

2015

>> Annual Report to the Prescription Drug Monitoring Program Advisory Commission

Oregon
Health
Authority

PUBLIC HEALTH DIVISION
Oregon Violent Death Reporting System

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Executive summary

In 2009, the Oregon Legislature passed Senate Bill 355 mandating the Oregon Health Authority (OHA) develop a Prescription Drug Monitoring Program (PDMP). The program became operational in September 2011. The PDMP is an electronic, Web-based data system that collects information on Schedule II–IV controlled substances dispensed by Oregon-licensed retail pharmacies. For authenticated system users who can prescribe or dispense controlled substances, the PDMP provides 24-hour, seven-day-a-week access to information on controlled substances dispensed to their patients or customers. The intent of the PDMP is to help health care providers improve patient care and prevent some of the problems associated with controlled substances.

The Oregon Legislature passed Senate Bill 71 amending the PDMP legislation in 2015. The new law requires pharmacies to report prescriptions subject to reporting in the PDMP, not later than 72 hours after dispensing. The previous requirement was to submit within one week. This change in reporting became effective on Jan. 1, 2016.

Findings

In 2015:

- Almost 100% of the pharmacies required to report controlled substance prescription data uploaded information into the system, and 96% of pharmacies complied with the mandated seven-day statutory limit for reporting.
- 48% of all Oregon-licensed health care providers who prescribed at least one Schedule II–IV controlled substance had a PDMP account (Table 1).
- PDMP staff authorized systems accounts for 124 health care providers in states bordering Oregon (California, Idaho and Washington). These accounts represent 1% of the total number of active accounts.
- 78% of the controlled substance prescription records in the PDMP were prescribed by 4,000 health care providers (Figure 2). Of these 4,000 most frequent prescribers, 72% had PDMP accounts (Table 2).
- The average number of patient queries conducted annually by health care providers and pharmacists increased for all provider groups as compared with 2014 (Figure 3). The exception was naturopathic doctors, who conducted fewer queries in 2015 compared with 2014.

- Prescribers ran a total of 1,788 reports displaying all prescriptions dispensed under their DEA license number (Figure 4).
- 81% of patient-requested reports were sent directly to patients. More patient-requested reports were sent to a third-party provider at the patients' requests as compared to 2014 (Figure 5).
- The program completed four law enforcement and one DEA request.

From 2014 to 2015:

- The total number of health care regulatory board requests for PDMP information increased by 24% from 255 to 316 (Table 4).
- The total number of patient queries conducted by health care providers and pharmacists increased by 38% from 810,996 to 1,118,201 (Table 3).

Between January 2015 and December 2015:

- The total number of system accounts increased by 23% from 9,904 to 12,142, including 1,054 delegate accounts for health care provider and pharmacist office staff (Figure 1).

Recommendations

Recommendations were developed from the information gathered from business operations, reports and evaluation efforts.

- Assess and address PDMP staff resource needs.
- Establish a new target to sign up 95% of the 4,000 most frequent prescribers of controlled substance to access the PDMP by June 2016.
- Initiate the adoption of PDMP use guidelines in health systems.
- Increase the number of substance abuse treatment providers using voluntary patient reports in treatment plans.
- Monitor the completeness, validity and reliability of the data integration solution with the Emergency Department Information Exchange.
- Conduct a biennial customer satisfaction survey.

Introduction

Oregon statute requires OHA to submit an annual report to the Advisory Commission regarding the PDMP. This report contains information on the operation of the program including basic program and system metrics, status on key objectives, and findings from various program evaluation activities. The overall goal of this report is to provide information to guide the operation of the PDMP program, assess PDMP utilization, answer questions about the impact of PDMP information on clinical practice and patient outcomes, and, if possible, determine what affects the PDMP system might have on community health.

Operations and business processes

The PDMP completed its fourth full year of operation in 2015. The program monitors metrics to evaluate operations and improve business processes. Copies of quarterly business operation reports can be found at www.orpdmp.com/reports.html.

Operation metrics

Pharmacy reporting compliance

Retail pharmacies with controlled substance licenses issued by the Oregon Board of Pharmacy are required to report Schedules II–IV controlled substance prescription data no later than one week after dispensation to the PDMP. New pharmacies continually open and existing pharmacies close, so the management of reporting compliance is ongoing.

In 2015, almost 100% of the pharmacies required to report controlled substance prescription data submitted data to the PDMP system. Of those pharmacies that reported data, 96% reported within one week of dispensation, as required by law.

Pharmacy compliance came to the forefront in 2015. Staff completed audits to improve reporting frequency and quality of data reported. Data are received from Health Information Designs (HID) and the Oregon Board of Pharmacy for compliance and quality assurance processes within the PDMP. The Board of Pharmacy provides the PDMP a monthly listing of all resident and nonresident pharmacies licensed to dispense to Oregonians. That list is shared with HID, who produces a monthly report listing the pharmacies that have reported dispensing, those that have submitted notices they are not dispensing (“zero reports”) and those that have not submitted data. The pharmacies not reporting data were reviewed to determine if they had previously submitted a request for a reporting waiver or were among the exempt pharmacies.

