

Opioid Prescribing Work Group

Minutes — May 21, 2020

1:00 pm – 3:00 pm

WebEx Video Event

Members present: Nathan Chomilo, Kurtis Couch, Julie Cunningham, Sen. Chris Eaton, Dana Farley, Tiffany Elton, Rebekah Forrest, Chad Hope, Ifeyinwa Igwe, Brad Johnson, Ernest Lampe, Matthew Lewis, Murray McAllister, Pete Marshall, Richard Nadeau, Charlie Reznikoff, Saudade Samuelson, Charles Strack, Lindsey Thomas

Members absent: Chris Johnson

DHS employees: Ellie Garrett, Jessica Hultgren, David Kelly, Sarah Rinn

Guests: Charisse Colombe (MHA), Tania Daniels (MHA), Sheila Grabosky, Audrey Hansen (ICSI), Jeyn Monkman (ICSI), Claire Neely (MHA), Tracy Radtke (MHA), Jenny Schoenecker (MHA)

Welcome and Introductions

Ellie Garrett welcomed members. Introductions were made with extra time allotted for the four new members, Nathan Chomilo, MD, Kurtis Couch, Adam Nelson PharmD, and Saudade Samuelson

DHS updates

No agency updates were provided.

Approval of minutes

The November and December OPWG meeting minutes were approved at the meeting. November's minutes were included because of a page missing in the packet at the December meeting. Brad Johnson moved to approve the minutes and Richard Nadeau seconded the motion.

Vote for new chair

Garrett informed the group that Chris Johnson's seat as OPWG chair is open due to a DHS practice of limiting chair positions to two concurrent terms. Garrett noted that DHS is seeking volunteers for the chair position and that Julie Cunningham had indicated interest. No other members expressed interest in the chair position. Chris Eaton moved to elect Julie Cunningham and Lindsey Thomas seconded the motion. Julie Cunningham was unanimously voted into the role of chair and will assume the chair duties at the June meeting.

Opportunity for public comment

Rinn read a letter submitted by chronic pain patient, Sheila Grabosky. No other public comment was given.

Taper Guidance

At the November 2019 meeting, the OPWG requested a review of the 2017 OPIP taper guidance. This request was based upon the growing body of evidence around improved tapering protocol as well as increasing concerns around the outcomes of unsafe/rapid tapers. Rinn presented the topic, shared the four existing tapering domains and provided a brief review of new taper-related resources. A copy of the presentation is available upon request. The OPIP team will develop a proposal for member review at the June meeting. Charlie Reznikoff added two comments: 1) add screening for any episodic mental health events before and during a taper; and 2) identifying the desired taper outcome is important, but the outcome may not necessarily be a taper to zero. Murray McAllister also noted the importance of motivational interviewing and patient motivations (readiness for tapering). Julie Cunningham commented that the guidance encourage establishing expectations and sharing resources prior to initiating the taper.

OPIP program updates

Rinn provided a brief OPIP program update. DHS mailed 2019 provider reports in early January to roughly 16,000 providers. Mailing addresses obtained by the licensing boards proved to be more accurate than the addresses used for the first round of reports. OPIP staff have been responding to provider questions related to OPIP status and new CME requirements coming from the state legislature. Rinn briefly shared updated data on prescribing trends that indicate a notable decrease in variation and a consolidation of COAT prescribing. Lastly, Rinn explained that DHS is aware the QI timeline may be delayed because of COVID-19 and its impacts on the medical community. DHS will gather input over the following months to determine an appropriate timeline for QI implementation.

Quality Improvement (QI)

Rinn introduced a general framework for the quality improvement component of the project and informed the group that DHS has contracted with two organizations to assist with the development of the framework. Rinn then introduced both Minnesota Hospital Association (MHA) and Institute for Clinical Systems Improvement (ICSI). Both organizations presented their respective components of the QI framework. A copy of their presentations is available upon request.

A brief discussion amongst members followed. A member asked whether the organizational messages about quality improvement align. Another member cautioned that the organizations must strike a balance between too many and too few quality improvement requirements. A member emphasized the need for educational tools to address barriers that are intrinsic to the provider.

A member asked whether the work group should draft a statement about prescribing during COVID. This question was submitted in the chat function and will be addressed at the June meeting.

Meeting Adjourned.