

**Expert Panel  
Opioid Guidelines  
Meeting Minutes  
UDOH, CHB, Room 125  
April 15, 2008  
4:00-7:00**

**Attendees:**

Panel Member	Specialty
Jay Aldous	Dentistry
Marc Babitz	Primary Care, UDOH
John Barbuto	Neurology
Alan Colledge	Occupational Medicine
David Cole	Emergency Medicine
Mike Cruston	IHC
Robert Finnegan	Pain Management, UDOH
Kathy Hogan	Primary Care, UDOH
Bob Rolfs	Internal Medicine, UDOH
Jerry Shields	Pharmacy
Roger Stuart	Occupational Medicine, Worker Compensation
Peter Taillac	Emergency Medicine, UDOH
Lynn Webster	Pain Management

Support Staff	Bureau
Erin Johnson	Epidemiology, UDOH
Cameron Nelson	Epidemiology, UDOH
Iona Threon	Patient Safety, UDOH
Tamara Hampton	Epidemiology, UDOH

**Purpose of meeting summary**

The 2007 Utah legislature passed House Bill 137 (HB 137) which directed the Utah Department of Health (UDOH) to establish a program to reduce deaths and other harm from prescription opiates. One portion of this legislation requires the development of statewide guidelines on the proper use of opioids. The purpose of the Expert Panel is to help us shape the Utah guidelines. This will be done by: reading and scoring existing guidelines that have been identified as the top guidelines on the topic, adding additional guidelines specific to our state, and educating physicians and the public.

**Erin Johnson**

**Legislative Charge**

- Charged by the Legislature to develop a set of guidelines specific to Utah

### **What has been accomplished to-date**

- Research
  - Causes, risk factors, solutions
- Established Committees / when they meet
  - Steering Committee (monthly)
  - Advisory Committee (quarterly)
  - Work Groups
  - Website for updates: [www.health.utah.gov/prescription/guidelines.html](http://www.health.utah.gov/prescription/guidelines.html)
- Access to Controlled Substance Database (COPL)
- Completed first study using Medical Examiner, Death Certificate & CSDB
  - Identified potential funding for this study
- Completed guideline review process
- Identified top five scientifically based guidelines
  - Two are in draft form, waiting for permission to share information with panel on remaining two. The drafts are out for review with ACOEM. Although we don't have the final recommendations, we do have the methodology. We don't have an expected date when these may be available.
- Convened guideline expert panel
- Proposed Schedule (see handout for specific agenda items)
  - Tuesday, April 15
  - Tuesday, April 29
  - Tuesday, May 20
  - Tuesday, June 3

### **Education**

- Partnership with UMA, Life Source and HealthInsight
- Provider Behavior Change
- Media Campaign
- Community Presentations
  - Producers of "Happy Valley"
  - Raise awareness, presentations throughout state
  - Policy, Insurance, Incentives

### **To be completed / dates**

- Convene Implementation Panel in June
- Press conference to release guidelines
- Schedule date for completed guidelines, est. July 2008

**Marc Babitz**

- Proposed use of Table of Contents, not only to be used in final proposal, but as an outline of specific areas that need to be addressed. Add/delete topics if needed.
- Where does the Principles portion of the guidelines apply?
  - Why are we prescribing Opioids – we don't have a way to measure pain, only the patient rating their pain 1-10
  - Take into account what the patient can afford – do they have insurance, insurance limitations, available doctor limitations, court cases. We need to keep all that in mind.
- Review meeting times – meeting times are ok.

### **Recommendation**

- Determine what approach the group wants to take to accomplish this charge.
- Everyone right their top 10 and then discuss at future meeting

### **Comments**

Lynn Webster - most of these recommendations are how to prescribe, not how do we reduce harm. We need to be more specific and balance the benefit to the risk. Nothing in any of these guidelines will reduce deaths/harm. We need to know what the data is, so that we can come up with a solution.

Bob Rolfs

- Suggests having everyone write what they think will help. It needs to be scientifically based though, not from the gut.
- We can get some data today, that we didn't have a couple of years ago. Unfortunately, we won't have the level of detail that everyone would like to have before we finish these guidelines.
- Since this is not just a Utah problem, there is additional data available from a national level. When we put it with what we see in Utah, this should help us to develop the guidelines.

Peter Taillac - keep in mind that evidence is based on statistical data which looks at the larger numbers, not the individual.

