

**Oregon Prescription Drug Monitoring Program Advisory Commission**

**February 11, 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, Michael Millard, Al Turner, Karen Wheeler

**Commission Absent:** Gary Cobb, Rick Marinelli, Roger McKimmy, Dennis Smith, Bill Jordan, Teresa Keane

**OHA Staff:** Todd Beran, Samantha Greene, Tom Burns

**Guests:** Andrea Meyer

<b>Action Items</b>		
<b>Item</b>	<b>Assigned To</b>	<b>Status</b>
1. Send SBIRT screening and referral tool slide	Wheeler	
2. Rework Power Point presentation	Beran	Completed
3. Send breach notification language to be included in terms and conditions of use	Apgar	
4. Research obtaining a toll-free contact number	Beran/Greene	Completed
5. Talk with regularly absent members regarding continuation of appointment	Beran/Greene	Completed

The meeting was called to order by Millard at 1:15 p.m. Attendees introduced themselves.

**OLD BUSINESS**

Apgar inquired about the rules input that he provided regarding what needs to occur in the event of the breach and why it was not included in the proposed draft rules. Beran stated ISO was consulted on the issue stating breaches are covered by regulation and subsequently ISO policy and business procedure. Both the rules coordinator and Attorney General’s office have stated that existing statute, regulation, and business process does not belong in rule. Apgar responded that ISO policies do not apply if the breach occurs at the prescriber or the pharmacist’s end or at the vendor end. He requested AG opinion. Beran asked Apgar to make his request via email.

### **Review of 01/14/11 meeting minutes**

The meeting minutes were reviewed. No decision could be made due to a lack of a quorum.

### **NEW BUSINESS**

#### **Work session – prep to get info out to licensees through healthcare organizations**

Beran asked Advisory members to talk with health organizations about the PDMP and reviewed a draft presentation to help members with this task. The following suggestions were made:

- Focus on OR state efforts, not what other states are doing or have done
- Start off with the positives for the program – helping practitioners prescribe better
- Show the system’s value – how it will not create more work for system users
- Screening and referral is the best strategy to treat drug misuse – **See Action Item 1**
- Add a slide about database errors and how to correct
- Let system users know staff and office techs cannot access the system on a user’s behalf
- Include Q&A in slide presentation – address fees and security
- Develop an FAQ handout as a companion piece – direct people to the website

Beran will rework the presentation for review by members. **See Action Item 2.**

#### **Review draft ‘Terms and Conditions’ for PDMP**

Members reviewed draft terms and conditions to be agreed upon by system users when applying for access to the system. Apgar suggested adding breach notification language. Beran asked Apgar to send draft language via email. **See Action Item 3.**

Discussion ensued regarding what constitutes a doctor/patient relationship. Members talked about how a preemptive look should not be allowed but that providers in clinical settings should be allowed to access patient information for patients treated by a team of practitioners. Members stated statute is ambiguous and that the issue should be clarified in rule. Beran asked members to propose clarifying language as part of the public comment process for rule adoption.

#### **Powerpoint: look at the system**

Beran presented members with a brief look at the system by showing a PowerPoint of Vermont’s PMP system hosted by the same vendor Health Information Designs, Inc. He stated Oregon’s application process to access the system will require potential users to print out form, have it notarized, and send it into OHA for verification and authentication. Applicants will not have to submit a copy of a government issued photo ID because of the notarization step in the process. Members asked if the system would be all-browser compatible. Beran confirmed it will be.

#### **Feedback on the Patient Advisory Notice:**

Members reviewed a draft of the PDMP notice poster and gave the following feedback:

- Drop the phrase “inappropriate use and abuse” – focus on better care and pain management
- Make the picture smaller and the font larger
- Add a toll-free contact number – **See Action Item 4**

-Note that patients must fill out a form to request a copy of their record

Apgar commented that the notice is insufficient if the poster is the only form of notice. Beran stated a leaflet will be made available for patients giving more details on patients' rights and that a public campaign will begin in March to inform patients and healthcare providers across the state about the program.

## **PUBLIC COMMENT**

Meyer, representing the ACLU of Oregon, noted the deleted draft rules tied to practitioner and pharmacist access. Language is necessary to clarify when access is allowed specifically with regard to future patients and the doctor/patient relationship. She reviewed agenda item materials:

-Regarding terms and conditions, Meyer suggested adding the point that users should be warned about consequences for liabilities including penalties for misuse of the system.

-Regarding the draft patient advisory notice, Meyer stated the notice does not satisfy statute or proposed rule. The picture takes up way too much room. What is missing is that patients have rights. She suggested removing the asterisk to free up space and let people know they have to submit requests in writing. Meyer noted the risk that a patient will be misidentified and that people should be informed of the limitations of use of the system.

-Regarding the PowerPoint presentation, Meyer suggested removing all of the drug poisoning information. More focus is needed on the patient perspective. Meyer suggested cautioning users during training about the limitations of the system and the civil liabilities tied with inappropriate use of the system and subsequent penalties including licenses being revoked and civil penalties. She suggested removing other state PMPs being able to request data to the system since this is not a viable possibility at this point and time. She added that a slide should be developed regarding what healthcare providers should do if a patient has a question.

Meyer questioned being able to collect gender data and asked to see the AG opinion on the matter. Meyer asked where all of the Advisory Commission members were. She also conveyed distressed that Apgar is the only member raising the consumer/patient perspective.

## **MEMBER WRAP-UP**

Members discussed the lack of participation by certain members. The Advisory Commission cannot make any decisions without a quorum. Members suggested that those who cannot show up should find someone to be appointed in their stead. **See Action Item 5.**

## **NEXT MEETING DATE: March 11, 2011:**

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

## **ADJOURNMENT:**

The meeting was adjourned at 3:45 p.m.