



MEMORANDUM

MEDICAL SOCIETY OF THE STATE OF NEW YORK

99 WASHINGTON AVENUE, SUITE 408, ALBANY, NY 12210
518-465-8085 • Fax: 518-465-0976 • E-mail: albany@mssny.org

August 31, 2015

TO: MSSNY COUNCIL

FROM: FRANK DOWLING, MD
PAT CLANCY, VICE PRESIDENT FOR PUBLIC HEALTH AND EDUCATION

SUBJECT: AMA TASK FORCE TO REDUCE OPIOID ABUSE

The AMA Task Force to Reduce Opioid Abuse was created in November 2014 by the AMA and MSSNY involvement in this task force was requested. We have been participating in various in-person meetings and conference calls since January 2015 and we had made an initial report at the MSSNY Council at the March meeting. Since that time, through meetings and calls, the Task Force has developed an overview of goals for the task force and several messages relating to use of opioids and Prescription Drug Monitoring Programs (PDMP). We have attached the minutes of the July 29, 2015 in person meeting which lists the goals of the task force.

On July 15, 2015, the MSSNY executive committee approved the goals and the concept of a media campaign. The task force consists of over 20 medical national specialty organizations and eight state medical societies. The goals of the task force are to:

- Increase physicians' use of effective PDMPs
- Enhance physicians' education on appropriate prescribing
- Reduce the stigma of pain and promote comprehensive assessment and treatment
- Reduce the stigma of substance use disorder and enhance access to treatment
- Expand access to naloxone in the community and through co-prescribing.

The task force ultimate goals are to create a behavioral shift in physicians to create a sense of urgency that they are a part of the solution to the opioid epidemic and to tap into their fundamental desire to effectively help their patients and improve their patients' health. The task force will also urge physicians to use PDMPs to have a better—realistic—perspective about patients' use of opioids.

MEDIA EFFORTS:

The intent is to incorporate these messages into a media campaign and to help create media/physician awareness about the Task Force. It is envisioned that there will be a coordinated implementation of a national communications strategy by the AMA, state and specialty societies regarding opioid use by the AMA's Interim Meeting. On August 21, 2015, MSSNY staff participated in a conference call with the AMA on the media campaign to discuss the different messages, co-branding and flexibility with the messages so MSSNY can reflect the current status of the ISTOP law with the message. MSSNY has received permission for the AMA to customize the message to make it applicable to NYS law.

EDUCATIONAL EFFORTS

The AMA has also convened an “Expert Panel”, which is comprised of representatives nominated by medical specialty societies, including several of the Task Force members. This panel is tasked with assisting in content development for new online CME training around pain management, with some emphasis on practical guidance on the clinical use of opioid analgesics. This effort is funded by SAMHSA as part of the PCSS-O (Providers Clinical Support Services for Opioid Therapies) collaborative. While this is not a specific Task Force effort, there are tangential benefits to pursue that could be used by the Task Force. PCSS-O is a national training and mentoring project developed in response to the prescription opioid overdose epidemic. The PCSS-O will be moving forward with a three hour course, however, at the July 29, 2015 meeting, members proposed that the Expert Panel develop a one-hour primer on the opioid crisis that could be promoted by all Task Force members to all physicians and other prescribers, received very strong support from meeting participants. There was considerable agreement that this could be a powerful way to help focus physicians and others on the facts surrounding the national epidemic – and use this as a hook to urge all physicians to avail themselves of educational opportunities. The goal for this primer would be to make it applicable to primary and specialty care physicians. The American Academy of Addiction Psychiatry generously volunteered its expertise to help.

There will also be a compendium of educational resources that will be available. It is also anticipated that there will be an educational forum at the AMA’s Interim Meeting and announcement by the task force members.

