What are Guidelines?

- Guidelines are just that “guidelines” to provide another tool to practitioners in their practice
- Types of guides and which guidelines are we talking about?
  Examples:
  - The Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain – 2009 version
  - The FSMB “Model Policy for the Use of Controlled Substances for the Treatment of Pain” 2004 and
  - The FSMB “Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain” 2013
  - Specialty Society Guidelines on Prescribing or treatment of Pain (one example – Back Pain – ER Docs)
  - FDA Blueprint of 2012, updated 2015, on “Extended-Release (ER and Long-Acting (LA) Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)
  - Etc., Etc., Etc.
Recent Brief Background on Pain Problem

• 1996 Pain coined at “5th vital sign”
• 2000 Joint Commission (JACHO) adopts pain and 5th vital sign and requires it be treated adequately
• Hospitals and Physicians ranked and paid based on how well they treat “pain”
  HCAHPS, Patient Satisfaction Surveys, etc.
• Pain Measured on scale of 1-10 – no real way to measure unless you can see on x-rays, etc.
Utah

- 2015
  - 16,000+ Prescribers (up from 10,000 in 2010)
  - 1,000,000 + hits to the CSD
  - Education for Prescribers kicks In – Required
    - 3.5 Hours
  - Decrease in Prescribing of Opioids
    - 8.1 Decrease in prescribing of Opioid Analgesics between 2013-2015 (90% of all pharmacies – does not necessarily include that administered in Hospitals)
  - Utah’s deaths have increased less than other states (need to compare to growth in prescribers and growth in population)
2015 and Before

- Many pieces of Legislation Passed to help providers
  - CME Requirement
  - Must register for CSD if have a DEA License
  - Can allow 2 people in office to access CSD
  - Can print out CSD reports and put in Charts
  - Reporting back to prescribers on overdoses
  - Allow another individual to be notified when prescribed to
  - Many other pieces of legislation
Utah

- **Barriers and Problems**
  - Methadone Clinics don’t report to CSD
  - VA does not report to CSD
  - Still a few problems with CSD but mostly fixed
  - CSD should tie into EMRs (working on that)
  - Cannot send Controlled substances via EMRs
  - Not enough legitimate “pain clinics” in Utah
  - Should be allowed to do “Partial Fill”
  - Expanding practice to midlevel’s or doing away with barriers to prescribing Control Level II and III drugs
Other States & Correlation to Mandates?

- Not much correlation to Mandates and decreased prescribing – takes multiple efforts and education seems to be answer
- Each state has worked on what works in their state – different laws (not the same in any state)
  - Different makeup on pain clinics, specialties, etc.
  - Education
    - Both Prescriber and the Patient
  - Some mandates, mandates different in different states
  - Just general information
Utah Efforts

- **Utah**
  - Education (Prescriber) – working on updating
  - Utah guidelines – 2009 – being updated (DOH, DOPL, UMA, Others)
  - Education and Media campaigns to general public
  - Insurers Efforts
  - Legislation – UMA and others working with different legislators
Other Initiatives

- **AMA Task Force to Reduce Opioid Abuse**
  - SAMHSA NPRM “Medication Assisted Treatment for Opioid Use Disorders
    - Buprenorphine – increase number of patients you can treat
  - Naloxone (Opioid Antagonists)
  - Other recommendations

- **National Specialty society Initiatives**
Questions

- Questions?
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