

Oregon Prescription Drug Monitoring Program Clinical Review Subcommittee
August 14, 2018 Meeting Minutes
2:00 PM to 4:00 PM
Portland State Office Building
800 NE Oregon Street, **Room 918**
Portland, OR 97232

ATTENDEES:

Subcommittee members Present: Jim Shames, Curt Hawkinson, Helen Turner, Joe Thaler, Safina Koreishi

Advisory Commission Absent: Amit Shah, Tracy Muday, Noel Peterson, Kathi Norman

OHA Staff: Katrina Hedberg, Drew Simpson, Josh Van Otterloo, Peter Geissert

Subcommittee Meeting Facilitator: Katrina Hedberg

Decisions
<ol style="list-style-type: none">1. High MED prescribing measure added,2. Subcommittee will continue to meet quarterly.3. Letters will be sent out quarterly, prescribers who received a letter the previous quarter will be exempt from the following quarter.

1. Member Introductions

Each subcommittee member and OHA staff introduced themselves.

2. Review actions since last meeting

Simpson reviewed the number of letters that were sent out following the 2018 quarter one meeting. 396 letters were sent out the beginning of June, of those 39 were returned undeliverable. Thaler asked why they would be undeliverable and if there had been any efforts to find alternate addresses to send them to. Simpson explained that the address in the PDMP is drawn from the prescribers DEA registration and it is possible that the prescribers have changed practice since registering. There have been no efforts to find alternate addresses for the undeliverable letters.

Simpson reviewed the responses from the survey included with the letter. There were only 11 responses total and the primary comment was that the recipient felt that they had been inappropriately selected to receive the letter because their prescribing was appropriate given their specialty. Simpson suggested that if the subcommittee elected to exclude some providers based on their specialty that language be included in the letter to

prompt individuals to log into the PDMP and update their specialty since this field is often blank.

Geissert reviewed the breakdown of the letters sent by the specialty listed in the PDMP. The primary finding is that the majority of letter recipients do not have a specialty listed. The largest identified groups are hospice/palliative care, pain medicine, and surgery.

Simpson presented a copy of the letter sent to the subcommittee for their review and critique. Turner discovered a typo to remove, otherwise the subcommittee was satisfied with the letter as is.

3. Data presentation

Van Otterloo presented data reviewing the first letter sent based on quarter 1 2018. Showing the exact number of letters sent based on each criterion that the subcommittee had selected. The subcommittee had chosen to send letters to those prescribers that frequently initiated patients on long acting opioid, however upon investigation Van Otterloo found that this is rare and no provider reached the selected threshold.

Van Otterloo reviewed prescriber changes since the first letters went out. When the letters were sent 58% of the recipients were registered with the PDMP. As of August 1st, 89% of those recipients are now enrolled in the PDMP.

Van Otterloo noted that there were no prescribers that fit all three criteria.

Thaler asked about the role of MAT drugs in interfering with this analysis. Van Otterloo reviewed the methodology he used which included excluding all buprenorphine containing drugs.

Van Otterloo reviewed the measures and requested input from the subcommittee regarding how they should be adjusted prior to sending out the next batch of letters. Keeping the criteria the same the number of letters sent would be very similar. Hawkinson recommended that at the next meeting Van Otterloo prepare a breakdown of how many providers meet the criteria both quarters.

4. Review and discuss PDMP data, select criteria

Subcommittee discussed whether to exempt hospice practitioners from receiving letters. Turner suggested that a hospice provider should be invited to examine their prescribing practice periodically even if they are diligent in their prescribing. Hawkinson expressed interest in excluding hospice providers but only for the doctor shopping measure. Subcommittee discussed whether hospice and palliative care could be separated. Geissert informed the subcommittee that for some license types hospice and palliative care are separate specialties, and for others they are combined, making them challenging to separate out.

Thaler suggested that a new measure be included for high MED prescribing. Van Otterloo displayed the data from the previous meeting to facilitate high MED prescribing.

It was agreed by the subcommittee that a high MED measure should be included but left the decision as to where to set the threshold until Van Otterloo could re-examine the data.

Geissert advised the subcommittee that he is interested in evaluating the impact of the letters and that if there are too many changes in criteria quarter to quarter it will be difficult to do so reliably.

5. Record and review action items

Who will receive letter after this session:

- a. The same 3 criteria will be use with the next quarters letters
- b. If the provider received a letter the previous quarter they are exempted this quarter.
- c. A new high MED measure will be added this quarter.

How often will letters be sent:

- a. Letters will be sent each quarter.

How often will subcommittee meet:

- a. For the time being, subcommittee will continue to meet quarterly.

Changes to letter:

- a. Add language indicating that data will be reviewed each quarter.
- b. Change the first paragraph to reflect why the letter is being sent.
- c. For those that meet multiple categories the letter should be specific which categories they met.

6. Adjournment