

Prescription Pain Medication Program  
Steering Committee  
July 15, 2008  
9:00-11:00 in Room 401

**Present:**

Noel Taxin—DOPL  
Laura Poe—DOPL  
Terri Rose—HealthInsight  
Marty Caravati—Poison Control  
Iona Thraen—Patient Safety, UDOH  
Erin Johnson—UDOH  
Mark Rasmussen—National Pain Foundation  
Doug Laub—National Pain Foundation  
Robert Finnegan—Pain Management Doctor  
Ben Reaves—Division of Substance Abuse and Mental Health (rep for Craig PoVey)  
Kim Bateman—HealthInsight  
Alan Colledge—Labor Commission

**Agenda:**

1. HealthInsight Presentation for Provider Education
2. Lynn Webster Presentation for Provider Education/Webinar
3. National Pain Foundation Presentation on Collaboration with Utah

**1: Kim Bateman: Presenting the ppt being developed for Provider Education**

- Simple
- Goal of reducing deaths (rather than other focus's such as reducing diversion or what to do with patients who need treatment)

Presentation will also include:  
Tutorial on Controlled Substance Database  
Quality and follow-up measures

**Discussion of presentation**

Kim: Should we have all the logos on first page?

Ideas:

- Utah Medical Association
- Division of Substance Abuse and Mental Health
- Labor Commission
- DOPL

Marty: Differentiate between sponsors, contributors, etc

Some people won't allow their logo on unless their board has reviewed the ppt

Laura: Inclined to keep front page simple. DOPL and Substance Abuse may be a turn off.

Kim: Put logo of those who specifically developed presentation: UDOH, HealthInsight, and Lifesource

Alan: DOPL is a strong logo that speaks highly to me. Lifesource—Lynn's company—may be seen poorly since he profits from this.

Iona: Should represent the broad group. This ppt will have been validated by the steering committee and has complete buy-in from the group.

Kim: This isn't just a product of UDOH & HealthInsight. Can't specifically put every person involved on first page because may imply more support or participation than true. Include the UDOH logo on the first page.

Kim: Is there a rule that we can't put county-specific data if the number is lower than 5?

Bob: The only rule is that we can't use the data to identify individuals (sometimes with small numbers, the numbers can be linked to individuals)

Alan: clarify that it is Utah (the entire state) rather than Utah County on the slide on Salt Lake vs State and Region

Objectives slide needs to add information from Terri

6 practices for safe prescribing: take off the capital letter on Low, spell methadone correctly, write out Long Acting (LA),

Add "methadone" to slide of analgesia and toxicity thresholds—or long-acting narcotics

Add sources of information for graphs (all UDOH?)

A methadone-related death: use a story from Utah

Slide: A New Safer Approach...5 may be too high to start on. make sure that this matches the guidelines. Move the slide back in the presentation. Make it flexible so that people can adapt to special situations.

Bob: main idea of going ahead without the guidelines is that there are a certain safe things that will not change with the guidelines. Displaying a conversion chart may be dangerous. Better to just say that we need to be careful about increasing the dose.

Slide: But Watch Out... add quote from epocrates for providers to reference.

Add title slides before moving into each of the 6 practices.

Slide: Structure Therapy...arrows are distracting (are they necessary?). The red box is hard to read the content. Write out c-max and t-max (or explain).

Add a slide for each of the six practices (including educate patients)

Slide: Tools we will provide you...Change wording of “sample pain contract” to “sample pain agreement”

Slide: Defining the gap...add “DOPL’s Controlled substance database (CSDB.utah.gov)” to clarify the “dopl patient list”

Add information about how many CME credits. (2.5 will be offered--.5 for pre-work and .5 for the post/follow-up and 1.5 for the presentation)

Alan—AFP has an easy way to get CME

## **2. Lynn Webster—Presenting the provider education webinar he developed.**

This is all part of the UDOH effort, but this portion of things will be sponsored (possibly) by National Pain Foundation. The results from the webinar will be compared with the results from the small group presentations.

### **Discussion:**

Alan: Shouldn’t the two presentations be the same?

Since Kim’s will be in person and require prior research, there will be components that are included in his that won’t be included in the webinar. The overall content is the same.

Take out reference to Bellevue (for HIPAA purposes)

## **3. Doug Laub and Mark Rasmussen: National Pain Foundation (who we are and plans to help in Utah)**

Partnership began with Lynn Webster and as NPF learned about Utah’s effort, they became interested in the potential of taking some (or all) of the interventions in Utah nationa-wide. They feel that it will save lives if successful and that the Utah programs support the mission and goals of the NPF.

Mark: main purpose in engaging in Utah is to help Utah be successful (if successful it will be a pilot that can be spread across the country—will save lives).

Potential areas that NPF can help in Utah:

- Funding the webinar/online CME courses.
- Additional funding for increased tracking
- Fund two statistical analysis of data

- Education program for pharmacists
- Tools to aid providers in talking with patients about pain

Committed \$75,000 to this (\$50,000 for the CME and \$5,000 for stat analysis)  
NPF is here to help—not to complicate anything—but to help Utah’s program be successful.

NPF is a 501c3

Desired outcomes:

- formal written acceptance that NPF has been accepted onto the team (partnership or collaborators or otherwise)
- If we reach the 15% reduction in deaths, NPF would be interested in marketing Utah as the “success story”.
- Need ability to use and publish the data that comes from this.
- Want to use the Utah program as a pilot.
- Want to commit \$75,000 (more if needed)
- Need enthusiasm to take the program elsewhere

Discussion:

Marty: where does NPF’s funding come from?

Mark: foundations, organizations, donors...mostly related to pain (or groups that have interest in pain). Also from pharma and medical co’s related to pain.

Alan: can we see the breakdown of where the funding is coming from? The pie diagram.

Mark: will send us the funding breakdown. Also, you can look at the website for a clear view of where we sit.

Doug: NPF is a 10 yr old foundation that is in transition to a new variety of funding sources. We hope this project will help us diversify the project.

Mark: We plan on funding the \$75,000 with non-pharma or pain industry funds.

Marty: Can we get a list of board of directors? And their affiliations?

Mark: 12 people; all volunteer; variety of backgrounds: pain docs, pharmacist,

Alan: another idea of a study would be to look at long-term effects of those using opioids (most studies only follow people 3-6 months).

Bob: We would like the steering committee's input (via email) on how this collaboration would work.

Mark: with the CME, it is aimed at Utah, but someone from another state could sign up. The webinar would be for Utahns as a pilot for the rest of the nation.

Bob: by entering into a partnership, the reports we put out (which are public domain) would be available, but we wouldn't be able to give you more access to raw data.

Kim: so you see in what Utah is doing something that is generalizable. You would like to step in and do what it takes to make this intervention qualify as a pilot—in a way that does not slow us down or cost us money.