



Best Practices Working Group

Chapter 244 Acts of 2012

Joint Policy Working Group

Bureau of Health Care Safety and Quality

Director

Madeleine Biondolillo, M.D.

December 18, 2013



Agenda

- I. Review November 8, 2013 Meeting Minutes
- II. Open Meeting Law and Conflict of Interest for Members of the BPWG
 - A. Presentation: Alison Mehlman, MA DPH Deputy General Counsel
- III. Best Practices for Treatment
 - A. Presentation: **Chronic Pain as a Public Health Problem**
Cindy Steinberg
National Director of Policy & Advocacy
U.S. Pain Foundation
Chair, Policy Council
Massachusetts Pain Initiative
 - B. Presentation: **BSAS Principles of Care and Practice Guidance**
Hilary Jacobson, LICSW, LADC
Director, Bureau of Substance Abuse Services
- IV. 2013 Joint Policy “Best Practices” Working Group DRAFT Report
- V. 2014 meetings



Commonwealth of Massachusetts
Department of Public Health

Presentation:

Open Meeting Law and Conflict of Interest

Alison J. Mehlman

Deputy General Counsel



SECTION 21. *The commissioner of public health shall convene a joint policy working group to investigate and study best practices, including those in education, prevention, screening, tracking, monitoring and treatment, to promote safe and responsible opioid prescribing and dispensing practices for acute and chronic pain with the goal of reducing diversion, abuse and addiction and protecting access for patients suffering from acute and chronic pain.*

Members – Next Slide

The policy working group shall submit a report of its findings, along with recommendations, if any, to the commissioner and shall submit a copy of the report to the general court by filing it with the clerks of the senate and house of representatives, the joint committee on mental health and substance abuse and the joint committee on public health not later than 6 months after the effective date of this act.

The commissioner, after reviewing the policy working group's findings and recommendations, shall promulgate regulations relative to safe and responsible opioid prescribing and dispensing practices with the goal of reducing diversion, abuse and addiction and protecting access for patients suffering from acute and chronic pain not later than 6 months after the joint policy working group submits its report.



Working Group Members

The working group shall consist of 17 members and shall include 1 representative from each of the following:

- the MA department of public health, who shall serve as chair,*
- the MA board of registration in medicine,*
- the MA board of registration in nursing,*
- the MA board of registration in dentistry,*
- the MA board of registration in podiatry,*
- the MA board of registration in pharmacy,*
- the Massachusetts Medical Society,*
- the Massachusetts Dental Society,*
- the Massachusetts Association of Physician Assistants,*
- the Massachusetts Coalition of Nurse Practitioners,*
- the Massachusetts Podiatric Medical Society,*
- the Massachusetts Hospital Association,*
- the Massachusetts Pain Initiative,*
- an independent pharmacist employed in the independent pharmacy setting,*
- a chain pharmacist employed in the chain pharmacy setting,*
- a physician specializing in pain management appointed by the commissioner of public health*
- and an individual specializing in substance abuse counseling and therapy appointed by the director of substance abuse services.*



Commonwealth of Massachusetts
Department of Public Health

Presentation:

Chronic Pain as a Public Health Problem

Cindy Steinberg

National Director of Policy & Advocacy

U.S. Pain Foundation

Chair, Policy Council

Massachusetts Pain Initiative



Commonwealth of Massachusetts
Department of Public Health

Presentation:

BSAS Principles of Care and Practice Guidance

Hilary Jacobson, LICSW, LADC

Director, Bureau of Substance Abuse Services



Draft Report

Report mandated by Chapter 244 of the Acts of 2012.

Meetings began in April 2013 and legislation, Chapter 38 of the Acts of 2013, amended language of Chapter 244.

BPWG activities required broader scope and stakeholder base while still focusing on prevention, treatment, monitoring, tracking, screening and education.



Initial report is a compilation of data, research, shared expertise and recommendations for best practices.

Regulatory process will resume in 1st QTR CY2014.

The charge of the BPWG will be fulfilled along a track parallel to the regulatory process for MA PMP enhancements. Six preceding meetings have laid solid groundwork for BPWG work in 2014.



Proposed Legislative Report Draft Outline

I. Scope of the Epidemic

- A. National data on prescription drug abuse epidemic
- B. MA data on prescription drug abuse epidemic
- C. Strategies to address prescription drug abuse epidemic
 - 1. Monitor patients who are prescribed most frequently dispensed drug products
 - 2. Identify prescribers who prescribe to patients with prescriptions from multiple prescribers and pharmacies
 - 3. Provide information to prescribers and pharmacists about patients with both opioids and benzodiazepines
 - 4. Provide information on frequency of individuals receiving ≥ 100 MME daily
- D. Other Interventions - Community Interventions

II.



II. Legislature's Mandate

- A. Legislature's directive – Chapter 244 of the Acts of 2012
- B. Best Practices Work Group (BPWG)
- C. BPWG meeting content

III. Work Group Focus Areas

- A. Education and treatment
- B. Screening and prevention
- C. Monitoring and tracking
- D. Increase monitoring with MA Online PMP
Enhancements

IV. Guidelines and Resources

V. Workgroup members' final recommendations for safe and responsible opioid prescribing and dispensing



Recommendations by topic area

Category	Description
1. Education	Recommendations: Create clearinghouse of practice guidelines for prescribing and dispensing <u>opioids</u> .
	<i>Future recommendations or next steps: Develop dispensing guidelines for pharmacists. (Underway)</i>
2. Prevention	Recommendations: Disseminate best practices in preventing overdose morbidity and mortality, e.g. applying thresholds of milligram morphine equivalents in practice.
3. Screening	Recommendations: Use of SBIRT. (e.g. <u>DAST-10</u>). Provide guidelines for use of screening tools to determine prescription drug or substance abuse. The MA Online PMP home page has a link (to the external location) for NIDA quick screen tools.
	<i>Future recommendations or next steps: Work with BSAS to provide information on reimbursement for use of SBIRT.</i>



Recommendations by topic area

Category	Description
4. Treatment	Recommendations: Identify best practices for treating acute and chronic pain by different types of providers and in different practice settings. Identify practice guidance for treating dependency or addiction.
	<i>Future recommendations or next steps:</i> Identification of resources for treating specific populations, e.g. treating pain in patients on <u>Suboxone®</u> .
5. Monitoring	Recommendations: Utilization of prescription monitoring program data in patient care. Enhance office practice utilization with the MA Online PMP batch look-up.
6. Tracking	Recommendations: Analyze PMP data to provide community level analysis. Proceed with electronic alerts for prescribers and dispensers. Continue to provide unsolicited reports to law enforcement and regulatory agencies responsible for authorized prescribers and pharmacists.
	<i>Future recommendations or next steps:</i> Continue high level (e.g. community) analyses.