# Oregon Prescription Drug Monitoring Program

Annual Report to the Advisory Commission
January 2012

Oregon Health Authority

# Oregon Prescription Drug Monitoring Program:

Annual Report to the Advisory Commission

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# Executive Summary

An alarming trend of prescription drug overdose, misuse and diversion has contributed to a yearly increase in the number of prescription drug related deaths and hospitalization in Oregon since 1999. In light of this trend, Senate Bill 355 was passed by the Oregon Legislature in 2009 to develop an electronic Prescription Drug Monitoring Program (PDMP) that will help health care providers better treat their patients and prevent some of the problems associated with controlled substances. This is the first report on program operations to the PDMP Advisory Commission. The report covers operation activities during 2011.

## Findings

*Operations*
The program collects metrics that provide information to continuously evaluate and improve business processes. Business metrics are reported out in monthly and year-to-date reports.  At the end of 2011:
- Over 3.5 million prescriptions were reported to the system,
- 2,318 users were enrolled to use the system,
- 39,000 queries were made by system users,
- 72 patients made special requests for reports
- Medical boards made 17 requests for records
- One request was made by law enforcement, and
- Almost 29% of the prescriptions in the system were for hydrocodone, 17% were for oxycodone, and 1.9% were for methadone.

*Program Objectives*
The operation of the system is guided by program objectives. Objectives establish priorities with higher-level time frames and targets that guide staff activities.

*Evaluation*
Program evaluation is a key program activity and will produce information that will guide improvement of clinical practice, address the information needs of policy makers, and provide information for the development and targeting of prevention efforts.  The overall goal of program evaluation is to produce information needed to guide the system, assess the utilization of the PDMP, answer questions about the utility of the PDMP for clinical practice, and determine, if possible, what, if any impacts the system might have on community health.

# Operations

## Oregon Injury Prevention and Epidemiology Program Information Sheet

### BASIC FACTS DEC 2011:

- Account requests: 19 per day
- Pharmacies participating: 835 (89%)
- Prescriptions: 337,556
- Queries: 14,486 by health care providers, 1015 by pharmacists
- Special requests: 10 patient record requests, 6 medical board requests, 0 law enforcement requests
- Website hits: 13,927
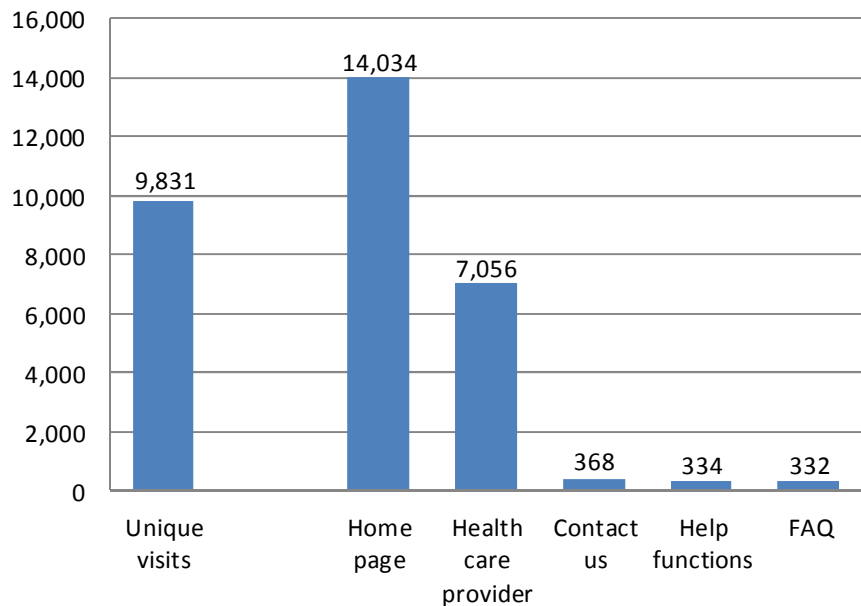
### System accounts by discipline, Dec. 2011, n=597



