

Prescription Drug Monitoring Program 2021 Annual Report to the Advisory Commission



Oregon
Health
Authority
PUBLIC HEALTH DIVISION

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Abbreviations

CCO	Coordinated Care Organization
CNS-PP	Clinical Nurse Specialist (a nurse with prescribing privileges)
DDS	Doctor of Dental Surgery (DDS and DMD are equivalent degrees)
DMD	Doctor of Medicine in Dentistry or Doctor of Dental Medicine
DEA	Drug Enforcement Agency
DO	Doctor of Osteopathic Medicine
EDIE	Emergency Department Information Exchange
EHR	Electronic Health Record
HB	House Bill
MD	Medical Doctor
MED	Morphine Equivalent Dose
ND	Naturopathic Doctor
NP	Nurse Practitioner (a nurse with prescribing privileges)
NPI	National Provider Identifier
OHA	Oregon Health Authority
PA	Physician Assistant
PDMP	Prescription Drug Monitoring Program
RPh	Pharmacist
SB	Senate Bill

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Executive summary

This annual report to the PDMP Advisory Commission presents information and performance metrics relevant to the operation of the Oregon Prescription Drug Monitoring Program (PDMP) to guide operations and assess system performance. Below are high level takeaways summarized from the full report.

- The PDMP was minimally impacted by changes from the legislature in 2021.
- The PDMP added a new enhancement that allows providers to self-assess their prescribing by comparing their potential risky prescribing rates to those within their same specialty of practice.
- The PDMP, in consultation with the Advisory Commission, continued to prioritize sharing with nearby states and anticipates sharing with California in the near future.
- The PDMP has dedicated staff to ensure high quality pharmacy and user compliance. The error rate from pharmacy submission is less than 1% and pharmacies are prompted to correct most errors promptly and without PDMP staff intervention.
- The PDMP integration initiative continues to be a success and Oregon is in the top five states with the best integration penetration. In 2021, the majority of PDMP access was from within an integrated Health IT system.

Public health importance

The PDMP is a critical tool in our efforts to improve the safety and effectiveness of prescribing practices, and to reduce the burden of opioid abuse and overdose in Oregon. The Oregon legislature created the PDMP through Senate Bill 355 in 2009 and has continued to update and enhance the program through new initiatives and mandates.



This report provides an overview of the PDMP's activities and achievements in 2021. It includes information on prescribing and utilization metrics, as well as information on program changes including new initiatives and legislative updates.

This report will provide insights into the important work being done by the PDMP and help to inform ongoing efforts to improve the safety and effectiveness of prescribing practices in Oregon.

The objective of this annual report is to inform the PDMP Advisory Commission and other stakeholders of the performance of the program including metrics relevant to the operation of the program, system registration, utilization, status on key objectives, and evaluation activities.

Legislative changes

New bills that are passed by the Oregon legislature typically become operative the following year; no new PDMP bills passed during the 2020 legislative session, no changes to the PDMP statute became operative in 2021.



There were two bills that impacted the PDMP that passed during the 2021 legislative session. Senate Bill 64 was a housekeeping bill with a small impact on the method and location of PDMP fee funds stored within OHA. The bill allowed fees collected to support the PDMP to be stored in the Oregon Health Authority Fund established in ORS 413.101. Previously, PDMP funds were stored in the Electronic Prescription Monitoring Fund. This change allows PDMP fee funds to be stored and comingled with other OHA funds and for PDMP costs to be paid out of this fund. The bill specifies the use of the PDMP fee is protected for PDMP use only. This bill was recommended to prevent budget issues when the PDMP fee account encounters a low balance between fee payments from the boards.

House Bill 2074 was passed by the Oregon Legislature during the 2021 session. This bill increased the fee paid by each Oregon healthcare licensee during their board licensing from \$25 annually to \$35 annually. This is the first time that the PDMP fee has been increased since it was first established in 2009. Input was solicited from each healthcare board and association prior to the legislative session with no strong opposition or support for the change.

