



Pain Standards Task Force  
St. Charles Bend – Conference Room A  
2500 Neff Road, Bend OR 97701

Agenda: January 3, 2018 from 7:00am-8:00am

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

1. **7:00-7:05** Introductions—All
2. **7:05-7:40** Regional Opioid Needs Assessment Results and Planning—Dr. David Dowler & Dr. Kolsbun
3. **7:40-7:50** Provider Education Committee—Dr. Swanson
6. **7:50-8:00** Monthly Updates—Dr. Swanson
  - Take Meds Seriously, Oregon—Julie Spackman
  - Max's Mission Event—MaCayla Arsenault
  - X-Waiver Training—MaCayla Arsenault

**Consent Agenda:**

- Approval of the draft minutes dated December 6, 2017 subject to corrections/legal review

# **Oregon Prescription Drug Overdose Program Interviews with Regional Stakeholders**

## **Results for Central Oregon Region**

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12/22/17**

### **Background**

The Oregon Injury and Violence Prevention Program set aside a portion of recent CDC grant funding (PDO Expansion Grant) to conduct an assessment of regional opioid working groups, and to help facilitate regional decisions for spending available grant funds to boost their efforts. The program contracted with Program Design and Evaluation Services (PDES) to conduct this work. The assessment was designed to learn about: a) the status of current opioid-related regional work, b) the most important priorities for moving forward, and c) the best ways to spend grant funding being made available through August, 2018. This report presents an overview of the results for the Central Oregon region.

### **Interview Participants**

- Kim Swanson
- Divya Sharma
- Gary Allen
- Alison Little
- Muriel Delavrgne-Brown
- Nathan Rouse
- Rick Treleaven

### **Description of Current Regional Group**

The Pain Standards Task Force has been meeting for about three years, and began as a subcommittee of the Clinical Advisory Panel of the PacificSource Community Solutions CCO. The group gained traction early on for work related to opioid prescribing and pain treatment guidelines and now meets monthly as a stand-alone, action-oriented regional pain guidance task force. From an earlier membership focused on clinical providers, it has grown to have robust interdisciplinary representation including pharmacists, physical therapists, alternative treatment providers, dental providers, behaviorists and public health officials. The group represents the three-county region that includes Deschutes, Crook and Jefferson counties, and is chaired by Kim Swanson.

## Status of Regional Work

We asked stakeholders to characterize the status of regional work, and to score progress on a 1-10 scale across specific opioid-related domains. For each section, we present average scores and the range in individual scores across the seven respondents.

### *Implementation of CDC/Oregon prescribing guidelines* *Score: 6.3 (4.5-7.5)*

While there has been progress made in educating providers about the guidelines and improving enrollment in the PDMP, there have been administrative barriers implementing what can be a labor- and time-intensive process. For two years, one strategy included the creation of a primary care quality matrix, with incentives built in for providers to meet guideline-related targets such as enrollment in and use of the PDMP, or receiving CME credit for responsible opioid prescribing.

### *Access to naloxone* *Score: 7.0 (3.5-8.5)*

Several reported vigorous attempts to improve education about and dissemination of naloxone, with particular success in improving access for police officers. Others mentioned barriers related to getting to the next steps: “You can lead a horse to water...”.

### *Access to alternative pain strategies* *Score: 5.3 (2-9)*

Opinions were wide-ranging about the status of this domain. Some felt that there had been recent progress with new guidelines for covering alternative treatment modalities for qualifying OHP patients, and a decent system for providing access to “living well with chronic pain.” There were more critical opinions about the status of a comprehensive system for providing alternative pain treatment, with only spotty opportunities for a true continuum of care provided by a handful of therapists in the region. There is a need for a specialty clinic, which has been delayed because of funding, and for improving provision of alternative pain treatment in primary care settings.

### *Access to MAT or other addiction treatment* *Score: 5.6 (3-7.5)*

Most of the capacity in the region for medically assisted addiction treatment is limited to the Bend Treatment Center. Outside of that, there are only about a dozen X-waivered providers, and very few outside of the Bend area. There is growing enthusiasm within mid-level providers for being trained, and marketing has begun for a MAT training to be held in March, 2018.

