



Prescription Drug Monitoring Program

Constraints on Oregon's PDMP Limit the State's Ability to Help Address Opioid Misuse and Abuse

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Oregon's opioid epidemic

- Governor declared a public health emergency in March 2018
- As of the audit (December 2018), Oregon:
 - Had the highest rate in the nation of seniors hospitalized for opioid-related issues (overdose, abuse, dependence)
 - Had the sixth-highest percentage of teenagers with a substance use disorder
 - Ranked almost last (49th) nationwide for providing access to treatment and recovery support for adolescents with substance use disorders
 - Ranked last (50th) for providing access to treatment and recovery support for adults with substance use disorders
- Deaths due to prescription opioids equated to about one Oregonian dying every three days

Audit risk assessment, scope, and objective

Risk Assessment and Inclusion in Annual Audit Plan

Scope: The audit reviewed Oregon's Prescription Drug Monitoring Program (PDMP) efforts since its inception and program data for calendar years 2015 through the first quarter of 2018.

Objective: To determine if Oregon can better leverage the PDMP to help mitigate the devastating impacts of the opioid epidemic.

Prescription Drug Monitoring Programs

- All 50 states have PDMPs
 - PDMPs maintain an electronic database of prescription information, collected directly from pharmacies, to provide physicians and pharmacists with a patient's prescription history
- All PDMPs, at a minimum, collect information on drugs federally classified as Schedules II, III, and IV controlled substances
- Oregon PDMP Enacted in 2009 and started to collect information in late 2011
- Oregon designed the program “to promote public health and safety and improve patient care by providing prescribers and pharmacists with information to better manage patients’ prescriptions”
- What information is collected?
 - Patient name, date of birth, address, etc.
 - Prescriber name and DEA number
 - Date prescribed
 - Date medication dispensed
 - Drug prescribed (name, quantity, days’ supply, and number of refills)
- Funded through licensing fees

Audit findings

1. OHA could better use PDMP data to analyze trends, including identifying patterns of possible opioid misuse and abuse.
2. State laws prevent OHA from sharing information on questionable activity with key stakeholders, including health licensing boards and law enforcement.
3. Using data analysis, we found people who received prescriptions from excessive numbers of prescribers and instances of dangerous drug combinations and prescriptions for excessive dosages.
4. Oregon is only one of nine states that does not require prescribers or pharmacies to use the PDMP before writing or dispensing an opioid prescription.
5. Due to statutory restrictions, the PDMP does not collect some information that could be critical in preventing drug abuse, including:
 - Prescriptions filled by non-retail pharmacies
 - Veterinarian-prescribed prescriptions
 - Prescriptions for Schedule V drugs
 - Details such as method of payment and diagnosis information

Statewide analysis is limited

- OHA is doing some prescribing analysis at the county and state level
 - However, these are not layered together to identify statewide patterns
- Historically, PDMP data has not been used to identify risky or questionable prescribing and dispensing behaviors of prescribers
- Doctor shopping is an issue that continues
 - Using data analysis, we identified 148 people who exhibited behaviors associated with doctor shopping

Average Person



Prescriptions from 2 prescribers
Prescriptions filled by 2 pharmacies

148 People in Our Analysis



Prescriptions from 30 or more prescribers
Prescriptions filled by 15 or more pharmacies