The PDMP Advisory Commission was consulted, and their input was communicated to OHA leadership and legislators. Both bills were officially supported by the Advisory Commission.

PDMP system changes

Peer comparison reports

Peer comparison reports are a leading PDMP best practice nationwide. These reports allow prescribers to view their prescribing compared to other prescribers within their same specialty of practice. This feature became operative the first quarter of 2021 with all prescribers who wrote a controlled substance prescription the previous quarter receiving an email prompting them to view the new report online.

Oregon deployed a custom version of the peer comparison report rather than using the standard version produced by Bamboo Health (shown in Figure 1). This version was created in consultation with the Prescribing Practice Review Subcommittee and focused on four areas of potentially risky prescribing. Each report shows the prescribers prescribing compared to the 50th percentile and 90th percentile prescribing of their specialty.

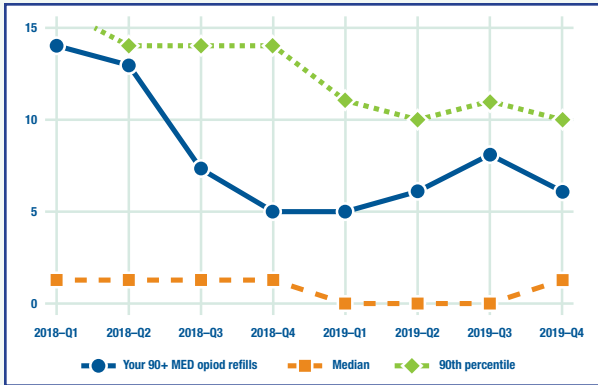
This report is useful to allow for self-assessment by prescribers, investigators from the licensing boards during active investigations, and medical directors as an oversight tool.

Figure 1. Example peer comparison report

Prescriber name:	XX	Specialty:	Emergency medicine
DEA#:	XXX	Reporting Period:	01/2018–12/2019

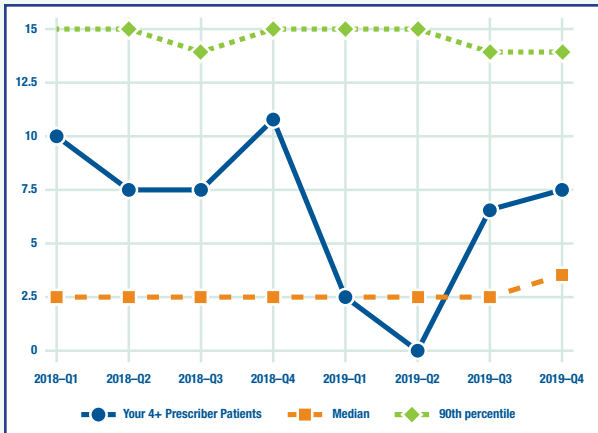
Oregon Prescriber Comparison Report

You are receiving this report from the Prescribing Practices Review Subcommittee of the Oregon Prescription Drug Monitoring Program Advisory Commission because you have prescribed at least one controlled substance prescription in the reporting period. Metrics are based on the Prescribing Practices Review Subcommittee aligned with CDC Guidelines and compare your prescribing to all prescribers within your specialty as listed in the PDMP system. This educational report is authorized by SB. The purpose of this report is to help you assess your prescribing practices compared to those of your peers. Please review the report and resources listed.



