UDOH Prescription Pain Medication Program

Advisory Committee

Tuesday, June 23, 2009

3:00-5:00 Rm 114

Present:

David Felt, DSAMH

Kim Bateman, HealthInsight

Robert Finnegan, MD

Jerry Shields, Regence

Marty Caravati, Poison Control Center

Marty Malheiro, Poison Control Center

Connor McKeown, UDOH

Kathryn Rowley, UDOH, Utah Cancer Program

Stacy Eddings, Bach-Harrison

Bronwen Calver, UDOH, Utah Cancer Program

Patrice Hirning, UMIA

Michael Siler, American Cancer Society

Andy Murphy, LIfesource

Jonathan Anderson, UDOH

Jason Carlton, Vanguard Media

Kathy Hoenig, Salt Lake Aging

Trisha Keller, UDOH, Violence & Injury Prevention

Erin Johnson, UDOH

Dee Dee Lobato, Salt Lake Aging

Scott Brown, American Cancer Society

Jacob Crook, UDOH

Bob Rolfs, UDOH, State Epidemiologist

Terri Rose, HealthInsight

Nancy Cheeney, UDOH

Lynn Webster, Lifesource

Charlotte Vincent, State Aging

Liz Sollis, Department of Human Services

Marjean Searcy, SLPD

Alan Colledge, Labor Commission

Phil Quinlin, DEA

End of Year Reports:

Vanguard: Jason Carlton

TV air schedule during May (kick off). Received value matches from stations

May 1st 2008 Kick off press event: major TV, print, and radio stations showed up

Community Events: chalk drawing of body and decal with Rx message

Web Hits: went up in conjunction with different news, and tv air schedule, press release

Press coverage: $279,900 in publicity value from $15,000 media budget

Collateral Materials: patient ed cards, ads, posters, bookmarks

Distributed to over 240 groups: pharmacies, valley mental health, dentists, universities, libraries, others

Coordinate with Jonathan Anderson if you want materials or traveling display to use (jwanders@utah.gov)

Post evaluation results: 48% saw TV spot, 34% said media messages made them "a great deal" more aware, collected info on disposal for future interventions

Questions: what people said that they were responsible for their medications?

HealthInsight: Terri Rose

Responsible to: Introduce guidelines and recs, Academic detailing, Quality performance measures

12 Rural communities

20 Urban communities

13 large physician audiences (didn't participate in performance improvement program)

6 Articles published (UMA,

Worked with UMIA, U of U, IHC

Performance improvement CME: up to 20 CME's: access CSD, attend presentation, Assess prescribing habits and adopt guidelines

Providers reached: 518 medical providers, 136 other participants

37% completed the 1 month survey, 25% completed the 6 month survey

Increased use of DOPL Controlled Substance Database

See PPT at health.utah.gov/prescription under advisory committee June 2009 resources for complete description of results of physician education

Question:

Did people actually change their prescribing habits of not using long-acting for acute pain or were they already using it?

Kim: I felt that the guidelines gave credibility and helped improve acceptance of that practice.

Of all quality improvement lectures, this topic struck home—physicians were generally very appreciative and accepting of the guidance

Patrice: we were talking to people at the right time—people were open to the message and we provided them with tools and ideas of how to act

Updates:

Utah Pharmaceutical Drug Crime Project: Marjean Searcy

HIDA and Drug Administration decided to use Utah as a pilot for the Drug Crime Project. Desire was to have a comprehensive approach with justice/enforcement/prevention/treatment

Want the UDOH effort to continue and will work to enhance whatever gaps exist and to coordinate the multiple efforts

Convening multi-agency task force is challenging, but important: UDOH, medical, prevention, human services, DOPL, law enforcement, prosecution, local, state, and federal…

Waiting to hear on a grant that will go to DOPL to help make data in CSD real time

Rep Trisha Beck is working on legislation (if misdemeanor and crime, Utah law requires to charge for the lesser crime. This legislation would fix that for drug related counts).

Federal Bill: HR1359 Security and Responsibility Take Back bill would make take back more accessible to public

Phil Quinlin: Prosecution and Law Enforcement with Utah Pharmaceutical Drug Crime Project

Multi-agency task force housed at DEA

Role has historically focused on typical drug trafficking (cocaine, meth, heroin, etc.) Now looking more at criminal conduct with rx drug abuse

"we'll never arrest our way out of a drug problem". Aware of the unique population who use/divert rx drugs

Significant law enforcement component: investigate any person committing crimes by diverting to illegal market/smuggling to USA from other countries/prescription forgers

Identify those involved: 1. Criminal offenders that are consumers/abusers will go to state and local law enforcement 2.DEA focuses on large quantity distribution and professional DEA licensees that are diverting drugs or conducting crimes.