- Dentist 4%
- Naturopath 1%
- Pharmacist 13%
- Nursing 11%
- Doctor of Osteopathy 7%
- Physican's Assistant 7%
- MD 57%
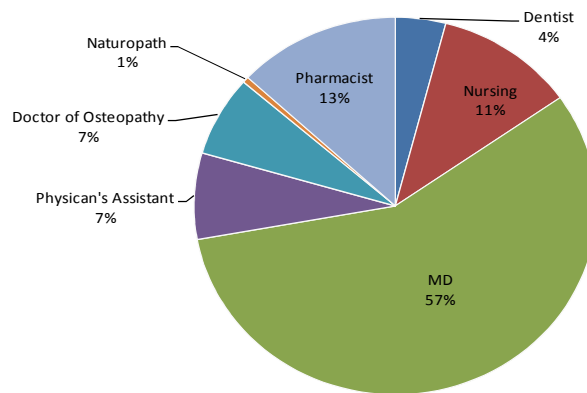
*786 account requests pending approval

| Top 12 Prescriptions, Dec. 2011 | | |
|---|---|---|
| Drug | Dec. Number of Rx | Dec. % of all Rx |
| Hydrocodone—Acetaminophen | 93,700 | 27.8% |
| Oxycodone | 29,952 | 8.9% |
| Oxycodone—Acetaminophen | 26,789 | 7.9% |
| Zolpidem | 26,109 | 7.7% |
| Lorazepam | 19,987 | 5.9% |
| Alprazolam | 18,108 | 5.4% |
| Clonazepam | 15,917 | 4.7% |
| Morphine | 11,220 | 3.3% |
| Amphet ASP/AMPHET/D-AMPHET | 10,931 | 3.2% |
| Methylphenidate | 10,666 | 3.2% |
| Diazepam | 9,039 | 2.7% |
| Pseudoephedrine | 8,021 | 2.4% |

*All dosages, quantities

### Web site visits by page, Dec. 2011



- Unique visits: 9,831
- Home page: 14,034
- Health care provider: 7,056
- Contact us: 368
- Help functions: 334
- FAQ: 332

# Prescription Drug Monitoring Year-to-Date Report

*Oregon Injury Prevention and Epidemiology Program Information Sheet*

**B A S I C   F A C T S   J U N — D E C   2 0 1 1 :**

- Account requests: **24 per day**
- Pharmacies participating: 835 (89%)
- Prescriptions: 3,530,060
- Queries: 36,371 by health care providers, 2,703 by pharmacists
- Special requests: 72 patient record requests, 17 medical board requests, 1 law enforcement request
- Website hits: 55,549

### System accounts by discipline, Sept. - Dec. 2011, n=2,318
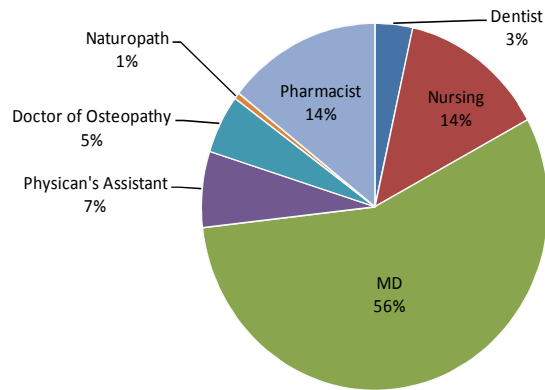


*786 account requests pending approval

| Top 12 Prescriptions, JUN—DEC 2011 | | |
| --- | --- | --- |
| **Drug** | **Jun - Dec Number of Rx** | **Jun - Dec % of all Rx** |
| Hydrocodone—Acetaminophen | 1,020,973 | 28.9% |
| Oxycodone | 314,627 | 8.9% |
| Oxycodone—Acetominophen | 289,609 | 8.2% |
| Zolpidem | 281,552 | 8.0% |
| Lorazepam | 215,434 | 6.1% |
| Alprazolam | 195,545 | 5.5% |
| Clonazepam | 170,815 | 4.8% |
| Morphine | 123,980 | 3.5% |
| Amphet ASP/AMPHET/D-AMPHET | 113,637 | 3.2% |
| Methylphenidate | 104,678 | 3.0% |
| Diazepam | 97,901 | 2.8% |
| Methadone | 68,000 | 1.9% |

