HHR/DHP Opioid Curricula Workgroup

Friday, May 19, 2017
Perimeter Center, 2nd Floor Conference Center, Board Room 2
Henrico, Virginia

******DRAFT***MEETING MINUTES***

In Attendance:

The Honorable Todd E. Pillion, Virginia House of Delegates, 4th District
William A. "Bill" Hazel Jr., MD, Office of the Secretary of Health and Human Resources, Secretary of Health and Human Resources

Workgroup Members Present

Chair
David E. Brown, DC, Virginia Department of Health Professions, Director

Members
A. Omar Abubaker, DMD, PhD, Virginia Commonwealth University School of Dentistry, Chair, Department of Oral & Maxillofacial Surgery
Ebony Andrews, PharmD, RPh, Hampton University School of Pharmacy, Chair and Assistant Professor of the Department of Pharmacy Practice
Shea Dempsey, Shenandoah University, Assistant Professor Physician Assistant Program
Jodi Fisler, Ph.D., State Council of Higher Education for Virginia, Associate for Assessment Policy and Analysis
Lisa Fore-Arcand, EdD, Eastern Virginia Medical School, Co-Director of the EVMS Addiction Medicine Curriculum
Robert B. Goldstein, MD, University of Virginia School of Medicine, Associate Professor, Anesthesiology and Pain Medicine; Medical Director, Pain Management Center University of Virginia
Dawn Goldstein, PhD, RN, PHMNP-BC, CCM, Virginia Commonwealth University - School of Nursing, Clinical Assistant Professor
Robert D. "Bob" Hadley, PhD, PA-C, DFAAPA, Jefferson College of Health Sciences, Associate Professor and Admissions Chair
Arthur F. "Art" Harralson, Pharm.D., BCPS, Shenandoah University Bernard J Dunn School of Pharmacy, Professor and Chair, Department of Pharmacogenomics and Associate Dean for Research

Virginia LeBaron, PhD, APRN, University of Virginia, Assistant Professor of Nursing
Patricia Lisk, RN, MSN, DACCE, Germana Community College, Dean of Nursing and Health Technologies
Shevellanie Lott, PhD, RN, CNE, Hampton University - School of Nursing, Dean
Jodi Manz, MSW, Office of the Secretary of Health and Human Resources, Policy Advisor
Laura Morgan, Pharm.D., M.Ed., BCPS, Virginia Commonwealth University at the Medical College of Virginia Campus School of Pharmacy, Associate Professor and Vice Chair of Education
Richard Nicholas, PharmD, ND, BCPS, Appalachian School of Pharmacy, Department Chair for Pharmacy Practice
Mellie Randall, Virginia Department of Behavioral Health and Developmental Services, Substance Use Disorder Policy Director
William S. "Bill" Rea, MD, Virginia Tech Carilion School of Medicine, Vice Chair and Associate Professor, Department of Psychiatry and Behavioral Medicine
Charlette Ridout RN, MS, CNE, Virginia Department of Health Professions, Senior Nursing Education Consultant
Mishka Terplan, MD, MPH, Virginia Commonwealth University School of Medicine, Professor, Department of Obstetrics and Gynecology
Gerald R. "Jerry" Weniger, MEd, MPAS, ATC, PA-C, James Madison University - Physician Assistant Program, Program Director & Assistant Professor
Jan M. Willcox, DO, FACOFP, Edward Via College of Osteopathic Medicine, Dean, Virginia Campus

Staff Present

Laura Z. Rothrock, Virginia Department of Health Professions, Executive Assistant to Director David E. Brown, DC

Opening Remarks and Charge to the Workgroup:
William Hazel Jr., MD, Secretary of Health and Human Resources

Secretary Hazel called the meeting to order at 11:10 a.m. and welcomed the workgroup members, Delegate Pillion and the public. Secretary Hazel asked all of the workgroup members to introduce themselves. Dr. David Brown provided the emergency egress procedures for Conference Room 2.

