

Oregon Prescription Drug Monitoring Program

Basic Facts

- Approximately 7,000,000 prescription records are uploaded into the PDMP system annually.
- Greater than 99 percent of pharmacies required to participate are reporting.
- More than 8,200 practitioners and pharmacists have PDMP accounts
- In 2013, more than 621,000 queries were made by practitioners and pharmacists.
- 78 percent of the prescriptions in the PDMP are prescribed by a cohort of 4,000 practitioners; 67 percent of these prescribers have PDMP accounts.
- Opioids account for 54 percent of the prescriptions in the PDMP data system.
- Opioids are the class of medication that has the highest potential for overdose, misuse, dependence, and abuse.
- Benzodiazepines are the second-most-often-prescribed class of medication in the PDMP data system.
- Opioids combined with benzodiazepines increase the risk of overdose.

What is the PDMP?

The Oregon Prescription Drug Monitoring Program (PDMP) is a Web-based data system that contains information on controlled substance prescription medications dispensed by Oregon-licensed retail pharmacies. The PDMP became operational on September 1, 2011; pharmacies began reporting data on June 1, 2011. Law requires pharmacies to submit data weekly for all Schedule II – IV controlled substances dispensed. Controlled substances reported include opioids, benzodiazepines, sedative hypnotics, stimulants, and other drugs. PDMP legislation was passed in 2009 and amended in 2013.

What is its purpose?

The PDMP is a tool practitioners and pharmacists can use to improve patient safety and health outcomes. Patients who use these medications are at risk for: overdose, side effects and increased effect when combined with alcohol and/or other drugs, risk for physical dependence, and risk for developing patterns of drug abuse. The PDMP provides practitioners and pharmacists a means to identify and assess these problems.

How does it work?

Authorized system users can logon to the PDMP Web-based system and request a report of the controlled substance medications dispensed to their patients. The patient report is a line list of prescriptions dispensed. Prescription records include information on the dispenser, prescriber, and drug (i.e. name, quantity, days supplied, and refill information).

Who can access PDMP information?

Access to PDMP information is regulated by law—ORS 431.966. Entities who can access system information once authorized include: Oregon-licensed practitioners and pharmacists and their delegated and authorized office staff, licensed and authorized practitioners in bordering states, and the State Medical Examiner and designees. Other enti-

ties may submit request forms to obtain a PDMP report. Other entities include patients, health care regulatory boards, and law enforcement agencies. In addition to the prescription record, patient reports include a list of anyone who queried a patient's information to ensure proper access. Law enforcement requests must be pursuant to a valid court order. Executive directors of health care boards must certify the request is part of an active investigation.

Is patient privacy protected?

PDMP patient information is protected by law—ORS 431.966.

Top 12 Prescriptions, JUN 2011—SEPT 2014

Drug	Number of Rx*	% of all Rx
Hydrocodone	6,098,706	27.5%
Oxycodone	3,684,538	16.6%
Zolpidem	1,629,692	7.4%
Lorazepam	1,356,990	6.1%
Alprazolam	1,199,656	5.4%
Clonazepam	1,060,819	4.8%
Amphet ASP/ AMPHET/ D- AMPHET	834,090	3.8%
Morphine	750,332	3.4%
Methylphenidate	738,005	3.3%
Diazepam	587,039	2.6%
Methadone	385,765	1.7%
Acetaminophen with Codeine	332,710	1.5%

For more information:

Go to www.orpdmp.com

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Oregon Prescription Drug Monitoring Program: Program Evaluation

Key Findings

- Respondents to an evaluation survey agreed the PDMP would likely improve the management of patients' prescriptions and increase communication between providers.
- Providers registered to use the PDMP were significantly younger than providers who were not registered.
- 96 percent of system users checked the PDMP when they suspected diversion, addiction, or abuse.
- Among non-user survey respondents (providers not yet using the PDMP), 64 percent cited time constraints as a barrier; 47 percent were not aware of the program.

For full survey results: <http://www.orpdmp.com/reports.html>.

Why is the Prescription Drug Monitoring Program (PDMP) evaluated?

Program evaluation guides the development and ongoing operations of the system, examines how the information may or may not guide clinical practice, generates information to inform policy decisions, and provides information to develop and target prevention efforts.

What evaluation work has been completed?

In 2012, Program Design and Evaluation Services (PDES) was contracted to conduct a survey to assess the overall benefit and usefulness of the PDMP, barriers to use, and recommended system improvements. Both system users and non-users were surveyed.

In 2013, Acumentra Health and Oregon Health and Sciences University conducted a National Institutes of Health-funded survey to assess registered user and non-user characteristics, barriers to registration and use of the PDMP, how providers use the PDMP in practice, and recommended system improvements and training opportunities.

