Opioid Prescribing Work Group

Minutes — January 17, 2019
noon – 1:30 p.m.
Webinar

Members present (online): Julie Cunningham, Chris Eaton, Tiffany Elton, Dana Farley, Rebekah Forrest, Ifeyinwa Nneka Igwe, Brad Johnson, Chris Johnson, Ernest Lampe (non-voting), Matthew Lewis, Pete Marshall, Murray McAllister, Richard Nadeau, Mary Beth Reinke (non-voting), Charlie Reznikoff, Jeff Schiff (non-voting), Lindsey Thomas

Members absent: Charles Strack

DHS employees: Charity Densinger, Ellie Garrett, Tara Holt, David Kelly, Sterling Kowalski, Sarah Rinn

Guests: Amber Bullington, Lindsey Chapman, Audrey Hansen (ICSI), Sheila Grabosky (chronic pain patient), Diane Kelley, Heather Keyes (Stratis Health), Cammie LaValle (Don't Punish Pain), Juliana Milhofer (MMA), Julie Sabo (Board of Nursing), Trudy Ujdur (Sanford)

Welcome and Introductions

Chris Johnson called the meeting to order. Introductions were made over the phone.

DHS Updates

Jeff Schiff reported that Governor Walz appointed Tony Lourey as the Commissioner of the Department of Human Services. Commissioner Lourey has a strong health care background. Claire Wilson was appointed Deputy Commissioner. Wilson is formerly the Assistant Commissioner of the Behavioral Health Division, which is where the state's substance abuse agency resides. Schiff thanked outgoing Commissioner Emily Piper and Assistant Commissioner Nathan Morracco for their leadership and support.

Approval of Minutes

Rinn commented that Trudy Ujdur (Sanford) will be added to the November 2018 meeting guest list. Members unanimously approved the November 2018 meeting minutes with the updated attendance list.

Sarah Rinn reviewed the agenda for the webinar. A copy of her presentation is available upon request.

Opportunity for Public Comment

Sheila Grabowski provided public comment over the phone. Ms. Grabowski sent the OPWG members a copy of her comments prior to the meeting. She commented on the challenges faced by patients in accessing non-opioid pain management options including physical therapy visit limits and long wait times to access behavioral health providers. Primary care providers are more accessible, which is why they end up prescribing high volumes of opioid prescriptions. Ms. Grabowski expressed concern that there are providers who are

unfamiliar with the Prescription Drug Monitoring Program. Ms. Grabowski expressed support for making opioid therapy for pain management safety, but accessibility to other treatments must be improved.

Prescriber Reports Update

Sarah Rinn and David Kelly reported that the first set of Opioid Prescribing Reports will use 2018 prescribing data, instead of 2017 prescribing data. Using the more current data requires DHS to delay sending out the reports by a month, but the advantages of using the most current available data outweigh any disadvantages related to the delay. One of the disadvantages of using the most current available data is that it will delay sending out the second set of reports until March 2020, thus delaying initiation of the quality improvement program. A member asked whether interim reports will be issued between the first and second release. At this time, DHS intends to send out annual reports.

Kelly reviewed the trade-offs involved in using the 2018 opioid prescribing data. In general, using the 2018 data means that the reports will not include 100% of the prescription or medical claims data. Approximately 96% of the total 2018 prescription claims data will be included; and 90-95% of the relevant medical claims will be included. The analysis requires medical claims data to calculate the measure one denominator, and to exclude patients with active cancer or hospice and palliative care services. DHS staff believe that the amount of data captured is sufficient to justify using the most current available data.

DHS staff presented preliminary 2018 opioid prescribing data, comparing 2018 data to 2016 and 2017 data. In general, the number of opioids prescribed has steadily decreased since 2016. A member asked whether the reduction in opioid prescriptions affects the prescribing variation previously analyzed. For example, do the quality improvement thresholds continue to represent the cut-off between the 3rd and 4th (highest) quartile within specialties? DHS has not yet completed this analysis, but does not intend to change the quality improvement thresholds at this time.

Quality Improvement Threshold Discussion

Rinn presented updated data on the number of providers exceeding the quality improvement thresholds using three volume thresholds: ≥ 10 prescriptions or enrollees; ≥ 25 prescriptions or enrollees; and ≥ 50 prescriptions or enrollees. The thresholds for the acute and post-acute pain metrics represent the total number of opioids prescribed over the entire measurement period. The thresholds for the chronic opioid analgesic therapy (COAT) metrics represent the total number of enrollees prescribed COAT over the entire measurement period. Work group members discussed the number of outliers identified for each metric, and the impact of requiring quality improvement participation using different volume thresholds. DHS staff proposed a tiered approach to quality improvement for the acute and post-acute pain metrics. Tier 1 will include prescribers whose rate exceeds the quality improvement threshold and who prescribed 10-50 opioid prescriptions in the measurement year. Providers in tier 1 will have fewer required activities. Tier 2 will include prescribers whose rate exceeds the quality improvement threshold and who prescribed ≥ 50 opioid prescriptions in the measurement year.

Rinn presented data comparing the number of primary care providers whose rate exceeds the quality improvement threshold for measures 2 (index dose), 2 (700 cumulative MME) and 3 (high-dose COAT), by opioid volume threshold. A member commented that the specialty group that includes pain medicine

providers will have higher dosing. The guidelines direct providers to refer complicated patient to pain specialists. This is likely a scenario that needs to be addressed in the special cause exemption request process.

DHS staff proposed using ≥ 10 enrollees in the measurement year as the volume threshold for the COAT metrics. Providers who exceed a COAT measure's quality improvement threshold and the volume threshold will be required to participate in a quality improvement review. A motion was made to adopt the opioid prescribing volume thresholds. The proposal was accepted unanimously.

Opioid Prescribing Reports

Rinn presented a series of frequently asked questions about the opioid prescribing reports.

Provider Education Updates

Rinn provided a brief update about the prescriber education campaign. The target launch timeframe is early February. The campaign includes continuing professional credits through collaboration with the University of Minnesota and the Minnesota Medical Association, online resources, a brief video highlighting a successful change in approach to opioid prescribing, and other tools.

Update on federal State Opioid Response (SOR) grant

Tara Holt presented a brief update on the federal State Opioid Response (SOR) grant. Minnesota received approximately $12 million under the new grant. The primary focus of the SOR RFP is expanding treatment capacity. Holt directed members to the RFP for additional details. She also addressed the State Targeted Response grants, which are set to expire in April. The STR grants were re-authorized, but without any funding.

Meeting adjourned.