

# Agenda

**Meeting:** EDIE Notification Advisory Committee

**Date:** Tuesday, May 23, 2023 **Time:** 1:00 pm - 2:00 pm

**Location:** Zoom

**Join Zoom Meeting**

**Meeting ID: 551 441 6808**

<https://us02web.zoom.us/j/5514416808>



Topics	Time	Action	Lead
Welcome, introductions	5 min.	Welcome	Mark Hetz
<b>PDMP Update</b> <ul style="list-style-type: none"><li>• Criteria Standardization</li><li>• New integrations</li><li>• Next Steps</li></ul>	20 min.	Update	Jill Leake
<b>Review of 5 in 12 notification criteria</b>	20 min.	Discuss Recommend	Justin Keller
<b>Follow up on previous items</b>	10 min.	Discuss	Mark Hetz
<b>Announcements/Wrap-up</b> <ul style="list-style-type: none"><li>• Review action items</li><li>• Future Agenda topics</li><li>• Next Meeting: August, 2023</li></ul>	5 min.	Information	Mark Hetz



**EDIE Notification Advisory Committee**  
**May 23, 2023**

## **Agenda**

- Welcome/Introductions
- PDMP Criteria Review update
- Review 5 in 12 Notification criteria
- Follow-up on previous items
- Announcements/Wrap up



## EDIE PDMP Notifications

Jill Leake, RN

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LEADERSHIP COUNCIL

Oregon  
Health

## Background – PDMP integration in EDIE

**2018:** EDIE notifications began incorporating PDMP data, triggered based on a set of criteria first developed in Washington state, then approved by OHLC's Best Practice Committee

If a patient meets one or more of the following criteria, a 6-month overview of their PDMP prescription history will be included in the EDIE notification:

- 3+ prescribers of controlled substances in last 12 months
- 4+ controlled substances prescribed in the last 12 months
- 2+ controlled substances prescribed in the last 40 days
- Overlapping prescriptions for controlled substances and benzodiazepines in the last 6 months
- Any prescription for methadone, suboxone, fentanyl transdermal, LA morphine, and LA oxycontin with the last 6 months
- 90+ morphine equivalent dosage (MED)/day in the last 15 days

**Hospitals must opt-in** to this functionality by completing and signing a PDMP Addendum for each system and a Medical Director Release (including MD credentials) for each hospital

## Current Work

2022-2023: EDIE Notification Advisory Committee (ENAC) and OHLC's Substance Use Disorder (SUD) Workgroup reviewed the criteria to ensure it remained clinically appropriate. Overall, the groups agreed the recommended statewide criteria was still relevant.

However, several issues with the PDMP notifications were uncovered:

1. Hospitals not receiving notifications
2. Hospitals receiving too many notifications due to custom criteria
3. PDMP inclusion of non-scheduled drugs
4. Future PDMP inclusion of schedule V drugs
5. Limitation of modifying criteria based on drug
6. Inclusion of PDMP information when criteria is not met



## Current Work – High Priority

<b>Issue</b>	Hospitals not receiving notifications due to missing or outdated agreements
<b>Detail</b>	<ul style="list-style-type: none"> <li>• 22 hospitals had never received PDMP notifications</li> <li>• 2 hospitals had invalid Medical Director credentials, disabling notifications</li> </ul>
<b>Solution</b>	Outreach to all hospitals asking them to enroll or update their credentials <ul style="list-style-type: none"> <li>• Emails with forms attached sent to all ED leaders on 4/5/23</li> </ul>
<b>Outcomes</b>	<p><b>The following hospitals have enrolled:</b></p> <ul style="list-style-type: none"> <li>• Good Shepherd Health</li> <li>• Lower Umpqua Hospital</li> <li>• OHSU Hillsboro</li> <li>• Pioneer Memorial Hospital</li> <li>• Good Samaritan Regional Medical Center</li> <li>• Southern Coos Hospital</li> </ul> <p><b>The following hospitals have updated their agreements:</b></p> <ul style="list-style-type: none"> <li>• Salem Hospital</li> </ul>
<b>Next Steps</b>	Follow-up outreach to the remaining hospitals?

