Oregon Prescription Drug Monitoring Program Advisory Commission

October 15, 2021 1:00 PM Meeting Agenda

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

Commission Attendees: Chris Apgar, Laura Armstrong, Paul Brannen, Paul Coelho, John Hinton, Tracy Klein, John McIlveen, Michael Millard.

Other Attendees: Lisa Shields, Kim Waite, Tamara Ramirez, Dagan Wright, Drew Simpson, Christina Depuy.

1. Introductions and minutes review

Chair Apgar began the meeting by acknowledging that quorum was met and reviewing the minutes from the last meeting. The minutes were accepted, and Simpson will ensure they will be posted online.

Apgar asked all members to introduce themselves since there is a new member to the Commission. John Hinton is the new member with a family medicine background and represents osteopathic association and works with Serve Oregon and BlueCross BlueShield.

Program staff introduced themselves and explained their roles. Christina Depuy from the IT vendor Bamboo health attended as a guest.

2. Standing Agenda Items

    a. Review quarterly metrics

Simpson presented the Quarter 2 metrics in the place of Bryan Loy who is out on leave. The team has decided to begin presenting metrics with a quarter lag since there was a consistent issue with the data not begin finalized before the next advisory commission meeting.

This is a unique quarterly report because these reports always compare the same quarter from the previous year to show year to year trends. During quarter 2 2020, which is the reference quarter for this report, the COVID pandemic was just taking hold and there was a sizeable drop in utilization of the PDMP and dispensation of certain types of prescriptions. This has resulted in a quarter 2 2021 report that shows inflated increases compared to the previous year. The PDMP team plans to prepare and release a detailed report of the impacts of the COVID pandemic on PDMP tracked metrics when staffing

and priorities allow.

Stimulants continue to increase and IVPP has secured grant funding to specifically look into this ongoing trend.

Registration has plateaued at approximately 88% of all prescribers registered with the PDMP. Among frequent prescribers the registration rate is approximately 97%.

Simpson explained the privacy protections in place in Oregon that keep law enforcement and regulators from accessing PDMP data on providers or patients without a court order or an active board investigation. Many states have less protections or open access from these groups. Our DOJ counsel reviews all law enforcement court orders and DEA subpoenas before filling the requests.

Integration continues to increase with most prescribers accessing from within their health IT system rather than web portal. Providers have largely been very satisfied with the integrated solution as it provides low barrier use.

Klein asked if program tracks patients requesting their own records. Simpson indicated that about 20 or so requests from patients are processed a quarter and that the program provides them with their prescription history as well as a list of all the PDMP users who have looked up their PDMP records.

Hinton asked if the program tracks chronic prescribing metrics separate from acute prescribing. Simpson explained that those are not tracked on the quarterly report but are available on the interactive dashboard under high-risk measures which includes an acute measure specifically for those that are opioid naïve and become a chronic opioid patient. Simpson also described the peer comparison reports that are available to each prescriber that allows them to see their own prescribing compared to those within their specialty for the high-risk measures.

Vesik was out of the office and Simpson presented a brief description of her recent activities auditing system users, specifically delegates. 803 delegates were removed from the audit due to inactivity or no longer active emails. Pharmacists recently increased their registration substantially in response to pressure from state Medicaid implementing SUPPORT act requirements.

b. Research study updates

Wright presented an update on ongoing and new research requests using PDMP data. There has been no new request in the last 6 months, but analysts have been very busy with previously opened requests.

OHSU Daniel Hartung is actively researching implementation of integration at OHSU.

NW tribal is currently requesting PDMP data on their population but it has been blocked from being filled by mutually exclusive data use policies. Essentially neither party is allowed to share identified data even for the purpose of linkage. PDMP staff have met with the State Health Officer to explore options but as of now no solution has been found.

Apgar added an explanation for new users that the PDMP statute is written very explicitly regarding who can access the data and for what reasons. So when a new use case arises or a new barrier is identified, often the solution has to be fixed through new legislation.

3. MES Certification and funding update

Simpson provided an update on OHA's efforts to provide additional funding for the PDMP through Medicaid available funding. Previously there were federal funds available through HITECH which was a 90/10 match which was used to implement integration and support staff. That funding ended September 2021. The new federal option is MES 75/25 but requires significant work to qualify. The PDMP is currently working to become CMS certified to unlock that funding. There are potential barriers, but it is believed that Oregon will be able to qualify. The review will take place in February 2022.

Apgar asked if there were any other funding option being explored. Simpson commented on the fee increase to $35 and the two current grants funding parts of PDMP, OD2A and Harold Rogers.

4. Settlement Funds wish lists and planning

Shields invited the Advisory Commission to weigh in on potential use of opioid settlement funds that have arrived in Oregon. The activities will not specially involve PDMP in most ways but since this is a group of informed stakeholders Shields hoped to use these regularly scheduled meetings to review activities for selected intervention and receive guidance and input. Shields will submit a proposal to utilize funding for academic detailing for substance use disorder and a proposal to connect patients to peer support resources.

Apgar commented that these initiatives appear worthwhile but invited the commission to comment. Klein expressed concern that during this pandemic there has been a lot of difficulty in engaging providers in a meaningful way. There is a lot of demand for their attention and the education does not always penetrate. Shields commented that practice facilitation which is a one on one has shown more promise than academic detailing in other similar projects. Commission called attention to need for tapering education and deeper understanding of naloxone use.