*All dosages, quantities

### Web site visits by page, Jun. - Dec. 2011
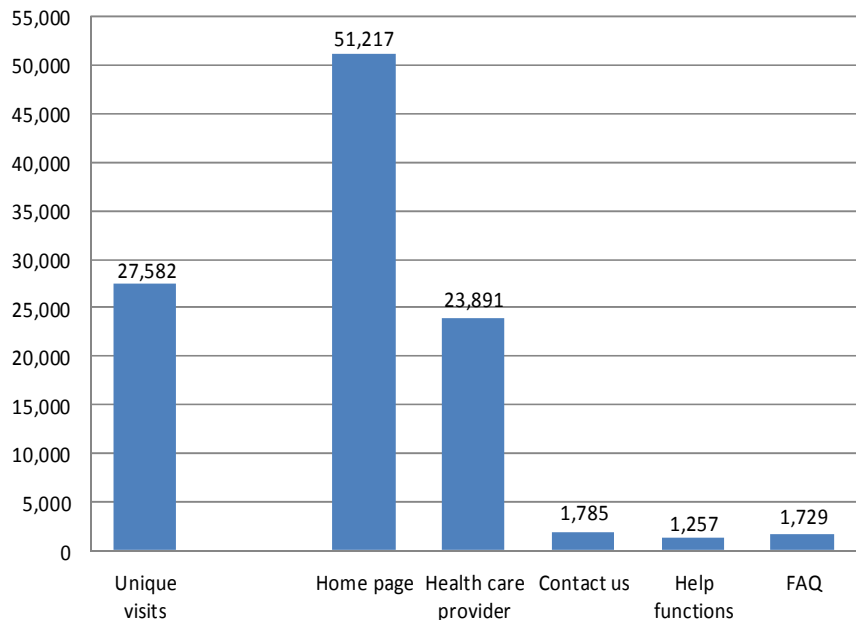
# Summary of Outreach Specialist Activity 9/26/11 – 1/6/12

- Statewide outreach efforts began on 9/26/11 and will continue for five months.