## Current Work – High Priority

<b>Issue</b>	Hospitals receiving too many notifications due to custom criteria
<b>Detail</b>	<ul style="list-style-type: none"><li>• Most in EDs were using a slight variation from the statewide criteria, leading to meeting criteria an average of 81 times more</li><li>• A handful of Oregon EDs were using very broad custom criteria, leading to a high volume of notifications</li></ul>
<b>Solution</b>	Reset all EDs to the statewide recommended criteria. Allow hospitals to opt-out. <ul style="list-style-type: none"><li>• Email notification sent 4/5 that criteria would be reset on 4/24 for all hospitals that do not opt out by 4/19.</li></ul>
<b>Outcomes</b>	<b>No hospitals opted-out.</b> Criteria has been reset to the agreed up statewide standard.
<b>Next Steps</b>	Discuss process for monitoring custom criteria going forward?

## Current Work – High Priority

**Issue** Hospitals receiving too many notifications due to custom criteria

### Preliminary Findings

Comparison between the 19 days prior & 19 day after criteria reset showed:

- 23 hospitals had a decrease in notifications triggered due to PDMP criteria (1-28%)
  - Largest decreases seen in hospitals with greatest original deviation from standard criteria
- 12 hospitals had an increase in notifications triggered due to PDMP criteria (1-23%)
  - Largest increases were small #'s of patients and very unlikely to be caused by criteria changes, as criteria for those hospitals were only slightly modified and made narrower

## Current Work – \*New\* High Priority Issue

<b>Issue</b>	Outdated/inaccurate coding of some triggering criteria
<b>Detail</b>	<ul style="list-style-type: none"> <li>• Overlapping prescriptions criteria is not correctly identifying concurrent medications</li> <li>• MED criteria is untrustworthy</li> </ul>
<b>Solution</b>	OHLC working with OHA to determine measure specifications used in their prescribing database dashboard. We hope to align definitions with OHA, then update coding.
<b>Outcomes</b>	<b>TBD</b> – work in progress

## Current Work – Medium Priority

<b>Issues</b>	PDMP inclusion of non-scheduled drugs & future PDMP inclusion of schedule V drugs
<b>Detail</b>	<ul style="list-style-type: none"> <li>• Gabapentin is included in the PDMP and triggering notifications. Providers want this removed. PCC does not currently have the functionality to discern between “controlled” and “dispensed” drugs. It is likely that PDMP will add more of these in the future.</li> <li>• Providers do not want schedule V drugs included in the notifications. Currently, the PDMP does not collect them. However, there is current legislation to do so. PCC does not currently have the functionality to discern between schedule types.</li> </ul>
<b>Solution</b>	<p>PCC is updating their data architecture to discern medications by schedule (II-V and non-scheduled). We will add the exclusion of non-scheduled drugs and schedule V drugs to the criteria for all Oregon hospitals. <b>This functionality is scheduled to be rolled out in June.</b></p> <p><b>*Note:</b> you still may see gabapentin or schedule V drugs in prescription history, but they will not trigger any notifications</p>

## Current Work – Lower Priority

<b>Issue</b>	Limitation of modifying criteria based on drug
<b>Detail</b>	<ul style="list-style-type: none"><li>Providers would like the option to modify criteria based on specific drug. PCC does not have this functionality currently.</li></ul>
<b>Solution</b>	PCC is updating their data architecture to improve drug name matching. <b>This functionality is scheduled to be rolled out in June.</b>
<b>Next Steps</b>	We will keep the current list of high priority drugs (methadone, suboxone, fentanyl transdermal, LA morphine, and LA oxycontin) using improved matching capabilities. If we want to add more drug specific criteria in the future, we can now do so.

## Current Work – Lower Priority

<b>Issue</b>	Inclusion of PDMP information when criteria is not met
<b>Detail</b>	<ul style="list-style-type: none"><li>If a notification is triggered for a non-PDMP related reason (i.e., high number of ED visits), PDMP information will still be included. Providers are not yet aligned on how to address this.</li></ul>
<b>Solution</b>	We will have future discussions on if/how we want to address "complementary information" in EDIE notifications. At this point PCC is not able to remove this but is working on the updates necessary to do so.

Questions?