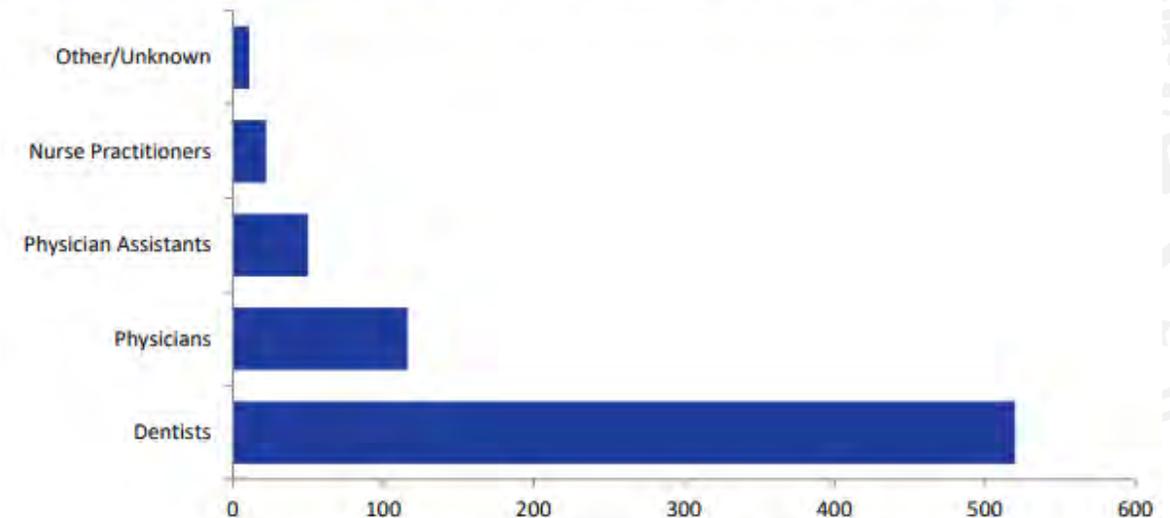
Our data analysis found alarming trends

Figure 8: The most egregious cases of potential doctor shopping saw hundreds of prescriptions filled

	Person 1	Person 2	Person 3	Person 4	Person 5
Total Opioid Prescriptions Filled	290	315	140	207	156
Most Frequent Drug(s)	Hydrocodone	Hydrocodone	Hydrocodone, Oxycodone	Hydrocodone	Hydrocodone, Oxycodone
Different Prescribers	232	207	102	98	80
Different Pharmacies	75	40	57	36	21
Other Information	32 opioid prescriptions paid by Medicaid	Prescription for buprenorphine in late 2017, indicating may have a substance abuse disorder	Prescription for buprenorphine in 2017, indicating may have a substance abuse disorder	N/A	N/A

Source: OAD analysis using PDMP data, calendar years 2015 through 2017, provided by OHA PDMP staff.

Figure 9: Dentists prescribed most of the opioids in our five cases of potential doctor shopping



Source: OAD analysis using PDMP data, calendar years 2015 through 2017, provided by OHA PDMP staff.