Extreme example is an office with no medical equipment, line at the door 15 minutes before it opens, exams last less than 2 minutes, pharmacy close by where cash is paid for prescriptions/sexual conduct in order to obtain prescriptions.

Tactical Diversion Squad: dedicated group of DEA special agents and sworn state and local law enforcement with sole responsibility to investigate diversion of pharmaceuticals for illegal means

Expect to be fully staffed by fall.

DEA will be a resource for training on how to investigate illegal use of rx drugs

Questions:

Marty: marrying messages for media campaign?

Marjean: the goal is to bring all the groups together. We don't want the good existing efforts to go away. We don't want to throw a new campaign out in the mix.

2008 Update: Erin Johnson

See ppt at health.utah.gov/prescription under Advisory Committee June 2009 resources

Cancer Pain Relief/Utah Pain Initiative: Kathryn Rowley

Presenting on info to see if we can join efforts with this Advisory Committee and the Cancer Pain Relief Program to create a Utah Pain Initiative

Background about Cancer Pain Relief: Started in 1991. 80 organizations/120 members: general members, executive board, committees (prostate, colon, breast), work groups (advocacy, others). 3 major bills run through the advocacy group last year. Subgroups exist and all work together on some topics.

National Alliance of State Pain Initiatives: http://aspi.wisc.edu/

Discussion: whether we should create (or join as an advisory committee) a Prescription Safety subgroup on the Utah Pain Initiative

Michael: everything I've heard talked about today falls under the auspices of the pain initiatives. UPI could help pursue funding options, legislation…

Jonathan: we are working on things that qualify us as a Pain Initiative so is this just a matter of joining to "get the name"?

Bob: there are a lot of venn circles (pain, substance abuse, prescription safety…) all leave out some of the efforts. This is a complex topic and we have focused on reducing deaths: 1/3 patient safety, 1/3 sub abuse, 1/3 mix. There is no question that we should work together and coordinate.

Kathryn: we could utilize each other's resources: grant writing, staff resources. There are a lot of positives about joining forces.

Bob: I don't see any negatives in joining---as long as we maintain our focus.

Robert: controversy exists in treating chronic-noncancer pain. There is very little controversy in cancer pain treatment and acute pain treatment. We should preserve our own identities and work together.

Kim: there is potential for mismatch. There are areas where we need to cooperate and there are areas where we might get in each other's way (some people start to generalize treating cancer pain to other pain which is negative).

Michael: this umbrella could provide support for public policy

Todd: common wisdom is treating cancer pain is different from noncancer/chronic pain, but we don't have a good idea of how many cancer patients are dying of overdoses (ME doesn't generally see cancer deaths).

Kathryn: one way to make this work is for this group to continue to meet and on each agenda there is a time for group updates where the other groups (like cancer) could report on their efforts and when they will meet. The Utah Pain Initiative would include any groups and include on agendas time where the other groups can update on efforts and next meetings (anyone who wants to join multiple groups can).

Bob: we each maintain our own identities and then join each other's groups. I like looking at "pain" overall rather than dividing into cancer vs. chronic noncancer.

Kim: very diverse interests and goals, but we can still join efforts—this could bring a good balance. Downside is that we blend too much and lose our diversity.

Group Updates:

Jonathan Anderson: copies of full or summary guidelines and materials available. Contact Jonathan: jwanders@utah.edu. Midyear report on OME interviews with Next of Kin will be available next week.

Patrice Hirning: continuing physician education lectures with UMIA. Looking at separating data to look at impact of physician education.

Lynn Webster: 1.REMS is an FDA mandated requirement that will be implemented this year (risk evaluation and mitigation strategies). Most pharmaceutical companies will have to incorporate these strategies. There will be a shift in pharmaceutical and educational programs this next year. 2. Invited to present education to DEA next week on what education Utah has been doing.

Kim Bateman: worried about what will happen when physician education ends. Glad to hear that UMIA will continue this (they hit about 90% of physicians insured by them). Primary care clinical programs have adopted opioid management as one of their new programs this year. County health districts have grant money to invest in rx education programs.

