



Oregon Opioid Prescribing Guidelines Task Force
 September 23, 2016, 9:00 am - 12:00 pm, room 1-B
 Portland State Office Building, 800 NE Oregon Street Portland, OR 97232
 Call-in number: 877-402-9753 Participant Code: 143-9464

Meeting Goal

- To discuss and endorse recommendations from Task Force workgroups

Meeting Facilitators: Diana Bianco and Katrina Hedberg

Meeting Participants

Andrew Suchocki	Diana Bianco	Melissa Weimer
Andris Antoniskis	Dwight Holton	Michael Henstrom
Anna Stern	Jennifer Eskridge	Paul Lewis
Caryn Mickelson	Jim Shames	Roger Chou
Catriona Buist	Joe Thaler	Roger Citron
Charles Wiggins	Juerg Kunz	Stephen Prisby
David Labby	Kevin Ewanchyna	Steven Dobscha
Denise Taray	Marcus Watt	Thomas Weiser

Meeting Facilitator: Diana Bianco, Artemis Consulting

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

Meeting Pre-work/Preparation

Participants were asked to review the workgroup documents created by the workgroups they were involved with over the previous three months.

Welcome, introductions agenda overview

Welcome, introductions and agenda overview - Katrina Hedberg, State Epidemiologist and State Health Officer, Public Health Division, OHA; Diana Bianco, Artemis Consulting

- The processes of the workgroups that met over the summer was reviewed.
- Written documents from the workgroups are attached and representatives from the four workgroups presented summaries to the larger group.
- A final document with changes highlighted will be created and sent to participants.

Workgroup presentations and summary of proposed revisions

Substantive issues workgroup recommendation – Presented by Steven Dobscha

Charge: to provide additional clarity to the CDC Guideline and to address some Oregon-specific issues.

- Add in FDA black box warning information
- Add Material risk information, required in Oregon

- Add in consultation with addiction specialist (last bullet)
- Consider “Consultation with mental health specialist, and/or pain and/or addiction specialist who has experience tapering patients off of opioids.”
- Recommendation #9 (top of page 4)
 - Differentiate sharing or sell from intentionally misusing. If intentionally misusing opioids, reassess for substance use disorder (SUD) and consider appropriateness of taper OR referral for SUD treatment.
 - Add language about medication that can help with opioid withdrawal symptoms
- Recommendation #11
 - Would like to see language that prescribers should have discussion with patients about elevated risks of co-prescribing.
- **Substantive issues workgroup follow-up**
 - Highlight additions to CDC guidelines specific to Oregon
 - There may be an interest in endorsement
 - Program staff will re-draft the document and highlight revisions.

Marijuana workgroup recommendation – Presented by Andy Antoniskis

Charge: to provide recommendations on opioid prescribing for patients who use marijuana.

- General consensus
 - There is a paucity of data and that prescribers are not at a point where there is enough data for comfort prescribing due to lack of quality controls.
 - Suggestion that the group shorten the below statement, consider adding in language about other drugs but note that marijuana issue is important in Oregon.
 - *Given the prevalence of marijuana use in Oregon, prescribers considering opioid prescription should carefully consider the implications of marijuana use concurrent with opioid use in deciding whether to prescribe. Prescribers should consider impact marijuana use may have on motivation, movement and exercise, all of which are demonstrated to improve chronic pain, and should include monitoring of marijuana use along with monitoring of other drug and alcohol use which may be relevant in determining whether to prescribe an opioid or continue opioid use.*
- Once there is a shorter statement – add marijuana back into substantive issues.
- Regarding data
 - The IOM is working on another marijuana report
 - At some point, physicians need to start learning about marijuana.

Implementation workgroup recommendation – Presented by Andrew Suchocki

Charge: to provide a framework for Oregon implementation of the Opioid Prescribing Guideline. See Attachment 3.

- Group reviewed the group’s draft implementation framework.
- According to recent prescribing data - the number of prescriptions written has increased. How does Oregon change their direction on opioid prescribing?
- Recommendation for the formation of a policy taskforce on opioids.

Communication workgroup recommendation – Presented by Tony Anderson and Lisa Shields

Charge: to provide a communication plan for the Guideline.

The communication plan is an Oregon and all stakeholder effort to improve public and provider understanding.

- Medical Board is willing to share or send communication to their list
- Project ECHO to address pain and addiction treatment with providers.
- Oregon will increase number of buprenorphine prescribers by an estimated 300 through provision of three trainings per year.
- Input about communication plan talking points
 - Strengthen language of “benefits and risks” to include harm. Harm should be a central theme.
 - Add in resources
 - Leverage points and groups include: clinical leaders of large health systems, Medicaid, hospitals, CCOs, OAHHS, OHLC and more.
 - Need to address and include the patient experience and the message for compassionate treatment of chronic pain.

Meeting summary and next steps

- Program staff will revise documents and share with group.
- The next meetings is scheduled for November 18th
- If the group has met objectives, then it can sunset. If new objectives are proposed that are clear and measurable, then members of the group interested can keep going.

Public comment

- Two community members provided public comment at the meeting.