

>> Prescription Drug Monitoring Program Advisory Commission Annual Report



Acknowledgments

This publication was prepared by the Oregon Health Authority Public Health Division, including:

Technical data contacts:

Joshua Van Otterloo MSPH, research analyst, Prescription Drug Monitoring Program, Injury and Violence Prevention Section, Joshua.Vanotterloo@state.or.us

Drew Simpson MPH, research analyst, Prescription Drug Monitoring Program, Injury and Violence Prevention Section, Drew.R.Simpson@state.or.us

Media contact:

Tony Andersen, communication officer, Communication Office, External Relations Division, Tony.A.Andersen@state.or.us

Program contact:

Lisa Millet, MSH, section manager, Injury and Violence Prevention Section, Center for Prevention and Health Promotion, Lisa.M.Millet@state.or.us

Additional program staff:

Stephanie Vesik, MA, program analyst, Prescription Drug Monitoring Program, Injury and Violence Prevention Section, Stephanie.G.Vesik@state.or.us

Tamara Ramirez, operations, Prescription Drug Monitoring Program, Injury and Violence Prevention Section, Tamara.Ramirez@state.or.us

Oregon Health Authority
Public Health Division
Center for Prevention and Health Promotion
Injury and Violence Prevention Program
800 NE Oregon St. Suite 730
Portland, Oregon 97232

Abbreviations

PDMP	Prescription Drug Monitoring Program
BJA	Bureau of Justice Affairs (bureau of the federal Department of Justice from whom the PDMP receives grant funds)
CCO	Coordinated care organization
CDC	Centers for Disease Control and Prevention
CNS-PP	Clinical Nurse Specialist (nurses with prescribing privileges)
DDS	Doctor of Dental Surgery (DDS and DMD are the same degrees.)
DMD	Doctor of Medicine in Dentistry or Doctor of Dental Medicine (DDS and DMD are the same degrees.)
DEA	Drug Enforcement Agency
DO	Doctor of Osteopathy
EDIE	Emergency Department Information Exchange
HB	House Bill
HID	Health Information Design (the third party vendor hosting the PDMP)
MD	Medical doctor
ND	Naturopathic doctor
NP	Nurse Practitioner
OHA	Oregon Health Authority
OHSU	Oregon Health & Science University
OSU	Oregon State University
PA	Physician Assistant
PfS	Prevention for States (a grant awarded by the Centers for Disease Control and Prevention)
RPh	Registered Pharmacist
SB	Senate Bill

Contents

» Executive summary	v
» Introduction and public health importance	1
» Operations and business processes	2
» Pharmacy reporting compliance.....	2
» Number of PDMP system users	2
» Most frequent prescribers.....	4
» Use of PDMP system	4
» Patient-requested reports	5
» Health care regulatory board reports requested	5
» Law enforcement reports requested	6
» Data quality assurance.....	7
» Manually matching system patient records	7
» Data errors.....	7
» PDMP system changes and customizations.....	7
» Advisory commission activities	9
» Partnerships.....	10
» Barriers and needs.....	11
» Discussion and recommendations	13

List of figures

» Figure 1. PDMP system accounts by discipline, Oregon (n=14,914).....	3
--	---

List of tables

» Table 1. PDMP system accounts and query statistics by user group, 2016 ...	4
» Table 2. Percentage of Oregon-licensed controlled substance prescribers with PDMP. Accounts are by most frequent prescribers: Oregon, 2013–2016	4
» Table 3. Number of PDMP queries by discipline and year: Oregon, 2012–2016	5
» Table 4. Number of health care regulatory reports requested by discipline: Oregon, 2013–2016	6

Executive summary

Oregon statute requires the Oregon Health Authority (OHA) to give an annual report to the Prescription Drug Monitoring Program (PDMP) Advisory Commission. This report contains information on the operation of the program. This includes basic metrics, status on key objectives and evaluation activities.

