Oregon Prescription Drug Monitoring Program Advisory Commission

Oct 21, 2022 Meeting Minutes

Materials referenced in these minutes available on the OHA PDMP webpage

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

Commission Members in attendance: John McIlVeen, Laura Armstrong, John Hinton, Kaley Bourgeois, Tracy Klein, Dan Kennedy

1. Introductions

Armstrong chaired this meeting and began by introducing herself and directing the commission to introduce themselves and the organizations that they represent.

Quorum was reach prior to the beginning of the meeting.

OHA staff introduced themselves and their related roles relevant to PDMP. No new staff were added since previous meetings.

2. Review of Previous Meeting's Minutes

Armstrong directed the commission to review the meeting minutes and recommend any changes if needed. Hinton moved to approve as written and Kennedy seconded.

3. PDMP History and Overview

Simpson explain that Millard's retirement highlighted the point that the average age on the commissions has become much shorter and it might be helpful to review the history and nuances of the progress of the PDMP. It was suggested that at each meeting, we discuss the history of the PDMP and answer any questions the Commission may have in order to better understand the deeper layers of the program.

Simpson provided some history of the program including that it was first established by statue in 2009 and became operational in 2011. It has been actively providing data to authorized users in the state since then. Whenever program staff refer to statutory restrictions, they are referring to the public document that serves as our primary guide and helps us determine what actions can be taken as new initiative and ideas arise. This can be found on the OHA PDMP page or by searching ORS 431A.850

There is a second guiding document called the Administrative Rules which assists the program in the implementation of the program and filling in with specifics any grey areas left from the statute. The Admin rules are significantly easier to alter as needed since they

do no require a legislative session and can be done by a rules committee. Members of this commission are often invited to participate on a rules committee when one is convened. PDMP is funded through various source. The primary funding comes from licensing fees paid by each healthcare licensed professional in Oregon. This fee was $25 until 2020 when it was increased to $35 by the Oregon legislature. Funding is also supplemented by grants; current the PDMP is partially funded by the CDC OD2A grant and the Harold Rogers grant. Previously PDMP received Medicaid funding through HITECH 90/10 matched funds which was used to fund the EHR integration. That funding expired in sept 2021.

The PDMP has always been considered a healthcare tool rather than a regulatory or law enforcement tool. Meaning that OHA does not proactively provide PDMP information to law enforcement or licensing boards and they are not able to solicit information without a court order for law enforcement or an open investigation for licensing boards.

Some new fields have been added to what is reported to the PDMP including sex, and phone number.

There has been national attention to allowing or requiring veterinarians to check the PDMP to prevent owners from abusing pet's medication. This has been gaining popularity but has massive implementation and privacy problems that have slowed its adoption.

Simpson ended the update as he had presented as much information as was appropriate for one meeting, the next meeting will continue with a similar dive into initiatives and history.

Klein asked for more information on drugs that had been added and if there were additional drugs being considered. Simpson reported that tramadol began to be reported in 2014, naloxone began to be reported in 2017, and gabapentin in 2019. There is currently interest in expanding collection to all schedule V drugs as well. Oregon is one of the few states that does not collect schedule Vs.

Armstrong asked for some clarity on the intention of the program since you said it's a healthcare tool but many people think of it as extending beyond that. Simpson agreed that while it is primarily a healthcare tool it also operates as a research dataset and collaborates with researcher as well as actively collaborates with law enforcement/licensing boards within their appropriate defined scope.

Armstrong requested the subcommittee be included in future updates and overviews as well. The subcommittee was added by statute in 2017 as a body of experienced prescribing professionals who are authorized to review PDMP information and determine which providers should be given additional resources to improve their practice. This group is not punitive and the prescribers they select to receive additional resources are not disclosed to any group. The subcommittee meets at minimum annually and letters are sent to qualifying prescribers quarterly. The subcommittee created four criteria that they evaluate prescribers against, high MED, coprescribing, multiple prescribers/pharmacists, and long day supply to opioid naïve. The subcommittee is concerned with unintentionally discouraging appropriate prescribing and takes steps to avoid this, particularly for hospice and palliative care.

4. Standing Agenda Items

    a. Review quarterly metrics
        i. Quarterly Report and Stimulant Follow up

Armstrong turned the time over to Erickson to provide the quarterly metrics and stimulant update. Erickson reported the routine metrics for quarter 2 2022, which is the most recent quarter with a full and validated data set.

Relevant routine metrics include registration rates which remain at approximately 86% for all prescribers and 98% for the top 2K highest prescribers. Utilization which has consistently trended up for all groups since EHR integration began, this last year saw approximately a 20% increase.

The PDMP receives frequent special requests, this quarter 67 requests were received. 47 from healthcare boards, 12 from patients, and 8 from law enforcement.

