

**Oregon Prescription Drug Monitoring Program Advisory Commission**

**July 8, 2011 Meeting Minutes**  
 1:00 PM to 4:00 PM  
 Portland State Office Building  
 800 NE Oregon Street, **Room 918**  
 Portland, OR 97232

**ATTENDEES**

**Commission Present:** Teresa Keane, Chris Apgar, Gary Cobb, Erin Fauerbach, Dennis Smith, Michael Millard, Karen Wheeler

**Commission Absent:** Rick Marinelli, Bill Jordan, Al Turner

**OHA Staff:** Lisa Millet, Todd Beran, Debra Lee, Heidi Murphy

**Guests:** Andrea Meyer, Paul Cahn, Noelle LiaBraaten, Susan Fillippeli, Robbie Sommerville

<b>Decisions</b>		
1. The meeting minutes from May 13, 2011 were approved.		
<b>Action Items</b>		
<b>Item</b>	<b>Assigned To</b>	<b>Status</b>
1. Send Advisory Commission members a copy of the PA job announcement for distribution.	Beran	
2. Send Millard upload account list.	Beran	
3. Contact chain pharmacies not yet reporting data to determine issues with which the PDMP might provide assistance.	Millard	
4. Discuss re-authentication policy to find a process that requires verification more frequently than every 2 years yet does not place an undue burden on system users.	Beran	
5. Meet with the ISO to map out the auditing process to determine business processes.	Beran	

Meeting minutes were approved as written on 9/9/11.

The meeting was called to order by Keane at 1:05 p.m. Attendees introduced themselves.

## **OLD BUSINESS**

### **Review of 05/13/2011 meeting minutes**

The meeting minutes were reviewed and approved as written. **See Decisions #1**

### **Evaluation update**

Millet presented the scope of work for the contract with Program Design and Evaluation Services (PDES) to evaluate the PDMP [see the attached]. She stated the scope is just the beginning of the evaluation of the system. The PDES evaluator will meet with and report out to the Advisory Commission on findings. The Advisory Commission can utilize this independent perspective to develop additional means of program evaluation.

## **NEW BUSINESS**

### **Demo of uncustomized system**

Sommerville and Fillippeli with Health Information Designs, Inc. (HID) demonstrated an uncustomized version of the PDMP system from the healthcare provider/pharmacist query perspective. It was noted throughout the demo how Oregon's customized system would differ from the version presented – i.e. first and last name, date of birth and city would be required search fields; fuzzy search options under names would not be available; and report fields would only be those listed in statute. Apgar requested that the Advisory Commission view a demo of the fully functional customized system.

Additional points of note:

- Apgar recommended removing select all function from the query process.
- Default is for reports generated by providers to remain in the system 14 days but that this length of time can be adjusted.
- HID confirmed that the information flowing between the query servers and the database is encrypted.
- Attempts have been made to hack HID systems but to date all attempts have been stopped.
- HID can send notification to OHA regarding system access issues – e.g. when a system user is locked out after 3 failed password submission attempts. OHA can decide at what level it wants to be informed.

### **Status Report**

Millet reported that she hired an Administrative Specialist 1 to provide additional administrative support. The Scope of Work for the contract to hire a PDES evaluator for the program is going through final review. The program is preparing to post job announcements for 9 regional Program Analysts to conduct outreach and promote the PDMP. These positions will be stationed throughout the state and meet with providers, healthcare organizations, hospitals, clinics, local health departments and regional healthcare boards to promote the PDMP system and explain the

Meeting minutes were approved as written on 9/9/11.

purpose and functions of the system. Wheeler requested a copy of the job announcement to post. **See Action Item #1.**

Millard offered his assistance to report to the Pharmacy Coalition regarding pharmacies registered and reporting data to the PDMP. He stated he would follow up with the chain pharmacies to see why they do not yet have upload accounts. **See Action Items #2 and #3.**

