



# Recommendation Follow-up Report

## Oregon Health Authority Some Constraints Still Remain in Oregon's Prescription Drug Monitoring Program

June 2022  
Report 2022-17



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# Report Highlights

## Oregon Health Authority Some Constraints Still Remain in Oregon's Prescription Drug Monitoring Program

Follow-up to [Audit Report 2018-40](#)

The Oregon Health Authority (OHA) has made some progress on the 12 recommendations from the original audit, partially implementing three and fully implementing four. Restrictions still limit the effectiveness and impact of the program. Enhancing Oregon's Prescription Drug Monitoring Program (PDMP) will help maximize its potential and better address opioid and other substance abuse issues in the state.

### Findings from the original audit

- We identified people who received opioid prescriptions from excessive numbers of prescribers, instances of dangerous prescription drug combinations, and prescriptions for excessive drug dosages.
- Oregon is one of a few states that does not require use of the PDMP database before an opioid prescription is written or dispensed, and state laws prevent OHA from sharing information on questionable activity with stakeholders.
- Oregon's PDMP does not collect some prescription information that could be critical in preventing prescription drug abuse and misuse and could better use PDMP data to analyze trends in prescribed drugs.

### Improvements noted

- PDMP staff have specialty information listed for every applicable registered prescriber in the PDMP and staff have a process in place to add DEA issued numbers for applicable prescribers. ([pg. 3](#))
- PDMP staff have created prescriber report cards and medical director reports to provide analysis of prescribing at an individual and clinic level. Prescriber reports are generated quarterly and everyone who prescribed opioids or benzodiazepines during the timeframe receive a report. ([pg. 5](#))
- As of 2020, the diagnosis code related to the prescription is reported to the PDMP when provided by prescribers to pharmacists. ([pg. 7](#))

### Remaining areas of concern

- State laws that prevent PDMP information to be shared proactively with stakeholders to help monitor and address questionable prescription activity have not changed. ([pg. 6](#))
- Oregon still does not require prescribers or pharmacists to use the PDMP database before certain prescriptions are written or dispensed. ([pg. 6](#))
- Oregon's PDMP has not expanded to collect some prescription information that could be critical in preventing prescription drug abuse. ([pg. 7](#))

# Introduction

The purpose of this report is to follow up on the recommendations we made to the Oregon Health Authority (OHA) as included in audit report 2018-40, “Constraints on Oregon’s Prescription Drug Monitoring Program Limit the State’s Ability to Help Address Opioid Misuse and Abuse.” The audit, which looked at ways Oregon could better leverage its PDMP to help with the opioid epidemic, received the National State Auditor Association’s Excellence in Accountability Award for 2020 because of its innovative approach and compelling findings and recommendations addressing this critical public health issue.

The Oregon Audits Division conducts follow-up procedures for each of our performance audits. This process helps assess the impact of our audit work, promotes accountability and transparency within state government, and ensures audit recommendations are implemented and related risks mitigated to the greatest extent possible.

We use a standard set of procedures for these engagements that includes gathering evidence and assessing the efforts of the auditee to implement our recommendations; concluding and reporting on those efforts; and employing a rigorous quality assurance process to ensure our conclusions are accurate. We determine implementation status based on an assessment of evidence rather than self-reported information. This follow-up is not an audit, but a status check on the agency’s actions, and therefore does not adhere to the full set of government auditing standards.

To ensure the timeliness of this effort, the division asks all auditees to provide a timeframe for implementing the recommendations in our audit reports. We use this timeframe to schedule and execute our follow-up procedures.

Our follow-up procedures evaluate the status of each recommendation and assign it one of the following categories:

**Implemented/Resolved:** The auditee has fully implemented the recommendation or otherwise taken the appropriate action to resolve the issue identified by the audit.

**Partially implemented:** The auditee has begun taking action on the recommendation, but has not fully implemented it. In some cases, this simply means the auditee needs more time to fully implement the recommendation. However, it may also mean the auditee believes it has taken sufficient action to address the issue and does not plan to pursue further action on that recommendation.

**Not implemented:** The auditee has taken no action on the recommendation. This could mean the auditee still plans to implement the recommendation and simply has not yet taken action; it could also mean the auditee has declined to take the action identified by the recommendation and may pursue other action, or the auditee disagreed with the initial recommendation.

