Illinois State Opioid Crisis Response Advisory Council

Prescribing Practices Committee Meeting

March 21, 2017

MEETING MINUTES

Chair: David Porter

Committee Members on the Call: Vince Keenan, Kathleen Burke, Patricia Pietrusiwicz, Renee Popovits, Mike Wahl, Alex Cooper, Jonathan Bloomfield, Mona Van Kanegan, Fran Langdon, Garth Reynolds, Mai Pho

DASA and AHP Representatives: Kim Fornero, Sue Pickett

Welcome and Introductions

- David welcomed the group, and shared that the PMP representative was not able to join the call. PMP representation is valuable and needed, and David will continue to invite PMP representatives to committee meetings.

Identifying Any Missing Goals and/or Refining Preliminary Goals

- The purpose of today's call is to review the preliminary goals, identify any missing goals, and begin to develop actions steps. The preliminary goals include:
    1. To better understand prescribing practices in Illinois and relevant practice guidelines for the treatment of chronic pain and appropriate use of opioids and how they are (or are not) being utilized in the clinical setting;
    2. To vastly improve education and awareness around appropriate prescribing of opioids for the treatment of chronic pain; this includes primary care physicians as well as pain management specialists, and may also involve modifying medical school and residency curricula to ensure that the next generation of prescribers is better prepared to appropriately treat chronic pain;
    3. To gain a fuller understanding of how the PMP works and how it can be much more easily and efficiently utilized in clinical settings, including greater integration into EMRs; and
    4. Explore how PMP data can be used by relevant stakeholders – including hospitals – to modify prescribing behaviors and to decrease inappropriate opioid prescribing.

Discussion: Goal 1

- Other groups have started to identify current prescribing guidelines, but additional data are needed to better understand what prescribers are actually doing and what's happening in the field. A future action step for this goal may be a survey to assess prescribing practices and barriers prescribers face in regard to treating pain.
- Two of the best guidelines are the CDC and Federal State Medical Boards guidelines. The Illinois Department of Financial and Professional Regulations has discussed incorporating these guidelines into their rules. However, as the group noted, these guidelines are not evidence-based; guidelines should not hamstring clinicians from prescribing evidenced-based drugs that are best for patients; and stakeholder input on guidelines is needed
- Prescribing practices and guidelines differ by type of pain – how and what is and should be prescribed is different for chronic pain, cancer pain, and short-term surgical pain.

- A survey that captures prescribers' practices for different types of pain, attitudes, and barriers they face would be very useful. The group agreed that, to target all opiate prescribers and dispensers (physicians, dentists, pharmacists, etc.) the survey should focus on prescribing practices for long-term chronic pain and short-term surgical pain and dental procedures. Survey data also will be useful in determining future prescribing behavior changes.
- The group discussed the importance of identifying disposal practices: What are prescribers, pharmacists and others are telling patients about what to do with unused medications? What disposal efforts exist (example: drop-off boxes, disposal bags). What education efforts are happening related to safe storage and disposal?

Discussion: Goal 2

- The group discussed the need for a central repository of education programs that could be used in a variety of settings (grand rounds, medical schools) and tailored to different audiences. Developing a curriculum that has comprehensive reach (perhaps based on what Elizabeth is doing) and can be distributed widely is essential.
- Educating medical students, residents, and dental trainees is critical – these students are future opiate prescribers. They need to learn about addiction and best practices in prescribing. Medical schools need to be involved as a partner in this. The group suggested reviewing Massachusetts' model for bringing medical school deans together to agree on what is included in medical school curriculum on addiction and opiate prescribing.
- Other education topics discussed included educating prescribers about the generic and brand names for controlled substances, and developing CME courses/opportunities on appropriate prescribing, safe storage, disposal and other relevant topics.

Discussion: Goals 3 and 4

- The group agreed that PMP needs to be present to help guide the development of these goals. The group also agreed that Goals 3 and 4 could be rolled into one goal.
- Analytics on PMP are needed but this is perhaps best for a future action step.
- PMP goals should focus on increased utilization of PMP, making it more feasible for prescribers to use it.
- Enhanced integration of PMP into electronic health records is needed.
- Prescribers need to be educated about PMP. The group agreed that this could be woven into Goal 2.
- The group discussed whether PMP could be used to help notify prescribers and pharmacists about high-risk patients who might need information about Naloxone.

Web Survey and Key Stakeholder Interviews

- Sue announced that AHP is develop a web survey that will be distributed statewide to obtain stakeholder input on the opioid crisis. She asked for survey question suggestions from the group. The group suggested that the survey include items that ask about primary prevention and treatment needs (what do stakeholders see as most urgent when they identify that someone is in trouble) and disposal. Please email additional suggestions for survey items to Sue (spickett@ahpnet.com).

Wrap-Up and Adjourn

- If you know that an association, coalition, organization or other group is also working on this topic, or doing other activities addressing the opioid crisis, please fill out the Opioid Initiatives and Activities form and email it to Sue and/or Kim. We need this information to create our inventory and keep us all apprised of the work going on across the state.

- David will revise the goal and send them to the group. (Note: See revised goals below).
- Vince agreed to give the committee report at the March 27th Council meeting.
- Kim reminded the group that the Council meets again on April 10th. To keep our work moving forward, the next committee meeting should be the first week of April, if possible.

Revised Preliminary Goals

1. To better understand prescribing practices in Illinois and relevant practice guidelines for the treatment of pain and appropriate use of opioids and how they are (or are not) being utilized in the clinical setting.
    a. This may involve the design and execution of a survey of prescribers to better understand their prescribing practices, and any barriers they face and incentives they encounter with regard to treating pain.
    b. This is relevant to different types of pain, including (but not limited to) acute, non-oncologic pain; post-operative pain, post-dental procedure pain, and chronic pain.
    c. This includes all prescribers and dispensers: physicians, podiatrists, dentists, advanced practice nurses, physician assistants, and pharmacists.

2. To vastly improve education and awareness around appropriate prescribing and dispensing of opioids for the treatment of non-oncologic pain; this includes primary care health professionals, surgeons, dentists, and pain management specialists.
    a. This may involve efforts to modify medical school and residency curricula to ensure that the next generation of prescribers is better prepared to appropriately treat chronic pain.
    b. This may include efforts to educate both health professionals and their patients about appropriate safe storage of controlled substances, as well as proper disposal options for unused medications, both of which are crucial to reduce or eliminate diversion.
    c. This may involve efforts to educate both health care professionals and their patients about the generic and brand names used for controlled substances, in order to eliminate confusion.

3. To gain a fuller understanding of how the Illinois Prescription Monitoring Program (PMP) works for both prescribers and dispensers and how it can be more easily and efficiently utilized in clinical settings.
    a. This includes efforts to accelerate the integration of the PMP into electronic medical records (EMRs) in order to improve efficiencies and increase utilization.
    b. This may include efforts to explore how PMP data can be used by relevant stakeholders – including hospitals – to modify prescribing behaviors and to decrease inappropriate opioid prescribing.
    c. This may include efforts to use the PMP data to alert both prescribers and dispensers to high-risk patients that may benefit from additional education about access to Naloxone.