



## **WISAM Newsletter: Teleconference Minutes**

### **January 26, 2017**

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**Moderator:** Aleksandra Zgierska (WISAM President; Madison)

**Present:** Dr. Aleksandra Zgierska (President), Dr. Brian Lochen (Treasurer), Dr. David Galbis-Reig (Secretary), Dr. Agron Ismaili (Chair, Nominations and Membership Committee), Dr. Charles Schauburger, Dr. Joseph Blustein, Dr. Charles Lucey, Dr. Gurdon Hamilton, Dr. Mary-Anne Kowol, Dr. Kevin Weidman, Dr. William Gaertner, Dr. Ted Hall, PharmD, BCCP, Dr. Subhadeep Barman, Dr. Nameeta Dookeran (Chair, Educational Committee).

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Main topics addressed at tonight's teleconference:

- 1. The Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP) is now live.**

All physicians will need to register for the new site at <https://pdmp.wi.gov/>. Beginning April 1, 2017, it will be mandatory for all prescribers to query the ePDMP prior to writing a prescription for any "monitored substance" except under the following circumstances: (2015 Wisconsin Act 266)

  - a. The patient is receiving hospice care, as defined in s. 50.94 (1) (a).
  - b. The prescription order is for a number of doses that is intended to last the patient 3 days or less and is not subject to refill.
  - c. The monitored prescription drug is lawfully administered to the patient.
  - d. Due to emergency, it is not possible for the practitioner to review the patient's records under the program before the practitioner issues a prescription order for the patient.
  - e. The practitioner is unable to review the patient's records under the program because the digital platform for the program is not operational or due to other technological failure if the practitioner reports that failure to the board.
  
- 2. Long-Acting Injectable Naltrexone may be administered by a Pharmacist.**
  - a. Several members expressed some concern regarding the safety around ensuring that the patient had not used opioids prior to administration in the pharmacy. A lively discussion ensued with respect to initiation of naltrexone in patients with opioid use disorders including the use of both oral naltrexone test doses or injectable naloxone test doses.
  - b. The group felt that the ability of pharmacists to administer naltrexone could increase access to this valuable treatment option because many providers may not feel comfortable or have the time to administer naltrexone in the clinic. With a valid prescription from the prescriber (who would have to perform due diligence in ensuring that the patient had not used opioids for the prescribed amount of

time), a patient could present to the pharmacy and have the injectable naltrexone administered by the pharmacist.

- c. Several members discussed techniques for initiation of injectable naltrexone by first starting oral naltrexone (ie, 12.5mg as the first test dose; if well tolerated, repeat in 2-3 hours; if well tolerated, take the remaining 25 mg in 2-3 hours, then 50mg daily; if not well-tolerated, wait until the next day with the subsequent dose) and using appropriate medications to assist with withdrawal management (as appropriate).
- d. It was felt that for patients using heroin, a minimum of 5 days should have elapsed (or at least until the patient has completed withdrawal) prior to initiation of naltrexone and this period is longer (10-14 days) for longer acting opioids such as buprenorphine or methadone (though some members discussed techniques to initiate naltrexone sooner).

### **3. The National Academy of Sciences (IOM) Report**

*"The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research"* was published this month and a free copy is available for a limited time at the following web site:

[https://www.nap.edu/login.php?record\\_id=24625&page=https%3A%2F%2Fwww.nap.edu%2Fdownload%2F24625](https://www.nap.edu/login.php?record_id=24625&page=https%3A%2F%2Fwww.nap.edu%2Fdownload%2F24625).

- a. Dr. Galbis-Reig briefly summarized some of the key findings from the report which were generally favorable towards use of cannabis as medicine despite some not-so-convincing evidence on some of the recommendations.
- b. Overall, the report makes recommendations regarding the need for more rigorous research. The report is surprisingly sparse on discussing potential adverse effects of cannabis and cannabinoids (in general).
- c. Providers should familiarize themselves with the report as patients (and other professionals) are likely to ask questions in the upcoming months.
- d. As noted above, the report is available free of charge for a limited time through the National Academy Press Web Portal listed above.

### **4. About Health is hosting educational events for the public**

Dr. Barman is one of the presenters. Please see a separate attached document for details of the upcoming event: "Opioid Collaborative Agenda," Feb 6-7, 2017, Country Springs Hotel, 2810 Golf Rd, Pewaukee, WI 53072.