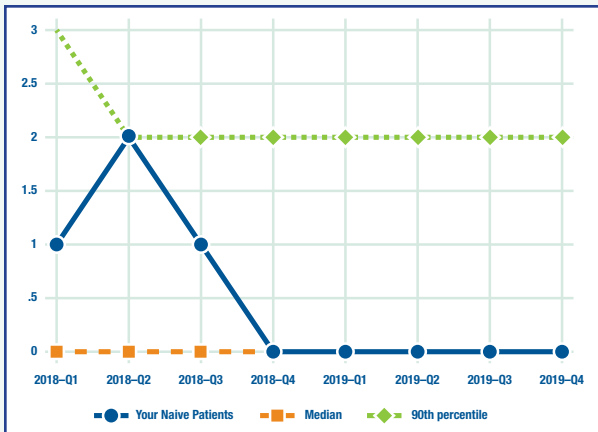
Number of high dose (>90 MME) fills

Number of opioid fills quarterly with a morphine milligram equivalent dose >90.



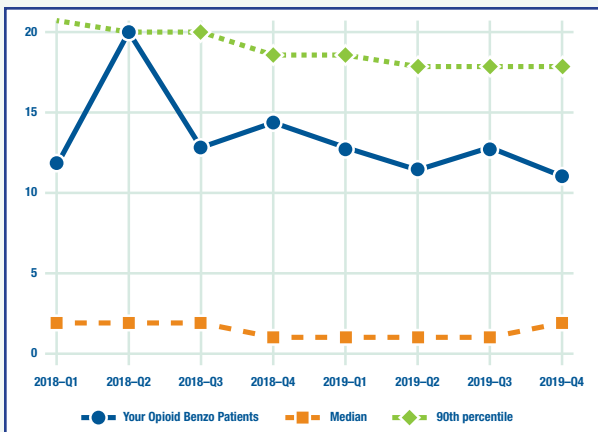
Number of multiple prescriber (4+) patients

Number of patients who received an opioid fill from four or more prescribers in the previous 6 months. A patient meeting the threshold is attributed to each prescriber with a fill in the preceding 2 quarters.



Number of acute opioid fills >42 doses

Number of opioid fills with greater than 42 doses to a patient without an opioid fill in the previous four quarters.



Number of patients with an opioid and a benzodiazepine

Number of patients prescribed both an opioid and a benzodiazepine in the same month. A patient meeting the threshold is attributed to each prescriber that prescribed an opioid or benzodiazepine fill to that patient.

Interstate data sharing

There are two data sharing hubs that permit users of participating PDMPs to query the PDMPs of other participating states, PMPi and Rxcheck Hubs. Queries originate in one state's web portal and use the data sharing hub to retrieve records from other states' PDMPs.

- In consultation with the PDMP Advisory Commission, the Oregon PDMP shares data only with western region states. In 2021, five states actively shared data: Idaho, Washington, Arizona, Nevada, and Texas.
- Use of the data sharing hubs by Oregon prescribers is predominantly directed toward query of PDMPs in nearby states (Idaho, Nevada, Washington)
- A similar pattern is observed in queries coming to the Oregon PDMP from other states through the data sharing hub. Neighboring states are the source of most queries.
- The California legislature passed a bill allowing for interstate data sharing in 2020 and their PDMP is preparing to begin sharing. Oregon will be their first data sharing partner once they have created the required business processes and completed the required agreements.

Organization Management

In Quarter 4, 2021, the PDMP did a soft launch of a new enhancement called Org Management. This enhancement allows medical, dental, and pharmacy directors to link their PDMP accounts to the PDMP accounts of those prescribers and pharmacists that they supervise. This allows them to quickly and easily review the prescribing history of their providers and provide quality assurance and enhanced oversight. The enhancement also allows directors to view the peer comparison reports of those they supervise, this allows for quick assessment of prescribing practice by supervisors.

The soft launch discovered multiple technical issues that prevented the tool from being fully utilized. The feedback was delivered back to the PDMP vendor Bamboo Health to be addressed prior to the next launch.

Interactive data dashboard

The PDMP makes aggregated PDMP data available to policymakers, state agencies, local governments, and community organizations. These organizations promote PDMP use, implement prescribing guidelines, promote non-opioid pain management strategies, educate

If you have questions about this tool or the data, consult the Technical Notes tab or email IVPP.General@odhsoha.oregon.gov. We also welcome your feedback.

