

WISAM Monthly Teleconference

April 28, 2016

Attendees: Aleksandra Zgierska (President; Madison), Matt Felgus (Vice-President; Madison), David Galbis-Reig (Secretary; Kenosha), Bob Lea (Chippewa Falls), Arthur Altbuch (Janesville), Subhadeep Barman (Maine to move soon to Wisconsin), Agron Ismaili (Milwaukee)

Topics:

- 1) Dr. Zgierska provided an update regarding the WISAM Annual Conference scheduled for September 29-30, 2016 at the Pyle Center of the University of Wisconsin - Madison with an optional workshop (REMS/ Buprenorphine Waiver Training) on Saturday, October 1, 2016. The large conference room seats approximately 200 people.

Looking for site suggestions for future conferences that do not require rent payment (if possible). Dr. Zgierska mentioned that the 2017 conference may be held in Lacrosse, WI.

Alkermes has offered to help sponsor some aspect of the conference and may be able to provide financial support for video recording the conference. Due to restrictions in funding of CME activities by pharma, however, this possibility will need to be investigated to ensure that we are able to qualify for CME.

State Representative Nygrens plans to attend the conference in the fall; awaiting word from Senator Baldwin. Dr. Galbis-Reig reported sending a request through her website and has left a message with her healthcare liaison, Kathleen. Dr. Zgierska reported that she obtained an e-mail address for Senator Baldwin from Representative Nygrens and has forwarded this to Dr. Galbis-Reig for follow-up.

Dr. Zgierska reported that several Illinois providers have expressed an interest in attending WISAM's Annual Conference.

- 2) Dr. Zgierska provided an update regarding 1997 Wisconsin Act 292, also known as the "Cocaine-Mom" Law that allows providers to report pregnant women to law enforcement if they test positive for illicit substances and/or refuse treatment. WISAM has agreed to be a cosignatory on an Op-ed letter regarding the association's position on the key issue in this case, that of criminalizing the disease of addiction in pregnant women that stemmed from an ongoing case in Wisconsin. See the following links for more information:

http://inthesetimes.com/prison-complex/entry/17452/wisconsin_woman_jailed_under_cocaine_mom_law

http://advocatesforpregnantwomen.org/Beltran_Petition_Final_9%2026%202013.pdf

- 3) Discussion Point: Should Opioid medications for chronic pain continue to be prescribed to a patient who has overdosed? Data suggests that physician prescribing patterns do not change

after an overdose and patients continue to be prescribed the same dose of opioids even after an overdose. How can we change physician behavior?

Dr. Zgierska noted that it would be good to find an effective way to notify prescribing providers that a patient has overdosed with the medications prescribed, along with providing resources and suggestions for either decreasing the dose of medication or discontinuing the medication.

Dr. Barman (currently still in Maine but moving to WI soon) discussed the findings of a recently published article in *Annals of Internal Medicine* that described opioid prescribing after nonfatal overdose and the outcomes. He noted that the study found that 17% of individuals experienced a fatal overdose due to continued prescribing of the opioids after a non-fatal overdose. The citation for the study is included below:

Larochelle MR, Liebschutz JM, Zhang F, Ross-Degnan D, Wharam JF. Opioid Prescribing After Nonfatal Overdose and Association With Repeated Overdose: A Cohort Study. Ann Intern Med. 2016;164:1-9. doi:10.7326/M15-0038

WISAM may have an opportunity to partner with PCSS (pcss-o.org) to develop education and resources to address this problem.

A participant noted that Medicaid had sent letter to prescribers who were prescribing medications at higher-than-average levels or at higher doses than usual but the letters did not result in any significant behavior change. The poison control center collects data in cases of overdose when they are notified and could also provide information to providers. Dr. Galbis-Reig noted that many overdoses may not be reported to Poison Control due to the cost to the organization associated with use of Poison Control.

Some insurance company's send notifications to providers when the prescription is for a dose higher than the usual dose or with information regarding potential side effects or interactions. Dr. Galbis-Reig and Dr. Felgus both noted that many physicians have "Alert Fatigue" or "Notification Fatigue" with all the mail that providers receive and that this may not be the most effective method of communication.

Dr. Lea noted that the Wisconsin Medical Examining Board (MEB) will be developing more stringent guidelines and rules regarding opioid prescribing.

Participants discussed some legal restrictions (under CFR 42) regarding the ability to notify a prescriber that their patient has overdosed if they are involved in an addiction treatment program if the patient does not provide consent to allow this to happen. CFR 42 prevents release of clinical information by certified addiction treatment programs without patient's written consent which can create a barrier to notifying an opioid prescriber.

Participants discussed whether there should be some method for universal notification to a provider of a patient's overdose? The PDMP may be a good tool for this purpose assuming that overdose incidents can be reported to the PDMP. Unfortunately, PDMP utilization has been poor across Wisconsin. In Maine, per Dr. Barman, the PDMP must be accessed at least every 90 days for ongoing controlled substance prescriptions. There is no current mandate in Wisconsin

but recent legislation has been signed into law that will require all providers to query the PDMP prior to opioid prescription beginning in 2017.

Meeting adjourned at 8:00 PM. The next WISAM Teleconference will take place on Thursday evening, May 26, 2016 beginning at 7:00 PM.

Please let Cindy Burzinski, WISAM's Executive Administrator, know if you have suggestions for topics to discuss at the upcoming teleconferences: Cindy.Burzinski@fammed.wisc.edu

Teleconference phone-in information:

- 1) Dial the phone number 1-855-947-8255 or 1-630-424-2356
- 2) Enter the passcode 7986 842 followed by#