AMA INTERIM MEETING

In line with the Task Force recommendations, a live didactic presentation that will highlight the nation’s prescription opioid and heroin epidemics will be held at the AMA Interim meeting in November. The program will feature recommendations of the AMA Task Force to Reduce Opioid Abuse designed to address inappropriate prescribing of opioids, and the growing crisis of heroin overdose and death – and how physicians can directly help reduce this national epidemic. This includes the rationale for why physicians should register for and use state-based prescription drug monitoring programs; why physicians need to ensure they have the appropriate education on effective, evidence-based prescribing; the importance of reducing the stigma of pain and promoting comprehensive assessment and treatment; the related importance of the stigma of substance use disorder and enhance access to treatment; and how physicians can play a direct role in overdose prevention by expanding access to naloxone in the community and through co-prescribing. Dr. Dowling has indicated to the AMA that he would be interested in serving as faculty for the segment: Reducing Stigma in Patients with Substance Use Disorders

RECOMMENDATIONS FOR MSSNY

- **Dedication of space on MSSNY website on Opioid Abuse**—highlighting the work of the task force; goals and objectives. This will also allow us to highlight NY State specific material such as the NYC Opioid Prescribing Guidelines and opioid calculator which is free to physicians.
- **Encourage and direct physicians to the PCSS-O**—upcoming webinars and online modules
- **MSSNY to co-brand and use ads in communications**--Support media campaign to create greater awareness with physicians and the public

(FOR MSSNY COUNCIL ACTION)

AMA TASK FORCE TO REDUCE OPIOID ABUSE

Summary of July 29, 2015 meeting of the AMA Task Force to Reduce Opioid Abuse

The AMA Task Force to Reduce Opioid Abuse held its third in-person meeting on July 29, 2015 to review progress on implementing Task Force messaging, discuss the next phase of Task Force deliverables, and consider optimal ways of measuring the Task Force's efforts. Nearly every member organization was represented at the meeting, either in-person or on the phone.

The Task Force also viewed a presentation from the AMA's communications and marketing department, discussed "co-prescribing of naloxone" with an expert from the U.S. Food and Drug Administration, and considered options for an educational event at the 2015 AMA Interim Meeting. Each is described in more detail below, and a proposed timeline is included to help guide the Task Force's work between now and the Interim Meeting.

Topics discussed within this summary:

- Introduction and public launch of the Task Force
- Co-branding Task Force efforts to allow for member flexibility
- Final version of Task Force Overview document
- Discussion of Education –Meaningful resources and development of national map
- Other Comments, Thoughts, Proposals
- Planning for AMA Interim Meeting
- Co-prescribing naloxone
- National Survey
- Task Force communication and next phase of deliverables
- Measuring the Task Force's impact
- Additional considerations from the meeting and following the media launch
- Proposed Timeline and Deadlines

Next phase of deliverables highlighted in this summary:

- Task Force Overview – the Task Force agreed that the document was ready and final, save for an additional comment recognizing women and children. The Task Force further agreed that the document only needed a short timeline to be re-confirmed approved with the women/children addition. Deadline for re-confirmation/approval: Tuesday, August 25.
- Interim Meeting Educational Event – AMA will hold a conference call soon to review specifics based on the feedback from the July 29 meeting.
- Pain, substance use disorder, naloxone/Good Samaritan– Based on the Overview, draft documents/deliverables for member and media distribution will be developed with the Task Force to continue implementation on the full Task Force Action Plan.

Contained in this summary:

Appendix A media preliminary media results July 29 2015

Appendix B additional considerations from the California Medical Association

Appendix C AMA Task Force to Reduce Opioid Abuse Overview Aug 2015

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Introduction and public launch of the Task Force

Chair of the Task Force, AMA Chair-elect Patrice A. Harris, MD, began the meeting by thanking all of the members for their work in approving the key messages for the two prescription drug monitoring program (PDMP) one-pagers as well as the public launch of the Task Force. More than half of the members issued a press release or other public communication along with the AMA. See Appendix A for a partial list of releases from Task Force members. A detailed report on the media response to the launch of the Task Force will be sent to Task Force members in a few weeks. Some concern was raised about the general recognition of the PDMP acronym, and a need to focus on making the case for why physicians should register and use PDMPs (i.e., PDMPs are proven to....) and address existing biases (e.g., my patients do not abuse opioids)

Dr. Harris also addressed the concerns of the California Medical Association (CMA), contained as Appendix B. Dr. Harris encouraged all societies to use the CMA talking points to further elaborate on the points made in the PDMP documents. The Task Force agreed that the PDMP and other documents and deliverables should be viewed as “living documents” subject to periodic review and revision.