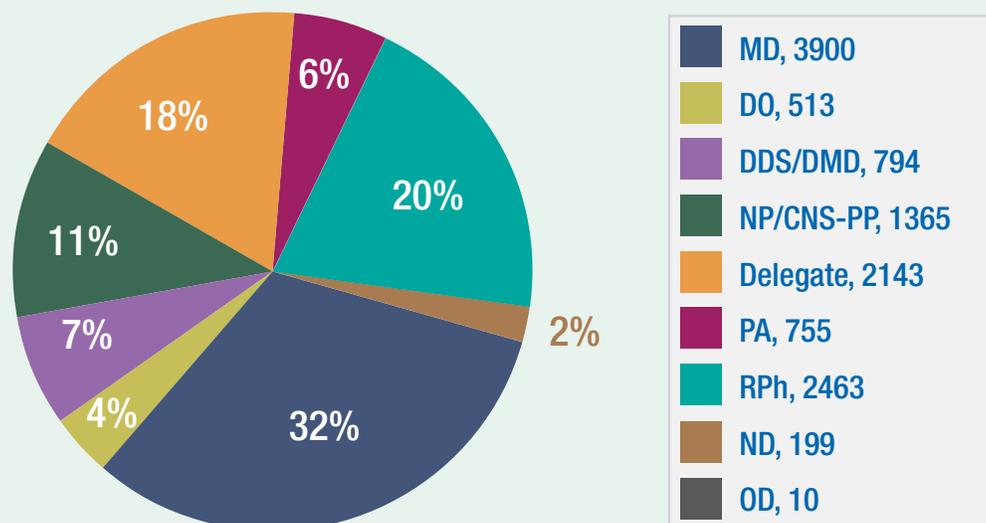
Pharmacy reporting compliance required determining which non-reporting pharmacies held or qualified for a reporting waiver granting them exemption from reporting dispensed-controlled substances. Also included were pharmacies exempt from reporting such as inpatient pharmacies and long-term health care, corrections and student health facilities. Additionally, pharmacies who annually reported dispensing fewer than 16 prescriptions for controlled substances were contacted by telephone to discuss if they would qualify for a reporting waiver. The number of waived pharmacies and those designated as exempt increased from 47 at the beginning of 2015 to 172. The 172 pharmacies included those that hold a license to dispense Schedule II-IV drugs but do not

dispense these drugs, and those that have dispensed fewer than 16 prescriptions in the previous year and have requested a waiver. Letters were issued to non-reporting pharmacies in April, June and October advising them of noncompliance and requesting they report dispensing data immediately or complete a waiver request to determine if they were eligible. Pharmacies who requested waivers were contacted and asked about dispensing practices, business type (small independent vs. large corporate chain), and technology and software capabilities.

Number of PDMP system users

Individuals permitted to access the PDMP system for information on their patients or customers include Oregon-licensed health care providers and pharmacists and their delegated office staff; health care providers licensed in California, Idaho and Washington and their delegated office staff; and the state medical examiner and designees of the state medical examiner.

Figure 1. Percentage of PDMP system accounts by discipline,* Oregon: September 2011 to December 2015 (n=12,142)



The total number of active system accounts increased by 23% from 9,904 in 2014 to 12,142 in 2015. This increase was primarily driven by the 1,054 delegate accounts created for health care provider and pharmacist office staff. Naturopathic doctors saw the greatest increase in new system accounts among all disciplines, at 54%, followed by dentists at 28%. Medical doctors saw the lowest increase in new system accounts at 8%.

*Key to abbreviations: DDS/DMD – Dentist; DO – Doctor of Osteopathy; MD – Medical doctor; ND – Naturopath; NP/CNS-PP – Nurse; OD – Doctor of Optometry; PA – Physician assistant; RPh – Pharmacist.

Health care providers practicing in states bordering Oregon (California, Idaho and Washington) accounted for 1% (n=124) of the total number of PDMP system accounts. There were 66 accounts for Washington providers, 21 for Idaho providers and 18 for California providers.

PDMP staff devoted three hours per week during 2015 for re-verification of account requests, resulting in deactivation of more than 1,200 account requests. Common reasons for deactivation were expired license, inactive account, no longer with employer and surrendered license. This is the program's first implementation of account re-verifications.

The notary requirement was removed as of Oct. 19, 2015, increasing the amount of account requests the program has received. There were 338 account requests during November 2015, compared with 181 during the same month in 2014, an 87% increase. December 2015 also saw an increase of 63 more than December of the previous year.

PDMP staff conducted an outreach campaign of the 4,000 most frequent prescribers in November and December, mailing out more than 1,200 personalized letters requesting them to sign up for a PDMP account.

Table 1. Number and percentage of Oregon-licensed controlled substance (CS) prescribers with PDMP accounts by discipline and the number of prescribers who wrote at least one controlled substance prescription September 2011 through December 2015

Discipline*	Prescribed at least one CS (Schedule II–IV) in 2014	Prescribers with system accounts	Percentage of CS prescribers with PDMP accounts
NP/CNS-PP	2,072	1,365	66%
DDS/DMD	2,461	794	32%
DO	791	513	65%
MD	8,889	3,900	44%
ND	393	199	51%
PA	1,224	755	62%
OD	69	10	15%
TOTAL	15,881	7,536	48%