### **Miscellaneous Comments**

- These should be evidence based guidelines. Should keep the patient needs/limitations in mind.
- We need to make sure that we keep in mind what is good for Utah, we are not just like other states.
- Bring the human factor in mind.
- Guidelines should be more specific, than more detailed.
- It is not only guideline, but how we use it and implement it. This is an important foundation.
- Did the review panel have a background in pain management?
- Was there any type of conflict of interest?

## Questions

- 1) John Barbuto - Is there evidence that we are different from other states.

## Answers

- 1) Marc Babitz - We are the number one state in the nation with this problem.

## **IMPLEMENTATION PANEL**

- Need to keep in mind that we don't want to come up with guidelines that cannot be implanted or will be changed by the implantation group.

### **Cameron Nelson**

Cameron presented the selection process and methodology used to determine the top five guidelines being used as examples. The review criteria, rating system used and why.

## Existing Guideline Examples

- Top Three examples provided on CD. Awaiting permission to share two remaining draft examples.
- Methodology
  - Review criteria
  - Rating scale
  - Did it apply to Utah
- Tracking System using 10pt rating scale
  - Breakpoint at 5 out of 10 points where they agreed on a guideline based on consensus
  - Looked for guidelines that used the had a Delphi rating
- Looked at their process and how they came up with their guidelines.
  - Consensus
  - Peer Review
- Did not review guidelines developed prior to 2000
- Only three examples met the criteria established by our Steering Committee. No information is available as to what effect they have had to date.

## Question

John Barbuto - isn't the charge to change the outcome? Which of these guidelines produced a change in the outcome?

## Answer

We haven't looked at whether these have changed anything in their state.

Bob Rolfs - we didn't have the resources to start from scratch. We decided to use what was developed by other states, but we wanted to know where they received their evidence.

Marc Babitz - Great question. These guidelines were used to educate. Our charge is to reduce the deaths. What was the goal of the guidelines that were established and why they were developed?

Iona Threon - Staff didn't look at guidelines that looked at acute pain. If the staff needs to go back and looks for additional guidelines, then we need to know that. Do we have the range of people here to make a consensus when we are done.

State our goal – Steering Committee came up with goal: For use of opioids for management of pain that balance the benefits of use against the risks to the individual and to society and are useful to practitioners.

We want to not only develop guidelines for chronic pain, but acute also.

### **Discussion**

- If the goal is too broad, how do you measure it.
  - Measure risk – reduction in deaths
  - Measure benefits to public
  - Continue to make sure that the population can still be served.
- The way to make this measurable is to look at function
- Dental is never mentioned in any of the studies. Dental pain is never chronic, but is acute. Most could be control with steroids, but it is difficult to change dentist opinion. Education of other methods of pain management for dental could be a focus. It has been noticed that dentist show up on the “doctor” shopping.
- Where are the medications coming from?
- One reason we need to focus on acute pain is that is how the medication gets into the cabinet.
- Is our mission to make recommendations on how to prescribe or just what/when to prescribe?
- Comment – John – at the end of the day have they reduced deaths.
- For the ones that have good evidence – did that particular guideline have a measurable goal? What was it? Has it been evaluated?
- This is a physician and patient education process.
- Physician needs training on how to recognize a drug seeking patient and then what to do about it.
- We did not base our rating on the double blind type of study, we rated them on if we could tell HOW they rated them.

### **Dr. Christy Porucznik**

How we got here today and what we are doing with the Controlled Substance Database

- What we know
  - Since 2003 the gap is continuing and widening

- Utah Medical Examiner
  - Tasked to investigate sudden or unexpected deaths
  - Including drug related deaths
- Unintentional or Undetermined deaths has risen dramatically

#### **ACTION ITEMS:**

- ▶ Read/review guidelines
- ▶ Areas of accordance and discordance
- ▶ Train those not familiar on the use of WIKI's (a way each person can edit the documents online)
- ▶ Review Table Of Contents and make recommendations / comments
- ▶ Review Steering Committee Goals
- ▶ Review the other guidelines to see if they had a stated goal
- ▶ Put call in to Oregon and get permission on providing draft to group
- ▶ Do any of the guidelines have specific goals, if so what are they?
- ▶ Review the guidelines and comment if we want them in our – reference which guideline it came from
- ▶ Send your lists to staff
- ▶ If you reference something as evidence, provide the evidence reference
- ▶ Erin will send out an e-mail with additions
- ▶ Everyone should indicate their conflict of interest. Include background, interest, any funding you are receiving from an opioid company.

#### **FUTURE:**

Discuss/Presentation Oregon