

Prescription Pain Medication Steering Committee

Minutes

March 18, 2008

9:00-11:00am

**Present:**

Iona Thraen

Kim Bateman

Craig PoVey

Marty Caravati

Doug Springmeyer

Alan Colledge

Erin Johnson

**Outline of Minutes:**

1. Review Overall Timeline
2. Review Timeline for Guideline Process
3. Academic Detailing/Health Insight update
4. Budgets
5. Media Campaign update

**1. Review timeline** (see Project Timeline attachment in “other resources” on steering committee webpage).

We are behind in our anticipated submissions for publications. First publication will show description stats of CSDB, ME link as well as linked to provider specialties.

**Discussion:**

Useful information for the approach Health Insight takes—are there a few doctors with a lot of deaths or a lot of docs with a few deaths?

Need to be careful about how we present the specialty information (30% of deaths are from primary care)

How is “pain management specialist” defined by UMA (are there other primary care that consider themselves specialists?)

Geography

Send out the submission to st. committee for them to review

**2. Guidelines:** (see Guidelines Timeline under “other resources”)

- MPH student helping with review of guidelines
- Reviewing by perspectives (what guidelines represent each major specialty)
- Based on review criteria we will identify the top guidelines
- Distribute the selected guidelines to the expert panel for review
- \*Send SAMSHA guideline reference to Craig to see if he has better luck at getting them
- APS guidelines: Dr. Chou will come present on their guidelines in May

- In-depth literature review
- We have a draft form of the APS guidelines, will not be adopted until May
- Have group rate and rank the selected guidelines

**Discussion:**

Kim-The guidelines are important, but there are a lot of elements that go along with them including the detailing. Detailing will be safety based and go after the objective of the deaths. How to avoid deaths. 5-6 things that will be taught. Guidelines will support this message.

Alan- the Labor Commission wants to adopt guidelines and that is their bottom objective.

1. What ought to be paid for and what shouldn't be paid for
2. how to we get physicians to behave in order to reduce deaths

Alan-Needs to feel like it will be useful and achievable for Labor Commission to fund  
Timeline for guidelines  
Something deliverable and concrete

Kim- all we can say is that we include all perspectives in the guidelines and our endpoint is that we want to reduce deaths. It is unpredictable (now in March) what the guidelines in July will look like exactly.

Iona-Tools will be collected at a later point—can't be determined by tomorrow for the Labor Commission meeting

Alan- if you leave the decisions about the end product to the panels, it will come out soft (rather than useful for physicians)

Doug—can't promise more than we deliver tomorrow. Have the option of saying “we don't have these answers right now, can we meet again after we've discussed this?”

Things to bring for Labor Commission meeting: timeline, budget, table of contents, matrix of existing guidelines.

**3. Academic Detailing with Health Insight—Kim Bateman**

- Met with Bob, Kim, Erin, and Lynn Webster
- Health Insight considered experts in narrowing gap between what needs to be done and what is done.
- HI is strong in human factors—matching tools to the ability of the person to use them.
- Have experience in improving use of medications (specifically how to use antibiotics appropriately).
- HI will create a written proposal for the st. com to look at on how to get the message out in the most effective way.
  - Include multiple modalities (“full court press”) to change behavior.

- HI good at holding educational meeting.
- Best approach may be academic detailing—get the message out in small groups or 1-1.
- HI has presence already out in physicians offices (80-90% of physicians offices have been visited by HI).
- Possibility of getting a Medicaid match
- Dr. Webster may get funds from Pain Foundation
- Looking into match funding from Medicaid
- 3 levels of approach
  - 1. how to administer pain med to people with non-cancer pain
  - 2. how to deal with addiction problem patients
  - 3. how to reduce deaths from opioids

**Discussion:**

Alan-many venues to use to get message out: insurance premium lectures (to reduce cost of premium), meet with small groups of people who express interest

Alan-docs receive lots of mail each day—certain labels (ex. DOPL) I’ll open, others I don’t look at.

Kim-physician networking is useful (put a physicians name that the physician knows)  
 Alan-give a certificate to people who attend—they now have a benchmark of where they are. Taking a training can serve as protection if your practice is in question (or being deposed).

Kim-need to approach this with balance—don’t want to force people (using DOPL).

Alan-easy to get funding from pharmaceuticals

Kim/Marty-won’t look tainted as long as we mix with state funding and go through the st. committee process (also, the proposal will be written already, so we will be requesting funding after-the-fact).

**4. Budget** (see Budget FY08-09 in “other resources”)

**5. Media Campaign Update**

- 3 Focus Groups conducted
- 7 concepts for TV spots developed
- 1 concept will be developed into a 30 second TV and 1 for radio
- Plan to develop and air by end of April