Day 1 Breakout Session

Note: Room set up with 5 tables of 12 each, try to set 5th table aside and only fill if necessary

SME's-Dr. Doug Kennedy-confirmed

Dr. Leslie Shepard- confirmed

APN/RN

Scribe- Rendi Murphree

2:15 **Welcome and Introduction of SME's**

2:20 **Quick Opening**- Dr. Kennedy

2:30 **Explanation of Process** –Glenn

- Explain Day 1 and 2
- SWOT Analysis
- Group Process – 5 tables of 12, two tables pair up so two groups of two tables and a 5th table (see note above). Then divide tables in half giving each of the four halves a pad with either Strengths, Weaknesses, Opportunities or Threats and give them 5 minutes to jot down things. After 5 minutes rotate pads until each of the four groups have had each pad.

2:40 **Begin Group Process** (SME's roam the room)

3:10 **Complete SWOT Poster** -Take the three pads for each area and record on big poster with group discussion and agreement

3:30 **Adjourn to Report Out**- Patient Education to Report First, then Prescriber Ed. and so on

Summary of Day 1-Patient Education Group

After a few hours of very fruitful discussions on Day 1 our SWOT analysis can best be summarized as follows:

Strengths

- Groundswell of support and consensus-Besides those who have gathered for this two day event, we believe providers, academia, our communities and even the state and federal government now all agree that we have a major issue on our hands and are prepared to fight it
- Access-We now have unprecedented access to CSMD information, to SMEs, to social media and marketing concepts, and we have access to the patients themselves
- Trust- Perhaps our biggest strength is the trusting relationship that exists between most providers and their patients (but like so many things, in the wrong hands this could also be a weakness)

Weaknesses

- Inconsistent Messages- patients and consumers are currently receiving mixed messages from providers regarding the safety and effectiveness of opioids
- Inadequately Trained Providers – most providers are only required to take 2 hours of CEU's each year on prescribing, few providers have been trained on the Tylenol/Ibuprofen approach
- Funding-currently there is inadequate funding for mass media campaigns and treatment, not to mention CMS funding decreases when patient satisfaction is low

Opportunities

- Trust- Patient trust can be leveraged to target the opioid naïve, to adjust patients expectations toward pain and to educate caregivers
- Educate Providers – We can educate providers on the benefits of CSMD, of effective alternative therapies and recovery networks

Treats

- Provider Constraints – Providers are challenged with having the time to educate patients. They are always confronted with misaligned incentives, and also must concern themselves with patient satisfaction. These concerns, coupled with patients with low health literacy, and who are often motivated to manipulate only confound the situation.
- Easy Access – Patients have easy access to illicit medications even once prescriptions are depleted.

Day 2 Breakout Session

Note: Dr. Warren and Dr. Morad have already discussed the TIPQC approach and how affective it was. Bright spots have also been covered.

SME's and Scribe same as Day 1

10:45 **Welcome and Recap of Day 1 SWOT** - Glenn

11:00 **TIPQC Process and Making that Work for Us** - Glenn

11:05 **Goal Setting Group Discussion**– Each table comes up with 2-3 goals that answer the following questions and all are listed on the flip chart:

- What are our key goals?

or

- What does our future look like?
- How do we get there?

11:30 **Vote** – Each person is given enough dots to placer them by their top three goals

11:45 **Lunch Served**

12:15 **Barriers –** The top three vote getters will be examined to assure that no policy or legislative barriers exist to pursuing them. Parking lot them if significant barriers exist.

12:25 **Affective Practices/Bright Spots –** as a group discuss what current practices exist in the field that could be put into practice affectively

Must be:

- Evidence based and measurable
- Able to be rolled out statewide
- Preferably previously tested

12:50 **Prioritize Ideas and Discuss Next Steps**

- Who will champion this idea?
- Who is willing to step up and be a part of future change?
- Offer opportunities for future involvement and get names!

1:15 **Adjourn to Report Out**- Patient Education to Report First, then Prescriber Ed. and so on

Summary of Day 2- Patient Education Group

With our SWOT analysis in hand we set out to establish goals and even a few projects with an eye on next steps.

Goals

- Educational Campaign – Our group was interested in the development of a statewide campaign to establish a consistent message to patients, the community, and providers/prescribers about opioid consequences and alternative methods. They suggested developing a tool kit and a website where all the tools can be downloaded
- Required Training – Equally important we believe that all prescribers should be required by their professional boards to take an agreed upon and consistent annual curriculum giving them all the latest information on the opioid crisis, the critical role they play in it and effective alternatives.

Projects

- Require CE's for All Prescribers-Curriculum will need to be developed and then adopted by all licensing boards. Education should include information about the strong potential for abuse, the appropriate disposal of meds, the threat of drug diversion, CSMD requirements, alternative treatment options and other resources.
- Educational Clearinghouse- To address the first goal, develop a statewide clearinghouse where all prescribers and providers can go to attain the latest patient information on the risk of addiction, the threat of diversion and safe disposal guidelines. The group even attempted a tag line known as ADDictED, shown like this:

The ADD would stand for:

A-Addiction Risk

D-Diversion Risk

D-Dispose Safely

And the ED would stand for the need for greater education.

Next Steps

Next Steps – In order to forward our ideas the group felt a steering committee would need to be formed for both the clearinghouse and the CE requirements. Dr. Michelle Long, Director of TDH's Office of Health Licensure did step into the meeting and agreed that the health related boards can adopt their own CEU requirements so they would certainly need to be involved. Others around the room expressed an interest in helping one of both of the projects.