### *Safe opioid disposal* *Score: 7.0 (5-8.5)*

There has been a push in the last two years to develop drop off sites in every county, and the total number is up to 17 across the region. There has also been a lot of community education, including the use of “Take Meds Seriously Oregon” campaign. There is still room for improvement but there has been a good start.

### *Data about opioids and its use to guide work* *Score: 7.3 (6-10)*

Most respondents mentioned a high level of commitment for data-driven decisions, and that the PDMP has been used successfully for region-wide monitoring of prescribing levels. A few mentioned the barriers related to using data to monitor overdose fatalities, given the delay in availability of that data.

## **Top Priorities for Future Opioid Work in the Region, and for Spending \$40,000**

### Community-wide education

- Continuing media buys for campaign related to safe disposal and safe storage\*\*\*
- Risks of opioids (one mention of targeting parents of teens, particularly for acute dental pain)
- Alternatives to opioids, awareness of what's out there

### Provider outreach and education

- Continue efforts to increase PDMP enrollment\*\* (including use of coordinator for these efforts)
- X-waiver training, to expand MAT providers
- Prescribing guidelines (specialties mentioned included ER, Hospitalists, Orthopedic) (topics mentioned included reducing Benzo prescribing and co-prescribing, standardizing UDS and PDMP checks)
- Increasing education for alternative treatment modalities, and integration with specialty care
- Improve use of and integration of mental health services in primary care
- Improve capacity for provider consultation for pain management
- Training around difficult conversations \*\*
- Recruit providers into the ECHO program
- Thoughts about venue/ methods for outreach
  - Support for regional conferences (as method for much of the above)
  - Consider bite-sized training opportunities, pay for provider time
  - Continue support and incentives for CMEs

### Policy advocacy

- Improve reimbursement for Naloxone and Narcan
- Support statutes for mandatory PDMP checking of opioid and benzo prescriptions
- Require tamper-resistant prescription pads
- Require prescription for Naloxone with opioid prescriptions

### Other general ideas

- Improve access to alternative pain treatment options, across all levels of care
- Improve access to MAT, integration with primary care, and coverage
- Improve access for mental health services
- Provide funding for police departments to acquire Naloxone



**Pain Standards Task Force**  
**PacificSource Boardroom**  
**Bend, Oregon**  
**December 6, 2017**

**Present:**

Kim Swanson, Mosaic Medical, Chair  
Alison Little, PacificSource  
Kerie Raymond, Hawthorne Healing Arts Center  
Scott Safford, St. Charles Family Care  
Julie Spackman, Deschutes County Health Services  
Tom Watson, Rebound Physical Therapy

**Absent:**

Misoo Abele, Veterans Administration  
Gary Allen, Advantage Dental  
Robert Andrews, Desert Orthopedics  
Wil Berry, Deschutes County Behavioral Health  
Matthew Cook, St. Charles Health System  
Muriel DeLaVergne-Brown, Crook County Health Department  
Shanna Geigle, Veterans Administration  
Sharity Ludwig, Advantage Dental  
Christine Pierson, Mosaic Medical  
Michael Powell, St. Charles Health System  
Robert Ross, St. Charles Medical Group  
Marie Rudback, Endeavor Chiropractic  
Divya Sharma, Mosaic Medical  
Rick Treleaven, BestCare Treatment Services

**Others Present:**

MaCayla Arsenault, Central Oregon Health Council  
Stevi Bratschie, PacificSource  
Kristen Dillon, Gorge PacificSource  
Jessica McDonald, Deschutes County Health Services  
Donna Mills, Central Oregon Health Council  
Kelsey Seymour, Central Oregon Health Council  
Heather Stewart, Crook County Health Council

Erin Solomon, PDO Coordinator

### **Introductions**

- Members introduced themselves and their respective organizations and guests were welcomed to the meeting.