If you don't see the dashboard below: Please note, it may take a few moments for the data dashboard to load. If you are using Internet Explorer and the dashboard doesn't load, please try using a different web browser such as Firefox, Chrome or Safari.

▼ < Table of Contents Statewide Measures Prescribing by Drug Class Risky Prescribing Measures Stir

Welcome to the Oregon Prescribing Data Dashboard

Choose a topic from the tabs above, or by clicking a button below.

- Statewide Prescribing
- Prescribing by Drug Class
- Risky Prescribing Measures
- Stimulant Prescribing Measures
- Prescribing and PDMP Technical Notes
- Contact Information

prescribers and the public, and improve access to addiction treatment services.

The dashboard provides a web-based interface for people to interact with aggregated PDMP data, including utilization and risky prescribing trends. The dashboard provides a portal where the user can select variables, geographies, and time periods. Which allows each user to explore their area of interest and learn more about how the opioid epidemic is changing in Oregon.

The dashboard is available at:

<https://www.oregon.gov/oha/ph/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx>

Due to signification staff turnover during 2020 and 2021, the data dashboard was not frequently updated. However, it remains a priority for the PDMP team and will return to a frequent update schedule when staffing allows.

Operations and business processes

The PDMP completed its tenth full year of operation in 2021. The program routinely monitors metrics to evaluate operations and improve business processes. Quarterly business operation and prescribing trend reports are available online through the OHA PDMP web page. Each quarter the PDMP staff report to the Advisory Commission on recent activities related to user and pharmacy compliance, recent requests received, and changes in user registration.

Pharmacy Reporting compliance and data quality

Retail pharmacies licensed by the Oregon Board of Pharmacy are required to report data on all prescriptions for Schedule II–IV controlled substances to the PDMP within 72 hours of dispensing. Since 2019, all major chain pharmacies are voluntarily reporting on a 24-hour basis. This is in line with the national push to increase the real time access to PDMP data.



OHA's software vendor, Bamboo Health, creates automated error reports, which PDMP staff review for frequency of errors by type and by pharmacy. The most common pharmacy error is an incomplete report. Pharmacies with data errors are granted time to make corrections and resubmit.

All Oregon pharmacies mandated to report data to the PDMP in 2021 did so. The error rate for data submission continues to be less than 1% and those errors that are present are routinely corrected through subsequent pharmacy submissions without PDMP intervention to request correction. State statute requires pharmacies to submit all prescription information within 72 hours of dispensation; 95% of pharmacies complied with this requirement. The remaining 5% were brought into compliance within 30 days through outreach from PDMP compliance staff.

PDMP staff continued ongoing data quality initiatives to improve the accuracy of prescriber, prescription, and query audit trail data, in addition to regular quality assurance activities.

Data requests

PDMP staff respond to data requests from a variety of sources. Several different entities are entitled to timely access to PDMP data: patients, health care regulatory boards, and law enforcement agencies. Each request is reviewed by PDMP staff to verify that the request should be authorized (Table 1). If needed, the Department of Justice is consulted prior to filling law enforcement requests.

Table 1. PDMP data requests by request type, Oregon, 2018–2021.

Request type	2018	2019	2020	2021
Patient records	68	64	35	52
Healthcare board	382	347	302	242
Law enforcement	19	52	21	24
TOTAL	469	463	358	318

Patient-requested reports

Patients may request a copy of their PDMP information. This information includes lists of prescriptions dispensed and 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.

The PDMP staff filled 52 patient requests in 2021. Normally there is a requirement to fill all patient requests within ten days, however, during the COVID-19 crisis, this requirement was not in effect. Despite the lack of strict requirements PDMP staff continued to fill patient requests within the ten-day timeframe unless circumstances made that impossible.

