



Pain Standards Task Force  
PacificSource Community Solutions – Boardroom  
2965 NE Conners Ave, Bend OR 97701

Agenda: February 3, 2016 from 7:00am-8:30am

Call-In Number: 866-740-1260  
7-Digit Access Code: 3063523

1. **7:00-7:05**      **Introductions—All**
  
2. **7:05-7:15**      **PDMP Update—Rebeckah Berry**
  
3. **7:15-8:30**      **2016 Aims and Objectives Initial Brainstorm—Dr. Swanson**
  - **Pain Society of Oregon Collaboration Opportunities**
    - a. **Pain 101 Conference for PCPs on April 8?**
    - b. **Aligning three Pain Society of Oregon events with Grand Rounds?**
  - **PDMP sign-up at clinics?**
  - **Needle Exchange throughout the region?**
  - **Naloxone Trainings?**
  - **Suboxone/Buprenorphine?**
  - **Trainings on evidence-based alternatives for chronic pain (CBT, ACT, etc.)?**
  - **Remaining Money from Summit to Reduce Rx Abuse Donations (\$4,400)?**
  - **2016 Grand Rounds Topics and Speakers?**
  - **Living Well with Chronic Pain?**
  - **Pharmacist Education and Support?**
  - **Health Literacy and Instructions to Patients?**
  - **Other Ideas?**

**Consent Agenda:**

- **Approval of the draft minutes dated January 6, 2016 subject to corrections/legal review**

## **Pain Standards Task Force** **Vision, Mission, Values, and Aims**

### Vision

Working collaboratively to improve the health and well being of chronic or persistent non-cancer patients in Central Oregon.

### Mission

Create a health care system that embodies compassionate, patient-centered, holistic, and evidence-based chronic or persistent non-cancer pain care.

### Values

Accountability  
Education  
Patient-Centered  
Best Practices

### Aims

- 1) Provider acceptance of Community Wide Safer Prescribing Standards.
- 2) Provider consistency in safe prescribing practices as measured by Oregon Prescription Drug Monitoring Program data.
- 3) Provide six provider educational offerings in 2015, three in 2016, and three in 2017.
- 4) Create strategies for patient and community education by July 2016.
- 5) Decrease:
  - Emergency Department prescriptions for opioids
  - Number of opioid-related overdoses
  - Number of opioid-related deaths
- 6) Increase:
  - Number of Suboxone (buprenorphine and naloxone) prescribers
  - Use of screening tools to detect and prevent opioid risk for misuse, abuse, addiction, and aberrance, as well as psychological comorbidities that influence prognosis and course of effective pain management.
  - The number of covered chronic non-cancer pain treatment programs
  - The number of covered substance use programs
  - Safeguarding the patient across treatment sectors

# DRAFT Portland Tri-County Prescription Opioid Safety Coalition (POSC)

## MISSION

Decrease prescription opioid misuse and harms by coordinating the efforts of public health, medical, payer and patient communities

## OUTCOME

Decrease harms and overdose deaths from opioids to 1999 (pre-epidemic) levels or better.



## WORK GROUP MISSIONS

<b>Chronic Pain Treatment</b>	Increase access to non-opioid treatment modalities for chronic pain.
<b>Public Awareness</b>	Support statewide public education efforts on the nature of chronic pain, the risks of opioid use, better pain treatment options, and substance abuse treatment and recovery.
<b>Treatment &amp; Recovery</b>	Improve access to substance abuse treatment services, including medication-assisted treatment.
<b>Provider Education</b>	Promote prescriber education (CME) on the nature of chronic pain, safe prescribing practices, non-opioid treatment strategies, the benefits of using the PDMP, and diagnosis and management of opioid use disorder.
<b>Prescribing Guidelines</b>	Support statewide efforts to develop, promote and implement Safe Prescribing Practices.
<b>Monitoring</b>	Work across systems to and promote tools (such as the PDMP) to monitor prescribing volume, individual patient therapy, and population prescribing and overdose trends.
<b>Naloxone</b>	Expand naloxone availability to at-risk populations and those likely to encounter an overdose situation.
<b>Safe Disposal &amp; Storage</b>	Develop sustainable mechanisms for the safe disposal of unused pills.