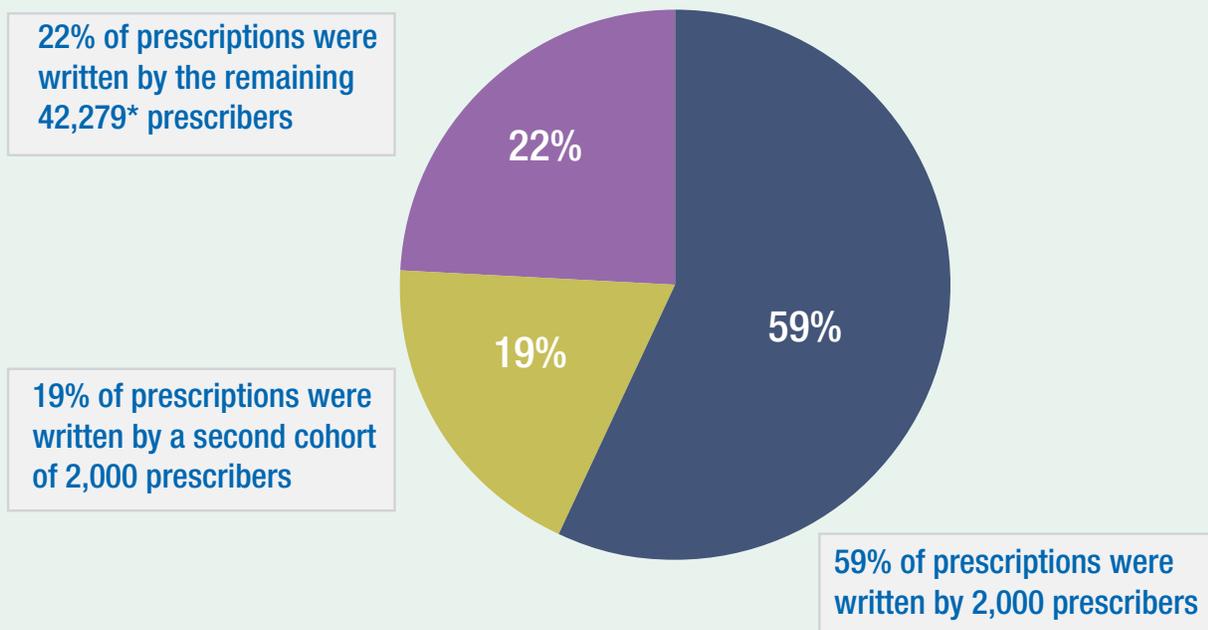
Seventy-five percent, or 2,463 of an estimated 3,300 pharmacists who dispense controlled substances had PDMP system accounts.

*Key to abbreviations: DDS/DMD – Dentist; DO – Doctor of Osteopathy; MD – Medical doctor; ND – Naturopath; NP/CNS-PP – Nurse; OD – Doctor of Optometry; PA – Physician assistant; RPh – Pharmacist.

Most frequent prescribers

In 2014, 78% of the controlled substance prescription records in the PDMP were prescribed by 4,000 health care providers (Figure 2).

Figure 2. Percentage of controlled substance prescriptions written by prescribing cohort: Oregon, 2015



*The number of remaining prescribers includes 30,192 out-of-state prescribers not licensed in Oregon.

Table 2. Percentage of Oregon-licensed controlled substance prescribers with PDMP accounts by most frequent prescribing cohort: Oregon, 2013–2015

Prescribing cohort	2013	2014	2015
2,000 most frequent prescribers	66%	74%	80%
4,000 most frequent prescribers	58%	66%	72%
All Oregon-licensed prescribers	37%	42%	48%

Utilization of PDMP system

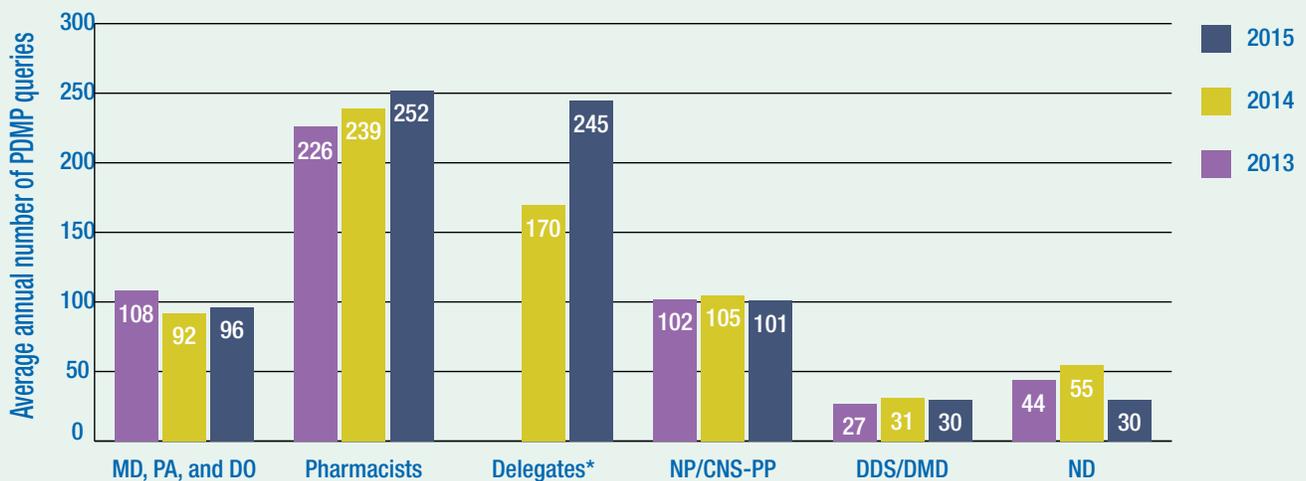
The law does not require health care providers and pharmacists to use the PDMP. System use is voluntary. Statute changes in 2014 allowed office staff to access PDMP information as delegates on behalf of prescribers and pharmacists.