Health care regulatory board report requests

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

The PDMP received 242 data requests from regulatory boards in 2021. Requests by regulatory boards decreased 19% between 2020 and 2021 (Table 2).

Table 2. Healthcare regulatory board report requests by licensing board, Oregon, 2018–2021.

Licensing board	2018	2019	2020	2021
Oregon Medical Board	207	200	187	132
Board of Naturopathic Medicine	23	28	14	11
Board of Nursing	100	80	81	83
Board of Pharmacy	4	27	16	5
Board of Dentistry	6	11	5	9
Emergency Medical Services	1	1	0	0
TOTAL	341	347	302	242

Law enforcement reports requested

Federal, state, or local law enforcement agencies may request PDMP information for the purposes of an authorized drug-related investigation of an individual or prescriber (summary included in table 3). A valid court order based on probable cause is required for local and state law enforcement requests while an administrative subpoena is accepted for federal (DEA) requests. The PDMP forwards all law enforcement requests to the Oregon Department of Justice for review.

Table 3. Law Enforcement report requests, Oregon 2018–2021.

	2018	2019	2020	2021
Law enforcement requests	24	54	23	24

PDMP registration


PDMP registration is available to health care providers licensed in Oregon and neighboring states, pharmacists, and the state medical examiner. Users may delegate PDMP access authority to other health care, pharmacy, or medical examiner staff. These delegates may be unlicensed staff but operate under the authority and oversight of the account holder. The account owner user is required to frequently review the activity of their account to ensure appropriate use.

Since 2018, Oregon mandates PDMP registration for all prescribers licensed to practice in Oregon who possessed a DEA registration number associated with an Oregon practice location. Since passage, PDMP staff regularly work with licensing boards to ensure registration of prescribers who meet the mandate requirement.



- Between 2017 (pre-mandate) and 2021, the total number of system accounts increased by 118.4%.
- All user types increased enrollment, including non-mandated pharmacists and delegates.
- 82% of all Oregon prescribers and 95% of the top 4,000 prescribers had a PDMP account.
- While the number of delegate accounts continues to grow (+19%), delegates have decreased as a percentage of all users (15%).

Log In


 Support: 866-205-1222

[Registration Process Tutorial](#)
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Register for an Account

Please create your own account and do not create an account on behalf of someone else.

Email Confirm Email
 Password Confirm Password

Password Must:

- Minimum of 8 characters
- Contain one upper case letter
- Contain one lower case letter
- Contain one special character (! @ # \$ etc.)
- Maximum of 72 characters

[Already have an account? Log In](#)

At the close of 2021, there were 27,294 PDMP accounts, which was a small decrease from 2020 (Table 4).

Table 4. Total registered PDMP accounts by licensing board for 2021.

Licensing board	PDMP accounts	% change from 2020
Oregon Medical Board	14,358	0.4%
Board of Naturopathic Medicine	548	-5.7%
Board of Nursing	3,555	0.1%
Board of Pharmacy	3,127	-23.6%
Board of Dentistry	2,528	-3.2%
Board of Optometry	332	-44.0%
Delegates	2,808	-11.4%
TOTAL	27,294	-5.9%