In 2009, the Oregon Legislature passed Senate Bill 355. This bill directs OHA to develop a PDMP. The program became operational in September 2011. The PDMP is an electronic, web-based data system. The system collects information on Schedule II–IV controlled substances dispensed by Oregon-licensed retail pharmacies. The intent of the PDMP is to help health care providers improve patient care and prevent problems associated with controlled substances.

PDMP system registration and use increased in 2016:

- The number of system accounts increased by 23%, from 12,142 (in 2015) to 14,914 (in 2016).
 - » An increase in delegate accounts was the primary driver behind the increase. Delegates are non-licensed staff who access the PDMP on behalf of prescribers, pharmacists and medical examiners. A 2014 statutory change authorizes staff to act in this manner.
 - » 47% of all Oregon-licensed controlled substance prescribers have a PDMP account. 80% of the most frequent prescribers have a PDMP account. The PDMP prioritizes outreach to the most frequent prescribers. Enrollment among the most frequent providers has increased in each year of operation.
- 9,159 active users made 1,210,460 system queries in 2016. There has been an 8% increase in queries from 2015.

As well as regular compliance and quality assurance, the PDMP made several system changes and customizations:

- 100% of mandated pharmacies report data to the PDMP. They had a less than 1% error rate for all data submitted in 2016.
- PDMP staff completed the rule-writing process to implement HB 4124. This allows disclosure through a health information technology system. Staff are working with our vendor, health information technology systems, users and the advisory commission to allow health system connections to the PDMP. The staff is keeping proper privacy and security precautions throughout the process.
- A dashboard allows a prescriber to see a table of all their patients who exceeded prescribing thresholds. It also shows which threshold the patient exceeded.

Reducing the burden of prescription drugs is a priority in the State Health Improvement Plan. The Oregon Prescription Drug Monitoring Program is a critical part of the state's overall strategy.

Introduction and public health importance

The PDMP is an electronic, web-based data system. The system collects information on Schedule II–IV controlled substances dispensed by Oregon-licensed retail pharmacies. System users have anytime access to information about controlled substances dispensed to their patients or customers. The intent of the PDMP is to help health care providers improve patient care and prevent problems associated with controlled substances.

Oregon statute requires the PDMP to give an annual report to the PDMP Advisory Commission. This report contains information on the operation of the program. This includes basic program and system metrics, status on key objectives, and evaluation activities. The goal of this report is to give information to guide the operation of the PDMP. It is also to assess PDMP use and answer questions about the impact of PDMP information on clinical practice and patient outcomes. If possible, this report will help determine what affects the PDMP system might have on community health.

Operations and business processes

The PDMP completed its fifth full year in 2016. The program monitors metrics to evaluate operations and improve business processes. Quarterly business operation and prescribing trend reports are at <http://www.orpdmp.com/reports/>.

Pharmacy reporting compliance

Retail pharmacies with controlled substance licenses issued by the Oregon Board of Pharmacy must report Schedules II–IV controlled substance prescription data within 72 hours after dispensation to the PDMP. New pharmacies continually open and existing pharmacies close. Therefore, management of reporting compliance is ongoing.

