

Opioid Policy Advisory Council Meeting

Meeting Minutes
July 25, 2018
615 Howerton Court
Jefferson City, MO 65102

Attendance:

Committee Members

Stephen Witte
Dr. Bob Twillman
Dana Thomas
Justin Nelson
Sarah Luebbert
Dr. Randall Haight
Dr. Don James
Dr. Robert Freund
Steven Milburn
Dr. Randall Williams
Jeff Howell
Dr. Naveed Razzaque
Dr. Evan Schwarz
Sharie Hahn
Jessica Dresner
Dr. Timothy Kling
Dean Lohman
Dr. Steve Woody
Dr. Matt Stenso

Michael Boeger
Dean Linneman
Jodi Alden
Pat Mills
Dr. Dan Millspaugh
Dr. Jim Moody
Dr. Stephen Halpin
Dr. Amanda Harris
Dr. Matt Stinson
Dr. Brad Noble
Dr. Michelle Barg
Mark Grutchen
Dr. Matt Shoney
Ollie Green
Dr. Samar Muzzaffar
Lisa Veltrop
Dr. Rob Kenney
Dr. Steven Malcolm
Brian Bowles

Agenda

Welcome/Introduction/Overview

Goals: To provide a clinical forum for the Department of Social Services to accept feedback and input regarding the MO HealthNet Division (MHD) policies to address the opioid crisis.

- Introductions were made and the members represented on the Council included practitioners, physician advocates, and key state agency policy-makers.
- Overview included addressing the following items:
 - Who are we missing?
 - How do we expand and in what subject matter topics?

- Do we have subcommittees?
- Do we include other organizations?
- Both rural and urban Physicians, from different types of practice (geriatric, pediatric, internal medicine, pain management, etc.), discussed the concerns and explanations for their membership on the OPAC.
- The members discussed coming up with safe and appropriate guidelines to address the physicians fear to prescribe opioids, and how they can be used in a responsible way. They are interested in helping and learning from other stakeholders.
- The Members discussed their concerns with physicians who treat complex or older patients; pain is a real medical phenomenon, and there are not good options for patients with chronic pain.

The MHD Updates

- The members discussed OPAC recommendations implemented.
- Dr. Williams discussed the MHD efforts:
 - On August 22, 2018, an emergency operations unit in St. Louis is opening, which is evidence-based and offers real-time response and wrap around treatment.
 - Letters were sent out to providers that triggered one of our quality indicators.
 - Eight phone calls were made to doctors and every one of the patient’s diagnosis was back pain. Back pain needs to be a focus as doctors are exhausting all pain management options and still unable to control the patients pain. One out of eight doctors never returned the phone call and had 80 patients in comparison to the other doctors who had one or two. The Drug Enforcement Agency (DEA) is involved with that prescriber.
 - When we contact a prescriber and see that they have done everything possible to treat their patient the right way, they come off of the list.
 - Investigations increased by 30% and referrals increased by 50%.

OPAC Feedback/Suggestions

- The members discussed performance measures:
 - How do we know when we have done a good job meeting the goals of this Council?
- Recommendations Implemented:
 - The website was updated in July after the suggestion from the May meeting.
- The members provided the following suggestions:

- Provider Spotlight: showcase a provider who is exemplary and has a good handle on chronic pain/opioid prescribing.
- Placeholder is ready
 - Who should we put there?
 - Need to decide on a colleague collectively.
 - Is this done monthly or quarterly? There were mixed opinions on this.
- The members mentioned that the law and drug enforcement should offer perspective, as prescribers are challenged when a quality indicator is not met (such as nursing home patients) because they are still in pain, but the prescriber says that is too much pain medication.
- The members suggested resetting expectations:
 - Patient population: some pain is okay; pain is an indicator of something; how do you best manage pain to make people the most comfortable with the resources you have?
 - Prescriber population: what are the best practices/guidelines in which everyone should be aware; how do we get that information to prescribers and into residency programs? When do you prescribe opioids?
- The Centers for Disease Control (CDC) guidelines are well written evidence-based recommendations. However, the strength of the recommendations is purposely vague. Public health and integration with the criminal justice system is challenging. How do we find a balance?
- Dr. Razzaque recommended something be posted about good record keeping in addition to the CDC guidelines being posted on the website, and then send out letters to providers letting them know about the website. Dr. Razzaque mentioned that suicide rates are increasing because the patient's pain is not being treated, they are turning to other things, and we need to avoid that.
- Dr. Muzaffar suggested that the Provider Spotlight would allow opportunity for providers to talk about best practice. There are many out there including CDC guidelines, The American Academy of Pain Management, American Society of Anesthesiologist, and American Academy of Family Physicians. When you build edits in the system to identify patients with excessive opioid use and never hear back from their physician, what are the options for those patients? Dr. Muzaffar discussed looking at alternatives to Chronic Pain, and that we had been looking at other states i.e.: Oregon. Oregon has an emphasis on coordinating care with everyone that touches that patient. They are also looking at other payers to see what they are doing. There are many best practices but they would like this to be evidence-based. We would like to expand physical therapy, chiropractic therapy, acupuncture, and Cognitive Behavioral Therapy (CBT) with regards to Chronic Pain. How do we make these tools available to rural and urban Missouri?
- The Members discussed the MHD paying for CBT as a model for other payers to pick up on.

