

Prescription Pain Medication Policy, Insurance, Incentives Work Group  
Minutes  
June 5, 2008  
3:00-4:30

Present:

Carla Cook, Molina Health Care  
Erin Johnson, Prescription Pain Med Program  
Trisha Keller, Violence & Injury Prevention  
Stacy Eddings, Bach-Harrison

Updates:

Carla Cook will no longer be with us—she is moving to Oregon next month. Thanks for all you've contributed!

Discussion:

Future of the Work Group. Those present feel that the work group has lost steam after spending the past few months trying to identify our next policy to change. We determined that when we have a topic (for example working with Rep Daw on the Controlled Substance Database bill) we have energy and work well, however without a purpose our meetings seem unnecessary. We determined that we would change our agenda: rather than meeting monthly, we will meet "as-needed". During the next legislative session, we will almost certainly have a reason to meet again (in order to support a proposition for ongoing funding toward prescription pain medication education). Also, members of the work group are welcome to email at any time to suggest we meet that month about a given topic.

We reviewed minutes from our very first meeting (where we brainstormed goals of the Work Group) and then our second meeting (where we prioritized these goals). We realized that indirectly or directly, the Program had accomplished (or is in the process of accomplishing) its top 5 goals.

The top 5 goals were as follows:

1. Require DOPL's CSDB to be up to date
2. Program to work with DOPL to promote appropriate use of the Controlled Substances Database among health care providers
3. Simple program for health plans to use to identify high opioid users tied with an educational and/or case management program.
4. Simple program that might educate providers
5. ER's only give 24 hr supply of narcotics

Explanation of how each is being accomplished:

1. With the passage of Rep Daw's bill, the pilot version of the Real-Time CSDB will be up by 2009. If all goes well with the pilot, the state should have a Real-Time Database by 2010.

2. We are currently working on a Provider Education training that will teach providers how to use the CSDB to their advantage. The pilot system will also use more user-friendly approaches to make the system easier for doctors to use.
3. Insurance organizations like Molina already have begun this case management of identified “high opioid users”
4. Our Provider Education training will sensitize physicians to the problem of prescription related deaths
5. Abbie Vianes conducted a survey of all Utah hospitals and found that nearly all of them had a policy of only giving 24 hr supply of narcotics to ER patients rather than giving a full prescription.