

Illinois State Opioid Crisis Response Advisory Council

Prescribing Practices Committee

March 3, 2017

MEETING MINUTES

Chair: David Porter

Committee Members on the Call: Steven Aks, Jon Bloomfield, Kathleen Burke, Ankur Dave, Mai Pho, Elizabeth Salisbury-Afshar, Mila Tsilgalis, Brian Zachariah

DASA and AHP Representatives: Kim Fornero, Dani Kirby, Sue Pickett

Welcome, Introductions, Committee Purposes

- David welcomed the group and thanked them for their willingness to serve on the committee. Committee members briefly introduced themselves.
- Kim gave an overview of the Illinois State Opioid Crisis Response Advisory Council: The Council was convened to address the opioid crisis in Illinois with the goal of reducing and preventing overdose and understanding the array of initiatives taking place across the state. This is a statewide effort to come together and identify gaps, best practices and develop a comprehensive strategic plan.
- Sue briefly described the strategic planning process and the committee's role in that process.
- Kim briefly reviewed the SAMHSA State Targeted Response (STR) to the Opioid Crisis grant. SAMHSA will provide funds for states to address the opioid crisis. STR will fund a comprehensive needs assessment, strategic plan and new initiatives (services). David asked whether resources might be available to fund a survey and collect data on prescribing practices, as these data and a fuller understanding of actual prescribing practices would inform the committee's work. Kim and Dani will look at how DASA might be supportive of such a survey as well as look at existing data and determine what additional data might be needed.

Discussion – Developing Preliminary Goals/Key Priorities

- ***What are the issues that this committee needs to address?***
 - Education on what constitutes appropriate prescribing practices, the state's prescription monitoring program (PMP), and treatment of chronic pain is needed.
 - Many efforts are taking place across Illinois. We need to compile and centralize what's happening and a comprehensive understanding of these efforts and the stakeholders that are involved in these efforts.
 - A publicly-available presentation on prescribing practices is needed; include PMP data on prescribing practices across the state
 - PMP data would be helpful in targeting the high prescribers so we can educate those individuals about appropriate prescribing practices
 - We need to invite someone from PMP to join this committee. PMP data are reviewed with strict confidentiality and the PMP committee can conduct confidential interventions with high prescribers; PMP also contacts the state licensing board. We need to know how we could use PMP data to help educate high prescribers.

- We also need to educate providers who are prescribing inappropriately, not just the high prescribers.
- Assessing addiction – do physicians understand what assessments need to be conducted before prescribing opiates? There are a lot of assessment tools but no evidence that assessment impacts outcomes. Physicians are busy and won't use an assessment tool that they feel takes too much time or is inefficient. Perhaps ask patients a question that is clinically applicable to assess addiction? Again, there is no strong evidence to suggest that assessments change outcomes, or have an impact at the population health level.
- ***How should the committee prioritize its efforts?***
 - Being able to integrate PMP data into electronic health records
 - Data suggest that patients of ER physicians who are high prescribers have a higher risk of opiate addiction. Cook County is developing ER prescribing guidelines and looking at changes in pre-/post-prescribing behaviors in the aggregate versus individual physician – this might be something we develop and do statewide, and expand beyond ER physicians.
 - Resources addressing safe prescribing practices need to be reviewed – Mila will send National Safety Council's 6 key indicators to David to distribute to the group. Mai suggested reviewing Rhode Island's model and benchmarks.
 - Integration of systems, not education, is most effective in changing prescribing behaviors. At the state level, we may want to consider integrating PMP into electronic health records (EHRs). There are pilot projects exploring this. However, it can be hard to integrate PMP into EHRs (every EHR is different, would need to get the State to make financial commitment to PMP)
 - Build infrastructure at state/system level on safe prescribing.
- ***What other issues should be explored?***
 - Examine at what can be sustained beyond STR, such as naloxone for high risk people
 - Include/reach out to other opioid prescribers – dentists, psychologists, nurse practitioners, surgeons, etc. – and invite them to join the committee.
 - Need to reach out to medical schools and residency programs – another task force that David participates in has created a short education module that they want to integrate in medical school and/or residency training curriculum. The group agreed that it's critical to make the medical education community aware of these efforts, as medical students are future opiate prescribers. IDPH is working with the AG's office on this as well.

Next Steps

- Identify other potential committee members – ER physicians, PMP, dentists, etc. – and send the names of those individuals to Kim and Sue. David also will reach out to PMP and the Illinois Dental Association and invite individuals to join the committee.
- David will work with Kim and Sue on the preliminary goals to share at the March 8th Council meeting.
- Next meeting – plan for 1.5 – 2 hours – David will look at potential dates.