Controlled Substance Monitoring Database Committee Meeting
March 22, 2016

MEMBERS PRESENT
Dr. Michael Baron, Board of Medical Examiners, Chairperson
Dr. Debra Wilson, Board of Pharmacy
Ms. Patricia Eller, Board of Medical Examiners
Mr. Brent Earwood, Board of Nursing
Ms. Maegan Martin, Executive Director of the Board of Medical Examiners
Ms. Rosemarie Otto, Executive Director, Health Related Boards
Dr. Katherine Hall, Board of Dentistry

MEMBERS ABSENT
Dr. David Sables, Board of Podiatry Vacant, Board of Optometry
Dr. Reginald Dilliard, Board of Pharmacy
Dr. Kim Johnson, Board of Veterinary Medicine
Dr. Donald Polk, Board of Osteopathy

STAFF PRESENT
Dr. D. Todd Bess, Director of Controlled Substance Monitoring Database
Dr. Mitchell Mutter, Medical Director for Special Projects
Ms. Tracy Bacchus, Administrative Assistant
Mr. Andrew Coffman, Attorney, Office of General Counsel
Ms. Debora Sanford, Project Manager
Antoinette Welch, New Director, Office of Investigations
Jerud Colbert, Project Manager, Data Warehouse
Ms. Joyce McDaniel, Board of Pharmacy
Mr. Omar Nava, Committee on Physician Assistants

The Controlled Substance Monitoring Database Committee convened on Tuesday, March 22, 2016, in the Iris Room, 665 Mainstream, Nashville, TN. Dr. Baron called the meeting to order at 9:00 a.m. and requested that each member introduce themselves. Dr. Baron mention to the group that we are live streaming so please make sure the green light is on and speak into your microphone.

Andrew Coffman presented to the group information for having an electronic meeting. The Prescription Safety Act of 2012 requires that we have seven members present in order to have a quorum, and because we don't have seven members present that is why we are having an electronic meeting. T.C.A. 8-44-108 allows for electronic meeting under certain circumstances. If a physical quorum is not present at the location of the meeting of a governing body, then in order for a quorum of members to participate by electronic or other means of communication, the governing body must make a determination that a necessity exits. Such a determination, and a recitation of the facts and circumstances on which it was based, must be included in the minutes of the meeting.

Mr. Coffman mentioned that Dr. Jones and his group have been diligently working on the KY project that would help identify doctor shopping. Dr. Mutter mentioned that the reason for the urgency is that our data shows that the numbers are down fifty seven percent when it comes to doctor shopping, but when you talk to law enforcement prescription drugs is readily available today than it was three years ago. Also on the agenda is that Dr. Bess would like to have another member approved for working on the data warehouse project.

Dr. Baron mentioned that the agenda items are urgent enough to warrant an electronic meeting. There was a roll call vote and the motion was carried in the affirmative.

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Minutes

Dr. Baron asked had everyone read the minutes from the last meeting, and if so can we have a motion to approve the minutes from January 25, 2016 meeting. Ms. Patricia Eller asked that we make one edit of her not being listed as the vice chair and then the minutes will be approved. There was a roll call vote and the motion was carried in the affirmative to approve the minutes with the edits.

Medical Director for Special Projects

Dr. Mutter gave the group the link to be able to view the meeting from last year at Vanderbilt University. Dr. Mutter stated that we have ten symposia scheduled for this year. He also mentions that last week the CDC Opioid Guidelines was launched, and the only concerns that they had the Washington State conversion table.

Dr. Mutter presented information to the committee that he thought would have some controversy with the CDC Guidelines for example:

Determining when to initiate or continue Opioids for Chronic Pain

- Opioid therapy should be used only if the benefits outweigh the risks for the patient. If used, opioids should be combined with nonpharmacological therapy and non-opioid pharmacologic therapy.
- Treatment goals should be established prior to treatment. Opioid therapy should only continue if clinically significant.
- Before treatment begins, risks, realistic benefits, and clinician responsibilities towards treatment should be discussed.

Opioid Selection, Dosage, Duration, Follow-up and Discontinuation

- Upon starting therapy, immediate-release opioids should be used rather than long-acting/extended- release.
- Upon starting therapy, use the lowest effective dosage. Reassessment of individual is necessary to increase dosage.
- If opioids are used for acute pain, use the lowest effective dose of immediate-release opioids for no longer than expected duration of severe pain.
- Clinicians should re-evaluate benefits of opioid therapy within 1-4 weeks of initial therapy, after that the evaluation can be every 3 months. More frequently is up to the clinicians' discretion.