- Members suggested to put a standardized narcotic agreement on the website, and that everyone should bring an example to the next meeting and decide upon one for the website.
- Member suggestion that information be put on the website for patients so they have options for self-care/self-management.
- Dr. Williams discussed concerns on Missouri's Healthcare rating dropping from 24 to 40. Dr. Williams encouraged innovative thinking moving forward and suggested the group speak to people under 30 and get their perspective.
- Dr. Razzaque suggested speaking to someone who has experience with diversion programs and systems. How do you identify them?
 - A suggestion was made by a member that you find a peer counselor who had lived that life, has changed, but is still involved with people that have these types of behaviors.
 - Another member suggested getting someone from the group in Kansas City that is associated with the initiative Pain Kansas City.
 - Dr. Muzaffar discussed that the Department of Mental Health (DMH) has excellent peer support specialists who are already working with state agencies.
 - Ollie Green suggested that this was a good idea for a subcommittee.
- Ollie Green mentioned that a community outreach subcommittee could come and give presentations and speak to the council.
- A member suggested that there needs to be a focus on prevention. Treatment isn't enough.
 - Dr. Muzaffar suggested to send out a framework from last summer on addressing the opioid crisis/epidemic. This includes education and access to care. Dr. Muzaffar will send to Ollie for email distribution.
- Dr. Muzaffar provided an Opioid update and stated they sent out 206 letters and called 139 people of which they did not hear back from 20-25. Some of them did not realize that they had to respond; some did not receive the letter; some were on vacation when it was sent, and the staff are still working reviewing and logging all of the responses that they have received. The care was related to hospital/emergency room and was same day care. The majority were looking at options in reducing MME's. Tapering was discussed.
 - Dr. Razzaque discussed families of nursing home patient's being upset that their pain wasn't being controlled, but giving them more is too much. So then the families go to the state health department and you are dealing with competing forces.
 - Dr. Muzaffar expressed the need for provider support and physicians being comfortable telling patients and/or their families that they are not comfortable giving the patient more medication.

- Dr. Razzaque mentioned a lot of physicians being paid based upon patient satisfaction and there being patients that they cannot satisfy because they cannot give them more pain medication. Good physicians are not respected.
- A member suggested that the Centers for Medicare and Medicaid Services (CMS) make a statement telling institutions not to punish their physicians for X, Y, and Z.
- A member expressed that the quality indicators in the OPI letter were confusing.
 - Dr. Muzaffar explained the quality indicators; the perimeters used in the system to collect the data, and that they tried to exclude specific diagnoses, such as Sick Cell.
- Dr. Razzaque expressed that it would be nice to receive databased feedback on their prescribing habits. Letting them know where they fall in comparison to their peers, and whether they are above or below average. Are they prescribing too much or too little?
- Another member suggested having a query able database that prescribers could go to.
- Jessie Dresner talked about Kimberly Sprenger and her role with the department around Opioid initiatives. Jessica Dresner talked about CMT Relias and how they handle the OPI mailings. OPI mailings have been put on hold, but providers may still receive BPM mailings. She is working to make the letters look different so they stand out. She talked about exploring compliance as a subcommittee. Dale Carr with Missouri Medicaid Audit and Compliance will be the point of contact for this and provided his contact information: 573-751-5296, Dale.Carr@dss.mo.gov. She would like to hear from providers what the focus should be. What is important information to them?
 - Dr. Razzaque) would like to know # of RX, what is the MME, have there been any suicides, overdoses, or deaths in their patients. He too, would like to be able to sign in to a portal to get this information.
 - Jessica Dresner stated that she will be heading the education subcommittee, and provided her contact information: 573-751-8186; Jessica.Dresner@dss.mo.gov. Jessica Dresner stated that Ollie Green will email the contacts for the subcommittees and the website address.
- Jessica Dresner stated that ECHO is up and running and being used in the managed care plans. This could be a possible presentation for a future meeting. Jessie Dresner explained that ECHO is a provider to provider care for a patient. This includes specialists to assist in care.
- Jessica Dresner explained the Lock-in program and that it is handled by Program Integrity. This is a huge cost savings program for the state. There is a struggle to find a prescriber to agree to be the patient's Lock-in care provider.
 - A member asked how to identify that a patient is on Lock-in.