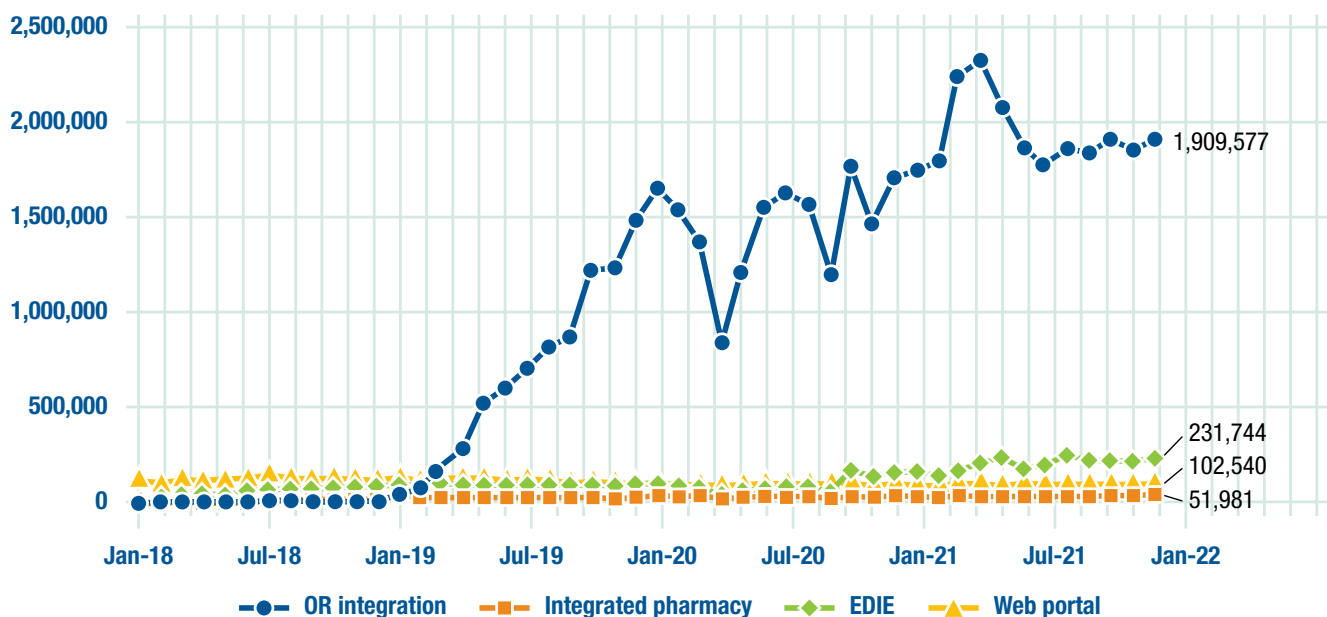
PDMP utilization

Health information technology integration

Practitioners have two options for querying the PDMP; (1) The secure web portal which requires providers to log in via a secure web browser, or (2) through their EHR with PDMP integrated directly into their electronic workflow. Integration facilitates the use of the PDMP within clinical workflows and dramatically reduces the time required to access PDMP information. In 2018, OHA, in partnership with the Oregon Health IT Commons, negotiated a statewide license for PDMP integration. The statewide license removed barriers to integration by connecting entities across the state to the PDMP under a single umbrella agreement. At the close of 2021, Oregon is among the states with the highest rates of PDMP integration penetration with nearly 300 entities integrated, including all major health and pharmacy systems, and the majority of Oregon providers accessing from within an integrated solution.

The PDMP integration has led to a large increase in utilization of the PDMP. Many integrated entities have established automatic triggers which query the PDMP and make access to the data nearly instantaneous. Figure 2 below shows the dramatic increase in integrated queries, this includes automated and manual integrated queries. It was expected that with the increased utilization of integrated queries the use of the web portal would decrease sharply, however, the web portal continues to be a widely used tool and has not seen a significant drop in utilization. Web portal is commonly used by delegates and by small practices that have not elected to integrate the PDMP into their EHR.

Figure 2. PDMP monthly query trends by query type, 2018–2021.





Major trends in 2021 utilization data were a modest decrease in active web portal system users (Table 5) and a large increase in active integrated system users. The increase in active users utilizing integration was spread among all license types. This demonstrates that the integration initiative has been successful in reaching diverse practices.

Table 5. PDMP active users by user group, Oregon, 2020–2021.

