# Oregon Prescription Drug Monitoring Program Advisory Commission

**Jan 19, 2024 1:00 PM Meeting Minutes**

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**Meeting Contact**: Drew Simpson, drew.r.simpson@oha.oregon.gov, 971-352-5569

1. Introductions

   Chair Armstrong began the meeting once it was confirmed that quorum had been reached and led introductions. The commission introduced themselves as called upon and indicated their relationship to this work, followed by OHA staff and other attendees.

   Advisory Commission member attendees:
   Laura Armstrong (Chair) – the Oregon Optometric Physicians Association
   Kathleen Hansen – Public Member, patient advocate
   Leah Hickson – Oregon Dental association
   Lina Dorfmeister – Pain Management Commission
   John Hinton –Osteopathic Physicians and Surgeons of Oregon
   Daniel Kennedy – Oregon Pharmacy Coalition
   Maureen McAvoy – Public Member, Information Technology Specialist
   John McIlveen – State Opioid Treatment Authority

   OHA/PDMP staff attendees
   Drew Simpson – Program Coordinator
   Kim Waite – Program Manager
   Bryan Loy – Data Analyst
   Elizabeth McCarthy – Epidemiology
   Stephanie Vesik – Program Analyst

2. Review of Previous Meeting's Minutes

Armstrong invited the commission to comment on the previous meetings minutes. Hinton moved to accept the minutes and Kennedy seconded.

3. PDMP Overview and Discussion

Simpson used this portion of the meeting to continue the presentation from the previous meeting, the commission had asked for more information about other states and legislative trends related to PDMPs. Simpson stated that while PDMPs are operated by different agencies (DOJ, board of pharmacy, department of health) that most PDMPs are very similar to each other. Which fields are collected, which roles are granted access, which initiative are underway can vary.

There are a number of recent legislative trends that have been adopted by most states. Over 30 states now collect controlled substances prescribed by veterinarians, Oregon will begin collection starting in Jan 2025. Collecting schedule V drugs has been adopted by all but 5 states, Oregon will begin in Jan 2025.There are a number of states considering collection of medical cannabis in the PDMP, as of now this is not a common practice. Oregon considered collecting medical cannabis in the OR PDMP about seven years ago but has not shown any interest in the topic since then.

The level of access granted to law enforcement is typically similar in other states as it is here. Law enforcement must have a court order in order to receive data, the DEA is able to receive data with just a subpoena. There are a few states that have reduced access to law enforcement in recent years.

Lastly, one of the most common recent trends is expanded access to PDMP data for Overdose Fatality Review groups. This is a practice that Oregon added to statute in 2019. There are 10 states now considering using PDMP data in these reviews as well.

Hansen commented that the trend in cannabis collection would likely be fought here in Oregon. The biggest concern would be adding an additional avenue for patients to be blacklisted by prescribers. Vesik commented that Oregon has created its own medical cannabis office which managed cannabis cards. With an established program and process which is fully implemented its unlikely that the legislature will look into adding cannabis to the PDMP anytime soon. Hickson asked which states currently collect cannabis in the PMDP, Simpson commented that he wasn't sure of all the states but believed Florida and Connecticut did. Connecticut collects more drugs than most states, it collects all legend drugs as well. Illinois is adding a flag to the patients PDMP profile if they have a medical cannabis card.

Armstrong asked if there was information available on how PDMPs are funded. Simpson did not have exact figures but stated that about half of PDMPs collect prescriber fees, many supplement with grant funding, very few receive federal funding, and about half receive general state funds.

4. Standing Agenda Items

    a. Review quarterly metrics
        i. Quarterly Report

Erickson is out on leave; Loy presented the 2023 Q3 quarterly report. Many of the quarterly report metrics have remained stable for the last few years, including registration

percentage. Among top prescribers approximately 99% are registered with the PDMP, for all licensed prescribers approximately 88%.

Loy described an ongoing data issue with the PDMP IT vendor related to providing reliable audit data to the state. This has impacted several quarters and made it difficult to calculate exact figures. This issue does not impact patient reports or audit logs, it only impacts the research and analytics datasets. The vendor is working to correct the issue.

In terms of prescribing metrics, there has been a small increase in prescriptions reported to the PDMP over the last year. 1.4% overall, 4% increase in amphetamine, and a 12% increase in methylphenidate. Loy mentioned that he has developed a new stimulant dashboard that the Advisory Commission will review later in the meeting and will allow for a closer look at these trends.

Loy reviewed the main take aways from the quarterly report, registration remains high and table, total gateway queries have decreased but there is an issue with the data being sent by the vendor, stimulants continue to increase.

ii. Pharmacy Compliance

Vesik presented the recent activity related to pharmacy and user compliance. Vesik reported that while overall rates are stable like Loy showed there are periodic large changes, especially during times of re-licensure.

Pharmacy reporting has also become very reliable with high rates of accuracy. There have been recent pharmacy closures especially in rural areas that may cause some problems for individuals and place new strain on existing pharmacies but so far those issues haven't presented in the reporting.

