

## **Minutes**

### **Governor's Substance Use Disorder Task Force**

May 24, 2018

Topeka/Shawnee County Public Library, Topeka

#### **Members Present:**

Greg Lakin, Chair  
Rep. Elizabeth Bishop  
Alexandra Blasi  
Sen. Barbara Bollier  
Karen Braman  
Aaron Dunkel  
Pat George  
Diane Glynn  
Derek Hein  
B. Lane Hemsley  
Joseph House  
Gina Meier-Hummel  
Ed Klumpp  
Tiffany Liesmann  
Joe Norwood  
Keith Rickard  
Jon Rosell  
Mark Rowe  
Kimberly Templeton  
Les Sperling  
Keith Wetzel

#### **Members Absent:**

Ed Brancart  
Joy Cuezze  
Steve Denny  
Gary Henson  
Sharon Kearse  
Eric Voth

#### **Other Attendees:**

Talal Kahn  
Susan Wood  
Crys Bohn  
Denise Cyzman  
Kevin Robertson  
Pat Hubble  
Becky Gillgannon  
Sarah Irsik-Good  
Mitch DePriest  
Stuart Little  
Andrew Wiens  
Vicki Whitaker  
Sheldon Weisgrau

#### **Staff:**

Fan Xiong, KDHE  
Lori Haskett, KDHE  
Krista Machado, DCCCA  
Kari Bruffett, KHI

## **Welcome**

Lakin called the meeting to order and asked for introductions. He announced that the focus of the meeting would be provider education and prevention strategies.

The Task Force reviewed minutes from the April 19 meeting. Motion to accept minutes approved.

Bruffett reviewed the agenda and the plan of action for future meetings, including the tool for characterization and prioritization or recommendations. The June meeting will cover treatment and recovery. In July law enforcement and neonatal abstinence syndrome strategies will be the focus of the agenda. In August, we are proposing two meetings. The first one to look at results of the Task Force's work to that point and to select a subset of recommendations that require action. The second meeting will be to review and ratify the report, which will summarize the Task Force's work and priorities.

Bruffett introduced the characterization matrix tool that is similar to one that the Mental Health Task Force used last year to sort recommendations and elevate some for further discussion or other action.

Bollier commented that it doesn't appear that the recommendations in the list included modalities for treating people in pain. Bruffett responded that issues can be added at any point and that this is just a starting point. It was decided that discussion of these issues should be addressed during a future meeting of the Task Force.

Dunkel asked if the group needed to identify dependent recommendations and rank or prioritize them. Bruffett indicated that identified interdependencies likely would be done during the first August meeting, when all characterized recommendations are reviewed together.

George commented that we need more insurance industry representatives on the task force. He said uncertainty about what insurance coverage is for SUD treatment is a barrier to what providers can do. There is some legislation in other states that mandates coverage. Someone from Sunflower Health Plan will be in attendance during the Treatment and Recovery discussion. Liesmann stated that she is familiar with what is and is not reimbursed.

## **Provider Education and Prevention Recommendations Discussion**

Machado led the discussion. She also noted that Khan, provider education subcommittee chair, is present.

**Provide and raise awareness of educational opportunities (virtual and in person) on evidence-based practices associated with Opioid Use Disorder (OUD), addiction treatment, pain management, etc.** Task Force members suggested adding language about training on alternative pain management. Machado said it's included in the state plan. Bollier said we need to move forward with legislation to mandate alternative treatments. Templeton stated there is a need to raise awareness that we're going to need funding for the training programs. George

discussed need for a hotline for people who need information about treatment and pain management. The website set up by KDHE ([www.preventoverdoseKS.org](http://www.preventoverdoseKS.org)) has lots of information and will continue to be built up.

**Develop and disseminate a comprehensive resource toolkit for prescribers.** Rosell suggested we need a central authority in the state that all types of stakeholders can contact and that coordinates with all other information sources. Lakin mentioned the governor might consider appointing someone. Bruffett asked if the Task Force would propose combining or modifying Strategies #1 and #2 to create a distinct or central authority to facilitate everyone's work and centralize how the work is done.