The status of each recommendation and results of our follow-up work are detailed in the following pages.

We sincerely appreciate the courtesies and cooperation extended by officials and employees of OHA during the course of this follow-up work.

### Report team

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### About the Secretary of State Audits Division

The Oregon Constitution provides that the Secretary of State shall be, by virtue of the office, Auditor of Public Accounts. The Audits Division performs this duty. The division reports to the elected Secretary of State and is independent of other agencies within the Executive, Legislative, and Judicial branches of Oregon government. The division has constitutional authority to audit all state officers, agencies, boards and commissions as well as administer municipal audit law.

# Recommendation Implementation Status

Maintain an ongoing partnership with health licensing boards to target outreach efforts to get all required prescribers registered with the PDMP.

**Implemented**

All Oregon prescribers with an Oregon license and U.S. Drug Enforcement Administration registration are required to enroll with the PDMP. OHA does not have any authority to compel prescribers to enroll, so it has been working with licensing boards, which do have regulatory authority over licensees, to provide lists of those who are not compliant for targeted outreach. According to PDMP staff, licensing boards have requested these lists be provided every other month to align with their enrollment efforts.

Outreach efforts seem to be helping increase the number of registered prescribers. In early November 2018, about 77% of required prescribers had registered with the PDMP. As of mid-2021, the program reported the percentage of required registered prescribers increased to 85%, with nearly 97% of the top 4,000 prescribers registered.

Provide guidance, including examples, to prescribers on ways to integrate accessing the PDMP database into their daily workflow.

**Implemented**

The Oregon PDMP Integration initiative is sponsored by HIT Commons, a shared public and private governance model formed between the Oregon Health Leadership Council (OHLIC) and OHA. They have created a guide that provides information specific to PDMP integrations for multiple health information technology systems.

According to the program, OHA continues its collaboration with the Oregon Medical Board and the Pain Management Improvement Team to identify and support clinics in need of assistance with PDMP and electronic health record integration. As of September 2021, OHLIC reported over 270 organizations and pharmacy sites have integrated the PDMP into their electronic health record systems.

Verify practitioner specialty information with the respective health licensing board and update the PDMP database with this information.

**Implemented**

PDMP staff collected available specialty information from licensing boards and added that information into existing PDMP user profiles. New users are now required to enter specialty information when creating a new account, with the exception of pharmacists. Our review found specialty of practice was listed for applicable PDMP user profiles.

Develop a process for, and facilitate the sharing of, data between PDMP and Medicaid to help ensure completeness of PDMP prescription history and to allow Medicaid to better monitor the prescription behavior of its clients.

**Not implemented**

According to program staff, current Oregon statute does not allow this usage for PDMP data. Rules and laws permit certain entities (patients, healthcare boards, law enforcement, and researchers) under specific conditions to be permitted PDMP information.

As of October 1, 2021, a section of the federal SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment) for Patients and Communities Act mandates Medicaid programs to have all prescribing providers check the prescription drug history of a covered individual through the Oregon PDMP prior to prescribing that individual a schedule II controlled substance. While requiring prescribers to check prescriptions of their Medicaid clients, it does not help ensure the completeness of prescription information reported to the PDMP or allow the Medicaid program to monitor clients' prescription behavior.

Identify and propose drugs of concern, such as gabapentin, to the Board of Pharmacy and Legislature that should be added to the state's controlled substance schedule and collected by the PDMP.

Partially implemented

PDMP started tracking gabapentin as of January 1, 2020, with the passage of House Bill 2257, which was introduced at the request of the Governor.

According to PDMP staff, there are multiple, ongoing partnerships actively working on the overdose crisis such as the medical examiner, High Intensity Drug Trafficking Areas program, Governor's Opioid Epidemic Task Force, national PDMP administrators, and the PDMP Advisory Commission to identify prescription drugs related to overdose to be considered for inclusion in the PDMP.

In addition to those legislatively required, OHA can determine other prescription drugs for the PDMP to collect. However, the agency does not have a specific procedure in place for this, and staff noted it is not something of regular occurrence.

Work with the PDMP vendor and the Board of Pharmacy to make sure prescriptions made by X-waivered prescribers are included in the PDMP database.

