



## Oregon Opioid Prescribing Guidelines Task Force

June 3, 2016, 9:00-12:00, Room 1B

Portland State Office Building, 800 NE Oregon Street, Portland, OR 97232

Call-in number: 877-402-9753 Participant Code: 143-9464

### Meeting Goals

- Endorsement of CDC guideline
- Identification and discussion of Oregon-specific additions
- Identification and discussion of implementation and communication issues

### Meeting Participants

Allen, Gary, DMD, MS

Antoniskis, Andris, MD

Buist, Catriona, PsyD

Chou, Roger, MD

Citron, Roger, RPh

Dobscha, Steven, MD

Dunsmuir, Larlene, NP, PhD

Ewanchyna, Kevin, MD

Free, Joshua, Pharm D, MBA

Hedberg, Katrina, MD, MPH

Henstrom, Michael, MD, FACEP

Hermann, Tim, RN

Holton, Dwight, JD

Kirchoff, Susan, MBA

Kunz, Juerg

Labby, David, MD

Lewis, Paul, MD, MPH

Livingston, Cat, MD, MPH

Mickelson, Caryn, PharmD

Milligan, Lee, MD

Murauskas, Irma, MPH

Prisby, Stephen, DMD (represented by  
Teresa Haynes)

Shah, Amit, MD

Shames, Jim, MD

Stern, Anna, MD

Suchocki, Andrew, MD, MPH

Taray, Denise, RN

Thaler, Joe, MD

Wade, Barbara, MS, BSN, RN, CPHQ

Watt, Marcus, RPh

Weimer, Melissa, DO, MCR

Weiser, Thomas, MD

Wiggins, Charles, JD, LLM

**Meeting Facilitator:** Diana Bianco, Artemis Consulting

**OHA support staff:** Lisa Bui, David Dowler, Jennifer Eskridge, Matt Laidler, Judith Leahy, Lisa Millet, Lisa Shields, and Josh Van Otterloo

### **Meeting Pre-work/Preparation**

Participants were asked to review the CDC Guideline for Prescribing Opioids for Chronic Pain (CDC Guideline) and the Oregon Opioid Prescribing Guidelines Task Force charter.

### **Welcome, introductions agenda overview**

---

#### **Charter revisions**

---

No concerns were noted and all language changes adopted by membership

- Members were added to represent oral health, naturopathic medicine, and Workers' Compensation

#### **Endorsement of CDC Guideline**

---

- Participants discussed endorsing the CDC Guideline on behalf of their organizations

*The Oregon Opioid Prescribing Guidelines Task Force adopts the CDC Guideline for Prescribing Opioids for Chronic Pain as the foundation for opioid prescribing for Oregon. The Task Force further encourages more discussion at state, regional and organizational levels regarding how the guidelines will be disseminated, communicated to patients and providers, and implemented.*

- **CDC Guideline and Amendment Endorsement: Yes (25) No (1) Abstention (3)**

---

### Implementation and Communication Presentations

---

- **Implementation:** Lessons Learned from the Oregon Pain Guidance Opioid Prescribing Guidelines – Jim Shames (posted on the Task Force page at [healthoregon.org/opioids](http://healthoregon.org/opioids))
- **Communication:** Lessons learned from the Portland Metro Regional Safe Opioid Prescribing Standards – Paul Lewis (posted on the Task Force page at [healthoregon.org/opioids](http://healthoregon.org/opioids))

---

### Break

---

#### Small-group discussion report out

##### Group A: Oregon-specific substantive Issues

- *Topics needing more information and clarification*
  - Marijuana
  - Acute pain
  - Guideline subtopics such as
    - End-of-life vs. long term care
    - Additional settings and providers
    - Justification process for prescribing MED higher than Guideline limits, or co-prescribing opioids and benzodiazepines
- *Recommendation that marijuana become its own group*

##### Group B: Best strategies for implementation

- *Barriers to successful implementation include*
  - Requires cultural shift; overwhelmed providers
  - Limited evidence for some of the CDC Guideline recommendations
  - Potential resistance from certain groups
- *Implementation priorities include*
  - Education for patients
  - Tools for providers for MAT, safe and compassionate tapering, and opioid use disorder
- *Implementation strategies include*
  - PDMP enhancements and integration into licensing process
  - Behavioral health and primary care integration
  - Engagement of relevant stakeholders
  - EHR tools and integration with major vendors such as Epic
  - Integration of public-private systems of care

- Closing feedback loop to PCP on patient overdose, naloxone rescues

### **Group C: Strategies for communication with providers and the public**

- *Challenges for providers*
  - Prioritizing information due to competing issues
  - Communication between providers and pharmacists
- *Interventions and strategies for providers*
  - Messages can be communicated through press conferences, through partners such as licensing boards, and professional meetings and trainings
  - Build on lessons learned from others such as WA state
- *Interventions and Strategies for community*
  - Use various media outlets, community and professional forums, focus groups
  - Build on existing resources and use consistent messaging across regions for each discipline
  - Pharmacy counseling for all opioid prescriptions, involve retail pharmacies
  - PDMP modifications such as push notifications
- *Parking Lot*
  - Implementation Timeline
  - Pharmacist/Prescriber linkage
  - Set a goal to update the Pain Commission training

### **Meeting summary, next steps, future meeting dates – Diana**

---

- Small groups will meet in July and August to discuss
  - Substantive issues
  - Marijuana
  - Implementation
  - Communication
- OHA staff will coordinate all meetings
- OHA staff are working on a process map for this Task Force

### **Public comment**

---

No public comment