

Prescription Pain Medication Program
Steering Committee
August 19, 2008
Rm 401, 9:00-11:00

Action Items:

1. Kim send the 2 slides (condensed recommendations) to Iona
2. Kim invite Jonathan Nebeker to speak to Steering Committee next month, if deemed appropriate
3. Iona send out the flowchart to both implementation and expert panel
4. Iona show steering committee the finalized flowchart next meeting
5. Erin invite Monte Thompson from the Utah Dental Association to talk to Steering Committee

Update on Advisory Committee Meeting

Policy, Insurance, Incentives: Iona will be leading this Work Group in the future. She will do a cross comparison of each of the insurance agencies to see what coverage policies are the same and where they differ.

Comments:

- We are going to lose if we suggest that the insurance agencies can't switch to the less expensive drugs.
- A consultation could be held before switching to methadone.
- Some people it is never feasible to use the expensive drugs (they start on methadone). People who never have insurance or a pain clinic approach may never have experienced the more expensive options.
- We may be able to do something for people who do have coverage. People who have lost coverage, there are fewer options we are going to have—no easy policy solution.
- 3 different issues: switching from treating acute to chronic pain, switching from short to long-acting opioids, switching from expensive narcotics to methadone.
- Recommending a consultation if any of these occur could be a solution for insurance groups (who spend much of their money on opioids)—the guidelines should support this.
- A certification could be made for prescribing methadone.
- We can train people to use methadone safely (examples mentioned of other drugs (cumin?) that began as problematic but when physicians were trained they were able to limit problems from the drugs).

Evaluation question: why limit ourselves to measuring hits to the CSDB when we should have the ability to measure specific changes in provider's prescribing habits. Maybe we

can use VA hospital Medicaid Transformation Grant information to measure impact of the provider education.

Comments:

- We still lack expertise in using the DOPL database efficiently as a measurement tool.
- Kim will talk with Jonathan Nebeker and see if it would be worth having Jonathan come present to the steering committee on the Medicaid Transformation Grant (MTG).
- There is a potential of contracting with the MTG to answer some of our ?'s (eg Do dentists prescribe long-acting opioids?)

Question for the group: Should we be considering an intervention for dentists?

Noticed that lots of pain patients are getting emergency dental work (which gets them narcotics)

Comments:

- There is a risk of diluting our efforts if we spread too thin. Deaths are the target of our group. A portion of deaths are not as simple as “use only as directed” but we have avoided getting into the substance abuse issue too much (since a whole division exists for that).
- Next legislative session, we can propose more specific intervention—we will try to get ongoing funding, but it may not be possible.
- Simple intervention for dentists could be aimed at:
 - Not starting narcotics too early (to youth specifically—there may be a timeframe when narcotics should not be used...before a certain age of maturity?)
 - Being aware of diversion
- Committee opinion on polling dentists about need for intervention on limiting prescribing opioids.
- Ask Monte Thompson from UDA to present/talk to us on this issue:
 - Do dentists prescribe long acting opiates
 - Is there a perceived problem with this among dentists
 - Do they prescribe rx for acute pain
 - What are the trends in prescribing
 - What do dentists do with drug seekers

Guidelines:

Iona Thraen working on an algorithm flowchart

Action: Kim send the 2 slides (condensed recommendations) to Iona

Action: Iona send out the flowchart to both implementation and expert panel

Action: Iona show steering committee the finalized flowchart next meeting

Guidelines need to be stronger—an abstract or flow without the legalize/hedges

Flow of numbering needs to be reviewed (some of it isn't in the correct order—13.1 should be closer to 5.2)

Emphasis added on the fact that opioids are started as a trial—not a commitment!

Section on acute:

Recommend that for acute pain, long acting shouldn't be used, amount prescribed should be based on how long pain is expected to last and clear instructions should be given as well as info on how to dispose and potential risks.

Possible way to divide up recs:

1. Things to do before prescribing opioids
2. Doing a trial (including ending a trial)
3. Thing to consider while prescribing opioids

National Pain Foundation concerns:

When NPF goes national, we need to have a clear understanding of our relationship with them.

Concerns expressed against affiliating with them.