Implemented

Program staff have a process in place to add X-waivered numbers, issued by the DEA, to user profiles when omitted at time of registration. Only a physician with a special X-waivered number can prescribe the drug buprenorphine to specifically treat a substance abuse disorder such as opioid addiction. According to program staff, identifying X-waivered numbers not captured in the master list provided by U.S. Department of Health & Human Services' Substance Abuse and Mental Health Services Administration is an ongoing project for them to ensure providers are able to see all prescriptions written under both their DEA and X-waivered numbers.

Expand statutes to allow the PDMP to conduct and share analyses on prescription data, including:

- a. analyzing prescriber, pharmacy, and patient prescription practices;
- b. making prescriber report cards available; and
- c. preparing and issuing unsolicited reports to licensing boards and law enforcement.

**Partially  
implemented**

Parts a and b of this recommendation became operational with the passage of House Bill 2257. PDMP completed contract amendments in 2020 with its software vendor to create prescriber report cards and medical director reports. Starting in spring 2021, prescriber reports are generated quarterly and are provided to all prescribers who prescribed at least one controlled substance prescription during the reporting timeframe. The report displays four measures that compare a prescriber's prescribing to peers within the same specialty. Those comparative measures include high opioid dose fills, number of patients who received an opioid from four or more prescribers in the last six months, high number of acute opioid fills, and number of patients who had both an opioid and benzodiazepine prescription filled in the same month.

Beginning in May 2021, PDMP made reports available to medical directors that provide an analysis of prescribing at an individual and clinic level. Besides access to PDMP data, directors can see prescriber report cards to help oversee operations of their respective entities. PDMP has a new organizational management tool for directors to establish cohorts within their view of PDMP data to quickly pull up prescriber information. Dental and pharmacy directors are also given the same access as medical directors for their entities.

For part c of the recommendation, current Oregon statute does not allow for this usage of PDMP data. PDMP management stated they use appropriate channels to make recommendations for legislative changes. According to PDMP Advisory Commission minutes, the commission was supportive of proactively informing licensing boards of potentially inappropriate prescribing but opposed to doing so with law enforcement.<sup>1</sup>

Seek legislative action to address the issue of prescribers not registering with the PDMP as required and pharmacies not submitting corrected data within statutory requirements.

**Not implemented**

According to program staff, implementation of this recommendation requires a change in statute. Until then, PDMP staff work have been working with licensing boards, as noted in recommendation no. 1, to target outreach for required prescribers to register with the PDMP. The percentage of required registered prescribers has increased but still falls short of full compliance.

Staff continue to monitor and work with pharmacies to get corrected data. Erroneous records are placed on hold, not viewable from PDMP queries. Current Oregon rules do not impose any penalty to

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<sup>1</sup> Per ORS 431A.890, the PDMP Advisory Commission was created to study issues related to the PDMP, review and make recommendations to OHA regarding program operations, and develop the criteria to evaluate program data.

pharmacies if errors are not corrected, and our previous audit found some data submission had been on hold for years.

Provide further authority to the Clinical Review Subcommittee to require the justification of practices deemed concerning, and allow the collaboration with licensing boards and law enforcement for concerning practices.

**Not implemented**

According to program staff, implementation of this recommendation requires a change in statute. PDMP works with the OHA legislative liaison and the Governor's Opioid Taskforce to recommend possible legislative changes to allow for such collaboration as of December 2020. The Clinical Review Subcommittee's work has expanded to allow for peer comparison reports to encourage provider self-evaluation and allow Medical Directors to evaluate prescribing practice at the clinic level, effective Spring 2021. However, it still does not require prescribers to provide justification of prescribing practices deemed concerning or require the prescriber takes the training recommended. Specific concerning practices cannot be shared with law enforcement and licensing boards. Law enforcement and regulators cannot access PDMP data on providers or patients without a court order or an active board investigation.

Expand authority for other professional and state entities authorized access to PDMP information.

**Not implemented**

According to program staff, implementation of this recommendation requires a change in statute and OHA is actively using appropriate channels to recommend legislative changes. Concerns of patient and provider privacy seem to hinder expanding authorized access to other entities.

