

Safe Prescribing (Subcommittee of Addiction Action Committee)

Meeting Minutes

November 27, 2018

4:30pm-6:00pm EST

DHSS Herman Holloway Campus

I. Welcome and Introduction

Meeting started at 1604

Approval of 8/28/2018 minutes

Introduction of Committee

II. Academic Detailing Update

Kate Brookins reported the Pilot was being conducted today with a group of providers to review the developed curriculum and assessments.

Waiting list is being created for providers who want Academic Detailing who don't fall within the outlier prescribers or high-risk geographical areas prescribers. Future funding will be used to scale up the project capacity.

Recruiting will be taking place in December and anticipate the first sessions of AD rolling out within the first week of January. Modules should be 30 minutes or less. QID will be conducting in person face to face academic detailing.

III. Oral Health and Dental Services

Nick Conte presented and reported Opioid Toolkit Campaign focusing on:

- Bureau of Oral Health and Dental Services
 - Oral health-focus and messaging
 - Facilitate collaboration between DPH and General Dental Community
 - Community Outreach
 - Treatment
 - Education
- Dental Continuing Education
 - DE requires 50 hours every two years
 - Doctors often focus on convenience rather than promise
 - "Popular" courses and topics often do not coincide with Public Health agenda
 - DE State Delaware History and Prominence
 - Little focus on medically complex care, geriatric care, advanced pharmacology
- Dentistry and Opioids
 - Dentists are often tied to old practice habits – especially with medications
 - Many offices do not have emergency or after hour care with limited options in the state
 - Many dentists routinely prescribe following tooth extraction
 - Professional responsibility to diagnose pain source not treat patient expectation – improper management of risk
 - Mis-prescribing and overprescribing: challenging to overcome

- Dentists may be disproportionately contributing to the crisis – 12% of opioid prescriptions but often representing first exposure in adolescents
- Opioid Campaign – Focus and Content
 - Geared towards both patient and provider – safe pain management
 - Includes in office materials and content for the general public
 - In office tools encourage conversation and education
 - Dentist messaging emphasizes our responsibility in the opioid crisis
 - Multiple media source engagement – Video and print content
 - Provider letter, opioid fact sheet, brochure and posters
 - Collaboration with DSDS
- Opioid Toolkit
 - Provider Letter
 - Provider Video
 - Factsheet for Providers
 - Pain Poster
 - Consumer Brochure
 - Consumer Video

Committee suggestions:

- Add a portion of a “how to” in the messaging in regards to drug disposal.
- Follow up with dentists and oral surgeons and be able to use the PMP for identification, change of practices, and additional outreach.
- Work with E-Brite and request someone to join the committee.

IV. Marketing Strategies

Website

- Alex Parkowski from AB&C stated strategic planning and marketing outreach is on hold until contract is in place
- Tracking is in place to see website use

PMP

- Jason has been presenting information to multiple agencies within the state in regards to PMP abilities and the ongoing effort.

V. CME Requirement for Education Hours (CSR Webinar)

Alex Parkowski from AB&C reported on the outline of the content that is going into the presentation which consists of a 144 slide deck and will be presented to DPR & DPH.

- Would like feedback by 12/7 on content
- Move into the design and build of full slide deck and webinar
- Set up videos as needed
- Goal is to be launched in March

Committee Suggestions

- Implement a break after 1 hour
- Stick with the message but take out some of the dry information.

VI. Benzodiazepines

Karyl Rattay stated that pharmacists have a responsibility and will be required to give to guidance information and educational materials to patients that requires a benzodiazepine.

- Designed for acute conditions
- Short term rather than long term
- Consistent with what the preferred drug list would currently be reflecting
- Information on pamphlets should include
 - Misuse and abuse by adults and children
 - Risk of dependency and addiction
 - Proper storage and disposal
 - Addiction support and treatment resources
 - Telephone hotline

VII. CDC Grant Metrics

Kate Brookins presented on PMP Use and Overall Prescribing.

Online PMP End User Survey

- July 1- August 31, 2018
- All CSR license holders, pharmacists, delegates and those registered for PMP
- 991 responses, 765 including practicing in state
- 526 prescribers, 191 pharmacists and 48 delegates
- Are you registered for the new PMP?
 - 89% yes
 - 10% no
 - 1% no response
- Reasons for not registering or using the new PMP
 - 28% were not aware they had to re-register into the new system,
 - 27% say other reasons
 - 26% say they do not prescribe controlled substances
 - 9% are not interested in using PMP
 - 6% tried, but could not complete registration
 - 4% say it was difficult to use
- Top Reasons for using PMP
 - 69% to assess controlled substance use of new patients
 - 64% when prescribing a controlled substance for a new patient
 - 60% to assess controlled substance use for patients who might be over using
- Highlights
 - 93% state they generally try non-opioid therapies first with patients
 - 93% are aware of the new regulations for prescribing opioids safely
 - 87% implemented new regulations in practice
 - 57% say the PMP has increased their awareness of medication use
- Top Barriers to using PMP
 - Time constraints to access PMP during patient visits
 - The system is not easy to access
 - System is not eat to use

Help Is Here Website Recognition

- 27% heard of website (increase from 13% in 2017)
- Increased awareness since the survey in 2018
- Will continue to promote website during provider education and marketing strategies

Summary Comparison to 2017 results

- Prescribers
 - The number of prescribers recommending opioid pain management decreased from the 40% in 2017 to 30% in 2018
 - 13% increase in awareness of the CDC's guidelines prescribing opioids
 - 68% said it would be easier if PMP was integrated with EHR (50% 2017)
- Pharmacists
 - In 2018 only 4% said they had never used PMP compared to approximately 14% in 2017
 - 32% would like training on how to use the PMP system (20% in 2017)
 - 36% would like training on detecting misuse (22% in 2017)
 - Increase of 11% indicating that webinars and CME training would be useful on HelpIsHereDe.com

There are training videos to help with the use of the PMP system on the website.

VIII. Increase Number of MAT prescriber

John Goodill discussed how most prescribers aren't active and would like the committee to think about barriers then work with the AAC on how to encourage folks to do MAT prescribing and have it be more available to those who need it.

DSAMH just recently kicked off the Start Initiative through Connections & Brandywine Counseling and focusing on a comprehensive approach to improving quality of care using data and success of treatment. 2nd phase is to enhance and expand the model so that primary care providers and mental health providers out in the community are able to provide MAT to sustain individuals.

Elizabeth Romero is working hard on getting data on if there is a wait list for MAT.

IX. Public Comment

No comment

X. Close Meeting

Next meeting 2/26/2018, 4-6pm, DHSS Chapel

Meeting adjourned at 1746