The Task Force discussed the challenging timeline and revision process for the PDMP documents, and it was agreed by the Task Force that a clear timeline for future documents and other deliverables should have a comment period, initial revision draft submitted for further comment, and a final draft distributed for comment before members are asked to approve a document or other deliverable. Conference calls also may be scheduled to resolve specific issues where agreement may be lacking in an effort to reach full consensus among Task Force members.

The Task Force also heard from AMA Congressional Affairs staff about several pieces of legislation that are being considered. The AMA will continue to communicate with the Task Force on developments as they unfold.

Co-branding Task Force efforts will allow for member flexibility

The AMA’s communications and marketing team presented a proposal for the “look and feel” of the Task Force’s public-facing efforts. It was emphasized that each Task Force member would have the opportunity to co-brand Task Force materials with the AMA as well as have the flexibility to ensure accurate state-based terminology. For example, Utah noted that its PDMP is called a “Controlled Substances Database” or CSD, rather than a PDMP. Other members may need to make similar revisions, but it was also agreed that no changes would be made to the substantive messages given the work that the Task Force has put in to reach agreement. The communications and marketing team scheduled a call for Thursday, Aug. 13 at 1:00 PM CT, and Task Force members were sent the necessary files to co-brand the PDMP documents. The AMA point person to discuss the co-branding design and layout issues is Laura Jacobs, who can be reached at laura.jacobs@ama-assn.org or 312-464-5921.

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Final version of Task Force Overview document

The Task Force then discussed the “Overview” document explaining the Task Force’s five key action items. There was agreement that the Overview document was a good product, although a few members offered helpful suggestions to ensure that certain patient populations were represented. Those additional edits are included – and highlighted – in the version attached as Appendix C. It was further agreed that the additional edits would not require a full review by individual societies’ approval process. It is important to highlight that no member raised any concern about the document as it currently reads. Yet, to ensure clear communication between the AMA and all Task Force members, we ask that you re-confirm your approval of the Overview document by Tuesday, August 25, 2015, including your society’s willingness to be included on the document itself. The document that has been attached as Appendix C contains the previously agreed-to language by the Task Force. If a member society does have any concerns, please contact daniel.blaney-koen@ama-assn.org as soon as possible.

When all members have confirmed their final approval of the Overview document, it will be formatted with the opportunity for all members to co-brand the document and share with its members – just as members are encouraged to do with the PDMP documents. The AMA will post the Overview document on the Task Force website: www.ama-assn.org/go/endopioidabuse, and also highlight the Overview document in relevant communications channels such as AMA Wire, Advocacy Update and other relevant channels. We urge all member societies to do the same in your publications and relevant channels as well.

Discussion of Education –Meaningful resources and development of national resource

The Task Force also heard an update on specific education-related efforts, including how each Task Force member is contributing to an AMA convened Expert Panel to help develop new CME training for primary care on pain management and responsible opioid prescribing. This effort is supported by the PCSS-O initiative funded by SAMHSA and administered by the American Academy of Addiction Psychiatry. This is not a specific Task Force effort, but there are tangential benefits to pursue that could be used by the Task Force. Specifically, Task Force members made several points:

- Education efforts and messaging undertaken by the Task Force must be meaningful and not a “check the box” exercise;
- The web-based presence developed by the AMA should complement other members’ efforts;
- While the evidence supporting opioid use in chronic noncancer pain is weak and such use is not recommended for many patients, a small group of patients may benefit, so efforts to reduce stigma and ensure access for these patients remains important
- The Task Force needs a web-based presence that should include a national resource to ensure that physicians from every state can come to the AMA as a central location for the most updated, relevant information. For example, several state medical societies have developed extensive resources (e.g. MA, NY, CO, OH), so the national resource on the AMA site would clearly reference and point visitors to those resources to complement and support the state-based efforts; and

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- An effort should be made to somehow highlight the diversity and breadth of current Federation resources; this array of resources demonstrates that the physician community has been working to address many issues at the intersection of pain, opioids, and addiction; such diversity also reflects the need to address different practice environments.

