

Safe Prescribing (Subcommittee of Addiction Action Committee)

Meeting Minutes

May 29, 2018

4:30pm-6:00pm EST

DHSS Herman Holloway Campus

I. Welcome and Introduction

Meeting started at 1612

Approval of 4/17 minutes

David Mangler motioned to approve

Hooshang second

All in favor to accept minutes

II. Website update and toolkit development

- Website and toolkit development - Alex from AB&C provided an update on the helpsherede.com website. The website template was shared with the committee for input and great feedback was received. It is close to being in the final copy stages. The pain management committee has spent a good amount of time working on that portion of the toolkit. There is also a focus on opiate prescribing resources aimed at OB doctors, dentists, and surgeons (including dental). Current timeline for the site build is approximately a one month timeframe to staging the draft version which will be provided for.

III. CME Requirement for Education Hours

- CME requirement education hours (2) to include Delaware specific regulations. David Mangler stated DPR will be working on the regulation piece and will have a roll in the development of the specificity of the content. The regulations need some tweaking as the requirement is only for 1 hour and the goal is a 2 hour requirement. The regulation portion could take some time but once the toolkit is completed the CME portion will start its process of moving forward.
- Geoff Christ stated the education will be for all prescribers.

IV. Informed Consent discussion

Dr, Rattay reported that Senator Hansen has decided NOT to move forward with the informed consent form at this point in time.

Dr. Gibney shared info regarding St. Francis's pilot of the informed consent form. They will be using the informed consent form that we circulated among the group. But will be removing any references to chronic pain. The ED mostly will be prescribing Opioids for acute pain or for an acute exacerbation of chronic pain.

- The informed consent form is part of the patient discharge process. The patients read and initial that they understand the document and they have the ability to ask questions. The doctor reviews the form with the patient and a nurse is there as a witness. The form

is available in different languages. It usually takes about 5 minutes to go through unless the patient has questions.

- 1) Was the informed consent form helpful to you? (Yes or No)
- 2) If it was helpful, HOW was it helpful to you?
- 3) Was it worth the time it took you read, review, and sign the form? Y/N
- 4) Do you think a consent form like this should be required for every Opioid/Narcotic prescription? Y/N.

- The providers will be polled separately, after the study period, with the following questions.
 - 1) Did the completion of this form significantly impede your work flow?
 - 2) Do feel it was helpful to the patient and your patient interaction for them to receive this information?
 - 3) Would you recommend using such a form for all Opioid prescriptions?
 - 4)Please provide a brief explanation WHY you would, or would not recommend this form for all Opioid prescriptions.
- Dr. Gibney suggested to include helpsherede.com website at the bottom of the form.
- Data is just now starting to be collected with the use of surveys – patient survey of 5 questions that include: was this form helpful, did you understand the content of the for, etc. and a provider survey of 3 questions that include: was it helpful, time consuming? Survey started in April. Data should be available within 3-4 months and will be presented at August meeting.

V. Academic Detailing Update and discussion

Paul Silverman reported that the academic detailing progress is ongoing.

- The first biweekly briefing took place with Quality Insights that brought up questions regarding where things are in the process and things that are needed. Quality Insights reviewed some of the preliminary toolkit information and have experience with collecting similar information due to experience with Pennsylvania.
- They will develop a high level agenda for AD which includes 7 modules that include: need for change, legislation, PMP, work flow, safe prescribing guidelines, legal responsibilities, non opioid pain management, effective tapering off of someone on opioids. Within 30 days of receiving the agenda Quality Insights will have the curriculum for us to review. Mechanism for academic detailing is that it is all voluntary, not a requirement.
- There are 2 strategies, first is providers in high-risk prescribing geographical areas. DPR will provide a contact list of providers by specified ZIP codes. Second are outlier prescribers. This information will come from the PMP to the AAC who can review that info. Then it will be handed off to DPH who will then work with Quality Insights with contacting the outlier prescribers to offer Academic Detailing. Contact made to these prescribers will be made via letter and then followed up by a phone call. Senate bill 206 is needed in order to contact prescribers and review this information.

VI. Metrics

Parameters and key indicators to follow

- Dr. Rattay stated there is a table of metrics that we can follow as key indicators. There are 14 indicators that we are following in regards to PMP data.
- Geoff stated that PMP data is the ability to declare a specialty and sub-specialty. Number of prescribers not registered are dwindling.
 - 5780 prescribers registered in the PMP
 - 3726 with an identified specialty (completed registration)
 - 2054 with an un-identified specialty (incomplete registration)The number of un-identified will likely have a significant drop when we complete the re-validation of our licensee data. That will allow us to exclude prescribers who should not be registered with the PMP.
- Dr. Goodill posed a question about PMP measuring the use of Naloxone? This data is not tracked in PMP. The drug monitoring initiative uses EMS data, but the data captured is the use of Naloxone by EMS and law enforcement.
- Geoff Christ mentioned that he will check on data in regards to individuals getting Naloxone from the pharmacy. It is not known how many of them are used but data can tell how many are dispensed.
- Dr. Rattay suggested the idea of bringing key individuals to the table regarding Naloxone use.
- Prior to the next meeting Kate will provide data that was reported to CDC regarding the indicators that we are tracking for committee to review and provide comments at next meeting. We have a scorecard that is kept that holds a lot of CDC grant data. Dr. Rattay suggested sharing the key data points that we are keeping an eye on around prescribing.

VII. Other Legislation

Dr. Goodill stated that there is other legislation that is relevant to Safe Prescribing:

- Non pain management reimbursement bill
- Opiate impact fee bill
- E-prescribing for controlled substance. DE only has 16% of prescribers using E-prescribing for controlled substances.

Questions that came up involving the bills and legislation included:

- Are there resources to help with legislation transition?
- Can CDC funds be used to support E-prescribing?
- Is there a regulation in DE that has restricted E-prescribing for controlled substances i.e. tampered proof prescriptions?

Sherry Nykiel provided information that DSAMH is working on MAT education for providers to increase the number of waived providers who can prescribe Methadone and Suboxone.

VIII. Public Comment

No public comment

IX. Close Meeting

Meeting adjourned at 1731