Table 3. Number of PDMP queries by discipline and year: Oregon, 2012–2015, (n=2,830,407)

Discipline	2012	2013	2014	2015	Totals 2012–2015
MD, PA and DO	207,140	279,920	257,614	271,232	1,015,906
Pharmacists	21,899	265,079	365,598	480,731	1,133,307
Delegates	N/A	N/A	95,198	266,300	361,498
NP/CNS-PP	47,621	67,677	80,306	85,512	281,116
DDS/DMD	3,706	6,243	7,750	8,344	26,043
ND	1,289	2,651	4,530	4,067	12,537
Optometrists	0	0	0	0	0
TOTAL	281,655	621,570	810,996	1,116,186	2,830,407

The total number of patient queries by health care providers and pharmacists increased by 38% from 2014 to 2015. Pharmacists had the highest increase in system queries at 32%, followed by both dentists and nurses at 7%. In 2015, MDs, PAs and DOs, as a combined discipline, conducted 5% more system queries as compared with 2014. Delegates performed 266,300 queries during 2015, a 180% increase from 2014.

Figure 3. Average number of PDMP system queries by discipline: Oregon, 2013–2015

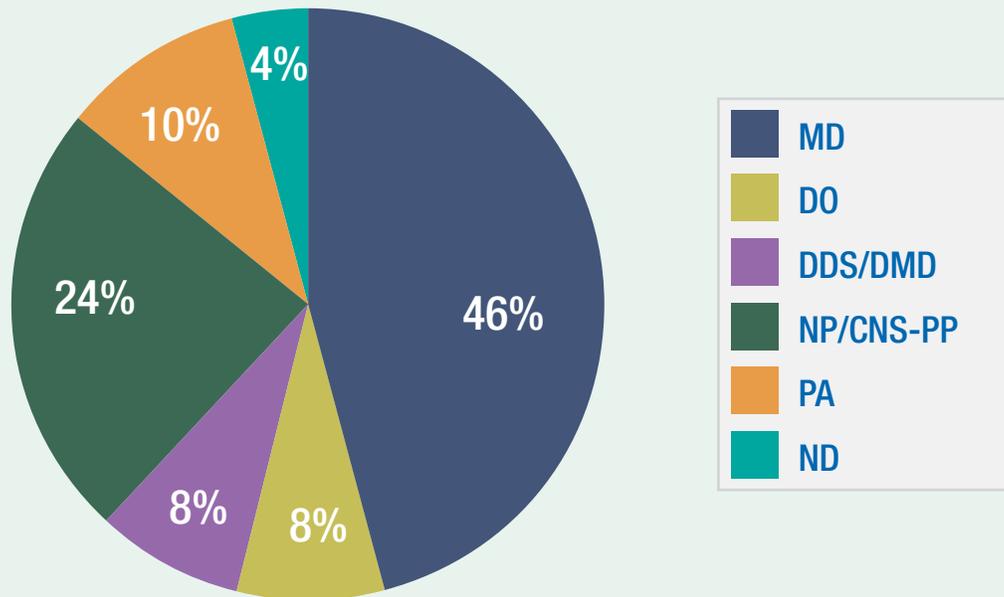


* Delegates began accessing PDMP data in 2014.

Except for naturopathic doctors, the average number of patient queries conducted annually by health care providers and pharmacists increased in 2015.

A legislative change in 2014 allowed prescribers to request a report containing a list of all controlled substance prescriptions dispensed under their DEA license number. The program developed a system report to allow prescribers to get this information.

Figure 4. Percentage of DEA license reports run by PDMP users by discipline:* Oregon, 2015 (n=1,788)



