

**Oregon Prescription Drug Monitoring Program Advisory Commission**

**October 12, 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:** Michael Millard, Chris Apgar, Al Turner, Bill Jordan, Mark Williams, Lindsay Jenkins, Larissa Jeffreys, Therese Hutchinson

**Commission Absent:** Sara Love, Teresa Keane, Theresa Muday

**OHA Staff:** Lisa Millet, Todd Beran, Samantha Greene, Tom Burns, Katy King

**Guests:** Becky Strauss, Paul Cahn

<b>Decisions</b>		
1. The meeting minutes from July 2012 were approved as drafted		
<b>Action Items</b>		
<b>Item</b>	<b>Assigned To</b>	<b>Status</b>
1. Determine if the identity of the individual and the purpose of the public records request fulfilled can be made known and if possible share with the Advisory Commission.	Todd	Completed
2. Send slides from ONC et al. presentation to Commission.	Samantha	Completed

**INTRODUCTIONS**

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

**OLD BUSINESS**

**a. Review of 07/13/2011 meeting minutes**

The meeting minutes were reviewed and approved as written.

## **NEW BUSINESS**

### **a. Review monthly and TYD**

Beran gave an overview of the monthly and to-date reports. He announced that the program will now be posting a year-to-date report to the website. Year 1 will be October 2011 through December 2011. Year 2 will be January 2012 to present.

### **b. Review statewide data report**

Millet gave an introduction and summary of the State PDMP report. Millet stated the report would be distributed to county health officials and selected policy makers in October.

### **c. Discuss preliminary PDMP survey results – Lisa Millet**

Millet discussed the preliminary PDMP survey results with the Commission. The survey covers the perception of the program by system users and non-users, how the PDMP is used, and barriers to use. The overall perception of the program is very positive. Findings from the survey will be included in the Advisory Commission annual report.

### **d. Discuss PDMP legislative concept – Tom Burns**

Burns gave an in-depth overview of the PDMP legislative concept. It remains to be seen if and subsequently who might introduce a legislative change bill. The Advisory Commission expressed some concerns. Apgar questioned how individuals' rights to pay cash to not have information reported to their insurance companies would be honored if medical directors of health plans are given access to the PDMP. He sees some of the concepts as forming a wedge to open up more and more access to system data. Jeffries stated that access by medical directors should not be given considering they already have access to their patient's medical information. She stated that access to the PDMP would be more for business and not patient health purposes. Jordan and Turner agreed. Millard stated this could also be used to pressure providers to alter treatment. Burns also noted the language in the legislative concept related to making all PDMP information exempt from public records disclosure. Currently the law only exempts the prescription information submitted by pharmacies. He stated that a public records request for a list of all individuals signed up to use the system had been fulfilled due to this distinction. Members asked the identity of the individual who made the request and why the request was made. See Action Item 2.

Jordan asked whether or not a prescriber could be held liable by their licensing board if they did not access the PDMP while treating a patient. The law only speaks to immunity from civil liability.

### **e. Discuss National Governor's Association grant – Lisa Millet**

Millet stated that she and a small group from Oregon representing key stakeholders in the state's prescription drug issue will be attending as seven-state policy academy. The academy will discuss prescription drug issues shared nationwide. Burns stated that in

December Oregon will convene its own policy academy to help determine what Oregon needs to do to address these problems. Apgar expressed the need to protect palliative, cancer and acute pain care in the state. Burns stated that the Pain Commission will be asked to take part in discussions.

**f. Discuss PDMP outreach efforts – Todd Beran**

Beran gave an update on the outreach efforts. The program identified the top prescribers in Oregon. Outreach efforts will now be directed towards this group.

**OPEN ISSUES**

Millet showed the group slides from a presentation provided by the Office of the National Coordinator for Health Information Technology (ONC) in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), the Office of National Drug Control Policy (ONDCP), and MITRE. A workgroup was convened to study and evaluate national PMP's and how they can be made more effective. The workgroup presented their findings which addressed low usage, limitations on access, clinical workflow issues, technical issues related to interoperability, and a lack of business agreements for data sharing. Recommendations included: streamlining registration processes, increasing awareness, allowing access delegation, creating data set standards, and developing common security standards. Slides will be sent out to the Commission – see Action Item 2.

Millet informed the Advisory Commission that staff met with the Executive Directors of the six healthcare regulatory boards that fund the program. It was an opportunity to share the 2013-15 budget and discuss fees. The 2013-15 budget has flat funding and is not proposing a fee increase.

**PUBLIC COMMENT**

Becky Strauss of the ACLU stated her concerns about the new legislative concept regarding changes to PDMP – specifically with regards to mission creep. She advised that the ACLU would continue to watch the progress of the concept and hope that the opinions of the Commission were taken into consideration.

Paul Cahn commented that Jim Shames is working with the medical professionals in his area (Jackson County) to further educate about the uses of the PDMP.