Coelho recommended examining the patients with multiple prescribers. There is a problem with poor coordination between providers. Shields cautioned that there are limits on PDMP data use to determine which providers would be included. Coelho commented that there is a significant increased risk to patients for overdose when there are multiple prescribers and that is not well known. Klein explained that there is a continued lack of understanding among providers on when to communicate with the primary care provider especially in the case when a patient is seeing psychiatric care.

Millard commented more generally that settlement funds should be used to benefit those that were damaged by the opioid epidemic, meaning the funds should go to those with current substance use disorder, not necessarily to providers to improve prescribing to new patients.

The commission agreed to continue meeting with Shields during these meetings to advise on settlement project plans.

5. Admin Rule and Legislative session discussion

Simpson presented an effort to improve access to PDMP data to allow NW Tribal research request to proceed. The current plan to consider is to allow outside researchers view identified PDMP data for the sole purpose of performing data linkage. Right now since both parties cannot release identified data even for just data linkage. We will have a meeting with our DOJ counsel to see if it would be possible to make this change through administrative rule rather than statute. Rule is much faster and easier to change. Wright explained that the researchers don't see the full PDMP data when performing the match just the identifiers. The PDMP prescription data is added after the match is performed on the identifiers.

Commission supported this change because it would benefit both the VA and Tribal communities that have both been impacted by the epidemic. The message should be crafted to focus on explaining that the protections are still strong even though some data would be viewed during the linkage.

Simpson explained for the new members the process of drafting and implementing administrative rules and how the commission often servers as part of the rules committee. If it is determined that this route is acceptable then the commission will receive additional information as it is developed.

6. Old Business
    a. Harold Rogers update

Waite provided an update on the activities related to the current Harold Rogers grant. The PDMP team is well underway in conducting work on the three goals. Waite took a moment to acknowledge that the PDMP epidemiologist work on this grant passed away unexpectedly recently and that she is very missed. The PDMP is continuing to adjust to continue her valuable work. The PDMP team is working with two outside contractors to conduct work under the grant. HIT Commons conducted a survey of integrated users and Comagine Health is conducting a quantitative analysis of integration and peer comparison reports.

Coelho commented that illicit fentanyl is being cut into many other drugs including meth which has dramatically different half lives. EDs should be screening for fentanyl which they currently do not. This is not related to this grant but should be thought of as part of as an area of potential improvement when new funds and projects are considered. Wright commented that the OD2A grant has included this as part of their initiatives and that we are working hard to set up appropriate tests for illicit fentanyl. It is a known issue but there are challenges to getting it set on and coded appropriately. Apgar asked if the governing group over ICD-10 codes is involved in the conversation yet, Wright doesn't know the extent of the conversation yet.

    b. Advisory commission letter

Simpson reminded the commission that at the last meeting the commission sent a letter to the OHA director concerning funding. Apgar and Simpson have communicated over the last 6 months but there has not been an official response from the director's office. Simpson explained that the only update he can give at this point is that the letter has been received by the director and that a response was passed on to the DOJ counsel to consider, which is at least encouraging to see that there is enough consideration to include the DOJ.

Apgar communicated frustration on behalf of the commission that there was not even an acknowledgement that the letter was received. Simpson apologized for the lack of response. Apgar explained that the OHA has used the commission to bolster their legislative requests and it is disappointing to not receive the same respect.

Millard recommended that if a response isn't received in the near future that the commission send a follow up letter. Simpson will coordinate with Chris between meetings to determine whether a new letter should be drafted.

c. Org Management tool

Simpson provided a brief update on the org management tool. The tool allows medical directors to establish cohorts under them which allows for quicker review of prescriber reports. The tool is in soft-launch with a number of early adopters. The tool is full operational but is not as robust as providers would like. The tool does not do cohort analytics. Will likely move into full launch during the next quarter.

d. EDIE Work group update

Coelho commented that there is little to present at this time that is relevant to this group. Most of the activities are related to covid and vaccinations.

7. New Business
    a. Medicaid rule change

Simpson sent the Medicaid rule change to the commission a few weeks ago that now requires Medicaid prescribers to check the PDMP before prescribing controlled level 2 drugs to covered individuals. There has been an increase in registration and use of the system but no significant increase in complaints or issue.

b. Hiring update

Waite provided an update on the hiring for two open PDMP positions, the RA3 and the Epi2. Both have been submitted to HR and are making their way through the review before being posted for recruitment. Neither position was occupied for very long and the previous post can be reused which should expedite the process.

8. Open Issues

Simpson commented that the commission, especially Coelho, has expressed increased interest in the 4 by 4 high risk measure. Loy will prepare a deep dive into this measure to present at the next meeting.

Klein asked that the recent article from Medium be addressed that called into question whether PDMP is preventing legitimate pain patients from getting care. The article primarily focused on the NARxCare tool that provides risk scores, that tool is not covered in OR although a few entities have purchased it separately from Bamboo. This article is a good reminder of how threatened pain patients feel and that the nuance of their situation needs to be considered when rolling out tools and policy changes.

9. Public Comment

None.

10. Next Meeting Date: January 21st, 2022

11. Member Wrap-Up

12. Adjournment by 3:15 PM