Klein commented that there have been problems with the board of nursing's records of correct licenses that could impact our records when checking number of registered licensees and users. Erickson commented that she would make a note and investigate to see if that is playing a role in any of the metrics.

Erickson continued with prescribing trends and showed the overall prescribing continues to slightly decrease while stimulant prescribing continues to increase. Overall, the trends are less dramatic than in previous quarters. Gabapentin began being collected in 2020 and is now the most commonly dispensed drug that we collect.

The Advisory Commission expressed interest in additional stimulant metrics at previous meetings and Erickson included them in this updated quarterly report including age breakdown, most common stimulant drugs, and stimulant prescriber PDMP use.

        ii. Pharmacy and System Compliance

Vesik who normally provides the pharmacy compliance update was out of the office and Simpson provided a simple update in her place. Simpson informed the commission of a PDMP practice to review and re-verify all delegates at least once each year. This is now automated through the system and removes all delegates abilities to query the system until their master account holder has reverified them as delegates under their accounts. This practice is effective as removing access from those that have changed practices but not removed their link to previous supervisors.

Simpson communicated that registration continues to increase with approximately 88% of all prescribers required to register now in compliance. This appears to be the ceiling for registration as the increase has slowed dramatically.

    b. Research study updates

Loy presented an update all on the research projects currently using OR PDMP data. There are five active data use agreements and one in review for a new project. At the next meeting Loy will present a review of the goals of the research projects and include completed publications that used OR PDMP data.

5. Subcommittee Activities update

McCarthy reported out on recent activities of the Advisory Commission subcommittee activities. The subcommittee met last week but was unfortunately short on attendance and did not achieve quorum. Despite the lack of quorum McCarthy presented her recent analysis to those in attendance to gather insight and to verify that her direct was appropriate.

McCarthy presented a deep dive on the coprescribing measure and showed how various changes to the threshold could change the number of prescribers that qualify to receive letters. No decisions were made by the subcommittee due to the lack of quorum but the attending members directed McCarthy to prepared similar analyses for the other measures and requested the addition of specialty and subspecialty considerations.

6. Legislative Position and Administrative Rule

Simpson provided context for this agenda item and explained that often during legislative session bills will be introduced that impact the PDMP and there is interest in knowing the position of stakeholder groups such as this advisory commission. During session there are short turn around times and to prepare for possible bills the positions of the Advisory Commission are captured prior to session regarding potential changes that could be introduced. The position taken in this meeting are not used to create bills, they are simply prepared in the case that a bill is introduced and a position is needed. The concepts presented here are taken from bills considered in the past and emerging trends nationwide. The Advisory Commission does not advocate for new bills on part of OHA.

Through Administrative Rule, expand drugs collected in PDMP
Description: Expand drugs collected to include either all schedule V drugs or include promethazine with codeine and pregabalin.
Pros: Aligns with best practices of other states, increase information available to prescribers, evidence shows potential for abuse in these drugs.
Cons: Increase clutter in the data and slows interpretation of the PDMP data by prescribers.
Feasibility: Feasible**.**
PDMP Advisory Commission Official Position: Support collecting promethazine with codeine and pregabalin, no position on all schedule V.
Discussion Notes:
Simpson explained that this is not necessarily tied to session since OHA can do it through rule but the position of the Advisory Commission is still important. The board of pharmacy has adopted this as an official recommendation of the board and PDMP staff are in the process of gathering input from each board.

Klein suggested that she supported collecting promethazine with codeine and pregabalin but not necessarily all schedule V drugs. Armstrong asked the commission is there was any opposition to those two drugs, there was none.

Kennedy and Bourgeois expressed a concern that collecting all schedule V would make quick interpretation of the PDMP data more difficult without adding much value.

Prescriber overdose notification

Description: Allow PDMP data to be used to identify and notify prescribers when someone they prescribed a controlled substance to overdoses. Allow disclosure of PDMP data to contractors for this purpose as long as security and retention requirements are followed.
Pros: Improved provider collaboration and improved prescribing practices.
Cons: Increased scope of PDMP data use. Decreased privacy.
Feasibility: Feasible.
PDMP Advisory Commission Official Position:
2021: Opposed due to likely large fiscal impact and limited impact on illicit overdoses. Prescription overdoses continue to decrease while illicit overdoses are the primary issue. Funds and efforts should be used on more timely issues.
2022 : No position, opt to give position on specific bill if introduced.
Discussion Notes:
McIlveen, commented that this type of concept could be introduced next session as there is an ongoing massive overdose problem that needs to be addressed but this opens some privacy concerns that could complicate its adoption.
Armstrong recommended a more nuanced position than opposed or support because it does have merit even though implementation would be difficult.
McIlveen agreed that this may need a more nuanced answer than can be given to a concept without specific language and reminded everyone that 90% or more overdoses are not related to prescription drugs.

