

Oregon Prescription Drug Monitoring Program Advisory Commission

August 26, 2016 Meeting Minutes

1:00 PM to 4:00 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, Laura Scobie.

Advisory Commission Absent: Bill Jordan, Sharon Meieran, Chris Sorvari.

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

Guests: Nora Barnett, Sean Carey, Cole Meier, Lauren O'Brien (by telephone), Susan Otter.

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

INTRODUCTIONS

Apgar called the meeting to order at 1:01 p.m. Attendees introduced themselves starting with Advisory Commission Members and OHA staff, then guests. Guests present included Nora Barnett, member of public, Sean Carey, Lead Analyst, Office of Health Information Technology, Cole Meier, Pharmacy Student, Susan Otter, Director of Health Information Technology, and Lauren O'Brien, Consultant to Oregon Health Leadership Council.

STANDING AGENDA ITEMS

System issues and customizations was moved to the top of the agenda to accommodate guests.

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

Otter reported on the progress of HB4124 implementation. A stakeholder group representative of Emergency Department Information Exchange (EDIE) partners and

the EDIE vendor, regional Health Information Exchanges, and health system partners have been evaluating options for a technology solution, including a gateway product. Otter provided an overview of a gateway. She stated Appriss' PMP Gateway was the only product on the market during the bill formation and the subsequent discovery of additional product by LogiCoy. Otter reported the stakeholder group looked at timing, experience, and footprint and determined Appriss' timing is the shortest, implementation would be Q1 of 2017.

Otter reported due diligence is taking place to ensure PMP Gateway technology can deliver what bill requires. This includes reference calls with other states using EPIC and Cerner EHRs. Additionally, Otter noted patient matching continues to be a sticky issue which is being discussed to ensure no false positives or "no return" from a query. Otter reported delegate access is also being discussed with Appriss as delegates in Oregon can be attributed to multiple accounts. Otter reported the PMP Gateway is part of Appriss' PMP Interconnect product which hosts interstate data sharing. She noted Oregon would not turn on interstate data sharing as current statute does not permit this. Otter reported users would pay for the gateway service while a public utility model is explored. A second connection, directly to the Emergency Department Information Exchange (EDIE) is still being pursued. The stakeholder group's recommendation is to use Appriss' PMP Gateway.

Millet reported statutory changes that would support this work include: 1) mandating PDMP enrollment for all pharmacists and healthcare providers who write controlled substance prescriptions 2) adding the last four digits of the SSN entered at the point of dispensing for patient matching to avoid false negative results 3) use of patient phone number (also recommended by Appriss) as an additional patient identifier. Millard noted that pharmacies do not collect social security numbers so phone numbers may be a better identifier. Otter added that there has been lots of support from stakeholders for this work. She stated, if this bill can be implemented by Q1 of 2017 it would show a lot of support for future legislative change.

Eskridge reported the Rules Advisory Commission (RAC) met to discuss the draft language amending the PDMP Administrative Rule to comply with HB4124. Feedback was gathered from RAC members and another draft will be reviewed at the upcoming meeting on September 9th. PDMP business practices to facilitate integration will be finalized as the technology solution is confirmed.

Millet stated OHA will begin a procurement process soon as the current PDMP vendor contract expires January 2019.

b. Review quarterly metrics

Simpson reviewed the May – July 2016 Error Report for Pharmacy Compliance. The May, June and July monthly error rates are very low and mechanisms are in place to address errors. Simpson reported the most commonly occurring errors for pharmacy data entry include: Prescriber ID not in DEA table, customer zip code blank, zip code conflicts with state, days of supply extreme, instance of generic DEA, prescriber last name blank, prescriber first name blank. PDMP staff and Board of Pharmacy will be

working on an educational outreach plan for pharmacies to improve the quality of data submitted.

Simpson presented highlights of the 2016 second quarter report. He noted the addition of the top 12 most frequently prescribed drugs as requested by Millard. Simpson highlighted the biggest change in active users is delegates and the biggest change in total queries is by delegates. Simpson reported that PDMP queries have gone up 20% from last year and 1/3 of all queries are made by all delegates. Simpson reiterated a program goal to enroll 95% of the top 4,000 prescribers in Oregon. He stated 73% of top 4,000 prescribers are enrolled and 82% of top 2,000 prescribers are enrolled.

Millet stated there are enrollment drives going on in six communities in Oregon: northwest coast, Lane and Douglas counties, central Oregon, south coast, Linn/Benton/Lincoln counties, and the Portland-metro area.

c. Research study updates

Van Otterloo reported that a paper has been published in the Journal of Internal Medicine by Oregon Health Sciences University and Health Insight (formerly Acumentra Health) on initial prescribing and long term health. The study was based on PDMP data.

Van Otterloo also reported a data use agreement is under review from the Veteran's Administration (VA) from researcher, Kathleen Carlson and OHA Injury and Violence Prevention Program staff examining veteran's health post-deployment. This study would combine the trauma registry, VA records and PDMP data.

OLD BUSINESS

No old business was discussed.

NEW BUSINESS

a. Statute Review

Millet reviewed the 2015 edition of the Prescription Monitoring Program Statute with the Commission to inform new members. The current PDMP statute will be made available from orpdmp.com via link to the Oregon State Legislature website rather than pdf copy as is current practice in order to ensure the current version is posted.

b. Satisfaction Survey – Full Report

Simpson reported on the attitudes and barriers noted in response to the electronic customer satisfaction survey distributed to prescriber and pharmacist PDMP account holders this summer. Feedback from prescribers and pharmacists was overall positive. Communication is increasing among pharmacists and with providers. Simpson noted many pharmacists are accessing the PDMP daily due to business practice requiring use. Reported barriers identified in the survey by pharmacists include: system is

clunky, takes too long, password changes too often, inactivity time-out inconvenient. Simpson shared prescribers report using the PDMP to improve patient safety and noted similar barriers to pharmacists.

c. Legislative concepts

Millet discussed legislative priorities under System Issues and Customizations.

OPEN ISSUES

No open issues discussed.

PUBLIC COMMENT

None received.

MEMBER WRAP UP

Members, OHA staff and guests shared closing thoughts about the value of the commission meetings.

NEXT MEETING DATE

The next Advisory Commission meeting is scheduled for October 21st 2016 in the PSOB in Room 918 at 1pm. This meeting conflicts with a national meeting PDMP staff will be attending. PDMP staff to query commission members regarding an alternative date for the next meeting.

ADJOURNMENT

The meeting adjourned at 3:03 PM.