

Oregon Prescription Drug Monitoring Program Advisory Commission

April 13, 2012 Meeting Minutes
 1:00 PM to 4:00 PM
 Portland State Office Building
 800 NE Oregon Street, **Room 710**
 Portland, OR 97232

ATTENDEES

Commission Present: Teresa Keane, Chris Apgar, Larisa Jeffreys, Sarah Love, Michael Millard, Dennis Smith, Al Turner

Commission Absent: Gary Cobb, Bill Jordan, Tracy Muday, Karen Wheeler

OHA Staff: Lisa Millet, Todd Beran, Samantha Greene, David Dowler

Guests: Becky Strauss

Decisions		
1. The meeting minutes from January 2012 were approved as drafted		
Action Items		
Item	Assigned To	Status
1. Add chart to monthly and TYD business reports showing percentage of total eligible system users by discipline	Heidi	Completed
2. Research prevalence of hydromorphone prescribing – report on at 7/13/12 PDMP-AC meeting	Heidi	Completed
3. Research threshold numbers – report on at 7/13/12 PDMP-AC meeting	Heidi	Completed
4. Send out reappointment inquiry to members whose terms end July 1, 2012	Todd	Completed
5. Hold PDMP-AC chair election at 7/13/12 PDMP-AC meeting	Keane	Completed

INTRODUCTIONS

The meeting was called to order by Keane at 1:10 p.m. Attendees introduced themselves.

OLD BUSINESS

Minutes approved on 7/13/12

a. Review of 01/13/2011 meeting minutes

The meeting minutes were reviewed and approved as written.

b. Comments from annual report

Members commented it would be beneficial to know by discipline what percent of licensees eligible for an account are system users. See Action Item 1.

NEW BUSINESS

a. Review monthly and YTD metrics

Keane inquired about the prevalence of the drug Hydromorphone and was curious if it could be tracked. See Action Item 2.

b. Wrap-up on grant outreach

Beran stated that the first phase of the Harold Rogers grant to sign-up outreach ended in March. Much information was gathered from this outreach which will help improve the program and the PDMP system.

c. Discuss evolving outreach efforts

Beran gave an overview of the programs continued outreach efforts. The PDMP will rehire two Outreach Specialists to continue promoting sign-up. Focus will be on the Metro area and will include behavioral healthcare providers. Keane commented that the incentive could be a CME credit. Program staff have presented at a number of CMEs and will continue to work with community healthcare groups to make PDMP-related CMEs available. The PDMP will also conduct a webinar with law enforcement to provide education on the public health focus of the program.

Millet commented about statewide efforts to establish Community Care Organizations (CCOs) as a result of recent legislation. Their purpose is to improve continuity of care and reduce healthcare costs. The PDMP will develop an overdose toolkit to promote with CCOs. The toolkit will include guidelines for appropriate use of the PDMP.

d. Program evaluation update – David Dowler, PDES

Dowler gave an update on the evaluation activities being conducting by PDES. Current efforts are to send out a prescriber/pharmacist survey to both users and non-users of the system to gauge utility and identify areas for improvement. Dowler also gave an early report on results of the prescription drug use questions added to the BRFSS random selection telephone survey. Dowler will present on key informant interviews at the 7/13/12 meeting.

e. Discuss system needs

Millet led discussion around suggested PDMP statutory changes proposed by various stakeholder groups. These include: additional prescription record data fields to collect

(sex, days supplied, refill count and number, prescription number and source of payment); allowing delegate accounts for support staff; prescribing searches by providers under their own DEA; and access by State Medical Examiners, medical plan directors and poison control centers.

Regarding delegate accounts members agreed this would increase system use by healthcare providers but stressed the need to have separate accounts for delegates for auditing purposes. Members also agreed that provider DEA searches would be useful to assess prescribing habits as well as identify fraud. Regarding increasing access members were concerned with the broadening of access to PDMP information in general. Specifically regarding access by medical plan directors, members commented that it seemed this to be more of a monetary interest than a clinical interest as is intended by the law. Members did not appreciate the usefulness of access by MEs and poison control centers in context with broadening access.

f. Discuss data group

Beran gave a brief overview of the activities of the Data Group. The group offers expertise on data and system analysis and data dissemination. The Data Group is helping to develop standard county-level and statewide PDMP reports to disseminate to the public and local public health offices.

g. Discuss WA PDMP

Keane asked about what providers can do when confronting a patient with a prescription drug abuse issue. Apgar noted that providers can talk with other providers in the course of coordinating care, but members noted the frustration of patients having multiple avenues to obtaining prescription medications. Members asked about how alerts to providers might be a part of the PDMP. Millet noted alerts are not permitted by statute. Beran noted the lack of evidence from other states that utilize alerts showing effectiveness given the costs involved. See Action Item 3.

Members inquired about Oregon's PDMP sharing data with other states. Millet noted other programs lack of standards for privacy, confidentiality, and security. A great deal of study employing electronic data sharing expertise would be necessary to assess the logistics of such functionality. Costs would be substantial. The current focus of the program is to get the system and program running well.

OPEN ISSUES

Beran reminded Cobb, Jordan, Keane, and Smith that their terms were ending soon. Nominating organizations will have to recommend reappointment or nominate a replacement. See Action Item 4. Keane commented that she would like to remain a member of the commission but would prefer to not be the Chair. See Action Item 5.

Millet gave the commission an overview of the reorganization that the Public Health Division is undergoing but noted how this will not affect the PDMP.

Minutes approved on 7/13/12

PUBLIC COMMENT

Becky Strauss of the ACLU stated her concerns about expanding the scope of the program by broadening access to the PDMP. She expressed concerns about the security of interstate data sharing and stated she will respond to the program with the ACLU's position on the proposed additional prescription data fields to be collected.