### **Report out on system issues**

Beran presented the PDMP system functionality report and addressed Apgar's additional comments submitted prior to the meeting [see the attached]. The following notes were made:

- Pharmacists training will be included in grant outreach efforts – Comment [CRA1]
- “City” will be a required field for patient queries – Comment [CRA2]
- PDMP staff will discuss re-authentication policy to find a process that requires more frequent verification yet does not place an undue burden on system users – Comment [CRA3] **See Action Item #4.**
- PDMP staff will meet with the Information Security Office (ISO) to map out the auditing process to determine business processes required by the program – Comments [CRA4] and [CRA5] **See Action Item #5.**
- A list of system users who have accessed a patient's record will be included as part of every patient report once this customization is built into the system – Comment [CRA6]
- Information errors reported by patients will be reviewed by the vendor to rule out a data load error versus a pharmacy data input error as per admin rule – Comment [CRA7]
- Modification to require “city” as a query search field will be completed before the system is available for access – Comment [CRA8]

Lengthy discussion took place amongst members regarding the ease of use of the PDMP system by providers to search for all-inclusive patient data versus the patient privacy rights. The State is placing more focus on patient privacy, but the issue will have to be revisited as the utility of the system is evaluated.

### **OPEN ISSUES**

No open issues were addressed.

### **PUBLIC COMMENT**

Andrea Meyer, representing the ACLU of Oregon, stated that this would be her last meeting since she is moving to NY. However, ACLU will continue to be actively involved. She thanked staff for their work and recognized the contribution of Apgar and his respect for patient issues. She expressed significant disappointment that the patient perspective continues to be ignored and the issues she has raised over the past year have been, more often than not, ignored. She said this was brought home to her when despite her testimony over the past year, the draft administrative rules provided that patient notification was satisfied by having pharmacies post signs. She noted that the ACLU wrote the patient notification provision in the law and it was intended to require meaningful individual patient notification.

She asked that during program evaluation that the staff look at the roles of those using the system - specifically pharmacist versus provider, since there will be some evaluation on whether

Meeting minutes were approved as written on 9/9/11.

providers are actually using the system in a sufficient manner as to make it worth the cost of the program. Meyer noted that in the final administrative rules, the appeals process for incorrect records does not include that fact that the Oregon law explicitly states that the Authority has the burden of proving that the information is correct.

Regarding patient notification she noted that how patients can get their information is not addressed if they have different addresses. She stated that patients have the right to all their information in the system, which includes different addresses. She recommended that a patient be able to put down previous addresses on a request for report form. The database would have to still match the name, address and DOB sufficient to ensure that a patient will not obtain information on someone else.

She stated how patient protections are not yet adequate. Meyer noted that after an earlier discussion on provider access to patient information during today's hearing, the subsequent fifteen-minute discussion on the patient report focused on the provider access, yet again, and not on the patient report. She reiterated her strong disappointment in this ongoing provider-centric approach.

She questioned why the list of users who access a patient's record as part of a patient record request has not moved forward in a timely fashion. Upon reviewing a Work Agreement between the vendor and the Authority, she requested the status and questioned the legality of the system functionality that allows a provider to search the database by his/her own DEA number to view a list of prescriptions attributed to that number. She also requested the status and questioned the legality of the system functionality that allows the Authority to email unsolicited notifications to system users. Meyer also questioned what it meant in the Work Agreement that the system will store, what seem to be images of patients' personal identity documents. This would have the result of the Authority storing more information on a patient than is allowed under the statute and increases risks to patients. She requested more patient advocacy on the part of the Advisory Commission.

#### **MEMBER WRAP-UP**

Keane thanked Meyer for her contributions to the Advisory Commission and the efforts of the program.

#### **NEXT MEETING DATE: August 12, 2011:**

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

#### **ADJOURNMENT:**

The meeting was adjourned at 3:55 p.m.

Meeting minutes were approved as written on 9/9/11.