PDMP Mandatory Use:
Description: Require prescribers to query the PDMP prior to prescribing controlled substances.
Pros: Aligns with best practices of other states.
Cons: Responsibility to ensure compliance would increase workload substantially, potentially required additional staff. Places additional burden on prescribers who are already strained.
Feasibility: Feasible**.**
PDMP Advisory Commission Official Position: Neutral
Discussion Notes:
Armstrong and Klein commented that there are still many providers accessing through the webportal which is slow and mandating could create a burden on those providers. But Armstrong commented that requiring under limited circumstances like schedule 2 drugs would be acceptable.
Commission discussed benefits and burdens of mandating use without a strong case on either side.

Allow for PDMP data sharing with Medicaid
Description: Allow for PDMP data sharing with Medicaid to ensure completeness of data and allow Medicaid to better monitor the prescriptions of its clients (Secretary of State Audit recommendation)
Pros: Improved data quality for PDMP and Medicaid, potentially unlock federal support funds
Cons: Loss of patient and prescriber privacy.
Feasibility: Feasible**.**
PDMP Advisory Commission Official Position: Opposed.
Discussion Notes:
Simpson explained that this concept has not been seen before but there is increasing nationwide interest in increasing federal access to PDMP information and sharing with

Medicaid is tied to eligibility to federal funds. For that reason it is likely that increased sharing may be considered in future sessions.
Oregon is one of the most privacy oriented states and has restricted access to most outside groups.
Discussion was brief and the commission agreed to oppose this concept.

Allow unsolicited reports to be provided to law enforcement and licensing boards (Secretary of State Audit recommendation)
Description: Allow PDMP staff to proactively analyze PDMP data and inform licensing boards and law enforcement of potential fraudulent behaviors.
Pros: Aligns with Secretary of State recommendation.
Cons: Loss of patient and provider privacy, not in line with national best practices, controversial.
Feasibility: Feasible**.**
PDMP Advisory Commission Official Position: Opposed**.**
Discussion Notes:
Brief discussion with no support from the commission.

Grant additional authority to the PDMP Advisory Commission Subcommittee to collaborate with law enforcement and licensing boards
Description: Grant additional authority to the PDMP Advisory Commission Subcommittee to collaborate with law enforcement and licensing boards
Pros: Aligns with Secretary of State recommendation.
Cons: Loss of patient and provider privacy, not in line with national best practices, controversial.
Feasibility: Feasible**.**
PDMP Advisory Commission Official Position: Opposed.
Discussion Notes:
Commission agreed this is essentially the same as the previous concept and opposed the sharing.

Require prescribers to include a diagnosis when prescribing controlled substances
Description: Currently diagnosis code is a situational field that is not often included with a prescriber writes a prescription.
Pros: Improved quality of the data field for research and analysis.
Cons: Implementation would be challenging and may be opposed by prescribers for the additional work.
Feasibility: Feasible with support from boards.
PDMP Advisory Commission Official Position: Neutral**.**
Discussion Notes:
The commission discussed the benefits but is wary of the possible administrative burden that could stem from this requirement if it was not written properly into statute. It is clearly feasible and in most cases would be simple but could cause problems for patients and providers. Opted to remain neutral until a specific bill is introduced.

7. Old Business

Kennedy asked for clarification on interstate data sharing with bordering states currently. Simpson described the sharing arrangement with WA, ID, NV, AZ, and TX and that sharing with CA will begin in the near future as they complete their business processes.

8. New Business

Simpson reported an update to the CMS certification attempts. At the previous meeting Simpson reported that OR had ended their certification attempt due to identified data sharing requirements, however, that policy has been removed and OR has resumed its application. The exact requirements are still not clear, and there may be additional challenges.

Simpson also reported that the vacant public member seat has a potential applicant who if appointed will attend the next meeting.

9. Open Issues

10. Public Comment

Public comment was made by a pain patient and patient advocate. They explained that any additional administrative burden placed on a provider does impact patient care by decreasing time spent with the patient and time to address care issues. This also contributes to patients having a hard time finding new providers.

The representative also asked how members of the PDMP Advisory Subcommittee are selected. Simpson explained that the former state health officer when the subcommittee was formed worked with boards and associations to select members for the subcommittee.

A representative from Oregon Pain Action Group also provided comment encouraging the commission to consider that there is no one size fits all approach to pain management and to oppose attempts to pass rules that restrict providers ability to address patients pain individually.

11. Next Meeting Date: Jan 20th, 2023

12. Member Wrap-Up

13. Adjournment by 3:15 PM