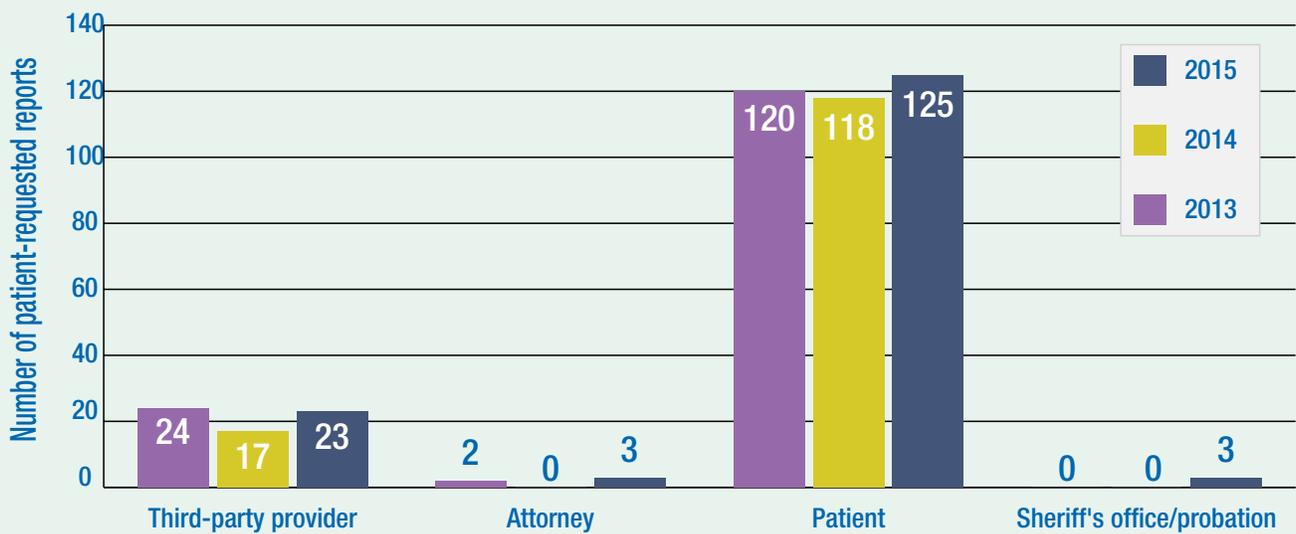
Prescribers ran a total of 1,788 reports in 2015 listing all prescriptions dispensed under their DEA license number. The number of reports was stable throughout each quarter.

*Key to abbreviations: DDS/DMD – Dentist; DO – Doctor of Osteopathy; MD – Medical doctor; ND – Naturopath; NP/CNS-PP – Nurse; OD – Doctor of Optometry; PA – Physician assistant; RPh – Pharmacist.

Patient-requested reports

Patients may request a copy of their PDMP information. This includes a list of prescriptions dispensed to a patient and a list of system users who accessed the patient's PDMP information. Patients may also request their PDMP information be sent to a third party, such as a behavioral health care provider or an attorney. Patient record requests must be fulfilled within 10 business days. All patient requests in 2015 were fulfilled within this timeframe.

Figure 5. Number of patient-requested reports by recipient type: Oregon, 2013–2015



In 2015, 81% of patient-requested reports were sent directly to patients. Patient-requested reports sent to third-party providers (e.g., substance abuse treatment providers) has remained stable over the past three years. Three patients requested their reports be sent to attorneys.

Health care regulatory board reports requested

Health care regulatory boards may request PDMP information for an active investigation related to licensure, renewal or disciplinary action involving an applicant, licensee or registrant.

Table 4. Number of health care regulatory reports requested by discipline: Oregon, 2013–2015

Discipline	2013	2014	2015	Percentage change: 2014–2015
Medical Board	175	144	176	22%
Board of Naturopathic Medicine	65	47	40	-15%
Board of Nursing	51	41	105	156%
Board of Pharmacy	5	0	2	100%
EMS	3	2	2	0%
Board of Dentistry	1	1	3	200%
TOTAL	300	255	328	29%

The total number of requests for PDMP information made by health care regulatory boards increased by 29% from 2014 to 2015.

Law enforcement reports requested

Federal, state or local law enforcement agencies engaged in an authorized drug-related investigation may request PDMP information on the individual being investigated. A valid court order based on probable cause is required as part of the request. The program forwards all law enforcement requests for PDMP information to the Department of Justice for review.

The program completed four law enforcement requests and one DEA request in 2015.

Data quality assurance

Clustering – Manually matching system patient record

Accuracy in matching patient records is essential for clinicians monitoring patients at risk for adverse health events due to their use or misuse of prescription drugs. PDMP staff manually match records within the system through a process called clustering. Adding the patient gender variable during 2014 created many patient records that were not linked, but should have been. To rectify this, a gender-neutral clustering algorithm was moved into the production environment in November 2014. This corrected the problem, but resulted in almost 29,000 records left to manually cluster. PDMP staff have worked to reduce this number to around 10,000 records remaining to cluster at the close of 2015.

Data errors

On average, 822 pharmacies report data to the PDMP monthly. HID provides the PDMP with a weekly report of prescription entries that have been rejected during the upload process of data from pharmacy to vendor.

These error reports are carefully reviewed for frequency of errors by type and pharmacy. There are 30 possible entry errors that can occur with each prescription dispensed, categorized by severity of error type, including minor, severe and fatal. Fatal errors are those that prevent a prescription from being recorded in the PDMP system.

Each pharmacy with errors is granted time to make corrections and many resubmit with corrections. In 2015, the PDMP worked with reporting pharmacies to improve response to rejection reports through phone calls and emails that provided technical and customer service support and education on the need for data accuracy starting at the pharmacy.

The most common error among pharmacy data was DEA numbers not being recognized by their DEA table. With more than 11,000 instances in 2015, the majority of these errors were likely caused by a mistype in entering. There was still a monthly average of nearly 200 DEA entries that were obviously generic or “quick entries” of 999999999 or MD9999999 types. The next-most-common data entry errors were ZIP code fields being left blank or entered incorrectly and conflicting with known ZIP codes. These errors, while not fatal and resulting in missing data, do represent future compliance issues to be addressed with pharmacies and the Board of Pharmacy to strive for more accurate data.