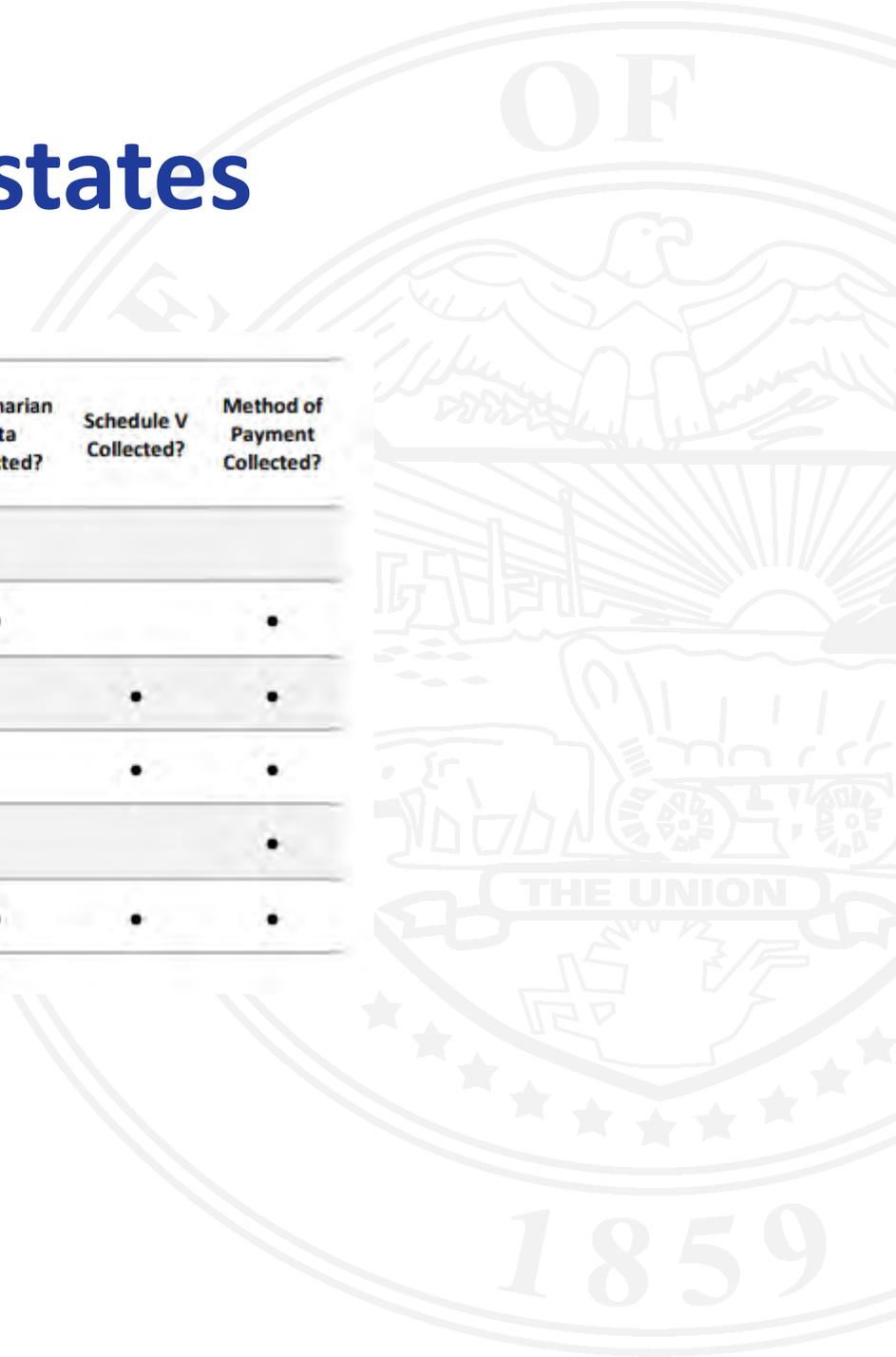
State law hampers use of the PDMP

- State law does not require prescribers to use the PDMP
 - As of November 2018, only 77% of prescribers had registered
- State laws block access to PDMP data for some key players
 - Including health licensing boards and law enforcement
- PDMP is not allowed to evaluate prescriber practices and habits among peers
 - Some states, but not Oregon, produce prescriber report cards
- Audit risk and challenges considerations for high profile audits impacting influential constituencies and sensitive public policy areas