### **5. New federally-licensed treatment program**

Dr. Blustein announced opening of a new federally-licensed treatment program offering methadone, buprenorphine and naltrexone for opioid addiction. It will be located in Madison, Wisconsin (third "methadone" program in town), in the location of the former Madison Health Services on E Washington Ave, with Dr. Blustein as the Medical Director. Clinicians will be able to refer patients for a full-spectrum care or for injectable naltrexone administration.

### **6. New, private buprenorphine/family medicine clinic in Madison**

Drs. Zgierska and Lochen also talked about a new, private buprenorphine / family medicine clinic in Madison opened by Dr. Gayl Hamilton (former medical director of one of the local methadone/buprenorphine maintenance programs):

[www.facebook.com/TheArtOfMedicineNaturally](http://www.facebook.com/TheArtOfMedicineNaturally), 2317 International Ln., Suite 120, Madison, WI 53704, (608) 720-1500.

## 7. CSAM Webinars

Dr. Sessler brought to attention the value of the CSAM webinars. These live webinars are FREE for all participants (4<sup>th</sup> Fri of the month, 12-1 PM PST). The one on Jan 27 was entitled: Effective Strategies for the Non-Adherent Buprenorphine Patient: Rational Monitoring and Contingency, and was the fourth in a series of 12 monthly webinars designed to support the implementation of Medication Assisted Treatment (MAT) in primary care. In general, CSAM (California Society of Addiction Medicine) offers great resources, available at: <http://cme.csam-asam.org/content/buprenorphine-resources#overlay-context=courses>

Meeting adjourned at 8:02 PM.

**The next WISAM Teleconference will occur on Thursday, February 23, 2017, 7-8 PM.**

Please let Cindy Burzinski, WISAM's Executive Administrator, know if you have suggestions for topics to discuss at the upcoming teleconferences or to consider for the 2017 Annual Conference, or if there are any errors in the current document:

[Cindy.Burzinski@fammed.wisc.edu](mailto:Cindy.Burzinski@fammed.wisc.edu)

## IMPORTANT REMINDERS

**Please remember to **renew your ASAM / WISAM membership**** or consider becoming a member. More details can be found at: <http://www.asam.org/membership>

**Please mark your calendars the ASAM 48th Annual Conference** on April 6-9, 2017 in New Orleans. **The WISAM meeting at the ASAM's annual conference will be on Friday, Apr 7 from 1-2 PM. Mark your calendars!**

### **More information:**

<http://www.asam.org/education/live-online-cme/the-asam-annual-conference>

Early Bird special (save \$200) ends on Feb 27.

**Book your hotel early – you can always cancel it if you change your plans!**

**Please mark your calendars for the WISAM 2017 Annual Conference** on September 14-16, 2017 at the Pyle Center, Madison, WI.

## RESOURCES

TO ENHANCE CLINICAL CARE RELATED TO ADDICTION MEDICINE

**FREE Provider's Clinical Support System (PCSS)** for Medication-Assisted Treatments (PCSS-MAT: <http://pcssmat.org>) and Opioid Prescribing (PCSS-O: <http://pcss-o.org>): excellent free resource, funded by a grant from SAMHSA; it offers free webinars available "real-time" or via the archived library. One can sign up for regular news emails from them.

**FREE David Mee-Lee's monthly Tips and Topics**, sent via email (one needs to sign-up to it), it is an excellent resource:

[dmeelee@changecompanies.net](mailto:dmeelee@changecompanies.net)  
<http://www.changecompanies.net>

**FREE Join Together Daily News** is a news service from the Partnership for Drug-Free Kids that provides daily or breaking news on the top substance abuse and addiction news that impacts our work, life and community. It also provides original reporting and/or commentary features published every Wednesday by influential thought leaders in the addiction field or staff.

<http://www.drugfree.org/join-together/>

**PAID The Carlat Report: Addiction Medicine** (however, it appears to be a paid resource, ~\$109/year); a link to the copy of the recent report is attached so that you can get a flavor of what it is: [http://carlataddictiontreatment.com/sites/default/files/CATR\\_May2016.pdf](http://carlataddictiontreatment.com/sites/default/files/CATR_May2016.pdf)