

**RESPONSIBLE OPIOID PRESCRIBING LEADERSHIP TEAM MEETING
CAROMONT HEALTH BOARD ROOM
MAY 9, 2016**

Attendees

Dr. Fola Ajao	Dr. Todd Davis	Kevin Oliver
Dr. Temidayo Adelekun	Dr. William Donigan	Dr. David Rinehart
Dr. Charles Akhimien	Dr. Jeff Ellison	Debra Safrit
Marvin Allen	William Gross	Dr. John Scheitler
Dr. Costa Andreou	Tom Henry, PharmD	Dr. Velma Taormina
Sue Chen	Dr. Donald Klasing	Daniel Tuffy
Dr. M. Clark	Misty McIntosh, PharmD	Dr. Tom White
Dr. Kirsten D'Amore	Dr. Shirley Ocloo	Melissa Williams

Call to Order: Mr. Gross, Moderator, called the meeting to order at 1750. The members briefly introduced themselves and their roles.

Welcome and Introduction: Dr. Ocloo gave a brief history of the events leading to this meeting, including the recent community summits, and charged the group to create a standard for opioid prescribing for all Gaston County providers.

Gaston County Overdose Data: Dr. Taormina summarized the latest death data from drug overdoses in Gaston County and North Carolina (2013).

Government, Regulator and Community Expectations: Dr. Davis summarized the scope of the problem leading to the declaration of a “public health crises” and the expectations the Department of Justice, CMS, the DEA, the NCMB, and Local and State Government have for responsibly prescribing opioids.

Group Concerns: Mr. Gross asked each participant to briefly describe concerns they have related to opioid prescribing and abuse. The following is a summary of their comments:

1. Concern about the size of the problem we are facing and how to manage it effectively and humanely for our patients.
2. Not knowing what we don't know and the tendency to allow inertia to dictate our practice.
3. How to effectively manage patients in our community who are pregnant and taking opioids.
4. Lack of Pain Specialists who manage medications and limited community resources to provide Behavioral Health support.
5. The use of opioids by patients to medicate mental illness and significant life stressors and how to effectively change this pattern.
6. How to reduce the incidence of patients who enter into inappropriate use of opioids following a procedure and the use of opioids to control acute pain.
7. Abandoning our patients when they are not compliant or break contractual relationships with their providers.
8. Creating unintended consequences in the community that leads to increased IV drug use if the supply of opioids is suddenly restricted and we have not treated affected patients.
9. Diversion and providing our local pharmacists with tools to manage patients they strongly suspect are obtaining drugs for inappropriate reasons.

10. Separating what should be done and what can be realistically done, then creating a practical standards and algorithms.
11. Not to cause undue suffering in our patients as we try to manage their health concerns.
12. The challenges of recruiting and retaining Mental Health Providers and the newest generation of Primary Care Providers who will have to manage patients on opioids, even when they have philosophical differences with standard treatments.
13. The challenges and cost of providing Narcan to patients receiving higher doses of opioids.
14. Determining when patients are abusing opioids and taking steps to practically manage them.
15. The challenges faced by local dentists to manage pain associated with dental pathology and limited access patients have for management.

Group Discussion: Mr. Gross asked the members to break into 3 work groups to explore how we might: (1) Develop protocols and policies, (2) Educate community providers on new opioid policies and engage them to use the standards we will develop, and (3) Communicate effectively to the public about responsible opioid prescribing.

Group Reports

Developing prescribing policies and procedures (Members: Dr. Akhimien, Dr. Andreou, Dr. Clark, Dr. Ellison, Dr. Klasing, Ms. McIntosh, Dr. Rhinehart, and Dr. Scheitler)

The group believes a “Community Opioid Prescribing Standard” should be created for all local providers to have access and use.

How to educate and engage Gaston County Providers to adopt and adhere to new policies (Members: Dr. Adekun, Mr. Allen, Ms. Chen, Dr. D’Amore, Dr. Davis, Dr. Ocloo, Mr. Oliver, and Dr. Taormina)

The group felt the leadership team should develop a name and logo to use in its communication to all local providers. Additionally they felt the goal should be to create a “Community Opioid Prescribing Standard” and ask the Gaston County Department of Health and Human Services to champion this because of its direct role in assuring community health. The group believes we cannot “over-communicate” and should consider all potential methods available including an open provider forum, with relevant education, to encourage their engagement and buy-in; this process should include basic information including terms, basic pharmacology and pharmacokinetics, expectations of regulators, standards for writing scripts, non-opioid and non-pharmacological treatment options, and available community resources. Finally the group believes high-volume prescribers should be identified and individual communication should occur with them to raise their awareness.

Educating the public and our patients (Members: Ms. Adams, Dr. Ajao, Dr. Donigan, Mr. Gross, Ms. Safrit, Ms. Williams)

The group endorsed the list of suggested ideas and added other strategies:

1. Brand our initiative with a logo and offer it to participating medical and dental practices.
2. Establish a Community Opioid Website.
3. Encourage prescribers to put links to the Community Opioid Website on their practice websites.
4. Use newspaper and web advertising to inform patients about the opioid policies and protocols and direct them to the Community Opioid Website.
5. Conduct community forums on the new opioid policies and protocols and direct attendees to the Community Opioid Website.
6. Conduct community presentations to civic and, social groups on the new opioid policies and protocols and the Community Opioid Website.
7. Prepare a pamphlet, written for low-literacy populations, on the new opioid policies and protocols.
8. Prepare educational documents for prescribers to give their patients.

9. Ask providers to send letters to their patients, who are prescribed opioids, describing the policies and protocols.
10. Ask providers to send a letter to their patients on opioid misuse and its consequences.
11. Post the new opioid policy in each medical practice.
12. Tell all persons who call practices to make an initial visit that prescriptions for narcotics will not be given at the first visit.
13. Have providers tell their patients about the opioid policy.
14. Work to generate uniform adherence to the opioid policy by all prescribers.
15. Publish a list of all practices that follow the opioid policies and protocols.
16. Conduct roundtable discussions, with providers from multiple disciplines, to develop educational activities.
17. Have a psychiatrist or psychologist attend public presentations to answer the questions of persons who privately ask for guidance and assistance.
18. Conduct programs through the faith community: churches, Hope4Gaston, and the Gaston Clergy and Citizens Coalition (GC3).
19. Include the police in our education activities.
20. Help school systems adopt high-quality drug education programming for elementary and middle school students.
21. Purchase billboards to disseminate our messages.
22. Purchase ads on the side of city busses to disseminate our messages.
23. Provide educational materials at public libraries, where many low-income persons use the Internet.
24. Put educational materials in bathroom stalls.
25. Add opioid resources to an existing 24-hour hotline.

Draft Survey: The group reviewed a draft survey for local prescribers to gather information on how they manage patients who use and abuse opioids, their concerns about a new opioid policy, and advice for those preparing the policies and protocols. The group considered holding a community forum to actively obtain the opinions and needs of providers. It agreed to both conduct a forum and use the survey.

Additional Comments: The committee asked for Dr. Flitt (County jail), a representative of the Gaston County Schools, an addiction treatment physician, and the police department to join our group.

Adjourn: There being no more business the meeting was adjourned by Mr. Gross at 1932.