As noted in our previous audit report, leading practices recommend proactively providing PDMP data not only to prescribers and dispensers, but also to licensing boards and law enforcement regarding any potential signs of abuse, misuse, or diversion of controlled substances.

Require and set parameters for when prescribers must query the PDMP database to review a patient's prescription history. This should include, at a minimum, requiring the querying of the PDMP database prior to prescribing controlled substances and substances of concern, and for dispensers to query the database prior to issuing a medication and periodically while the patient is taking those medications.

**Not implemented**

According to program staff, implementation of this recommendation requires a change in statute and OHA is actively using appropriate channels to recommend legislative changes. PDMP Advisory Commission is in favor of mandatory use of the PDMP. As noted in our previous audit, leading practices require all prescribers who can write prescriptions for controlled substances to register and query the PDMP database prior to prescribing and dispensing opioids.



As noted in recommendation no. 4 for Medicaid programs, prescribing providers must check the prescription drug history in the PDMP before prescribing certain controlled substances as of October 1, 2021.

Allow for additional information to be collected by the PDMP. This should include:

- a. prescriptions for Schedule V controlled substances and other drugs of concern;
- b. applicable prescriptions from other types of pharmacies, not solely retail pharmacies;
- c. applicable prescriptions prescribed by veterinarians;
- d. method of payment used to pay for the prescription;
- e. patients who are restricted or have a “lock-in” to a single prescriber and a single pharmacy for obtaining controlled substances; and
- f. diagnosis code related to the prescription.

Partially  
implemented

The passage of House Bill 2257 requires the diagnosis code related to the prescription to be reported to the PDMP when provided by prescribers to pharmacists. PDMP staff stated the diagnosis code was reported to the PDMP as of 2020 when made available to pharmacists by prescribers.

For the other five parts of the recommendation, program staff stated the implementation of those require a change in statute.

As discussed in our previous report, other states collect prescription details beneficial to understanding and addressing substance misuse and abuse that Oregon does not. Most other states collect Schedule V drugs to allow their PDMP to monitor trends of all the controlled substances in the Controlled Substances Act. Most states also collect the method of payment information, which allows to see if the person is paying cash for an opioid medication when known to have insurance. Exempting prescriptions from other types of pharmacies can limit the completeness of a patient’s prescription history as we found in our previous report. Lastly, having applicable veterinarian prescriptions would provide for any trends in prescribing habits and pet owners obtaining controlled substances for their pets.

## Conclusion

The misuse and abuse of opioids and risk of overdose remain a health threat nationally and in Oregon. This involves both prescription opioid pain medications and illicit opioids.

Oregon has the highest rate of misuse of prescription opioids in the nation. Although Oregon is dispensing fewer opioid prescriptions, it is still prescribing at a higher rate than the national average. Additionally, there has been a steady increase in prescription stimulants. Oregon’s PDMP is an important tool to help address prescription drug abuse and misuse, and improve health outcomes.

Since the original audit was issued in December 2018, PDMP staff have:

Oregon ranked first for prescription opioid misuse in the nation.

*2020 National Survey on Drug Use and Health*

- maintained an ongoing partnership with health licensing boards to help get more required prescribers registered with the PDMP, and the percentage of required prescribers registered has increased to 85% as of mid-2021.
- included specialty information for every applicable registered prescriber in the PDMP and have a process in place to add X-waivered DEA numbers for applicable prescribers.

Further, subsequent legislation allowed for some program changes and PDMP staff have:

- created prescriber report cards and medical director reports to provide comparative analysis of prescribing at an individual and clinic level.
- collected and tracked prescriptions for gabapentin.
- collected diagnosis code as a part of the prescription information reported to the PDMP when provided by prescribers to pharmacists.

Oregon does not require all prescribers or pharmacists to use the PDMP database before writing or dispensing controlled substance prescriptions.

Our follow-up work indicates Oregon could do more to promote and enhance the use of PDMP as a tool to help combat drug epidemics. Oregon does not require all prescribers or pharmacists to use the PDMP database prior to writing or dispensing controlled substance prescriptions. Also, other states allow their PDMP to share information proactively with stakeholders to help monitor and address questionable prescription activity and collect some additional prescription information that could be critical in preventing prescription drug abuse.



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