

Prescription Pain Medication Program  
Quarterly Advisory Committee Meeting  
Monday, March 30, 2009  
3:00-5:00pm  
Rm 114

**Present:**

Art Lipman	Cindy Kindred	Leigh Ann
Andy Murphy	Erin Handley	Roger Stuart
Nancy Cheeney	Jacob Crook	Dee Dee Lobato
Stacey Eddings	Jonathan Anderson	Ernie Vollinn
Aaron Cooper	David Felt	Barry Nangle
Thomas Rees	Terri Rose	Jerry Shields
Connor McKeown	Iona Thraen	Steven Steed
Susannah Burt	Robert Rolfs	Patrice Hirning
Craig PoVey	David Sundwall	Terri Russo
Joel Millard	Tina Duncan	Erin Johnson
Marty Malheiro	Trisha Keller	

Welcome and introductions

**Guidelines Update: Bob Rolfs and Erin Johnson**

Released on Thursday, March 27 available at [www.useonlyasdirected.org](http://www.useonlyasdirected.org)

Background on guidelines: Without resources to do a complete literature review, we decided to do a review of existing guidelines. No single guideline encompassed everything we wanted to see in our guidelines. We brought together a Guideline Panel who worked on bringing together the evidence-based practices and practices in existing guidelines. Next, we had a Tool Panel that brought together tools. The guidelines were put out for Public Comment. The Public Comment period which was originally one month was extended based on request from public.

Concise summary of comments

- > 80 comments – public, clinicians, pain sufferers and family
- Clinicians – overall supportive and indicated it will be welcome
- Public
  - Concerns about introducing barriers (drug testing, required referrals, cost)
  - Concerns about impact of addiction
- Special consideration
  - Recommend sleep testing
  - Require peer consult before opioid trial
  - Limit threshold dose (120mg) – overall limit or require consult above threshold
  - Don't set dose threshold
  - Don't require failure of other treatments first



Advertise Guidelines through the following groups:
Advisory Committee
Utah Medical Association
Intermountain Health Care
Utah Hospital Association
Utah Medical Insurance Association

Other ideas from Committee:

Pharmacist's with Controlled Substances Licenses  
 Library at U of U where we can place our publications  
 David Felt—set up a link U of U Addictions Center  
 Pub Med journal: Art Lipman will look into

Are we the second state with guidelines?

Yes (the second government agency). There are also VA guidelines and some other private guidelines. Ontario has guidelines.

**Update on Research: Jacob Crook**

(see [health.utah.gov/prescription](http://health.utah.gov/prescription) under advisory committee resources for the complete slides)

Looking at ER discharge data attributed to opiate use, 1998-2006

A person who has had an opiate diagnosis frequents the ER more often than people who don't visit for an opiate

Male and Female are increasing for non-suicide opiate cases, but the suicide cases are staying the same

Numbers of visits by Children are very low—under 14 years old have been excluded in the following slides

Elderly people are high (may be due to complications from the medication, which they would have higher rates of)

Overall, all counties have seen an increase

No deaths in San Juan—maybe these ER visits are in other areas.

Number of opioid prescriptions increase over time

Comments:

Excluding heroin may miss important people

Bob: There is an overlap of heroin cases with prescription drug, but only a small percentage (anecdotally, most heroin related ER visits are with other illicit drugs rather than prescription)

Idea: It would be interesting to look at how to predict who these people are (look at visits the year prior to their opiate related visit)

Do we correlate these ER cases to the death cases? Interesting to see if the gender distribution is the same.

Bob: We are redefining our definition of what we consider a “case” because in the past we excluded anything that included illicit, but literature has shown that that approach may be giving us an incomplete picture.

Look at ARCOS data to see if it matches the increase in prescriptions over time.

This looks low compared to what we have seen (maybe the biggest time period of the increase was from 2000-2002, maybe it is the number of pills prescribed rather than number of prescriptions that are given, look at just schedule 2 and hydrocodone [this includes cough and diarrhea which should be eliminated for a clearer picture])

Look at secondary and tertiary reasons rather than only the primary reason for visit

### **Physician Education Update: HealthInsight, Terri Rose**

Contract is for:

We are 80% complete in our effort

464 people have heard the message

262 of those are from large, grand rounds

204 are participating in follow-up evaluations so that we can monitor their progress

Still looking at scheduling urban clinics (11 out of 20 scheduled)

Working with Medicaid Transformation Grant for sites that they have selected

Comments:

Do dentists get controlled substance license? Yes

Will the report be available to show us once it is completed? Yes (available on our website or request it from Erin)

Total number of controlled substance licensees: ~10,000

### **Patient and Community Education: Jonathan Anderson**

Media Update

TV ads and PSA running began end of January and will run through mid-April

People have noticed the media campaign: Alaska, New Jersey, Washington

Website is updated: useonlyasdirected.org has the guidelines

End of May: post evaluation of the media campaign to see if the Use Only As Directed name was seen and if behaviors changed

Patient and Community Education Work Group

October: Prescription Safety Week

Editorial Board visits and news releases

Trends of Poison Control Program resulted in news release (ppt available at health.utah.gov under the February work group info)

Collection events

Collateral materials are available. If you know of anyone who could use them, contact us.

