November 1, 2019

MedChi Opioid Committee—originally named MedChi Opioid Task Force—was created in February 2017 to help Maryland physicians address the quick growing opioid epidemic. The committee's purpose is to bring a medical, non-political response to the epidemic. Among my early goals was to have legislators and state officials look to Medchi as the best source of information regarding proposed legislation, and to keep primary care physicians from being punished by the Board of Physicians. The team of medical specialists represents the physician community from pain management, addiction, family practice, emergency services, gynecology and psychiatry, among other specialties. This collaborative effort has been answering questions such as:

1. What educational tools (e.g., prescribing guidelines, best practices for prescribing opioids, recognizing risk factors, screening tests for addictive behavior) are available to help physicians prescribe responsibility and ethically?
2. What are alternatives to opioids?
3. What non-opioid treatments could physicians write in lieu of opioids?
4. Who should be included in our resolution-oriented coalition to reduce the abuse of opiates?
5. How can we better work with state officials when making regulatory decisions?

Education is at the crux of the committee's work. When I was in medical school 30 years ago, we were taught pharmacology, not how to prescribe. Times have changed. We contacted over 40 Maryland specialty societies about finding prescriptive guidelines so we can help the physician community. Initially, there were very few responses. Now, dozens have responded with their opioid-prescribing guidelines or ones offered by their National flagship societies, as well as research materials and best practices articles. Many of these resources are on the MedChi website at http://www.medchi.org/ending-opioid-crisis.

Over the last year, the chairs of Addictions and Pain Committees have agreed to work together as they are sometimes at opposite ends of the opioid problem. This is proving to be successful. Additionally, the Cannabis Committee has been reorganized and has submitted several resolutions for this meeting. They, too, are working with the Opioid Committee.

On another note, I had the opportunity to visit Vanderbilt University's Center for Professional Health as a guest and participant in the Prescribing Controlled Drugs course earlier this year. This is a program for providers who have demonstrated some problematic behavior in prescribing opioids. My main takeaways were that we have much to learn about: (1) screening our patients and (2) learning to say no to drug-seeking patients and their families.

We continue to expand our perspective by inviting new partners to the table. We have established partnerships with Governor Hogan's Opioid Operational Command Center (OOCC), Maryland Department of Health, CRISP, Maryland Patient Safety Center, University of Maryland School of Pharmacy, DEA and American Medical Association (AMA). This year, we have taken the conversation to the next level by opening a dialogue with Insurers and National Pharmacy Chains. Our intention is to bridge existing gaps and bring information to all parties. Furthermore, we are working to advance our discussion with the Maryland Boards of Pharmacy, Nursing, Dentists, & Veterinarians.

As far as educational activities, here is a list of some opioid and opioid-related educational activities provided by MedChi over the past three years:

- Prescribing Drugs Responsibly (PDR): Managing Patients on Opioids
- A Practical Focus on Opioids, Pain Management, and Addiction

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- Opioids, Addiction, and Pain: CDC Recommendations Put Into Practice
- Maryland's Opioid Crisis: The Physician's Role, The Physician's Responsibility
- Prescribing Drugs Responsibly: Managing Patients on Opioids

We have almost finished with the mandated CME for users of the PDMP. The committee strongly believes and supports the need for additional CME with a focus on practice/specialty courses.

The physicians of Maryland are learning and doing better, but there is still room for improvement. I am still hearing docs asking:

- How do we avoid under treating our patients?
- Is there a simple yet effective screening tool to identify potential problem patients?
- What can we do to avoid problems and callbacks when a patient takes a prescription to a pharmacy?
- What are the red flags?
- How do we get insurers to cover newer non-opioid treatments?

These are all part of our future discussions.

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CRISP
Maryland Patient Safety Center
University of Maryland School of Pharmacy
Drug Enforcement Administration (DEA)
American Medical Association (AMA)

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