Opioid Prescribing Work Group

Minutes — March 16, 2017
Noon – 3:00 p.m.
444 Lafayette Rd., St. Paul

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

Members absent: Chris Eaton, Ernest Lampe, Matthew St. George

DHS employees: Lori Allerson, Charity Densinger, Ellie Garrett, Dave Hoang, Tara Holt, Chad Hope, Sarah Rinn, Brian Zirbes

Guests: Nichole Berndt (STS), David K Dobson (STS), Sara Drake (Mercer), Kate Erickson (MDH), Carrie McGregor (STS), Juliana Milhofer (MMA), Elizabeth Rowe (UMD College of Pharmacy), Mom Tatahmehta (MDH), Kelley Waara-Wolleat (Purdue), Lisa Wichterman (DLI)

Welcome and Introductions

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

DHS Updates

Jeff Schiff updated the members about DHS opioid-related efforts. The SAMHSA State Targeted Response (STR) grant RFP will be announced on Monday, March 21. The STR RFP includes funding for a number of prevention and treatment-related programs and services. Schiff provided a brief legislative update, and informed the group that the opioid stewardship and OPIP expansion bills are still active. The OPIP has attracted attention during the legislative session, and the Department is very proud of the work.

Approval of Minutes

Members unanimously approved the January meeting minutes.

Opportunity for Public Comment

David Dodson is the medical director of Specialized Treatment Services, an outpatient treatment facility providing medication assisted treatment. Dr. Dodson commented on the services provided at his clinic, and his staff's experience with opioid use disorder. He thanked the group for the opportunity to attend the meeting.

Chronic Pain Phase Recommendations

Sarah Rinn reviewed meeting logistics. A copy of her slide presentation is available by request at dhs.opioid@state.mn.us. Rinn also provided an overview of the March 9 OPWG member conference call. The purpose of the conference call was to discuss specific domains in the chronic pain prescribing recommendations. Members discussed removing medical cannabis from the list of non-opioid therapies; the frequency of reviewing the patient-provider partnership agreement, concomitant prescribing of opioids and benzodiazepines, and urine drug analysis. Comments were incorporated into the document, and will be distributed for review among the members.

Specialty Consultation and Referral

During the offline member comment period, several members requested that the work group revisit the consultation and referral recommendation in the chronic pain prescribing guideline. The current OPWG recommendation identifies instances when a consultation or referral to a pain specialist, an addiction specialist, or a mental health provider may be appropriate. Members were asked to consider whether the recommendation should identify specific instances when referral is appropriate, or provide more general guidance.

Discussion ensued about determining opioid treatment failure. Members discussed various methods of assessing functional impairment and patient participation in daily life activities. Several members expressed confusion about how a recommendation about ineffective COAT fits into the general scope of the document. The recommendations already indicate that COAT is ineffective, so clarification about what constitutes ineffective treatment is needed.

Discussion then turned to whether Recommendation 21 should be removed from the document. Members indicated that the recommendation is useful, and suggested adding the following:

- Referrals to pain rehabilitation programs should not be limited to those with persistent functional impairment. Referral is also appropriate when a patient is on persistent, high opioid dosage.
- Referrals when patient is reliant on medications.
- Referral when a patient's family or caregivers express concern that patient is becoming dependent or developing behaviors consistent with misuse.
- Referrals when the patient's taper or discontinuation of COAT is unsuccessful.

Provider Grouping Methodology

Rinn provided a brief update on the provider peer-grouping methodology. A greater number of specialties will be used for the initial analysis. Rinn asked members whether pediatricians should be grouped separately. Members reached consensus that pediatrics should be a separate specialty group. A brief discussion ensued about group size, and attributing providers to groups.

Post-acute and Chronic Pain Phase Measure Domains

Rinn introduced discussion of the post-acute and chronic pain phase measure domains. The goal for the discussion was to identify the domains of interest, in order to guide the initial analysis of prescribing behavior in both pain phases. The discussion about thresholds and quality improvement criteria will occur once there is data to review.

A guest offered public comment. She commented that her patients with back pain have varying degrees of pain severity, e.g., pain due to a car accident versus pain caused by lifting a heavy object. She inquired whether the guidelines or measures will differentiate between the severity of injuries. Schiff commented that this is addressed in previous guidelines, but it will be a consideration when the group discusses prescribing thresholds.

Discussion turned to measuring the prescription's supply. The work group previously determined that day's supply is not a precise measure of opioid prescribing. Several members commented that they had heard pushback on the post-acute pain prescribing duration recommendations.

Rinn briefly presented potential hypotheses for the post-acute pain period. The first measure reviewed for the post-acute pain period was a rate of prescribing in the post-acute period, by provider. Members were in agreement that this would be a useful measure. A brief discussion ensued about the way prescribing rates are currently reported at Essentia. Essentia monitors opioid prescribing and prescribes quarterly reports. Reports are grouped by primary and specialty care, and are linked to diagnoses. DHS staff commented that it is challenging and unreliable to link administrative claims to diagnoses within the Medicaid administrative claims system.

The second measure was individual prescriptions in the post-acute period. Discussion ensued about measuring post-acute pain prescribing according to the timeframes identified within the Post-Acute Pain Prescribing and Assessment Guide (i.e., 5-14, 15-21, 22-28 days). Lori Allerson, a DHS Research Scientist, commented that using shorter intervals of time is possible, but that the group may want to consider rolling up the analysis when looking at the data. Members recommended that DHS analyze prescribing within the shorter intervals defined in the Post-Acute Pain Prescribing and Assessment guide.

The third measure addressed aggregate prescribing during the post-acute period. The intent of this measure is to emphasize the provider's responsibility to know about previous opioid prescriptions, and hold the last prescriber accountable for the patient's care. Members expressed concern about this approach for two reasons. First, it may inappropriately assign responsibility to a prescriber who inherited a patient who previously received inappropriate care. Several members warned that creating a sense of blame may have negative consequences. Second, the approach does not recognize a taper. Given the importance of reducing dosage during the post-acute period, members identified the ability to recognize a taper as an essential element of the measurement approach.

The discussion turned to chronic pain prescribing, and limiting the number of new chronic opioid users. Members discussed potential measures at the clinician and specialty level, including the percentage of chronic users, growth in the number of chronic users, and stability of COAT dose and COAT patient population stability. A brief discussion ensued about monitoring COAT-related fatalities, and potential surrogates for morbidity

and/or mortality. Finally, members commented that it would be helpful to understand prescribing behaviors in isolated areas of Minnesota, and whether there are subpopulations of chronic pain patients who are treated differently.

Meeting adjourned.