What barriers to frequent system use were identified?

- Time constraints in the clinical practice setting
- Office staff not able to access the system
- System not easy to use
- Lack of training
- Information not up-to-date

- Difficult to register
- Unaware of the system

What program or system changes resulted from the survey feedback?

- Policy change in 2013 to allow office staff access
- System interface upgraded in 2014 to facilitate use
- Targeted outreach

Conclusions

- PDMP use guidelines should be adopted by health systems
- Additional research is needed to identify how system use impacts clinical decision-making, patient outcomes, and community-level health outcomes
- Providers need training on how to discuss PDMP information with patients



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Injury & Violence Prevention Program

Basic Facts

- In 2013, 156 Oregonians died due to prescription opioid poisoning.
- In 2013, one person died* for every:
 - 1,900 methadone prescriptions dispensed
 - 20,300 opioid prescriptions dispensed (excluding methadone)
 - 125,000 benzodiazepine prescriptions dispensed
- The overall rate of poisoning due to prescription opioids increased 364% between 2000 and 2006 (1.4 per 100,000 to 6.5 per 100,000), and has declined 38% between 2006 and 2013 (to 4.0 per 100,000).
- The rate of death associated with methadone poisoning decreased 58% between 2006 and 2013, from 3.8 to 1.6 per 100,000.
- In 2013, 1,510 Oregonians were hospitalized due to unintentional or undetermined drug poisonings; 54% were due to sedative hypnotic, anti-epileptic, psychotropic drugs and prescription opioids.
- In 2012–2013, an estimated 212,000 Oregonians self-reported using prescription pain relievers non-medically.

Note: Categories include only unintentional and undetermined intent poisonings. *Includes only deaths for that category of prescription drug.

What is the issue?

Poisoning is one of the leading causes of injury death in Oregon. In 2013, 423 deaths were due to unintentional or undetermined poisoning; 38% were associated specifically with prescription opioids— drugs used for pain treatment. Prescription opioids include drugs like hydrocodone, oxycodone, and methadone.

Although decreasing since 2006, the prescription drug poisoning/ overdose death rate in Oregon was 2.8 times higher in 2013 than in 2000.

Despite the impact of drug poisonings on public health, there is an important and legitimate need for prescription medications used for primary care, emergency care, surgery, pain management, cancer treatment, mental health disorders, and substance abuse disorders.

Deaths

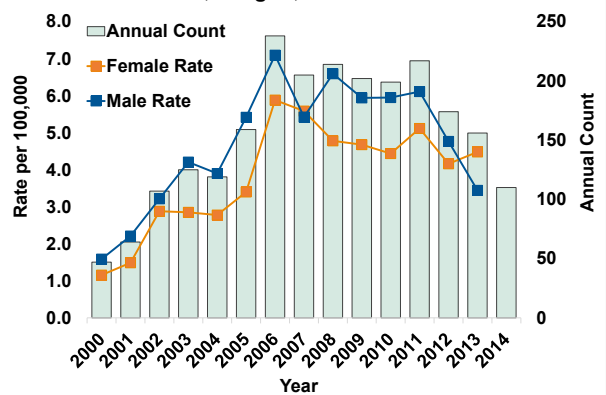
The risk of prescription opioid poisoning is highest among adults 35–54 years of age (Figure 2). Men generally have a higher risk compared to women, for all age groups except women 45–54 and 65–74 years of age. The highest overall risk is among women 45–54 years old.

Hospitalizations

Unintentional prescription opioid hospitalizations increased 285% from 2.6 per 100,000 in 2000 to 10.0 per 100,000 in 2013. Women have a higher rate of hospitalization than men— 10.4 per 100,000 compared to 6.4 per 100,000 for men.

Data sources: Oregon Center for Health Statistics Vital records; Oregon Prescription Drug Monitoring Program; Oregon Hospital Discharge database; NSDUH national Survey on Drug Use and Health, 2012-2013. **For additional data,** refer to the full report, *Drug Overdose Deaths, Hospitalizations, Abuse and Dependency among Oregonians*: <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/oregon-drug-overdose-report.pdf>. **Data Contact:** Matthew.laidler@state.or.us

Figure 1. Unintentional and Undetermined Prescription Opioid Poisoning Deaths and Death Rates, Oregon, 2000–2013



*2014 data include counts only; rates not available due to current lack of comparable population estimates. Counts for 2014 are preliminary.

Figure 2. Unintentional and Undetermined Prescription Opioid Poisoning, Average Annual Death Rates by Sex and Age, Oregon, 2011–2013