### **Policy Update: Iona Thraen**

We are drafting a quiz to be incorporated by DOPL into their website for anyone who is renewing their controlled substance license.

Bob: update: there are some obstacles preventing this from happening now.

Changes to the Controlled Substance Database based on the passage of HB 106 by Rep Brad Daw

- Expands purposes for access to CSDB by practitioner/pharmacist for current or prospective patient
- Grants access to CSDB to mental health therapist
- Allows providers to keep copies of CSDB record in patient medical record or share info in accordance with HIPAA
- Practitioner can designate up to three people who will go through background checks and have access on behalf of the practitioner (a fee may be charged for the background checks)

Grant: Translate guidelines into decision logic to be embedded into electronic prescribing  
Drug disposal: Salt Lake County making a large effort. More entities agreeing to do collections. Proper disposal includes bringing them in rather than flushing. Law still requires law enforcement whenever there are pharmaceutical collection programs.  
Policy Work Group: identify specific policy questions that the guidelines suggest that may require change in insurance coverage

Comments:

What happened to the pilot program for Real Time access to CSDB? It is gone with budget cuts.

The change to DOPL law is important. It is less scary to use the CSDB now.

DOPL has hired someone to increase usage of the CSDB and to make changes to make the CSDB more user-friendly.

This may not be a silver bullet, but it is part of the comprehensive approach.

When should we see a decline in prescription drug deaths?

In substance abuse prevention, there is a 3-5 yr for a reduction in risk factors for a problem. 10 years for a change in the community norm. (Craig PoVey)

This was funded for 2 years. That suggests that it would only take 2 years to solve, but the reality is that it will take much longer.

Art: compliments to those who drafted the quiz and summary recommendations

Very logical and well-thought out recommendations

Develop small education packet to send to curriculum committees in the state to include the guidelines in the curriculum (1-2 page hand-out)

UDOH continue to use this network

Barry: reporting is improving. This problem went uninvestigated for a long time because the surveillance is hard to find and use

Is there an acknowledgement that there needs to be a way to measure these deaths systematically across the nation?

Nancy:

Patient education materials made available to Health Program Orientation—every new Medicaid eligible client receives this.

Trisha: Death data. We have the national violent death reporting system that goes back to 2005. includes undetermined poison deaths.

Ernie: papers in the works: tolerance of hyperalgesia (doses increase as the number of rx increase). Grant on if someone has opioids in the year previous to major surgery what are the surgical outcomes.

Bob: Is any group working on a randomized control trial to answer these questions?

Art: yes

Susannah: SPF SIG focus groups

Terri: 5 in Salt Lake county: majority of people say that they keep their narcotics so that they don't need to go to doctor, share with friends and family, sell if need money

Craig: push to focus in on communities. People getting involved into community effort of "cleaning out the cabinet". Sustainability: this program has helped kick off our efforts

Joel: indicator of progress is moving toward productivity not comfort in treating pain

Dave: coming from the viewpoint of treatment, I've been impressed to see how collaborative this has been. There is no silver bullet

Iona: sustainability ideas (since this program's funding ends June 30<sup>th</sup>). How can this effort continue.

Marty: 61 educators for Poison Centers. They are waiting for a national program on how to

Patrice Hirning: UMIA. each state differs in being able to pull the death data. Could add questions to the test to receive CME.

Steven: dentists are prescribing to a lot of different people (even if they aren't prescribing in large amounts). This group has increased the awareness. Most prescribers want to reduce pain and don't want to get their patients in trouble.

Cindy: the hits to the website have increased to 250 (from about 90)

Erin H.: make guidelines available to med students

Dr. Sundwall: clinicians should never assume that patients know the dangers of these drugs. Need more options to prescribe (alternatives to opioids). Never assume that people who have been taking these over time aren't willing to use alternatives.

Art: some people would rather deal with the pain than the side-effects to opioids. Compare rx opioids to guns—both are tools but if used incorrectly can be dangerous.

Tina: Does anyone have more info on availability for purchase through the internet?

Art: DEA and FDA have tried to address this problem. New company certifies websites including online pharmacies. Vast majority of these sites that claim they are in Canada are offshore where we (govt) can't monitor. Postal worker can not inspect a package without legal reasons.

Where are the opioids that are being sold on the street being diverted from?

Are they from legal prescriptions?

SHARPS survey says that it is mostly from friends.

Could track specific hits to websites.

Roger: function is the key issue not pain.

Next meeting is Tuesday, June 23 from 3:00-5:00