

Oregon Prescription Drug Monitoring Program Advisory Commission

January 20, 2017 Meeting Minutes

1:00 PM to 3:00 PM

Portland State Office Building

800 NE Oregon Street, **Room 918**

Portland, OR 97232

ATTENDEES:

Advisory Commission Present: Chris Apgar, Katrine Bengaard, Sara Love (by telephone), John McIlveen, Clare Midson, Michael Millard, Carrie Schriebman, Chris Sorvari. (by phone).

Advisory Commission Absent: Bill Jordan, Sharon Meieran, Laura Scobie.

OHA Staff: Laura Chisholm, Jennifer Eskridge, Lisa Millet, Tamara Ramirez, Drew Simpson, Josh Van Otterloo.

Guests: Susan Otter (by telephone).

Decisions
1. The meeting minutes from October 2016 were approved as written.

INTRODUCTIONS

Apgar called the meeting to order at 1:05 p.m. Attendees introduced themselves starting with Advisory Commission Members and OHA staff, then guests. Guests present included Susan Otter, Director of Health Information Technology.

STANDING AGENDA ITEMS

a. **System Issues and customizations** – HB4124 Update

Millet reported the program is very close to receiving approval of the contracting documents necessary to direct the PDMP vendor to build the connection to Appriss' PMP Gateway.

Eskridge reported on the status of the house bill implementation. The work falls into four main categories: business processes, data security review, contract administration and technology development. The amended PDMP rule was filed and effective with the Secretary of State on January 10, 2017. Integration business processes including Integration Request Form and Terms and Conditions of Use by entities interested in integration was written, updated with stakeholder feedback and

is with legal counsel for review. Regarding data security review, the state's Information Security and Privacy Office (ISPO) completed their review of Appriss' Gateway. ISPO has given their approval.

Apgar provided a verbal report at today's meeting. Apgar indicated that after review of documentation provided by Appriss and Collective Medical Technologies (CMT; EDIE vendor) he believes adequate information security safeguards have been implemented by both vendors. Apgar recommended OHA follow up with CMT later in the year to determine if the security risks identified in CMT's SSAE 16, SOC 2 report had been mitigated.

PDMP staff are working diligently on contract administration requirements in order to move required documents through approval pathways and the Contract Amendment forward to Department of Justice for review. Once the contract is executed the vendor will build the connection to Appriss Gateway product for integration. Regarding the technology development update, the vendor has informed us the build will not take long. The vendor has the build in the production queue.

Eskridge reported HID's RxSentry product was purchased by Appriss, Inc. who now owns most PDMP systems in the country. Eskridge and Millet will be attending a client meeting at Appriss headquarters to learn more about the transition. Millet reported that this development explains recent delays and challenges in working with HID.

Otter reported on the status of a second connection for integration – a direct connection between OR PDMP and CMT for EDIE users. This connection has been explored for some months as EDIE is the priority user group. The risks outweigh the benefits of a direct connection so EDIE will use Gateway for integration. CMT has worked with Appriss in other states to initiate connection to Gateway and will do the same for Oregon EDIE users. Otter reported interest in integration from Jefferson Health Information Exchange, who changed their name to Reliant e-Health Collaborative.

Payment methods for individual connections to the Gateway were discussed.

b. Review quarterly metrics

Simpson presented highlights from the 2016 fourth quarter (Q4) report. He noted overall prescribing is going down. Compared to 2015 in the same timeframe, the number of prescriptions for controlled substances decreased by 8.5%. The biggest change in active users continues to be delegates, who as a group increased by 50.4% since 2015 Q4. Utilization of the PDMP is up 15% across all user types from 2015 Q4.

Vesik presented the Oct - Dec 2016 Pharmacy Compliance Report. Vesik reported a full audit of all PDMP account holders in Q4 of 2016. Over 200 accounts were deactivated due to retirements, licensure expiration, surrender, revocation, or inactivity. Vesik conducted a review of pharmacy reporting to PDMP and

noncompliant pharmacies were issued notices. These pharmacies will be reported to the Board of Pharmacy if their reporting does not improve.

c. Research study updates

Van Otterloo reported a study with the Veteran's Administration (VA) examining veteran's health post-deployment. This study would combine the trauma registry, VA records and PDMP data.

Van Otterloo reported on a study by Oregon Health Sciences University and Health Insight looking at the progression of prescription opioid use to heroin use. This study links multiple data sets and is led by Dr. Hartung.

OLD BUSINESS

No old business was discussed.

NEW BUSINESS

a. 2017 Legislative Session Pre-Filed Bills

i. HB 2517

Eskridge reported that House Bill 2517 would authorize interstate data sharing. OR PDMP data would be shared across state lines via one of the national hubs. The PDMP vendor will not charge to turn on this functionality as the framework is part of the customization for HB 4124 (2016). User role types and permissions for each state would be managed by OR PDMP program staff.

ii. HB 2518

Eskridge reported that House Bill 2518 contains many changes to the PDMP. It requires new data points collected by pharmacies including Naloxone distribution, method of payment, last 4 patient's SSN and patient phone number. Collection of Naloxone data requires customization to PDMP as it not part of standard data set collected by pharmacies. The cost estimate for the customization to collect Naloxone data was discussed. House Bill 2518 requires boards to send OHA licensing information of controlled substance prescribers and dispensers for the purpose of qualifying them to report or receive info from PDMP. The bill expands access to PDMP by authorizing medical and pharmacy directors or their delegates. OHA needs one FTE to process increased volume of account requests for new PDMP accounts that will be created. The bill also authorizes interstate data sharing as outlined in HB 2517.

Apgar noted that pharmacies do not collect social security numbers and Millet indicated that the Oregon Attorney General's office stated OHA and PDMP could not collect and store the last four digits of the social security number. Apgar noted that it's likely that the boards may not have the information to report to OHA that is required by the bill.

iii. HB 2519

House Bill 2519 contains all the changes to the PDMP as House Bill 2518 less interstate data sharing.

OPEN ISSUES

No open issues discussed.

PUBLIC COMMENT

None received.

MEMBER WRAP UP

Apgar requested the Advisory Commission utilize the technology available in the meeting room. PDMP staff to add Skype meeting to future meeting appointments and schedule time during April 21st 2017 meeting to practice using technology.

Millet reported the Prescription Drug Overdose Data Dashboard now contains illicit fentanyl deaths as reported by the State Medical Examiner's Office. The Data Dashboard is available at: www.healthoregon.org/opioids click on 'Prescribing and Overdose Data Dashboard for Oregon.' A link is provided on PDMP's webpage under 'Reports' → 'Data Dashboard' → 'Prescribing and Overdose Data for Oregon.' (This tool works best using any browser other than Internet Explorer (i.e. Firefox, Chrome, Safari, mobile devices, etc.)

NEXT MEETING DATE

The next Advisory Commission meeting is scheduled for April 21st 2017 in the PSOB in Room 918 at 1pm.

ADJOURNMENT

The meeting adjourned at 2:40 PM.