out in the letter.

McIlveen commented that the letter says there has been a decrease in morbidity but there hasn't been a real decrease. Klein pointed out that recently there hasn't been a decline but since the establishment of the PDMP there has been a large decrease.

After discussion, the commission agreed to add Medicare advantage specifically to the letter and explicitly state that the payer community has benefited financially from the PDMP.

The commission voted to accept this letter and it passed unanimously. The Commission asked that the letter be sent as soon as possible to the OHA director. Simpson committed to making the final edits and providing the final version to Chair Apgar to send on immediately following the meeting.

5. MES funding update

Simpson gave an update on efforts to secure alternate funding outside of the proposed fee increase. Currently Oregon PDMP uses HITECH (federal) funding to fund some program activities including integration. HITECH funding is ending September 2021 and there will be a new funding opportunity through Medicaid Enterprise Services, this funding will be 75/25 and will be eligible to be used for operational spending whereas HITECH was for system DDI only. In order to be eligible to apply for this fund the PDMP must become Medicaid certified by demonstrating it performs adequate functions and collects all the minimum fields.

There has been a delay in the application due to the requirement that a certified state must be sharing data with all its bordering states. California is not currently sharing data with any state; however, Oregon was granted an exception and obtained a letter of support from California indicating they will be sharing with Oregon once they begin sharing data in 2022.

The fee increase will provide long term sustainability, but the budget will take several years to increase since licensees renew every other year for many boards. In the interim, the PDMP will continue to apply for alternate funding through grants to bolster the budget.

Coelho asked if there is any indication if the settlement from Purdue Pharma will be used to fund the PDMP. At this point there has been word on how those funds will be used.

6. Old Business

a. Harold Rogers update

Waite gave an update on the Harold Rogers grant. There was a slow start on the work under the Harold Roger grant due to a delay in funds being awarded from BJA.

There are three goals under Harold Rogers. Improved surveillance of amphetamine prescribing, standardization of pharmacy compliance, and evaluation of PDMP integration and the peer comparison report implementation.

The PDMP recently onboarded new analyst staff who will be integral to accomplishing this work and are excited to have high quality staff on board.

b. Peer Comparison Reports update

Simpson provided an overview of the statute change that allowed peer comparison reports to be sent to all prescribers and the creation of the Prescriber Practice Review subcommittee. Simpson shared an example report that will be moved into production on April 27th. There are four criteria displayed on the report showing how the prescribers prescribing compares to others within their same specialty.

For most prescribers this will not be very interesting since they will be near the average but will be very useful for outlier prescribers that prescribe far above the average for their specialty.

Coelho recommended that if there is push back from prescribers it would be appropriate to point out this is just the same data they could see through their patient alerts. There shouldn't be too many surprised prescribers.

7. New Business

a. IT Contract RFP

Simpson informed the commission that the current IT contract expires January 2023 and the program will be beginning the RFP process to select a new IT vendor to provide the PDMP IT system. No more contract extensions are allowed so a full RFP is required. This cannot be submitted as a sole source.

Millard would like the commission to be kept informed through out the process and allowed to weigh in on the decision before a vendor is selected. Simpson will regularly communicate with the commission and indicated that bridging current functionality will be a primary focus of the proposals.

8. Open Issues

Quorum was reached during the meeting, acting Chair Millard proposed the minutes be accepted, Armstrong seconded, and they were accepted as written.

9. Public Comment

No public comment.

10. Next Meeting Date: July 16th 2021

11. Member Wrap-Up

Members appreciated the move to Zoom for these meetings.

12. Adjournment by 3:15 PM