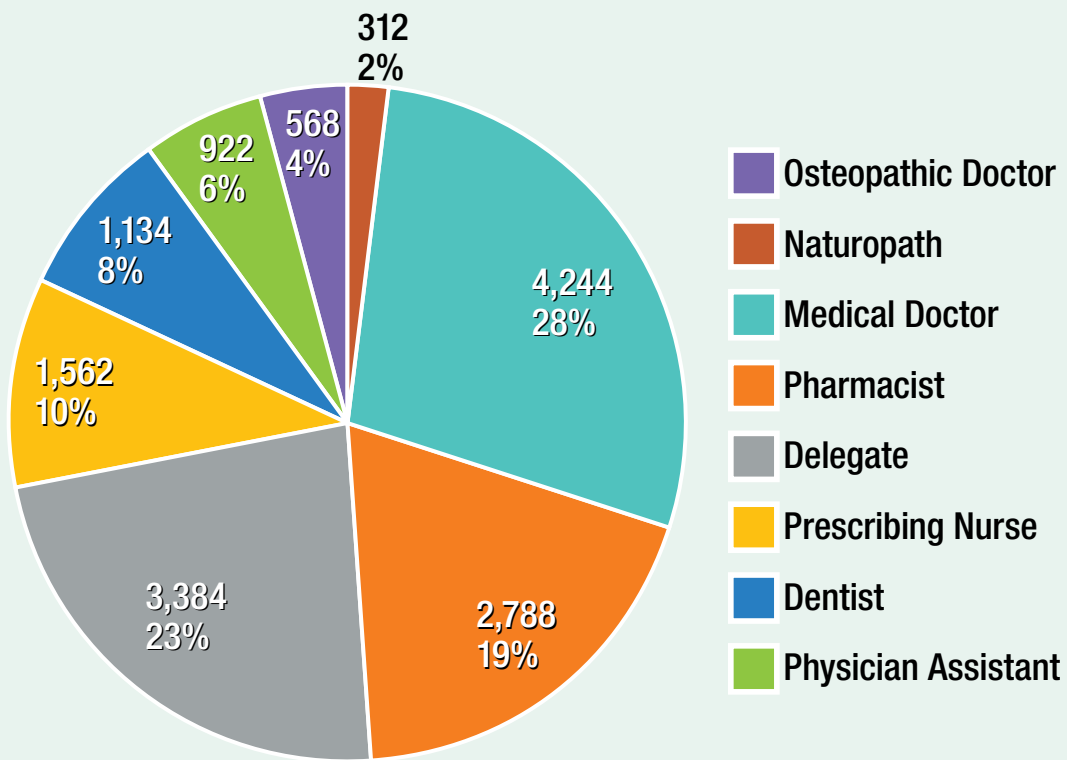
In 2016, 100% of the pharmacies required to report controlled substance prescription data submitted data to the PDMP system. Of those pharmacies that reported data, 94% reported within 72 hours of dispensation, as required by law.

Number of PDMP system users

Those permitted to access the PDMP system for information on their patients or customers include Oregon-licensed health care providers and pharmacists; health care providers licensed in California, Idaho and Washington; and the state medical examiner. Users can delegate PDMP access authority to other health care, pharmacy, or medical examiner staff, as of 2014. Delegated staff are not required to hold a medical license.

In 2016, there were 14,914 PDMP accounts. Doctors, pharmacists and their delegates held 70% of these accounts (Figure 1). 90% of the delegates are delegates for prescribers.

Figure 1. PDMP system accounts by discipline, Oregon (n=14,914)



The total number of accounts increased by 23% from 12,142 in 2015 to 14,914 in 2016. The primary driver for this increase was 1,241 new delegate accounts. There was also an increase in medical provider and pharmacist accounts (Table 1).

Table 1. PDMP system accounts and query statistics by user group, 2016

License	Total system accounts	% change (vs 2015)	Active users	% change (vs 2015)	Average queries per user
MD/PA/DO	4,244	11.0%	3,777	8.3%	81.1
Pharmacists	2,788	13.2%	2,633	6.5%	188.4
Delegates	3,384	57.9%	749	49.8%	403.0
Prescribing Nurses	1,562	14.4%	1,172	10.9%	73.4
Dentists	1,134	42.8%	614	45.5%	22.8
Naturopaths	312	56.8%	214	67.2%	28.6

Health care providers practicing in states bordering Oregon (California, Idaho and Washington) accounted for 2.8% (n=421) of the total number of PDMP accounts. There were 329 accounts for Washington providers, 63 for Idaho providers and 29 for California providers.

Most frequent prescribers

PDMP staff prioritizes outreach to the most frequent prescribers. In 2016, 4,000 health care providers prescribed 78% of the controlled substance prescription records in the PDMP. While less than half of all Oregon licensed prescribers have enrolled in the PDMP, 74% of the most frequently prescribing 4,000 health care providers are enrolled (Table 2).

