



Oregon Opioid Prescribing Guidelines Task Force

April 29, 2016, 9:00-12:00pm

Room 1A, Portland State Office Building, 800 NE Oregon Street Portland, OR

Call-in number: Call-in number: 877-402-9753

Participant Code 1439464

Meeting Goals

- Introduce the Oregon Opioids Prescribing Guidelines Task Force
- Discuss the CDC guideline and recommendations
- Identify topics for discussion

Meeting Participants:

Antoniskis, Andris, MD

Bui, Lisa, MBA

Buist, Catriona, PsyD

Chou, Roger, MD

Citron, Roger, BS Pharm.

Dunsmuir, Larlene, NP, PhD

Ewanchyna, Kevin, MD

Hedberg, Katrina, MD MPH

Henstrom, Michael, MD, FACEP

Holton, Dwight, JD

Livingston, Cat, MD

Mickelson, Caryn, PharmD

Milligan, Lee, MD

Murauskas, Irma, MPH

Rickards, Jim, MD

Shah, Amit, MD

Stern, Anna, MD

Shames, Jim, MD

Solotaroff, Rachel, MD

Stern, Anna, MD, MPH, MBA

Suchocki, Andrew, MD, MPH

Thaler, Joe, MD

Watt, Marcus, RPh

Weisman, Karen, MD

Meeting Pre-work/Preparation

(Surveys, documents, reading materials, etc.)

Description	Prepared by
Pre-meeting Survey	OHA
Oregon Opioid Prescribing Guidelines Taskforce	OHA
CDC Prescribing Guideline and Recommendations	CDC

Notes, Decisions and Issues

Welcome, introductions agenda overview

Charter Review

- Suggestions and proposed Charter amendments
 - *Acute pain recommendations*
 - *Include other provider groups such as dentists and naturopaths*
- Concern raised about cases of severe injury and time it takes for patient to navigate health system possibly conflicting with proposed opioid prescription time limit
- Katrina summarized that all suggestions and amendments were friendly. The Task Force will re-visit the charter and proposed amendments at the next meeting.

Presentation: *Where we are now and the scope of the opioid problem* (Hedberg)

Presentation: *CDC Guideline and Recommendations Overview* (Chou)

Pre-meeting Survey Results (Rickards)

Additional Discussion

Motion Proposal

“Motion: The task force adopts the CDC guideline as the foundation for opioid prescribing for Oregon. The taskforce further encourages more specific and detailed guidelines at the state, regional or organizational level building on and consistent with the CDC guideline.”

- The group clarified that the CDC Guideline would serve as a “foundational document” and that specific modifications for Oregon would be made as needed
- The amendment will be addressed in the next meeting, to ensure the highest level of inclusion, due diligence and respect for the guideline development process

Small-group Discussions & Report Out

MED Thresholds Discussion and Report Out

- While there were not concerns expressed about the CDC Guideline threshold levels of 50 and 90 MED, the group felt that it is important to not have more than two thresholds
- Recommendations should focus on support for “operationalizing,” such as patient contracts, urine tests and real-life examples of what providers should do when a patient comes in with a script for more than the recommended MED

Acute Pain Discussion and Report Out

- The group discussed Emergency Department practices and agreed that guidelines need to be consistent across care settings and various QI initiatives.
 - Ensure that ER providers are included as experts in the development of guidelines.
- Include additional providers such as dental, urgent care, optometrists and naturopaths

- Issues around partial fills can be due to the lack of visible causes of reported pain, the number of pills, dose and frequency
- Concerns about co-pays and different standards between primary care, OCEP and ER, and patient expectations
- Prescribing for acute pain can be challenging if there is no visible cause. Scripts for compassionate conversations and other tools are needed for providers
- The PDMP-EDIE integration and interest of providers for the inclusion of medical marijuana to the PDMP were noted

Legacy Patients Discussion and Report Out

- There is a need to define “legacy” patient clearly for Oregon providers
- The group expressed concern about the timeline delay for the OHP back pain guidance document
- There is a need for resources and training for issues that include: difficult conversations, naloxone, failed tapers, opioid and benzodiazepine co-prescribing, diagnosis and treatment process for SUD
- There is also a significant capacity issue for Medication-Assisted Treatment
- Concerns were expressed about reimbursements tied to patient satisfaction around pain management
- Marijuana
- Biophysical (PTSD and trauma)
- Other providers: pain specialists, dentists and specialists
- Acute and chronic pain treatment for legacy patients also needs to be addressed

Final Questions and Discussion

- Question: *Will there be legislative action from this group?* Response: *That is not the intent of the group. There may be legislative concepts that may arise, but OHA may not be the logical lead for legislative action.*
- Question: *What are the minimum expectations of the group?* Response: *The Committee is being asked to develop an Oregon Opioid Prescribing Guidelines document. OHA would like a stakeholder endorsement process for the developed guidelines. Following the development of the document and endorsement, an implementation plan and technical assistance tools could be next steps.*

Action Item or Issue

- Members will review the CDC Guideline and proposed motion to prepare for voting at June 3 meeting.

[Opioid Prescribing Guidelines Task Force meeting material](#)