

**Minnesota Department of Human Services
DUR Board Meeting**

Final

August 15, 2018

Members Present

Oluchi Azurka, RN, Ryan Fremming, Pharm.D., Daniel Jude, PharmD., Pierre Rioux, MD., Allyson Schlichte, Pharm.D., and Abigail Stoddard, Pharm.D.

DHS Staff Present

Mary Beth Reinke, PharmD., Dave Hoang, PharmD. and Ameni Bensami, PharmD candidate.

Other Attendants

Larry Dent, PharmD., Conduent

Public Comments: There were no public comments.

Approval of Minutes: Minutes from May 16, 2018 were approved.

Old Business: There was lengthy discussion about the basis of the criteria involving ≥ 4 psychotropic drugs in the Psychotropic Drugs in Adults Intervention. From an internal ad hoc criteria, if the criteria was changed to ≥ 3 psychotropic drugs, then the number of occurrences would double compared to the count using ≥ 4 psychotropic drugs. The unanimous final vote was to continue with the current ≥ 4 psychotropic drugs criteria rather than changing to ≥ 3 psychotropic drugs or to eliminate the criteria all together. A possible future indicator could be using criteria of ≥ 3 prescribers as a lack of care coordination. Dr. Dent thought that most of the same prescribers will be covered by the ≥ 4 psychotropic drugs criteria. The potential impact of the new criteria will be explored before the indicator is developed.

New Business:

Dr. Larry Dent stated the most two recent RetroDUR interventions were Diabetes Disease Management mailed May 17, 2018 to 2,316 providers regarding 4,959 patients and Second-Generation Antipsychotics in Youth mailed July 9, 2018 to 751 providers regarding 2,545 patients.

Hypertension Management Proposal

This intervention was not pursued because reportedly the provider community is not yet in sync with the 2017 Hypertension Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Current community measures, for instance, have not been updated with the 2017 Hypertension Guideline.

Proton Pump Inhibitors (PPI) Proposal

At past DUR Board meetings, this intervention was not chosen because of the difficulty of taking patients off their PPI. However, the current emphasis is to only receive these drugs for the shortest time possible due to long term adverse risks.

Four of the five indicators were approved.

#1: Extended Duration of PPI Therapy with Unknown Diagnosis (n=3,084)

#2: Extended Duration of PPI Therapy in Patients with PUD without Test or Treatment for H. pylori (n=482)

#3: Duplicate Therapy with PPI (n=353)

#4: Increased Risk of ADE: Concomitant PPI and NSAID Therapy in Patients with History of PUD from Multiple Prescribers (Coordination of Care) (n=48)

For the fifth indicator #5: PPI Dose Consolidation in Adults (n=3,730), the DUR recommendation is that the criteria is changed to > 60 days. However, the overall message with this intervention is to reduce and discontinue long term use of these drugs.

The DUR recommended including something educational about tapering schedules for PPI in the cover letter. A response form will be included.

The meeting was adjourned.

2018 Meeting Dates

October 17, 2018