Assessing Risk and Addressing Harms of Opioid Use

- Before starting and periodically throughout duration of therapy, evaluations should be performed to track risk of opioid-related harms.
- Review state PDMP to review patients' opioid dosages and avoid dangerous drug combinations that may lead to overdose.
- Prior to starting opioid therapy, drug testing should be administered to continue testing at least annually throughout the duration of therapy.
- Avoid prescribing opioids with benzodiazepines concurrently.
- Offer or administer evidence based treatment for patients with opioid use disorder.

Dr. Mutter also discussed the Strategic Map and the Knoxville Beta Site. He is looking for any comments on how to reach the 12-25 year old age range through implementation of drug related educational models.

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CSMD Director's Report

Dr. David Bess updated the committee that Dr. Jeffrey Kriseman did sign the agreement. Dr. Kriseman has identified one other person and they have already signed their agreement. Dr. Bess asked the committee to authorize Dr. Kriseman to add individuals when it is necessary. Ms. Martin made the motion to allow Dr. Kriseman to add individuals as needed within his agency. There was a roll call vote and the motion was carried in the affirmative to approve Dr. Kriseman to add individuals on an as needed basis.

Dr. Bess gave the committee an update on the Kentucky project. These are the names of the individuals that will de-identify the data:

Jeffery Talbert, Ph.D., Professor and Director
Trish R. Freeman, RPh, PhD, FAPhA
Aric Schadler, MS

Dr. Bess asked the committee to vote on approving these individuals to allowing these individual to work on this project. There was a roll call vote and the motion was carried in the affirmative to approve these individuals.

Dr. Bess also stated that KASPER has informed us that based on past projects the have used the University of Kentucky Center for Clinical and Translational Science, Enterprise Data Trust to act as the Trusted Source. The individuals below will perform the work.

Keith Henry
Data Warehouse Architect
Biomedical Informatics Core

Darren W. Henderson
Database Administrator
Biomedical Informatics Core

Dr. Bess asked the committee to vote on approving these individuals to allowing these individual to de-identify and work on this project. There was a roll call vote and the motion was carried in the affirmative to approve these individuals.

Updates on the Tennessee Department of Health data warehouse

Jerud Colbert updated the committee on the data warehouse. Mr. Colbert discussed the risks of using the data warehouse for example:

- Data stewardship
- Access control
- Quality of the data
- User education
- Resources and cost

Mr. Colbert mentioned that one of the bigger risks is access control. This means that this is not covered by HIPPA, but it is confidential data owned by the State. He stated that the only people who can view this data are controlled by Dr. Bess.

He also discussed why we should use a data warehouse:
CSMD Application

- Fast transactions (7 seconds)
- Slow reports

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Warehouse

- Fast reports
- Combined reporting

What Program Areas are involved in the Data Warehouse?

- Controlled Substance (CSMD)
- Hospital Discharge Data
- Professional Licensure
- Healthcare Facilities
- CEDEP Inventory
- Population
- Birth Records
- Death Records
- Lab Results
- Early Family Medical
- Help Us Grow (HUGS)
- Workman's Compensation

Mr. Earwood asked do we plan on having any other program areas to growing this warehouse, and Mr. Colbert stated that we do plan on growing this warehouse to encompass all of the program areas internal to the Department of Health. Mr. Earwood would other states use the warehouse, and Dr. Bess stated that this is not the same as interstate data sharing. Mr. Coffman mentioned that this is more for the Epidemiologist to run reports.

CSMD Budget

Ms. Tittle updated the committee on the expenditures for 2015, and that was $802,317.88 and also gave us copies of the percentage of each board put into the database.

BIV Report

Antoinette Welch updated the committee that her department did 93 random audits. There was no violations at 29 of the pain clinics, we sent 37 letters of concern, 29 letter of warning, 8 was referred over to OGC, and 14 was closed when they arrive to conduct the audit. When we reviewed the audits numbers we had 51 violations for medical records, 45 for quality assurance, and medical directors scheduled hours. We did 22 of the audits in West Tennessee, 38 in Middle Tennessee, and 33 in East Tennessee. The Office of Investigation has done 25 audits as of March of this year. There was 4 in January, 15 in February, and 3 in March.

Office of General Counsel

Andrew Coffman updated the committee on the Amendment to the Prescription Safety Act of 2016 that was adopted by the Senate on March 21, 2016, and is now moving to the House to be voted on. Mr. Coffman states that we have a pending rule that it is at the Attorney General Office waiting on review from them to make sure it is legal. Mr. Coffman also stated that we have only had one case that was closed since our last meeting.

The meeting was adjourned at 10:50 a.m.