- Eight of nine Outreach Specialist positions are currently staffed to promote the PDMP.
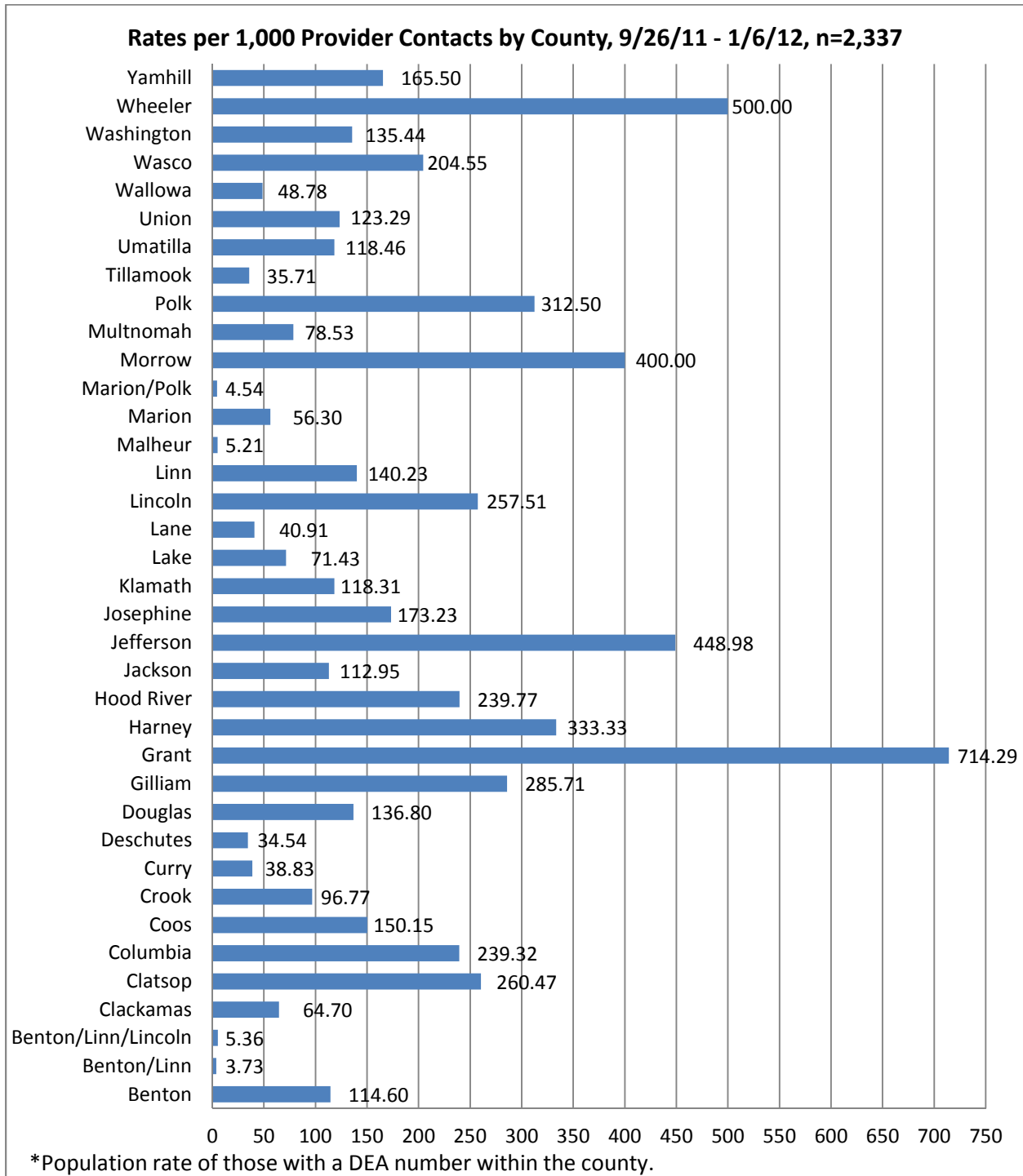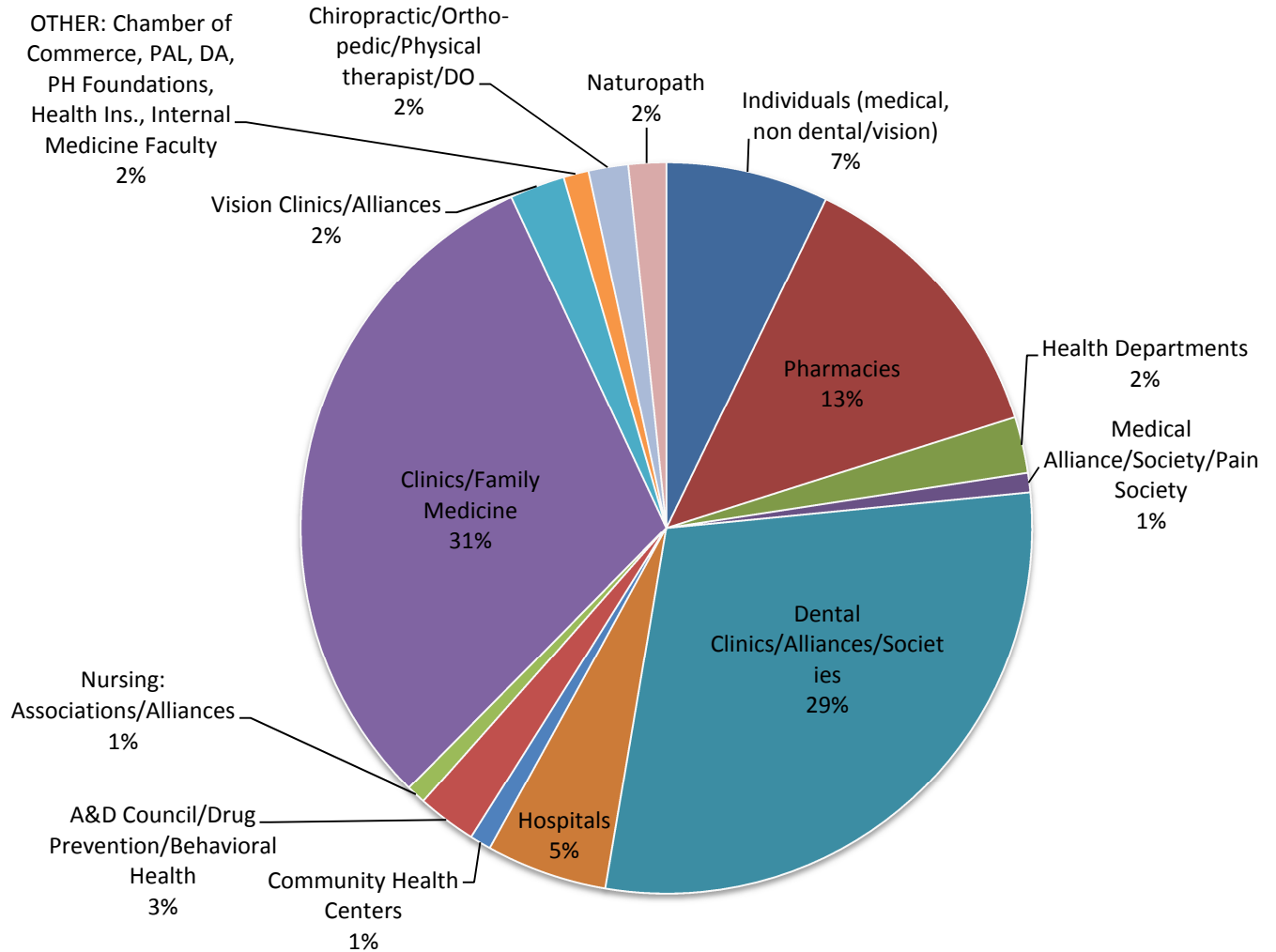
**Rates per 1,000 Provider Contacts by County, 9/26/11 - 1/6/12, n=2,337**

