Oregon Prescription Drug Monitoring Program Advisory Commission

January 14, 2011 Meeting Minutes
1:00 PM to 4:00 PM
Portland State Office Building
800 NE Oregon Street, **Room 1E**
Portland, OR 97232

ATTENDEES

Commission Present: Chris Apgar, Diane Cockburn, Bill Jordan, Teresa Keane, Michael Millard, Al Turner, Karen Wheeler

Commission Absent: Gary Cobb, Rick Marinelli, Roger McKimmy, Dennis Smith

OHA Staff: Todd Beran

Guests: Andrea Meyer, Lam Nguyen

Action Items

Item	Assigned To	Status
1. Ask HID about programming pharmacy systems to automatically kick out PDMP advisory notices when a patient picks up a schedule II – IV prescription drug.	Beran	Completed
2. Send out implementation updates to PDMP-AC members.	Beran	Ongoing
3. Send Beran information regarding SAMHSA training in Portland to distribute to members.	Wheeler	

Decisions

1. The meeting minutes from November 12, 2010 are adopted as revised.

The meeting was called to order by Keane at 1:15 p.m. Advisory Commission members and public guests introduced themselves.

OLD BUSINESS

Review of 11/12/10 meeting minutes
The meeting minutes from November 12, 2010 were reviewed and adopted as revised. **See Decision #1.**

Minutes were adopted as written on 3/11/11.

NEW BUSINESS

Procurement status – targeted implementation schedule

Beran reported that the State has executed a contract with Health Information Designs, Inc. (HID) for the PDMP system, data collection and data storage. All but two nonessential, optional RFP requirements were contracted. He stated the next steps were to customize HID's software application to meet Oregon's requirements and fit the needs of the PDMP. The State and vendor are targeting a spring Go-Live date. One of the biggest challenges of implementing the system will be to get pharmacies registered and set up to report data. This is HID's responsibility.

Apgar gave caution regarding the accuracy of healthcare board's licensure lists. Beran stated staff are aware of this and that the State's focus will be making the PDMP registration lists as accurate as possible through its authentication procedures.

Apgar asked about training pertaining to system users and patients. Beran stated that users will have manuals, tutorials and FAQs available as guide to system use. The State will also be developing an online training and education video for system users that will include information regarding privacy and confidentiality of information contained in the system. Beran noted that as for patient training the State will develop the advisory notice and distribute that to pharmacies for posting. OHA Communications will assist with creating these materials. Apgar noted that pharmacies need to have the advisory notice posted and available for patients prior to data being uploaded into the system to be complaint with statute. Millard noted a logistical issue regarding pharmacies automatically kicking out a notice about the PDMP when a schedule II – IV controlled substance is picked up by a patient. Programming will be required. Beran stated the State will need to work with the vendor regarding this issue. See Action Item #1.

Jordan asked about the responsibility of healthcare providers to give notice about the system prior to prescribing a schedule II – IV controlled substance. Apgar noted this is not required by law. Beran added that the State intends to work with providers through professional healthcare organizations to encourage them to talk with their patients about the system including distributing advisory notices. Cockburn stated how patients should have this information up front and encouraged getting materials to healthcare providers. Members discussed how this information could be provided along with the other HIPAA notices distributed by providers to patients.

Members asked for regular updates regarding implementation of the system. See Action Item #2.

Discuss terms and conditions of PDMP system use

Apgar gave an overview and rationale behind the draft user access disclaimer document he prepared upon request by OHA staff. [See the attached document.] Members reviewed the three separate disclaimers. Keane asked if chart reviews were covered by the language. Apgar answered affirmatively because the action is either for treating a patient or helping provide treatment. Members made the following recommendations:

- Add a statement about the program monitoring schedule II – IV controlled substances versus monitoring all controlled substances.
- Add language that users are to conduct lookups on an individual patient on a case-by-case basis.

Minutes were adopted as written on 3/11/11.