There was extensive discussion of potential synergies between the work of the Task Force and that of the Expert Panel. A proposal for the Expert Panel to develop a one-hour primer on the opioid crisis that could be promoted by all Task Force members to all physicians *and other prescribers*, received very strong support from meeting participants. There was considerable agreement that this could be a powerful way to help focus physicians and others on the facts surrounding the national epidemic – and use this as a hook to urge all physicians to avail themselves of educational opportunities. The goal for this primer would be to make it applicable to primary and specialty care physicians. The American Academy of Addiction Psychiatry generously volunteered its expertise to help.

Other Comments, Thoughts, Proposals

Other ideas that surfaced during discussion included the following:

- The need for emphasis on public education and prevention as a tool in the work to address this issue
- Consider support for a “partial fill” exception for controlled substance prescriptions
- When developing educational programs, consider also striving to meet standards for maintenance of certification
- Should a Speaker’s Bureau of sorts be created?
- Consider the implications of other models of care (e.g., telemedicine)
- A high priority exists for educating payers and legislators

These may be areas for future Task Force consideration, particularly in identifying partnerships for implementation.

Planning for AMA Interim Meeting

The Task Force discussed several options to highlight the Task Force at the AMA Interim Meeting in November. Two options appeared to generate the most positive comments:

- Have AMA leadership share information about the Task Force with all delegates during the opening session; and
- An educational session for the House of Delegates that highlights the goals of the Task Force, the deliverables to-date, and urges delegates to take those messages back to their home states and specialty societies so that the Task Force efforts can complement and amplify efforts to end the opioid misuse, overdose and death epidemic. *The AMA will hold a conference call in the next few weeks so that the Task Force can help better define this approach.* Please note that approval from the AMA BOT Chair and Speaker of the AMA House of Delegates is required before the educational session can be approved and formally go forward.

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Co-prescribing naloxone

Chris Jones of the U.S. Food and Drug Administration provided an overview of opioid overdose deaths in the context of expanded access and use of naloxone. Risk factors for overdose deaths include a relationship with the dose and duration of therapy, and is strongly associated with the existence of multiple prescribers and dispensing pharmacies. A small percentage of patients account for the greatest risk, Jones explained. While some patient characteristics are widely acknowledged as signaling the need for naloxone prescriptions (e.g., prior history of overdose, i.v. injection drug users, people with opioid use disorder, incarcerated individuals recently released from the criminal justice system), no consensus exists regarding which patients receiving opioids for pain are should be offered naloxone. Some elements of the patients profile (e.g., concurrent benzodiazepine therapy, history of mental health/substance use disorder, comorbid respiratory conditions, or family member/co-habitant at risk for opioid overdose) may be important triggers. Other data sources also may emerge as useful triggers for naloxone co-prescribing including PDMPs, insurers/PBM claim data, EHR systems, and emergency department visits. Further collaborative work and consensus is needed in this area.

National Survey will be collaborative, coordinated effort

During the communications and marketing presentation, the concept of a national survey was raised as an additional item to not only garner media attention, but to help identify areas for further research and analysis by the Task Force. The Task Force coalesced around a two-part approach.

First, the AMA will develop a national survey with a rigorous, scientifically valid sample that will be suitable for publication in a peer-reviewed medical journal. The survey instrument will be developed with input from the Task Force.

Second, the AMA will work with each interested Task Force organization to use the same survey instrument as a more qualitative, email-focused survey for each organization. Results will be shared with each organization that sends the survey to its members.

Task Force communication and next phase of deliverables

Using the approved messages in the Overview document, the Task Force will turn its attention to creating deliverables for all remaining elements of the Task Force Action Plan. These will be able to be used in PowerPoint slides, organizations' communications, e-newsletters, leadership speeches, and more.

With respect to the "pain", "substance use disorder" and "naloxone" elements, there appeared to be general agreement on two main aspects. First, to the extent that a limited subset of high quality, free educational resources can be identified and agreed upon, those resources would constitute part of the enhanced educational offerings on the Task Force Web site. Conceptually, these would include CME offerings, practice/prescribing guidelines, evidence-based reviews and position statements, a patient resources, including advice on safe storage and disposal.