Table 5. Pharmacy data errors by month, Oregon PDMP, 2015

	Number of pharmacies reporting	Rx count	Number of errors	Number of fatal errors
January	823	582,506		
February	815	540,074	3,822	262
March	823	595,414	4,732	152
April	834	603,347	3,181	170
May	829	635,376	3,036	98
June	831	644,386	3,005	106
July	833	647,121	2,831	264
August	821	619,102	4,656	629
September	822	632,086	2,451	95
October	827	649,866	5,055	154
November	811	605,538	1,448	52
December	823	660,975	4,950	382
Year-to-date total	Average = 824	7,415,791	39,167	2,364

Administrative quality assurance

Quality assurance for administrative tasks was completed and tracked during 2015. Electronic tracking databases for account, board, patient and law enforcement requests were reviewed, as were physical requests. Error rates were very low. Many months saw a 0% error rate. The most common error found was account requests that were not authorized and should have been. PDMP staff have implemented measures to reduce this business process problem. A total of 818 requests were reviewed.

PDMP system changes and customizations

The program's system vendor, HID, failed to meet some contract obligations to produce deliverables requested during 2015. The PDMP worked with the Office of Contracts and Procurement to write a "cure letter" to the vendor, which was sent on Dec.16, 2015. This was a letter of expectation outlining the need for proposed completion dates for all deliverables. A meeting was held with the Office of Contracts and Procurement, the PDMP manager and program staff, and HID, to inform them this letter would be delivered. As a result, the program has received estimated dates of completion for all deliverables and two of the deliverables have been completed. The Jackson County prescriber dashboard, our largest project, was completed by Jan. 30, 2016 and is being tested by PDMP staff before release to the production environment.

The Oregon Legislature passed Senate Bill 71 in 2015 to amend the PDMP legislation. The bill requires pharmacies to report prescription data to the PDMP not later than 72 hours after dispensing a prescription drug subject to the PDMP. Staff worked to complete the rulemaking process, contract amendment and system customization to put this in effect by Jan. 1, 2016.

Advisory Commission activities

One issue of interest to the health care community is the integration of PDMP data into emergency departments. The PDMP Advisory Commission considered this issue in 2015. A PDMP/EDIE work group was formed and met multiple times during 2015. Chris Apgar, the public member information technology expert, presented his analysis of integrating the PDMP with emergency department data at the Sept. 16, 2015 PDMP/EDIE meeting. He reported that integrating the two systems would provide a public safety benefit. He also noted security must be up front. The PDMP needs to be able to vet users, and the system must be able to authenticate users and create an audit log.

The Advisory Commission members provided a letter of support in 2014 for a grant proposal for Prescription Drug Overdose Prevention for States. The grant was written in 2015 by the Public Health Division's Injury and Violence Prevention Program in response to a funding announcement from the Centers for Disease Control's National Center for Injury Prevention and Control. The grant was awarded to the program in September 2015. The primary activities of the Oregon Prescription Drug Overdose Grant are to expand proactive reporting to providers, maximize the PDMP as a public health surveillance system, and evaluate policies on prescription drug overdose.

The Advisory Commission helped develop a key system customization in 2015 – a monthly flat file of data to analyze system utilization. The file will provide data on who ran queries and the dates of those queries, and enable the PDMP system to collect health care provider practice specialty information. The program received its first file of system use in October 2015, with monthly files thereafter.

The Advisory Commission recommended collecting practice specialty information since board certification and licensure practice designations do not necessarily reflect the settings where health care providers work. The Advisory Commission determined a consolidated pick list of approximately 30 provider specialties would capture most practice settings. PDMP staff will use this information to target outreach and tailor training for prescribers. The vendor has given the program a target date for completion of Feb. 17, 2017.

The Advisory Commission helped the program refine its data request procedures to ensure all projects using de-identified PDMP data meet Public Health Division standards of security, privacy and confidentiality. All potential project participants must complete and sign a data use agreement (DUA) that outlines the proposed project and lists the allowable uses of the data. Proposed projects are reviewed by Injury and Violence Prevention scientific staff for merit and feasibility before finalizing the DUA. Proposed projects may also be reviewed by the Public Health Division Project Review Team and/or the Public Health Institutional Review Board as applicable. The processes developed with the Advisory Commission ensure research and evaluation projects align with state efforts and with scientific best practices, and deliver information needed to improve PDMP efficacy, and patient and community health outcomes.

Evaluation

The PDMP uses evaluation practice to:

- Guide the development and ongoing operation of the system;
- Examine how the information affects clinical practice;
- Generate information to inform policy decisions; and
- Provide information to develop and target prevention efforts.
- The program is evaluated through monthly operational metrics, statewide and county-level data reports, contracted evaluation services, and a five-year National Institutes of Health (NIH) grant.

As part of a Department of Justice (DOJ), Bureau of Justice Assistance (BJA) Harold Rogers PDMP grant, the OHA contracted with Program Design and Evaluation Services (PDES) to conduct health system key informant interviews to learn how to implement PDMP use policies.

For the key informant interviews, PDES has met with a variety of clinic and health system administrative staff such as quality improvement managers, medical directors, nurse directors, physicians and project managers. These interviews were recorded and transcribed for future qualitative analysis.