| County | Rate |
|---|---|
| Yamhill | 165.50 |
| Wheeler | 500.00 |
| Washington | 135.44 |
| Wasco | 204.55 |
| Wallowa | 48.78 |
| Union | 123.29 |
| Umatilla | 118.46 |
| Tillamook | 35.71 |
| Polk | 312.50 |
| Multnomah | 78.53 |
| Morrow | 400.00 |
| Marion/Polk | 4.54 |
| Marion | 56.30 |
| Malheur | 5.21 |
| Linn | 140.23 |
| Lincoln | 257.51 |
| Lane | 40.91 |
| Lake | 71.43 |
| Klamath | 118.31 |
| Josephine | 173.23 |
| Jefferson | 448.98 |
| Jackson | 112.95 |
| Hood River | 239.77 |
| Harney | 333.33 |
| Grant | 714.29 |
| Gilliam | 285.71 |
| Douglas | 136.80 |
| Deschutes | 34.54 |
| Curry | 38.83 |
| Crook | 96.77 |
| Coos | 150.15 |
| Columbia | 239.32 |
| Clatsop | 260.47 |
| Clackamas | 64.70 |
| Benton/Linn/Lincoln | 5.36 |
| Benton/Linn | 3.73 |
| Benton | 114.60 |

*Population rate of those with a DEA number within the county.

## Percentage of Provider Contacts by Discipline/Org Type, 9/26/11 - 1/6/12, n=2,337



Pie chart segments:

- OTHER: Chamber of Commerce, PAL, DA, PH Foundations, Health Ins., Internal Medicine Faculty 2%
- Chiropractic/Ortho-pedic/Physical therapist/DO 2%
- Naturopath 2%
- Individuals (medical, non dental/vision) 7%
- Vision Clinics/Alliances 2%
- Pharmacies 13%
- Health Departments 2%
- Medical Alliance/Society/Pain Society 1%
- Clinics/Family Medicine 31%
- Dental Clinics/Alliances/Societies 29%
- Nursing: Associations/Alliances 1%
- A&D Council/Drug Prevention/Behavioral Health 3%
- Community Health Centers 1%
- Hospitals 5%

## Types of Organizations and Individuals Contacted

- Total contacts: 2,337

- Outreach Specialists are demonstrating collaborative efforts that share information and lessons learned in the field.

- Anecdotal reports from Outreach Specialists indicate that their contacts are enthusiastic and positive.

# Method of Contact, 9/26/11 - 1/6/12, n=2,337

Presentation
5%

Unknown Type
3%

Meeting
40%

Dropped off literature
31%

Email
6%
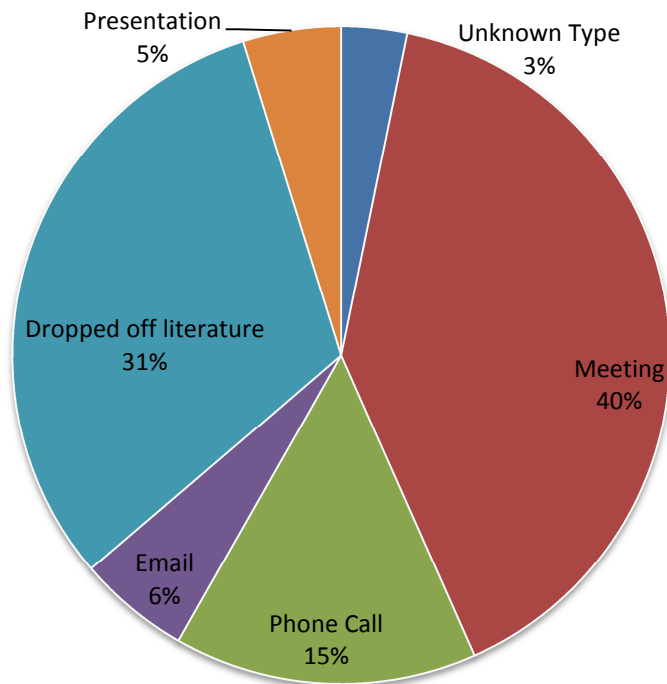
Phone Call
15%

*Thirty cases in which both phone and email were used, counted as phone contact.

