Vermont Medical Society Comments
S. 243 Combatting Opioid Abuse
February 16, 2016

Section 1 Evidence-based standards; Vermont Prescription Monitoring System (VPMS)
VMS supports authorizing licensing authorities' involvement in the development of evidence-based standards to guide prescribing controlled substances for the treatment of acute pain, chronic pain and other conditions. VMS proposes that the Commissioner of Health establish a working group or groups to develop guidelines for opioid prescribing and dispensing in Vermont, in collaboration with licensing boards, professional organizations, and the UVM Academic Detailing Program. See comments to Section 15 below.

VMS opposes an across-the-board statutory requirement to check the Vermont Prescription Monitoring System (VPMS) before every opioid prescription (except for hospice/end-of-life or other exceptions created by the Department of Health). VMS believes this requirement would be burdensome for practices. Medical practice changes over time. Ideally, prescribing and dispensing data should be available through electronic medical records. Statutory requirements are not flexible. VMS members are unaware of any evidence that querying before every prescription is likely to measurably reduce illicit or inappropriate prescribing or use.

VMS supports authorizing a working group of stakeholders to develop guidelines for querying the VPMS for opioid prescribing and dispensing in Vermont, in collaboration with licensing boards, professional organizations, and the UVM Academic Detailing Program.

The VPMS has extensive data on prescribing and dispensing that physicians would like to see used through a peer review process to review and improve prescribing practices. The VMSERF Whitepaper suggests pushing data out to physicians, about patients and prescribing. The Department of Health can review the data and reach out to prescribers of concern.

Section 2 Statewide Unused Prescription Drug Disposal
VMS supports statewide implementation of an unused drug disposal program, as soon as reasonably possible.

Section 3 Treatment of Opioid Addiction
Buprenorphine care coordination – The Blue Print for Health Hub and Spoke model has already implemented statewide care coordination for patients receiving buprenorphine. VMS supports increasing payments to primary care physicians participating in the Blue Print who participate in care coordination and prescribe buprenorphine. Prescribing buprenorphine can be challenging and time consuming for practices.

Section 4 Telemedicine Pilot Project
VMS supports development of a pilot program that would enable patients taking buprenorphine to receive treatment from addiction medicine specialists through telemedicine. In order to evaluate the outcomes and effectiveness of the pilot, the Board or Department should collect data on participation in the program and outcomes of participants. The annual progress report should include an evaluation of the outcomes and effectiveness of the pilot program based on the program data.

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Sections 5 through 8 Expanding the Role of Pharmacies and Pharmacists
See VMS' proposed amendments to the definitions below.
VMS supports authorizing pharmacists to conduct pill counts pursuant to prescriber orders and report results to the prescriber.

Section 9 Continuing Education – Resources and Tools
VMS recommends that the Department of Health authorize the evidence-based education program established by 18 VSA Sec 4622 (the UVM Academic Detailing program) to develop or identify meaningful educational programs for prescribers and dispensers in collaboration with the Department of Health, licensing boards and prescriber and dispensers. The quality of currently available CME programs is variable and the programs do not always provide beneficial information to prescribers and dispensers.

VMS also supports authorizing the Department of Health to fund the academic detailing program described in 18 V.S.A. § 4622 to review and develop resources and tools for prescribers/dispensers with input from prescribers and dispensers.
http://legislature.vermont.gov/statutes/section/18/091/04622

Part of the current pharmaceutical manufacturer fee created by 33 VSA Sec. 2004 and the evidence-based education and advertising fund established by 33 VSA Sec 2004a could be used to support expansion of the current UVM Academic Detaining Program, including toolkit development, data analysis, and educational initiatives. Educational initiatives should include education for prescribers/dispensers, patients and the public.
http://legislature.vermont.gov/statutes/section/33/019/02004
http://legislature.vermont.gov/statutes/section/33/019/02004a

Section 11 Regional Prevention Partnerships
VMS supports creating a community grant program to support evidence-based local opioid prevention strategies.