- Add language that healthcare providers are not required to use system data for treatment or diagnosis.
- Use “prescriber” versus “physician.”

During discussion an issue arose regarding users being able to conduct a DEA number search of the system to see if someone is fraudulently using their number. Apgar stated this would be a violation of the law.

Members discussed prescriptions that are not picked up by patients and how these prescriptions will be recorded in the system. According to Millard, a prescription is dispensed when it is filled by a pharmacy, not when picked up by a patient. Beran noted that unfilled prescriptions would be treated as record corrections. If a patient does not pick up a prescription, the record will be removed from the database at a later date after the prescription has been returned to stock.

Discuss program evaluation strategy
Members discussed how the program should be evaluated following implementation. They came up with the following areas of focus:

- System security including system audits
- Reduction in opioid deaths
- Number of referrals and number of patients accessing services referred by providers
- Number of providers using the system
- Number of providers re-authenticated to use the system
- Number of individuals identified as using monitored drugs inappropriately
- If there is a chilling effect on the legitimate prescribing of controlled substances
- How often information from the system has affected prescribing
- If the system is or is not “helpful” or “effective”
- Usefulness for key demographic users such as emergency department or walk-in clinic providers

Members discussed whether or not the system could be or should be used to gather information from providers. Members agreed caution needs to be take to make sure too much burden is not placed on system users.

Open Issues
Keane raised the idea of moving meetings to every other month and having them all at PSOB. Apgar stated that if there is more time between meetings then there needs to be more reporting on the process. Apgar requested that members discuss what was distilled from rule committee discussions at the February meeting.

Wheeler announced SAMHSA will be hosting provider training on screening and referrals in Portland. See Action Item #3.

PUBLIC COMMENT:

Nguyen asked for clarification regarding the term “pharmacy” as it applied to terms and conditions of use of the system. Beran stated that for system purposes “pharmacy” is

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synonymous with the role of “data uploader.” This role will not have access to the system database.

Meyer, representing the ACLU of Oregon, expressed concern for starting up the system without fully implementing the provider side notificaton process (allowing providers to alert their patients to the PDMP at the time they prescribe a Schedule II-IV) as well as concern with including PDMP advisory notices with other HIPAA notices noting how they are not often read.

In response to an earlier comment by a Commission member who indicated an interest in running the member’s DEA number to see who might be using it, she noted that it is against the law to search the system using a DEA number to see who may have used the number inappropriately because it is not based on treating an actual patient.

In follow up to the discussion by the Commission on the "access disclaimer" form, she requested including "co-workers and staff" with the statement prohibiting the sharing of access information with any other individual or entity. She stated the disclaimer should clarify the system is not for all controlled substance drugs but only schedules II - IV. And she agreed the disclaimer should include language that providers are not obligated to use the system.

Meyer read a portion of an earlier analysis by DHS that stated providers should not rely on the system to determine treatment because of the high risk that the data may not be accurate and include other patients because of similar identity. She expressed concern for the program at the pharmacy level and how a patient might be denied prescriptions based upon misleading or false information found in the system. Pharmacists won't have the time to engage with the patient to discuss these issues and may decide it is easier not to fill the prescription if there is any question. And, under the system, at the time the patient is at the pharmacy, there is no means to challenge, or even look at, the information being accessed by the pharmacy even if it is wrong.

Regarding evaluation strategy discussed earlier by the Commission, Meyer added some evaluation strategy focused on the patient/consumer and requested the state track the number of records requested by patients, the number of complaints by the patient to OHA that someone has looked at their record without permission, the number of corrections requested on the record and how the Oregon Health Authority responded to each request or complaint.

MEMBER WRAP-UP:

Members had no ending comments.

NEXT MEETING DATE: February 12, 2011:

The next Advisory Commission meeting will be held in Portland, OR at the Portland State Office Building.

ADJOURNMENT:

The meeting was adjourned at 3:35 p.m.

Minutes were adopted as written on 3/11/11.