License	Total user accounts*	% change from 2020	Active web users**	% change from 2020	Active gateway report users**	% change from 2020
MD/DO/PA	13,297	7.5%	3,067	-10.3%	4,978	21.0%
NP/CNS-PP	3,340	11.7%	1,517	1.5%	1,230	28.9%
RPh	3,067	11.0%	1,765	-8.8%	922	25.4%
Delegates	2,800	40.8%	2,776	-11.2%	N/A	N/A
DDS/DMD	2,487	7.5%	764	-1.9%	156	20.9%
ND	526	9.8%	256	3.6%	83	56.6%
TOTAL	27,294	-5.5%	10,145	-7.7%	7,661	23.1%

*User accounts number provided by unique DEA number, but users may be associated with multiple DEA numbers.

**Users that submitted a query or viewed a report in 2021.



The integration initiative has had a significant impact on query volume by license type (Table 6). While there was a small overall decrease in web portal utilization not all licenses have shifted to integrated use. Medical board licenses saw a 130% increase in integrated reports viewed compared to a 22% increase among pharmacists. Despite inconsistent rates of querying, overall, there was a 93% increase in reports viewed through integration. This clearly demonstrates an increase in PDMP data utilization at the point of care among Oregon practitioners.

Table 6. Number of PDMP web queries and gateway reports viewed by user group, Oregon, 2021.

License	Web user queries	% change from 2020	Gateway reports viewed	% change from 2020
MD/DO/PA	416,326	-8.5%	3,693,287	130.5%
NP/CNS-PP	259,765	23.2%	216,766	48.3%
RPh	299,800	-11.7%	1,045,286	22.5%
Delegates	714,347	0.7%	N/A	N/A
DDS/DMD	15,830	-20.4%	43,134	38.3%
ND	6,590	12.0%	6,837	137.7%
TOTAL	1,706,590	-2.1%	5,719,297	92.9%

In addition to monitoring utilization of the integration initiative, OHA has prioritized evaluating the user experience and attempting to identify and remove perceived barriers. In 2021, OHA leveraged Harold Rogers grant funds to partner with HIT Commons to conduct an extensive qualitative evaluation of the PDMP integration. This included surveys and focused interviews with integration users. The survey found that 74% of users view this enhancement as very impactful on their practice with only 14% reporting that it had little or no impact on their practice.

Frequent prescribers



PDMP staff performed targeted outreach to frequent prescribers through collaboration with healthcare licensing boards. In 2021, the top 4,000 health care providers, by controlled substance prescribing volume, prescribed 76% of the controlled substances recorded in the PDMP. While 84% of all Oregon licensed prescribers were enrolled in the PDMP at the end of 2021, 97% of the 4,000 most frequent prescribers were enrolled (Table 7). While efforts continue to increase enrollment, the percentage enrolled has plateaued for top prescribers and overall prescribers. The PDMP staff do not have the authority to compel enrollment and continue to collaborate with the healthcare licensing boards who are the appropriate body to provide discipline for lack of compliance with the enrollment mandate.

Table 7. Percentage of controlled substance prescribers enrolled in PDMP by number of prescriptions, Oregon, 2014–2021.

Prescribers	2014	2015	2016	2017	2018	2019	2020	2021
Top 2,000	74%	80%	80%	77%	97%	97%	97%	98%
Top 4,000	66%	72%	74%	71%	95%	96%	96%	97%
All prescribers	42%	48%	47%	45%	81%	87%	85%	84%

PDMP Advisory Commission activities



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

- Study issues related to the PDMP
- Review the program’s annual report
- Make recommendations to OHA on program operation, and
- Develop criteria to evaluate program data.

The commission met three times in 2021. During both the January and the October meetings the Commission reviewed likely legislative changes that may be considered during the upcoming legislative session to capture the positions of the commission. This input is invaluable during legislative session to understand the support or opposition from the healthcare community.

Dr. John Hinton joined the commission in 2021 as a representative of the Osteopathic Physicians and Surgeons of Oregon.

The annual report was not prepared in 2021 for the Advisory Commission to review. This was due to large staff turnover and lack of capacity to produce the report. These issues were exacerbated by difficulty in hiring and retaining staff.