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Simultaneously, the Task Force would develop one-pagers to help communicate these elements to physicians and other stakeholders. The AMA will be involving Task Force members in the development of these pieces, and once a draft of each document has been completed, they will be sent to the Task Force with clear timelines for a comment period, revision process, and further review before a final document is sent for society formal approval.

Measuring the Task Force's impact

The Task Force considered various data points and other ways to measure the impact of the Task Force. The goal of this part of the meeting was not to specifically endorse a set of qualitative or quantitative measures, but rather to underscore the benefits and drawbacks of different measures. Some members expressed concern that measures could be used against physicians. It was generally agreed that the Task Force should collect available data and continue to consider this element.

Additional considerations from the meeting and following the media launch

In closing the meeting, Dr. Harris encouraged members to consider how the Task Force efforts can be carried into 2016 and beyond. At the same time, she urged the Task Force to consider that one goal should be to put the Task Force out of business. At the same time, several groups, including those from nursing, pharmacy, medical boards, physician assistants, have approached the AMA asking about potentially joining the Task Force. Please send daniel.blaney-koen@ama-assn.org your feedback on this via email or phone.

Proposed Timeline and Deadlines

August 13 –	AMA Communications call with TF communications staff to discuss co-branding
August 14 –	Task Force sent DRAFT educational resources for review and comment
August 17 –	Task Force sent summary of July 29 meeting
August (TBD)–	Task Force conference call to discuss AMA Interim Meeting educational session.
August 25 –	Deadline for confirming approval of Task Force Overview document
August/September –	Enhancing education Phase Two of website launched
September –	Send Task Force DRAFT national survey instrument for comment
August/September –	paid digital/media ads for PDMPs and Enhancing Education
September –	National Survey put into field
September/October –	Reducing stigma of pain; substance use disorder; naloxone and Good Samaritan messaging launched
October –	National Survey results ready for dissemination
November –	AMA Interim Meeting Educational Session

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APPENDIX A – FOR INFORMATION

AMA Task Force to Reduce Opioid Abuse

Preliminary results of media launch, July 29, 2015¹

- American Academy of Family Physicians: <http://www.aafp.org/news/health-of-the-public/20150729opioidtaskforce.html>
- American Academy of Hospice and Palliative Medicine: linked to AMA news release
- American Congress of Obstetricians and Gynecologists: <http://www.acog.org/About-ACOG/News-Room/Statements/2015/ACOG-Statement-on-Opioid-Abuse>
- American Medical Association: <http://www.ama-assn.org/ama/pub/news/news/2015/2015-07-29-physician-groups-address-opioid-crisis.page>
- American Osteopathic Association: <http://www.osteopathic.org/inside-aoa/news-and-publications/media-center/2015-news-releases/Pages/7-29-american-osteopathic-association-joins-27-physician-groups-to-address-americas-opioid-crisis-.aspx>
- American Psychiatric Association: <http://www.psychiatry.org/advocacy--newsroom/newsroom/apa-joins-ama-task-force-to-address-america-s-opioid-crisis>
- American Society of Addiction Medicine: <http://www.asam.org/magazine/read/article/2015/07/29/physician-groups-band-together-to-address-america-s-opioid-crisis>
- American Society of Anesthesiologists: <http://www.newswise.com/articles/american-society-of-anesthesiologists-asa-partners-in-ama-task-force-to-address-america-s-opioid-crisis>
- Arkansas Medical Society: <http://www.arkmed.org/news/2015/07/opioid-abuse/>
- Massachusetts Medical Society: <http://www.massmed.org/News-and-Publications/MMS-News-Releases/Physician-Groups-Band-Together-to-Address-Opioid-Crisis/#.VbviUPmTRJM> and http://www.massmed.org/News-and-Publications/Vital-Signs-This-Week/U-S--Physicians-Opioid-Crisis-Task-Force-Announces-Recommendations/#.VbviV_mTRJM
- Medical Society of the State of New York: http://www.mssny.org/MSSNY/ContentAreas/MSSNY_Joins_AMA.aspx
- Ohio State Medical Association – issued release at <https://www.osma.org/Public-Affairs/News/National-Task-Force-Urges-Use-of-Prescription-Drug>
- Utah Medical Association – issued multiple Tweets, see <https://twitter.com/Utahmed>