5-in-12 Notifications  
Justin Keller

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LEADERSHIP COUNCIL

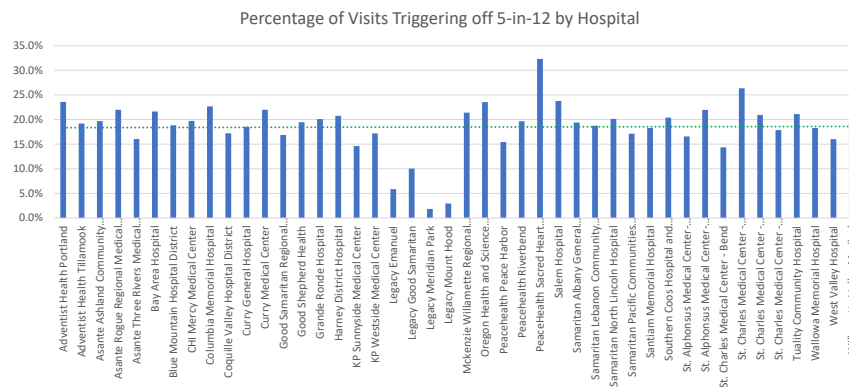
Oregon Health  
Authority



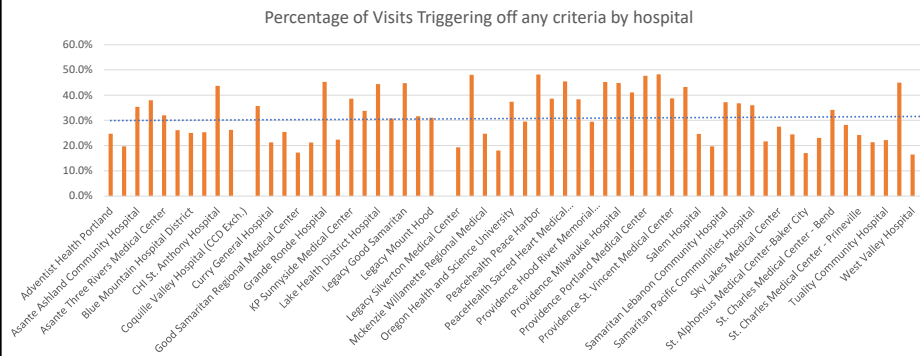
## Quick Facts on 5-in-12 Notifications

- 5-in-12 refers to the criterion of 5 ED visits that have occurred within the past 12 months (this is a rolling lookback period)
  - Historically, this was considered Oregon’s “high utilizer” criterion
- Currently, only 73% of hospitals have an active 5-in-12 notification criterion
- Of the remaining 27%, utilization criteria ranges from none (at least 3 hospitals have no utilization-based criteria) to 20 visits in 12 months (Lake Health District Hospital)
- 3 hospitals are using 3 visits in 12 months (all critical access hospitals)
- All Providence hospitals have done away with utilization-based criteria and are managing mostly to specific care coordination programs using groups/tags (e.g., BOB program, etc.)

## Oregon Hospitals with 5-in-12 criteria are averaging 17% of visits triggering this criteria



By contrast, hospitals average 30% of visits triggering notifications off ANY criteria

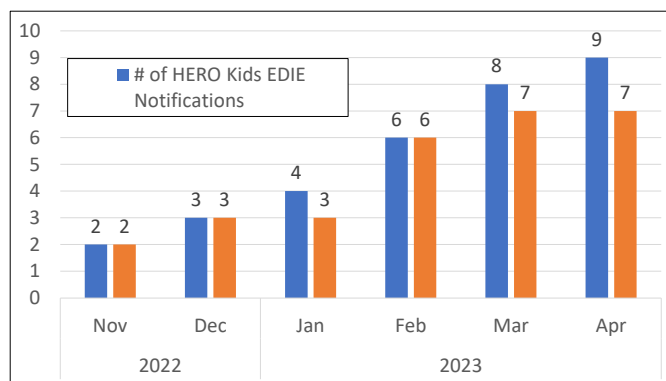


## Discussion

- What is the right % of notifications that should be triggering off of strict ED utilization?
- Should hospitals of different size or in different regions have customized utilization criteria?
- What feels clinically appropriate in 2023?

## Follow up on Previous Items

- FHIR integration
- HERO Flags
- MDRO Flags



Total ED notifications containing a HERO Kids flag in timeframe = 32  
Total distinct individuals with a HERO Kids flag and an ED notification in timeframe = 20

## Announcements/Wrap up

- Review action items
- Future Agenda Topics?
  - Send suggestions for topics for next meeting to [mark@orhealthleadershipcouncil.org](mailto:mark@orhealthleadershipcouncil.org)
- Next Meeting
  - Proposed: 3<sup>rd</sup> or 4<sup>th</sup> week of August
  - Doodle poll in next few weeks

**Thank you!**