

Oregon Prescription Drug Monitoring Program Advisory Commission

April 18th, 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, Teresa Keane, Sara Love, Karen Wheeler, Al Turner, Mark Williams, Bill Jordan

Advisory Commission Absent: Lindsay Jenkins, Tracy Muday

OHA Staff: Lisa Millet, Todd Beran, Hank Cattell

Guests: John Mcilveen, Drew Williams

Decisions
1. The meeting minutes from January 2014 were approved as written.
2. Members approved a letter of support for Oregon’s CDC overdose prevention grant.

Action Items	Assigned	Status
1. Consult with Advisory Commission regarding pick lists for provider board certification and clinical practice specialty.	Beran	

INTRODUCTIONS

Millard called the meeting to order at 1:10 p.m. Attendees introduced themselves.

OLD BUSINESS

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

NEW BUSINESS

a. Review of monthly metrics

Beran presented highlights of the monthly reports. He stated that due to staff workload the team will be switching to quarterly reports to coincide with Advisory Commission meetings. Members thought this appropriate and prudent.

b. Update on program and system changes

Beran stated that delegates of providers compose the majority of the new account requests and that delegate use of the system are helping increase the number of monthly system queries. He noted that master account holders are auditing their delegate's use of the system. He also noted providers are using the DEA search function.

c. Recent system issues

Beran report that back in March data was not appearing in the database. A fix implemented by the system vendor caused a secondary issue of duplicate records. The issues have since been resolved. The cause of the issue was traced back to new code implemented by the vendor to automate the purge process for medications other than Schedule II – IV controlled substances. The vendor has since been reminded that per contract such changes must be discussed with PDMP staff prior to implementation.

d. Future System Upgrades

Beran reported that the PDMP is working with the vendor to develop the following system enhancements:

- Adding a name search function to assist providers in locating office staff to link as delegates to their account,
- Adding morphine equivalency dose (MED) information on PDMP query reports (both Web output and PDF reports),
- Collecting specialty information for prescribers,
- Receiving a monthly flat file of data with information on system use which will detail information on delegate use of the system and will also include medical specialty information.

Regarding the collection of specialty information, members noted there is a distinct difference between board certification and clinical practice specialty. They suggested collecting both, and PDMP staff agreed. See Action Item 1.

e. Discuss PDMP's and health system information exchanges

Apgar presented the main issues to integrating PDMPs and HIEs – see the attached “PDMP-HIT integration Project & HIE Maturity.” He noted that the two main barriers to integrating data systems are funding streams and security and privacy requirements. Oregon does not currently have plans to share data with other state PMP's due to security and privacy concerns.

f. Discuss CDC overdose grant funding opportunity

Beran discussed the funding opportunity and presented an outline of Oregon’s proposal – see the attached “Oregon Rx Overdose Grant Proposal.” He noted that collaboration with cross-sector partners is a key aspect of the grant and requested a letter of support from the Advisory Commission. Members drafted language for the letter – see Decision 2.

OPEN ISSUES

Keane announced that her service with the Oregon Pain Management Commission is coming to an end as will her service on the Advisory Commission.

Millet discussed the contents of the Overdose report which is nearing completion. The report will be posted to the website once it is complete.

Beran noted that Apgar’s, Love’s, and Turner’s terms are ending in July 2014. He will work with the appropriate associations to process reappointments.

PUBLIC COMMENT

No public comments were made.

NEXT MEETING DATE

The next PDMP Advisory Commission meeting will be on Friday, July 18th, 2014 in room 918 at the Portland State Office Building.

ADJOURNMENT

The meeting was adjourned at 4:00 PM.



**Oregon Prescription Drug Monitoring Program Advisory Commission
April 16, 2014**

PDMP-HIT Integration Project & HIE Maturity

The initiative to integrate PDMP data with existing health information exchanges (HIE) is underway. In addition to state law barriers to data exchange, now is likely not the time to attempt to create what amounts to a PDMP HIE that spans multiple states. Use of HIEs is on the rise but far from mature and HIEs are not standardized.

There are no consistent standards across the US for public and private HIEs. The Office of the National Coordinator for Health Information Technology (ONC; www.healthit.gov) has adopted voluntary standards and a voluntary certification program that has yet to be broadly used in constructing HIEs and standardizing data contained in or that can be transmitted from a HIE. Before creating a PDMP HIE, the healthcare industry needs to adopt and implement consistent standards between and within states. Also, it is highly likely use of a PDMP HIE will be low if it is not integrated with existing HIEs. It's an expensive proposition to create and manage yet another health information technology (HIT) interface.

Existing HIEs are working to integrate data exchange with electronic health records (EHR) in use across the healthcare industry. There are EHR vendors that are creating their own HIE. The best example is EPIC. EPIC's proprietary HIE is used widely in Oregon and in other states. Oregon providers who have implemented EPIC include OHSU, Providence, Legacy, Peace Health, Kaiser and access has been set up to the EPIC HIE for many clinics throughout the state. Providers are inundated with change right now and will likely not be overly fond of yet another data exchange they will have to set up and manage.

Sustainability is also a significant factor. The HIE failure rate has been high across the country for public and private HIEs because of the lack of funding to sustain HIEs long term. There have been some successes but that has been limited primarily to private HIEs including vendor

supported HIEs such as the EPIC HIE. There would be a significant cost to integrate a PDMP HIE with existing HIEs and EHRs. Also, unless a funding source was found that would support development and management of a PDMP HIE, it does not represent a sustainable model. To prompt vendors to tie in to PDMP data there needs to be a financial incentive and that incentive would likely be driven by user fees and software subscription payments, another cost health care providers would be reluctant to cover.

It is important to note that HIEs come in different flavors and not all models would support PDMP data exchange. HIEs generally fall into one of three models:

- **Secure Messaging & Provider Directory** – This model supports secure exchange of patient data and includes a provider database that supports provider validation prior to data transmission. There is no common set of data exchanged. This is the model Oregon has adopted (CareAccord).
- **Record Locator** – Providers can access a list and contact information for all of the providers a patient is currently seeing or has seen starting from the date the HIE was launched. No patient data is exchanged via this HIE model. Providers using a record locator HIE are required to contact each provider listed to obtain pertinent patient data.
- **Dynamic Exchange** – Providers can access patient data from all providers in the HIE network (real time or batch). Unlike the other models, patient data from all of the networked providers is available without the need to search outside the HIE. Some but not all dynamic exchanges maintain a database of all of the data that has been shared across the HIE.

The use of a dynamic exchange model is increasing but not necessarily common. This is the only model that would support a PDMP HIE and most dynamic exchanges are private HIEs.

In summary, at this time it is premature to consider the development and deployment of a PDMP HIE. The lack of standardization, the limited number of successful HIEs in the US and the costs associated with development and on-going maintenance would likely lead to an early PDMP HIE failure. Also, the legal barriers related to PDMP data exchange are significant. Even building a sustainable model will not result in much success if state law prohibits the exchange of PDMP data outside of certain states as well as limitations on who is permitted to access the PDMP data. In almost all cases HIEs have not been developed to support the masking or segregation of sensitive or restricted data.