¹ (Note: the items below may not represent every effort from Task Force members. To add to this document, please send additional items to daniel.blaney-koen@ama-assn.org)

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APPENDIX B – FOR INFORMATION

Additional considerations from the California Medical Association (CMA) for the Task Force regarding bullet items in the PDMP documents

Bullet item:

"Contains guidelines for checking the PDMP that include common-sense exemptions for certain, vulnerable patient populations (e.g. cancer, home-bound hospice or palliative care patients)"

The CMA comments:

The Taskforce is not recommending that checking of a PDMP be required, either by legislation or regulation. However, if such an approach is considered, it is critical that any requirement acknowledge the wide range of practices and patients that are impacted by such requirements. A one-size fits all approach will not work. Since there is not yet evidence to show that a mandate works better than voluntary approaches to increasing utilization, the first priority must be to creating PDMPs that actually meet health care providers' needs, are appropriately resourced, do not erect barriers to appropriate care, and protect patient privacy.

Bullet item:

"Protects **patient confidentiality** and requires court approval for accessing data"

The CMA comments:

Each state needs to determine what restrictions and protections can be built into the statute to properly balance the confidentiality of patients with appropriate use of the PDMP data.

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APPENDIX C – FOR APPROVAL BY TUESDAY, AUGUST 25, 2015

AMA Task Force to Reduce Opioid Abuse Overview

More than 25 state, specialty and other health care associations were invited by the AMA Board of Trustees in late 2014 to participate in an effort to reduce the nation's burden from the inappropriate prescribing of opioids, and the growing crisis of heroin overdose and death. The Task Force is chaired by AMA Chair-elect, Patrice A. Harris, MD, and is comprised of physician leaders and staff from across the nation.

Each society recognizes that to truly reverse this public health epidemic, physicians must be the ones to develop and implement specific recommendations designed to have a measurable impact on ensuring effective pain management practices and the evidence-based prescribing of opioids, promoting appropriate referrals and access to care for patients with substance use disorders, and taking necessary steps needed to reduce opioid-related harm.

Over the course of several in-person meetings and national conference calls, the Task Force agreed to work together to ensure that physicians take the lead in training and educating themselves first and foremost, their colleagues and others to ensure evidence-based care and reduce inappropriate prescribing.

The Task Force recognizes that numerous state and federal officials have urged physicians and other health care professionals to show the necessary leadership. The Task Force believes that physicians have the responsibility to confront the nation's opioid epidemic.

The goals of the task force are clear:

- **Increase physicians' use of effective PDMPs.** The Task Force will provide guidance to policymakers and key stakeholders about what makes a PDMP most effective – and work to ensure that physicians and other health care professionals more routinely access PDMPs and understand the most effective ways to use them. *This includes state and federal advocacy to help ensure full funding and modernization of state-based PDMPs.*
- **Enhance physicians' education on effective, evidence-based prescribing.** The Task Force will do what is necessary to educate physicians and communicate across states and nation about opioid safety, including that physicians and other health care professionals must take steps to ensure that – if they prescribe opioids – they have the education and training to do so safely and appropriately. The Task Force will develop an online resource that incorporates the best education and training resources from all Task Force members and others so that any physician in the United States can use this resource to access and enhance their education and help ensure patient safety.
- **Reduce the stigma of pain and promote comprehensive assessment and treatment.** The Task Force will take efforts to reshape the current national dialogue on opioid analgesics. The current environment leaves many patients with pain who might benefit from opioids afraid of becoming “an addict” and many physicians afraid to prescribe

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opioids, even when their use is effective and appropriate. At the other end of the spectrum, but equally problematic, is that the current dialogue may lead to patient expectations of these drugs as “painkillers” and encourage over-reliance on opioids as the sole treatment for pain. The task force will seek to place increased emphasis – for patients and physicians and the general public – on appropriate pain care, which may not include opioids for many patients with persistent pain through educational outreach efforts. The Task Force will also emphasize prevention and early intervention; that is, appropriate multidisciplinary treatment of acute pain so that it does not become persistent chronic pain.

