

Opioid Prescribing Work Group

Minutes — July 20, 2017

noon – 3:00 p.m.

444 Lafayette Building, St. Paul

Members present: Julie Cunningham, Chris Eaton, Tiffany Elton, Dana Farley (non-voting), Rebekah Forrest, Ifeyinwa Nneka Igwe, Brad Johnson, Chris Johnson, Murray McAllister, Richard Nadeau, Charlie Reznikoff (remotely), Jeff Schiff (non-voting), Charles Strack

Members absent: Ernest Lampe, Matthew Lewis, Pete Marshall, Lindsey Thomas

DHS employees: Titi Adeniyi, Charity Densinger, Ellie Garrett, Dave Hoang, Tara Holt, Chad Hope, David Kelly, Monica Patrin

Guests: Chris Bearg (Weber Shandwick (WS)), Kira Bork (WS), Brad Burke (WS), Jim Cook (Mercer), Nicole Ehrendt (WS – remotely), Kate Elwell (Pharmacy Student), Kate Erickson (MDH), Juliana Milhofer (MMA), Blair Orr (Depomed), Mark Richards (WS – remotely), Kelly Rousseau (WS), Kristen Thistle (WS), 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 provided a brief update on four state opioid-related activities. First, the State Substance Abuse Strategy group (SSAS)—commissioners from state agencies—recently met. The meeting included a presentation from the Little Falls/St. Gabriel’s prescription drug task force team on their work with justice-involved populations. The SSAS agreed to add a justice-involved population strategy to the opioid-related state government strategies. Second, DHS expects that most of the State Targeted Response to the Opioid Crisis contracts will be finalized in August. Third, the Office of the Medical Director is in the process of submitting the New Chronic User measure to the National Committee for Quality Assurance (NCQA) for review. Finally, Schiff briefly introduced the recent Mayo study published in the Annals of Surgery about opioid prescribing following elective surgery. The article references the OPWG acute pain dose and duration limit for intensive surgery and major trauma (7 days and no more than 200 MME).

Approval of Minutes

Members unanimously approved the May meeting minutes.

Opportunity for Public Comment

Rinn reviewed meeting logistics. A copy of the presentation is available by request to dhs.opioid@state.mn.us.

Weber Shandwick Guided Discussion

Weber Shandwick is the communications firm contracted to develop the Opioid Prescribing Improvement Program's prescriber education campaign. Weber Shandwick will work with DHS to develop education resources for prescribers to use when talking to patients about pain and opioid use. The role of the OPWG is to provide knowledge and expertise to the Weber Shandwick team.

A copy of the notes from the Weber Shandwick discussion will be made available at a future date. The notes will be available by request to dhs.opioid@state.mn.gov.

Acute and Post-Acute Pain Prescribing Data Analysis Review

Index Opioid Prescription Characteristics

Rinn presented updated data on overall opioid prescribing rates in calendar year 2016. A copy of the presentation is available by request to dhs.opioid@state.mn.us. The work group reviewed the overall prescribing rates for index opioid prescriptions in 2016. Discussion then turned to the characteristics of index opioid prescriptions.

The first set of data reviewed was a comparison of index opioid prescription characteristics, by specialty. The comparison examined prescribing rates based on the number of prescriptions written and prescribing rates based on the amount of MME prescribed. Within each specialty group, prescribers were placed into quartiles based on their individual prescribing rates. Work group members discussed the increased variation that occurs when the quartiles are defined by the rate of MME prescribed, versus the number of opioid prescriptions written. There was less variation seen in specialty groups such as dentists and emergency medicine, and more significant variation seen in family medicine and internal medicine.

Discussion then turned reporting options for the index opioid prescription data in the prescriber reports. Options include the rate of prescribing based on volume, and the rate of prescribing over the recommended dosage limits (100 MME and 200 MME). Either option will include peer comparison within the specialty group. Several members expressed concern about reports compared to the recommended dosage limits, when the data indicates that a significant percentage of the provider population prescribes over the recommended dose. The group also discussed the results from the recent study published by Thiels, et al. about opioid prescribing following elective procedures at three Mayo hospitals.¹ There is tension within the prescriber community—and specifically among surgeons—

¹ Thiels CA, Anderson SS, Ubl DS, et al. Wide Variation and Overprescription of Opioids After Elective Surgery. *Ann Surg*. 2017 Jul 10. doi: 10.1097/SLA.0000000000002365. [Epub ahead of print]

around the OPWG recommendation of 200 MME/7 day limit for acute pain prescribing. Members of the community recognize the current opioid amounts prescribed are too high, but there is concern that 200 MME is too low. Schiff reminded the group the dosage recommendations are not intended to serve as a hard limit for post-surgical prescribing. If a patient requires continued opioid therapy, it is the expectation under the OPWG recommendations that additional opioid therapy is accompanied by specific risk assessments and screenings, and that other pain management modalities are in place. There was tentative agreement that reporting prescribing rates against the limit is the appropriate course of action, but an additional peer comparison may be needed. A member expressed interest in reporting variation on an individual level.

A brief discussion occurred about the importance of providing sufficient context when the prescriber reports are initiated. Members were in agreement about this, and discussed providing context through the guidelines, the provider communication campaign, and within the reports themselves.

Cumulative Morphine Exposure Data

Rinn presented the data examining the number of patients whose cumulative morphine exposure in the acute and post-acute prescribing interval was in specific MME ranges. A copy of the data is available by request to dhs.opioid@state.mn.us. The data presented provided the number of patients within the MME range, by specialty, as well as the average and minimum number of prescriptions received by patients within that range. Members commented on the fact that the minimum number of prescriptions was one in many of the high MME ranges, e.g. 700-900 MME. Discussion then turned to addressing patients with a post-surgical inpatient hospital stay. DHS staff confirmed that the data does not include any opioid analgesia received during the hospital stay, however all enrollees must be opioid naïve for 90 days prior to the index opioid prescription to be included in the analysis. It is not clear how this impacts the prescribing analysis, given that certain patients may have a long inpatient hospital stay prior to receiving the first outpatient opioid prescription.

Members briefly discussed how the prescribing burden affects different specialties within this timeframe. Whereas emergency medicine, dentists, and surgeons are likely to write the first script, the ongoing prescribing burden likely shifts to the other specialties, including family medicine and internal medicine. Prescribers in the family and internal medicine specialties are likely under a lot of pressure to continue the opioid therapy, and will require system-level support to reduce prescribing.

Julie Cunningham shared the next steps related to the Mayo study of post-operative opioid prescribing. Within the orthopedic surgery department, a systematic prescribing reduction of 50% has been implemented and patients now receive surveys about post-surgical opioid use. The effort is led by the opioid stewardship committee, and the change in prescribing behavior is directed to the residents. Opioid therapy amount reductions are based on the type of surgical procedure. Researchers will examine the initial data in August 2017.

Meeting adjourned.