Oregon compared to nearby states

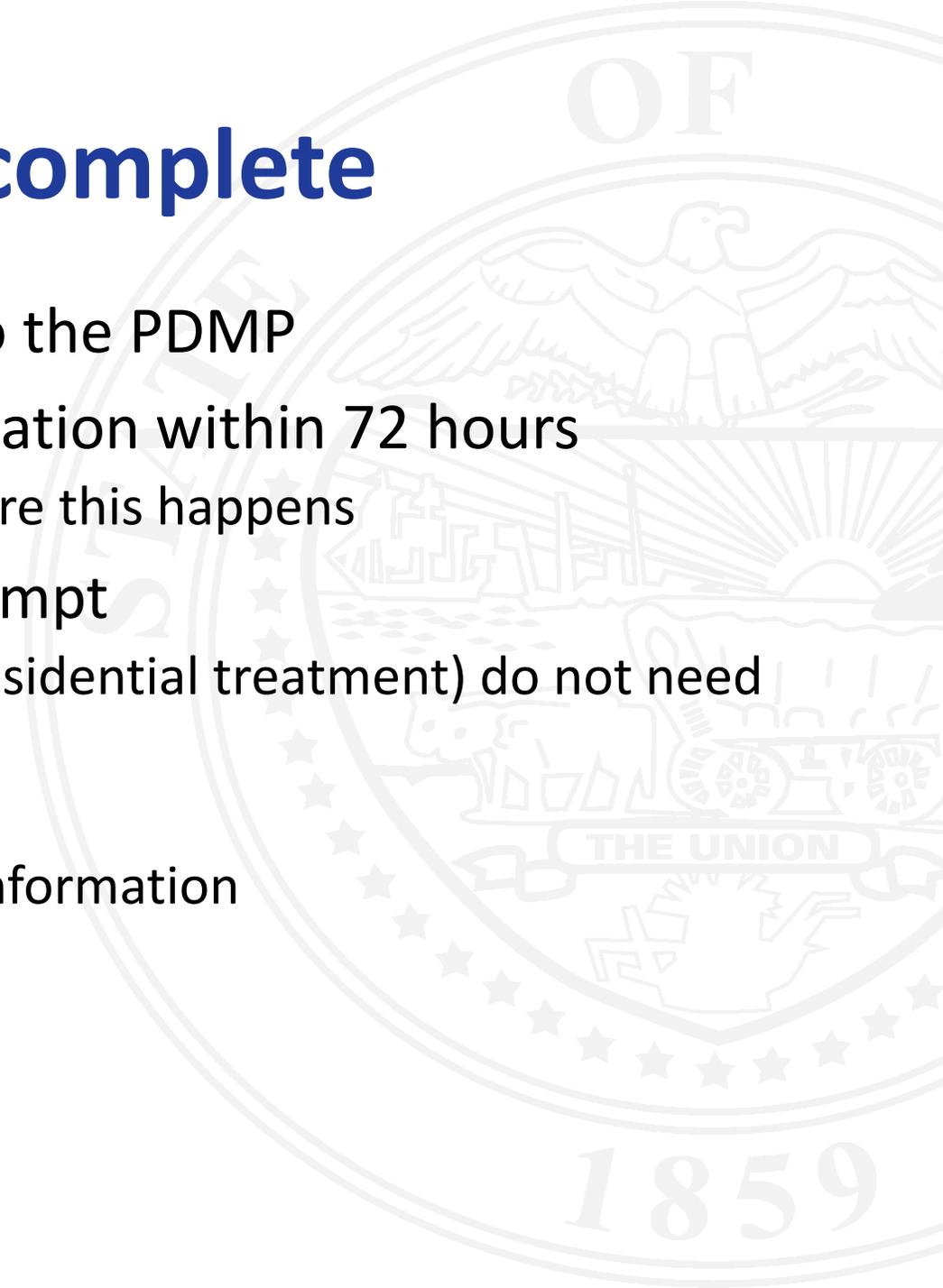
State	Prescriber Report Cards?	Mandatory Use for Prescribers?	Law Enforcement Access During an Active Investigation?	Unsolicited Reports Sent to Prescribers?	Pharmacy Data Collected within 24 Hours or Next Day?	Veterinarian Data Collected?	Schedule V Collected?	Method of Payment Collected?
Oregon								
California		•	•	•		•		•
Colorado	•	•			•		•	•
Idaho	•		•	•	•		•	•
Nevada	•	•	•	•	•			•
Washington	•	•	•		•	•	•	•

Source: Prescription Drug Monitoring Program Training and Technical Assistance Center, Brandeis University.



Database information is incomplete

- Not all prescriptions are being reported to the PDMP
- Pharmacies are required to submit information within 72 hours
 - However, there is no process in place to ensure this happens
- Some prescribers and information are exempt
 - Non-retail pharmacies (long-term care and residential treatment) do not need to participate
 - Veterinarians are exempt from participating
 - PDMP does not collect method of payment information



Our recommendations

- Our report included 12 recommendations to OHA for optimizing the state's PDMP.
- OHA can implement some of these within existing statutes and rules, and for others it needs to work with the Legislature.
- OHA agreed with all of the recommendations, but stated that because seven fall outside the scope of its statutory authority, its ability to implement them is limited.
- Subsequent Activity and Impact
 - U.S. Attorney Subpoena
 - Veterinary Board Audit – FBI Distribution
 - Medical and Dental Licensing Board Audits
- Thank you



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