- **Reduce the stigma of substance use disorder and enhance access to treatment.** The Task Force also will work to make clear – to all stakeholders, including physicians – that substance use disorders are medical conditions that can be successfully treated. This will include supporting advocacy efforts and working with insurers to expand coverage of the full range of psychological, rehabilitative, pharmacologic, interventional, and complementary/alternative treatments that may be needed for comprehensive treatment and long-term management to promote a healthy, productive life. This also may include helping physicians learn how to better identify patients at risk for developing a substance use disorder/opioid use disorder and implement appropriate monitoring strategies, and when such disorders are present, to identify the most appropriate treatment options, including the need to assess chronic pain patients for possible co-occurring psychiatric disorders. The Task Force also shall work to make clear, through educational outreach—to all stakeholders, including physicians, patients, and the public—that substance use disorders are medical conditions that can be effectively treated.
- **Expand access to naloxone in the community and through co-prescribing.** In light of multiple new state laws increasing access to naloxone and providing Good Samaritan protections in statute, the Task Force sees a clear role for further advocacy to increase access to naloxone, as well as educating physicians about best practices for the prescribing of naloxone. The Task Force also will advocate to SAMHSA and other relevant federal agencies for specific budget allocations to increase access to naloxone through state block grant programs and other state-based initiatives. At the state level, Task Force education efforts will focus on multiple settings, including Workers Compensation, the justice system, emergency settings, and primary care. The Task Force will further seek to identify opportunities to advocate for state-based legislation that increases access to naloxone and strengthens Good Samaritan protections.

Note: While the above issues generally apply to all patients and physicians, the Task Force also is committed to developing additional, targeted goals to address special issues related to women, children and adolescents. These include treatment and prevention of opioid-exposed pregnancies; appropriate screening and treatment for neonatal abstinence syndrome; recognizing the unique risks and distinct epidemiology of opioid use disorders among youth; and other goals focused on prevention of substance use by children and adolescents.

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Members of the Task Force

American Academy of Addiction Psychiatry
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of Orthopedic Surgeons
American Academy of Pain Medicine
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons and Congress of Neurological Surgeons
American College of Emergency Physicians
American College of Occupational and Environmental Medicine
American College of Physicians
American College of Rheumatology
American Congress of Obstetricians and Gynecologists
American Dental Association
American Medical Association
American Osteopathic Association
American Psychiatric Association
American Society of Addiction Medicine
American Society of Anesthesiologists
Arkansas Medical Society
California Medical Association
Massachusetts Medical Society
Medical Society of the State of New York
New Mexico Medical Society
Ohio State Medical Association
Oregon Medical Association
Utah Medical Association

Thinking of prescribing an opioid? Did you check your state prescription drug monitoring program?

More than 16,000 Americans died in 2013 from an opioid-related overdose. More than 8,000 died from a heroin-related overdose.

Registering with and checking your state prescription drug monitoring program (PDMP) can be important steps to help you make more informed prescribing decisions.

The American Medical Association Task Force to Reduce Opioid Abuse urges you to register with and check your state PDMP as one of the key screening tools to help determine whether to prescribe an opioid – and if so, how to prescribe appropriately. The PDMP can help ensure you are making fully informed prescribing decisions.

All PDMPs are not created equal, but **an effective PDMP can help you and your practice do the following:**

- **Quickly, simply and accurately** assess your patient's prescription history while the patient is in the exam room – or prior to the visit
- **Immediately determine** whether your patients have received prescriptions from **other prescribers** and dispensers, including from other states
- **Easily register** to use a PDMP as part of your license renewal process
- **Identify other prescribers** so that you can help coordinate care and determine appropriate follow-up activities and structure of care
- **Help you identify** when you may need to counsel and refer the patient for **additional treatment** for persistent pain or a substance use disorder
- Allows you to **review your own prescribing history**
- Enable **nurses, physician assistants and other trained delegates** in your office to check the PDMP as part of the patient's pre-visit planning
- Allows you to create **alerts** so you will know when a patient receives a prescription for opioids from other prescribers
- Provide and encourage **best practices** – as determined by physicians in the same or similar practice – when making prescribing decisions

Physicians need to be sure that they are prescribing appropriately and taking necessary precautions, including consulting PDMPs when clinically indicated.”

