Oregon Prescription Drug Monitoring Program Advisory Commission

October 17, 2014 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: Mike Millard, Chris Apgar, Larisa Jeffries, Lindsay Jenkins, John Mcilveen, Bill Jordan, Laura Scobie, Al Turner, Mark Williams

Advisory Commission Absent: Sara Love, Tracy Muday

OHA Staff: Todd Beran, Heidi Murphy, Stephanie Vesik

Guests: Nicole O'Kane, Dan Selitzer

Decisions
1. The meeting minutes from July 2014 were approved as written.

Action Items	Assigned	Status
1. Send PDMP Center of Excellence Web link to Advisory Commission members to review reports and measures.	Beran	Completed
2. Circulate draft FAQs related to steps that can be taken when potential fraud is identified.	Beran	Completed

INTRODUCTIONS

Millard called the meeting to order at 1:05 p.m. Attendees introduced themselves.

OLD BUSINESS
The meeting minutes were reviewed and approved as written – see Decision 1.

STANDING AGENDA ITEMS

a. Review quarterly metrics

Murphy presented highlights of the quarterly reports. From the same quarter in 2013, total prescriptions decreased approximately 4 percent and queries conducted by healthcare providers and pharmacists increased by greater than 10 percent. The increase

Approved 01/16/2015

of queries is driven largely by queries conducted by delegates on behalf of healthcare providers.

b. BJA Grant Update

Beran reviewed the grant activities. He reported that outreach efforts focusing on the 2,000 and 4,000 most frequent prescribers have helped increase numbers of prescribers signed up with PDMP accounts to 72 percent and 64 percent respectively. Members discussed the prescriber dashboard report – see description in the July 18 meeting minutes. Members discussed how this function may not be as helpful to certain prescriber specialties such as pain specialists since most every patient will be listed on their dashboard. Beran stated that the function is a starting point to be refined as better information related to overdose indicators and predictors is identified. The function also simplifies the query process since it makes 6-month patient reports more readily accessible for all system users regardless of specialty.

NEW BUSINESS

a. Report on re-verification project

Murphy reported that recent efforts to re-verify system account holders to ensure current licensure resulted in 372 accounts being deactivated. Reasons for deactivation included inactive, lapsed, and expired state and DEA licenses. Apgar noted how access by office staff delegates is another area in need of monitoring to ensure legitimate access. Beran stated that by administrative rule, providers and pharmacists are required to audit delegate access. The PDMP is able to ensure these audits are being conducted through administrative system audits. If system users with delegates are not conducting regular audits, then their accounts will be deactivated.

b. Report on systems performance issues and vendor response

Beran reported that due to legislative changes effective Jan. 1, 2014, system records are not being clustered effectively. Since sex data was not previously collected, the system is identifying all patient records with sex data as new cluster IDs as compared to records with no sex data. This does not affect queries by system users since query results are not generated by cluster IDs; however, it does affect some of the aggregated data reports compiled by the state. The PDMP vendor has a solution developed, and PDMP staff will conduct user acceptance testing to corroborate preliminary test results.

Discussion followed regarding data errors. Beran noted work being done with the PDMP vendor to evaluate and refine system data validation to improve the quality of the data. The onus is on the part of the pharmacies to improve data input and error correction methods.

Approved 01/16/2015

c. Review research data request procedure

Beran report that the PDMP is refining its researcher data request procedures to ensure all de-identified data projects are measured against Public Health Division standards including all security, privacy, and confidentiality standards. With increased attention to the many issues associated with overdose, there is an increase in requests for data. The program sees these potential research partnerships as essential opportunities to help advance state efforts to identify best practices related to controlled substance use. The processes being developed will help to ensure that research projects coincide with state efforts related to overdose and are in line with research best practices. Members thought it prudent to utilize research partners to supplement program efforts.

d. Discuss new research proposal

Beran noted that a new research project under review proposes to identify the potential impact of an implemented PDMP use policy. Overdose at-risk indicators including dosage, counter-indicated co-prescribed medications, and long-term prescribing of opioids will be used as pre- and post-implementation measures. The project will need to be reviewed and approved by the Public Health Division Internal Review Board before any work will begin.

e. Review PDMP Center of Excellence aggregate data measures

Beran highlighted data measures being used by the PDMP Center of Excellence operated out of Brandeis University – see Action Item 1. Largely through efforts related to the Center's Prescription Behavior Surveillance System (PBSS) project, the Center has identified a number of measures using PDMP data to better understand prescribing and dispensing habits and patterns at an aggregate level. Other state PDMPs are contributing de-identified data to support the PBSS project. Several of the measures match Oregon's current prescription drug surveillance work.

f. Staffing changes

Beran introduced Stephanie Vesik as the new administrative specialist for the PDMP. The program is looking to hire an additional administrative support staff member to assist with workload, help refine policies and procedures, and assist with quality assurance efforts.

OPEN ISSUES

Beran stated that there has been a recent increase in the number of calls to report potential fraud. He reported that the Board of Pharmacy recommends contacting local police versus local DEA and to notify the Board of Pharmacy which can send out an alert to

Approved 01/16/2015

pharmacies. The program is waiting to hear back from the Medical Board for its recommendation. Members discussed the options providers and pharmacists have to not prescribe or dispense medications and to notify other prescribers. Beran noted that sometimes the issue may be data entry errors on the part of pharmacies. Apgar suggested adding FAQs to the Website to list options – see Action Item 2.

PUBLIC COMMENT

No public comments were made.

NEXT MEETING DATE

The next PDMP Advisory Commission meeting will be on Friday, January 16th, 2014 in room 918 at the Portland State Office Building.

ADJOURNMENT

The meeting was adjourned at 3:20 PM.

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