Opioid Prescribing Work Group

Minutes — October 17, 2019
noon – 3:00 pm
444 Lafayette Building, St. Paul

Members present: Julie Cunningham, Sen. Chris Eaton, Tiffany Elton, Dana Farley, Rebekah Forrest, Brad Johnson, Ernest Lampe, Matthew Lewis, Murray McAllister, Pete Marshall, Richard Nadeau, Lindsey Thomas

Members absent: Chris Johnson, Mary Beth Reinke, Charles Strack, Ifeyinwa Igwe

DHS employees: Ellie Garrett, Chad Hope, Tara Holt, Jessica Hultgren, David Kelly, Sterling Kowalski, Sarah Rinn

Guests: Audrey Hansen (ICSI), Cammie LaValle (patient advocate), Krista Panosian (BDSI), Trudy Ujdur (Sanford), Sophie Wallerstedt (TGE Consulting)

Welcome and Introductions

In Chair Chris Johnson's absence, Ellie Garrett called the meeting to order. Introductions were made around the room.

DHS Updates

Garrett shared updates from DHS. First, interviews for the Medical Director position are in process. Thank you to Brad Johnson, Tiffany Elton and Chris Johnson for their help in this process. Second, DHS will convene a meeting for health systems to discuss the prescribing reports and the quality improvement program. Organizational partners such as MMA, ICSI and MHA will also be invited. Third, DHS will convene a meeting with chronic pain advocates by the end of the year. Next, Jessica Hultgren briefed the group that updated prescriber reports will be issued in November. These reports will include prescriptions written between July 2018 and June 2019. DHS is available to meet with health systems who request more information about the reports and QI program.

Approval of Minutes

Sarah Rinn informed the group that a correction was made to the minutes after they were sent out. On page three in the second full paragraph, the previous version incorrectly referenced measures one and three. The minutes were corrected to state measures one and two. Lindsey Thomas moved to approve the corrected September minutes, Tiffany Elton seconded. Members unanimously approved corrected version of September 2019 meeting minutes.

Opportunity for Public Comment

Cammie LaValle inquired about extending the OPWG in order to complete its work. LaValle next inquired about overdose death data from MDH's opioid dashboard. Garrett referred to Dana Farley from MDH who offered to speak offline to Ms. LaValle about the reports. Lindsey Thomas commented that the Office of Vital Records is currently investigating how to improve drug-related death data.

OPWG Timeline

DHS staff proposed an extension of the OPWG in order to complete its legislative tasks. Rinn requested that members respond to her by October 21, 2019 indicating whether they are interested in re-applying for their position. A member asked whether the work will ever be complete. The group had a brief discussion about the natural life of the project. DHS indicated that they do not foresee this project being open-ended, and that it will terminate at some point in the future.

Quality Improvement: Chronic pain

Rinn reviewed the quality improvement objectives for high volume COAT prescribers (measures 5 and 6). A copy of her slides is available upon request. A brief discussion ensued about the goal of increasing awareness of mental health conditions and risk of suicidality.

Quality improvement activities: chronic pain

Rinn reviewed the quality improvement section of the OPIP statute, specifically the items required to be included in the project. A copy of her slides is available upon request. The group then discussed whether participation in an existing quality improvement program will satisfy the provider's requirement to participate in the DHS program. It could be very burdensome to ask providers to participate in two similar, yet separate quality improvement projects. In addition, DHS does not want disincentive providers and systems from working on quality improvement now. The group reached consensus there is value in recognizing participation in an existing health system or external quality improvement program. However, DHS will need to confirm that the provider is actively participating.

Discussion then turned to the quality improvement activities. Rinn asked work group members to consider the nature of the activity, and whether documentation should be required (rather than just attestation).

Rinn reviewed the activities in the chronic pain attestation form. Work group members agreed that intermittent PMP queries are a reasonable expectation. The work group also reached consensus that separate continuing education requirements (CE) for chronic pain and opioid use disorder are reasonable. Web-based content should be sufficient. A brief discussion ensued about whether the 2 hour time expectation is too burdensome. DHS staff indicated that they will provide resources for what is available, especially online CE opportunities.

Discussion then turned to the activities under the "technical" heading on the attestation form. A member suggested adding a standard opioid agreement plan to the requirements. Work group members then discussed the proposal that providers develop a list or registry of their chronic pain patients. Members indicated that populating all of the domains listed will be very challenging. The data may exist in a health system, but often it

is managed in separate places by separate teams. DHS indicated that we will ask health systems about the data points that are currently collected. Several of the domains listed on the form may be useful to have in later years of QI. Members briefly discussed that the registry contemplated is like registries created for other chronic conditions. The work group agreed that data collection and dissemination for chronic pain is not yet this mature.

Work group members discussed the requirement for multi-disciplinary patient reviews, especially the number and availability of disciplines required. Providers in large systems may have access to multi-disciplinary colleagues, but that may be challenging in rural areas or in small practices. A member questioned the format of the meeting, and the scope. Developing a process for review is fine, but what are the expectations around reaching all patients? Tiffany Elton shared how the peer review process functioned at her previous clinic.

Members briefly discussed the activities listed under risk mitigation strategies. A member asked whether the bullets examples or requirements? DHS staff commented that they are intended to be examples.

Work group members then discussed whether a naloxone policy and/or a policy around prescribing concomitant opioids and benzodiazepines are realistic. Members suggested reframing the activities as guidelines, rather than policies. Another suggestion was made to modify the requirement so that the opioid prescriber should at least reach out to the benzodiazepine prescriber, when they are different. Patient education should address concomitant prescribing.

Quality improvement activities: Acute pain

Discussion moved on to the acute pain attestation forms. Members discussed the draft continuing education requirements, and questioned whether there is enough continuing education options available for acute pain and post-acute pain prescribing. DHS will verify that there is a large enough universe of options, and will provide examples and resources within the attestation forms.

Work group members reached consensus about requiring providers to register for the PMP, and develop a standardized process for queries.

Discussion turned to the QI activities specifically for surgeons (complete pre-operative pain education) and medical specialties (develop a policy for prescribing opioid therapy for acute pain). A member suggested moving away from policies or protocols, and use the word methodology or algorithm instead. One of the challenges with this requirements is that it must be broadly applicable.

Members discussed the requirement that at least quarterly review of opioid prescribing occur. There were a number of questions about how to operationalize this activity. Questions included how to access the data, what types of meeting will be considered sufficient, whether self-reflection is reasonable in year one. Additional guidance is required for this item.

Quality improvement activities: Post-acute pain

Finally, the work group discussed the QI activity about collecting and documenting a patient's cumulative MME exposure in the post-acute pain phase. There was consensus that this activity—as written—will be overly burdensome for a provider. The information is available in the PMP, but the provider will have to calculate the cumulative exposure. Senator Eaton suggested that PMP upgrades might quality for the opioid epidemic

response grants. Members discussed alternatives to this activity, including whether health systems can train their providers on the cumulative effect of opioids. A member suggested including adverse selection as a topic for continuing education.

Meeting adjourned.