Prescribing Practices Review Subcommittee Activities



The prescribing Practice Review Subcommittee is required to meet at least once annually to review PDMP information and make recommendations regarding which providers should receive additional education regarding risky prescribing practices.

The subcommittee met one time in 2021. During this meeting, the PDMP epidemiologist, Katie Branson, presented recent trends in four risky prescribing metrics. These metrics are tracked by the subcommittee to assist in evaluating the criteria used to select which prescribers should receive letters encouraging changes to their prescribing practice. These categories are frequent prescribing of High MED (>200), frequent co-prescribing of opioids and benzodiazepines, frequent initiation of an opioid-naïve patient on an opioid with a long day supply, and frequent prescribing to patients with 4 or more prescribers in the last six months.

Branson showed that the number of prescribers qualifying as a risky prescriber under these criteria has decreased significantly for all four categories. This is a positive sign that the many prescribing improvement interventions in the state have been effective, including the work of the subcommittee.

The subcommittee requested that Branson prepare an analysis showing the impact that various changes to the thresholds would have on the number of prescribers qualifying to receive letters. Those threshold changes would be reviewed at a subsequent meeting to determine which should be implemented to maximize the benefits of the letters.

The letters are sent out quarterly by PDMP staff and were sent out on schedule four times in 2021.

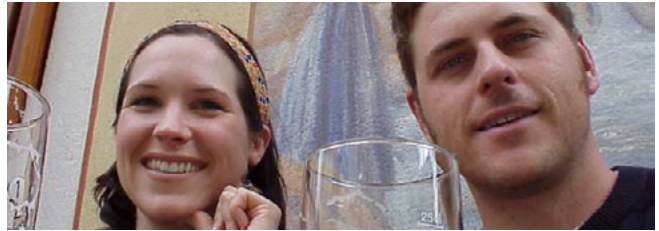
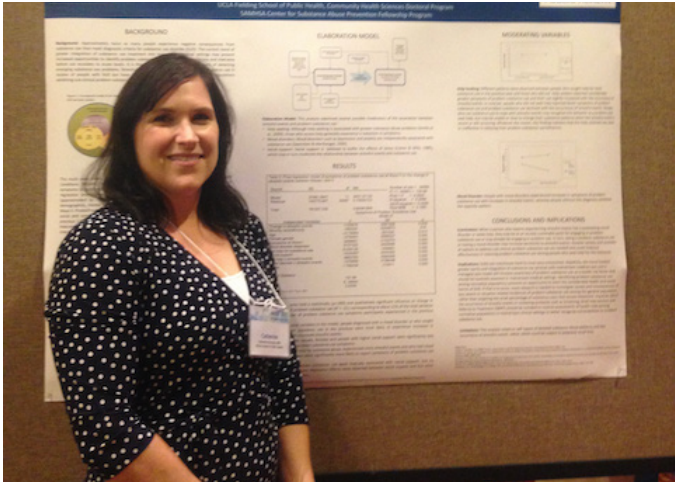
Barriers and needs



The opioid epidemic is always changing, and the OHA will need to continually alter its approach to addressing it, including continually enhancing the PDMP to fit emerging trends.

There is a national trend toward the collection of veterinarian data in the PDMP. This trend is logistically complicated and a potential privacy violation. If Oregon chooses to alter the statute to mandate the collection of veterinarian-controlled substances then there will be significant policy, rules, procedure, and IT customization work needed to implement this change.

In memoriam



Katie Branson was the PDMP Epidemiologist and a valued member of the PDMP team. She was passionate about public health and high-quality data use. She unexpectedly passed away in August 2021.



Christopher Apgar was a founding member of the PDMP Advisory Commission and a strong advocate for the program who had championed best practices and pushed Oregon forward in combating the opioid epidemic. He passed away unexpectedly in December 2021.



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Drug Monitoring Program
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