The NIH grant was awarded to Oregon Health & Sciences University (OHSU) and Acumentra Health, Inc. to evaluate Oregon's PDMP. The PDMP partners with OHSU and Acumentra to explore three study aims:

- a. Determine the prevalence and characteristics of PDMP users and non-users;
- b. Understand how and when providers use PDMP data to intervene with patients and make clinical decisions, and use this information to offer recommendations to inform the development of clinical guidelines; and
- c. Compare whether PDMP users have better patient outcomes than non-users.

The work for 2015 focused on the third aim to prepare data for analysis and develop code to explore patient outcomes. The team analyzed dispensation patterns associated with incidence of overdose and the impact of PDMP use on clinical practice. Findings will be used to assess the utility of the PDMP, target outreach, and tailor education campaigns and training tools. An article titled “Leading a Horse to Water: Facilitating Registration and Use of a Prescription Drug Monitoring Program” was published in November 2014 in *The Clinical Journal of Pain*. Another publication is currently under review.

Partnerships

The PDMP partnered with Jackson County to create a prescriber dashboard report to help physicians identify patients at increased risk for overdose. The teams collectively established the risk indicators, and the program worked with the system vendor to develop a customized automated system report. The dashboard reports will contain a line list of patients who meet one or more of the following high-risk overdose indicators:

- a. Opioid prescriptions at or greater than 120 milligrams MED per day;
- b. Methadone prescriptions at or greater than 40 milligrams per day;
- c. Co-prescribed opioid and benzodiazepine prescriptions;
- d. Opioids prescribed for three or more consecutive months; and
- e. Prescriptions from four or more prescribers and pharmacies within a six-month time frame.

Dashboards will denote which indicators were met for each patient listed. The names of the patients will be hyperlinked so a system user can click on the name to pull up a detailed six-month report to examine potential risk factors. This system was expected to be implemented in 2015, but due to an extended delay by the system vendor, was completed Jan. 30, 2016. In the interim, PDMP staff manually created 14 prescriber dashboard reports for health care providers who indicated they wanted to participate. Feedback on these initial reports was very positive. In addition, the program developed three online training modules to help health care providers use the PDMP to improve practice and patient health outcomes.

The program partners with Coos County's Coordinated Care Organization (CCO) Western Oregon Advanced Health (WOAH) on a performance improvement project to support safe prescribing. Coos County mental health prescribers developed a policy to limit the co-prescribing of opioids and benzodiazepines. The policy includes checking the PDMP before prescribing a benzodiazepine. The program has provided WOAH with county-specific PDMP data on co-prescribed opioids and benzodiazepines throughout 2015 to see how the policy has impacted practice, such as whether or not unwarranted co-prescribing has declined. The intent is to use the data to guide best practice.

The program partners with the Oregon Coalition for Responsible Use of Meds (OrCRM) to promote PDMP use. The OrCRM is a statewide coalition launched to prevent overdose, misuse and abuse of amphetamines, benzodiazepines and opioids among Oregonians. Coalition representation includes leaders from state agencies and nonprofits whose work takes place throughout the entire state. Shared areas of work include the implementation of prescribing guidelines, increased use of the PDMP, patient education on the dangers of prescriptions drugs, the promotion of non-opioid pain management strategies, and improved access to addictions treatment services. The OrCRM convened a series of regional summits during 2015 to assess the scope of the problems associated with controlled substances and the various efforts to address these problems. PDMP staff attended these meetings in Redmond, La Grande and the Portland metro area, and gave presentations, shared data, offered policy advice and discussed strategies with the PDMP, and assisted health care providers with sign up and use of the system. PDMP staff created a special year-to-date report with a focus on central Oregon for the meeting in Redmond in October.

The program partners with the Centers for Disease Control's National Center for Injury Prevention and Control (Injury Center). The Injury Center provides support and technical assistance to address the main drivers of the prescription drug overdose epidemic, particularly the inappropriate prescribing and use of opioid pain relievers. The Injury Center emphasizes advancing "upstream" interventions that prevent dependency, abuse and overdose due to prescription opioid pain reliever use. The program provides data and conducts prescription drug overdose surveillance activities to help identify ways to improve clinical practice.

Finally, the program continues to partner with the DOJ BJA through the Harold Rogers PDMP grant program. The current grant was extended through September 2016. The purpose of the Harold Rogers PDMP grant program is to plan, implement and enhance prescription drug monitoring programs to prevent and reduce the misuse of prescription drugs. The program is working on its third grant award. As part of the grant, the program is developing online training modules to help health care providers use the PDMP to improve practice and patient health outcomes as well as enrolling prescribers and delegates in the PDMP.

Barriers and needs

The legislative intent of the PDMP as a tool to inform prescribing practice and improve patient health outcomes has not been fully realized due to a variety of issues. System use increased in 2014, in large part due to office staff being allowed access on behalf of a provider. Approximately 7 million controlled substance prescriptions entered into the database annually, the number of system users (12,142 at the end of 2015) and the number of queries conducted (1,118,201 during 2015) have not resulted in reductions of prescriptions per patient, doses or duration of prescriptions. If private and public health systems adopt prescribing guidelines for chronic, non-cancer pain patients and PDMP use guidelines,* a significant improvement in patient safety and clinical outcomes is expected.

Program evaluation data indicate prescribers want information pushed out to them so they are informed when one of their patients is at increased risk for adverse outcomes, but the law does not permit these unsolicited notifications. Prescribers or their delegates have to log into the system and request the information. This practice does not fit well within the typical clinical practice workflow.