Section 15 Prescribing Opioids for Acute and Chronic Pain – Department of Health Rulemaking.
Prescribing Limits
This section requires the Department of Health to adopt rules that would include "numeric and temporal limitations on the number of pills prescribed, including a maximum of 10 pills following minor medical procedures." VMS opposes creating limits on the number of pills prescribed for certain procedures. Patients and procedures differ. Vermont is a rural state where some patients may have difficulty getting to their physician or pharmacy, particularly over the weekend if they need more opioid medicine. VMS also opposes restrictive time limits such as the 72-hour time limit initially proposed in Massachusetts. VMS is concerned that the statutory language authorizing rulemaking does not require input from prescribing professionals, licensing boards, or the academic detailing program prior to filing the rule.

VMS proposes that the Commissioner of Health establish a working group or groups to develop guidelines for opioid prescribing and dispensing in Vermont, in collaboration with licensing boards, professional organizations, and the UVM Academic Detailing Program. The group or groups shall review guidelines, protocols and tools that have been developed in Vermont by

emergency departments, primary care and specialty practices, as well as guidelines from other states, and guidelines from national agencies such as the Center for Disease Control (CDC). The group shall also consider other available evidence on best practices for opioid prescribing and dispensing.

Because guidelines will address opioid prescribing in multiple settings (primary care, specialty care, emergency departments) for various treatments such as chronic pain, acute pain, post-surgical pain, emergency pain, medication assisted addiction treatment and cancer pain, hospice/palliative pain, it may be important to have subgroups with expertise in specific topics either develop or review and comment on the guidelines. The guidelines should include prescribing guidelines, prescribing tools and frequency of use of the VPMS that would make sense in context of specific types of treatment. The groups could also recommend improvements to the VPMS.

Informed Consent and Patient Education
This section also requires the rules to address mandatory informed consent and patient education about safe storage and disposal of drugs. VMS supports informed consent and patient education. If it is mandated, it should be structured so as not to create an administrative burden for practices. VMS recommends that the Department of Health and the UVM Academic Detailing program review materials currently used by practices in Vermont and develop model materials and handouts to be given to patients at the time of prescribing, posted in the office or clinic, included in pre-operation materials for surgical patients and provided to patients who are picking up controlled substances at the pharmacy. The materials could include information about risks associated with taking opioids, safe storage, how to dispose of extra pills, disposal drop off locations, and legal penalties for giving or selling pills to anyone else.

Section 16 Appropriation
This section should include an appropriation to expand the Academic Detailing program and enable it to develop meaningful continuing education programs, analyze and report on the VPMS data and develop handouts and tools for practices.

VMS' Proposed Edits – Definitions Clinical Pharmacy Reimbursement

(14)(A) "Practice of pharmacy" means:

(vi) the providing of patient care services **within the pharmacist's scope of practice as authorized by statute or rule;**
(vii) the optimizing of drug therapy through the practice of clinical pharmacy; and

The concern VMS is working to address here is that "providing of patient care services" is very broad. VMS is concerned that this language could authorize pharmacists to prescribe medication, change medication, or change dosage without collaboration with or notice to the medical home or prescribing clinician.

(B) "Practice of clinical pharmacy" means:

(i) the health science discipline in which, in conjunction with the patient's other practitioners, a pharmacist provides patient care to optimize medication therapy and to promote disease prevention and the patient's health and wellness;
(ii) the provision of patient care services **within the pharmacist's scope of practice as authorized by law or rule**, including medication therapy management, comprehensive medication review, post-diagnostic disease state management services, and
(iv) the practice of pharmacy by a pharmacist pursuant to a clinical pharmacy agreement.

or

(ii) the provision of patient care services including medication therapy management, comprehensive medication review,
(iii) **the provision of** post-diagnostic disease state management services, **pursuant to a clinical pharmacy agreement**; and

The concern here is that "post-diagnostic disease state management services" is very broad. VMS is concerned that this language could authorize things like changing a medication or changing a dose without collaboration with or notice to the medical home or prescribing clinician.

(19) "Clinical pharmacy agreement" means **a written** agreement between a pharmacist and a health care **facility** or **prescribing** practitioner that permits the pharmacist to engage in the practice of clinical pharmacy for the benefit of the entity's or practitioner's patients.

The idea here is to be sure the prescriber is in the loop, which could also be accomplished by a notice provision.