Table 2. Percentage of Oregon-licensed controlled substance prescribers with PDMP. Accounts are by most frequent prescribers: Oregon, 2013–2016

Prescribers	2013	2014	2015	2016
2,000 most frequent	66%	74%	80%	80%
4,000 most frequent	58%	66%	72%	74%
All Oregon-licensed	37%	42%	48%	47%

Use of PDMP system

State statute does not require health care providers and pharmacists to use the PDMP. System use is voluntary. As of 2014, statute changes allow delegated staff to access PDMP information on behalf of prescribers, pharmacists and the medical examiner.

Table 3. Number of PDMP queries by discipline and year: Oregon, 2012–2016

License	2012	2013	2014	2015	2016
MD/PA/DO	212,366	279,937	259,162	269,875	299,491
Pharmacists	21,865	265,057	364,873	482,155	501,387
Delegates	N/A*	N/A*	63,388	177,215	309,463
Prescribing Nurses	48,731	67,668	80,975	85,636	80,243
Dentists	4,181	6,243	7,949	8,617	13,780
Naturopaths	1,308	2,651	4,624	4,190	6,076
Optometrists	0	0	0	0	8
TOTAL	281,655	621,570	810,996	1,116,186	1,210,460

* Delegates allowed PDMP access beginning in 2014

The total number of patient queries by health care providers and pharmacists increased by 8% from 2015 to 2016. Much of this increase is due to more delegate use (Table 3).

Patient-requested reports

Patients may ask for a copy of their PDMP information. This includes a list of prescriptions dispensed and of system users who accessed their PDMP information. Patients may also ask for their PDMP information to go to a third party, such as a behavioral health care provider or an attorney. Patient record requests must be fulfilled within 10 business days. All patient requests in 2016 met this timeframe.

Health care regulatory board reports requested

Health care regulatory boards may ask for PDMP information for an active investigation. This can relate to licensure, renewal or disciplinary action involving an applicant, licensee or registrant.

The total number of requests for PDMP information made by health care regulatory boards decreased by 7% from 2015 to 2016 (Table 4).

Table 4. Number of health care regulatory reports requested by discipline: Oregon, 2013–2016

Licensing Board	2013	2014	2015	2016	% Change 2015–2016
Medical Board	175	144	176	121	-30%
Board of Naturopathic Medicine	65	47	40	51	+28%
Board of Nursing	51	41	105	102	-3%
Board of Pharmacy	5	0	2	2	0%
Board of Dentistry	1	1	3	6	+100%
TOTAL	300	255	328	306	-7%

Law enforcement reports requested

In an authorized drug-related investigation on an individual or prescriber, federal, state or local law enforcement agencies may request PDMP information. A valid court order based on probable cause is required. The program forwards all law enforcement requests for PDMP information to the Department of Justice for review.

There were no completed law enforcement requests in 2016.

Data quality assurance

Manually matching system patient records

Accuracy in matching prescriptions to the correct patient record is essential. This is especially true for clinicians monitoring patients at risk for adverse health events due to their use or misuse of prescription drugs. PDMP staff manually match records within the system in cases where the system cannot make a determination.

Data errors

Pharmacies are required to report data to the PDMP within 72 hours. Our software vendor Health Information Designs (HID) runs a weekly compliance report. The program reviews the report for frequency of errors by type and pharmacy. The most common pharmacy error is an incomplete report.

Each pharmacy with data errors is granted time to make corrections. Many resubmit with corrections. In 2016, the PDMP worked with reporting pharmacies to improve responses to rejection reports. The program provided support and education on the need for data accuracy to start at the pharmacy. Mistyped or skipped-over manual entering likely caused the most common pharmacy data errors. Examples are unknown DEA numbers or invalid ZIP code. Pharmacies had a less than 1% rate of errors for all data submitted in 2016.

PDMP system changes and customizations

The Oregon Legislature passed House Bill 4124 in 2016 to amend the PDMP legislation. The bill allows disclosure of PDMP data to a practitioner, pharmacist or delegate through a health information technology system. PDMP staff completed the rule-writing process to implement this bill. Staff are working with HID, health information technology systems, users, and the advisory commission to allow this type of connection to the PDMP while keeping proper privacy and security precautions.

