

SUD TASK FORCE MEETING OUTCOMES: CHARACTERIZATION OF RECOMMENDATIONS

Provider Education Recommendations

- I. **Centralize Coordination of Substance Use Disorder Policy and Provider Education.** The State of Kansas should create or identify a centralized authority to coordinate:
 - a. Providing and raising awareness of educational opportunities (virtual and in person) on evidence-based practices associated with Opioid Use Disorder, addiction treatment, and pain management; and
 - b. Developing and disseminating a comprehensive resource toolkit for prescribers.

Characterization:

The Task Force anticipates this recommendation could yield immediate benefits (within the first two years) and build upon existing resources without requiring high levels of initial or ongoing added resources. The recommendation could affect a large number of Kansans, and it would be anticipated to reduce downstream direct and indirect costs, including inpatient and emergency department utilization, treatment costs, justice system interactions, and lost productivity. The recommendation could increase efficiency by better aligning current resources and ensuring a high-level position or entity exists that is primarily focused on Substance Use Disorders. The authority should have direct access to the Governor and top leadership, have authority to drive meaningful coordination and collaboration across agency and department lines, and have high visibility and strong operational management.

I. CENTRALIZE COORDINATION OF SUD POLICY AND PROVIDER EDUCATION		
CRITERIA	CHARACTERIZATION	NOTES
First expect to see high impact	Immediate (1-2 years)	
Existing system or process to support implementation	Yes	
Level of initial investment required	Low	Primarily coordinating existing resources
Level of ongoing investment required	Low	Primarily coordinating existing resources
How many people affected	Large number	
Would reduce other costs	Yes	Downstream costs, direct and indirect; more efficient use of resources

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- II. **Provide additional education in training programs for healthcare professionals.** Healthcare programs (MD, NP, PA, APRN, pharmacy, etc.) should include in curricula additional education on opioid prescribing, addictions, medication-assisted treatment (MAT), pain management and risk identification.
- III. **Develop and disseminate materials on K-TRACS and CDC Guidelines to healthcare providers and students.**

Characterization(s):

The Task Force discussed the preceding two recommendations concurrently. The Task Force believed both recommendations would have a high impact, but the greatest effects would be seen in the long term (three years and beyond). Changing curricula in educational programs for healthcare professionals can be a time- and resource-intensive process, but disseminating materials related to K-TRACS and CDC Guidelines for Prescribing Opioids would have low initial and ongoing costs. Existing systems are in place to support both recommendations, including healthcare professions training programs, continuing medical education programs, licensing boards, state agencies, and Area Health Education Centers. The telementoring model (Project ECHO) is also effective in disseminating knowledge statewide. The Task Force indicated savings can be anticipated in downstream direct and indirect costs, including inpatient and emergency department utilization, treatment costs, justice system interactions, and lost productivity.

II. PROVIDE ADDITIONAL EDUCATION IN TRAINING PROGRAMS FOR HEALTHCARE PROFESSIONALS		
CRITERIA	CHARACTERIZATION	NOTES
First expect to see high impact	Long-term (3+ years)	
Existing system or process to support implementation	Yes	
Level of initial investment required	High	The process of curriculum change requires resources, including time
Level of ongoing investment required	High	
How many people affected	Large number	Current and future patient generations
Would reduce other costs	Yes	Downstream costs, direct and indirect

III. DEVELOP AND DISSEMINATE MATERIALS ON K-TRACS AND CDC GUIDELINES TO HEALTHCARE PROVIDERS AND STUDENTS		
CRITERIA	CHARACTERIZATION	NOTES
First expect to see high impact	Long-term (3+ years)	
Existing system or process to support implementation	Yes	
Level of initial investment required	High	The process of curriculum change requires resources, including time
Level of ongoing investment required	High	
How many people affected	Large number	Current and future patient generations
Would reduce other costs	Yes	Downstream costs, direct and indirect

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- IV. Reimburse for multidisciplinary and comprehensive pain management models (non-opioid/non-pharmacologic).** Assess coverage barriers to pain management (including those in Medicaid related to over-the-counter medications).

Characterization

The Task Force modified but did not complete a characterization of this recommendation at the May 24 meeting. It can be completed during the June 28 meeting.

- V. Increase utilization of K-TRACS for surveillance and intervention:**

- a. Require all prescribers of controlled medications listed on K-TRACS to register with and utilize the K-TRACS prescription drug monitoring program prior to prescribing any potential listed drugs of abuse for greater than one week; The group discussed alternative wording for this recommendation as mandate or recommend K-TRACS participation from prescribers.
- b. For K-TRACS listed controlled medications prescribed for long-term use, K-TRACS should be reviewed by prescribers approximately every three months during the care of their patients; and
- c. The K-TRACS PMP Advisory Committee should continue to meet and review K-TRACS data no less than quarterly, but should meet or assign a qualified licensed prescriber to review K-TRACS data monthly for areas of urgency or concern to bring to the committee for potential action on an emergent basis.

Characterization

The Task Force discussed the K-TRACS recommendations in detail on May 24, particularly focusing on whether the group intends to create a prescriber mandate and how it would be enforced. The discussion will continue at the June 28 meeting, at which point the Task Force will also complete the characterization of the recommendation.