**MINUTES OF A MEETING OF  
THE PAIN STANDARDS TASK FORCE  
CENTRAL OREGON HEALTH COUNCIL  
January 6, 2016 from 7-8:00am**

**Task Force Members Present**

Kim Swanson, Chair (St. Charles Medical Group)  
Gary Allen (Advantage Dental)  
Rebeckah Berry (COHC)  
Wil Berry (Deschutes County Behavioral Health)  
Muriel DeLaVergne-Brown (Crook County Health Department)  
Maria Hatcliffe (PacificSource)  
Steve Mann (COIPA and High Lakes Healthcare)  
Kyle Mills (Mosaic Medical)  
Laura Pennavaria (La Pine Community Health Center)  
Christine Pierson (Mosaic Medical)  
Marie Rudback, DC (Endeavor Chiropractic, LLC)  
Rob Ross (St. Charles Medical Group)  
Scott Safford (St. Charles Family Care)  
Divya Sharma (Mosaic Medical and COIPA)  
Rick Treleaven (BestCare Treatment Services)  
Tom Watson (Rebound Physical Therapy)

**Task Force Members Present (Call-in):**

Sharity Ludwig (Advantage Dental)  
Donna Mills (COHC)  
Tina Patel (PacificSource)  
James Toffolo (The Good Health Medical Group)

**Guests Present (call-in)**

Clinton Smith (PacificSource)

**Absent**

Robert Andrews (Desert Orthopedics)  
David Holloway (Bend Memorial Clinic)  
Janet Kadlecik, OTR (Work Capacities)  
Jessica LeBlanc (Mosaic Medical)  
Alison Little (PacificSource)  
Kerie Raymond, ND (Hawthorne Center)  
Pam Tornay (Central Oregon Emergency Physicians)

## 1. Introductions & Opening Remarks

- Team members introduced themselves and their respective organizations. New members and guests were welcomed.

## 2. 2015 Year in Review & COHC Board Presentation Input

- Dr. Swanson reviewed her upcoming COHC Board of Directors presentation highlighting the work of the PSTF during 2015, future directions for 2016, and solicited feedback from the group. During the course of the presentation the following items were discussed:
  - The Buprenorphine prescribing training presentation to the ED is being planned for inductions with rapid follow up entry into the treatment system.
    - Rick Treleaven mentioned that he and Dr. Franz from PacificSource are working together to create a “hub and spoke” model that would stabilize patients in a MAT (Medicated Assisted Treatment) clinic for 3-6 months and then PCP’s would be better able to provide maintenance therapy once a patient is stabilized. Substance Use Disorder treatment support could be interwoven if needed.
    - Dr. Berry wondered if there would be a role for Deschutes County in this model, but without PCP’s on staff, the Task Force thought ongoing management would not be likely.
  - **Needle Exchange** – Deschutes and Crook counties are working on a plan for Naloxone distribution as well as initial discussion on needle exchange (NEX).
    - **FOLLOW UP:** Rebeckah will talk with Tom Machala from Jefferson about NEX.
    - Rebeckah mentioned that there would be a Naloxone training on 1.19.16 from 12-1pm in Stan Owen at Deschutes County Health Services (2577 NE Courtney Drive, Bend) by the Sheriff’s office. She will let others know about openings to attend if there is room.
    - Dr. Pennavaria mentioned the importance of working with Pharmacies around Naloxone. There are mixed reactions from pharmacists about filling Rx’s when Naloxone is prescribed for prevention.
    - Kyle agreed there would be value in notifying them of this emerging practice; Muriel indicated she could help.
    - **FOLLOW UP:** Kyle/Muriel will work on how to notify and educate pharmacies around co-prescribing Naloxone with opioids.
    - Dr. Pennavaria asked if the pharmacies could train a family member in the use of Naloxone. This is possible. The group agreed this was critical.
  - **ED Tracking** – it was noted that the ED is taking on tracking opioids being released in “To-Go” packs. These “To-Go” packs are not tracked in the PDMP so this information will be very useful.
  - **PDMP** – The dashboard was featured and it was noted that the death and hospitalizations due to overdose data would be provided to us by OHA in the end of January. Once this is complete the dashboard should be ready for dissemination.
  - **Morphine Equivalent Dosage (MED)** – A discussion ensued about how this is changing. The statewide Performance Improvement Project (PIP) metric is > 90 MED and > 120 MED. The group agreed there would be value in monitoring > 90 MED in line with the PIP and in light of the CDC upcoming changes which will undoubtedly lower the threshold.
    - The CDC is still taking comments on their proposed changes. Dr. Mann noted that the Interventional Pain Specialists have been instrumental in forcing another review process of the draft guidelines.

