

Charter: Prescribing Practice Review Subcommittee of the Prescription Drug Monitoring Program Advisory Commission

**Executive Sponsor: Dean Sidelinger MD, MEd, State Health Officer & State Epidemiologist
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Background

This section provides a brief history and context

Oregon is experiencing an epidemic of prescription opioid overdose. As part of the statewide effort to address the epidemic, Oregon developed statewide guidelines for prescribing opioids for chronic pain. The guidelines stress the importance of clinicians using the PDMP as a tool to guide appropriate decision-making regarding controlled substance prescribing for chronic pain (prescribing opioids to treat cancer pain and end-of-life pain is considered appropriate standard of practice, and not addressed by the prescribing guidelines).

<http://www.oregon.gov/obnm/rules/opioidprescribingguidelines.pdf>

Oregon HB 3440, passed in 2017, requires that the Oregon Health Authority, in conjunction with the PDMP Advisory Commission, establish a clinical review subcommittee to identify practitioners who are prescribing high amounts of opioids based on agreed upon practice standards, such as the Oregon Opioid Prescribing Guidelines for chronic pain. These providers are to receive education/ training related to pain management, and appropriate opioid prescribing. Oregon HB 2257 passed in 2019 and allows the subcommittee to compare the practice of practitioners of similar specialty and provide the comparative information to the practitioner. Oregon HB 2257, passed in 2019 and allows the subcommittee to compare the practices of practitioners of similar specialty and provide the comparative information to the practitioners.

<https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HB3440/Enrolled>

<https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/HB2257>

Purpose

This section clearly outlines the purpose of the group. Anyone who picks up this charter should understand why this group has convened.

HB 3440, Section 19, specifies the purpose of the subcommittee

1. The subcommittee shall develop, through the use of PDMP information, criteria by which a practitioner may be required to receive education or training on the prescribing of opioids.
2. The subcommittee may review PDMP information on a practitioner's prescribing history (that does not identify a patient), to determine whether a practitioner meets the criteria for receiving education/ training.
3. The subcommittee may direct OHA to provide to a practitioner who meets the above criteria educational information about prescribing opioids for pain.

Principles

This section clearly outlines the core values/assumptions that are foundational to the work and outcomes of the group.

- Recognize that prescription opioids for pain are contributing to the epidemic of misuse, hospitalizations and death that Oregon is experiencing.
- Recognize that the PMDP is a valuable tool for collecting information about prescribing practices.
- Support the goal of the subcommittee to help improve provider practices related to opioid prescribing, through education and training.

Scope

The scope of the subcommittee is specified in HB 3440, Section 19, summarized below.

1. The Prescribing Practice Review Subcommittee will develop criteria that must include:
 - a. Prescribing a high volume of opioids classified in schedules II and III;
 - b. Prescribing an above-average amount of doses of opioids or opiates classified in schedules II and III to a high number of patients; and
 - c. Simultaneously prescribing opioids or opiates classified in schedules II and III with other drugs classified in schedules II, III, and IV.
2. The Prescribing Practice Review Subcommittee will review prescriber history in the PDMP for the preceding 3 years.
3. The Prescribing Practice Review Subcommittee will make recommendations to OHA about which prescribers should receive education/ training related to opioid prescribing for pain.

Authority

The Subcommittee serves under the authority of the PDMP Advisory Commission and the OHA Public Health Division’s Director and PHD’s Health Officer.

Membership, Roles & Responsibilities

This section describes who is on the group and their individual roles and responsibilities.

Subcommittee Members	Organization Representing
David Farris	Oregon Medical Board
Amit Shah	Coordinated Care Organization
Kathi Norman	Physician Assistant
Curt Hawkinson	Physician Assistant
Helen Turner	Oregon Board of Nursing
Tracy Muday	Coordinated Care Organization
Safina Koreishi	Coordinated Care Organization
Currently Vacant	Board of Naturopathic Medicine
Currently Vacant	Local Public Health

Goals and Objectives

This section clearly states the group's goals and objectives for a 12-month period. The objectives should be specific, measurable, achievable, relevant and time-bound.

The goal of the Subcommittee is to assist the PDMP Advisory Commission and OHA in educating those providers who are prescribing high amounts of opioids for pain in appropriate pain management and opioid prescribing practices.

Deliverables/Outputs – Reports/Metrics

This section clearly outlines the group's deliverables, outcomes and related timelines. Anyone reading this charter must be able to clearly identify what success looks like for the group's work.

PDMP data on prescribers will be prepared by PDMP staff in accordance with the legislative mandate and requests made by the subcommittee. Data will be presented to the subcommittee in aggregate form (that does not identify patients).

Documentation of letters that have been mailed to the providers determined to benefit from a letter offering education/ training.

A report summarizing the prescribers reviewed and determined to benefit from a letter offering education/ training related to opioid prescribing will be presented to the PDMP Advisory Commission.

Relationship to Other Governance Groups

This section should describe any reporting relationships the group has and the frequency of that reporting. This section should also describe any coordination that must occur with other groups and how frequently that coordination must occur.

The PDMP Advisory Commission will receive a report on the actions and decisions resulting from the subcommittee meeting at the following Advisory Commission quarterly meeting.

Meeting/Meeting Support

This section outlines who will provide support for the meetings, including administrative support for scheduling, minutes/notes, etc.

PDMP staff: will provide administrative support to the subcommittee, including scheduling meetings, taking minutes, developing summary documentation, sending letters to prescribers, preparing a report for the PDMP Advisory Commission.

Meeting agendas: At each meeting, the subcommittee will review statutory mandate, decisions of the previous subcommittee meeting, evaluate most recent data prepared by the PDMP staff, determine whether changes need to be made in criteria for education, and direct Oregon Health Authority to provide education/ training to specific providers.

Decision-making: An attempt will be made to reach consensus. If consensus is not achieved, the subcommittee will vote on the decisions using the 'fist to five' voting method.

Quorum Requirements: A minimum of two-thirds Subcommittee members is required for recommendations or resolutions to be valid.

Meeting Frequency: The subcommittee will meet at the minimum of once a year. However, meetings will be scheduled quarterly, and cancelled at the discretion of the advisory commission or the State Health Officer if they are unnecessary due to lack of providers meeting the above criteria for review.

Public Notice: Notice of this meeting is required to be posted a minimum of two weeks prior to the meeting.

Charter Review, Modification and/or Sunset

Every group must be reviewed by its executive sponsor and/or governing group at least annually. This section describes the timeline for that review. If the group is short-term (less than 12 months), a sunset date must be identified here. Continuation of a charter beyond a 12-month period is not an assumption.

The charter will be reviewed annually.