

Utah Medical Association Presentation to HHS - Opioids May 18, 2016



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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)

Utah Legislation



- 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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