

## Colorado Consortium for Prescription Drug Abuse Prevention

### PDMP Work Group Meeting

May 19, 2023 from 1:30 to 2:30 p.m. via Zoom

#### **Present:**

Jason Hoppe, DO and Dmitry Kunin, DORA, Co-chairs

Justin Wipf, DORA

Marjorie Zimdars-Orthman, Community Member

Tamara Mattox, Crowe LLP

G.M. Sanchez

CDPHE: Barbara Gabella, Katie Sullivan

Consortium: Jose Esquibel, Shayna Micucci, Jennifer Mackender, Rosemarie MacDowell

**Absent:** See attached list.

Program Manager, Shayna Micucci, called the meeting to order at 1:35 p.m.

A motion was made to approve the February 2023 work group meeting minutes. Motion approved.

#### **2023 PDMP Task Force Annual Report (Justin Wipf):**

Justin reviewed edits submitted by Barbara Gabella and discussed the gaps in the reporting of fatal and non-fatal overdoses that could otherwise help to identify potential overdose hotspots for public health purposes. Some states (Kentucky and Maryland, for instance) have a closer connection between their HIE and PDMP, which makes this information more easily accessible. In other states, however, patient privacy laws make obtaining this information a challenge. The lack of timely incident reports also presents a challenge for effective intervention. None of the states that currently have mandates to report either fatal or non-fatal overdoses have analyzed the impact of their mandates.

A question was raised regarding the percentage of illicit drugs contributing to overdose rates. Barbara indicated that the trend for prescription-related overdoses has flattened and that illicit drug overdoses are increasing. Rapid ED visit data for non-fatal overdoses is also being reported to the CDC.

CDC dashboard: <https://www.cdc.gov/drugoverdose/nonfatal/dashboard/index.html>

Jason Hoppe suggested there might be an opportunity to obtain funding to look into how this data could be reported, starting with a qualitative study to determine how useful some of the information would be to providers. Justin said Arkansas and Nevada have statutes that allow reporting; however, they lack a funding source to establish a reporting infrastructure. In addition, Colorado is not able to share identified data for analysis. There are a handful of states and some counties and smaller health departments conducting overdose fatality reviews by collecting medical records and overdose deaths to look for indications within the medical record that something could have been done to prevent the overdose. Colorado coroners are able to pull PDMP data for a death investigation.

Jason mentioned that the chances of dying within one year after an ER visit for a non-fatal overdose are between 8 to 16 percent, higher than an ER visit for a stroke or massive heart attack. In addition, while the overdose rate for non-fatal overdoses due to prescription drugs is decreasing, Colorado's rates are still above average compared to other states.

CDPHE Unintentional Drug Overdose Reporting System:

<https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/state-unintentional-drug>

Justin said the biggest challenges are getting hospitals to record information in the PDMP, making sure the correct patient has been identified, and then determining what should be done with the information (including proactive push notices). Oklahoma has a very different structure for overdose reporting. Their system is more law enforcement oriented, and they do not share the information with patient providers. The information becomes part of an investigation of practitioners and/or patient use of illicit drugs. South Carolina's reporting system uses Bamboo Health as their vendor. A secure portal is used to submit PDMP reports on a monthly basis. Patients are then matched to the PDMP. In Utah, only hospitals are required to report a suspected overdose. Other states' methods were also discussed.

Jason asked what DORA needed from the work group in order to make improvements. Justin said he would like the work group recommendations to reflect a consensus and asked for other recommendations to improve the PDMP as a tool for public health.

Barbara suggested it might be worth looking at benzodiazepine co-prescribing, given that prescribers are now required to check the PDMP when writing prescriptions. The information gleaned might provide general information about prescriber behavior. She mentioned that quality improvement studies for specific clinics or practices can also provide useful information. CDPHE has established a contract with Health Data Compass to serve as an honest broker. Katie Sullivan has also served as an honest broker to conduct studies. Katie could provide technical assistance.

Jose Esquibel suggested further discussion about the following: practitioner use of their portal or system to obtain PDMP data, statutory/audit requirements, and funding. Jason asked if the language in the report could be used to apply for settlement dollars to improve use of the PDMP for evaluation of statutes and potential changes.

Dmitry Kunin asked meeting participants to let him and Justin know by Wednesday, May 24, 2023 if they have any other recommendations to be included in the annual report.

### **Adjournment and Next Meeting:**

The meeting was adjourned at 2:30 p.m. The next work group meeting will be held on Thursday, July 13, 2023 from 3:30 to 4:30 p.m.

Attachment: Work group roster