

**Oregon Prescription Drug Monitoring Program Advisory Commission
April 19, 2019 Meeting Minutes**

Portland State Office Building
800 NE Oregon Street, **Room 918**
Portland, OR 97232

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

Attendees:

Advisory Commission: Chris Apgar, Michael Millard, Paul Brannen, John McIlveen, Laura Armstrong

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

Public: Two members of the public joined by phone.

1. Introductions

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

2. Review of Previous Meeting's Minutes

Previous minutes accepted.

3. Standing Agenda Items

a. Review quarterly metrics

Vesik presented info on pharmacy compliance and board registration compliance. Vesik has increased the frequency of compliance review and is utilizing a new tool provided by Appriss to evaluate timeliness and completeness of pharmacy reporting. Pharmacies continue to report far more frequently than the 72-hour mandate and nearly all pharmacies in compliance with reporting requirements.

Geissert reviewed the quarter 1 2019 quarterly report of program metrics and relevant trends. Web-portal queries have increased by 11% over the last year. Opioids continue to trend

downward while stimulants continue to increase.

Delegates continue to be a strong user base despite increase in EHR integration statewide. Stimulants have overtaken several common benzodiazepines.

No follow up questions.

Dr. Hedberg joined the meeting and took a moment to thank the advisory commission for their services and provided a high-level update on the performance of advisory commission subcommittee and communicated the continued interest in this topic area with OHA leadership and the Oregon legislature.

b. Research study updates

Van Otterloo provided an update on the Legacy evaluation of opioid prescribing post prescribing intervention. This evaluation includes looking outside Legacy system. This type of study is likely to become more common as entities initiate interventions to bring prescribing in line with best practices and wish to evaluate them using the PDMP.

Another upcoming study is an evaluation of the Medicaid back pain guideline implementation and whether patients received drugs from outside the Medicaid system.

4. OHA Legislative Process Review / Legislative Session Update

There are 5 main bills being considered this session related to the PDMP.

HB 2609 - adds dental directors - mirrors previous legislation on medical and pharmacy directors us for overseeing practice for QA purposes. Very simply bill and will likely pass.

SB 910 - adds ability for OHA to determine by administrative rule which drugs to collect in the PDMP. This bill has moderate support and momentum and will likely pass.

HB 3192 – requires opioid manufacturers to be taxed \$0.01 per MME dispensed in OR. This bill has not seen any movement recently and will likely not pass.

HB 2303 – This bill would create a pseudoephedrine tracking system separate from the PDMP. This system would be real-time and nationwide. This bill is contentious, and it is unclear if it will pass.

HB 2257- This is the Governor's opioid bill. There has been no recent activity, but it has general support and will likely pass. OHA has provided support and recommended amendments to improve the bill. Currently the bill adds diagnosis code, gabapentin, grants CCO directors access to PDMP for operations and quality control.

Simpson discussed how the advisory commission contributes before and during legislative session and asked Apgar to give his perspective on the issue that arose during this session.

Apgar spoke regarding the previous IVPP section manager giving permission to act independently as advisory commission chair to represent the advisory commission in voicing concerns. This year there was a disconnect and frustration that the input and concerns of the advisory commission were not communicated to the governor's office. Apgar would like clear direction on how the advisory commission can provide input and assurance that the input will be effectively used.

Simpson responded and detailed the current OHA practice of soliciting input on bills. The PDMP team prepares bill analyses which include input from the advisory commission however the input is not labeled as coming from the advisory commission. Which could be improved.

Hedberg spoke to the organization of OHA and the importance of acting within guidance. And communicating issues with one OHA voice. The advisory commission should not act out of step with OHA.

Chris expressed that previously the section manager had directed the advisory commission to act independently which appears to no longer be the case. Hedberg confirmed that that is no longer the case.

Simpson would like to better utilize the advisory commission and PDMP Staff could also improve communication at times of leadership changes. Simpson recommends that the PDMP team prepare a formal policy and process for how to solicit advice from the advisory commission and how to further promote that counsel.

Apgar is supportive of formalizing the process and would like it to include when the advice is collected and how it is communicated to relevant parties.

Armstrong asked where the funds raised by HB 3192 would go; the \$.01 tax would go to a fund for Substance Use Disorder managed by OHA. McIlveen noted that this bill needs a lot of clarity and the logistics of this could get 'exceptionally complicated' with regards to patient privacy and calculations.

Simpson stated the bill is using PDMP data to calculate this tax which is a concern and confirmed it will be complicated. However only one state has successfully passed a version of this bill and it was never implemented due to legal challenges. This bill is not likely to pass this session.

5. CDC Overdose Data to Action grant

Chisholm started off with broad description of the overdose work in IVPP. IVPP receives 2.4 million from Prevention for States grant which ends Aug 2019. The Data to Action grant will replace that funding options and will provide additional funding opportunities. This will begin September 2019 and will continue for 3 years. As of last week, we received OR legislative approval to apply.

There are several buckets with two devoted to the PDMP related to enhancement of the PDMP usability and interstate data sharing.

Van Otterloo discussed PDMP benefits. Opportunity to enhance the PDMP via system customizations like medical director summary reports. Medical director report improvement would allow a director to pull all relevant providers records together and perform analyses.

Interstate data sharing and EHR integration. The grant requires the PDMP to connect to an addition interstate data sharing hub called RxCheck. It will not significantly increase the number of states we can share with. Simpson commented that WA just signed off on their MOU w/NABP - it will only be available via the web portal.

6. Subcommittee Meeting Report

Nothing large to report since the subcommittee has not met since the last advisory commission meeting. The next meeting is in July.

Letters will be going out in the next month and no prescriber will get a letter 2 quarters in a row.

Subcommittee did make the change to exclude hospice/palliative care practitioners from receiving letters. The subcommittee does not want to impinge on end of life care, terminal cancer care and appropriate pain management care.

Armstrong asked about specialty and sub specialty use, Simpson explained that we are working on improving the use of specialty but there was some room for improvement since it is a self-entered field.

Custom letters are sent to providers based on the criteria they met not based on their specialty.

7. New Business

a. Privacy, Security, OHA and the PDMP

Apgar had asked previously where the checks and balances within the agency are related to information privacy and security and how often IT vendors' information and security policies and practices are vetted. Apgar discussed the SSAE18 review, criterion audit SOC II, and recommended that OHA review the next soc II audit provided by vendor. OHA informed Apgar that they don't do regular periodic SOC II audits.

Apgar is requesting that there be a periodic look to determine vendor provides adequate security to patient data. Simpson explained the staffing hurdle since OIS is frequently understaffed and currently OIS is re-staffing the entire office.

Simpson also commented that the PDMP is in midst of a contract review with Appriss on a 3-year cycle and OIS will be required to do a security and privacy assessment.

Armstrong asked what Appriss is doing on data security and if we can request the results of their internal review. Simpson commented that Appriss does conduct its own reviews but do not routinely share results with PDMP staff unless requested.

Apgar is willing to review Appriss' SOC II but long term wants a routine periodic review by OHA.

8. Open Issues

No open issues brought forward

9. Public Comment

Public attendee asked for comment regarding recent announcement about CDC opioid guidelines. Millard spoke briefly to the ongoing research and that this is largely outside the scope of the PDMP.

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

11. Member Wrap-Up

Millard provided a thought about privacy and security audit reviews connected to the discussion on legislative input. Believes the advisory commission has a responsibility to communicate that they are not satisfied by limited availability of privacy and security information and feels the opinions of the advisory commission may not be adequately heard.

Simpson commented that at the next meeting the advisory commission's annual report will be available for review and discussion.

12. Adjournment by 3:15 PM