



# Opioid Prescribing Work Group

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Minutes — September 15, 2016  
1:00 p.m. – 4:00 p.m.  
444 Lafayette Building, St. Paul

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

**Members absent:** Charles Reznikoff, Alvaro Sanchez

**DHS employees:** Charity Densinger, Ellie Garrett, Dave Hoang, Melanie LaBrie, Jordan Martinson, Sarah Rinn

**Guests:** Heather Bell (CHI St. Gabriel's), Kurt Devine (CHI St. Gabriel's), Representative Ron Kresha (District 9B), Juliana Milhofer (MMA), Frank Snopek (Pfizer), Ann Tart (DLI), Lisa Wichterman (DLI);

## I. Welcome and Introductions

Chris Johnson called the meeting to order. Johnson welcomed members and guests, and introductions were made around the room.

Jeff Schiff provided a brief update on current opioid-related activities at the state government level. DHS Commissioner Piper-Johnson, Chris Johnson and Dana Farley presented at the Department of Justice Saving Lives Opioid Summit on September 8. The Governor will host a State Tribal opioid summit on October 18. Tiffany Elton is part of a planning group on prescribing and use of the Prescription Monitoring Program (PMP). The Department of Health (MDH) received a 3-year grant from CDC to fund overdose prevention work. Farley informed the group that the PMP Board did not approve the naloxone prescribing protocol at the October meeting. MDH expects approval of the protocol soon.

Sarah Rinn provided a brief overview of the agenda for the meeting.

## II. Approval of Minutes

No corrections were offered to the July meeting minutes. **Nadeau motioned to approve the minutes, and Thomas seconded the motion. The minutes were approved unanimously.**

## III. Opportunity for Public Comment

Trudy Ujdur (Sanford Health) provided public comment. She asked whether the group intentionally omitted pain as a withdrawal symptom. She commented that there is typically a 10-day period during dose reductions when pain gets worse. Group members discussed her comment and recommended

adding a statement about pain intensity to Recommendation 10. Members requested including a reference for any specific period.

#### **IV. Post-Acute Pain Prescribing Recommendations**

Rinn presented revisions made to Recommendations 6 (Risk Assessment), 10 (Taper), 11 (Consultation and Referral) and 12 (Naloxone).

Discussion began with Recommendation 6 (Risk Assessment). The group discussed concerns about reliance among providers on risk assessment tools to determine patient safety. The group recommended adding a cautionary statement that the use of assessment tools is not sufficient to prevent risk or harm. Risk assessment questionnaires should be used to standardize screening and document, and identify patients with elevated risk for opioid-related adverse outcomes. Risk assessment tools cannot prevent risk or harm.

Discussion then turned to Recommendation 10 (Taper). Members clarified that a taper is recommended when a patient demonstrates withdrawal symptoms as dose reductions are attempted, or based on the duration of use. The need for a taper is usually dose or duration dependent. Studies have shown that severe withdrawal symptoms can lead to adverse outcomes, and must be avoided when reducing dosage. A member commented that patient education is essential for both a successful taper and also to discontinue opioid therapy. The providers should assist the patient with their expectations about the discontinuation process. Another member recommended clarifying that adjunct medications are not always needed, and should be used as indicated.

Members discussed revisions made to Recommendation 11 (Consultation and Referral). A member expressed concern about the term “mental health provider”. Most mental health providers do not receive training in pain management. The group agreed that the intent of the recommendation is to refer the patient to someone specifically trained to manage pain. The group recommended changing the term to appropriately trained behavioral health provider.

Discussion then turned to reaching out to law enforcement when providers suspect fraud, subterfuge or deceit. Members briefly discussed the liability or responsibility of a physician to report suspected criminal activity. St. George informed the group that when there is a vulnerable person there are mandatory reporting responsibilities, but the law becomes murkier for other patient populations. HIPAA allows the release of information under a “crime on premises” exception. Reporting responsibility or liability also depends on the specific policies of the health system. He recommended that providers contact the health system security and/or legal department to learn about system policies. The group recommended creating language to help educate providers about HIPAA with regards to substance abuse and/or diversion.

Members then discussed Recommendation 12 (Naloxone). A brief discussion ensued about educating patients that naloxone is not a self-administered drug. Providers should advise patients to bring a family member or friend to the pharmacy in order to receive education about safe use of naloxone. Members recommended revising the statement about patient education to highlight education about safe use of naloxone.

## **V. CHI St. Gabriel's Health System Presentation**

Kurt DeVine, MD, and Heather Bell, MD, from CHI St. Gabriel's Health System spoke to the group about their Controlled Substance Care Team model and experience with initiating suboxone prescribing for their patients.

A copy of the materials from CHI St. Gabriel's Health System is available upon request.

A member asked DeVine and Bell whether they have observed a decrease in the number of new chronic opioid users. DeVine shared that diversion has significantly decreased, but they have not yet looked at reductions in the number of new chronic opioid users. He also commented that part of their strategy to spread the care model is to address diversion that may have moved out of Little Falls and into neighboring communities. Discussion then turned to the culture change that occurred (and continues to occur) at St. Gabriel's. DeVine shared that the providers remain concerned about the pressure to treat pain, but a number of things have helped with developing support, including a death in the community and relieving the provider burden associated with obtaining labs, providing risk assessment, interpreting the urine drug screen, and checking the PMP.

A member commented on St. Gabriel's efforts to reduce dosages among patients who continue chronic opioid therapy. He commented that his practice's pain programs routinely tapers patients off opioids completely, and patients report pain reduction after getting off opioids. DeVine supported the statement, and commented that the same should occur with benzodiazepines. He also commented that the care team's social worker is critical in terms of support patient self-management and identifying factors that influence their ability to manage their pain. A member requested that Murray and Cunningham provide information about pain reduction after tapering off opioids.

A brief discussion ensued about the group's experience prescribing suboxone.

## **VI. Chronic Pain Prescribing Domains**

Rinn provided an overview of the chronic pain prescribing domains for consideration. A member asked whether the recommendations should address the conditions for which chronic opioid therapy may be appropriate. The group agreed that consideration should be part of the recommendations.

Another member commented on her preference that the chronic pain prescribing guidelines strongly advocate for tapering nearly all patients off opioids or to a dosage under a certain limit. The group expressed interest in learning about both the Veteran's Administration and Essentia's chronic pain and opioid tapering policies and experience. The group also requested that DHS provide data on which provider groups (according to the specialties examined at a previous meeting) prescribe opioids for chronic pain/chronic use.

Meeting adjourned.