PDMP has worked with the Southern Oregon Pain Guidance group to implement a prescriber dashboard. On this dashboard, a prescriber can see a table of all their patients who exceeded prescribing thresholds and the threshold exceeded.

PDMP staff have created three training modules. The modules are available at <http://www.orpdmp.com/training.html>. Modules cover registering for an account, creating and reading a patient account, and troubleshooting common problems using the PDMP.

PDMP staff have participated in the launch of the OHA Opioid Initiative. Staff also contributed to the Oregon prescribing and drug overdose data dashboard. The data dashboard updates regularly and displays prescribing and drug overdose statistics online. The dashboard is available at <http://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx>.

Advisory commission activities

The Prescription Drug Monitoring Program Advisory Commission (PDMP-AC) has statutory responsibility to:

1. Study issues related to the PDMP.
2. Review the program's annual report.
3. Make recommendations to OHA on program operation.
4. Develop criteria to evaluate program data.

The Advisory Commission named Chris Apgar, member at large, the PDMP Advisory Commission chair in the August 2016 meeting.

House Bill 4124 permits the integration of PDMP data, including the Emergency Department Information Exchange (EDIE), into health information technologies. PDMP staff and advisory commission members completed the rule-writing process to implement this bill. Staff are working with HID, health information technology systems, users, and the advisory commission to allow this type of connection to the PDMP while keeping proper privacy and security precautions.

Partnerships

The PDMP partners with others to leverage PDMP data to improve the health of Oregonians.

PDMP staff give presentations, provide technical assistance and register providers. They also provide aggregated PDMP prescribing data to community organizations. These organizations promote PDMP use, assist in the implementation of prescribing guidelines, and educate prescribers and the public. They also promote non-opioid pain management strategies, and improve access to addiction treatment services.

The program also partners with governmental agencies, both inside and outside of OHA. PDMP staff have collaborated with counties, coordinated care organizations (CCOs), the Oregon Prescribing Guidelines Taskforce, and relevant OHA internal workgroups. Staff provides subject matter expertise, PDMP technical assistance and PDMP prescribing data.

The PDMP supports many grant-based programs in OHA and the community. PDMP staff support grants within the Injury and Violence Prevention Section of the Public Health Division. This includes the Centers for Disease Control's National Center for Injury Prevention and Control (CDC) prevention for states (PFS) and PFS supplement grant. The Harold Rodgers PDMP grant administered to the PDMP through the Department of Justice, Bureau of Justice Assistance ended in 2016.

Finally, the PDMP supports health research by providing de-identified data to researchers. Researchers have come from a variety of locations and backgrounds. These include Oregon Health & Science University, Oregon State University School of Pharmacy, research hospitals, counties, CCOs, schools of public health and other university-based researchers. An article titled "Association Between Initial Opioid Prescribing Patterns and Subsequent Long-Term Use Among Opioid-Naïve Patients: A Statewide Retrospective Cohort Study" was published in the Journal of General Internal Medicine using Oregon PDMP data.

Barriers and needs

System registration and use have increased. Yet, registration and use is not universal. Program evaluation data shows prescribers want PDMP data to fit seamlessly into the clinical practice workflow. HB 4124 initiated technology customization, which has the potential to have a large impact. It will be a large upfront investment for both the program and its users.

In the context of increased visibility from a national prescription drug overdose epidemic and strains put on the system when it is used outside of its original use case, the program needs additional resources.