The Task Force anticipated an immediate high impact from implementing the recommendation to create a central authority to coordinate SUD policy and education. There are existing systems/processes in place to support implementation and there is some existing funding. (Please see the document "SUD TASK FORCE MEETING OUTCOMES: CHARACTERIZATION OF RECOMMENDATIONS" for a discussion of recommendations and characterizations completed during the meeting.)

Khan said funding needs depend on whether we're going for short term or long-term impact. We may already have existing structure to incorporate education at the pre-licensure level but the need for immediate impact is for the existing practitioner education and that requires a significant infrastructure investment in changing behavior that would have long term ramifications.

**Medication-Assisted Treatment.** There is an opportunity and need for physicians to learn from individuals with substance use disorder about how medications are obtained and why they are averse to treatment. Law enforcement probably understand this better than prescribers.

Klumpp mentioned a big concern for law enforcement is people in jails going through withdrawal, as law enforcement is very limited in what can be done for those people, especially in the rural areas.

The focus of this recommendation should be SUD education that includes understanding the risk factors and options for intervention. The Task Force determined recommendations about curriculum should be separate recommendation. (Please see the document "SUD TASK FORCE MEETING OUTCOMES: CHARACTERIZATION OF RECOMMENDATIONS" for a discussion of recommendations and characterizations completed during the meeting.)

**Develop and implement opioid prescribing policies and prior authorizations for Medicaid beneficiaries.** The group determined this recommendation doesn't need to be worked separately but discussed whether to expand to other payers.

Liesmann said insurers are adopting similar initiatives across the country based on the CDC guidelines. The Task Force determined no additional action was required regarding CDC guidelines.

**Develop a joint committee to engage subject matter experts to provide information on best practices associated with chronic pain management and opioid use disorder.** Rosell and Braman explained the purpose of the KMS-KHA group is to make sure the evidence-based information gets out to providers. No action needed by the task force.

Braman initiated discussion about what **pain management modalities** are covered by Medicaid and other payers. Liesmann said it's important to consider the effects of mandates on cost. George mentioned a bill passed in NJ because of resistance of the payers. Bruffett suggested returning to the issue of mandates during an upcoming meeting. Dunkel said we do need to have this discussion in conjunction with treatment and what the providers know is covered.

**Increase utilization of K-TRACS for surveillance and intervention.** Lakin initiated discussion about prescribing guidelines and related recommendations for the Task Force's consideration. He said we need to make sure everyone uses K-TRACS. We want to be sure we're not a burden for prescribers. Most of the prescribers are already doing this but want to be sure all providers that prescribe controlled substances are using the system. Do we need to mandate or recommend that? We don't want to make this overly burdensome.

The K-TRACS review committee meets quarterly, but perhaps more often is necessary. Templeton agreed that the committee should meet monthly so we can identify outliers or urgent cases that need to be addressed earlier than quarterly. Rosell raised the issue of information going back to the K-TRACS committee so they can decide what action is needed.

Task Force members discussed whether there could be ways to incentivize providers to become MAT-provider certified. Dr. Khan said he agrees that prescribers should be using K-TRACS before they prescribe but was not comfortable with a mandate.

The Task Force discussed how to encourage more education about the use of K-TRACS such as interfacing K-TRACS with electronic medical record systems. Haskett mentioned that there is some integration occurring with federal (CDC) grant funding. There are currently 45 entities (hospitals, pharmacies, and clinics) across the state that have integrated K-TRACS data into the electric health record or pharmacy management system.

The Task Force did not reach final resolution on the recommendation, so it will be discussed at a future meeting.

The next Governor's Task Force meeting is June 28, from 9 a.m. to noon. The Task Force was asked to look at the list for Treatment and Recovery recommendations and the subset of pain management recommendations and nominate specific recommendations for the next meeting.

We will hold one meeting in July and two meetings in August. Other meetings may be necessary.

The meeting adjourned at noon.