

Prescription Pain Medication Steering Committee  
Minutes  
April 15, 2008

Updates:

- Kim met with National Pain Foundation (with Lynn Webster). They may want to use what we do nationwide if it is cost-effective, but we're not sure if they will give us any funding.
- Labor Commission has agreed to fund \$250,000 again for FY09
- Guidelines are on target to be done on July 31. First Expert Panel meeting is tonight.
- E-signatures (by Noel Taxin, DOPL). Schedule 3-5 can use an e-signature. Schedule 2 can't use an e-signature. Will check on whether schedule 2 can be pre-dated up to 3 months. DOPL doesn't verify if symbols are trusted. Veri-sign is a good company to verify.

**Presentation on Provider Education Proposal by Health Insight--Kim Bateman**

Health Insight is a nonprofit group that specializes in filling in the gap between knowledge and practice.

- Most work HI does is from medicare
- Already have presence in many primary care offices (~200)
- The powerpoint is available at:  
[http://health.utah.gov/prescription/html/steering\\_committee.html](http://health.utah.gov/prescription/html/steering_committee.html) under "presentations and resources".

**Discussion:**

- Noel: could ask probationers for insight/aid in targeting (probationers are people involved in legal stipulation and have agreed to do rehabilitation).
- Could put in rule to get 6 CME a year on pain and offer HI's interventions as an option
- Kim: meet with Noel (DOPL) to see what resources may help improve target
- Alan: Labor Commission has political goodwill (from donating 1/2 million to this cause) and has info that can help with profiling.
- 80,000 injuries a year that Labor Commission has info on
- Kim: look at Labor Commission data to see those getting long acting narcotics within 30 days of injury
- Alan and Kim can meet to share info and see how it can help the intervention
- HI can use the UMA bulletin to send some messages on this topic
- Target providers that are: likely to move patients onto methadone, using long acting narcotics for acute pain, prescribing benzo's and narcotics together

- HI can distribute guidelines at meetings
- Alan: mail from DOPL and UMIA are sources that catch providers attention
- Kim: how to reach orthopedics? Neurosurgeons? Neurologists? HI has no intent to only target primary care.
- Alan: say something at top of letter/announcement that says “Do you realize that only 15% of providers had formal training in narcotic/opioid prescribing during their schooling?”
- Kim: Look at HI’s project as a pilot. Behavior changes very slowly. Can compare counties that received intervention vs. no intervention.
- Bob: met with legislation. There is interest among legislation in this provider education model.

### **Presentation on Research—Recent Findings by Christy Porucznik**

- PowerPoint is available at:  
[http://health.utah.gov/prescription/html/steering\\_committee.html](http://health.utah.gov/prescription/html/steering_committee.html) under “presentations and resources”.

Retired group may need special attention: DEA # may be stolen and since they aren’t prescribing they don’t notice; may not be getting updated information/training.