Issues on the horizon

- In December 2016, another vendor, Appriss, bought Oregon's PDMP vendor Health Information Designs (HID). PDMP staff are working to make the transition to the new platform as seamless as possible. The planned transition to the new system is for late 2017.
- PDMP integration/HB 4124 implementation — As noted above, users want PDMP to fit better within the clinical practice workflow. This technology has the potential to have a large impact. It will be a large upfront investment for both the program and its users and must conform to data security and privacy standards.
- Interstate data sharing — Users continue to express the desire to have access to PDMP information from other states. HB 2518 allows for this, if passed in 2017. It may then be available using the technology used for PDMP integration after developing agreements with other states.
- Expanded access — Medical providers and health systems have expressed interest in expanding PDMP access or permission levels to other provider types. Examples of other user types include substance abuse/mental health caseworkers, medical directors of clinics, local health officers, and medical directors of health plans.

- Real-time reporting — Federal agencies continue to offer grant funds to state PDMPs to encourage “real-time” reporting by pharmacies (i.e., close to point-of-sale-reporting of data). Despite data being reported in near real time, it will not reach users in real time. This is due to backend processes such as batching, transfers between multiple software vendors, error checking, correction and resubmission. The costs and utility of real-time reporting are yet to be determined.
- U.S. DEA lawsuit — The PDMP filed a lawsuit in 2012 against the U.S. Drug Enforcement Administration (DEA). The program wants to find out its rights and obligations in complying with administrative subpoenas to produce PDMP information. State law requires law enforcement requests be accompanied by a court order based upon probable cause; a subpoena is not sufficient. The Ninth Circuit heard oral arguments in November 2016 and the Oregon Department of Justice expects an opinion in 2017.
- Ongoing opioid epidemic and continued high visibility of the PDMP — Seen as a key tool to curb the opioid epidemic, PDMPs are often one of the few tools available to local and state leadership. New demands on the system are often outside of the scope of the original use case. These demands require expensive and/or time intensive changes that stretch the resources of the program.

Discussion and recommendations

Reducing the burden of opioids is a priority in the State Health Improvement Plan. In 2015, the Oregon Health Authority chartered an Opioid Initiative. Leadership across the agency came together once a month to coordinate the work in the state Medicaid program, Opioid Treatment Authority, Health Analytics Division and Public Health. The work of this group has resulted in the integration of efforts at the state and local level including improving access to opioid use disorder care, improving pain care, providing prescribing guidance to prescribers and pharmacists, and establishing metrics to measure progress. The group is also providing data on the Web to inform policy and practice decisions.

The Oregon Prescription Drug Monitoring Program is a critical component of the state's overall strategy to reduce risky opioid prescribing, manage patient morphine equivalent daily dose, identify patients in need of referrals for substance use disorder treatment, and control doctor shopping. The PDMP also provides aggregate data for monitoring the problem and for research, and to control opioid overdose.

The Oregon Prescription Drug Monitoring Program continued to increase system use in 2016. Enrollment efforts focused on prescribers with the most prescriptions through our local partners using Bureau of Justice Affairs (BJA) and CDC grant funds. Overall system use increased to more than 1.2 million patient queries by health care providers and pharmacists. Delegate access and use accounted for the largest share of new system use — a process more in line with the typical clinical practice workflow. Efforts to increase access and system use will continue to be a high priority for the program.

The PDMP made significant improvements to the system in 2016, including a customization where prescribers can look at all of their patients meeting prescribing thresholds. PDMP staff have created training modules available on our website. Modules highlight best practices and provide an online tutorial for the most common PDMP reports. Advisory commission members and PDMP staff completed the rule-writing process for HB 4124 implementation. Work has begun with state contracting and our vendor to create the necessary technology for PDMP integration with health information exchanges and electronic health records.

The program will continue to work with our partners to leverage PDMP data to improve the health of Oregonians. Evaluation, research and quality assurance efforts are valuable for informing program operations. Work conducted with partners illustrates how the use of PDMP data can help assess the impact that system use has on clinical practice. However, there is more work to do to assess how the PDMP may affect patient health outcomes.



PUBLIC HEALTH DIVISION

Prescription Drug Monitoring Program

Phone: 971-673-0741

FAX: 971-673-0990

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Prescription Drug Monitoring Program (PDMP) at 971-673-0741 or email pdmp.health@state.or.us. We accept all relay calls or you can dial 711.