Secretary Hazel discussed the Virginia Code section requiring the workgroup to be convened (included in the agenda packet) and reviewed two graphs: Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010; and Opioids - A Different

Perspective (included at end of minutes). Withdrawing prescription opioids does not solve the problem; we must engage in harm reduction strategies, addiction treatment, and change the culture around substance abuse and pain management. The Secretary thanked everyone for attending and participating over the summer.

Delegate Pillion, who sponsored HB2161, thanked everyone for attending the meeting and looks forward to working with the participants.

Workplan – Discussion and Approval:

Dr. Brown acknowledged Delegate Pillion whose district [4th - Counties of Dickenson, Russell (part), Washington (part), and Wise (part)] has been hit very hard by the opioid crisis and then went over the suggested workplan for the committee.

Subcommittees, e.g., Opioid Therapy and Pain Management, Addiction and Treatment, Non-Prescriber Health Professional Education, and Patient Education, will be utilized to work on this issue instead of the whole workgroup; since the workgroup is to include, amongst others, representatives from "each of the Commonwealth's medical schools, dental schools, schools of pharmacy, physician assistant education programs, and nursing education programs…." There are 152 nursing education programs in Virginia. The whole workgroup will convene at a later date to consider the recommendations of the subcommittees and include others who are involved in prescribing and other professions, e.g., Physical Therapy.

Secretary Hazel indicated that a report is due to the General Assembly by December 1, 2017; therefore, the workgroup's report needs to be completed by October 31, 2017, so it may be processed and sent through.

The workgroup members discussed their thoughts on the workplan and made suggestions for what should be included in the curricula, such as:

- criteria for cultural competency
- screening and knowledge of addiction and what to do next once identified
- a component to help understand the neuroscience of addiction and the different types of approaches to treatment, e.g., MAT (medication assisted therapy) and cognitive-based therapies
- what resources are available, especially in rural areas once someone has been identified (Secretary Hazel noted that the Department of Health Professions setup a website, VaAware.com, which lists services and the Secretary of Technology is looking into developing an app to have the resources listed.)
- identification of alternatives, pharmacological and non-pharmacological, for pain management

- development of "scripts" for conversations with patients who may be expecting an opioid
- stigma reduction

Dr. Brown then led the workgroup in a discussion of whether an end product could be a 2-3 hour online tool for students to use which could be reviewed and discussed in small groups or which could be required in a course and be assessed on it. This tool would incorporate evidence-based best practices and could be one-size fits all or could have sections that are not applicable to a particular school.

The discussion included:

- the potential to use this tool for yearly re-credentialing of people who are already prescribing (Dr. Brown noted that the Boards of Medicine and Dentistry have requirements for continuing education in this area and the Board of Pharmacy has some flexibility in mandating continuing education.)
- education of children before they get started with substance abuse
- treatment being gender and nationality based
- who would develop the tool, request funds from the General Assembly, maintain it and keep it current
- Shenandoah University's 2 hour interactive module that has already been created
- development of a repository for all of the schools' current training tools
- Eastern Virginia Medical School's evaluation of on-line materials and creation of teaching modules which will soon be available
- inter-professional education to make sure that all fields know how to work together
- building in an evaluation component and tracking on an ongoing basis (base of knowledge/core teachings which need to be included and tested)
- establishment of minimum core competencies and student intended learning outcomes
- patient education and prevention

Subcommittee Structure and Composition – Discussion and Approval:

Dr. Brown asked the workgroup for recommendations on who should be included in two of the subcommittees – Opioid Therapy and Pain Management, and Addiction and Treatment – which would be each be made up of 12 – 15 people.

For the Opioid Therapy and Pain Management subcommittee, it was suggested that it should include a professional educator, nurse practitioners, and individuals with backgrounds in addiction treatment, pediatrics, geriatrics, pharmacy, chronic non-malignant care and end of life, primary care and general education, emergency medicine. Drs. Abubaker, Andrews, D. Goldstein, LeBaron and Morgan and Mr. Weniger volunteered to serve on this committee.