### **Co-prescribing Opioids & Benzodiazepines Discussion Continued**

- Dr. Kim Swanson shared that while opioid prescribing is down 12%, coprescriptions between opioids and benzodiazepines are up. Dr. Kerie Raymond shared that when she uses the PDMP, there is normally a dashboard that shows patients with coprescriptions and the MED levels of a providers' panel, and that the data is no longer visible to her.
  - **ACTION:** Dr. Swanson will look into the updated version of the PDMP to find out why the panel summary of patients with a benzo/opioid co-prescription and patient MED levels is not visible.
- Dr. Swanson noted that some specialties are harder to engage in the opioid conversation than others; namely psychiatry. Dr. Little suggested engaging Dr. Wil Berry of Deschutes County Behavioral Health. Dr. Swanson shared that she has been in touch with Dr. Berry and that he is currently identifying a representative to attend Pain Standards on his behalf.
- Dr. Raymond asked about the CARA Bill changes to pharmacy practice. Dr. Swanson explained that the CARA Bill enabled providers to shorten the length of a prescription to 7 days. She added that it might be time to pursue the pharmacy association president again.
- Dr. Little suggested pursuing a public education campaign on co-prescriptions. Julie Spackman explained that developing new marketing material is very expensive, and she and Stevi Bratschie concurred that they have found none that exists on this topic. Dr. Swanson suggested checking for marketing campaigns in Massachusetts, Maine, and Great Britain.
- Kristen Dillon noted that the statewide data shows a decline in benzodiazepine prescription in Central Oregon. Dr. Swanson disagreed, and concluded to investigate.
  - **ACTION:** Dr. Swanson will review the data on Benzodiazepine prescriptions in Central Oregon.

### **Aims and Strategic Planning for 2018**

- Dr. Swanson reviewed the established plan for 2018.
- Dr. Raymond suggested that members with low attendance be contacted to determine if they are still interested in participating in the Task Force.
  - **ACTION:** MaCayla will reach out to members to confirm participation.
- Donna Mills announced that OHA gave funding to the Task Force that will require an annual educational event, a PDMP enrollment coordinator, and a public awareness campaign.

- Dr. Swanson asked if there were other ideas for 2018 projects. Julie suggested working on reaching a new audience of providers for Pain 101 to get the message to fresh ears. Dr. Raymond noted that St. Charles did not promote Pain 101 though it has promoted other events. Julie asked who Dr. Swanson would like to see attending Pain 101. Dr. Swanson replied that her ideal audience would consist of family practice physicians, pain specialists, women’s health, emergency room, and surgeons.
- Dr. Raymond suggested hiring an event planner for Pain 101.
  - **ACTION:** Dr. Raymond will estimate the cost of hiring an event planner.
- Julie suggested that “lunch and learn” sessions could be held with the categories of providers who may be interested in Pain 101. Tom Watson suggested doing several 30-minute sessions to fit in more speakers. Dr. Raymond shared that the Naturopathic Conference does a series of 45 minutes sessions with a combined Q&A time at the end.
- **ACTION:** Stevi offered to look into bringing the physicians class on exercise therapy as an alternative to opioids to Bend
- Julie asked about involving other insurance companies besides PacificSource in the work of reducing opioids.
  - **ACTION:** Dr. Little will look into the opioid diversion initiatives of other insurance companies in the area.

#### **Performance Improvement Project Update**

- Stevi shared the current standings of the Performance Improvement Project.
  - **ACTION:** Stevi will share the data on coprescription data trends for Central Oregon.
- She shared that a hard stop was implemented on opioid prescriptions with MED over 140, which affected 12 members. Stevi asked if the letters to patients and provider were perceived as helpful. Dr. Raymond agreed that they were helpful. Stevi noted that a stop on MED over 120 will be implemented in the spring.

#### **PDO Grant Update**

- MaCayla Arsenault introduced Erin Solomon, the new PDO grant coordinator. MaCayla explained that the PDMP training has been delayed by a program update, and Erin will commence training in January.

#### **Take Meds Seriously Oregon**

- Dr. Swanson announced that the television spots would air soon. Julie shared that \$2000 paid for advertising on Pandora, Facebook, Instagram, Youtube, and Google Adwords, and in addition St. Charles donated 3 billboards.

#### **Approval of the Minutes**

- Tom Watson motioned to approve the minutes; Dr. Little seconded. All were in favor; the minutes were unanimously approved.