Kennedy provided insight into the closure issue, 35 pharmacies closed in 2023 and this will likely continue and spread existing staff thinner. Kennedy expects that there will be entry issue as the staffing issue become more pronounced.

b. Research study updates

Loy presented an update on research project that are or have utilized OR PDMP data. Currently there are eight DUAs related to PDMP data. All of these projects are in the analytic phase and have PDMP datasets.

There are twenty seven research publications using OR PDMP data that Loy has been able to identify. Not all projects are directly related to the PDMP but use PDMP data to study other topics, however, 16 projects are about PDMP.

Dorfmeister asked if the Advisory Commission had access to these research publications. Loy believed he could prepare them in a zip file for delivery to the Advisory Commission and will look into it before next meeting.

Loy went on to demonstrate the process that a research request passes through versus the process that an ad hoc request completes. The research request requires scientific merit review, DUA, IRB, and follow up data destruction whereas an ad hoc request can be completed with minimal additional paperwork or agreements. Ad hoc requests contain data that aggregate, summary, and could be public facing.

c. Subcommittee Activities Update

McCarthy presented an update on recent PDMP Advisory Commission Subcommittee activities. The subcommittee convened Nov 2023 and continued to refine the coprescribing measure. At this meeting the subcommittee chose to broaden the drugs which would trigger the coprescribing measure to include non-benzo sedatives and high dose gabapentin. These changes were implemented prior to sending out the batch of letters in January.

The subcommittee also addressed a criticism regarding providers being flagged as coprescribing even if they were only prescribing a single dose of a benzo to a patient pre-procedure. While this is technically coprescribing when the patient receives a post procedure opioid, this is not the population that the subcommittee is intending to contact. A dose minimum was added to remove these providers. These changes dramatically reduced the number of prescribers falling into the coprescribing category.

The subcommittee opened the discussion on the opioid naïve measure, though no changes were decided and implement in the January batch of letters. The subcommittee is considering reducing the number of doses from 42 to 30 to be considered long duration prescribing to an opioid naïve patient. The subcommittee is interested in including a stimulant category but has not yet selected a measure. This topic will continue at the next subcommittee meeting.

Dorfmeister asked if the letters are sent to prescribers who are tapering high MED patients. Simpson commented that the subcommittee is aware that some providers are working with high MED patients and may appear to be overprescribing when they are tapering patients they often inherited. They have discussed excluding pain management providers but at this point have opted to include them.

Hansen commented that doctors feel pressure to decrease dose on stable patients. This is something she has seen as a patient advocate, where a successful treatment plan is altered not because a patient care needs to be improved but because the prescriber feels pressure from outside sources to change the treatment plan. Ideally there would be protections to keep this from happening.

5. PDMP Stimulant Dashboard demonstration

Loy presented the new stimulant dashboard which was developed as part of the Harold Rogers grant. This dashboard has eight dropdown options that allow users to explore stimulant prescribing and trends.

Loy clicked through several of the options showing regional prescribing differences and potentially risky prescribing trends. This dashboard will be available on the OHA website to the public.

6. Legislative Session Discussion

Simpson presented on a legislative concept that is being developed to be presented during this short session. The OHA has a partnership with Oregon Health Leadership Council to form an entity called HIT Commons, this entity has worked on several projects related to overdose including the EDIE initiative and PDMP EHR integration. This group has expressed interest in using their unique relationship with the emergency departments to provide overdose notification to providers when they have a patient who suffers a fatal or non-fatal overdose. This is currently prevented by the PDMP statute. The commission discussed this in broad terms at the last meeting but since that time we have learned that this concept will be developed into a bill and have learned more specifics of the bill. It would be ideal if the commission could vote on a position to support or oppose this future bill during this meeting.

Simpson presented a one pager information sheet that outlined the intent of the bill and the general implementation plan. The bill would allow the OHA to disclose the identities of providers who have prescribed to patients who suffered an overdose within a year of that prescriber prescribing to them to a third party contractor for the purpose of providing overdose notifications. The rationale is that often a provider is unaware that one of their patients has had an overdose and by closing this information gap the providers may reassess their prescribing if needed.

The collective platform (IT vendor) is already connected to the PDMP as part of the PDMP integration into the EDIE alert for EDs, this would allow minimal implementation work and no cost to OHA. As far as OHA and the PDMP staff are concerned this is essentially just a new allowed disclosure.

The commission discussed the difficulty of assessing the full impact of a statute change without specific language, but each member indicated that the stated intent of this bill was important and worth implementing. Hinton put forward a motion to support the intent to provide an overdose notification to providers using PDMP data, Klein seconded.

7. Old Business

No old business

8. New Business

Kennedy asked if the PDMP was aware and able to provide notices of drug shortages. Simpson commented that as of now the PDMP doesn't have the ability or authority to provide this kind of notice. If there was interest in using PDMP data to explore drug shortages that would be possible through a data request or through using the data dashboards.

9. Open Issues

No open issues discussed.

10. Public Comment

No public comment.

11. Next Meeting Date: April 19th, 2024

12. Member Wrap-Up

13. Adjournment by 3:15 PM