For the Addiction and Treatment subcommittee, it was suggested that it should include individuals with backgrounds in nursing, primary care, clinical pharmacy, pain psychology and social work, as well as someone with "lived" experience. Drs. Fore-Arcand, Nicholas, Rea, and Willcox, Mr. Dempsey and Ms. Randall volunteered to serve on this committee.

It was also suggested to have students participate in these subcommittees.

Ms. Lisk volunteered for the Non-Prescriber workgroup.

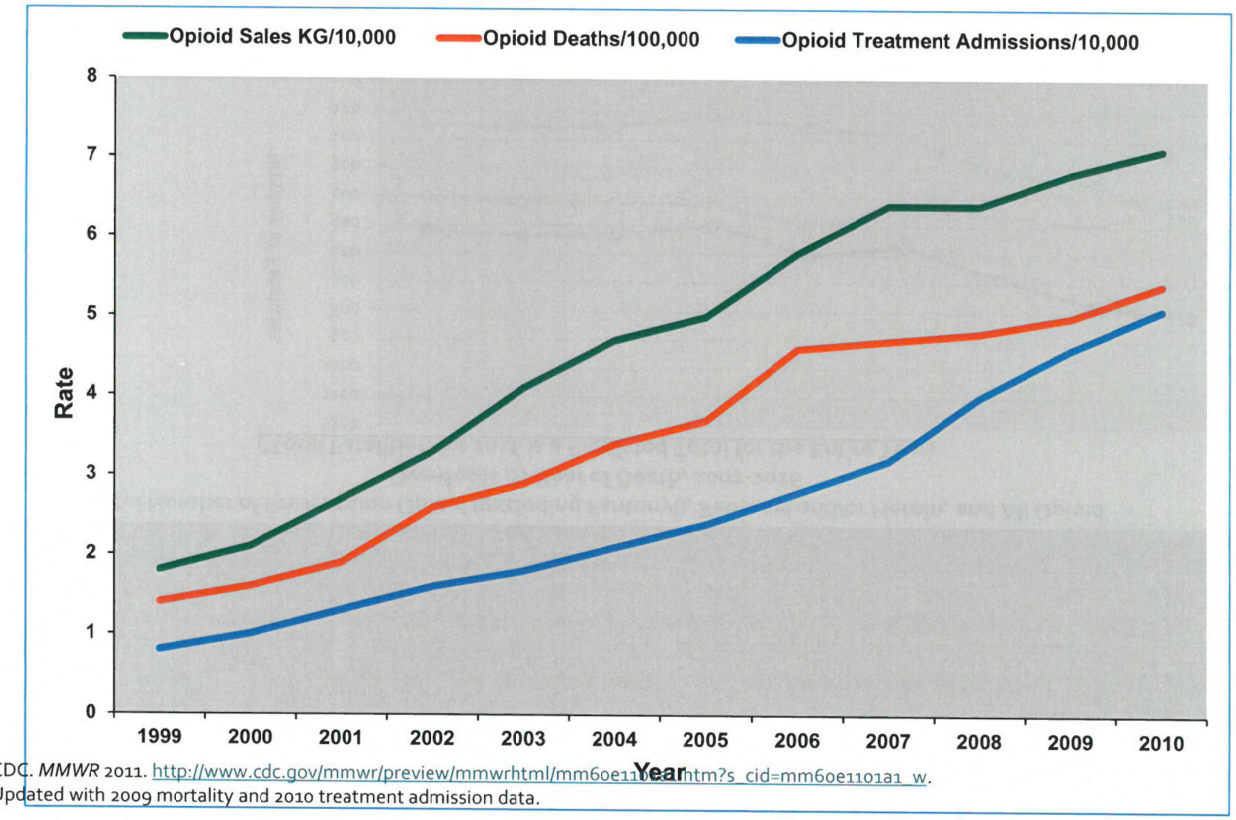
Closing Comments and Discussion:

Secretary Hazel reminded the workgroup to keep cultural diversity in mind throughout this process and congratulated Ms. Randall on her recent national recognition before asking the workgroup members for their final thoughts.