David Felt: reporting system began with anyone who has a death (whatever cause) that is also attending a methadone clinic. (most deaths happen during the "stabilization period" of the first two weeks on methadone. 10 methadone clinics in the state are all involved/participating.) June School on Alcoholism and Other Drugs going on at U of U right now. Next year hoping to have a prescription medication track.

Additional info (emailed):

Utah County Website: http://sites.google.com/site/utahcountycoalition/Home/strategies

Report: National Prescription Drug Abuse Prevention Strategy:
http://www.claad.org/downloads/Nat_Prescipt_Drug_Abuse_Prev_Strat_2009.pdf.

From Kathryn Rowley:

ALERT: To State Pain Initiative Leaders

As you were notified in the May 2009 ASPI E-Newsletter, the Food and Drug Administration (FDA) is currently seeking input on the development of Risk Evaluation and Mitigation Strategies (REMS) for opioids. The FDA is accepting written or electronically submitted public comments on opioid REMS until June 30, 2009. Click here to read the FDA's full notice about opioid REMS that was printed in the federal register. The FDA is particularly interested in comments on the following issues:

- The type of certification that should be required of prescribers and dispensers of opioids, including how this certification should be administered
- The type of patient education on opioids that should be required, including whether or not to mandate the use of prescriber-patient agreements
- Other REMS elements besides health care provider certification and patient education that would support the safe use of opioids
- How restrictive a REMS system for opioids should be
- What types of controls, if any, should be placed on distributors that provide opioids to pharmacies and health care facilities
- Whether or not existing systems can be used to implement a REMS for opioids
- The obstacles that need to be addressed in order to develop a single, shared REMS system for drug innovators and generic manufacturers
- The metrics that should be used to assess the success of REMS

The ASPI National Office urges you and/or your State Pain Initiative to express your perspectives about this matter. While the overall goal of REMS may be laudatory, the ASPI is gravely concerned about the requirements that the FDA is proposing. The laws and regulations that govern the prescribing, dispensing, and administering of opioid analgesics have long been recognized as real or perceived barriers to effective pain control. The ASPI is concerned that the proposed REMS may enhance these fears of regulatory scrutiny and reduce opioid prescribing without evidence that the targeted risks are reduced, all of which would impact negatively on the quality of patient care.

The abuse of opioid analgesics is a serious issue, but any approach to the problem must be balanced so that solutions do not prevent patients from accessing medications they need for effective pain control; REMS must protect, not interfere with, patients' rights to effective relief of pain. **The ASPI encourages you to consider the following key points as you draft your comments to the FDA:**

- REMS should cover opioid analgesics as a class and not focus solely on long-acting drugs.
- There is no evidence that patient registries limit abuse, misuse, or diversion of opioids. However, these registries create the potential for further stigmatizing persons with pain and imposing additional burdens and costs on individuals and the health care system.
- Any mandatory education of health care professionals must be very carefully crafted and engage input from multiple stakeholders.

The ASPI recognizes that it may be impossible to stop REMS from being mandated, but it is possible, through intensive communication to the FDA, to lessen the negative impact of these programs and to insist that their impact on diversion and abuse and on pain control be thoroughly evaluated. So please be sure to make your voice heard before the June 30th deadline!

Having trouble with the links? See the full web addresses below:

- To submit online comments to the FDA: http://www.regulations.gov/fdmspublic/component/main?main=SubmitComment&o=090000648095e49e
- May 2009 ASPI E-Newsletter: http://aspi.wisc.edu/newsletter/
- Full notice about REMS: http://edocket.access.gpo.gov/2009/pdf/E9-8992.pdf

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From Florence Reynolds:

Household Hazardous Waste Collection Day
Sugarhouse Park, Garden Center (NE corner of the park)
Thursday, June 25, 7am to 10am

You can bring any household materials that should not be disposed of in the trash: paint, oil, herbicides, antifreeze, etc. We will also have a Salt Lake City police contingent at the site to collect unwanted or expired pharmaceutical or over the counter drugs for incineration.

If you can't make it the 25th, there will be two more collections this summer; July 23 and August 20, same time and place.

Florence Reynolds
Water Quality and Treatment Administrator
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From Marty Malheiro:

I don't know if you are aware of this STIPDA web page. It would be nice to inform the advisory group today about it, because it has a great compilation of presentations on the subject (Of course Erin, yours is there. It is very professional.). I particularly like the North Carolina presentation. It's nice to see that Utah is on the leading edge of this problem. Thanks for your leadership.

http://www.stipda.org/displaycommon.cfm?an=1&subarticlenbr=204

See you this afternoon,

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