- **Endorsements** – Dr. Sharma noted that we do not seem to be connecting with the Pain Specialists (e.g., Maloney, Carroll, etc.). Rebeckah indicated that nobody had met with these smaller providers yet.
  - **FOLLOW UP:** Rebeckah will add smaller clinic Pain Specialist to the list of contacts to be made during 2016.
  - Dr. Ross mentioned the importance of engaging VA providers since much of the diversion that takes place is connected to these patients.
  - **FOLLOW UP:** Maria will work with Rebeckah to create a linkage at the VA.
  - Dr. Allen mentioned that only two dental-related providers had endorsed (both from Advantage) but there will be an opportunity to engage more dentists at the summer meeting.
- **Media** - Dr. Swanson noted there would be an additional slide added listing the media coverage that had taken place around PSTF and their efforts.
- **Benzodiazepines** - Dr. Sharma asked that there be a bullet added about future directions of co-prescribing opioids and benzodiazepines.
  - Dr. Swanson announced that there was a donor at SCHS who had become addicted to benzos and now wants to hold an international symposium in 2017.
- It was noted that 30 minutes would be very tight to cover all of the content. Dr. Swanson agreed and indicated she was making that much information available in the PowerPoint content for those who wanted it; but would present in broader strokes.
- Task Force members agreed the content was very good and appreciated her work to create this.

### 3. PDMP Update

- Rebeckah reported on the work that Sarah Kingston from PacificSource Analytics and a sub-group had made together in creating the PDMP dashboard.
- The number of people on > 120 MED/day/month in addition to > 90 MED will be requested in the dashboard report.
- No information is available from PDMP (yet) by provider type and at this time cannot be done.
- OHA will provide overdose deaths and hospitalization data.
- Mr. Treleven indicated that because of such small numbers, the group would need to review larger data sets such as 3 or 5-year blocks of time.
- With regard to cancer rates, Public Health data would be available for estimates, but the Task Force agreed that it is too hard to determine who should be excluded from the data (e.g., COPD patients, etc.). Instead, it was decided that the data would be reported intact and any explanations would be noted.

### 4. 2016 Aims and Objectives – Initial Brainstorm

- Dr. Swanson noted that there was insufficient time to discuss this large topic and proposed that be tabled until February in a 90-minute meeting. The group agreed.
- **FOLLOW UP:** Task Force members need to submit topics for the February Aims and Objectives discussion by January 22, 2016 to Rebeckah.
- Pain Society of Oregon Collaboration Opportunities
  - ALL DAY Pain 101 Conference for PCPs on April 8 potentially. Task Force members are interested and would like to see the proposed outline.
    - **FOLLOW UP:** Rebeckah will send out the outline; members need to give input about holding the workshop by end of next week.

- It was suggested that there would also be a Behavioral Health workshop at the same time.
  - Remaining Money from Summit to Reduce Rx Abuse Donations: \$4400 remains and the Task Force will need to consider possible use for this money. Potential ideas:
    - PDMP Sign Up day at clinics.
    - Dr. Sharma noted that PDMP enrollment is an upcoming COIPA contract item.
5. **Consent Agenda:** A motion to approve the draft minutes dated December 2, 2015 was made by Dr. Mann. Minutes were accepted in full.