Public Comment:
Phillip S. Keck, PhD, LCP, a Pain Psychologist with Interventional Spine and Pain Management in Richmond, provided some information on his background and expressed his interest in participating in a subcommittee.

Adjourn:
With no further business to discuss, Secretary Hazel adjourned the meeting at 12:58 p.m.

Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010



CDC. *MMWR* 2011. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s_cid=mm60e1101a1_w.
Updated with 2009 mortality and 2010 treatment admission data.

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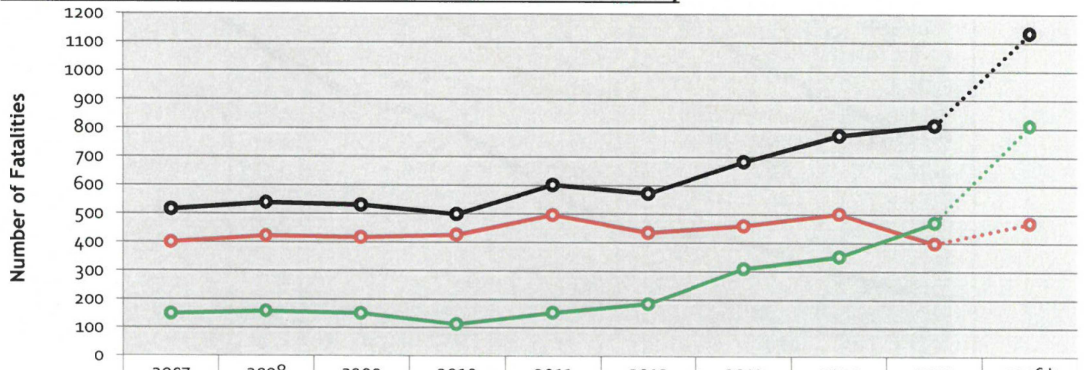
OPIOIDS- A DIFFERENT PERSPECTIVE

Prescription opioids are a group of drugs that are commercially made by pharmaceutical companies in certified laboratories that act upon the opioid receptors in the brain. Historically, fentanyl has been one of these drugs. However, in late 2013, early 2014, illicitly made fentanyl began showing up in Virginia and by 2016, most fatal fentanyl overdoses were of illicit production of the drug. Separating fentanyl from the grouping of prescription opioids for this reason demonstrates a decrease in fatal prescription opioid overdoses in 2015 and a dramatic increase in the number of fatal fentanyl and/or heroin overdoses. This has caused the significant rise in all fatal opioid overdoses in the Commonwealth since 2012.

Total Number of Prescription Opioid (excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2016

('Total Fatalities' for 2016 is a Predicted Total for the Entire Year)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*
All Opioids	515	538	530	498	601	572	683	775	811	1133
Prescription Opioids (excluding fentanyl)	400	422	417	426	496	435	459	501	398	469
Fentanyl and/or Heroin	148	157	150	112	153	185	309	351	471	810

[1] 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

[2] Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

[3] 'Prescription Opioids (excluding fentanyl)' calculates all deaths in which one or more prescription opioids caused or contributed to death, but excludes fentanyl from the **required list** of prescription opioid drugs used to calculate the numbers. However, given that some of these deaths have multiple drugs on board, some deaths may have fentanyl in addition to other prescriptions opioids, and are therefore counted in the total number. Analysis must be done this way because by excluding all deaths in which fentanyl caused or contributed to death, the calculation would also exclude other prescription opioid deaths (oxycodone, methadone, etc.) from the analysis and would thereby undercount the actual number of fatalities due to these true prescription opioids.

[4] Fatal opioid numbers have changed slightly from past reports due to the removal of fentanyl from the category of prescription opioids, as well as the addition of buprenorphine, levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol added to the list of prescription opioids.

Data: Virginia Dept of Health, Office of the Chief Medical Examiner, 2017