

Policy, Insurance, Incentives Work Group
December 6 Minutes

Next meeting: January 3, 3:00-4:30

Future meetings: 1st Thursday of the month from 3-4:30

Present:

Jan Moffitt, Workman's Compensation Fund

Stacy Waldron, St. Marks hospital

Kevin Balter, St. Marks hospital

Carla Cook, Molina Health Care

Thomas Jones, UDOH, Medical Director of Policy and Insurance/Medicaid
Chronic Pain

Darlene Benson, UDOH, Medicaid Chronic Pain

Jeff Hawley, Department of Insurance

Jerry Shields, Regence Blue Cross Blue Shield

Brad Daw, State Representative

Abbie Vianes, Coordinator for Salt Lake City Mayor's Coalition on Alcohol,
Tobacco, and Other Drugs

Presentation:

Representative Daw is working on a bill for the 2008 Legislative Session. The bill will request funding to increase capacity of DOPL's Controlled Substances Database (CSDB) and to provide support to require pharmacists to submit reports in real-time. The idea is that in turn this will result in more use of the database from physicians (whose primary complaint presently is that the data is not updated). Currently the bill is unnumbered. It is also Protected making it unavailable to the public while it is being drafted. It requests \$1 Million for a two-year pilot. After that, the request will be from \$125,000-175,000 for ongoing funding.

Representative Daw explained that his long-term plan for the CSDB includes having doctors check the database every time before they prescribe a narcotic or schedule II drug.

In other words:

Step 1: Pharmacies report all Scheduled prescriptions in real-time

Step 2: Doctors check database before writing a Scheduled prescription

Discussion:

What we can do: If you are supportive of this bill, you need to let your legislators know that you feel it is necessary and will help curb addiction. Talk to them in person. Write letters (not form letters, but personal letters). Attend legislative meetings and make comments.

Other comments: Need to allow database to be accessed by nurse practitioner's and all others with access to the charts (it is not feasible for doctor's to spend time looking up each patient).

Need to add indicator field (ICD 9) for the diagnosis (reason for the prescription).

Assignments:

1. Dr. Jones will email the physician advisory committee to get their support of the bill
2. Erin: draft letter to send to professional organizations with description of the bill/send to Kevin to revise. Also check with EDO to make sure the bill is compatible with the governor's position.
3. Kevin Balter: revise and finalize draft of letter. Send final back to Erin. Erin will send on to Darlene, Jerry, and Carla.
4. Darlene, Jerry, and Carla: send the finalized letter to professional orgs (Nurse Case Manager Association, Utah Nurse Association, Healthy Utah, UPHA, IHC, Molina, Lynn Webster's network of physicians, etc). Determine among yourselves who will send to each group (so that we don't send double to anyone).
5. Representative Daw: Let us know when there are committee meetings we can attend
6. Everyone: talk to your state representative and let him/her know that you think this will make a difference

Initiatives (reassessed):

1. Warning/disclosure handed out with Rx prescription
2. Digitalize prescriptions
3. ER's only give limited supply of narcotics (rather than full prescription)
4. Require physicians to check DOPL before prescribing
5. Require pharmacists to check DOPL before filling (or guidelines/trainings)
6. Require DOPL to be up to date
7. Simple program for health plans to use to identify high opioid users tied with an educational and/or case management program.
8. Retail pharmacy program to educate pharmacists
9. Program to work with DOPL to promote appropriate use of the Controlled Substances Database among health care providers
10. Simple program that might sensitize physician
11. The University of Utah medical school to increase pain management and end-of-life care in the curricula.
12. All practicing physicians in Utah, with some exceptions, to complete continuing medical education in pain management and opioid prescribing.
13. All officers employed in Utah's diversion control division to complete training in basics of appropriate pain management and opioid prescribing.
14. All licensed pharmacists in Utah to complete course in pain management and opioid prescribing.
15. Patients who are prescribed opioids to receive alert from pharmacists elucidating guidelines for safe consumption

16. Change the monthly limit on # of scripts (having a monthly limit makes it difficult to give small supplies if Dr wants to keep patient on a short leash. Dr's are forced to write larger supplies because some insurance only covers 1 or 2 scripts a month regardless of number of pills)