## Methods of Contact

- Most Outreach Specialists state that site visits are the most effective form of contact and are far superior to phone calls or email.

- Outreach Specialists are available to present to groups and individuals. Thirteen presentations were given during the past week, a 13% increase over the previous week.

# Program Objectives 2011 — 2013

# 2011-13 Prescription Drug Monitoring Program Objectives

| Objectives | Status |
|---|---|
| 1. Research Analyst will produce monthly and year-to-date business operation reports by the 10<sup>th</sup> day of each month. | On schedule (Sept – Dec 2011 complete) |
| 2. PDMP Staff will produce PDMP-AC annual reports by January 2012 and 2013. | On schedule |
| 3. 95% of pharmacies required to report to the PDMP will have submitted data by 3/31/2012. | Unmet & ongoing (89% have reported as of 12/31/11) |
| 4. 5,000 healthcare providers and pharmacists will register as system users by 6/30/2012. | Unmet & ongoing (2,318 accounts as of 12/31/11) |
| 5. PDMP Staff will post two substance abuse intervention and two pain management tools to the public Website by 6/30/2012. | Unmet & ongoing ( in assessment phase) |
| 6. PDMP Staff will complete all objectives and activities for Harold Rogers grant by 7/31/2012. | Unmet & ongoing (need to produce FSR and final report) |
| 7. Research Analyst will develop biannual county-level and statewide data reports and disseminate by 9/30/2012. | Unmet – on schedule (in development phase) |
| 8. Pharmacies will reach 95% compliance with seven-day reporting requirement by 9/30/12. | Unmet – on schedule (84% of pharmacies in compliance) |
| 9. Information Security Office will complete and report results of an annual security audit by 9/30/12. | To be scheduled (in planning phase) |
| 10. Program Coordinator will complete an internal audit of staff compliance with policies and procedures by 9/30/2012. | Unmet (in development phase) |
| 11. PDMP Staff and Evaluators will develop best practices for providers by 3/30/2013. | Unmet (in research assessment phase) |
| 12. Evaluate the data system, system utility, provider satisfaction, impacts on provider practice, and health impacts on communities by 6/30/2013. | Unmet (in planning phase) |
| 13. PDMP staff in collaboration with the PDMP Advisory Commission Chair will facilitate quarterly meetings of the PDMP Advisory Commission each Jan., April, July and Oct. | On schedule & ongoing |

# Evaluation

# Program Design and Evaluation Services
# PDMP Evaluation

## Dispenser Survey
Timeline: In the field late February, 2012
Methods: Mailed survey to a random sample of uploading pharmacies, directed to the Pharmacist in Charge. A "heads up" email will be sent via Board of Pharmacy listserv, and a follow up mailing will be sent to non-responders.
- Method(s) of patient notification
- Experience with patient notification
- Feedback about technical support from state program and vendor
- Feedback about program start up and ongoing administration
- Barriers to data uploading
- Suggestions for improvement

## Provider Survey (Pharmacists and Physicians)
Timeline: In the field late March, 2012
Methods: Mailed survey to a census of providers registered to use PDMP data, and to a random sample of providers not registered. A "heads up" letter or email will be sent with follow up mailings to non-responders.
- Perceived utility of data as tool in patient care
- Impact on screening for potential misuse
- Impact on communication with other providers
- Impact on prescription behavior and approaches to pain management
- Resource gaps (such as help needed with addiction, mental health issues)
- Barriers for using system (particularly for registered providers not using system)
- Suggestions for improvement
- *For system non-users: awareness of program, barriers for using*

## Key Informant Interviews
Timeline: Late summer, 2012
Methods: Semi-structured interviews with stakeholders from the state program, advisory group, partnering agencies, and key provider and pharmacist informants identified by program staff.
- Experience with program initiation
- Lessons learned, and suggestions for moving forward
- Potential problem areas for monitoring or intervention
- Unintended consequences
- Support for program at legislative, professional, and community levels; how to improve
- Key achievements and success stories