- Jessica Dresner said that it is available and they will send it out to the group to let them know where to find it on EMOMED.
- Ollie Green mentioned that the Provider Education is able to offer support and trainings on EMOMED and Cyber Access.
- Jessica Dresner stated that a small OPI mailing went out on May 3rd. Another mailing went out in two batches on two different days on May 25 and May 29. This went to 3,000 providers.
- Mike Boeger explained that if someone has received a visit from Bureau of Narcotics and Dangerous Drugs (BNDD) it is not because a referral was received from DSS.
 - Ollie Green explained that when a provider does not respond to our request for communication that does not automatically initiate a referral to BNDD. When we did not receive a response. That is when phone calls were made to try to make contact with the provider.
 - Dr. Muzaffar suggested that the group discuss who the providers are going to be most receptive to receive this information from.
 - A member requested clarification on the different types of letters and when a response was necessary.
 - Jessie Dresner explained where we are in reviewing those responses. If no response was received, those letters are on hold until we decide how we want to proceed.
 - Dr. Razzaque would like to know the BNDD's perspective on record keeping.
 - Mike Boeger said they have been doing presentations all over the state. They want patient safety and compliance with laws and best practices. They are not looking at the prescriber who failed to document one RX. Or they have 2,000 patients and one of them has an issue. That happens. They are looking at prescribers who have a pattern that need education. He discussed who they get tips from to investigate and how. He discussed when and why they investigate/visit and when and why they may not. He said they are not looking to scare prescribers. He gave multiple examples of providers who they have investigated and said they have provided education on BNDD expectations and requirements. He said he likes the idea of an educational tool box and pain management or medication contracts. He gave examples of different ideas that could be included in the educational tool box. He said they would like to have a table at a convention where they can answer providers' questions.
 - A member asked about pharmacists asking for documentation that is not a BNDD requirement.
 - Mike Boeger explained that pharmacists are held accountable too and have a right to ask for more information on a patient that they are seeing. He offered information on steps that pharmacies are taking to fight the opioid epidemic. He gave examples of what patients are being told when they are no longer allowed the narcotics that they have been on for years. He said other payers already have the capability to compare the prescribing of providers in the same practice setting.

- Prescription Drug Monitoring Program (PDMP) was discussed by members.
- Ollie Green confirmed that everyone was in agreement to have subcommittees. , such as a compliance committee and an education committee. Ollie Green will send an email out asking for volunteers to be on the subcommittees.
 - There was a request to have a subcommittee on standards and best practices.
 - It was decided that there are currently 4 subcommittees: Compliance, Standards, Education, and Community Outreach.
 - Jessie Dresner suggested that the first part of the next meeting be dedicated to subcommittees getting together.
- Ollie Green asked members to be thinking of two topics to discuss at the next meeting and gave ideas about what those could be.
- Jessie Dresner recommended that the first 15 minutes of the next meeting be devoted to what MHD is doing.
- Ollie Green said that Dr. Corsi wants what we do here to be measureable and successful and impact everyone.

Next Steps

- Provide via email.
- Additional thoughts or suggestions on how DSS/MHD can improve our Opioid Crisis Response.
- Your suggestions on how we can use this Council.
- Share with your colleagues what we are doing.
- Plan on the next meeting the week of October 8th.

The next meeting is scheduled for November 28, 2018, 1:00 PM to 4:00 PM

Harry S. Truman State Building Room 493-494

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