The program has had to assess staff resources as the system has matured. A need for additional administrative staff has been identified.

Issues on the horizon

- Interstate data sharing – Oregon health care providers continue to express the desire to have access to PDMP information from other states. This is a particular concern in communities bordering other states.
- Real-time reporting – Federal agencies continue to offer grant funds to state PDMPs to encourage “real-time” reporting by pharmacies – e.g., close-to-point-of-sale reporting of data. The costs and related benefits of this system customization are yet to be determined.

*Oregon Pain Guidance Group. Southern Oregon Opioid Prescribing Guidelines: A Provider and Community Resource. February 2014. <http://www.southernoregonopioidmanagement.org/opioid-prescribing-guidelines/>.
Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65:1–49. <http://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>

- PDMP integration with electronic health record/health information exchange (EHR/HIE) – As noted above under “Barriers and needs,” access to the PDMP needs to fit better within the clinical practice workflow. Integrating the PDMP with an EHR/HIE would streamline the process by eliminating the need for logging out of an electronic health care system and/or entering separate credentials to log in, but some concerns exist with respect to completeness, validity and reliability of data transferred through a third party gateway. Costs to integrate these systems and sustainability issues also call into question the viability of this option at this time. See the “Advisory Commission activities” section above for more details on this topic.
- U.S. DEA lawsuit – The PDMP, as an agency of the state, filed a lawsuit in 2012 against the United States Drug Enforcement Administration (DEA) to determine its rights and obligations in complying with administrative subpoenas to produce PDMP information. State law requires law enforcement requests be accompanied by a court order based upon probable cause; a subpoena is not sufficient. The American Civil Liberties Union of Oregon (ACLU) argued PDMP patient data was protected health information and was protected by Fourth Amendment rights. In February 2014, the United States District Court of Oregon granted summary judgment stating a DEA administrative subpoena to obtain prescription records from the PDMP violates the Fourth Amendment. The DEA filed its appeal to this ruling in October 2014. Oregon and the ACLU filed its appellee brief in response to the appeal in December 2014. The Oregon Medical Association, along with the American Medical Association and eight other state medical associations, filed an amicus brief in support of the summary judgment. The Oregon DOJ expects a hearing in 2016.
- The PDMP partnered with OrCRM to support six regional Prescription Drug Abuse Summits in Oregon in 2015. The summits convened leaders of CCOs, practitioners, treatment specialists, law enforcement and other local stakeholders. The PDMP sought to complete three objectives with local attendees:
 - a. Define a local plan to implement PDMP use guidelines;
 - b. Define a local plan to implement prescribing guidelines; and
 - c. Identify local members for a community action team and a pain guidance workgroup.

Discussion

The Oregon Prescription Drug Monitoring Program (PDMP) continued to make progress to increase system utilization in 2015. Efforts to enroll the 4,000 most frequent prescribers of controlled substance medications, including one-on-one outreach for the first few months of the year along with an outreach effort in the last two months of the year, resulted in 2,864 (72%) with PDMP accounts. This effort to increase access and system utilization will continue to be a high priority for the program.

Overall system use increased by 38% to more than 1.1 million patient queries by health care providers and pharmacists. This shift indicates health care providers are taking advantage of the legislative change allowing office staff to access patient information on their behalf – a process more in line with the typical clinical practice workflow. Pharmacist use was another significant factor in the overall system increase of 31% (115,133 more queries). This was driven by chain pharmacies such as Walmart and Walgreens that require pharmacists to conduct queries when dispensing specified controlled substances. The program will continue to work with the coordinated care organizations through the Quality and Health Outcomes Committee to explore similar PDMP use policies for prescribers. The program will also work to improve the quality and accessibility of PDMP information through efforts such as the development of an automated patient overdose at-risk indicator report.

There was an increase in 2015 in the number of patient-requested reports sent to third-party providers. Twenty-three patient-requested reports were sent to third-party providers, as compared to 17 in 2014 and 24 in 2013. Behavioral health care providers are not allowed access to the PDMP, but they can work with their patients to obtain information that can affect their therapeutic approaches. Patients in substance abuse treatment, particularly those with chronic, non-cancer pain, are a population in need of more informed, better coordinated care. The PDMP could prove beneficial to improve health outcomes for these patients.

Evaluation research and quality assurance efforts are valuable for informing program operations and understanding and mitigating problems associated with system use. Work conducted with partners illustrates how the PDMP data can be used to assess the impact that system use has on clinical practice. However, more needs to be done to assess how this impact may affect patient health outcomes. Work with researchers to evaluate the PDMP is essential to this end, but additional staff or legislative action is needed to provide researchers with the data necessary to conduct informative program and system evaluation research.

Recommendations

Recommendations were developed from the information gathered from business operations, reports and evaluation efforts.

- Assess and address PDMP staff resource needs.
- Establish a new target to sign up 95% of the 4,000 most frequent prescribers of controlled substance to access the PDMP.
- Initiate the adoption of PDMP use guidelines in health systems.
- Increase the number of substance abuse treatment providers using voluntary patient reports in treatment plans.
- Monitor the completeness, validity and reliability of the data integration solution with the Emergency Department Information Exchange.
- Conduct a biennial customer satisfaction survey.



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