Patrice A. Harris, MD, MA, Chair, AMA Task Force to Reduce Opioid Abuse, Committee on Energy & Commerce Subcommittee on Oversight and Investigations, United States House of Representatives, April 23, 2015

Continued on next page.

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The AMA Task Force to Reduce Opioid Abuse



- Guidelines for checking the PDMP should include common-sense exemptions for certain, vulnerable patient populations (e.g. cancer, home-bound hospice or palliative care patients)
- Allows **prompts** for co-prescribing naloxone when clinically indicated

The task force encourages physicians to work with their state medical society to ensure that their state PDMP contains these key elements to help reduce prescription drug misuse, overdose and death – and enhance overdose prevention and treatment. Take the first step. Contact your state medical society today. Visit [<insert link here>](#) to learn more.

ABOUT THE AMA TASK FORCE TO REDUCE OPIOID ABUSE

More than 25 state, specialty and other national health care associations joined the AMA in late 2014 to participate in a collaborative effort to meaningfully address the nation's prescription opioid misuse, diversion, overdose and death epidemic. The specific goals of the task force:

- Increase physicians' registration and use of effective PDMPs
- Enhance physicians' education on safe, effective and evidence-based prescribing of opioids
- Reduce the stigma of pain and promote comprehensive assessment and treatment
- Reduce the stigma of substance use disorder and enhance access to treatment
- Support overdose prevention efforts by expanding access to naloxone and providing Good Samaritan protections

MEMBERS OF THE TASK FORCE:

American Academy of Addiction Psychiatry
 American Academy of Family Physicians
 American Academy of Hospice and Palliative Medicine
 American Academy of Orthopaedic Surgeons
 American Academy of Pain Medicine
 American Academy of Pediatrics
 American Academy of Physical Medicine and Rehabilitation
 American Association of Neurological Surgeons and Congress of Neurological Surgeons
 American College of Emergency Physicians
 American College of Occupational and Environmental Medicine
 American College of Physicians

American Congress of Obstetricians and Gynecologists
 American Dental Association
 American Medical Association
 American Osteopathic Association
 American Psychiatric Association
 American Society of Addiction Medicine
 American Society of Anesthesiologists
 Arkansas Medical Society
 Massachusetts Medical Society
 Medical Society of the State of New York
 New Mexico Medical Society
 Ohio State Medical Association
 Oregon Medical Association
 Utah Medical Association

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The AMA Task Force to Reduce Opioid Abuse



Thinking of prescribing an opioid? Did you check your state prescription drug monitoring program?

More than 16,000 Americans died in 2013 from an opioid-related overdose. More than 8,000 died from a heroin-related overdose.

Registering with and checking your state prescription drug monitoring program (PDMP) can be important steps to help you make more informed prescribing decisions.

The American Medical Association Task Force to Reduce Opioid Abuse urges you to register with and check your state PDMP as one of the key screening tools to help determine whether to prescribe an opioid – and if so, how to prescribe appropriately. The PDMP can help ensure you are making fully informed prescribing decisions.

All PDMPs are not created equal, but **an effective PDMP can help you and your practice do the following:**

- **Quickly, simply and accurately** assess your patient's prescription history while the patient is in the exam room – or prior to the visit
- **Immediately determine** whether your patients have received prescriptions from **other prescribers** and dispensers, including from other states
- **Easily register** to use a PDMP as part of your license renewal process
- **Identify other prescribers** so that you can help coordinate care and determine appropriate follow-up activities and structure of care
- **Help you identify** when you may need to counsel and refer the patient for **additional treatment** for persistent pain or a substance use disorder
- Allows you to **review your own prescribing history**
- Enable **nurses, physician assistants and other trained delegates** in your office to check the PDMP as part of the patient's pre-visit planning
- Allows you to create **alerts** so you will know when a patient receives a prescription for opioids from other prescribers
- Provide and encourage **best practices** – as determined by physicians in the same or similar practice – when making prescribing decisions

Physicians need to be sure that they are prescribing appropriately and taking necessary precautions, including consulting PDMPs when clinically indicated.”

Patrice A. Harris, MD, MA, Chair, AMA Task Force to Reduce Opioid Abuse, Committee on Energy & Commerce Subcommittee on Oversight and Investigations, United States House of Representatives, April 23, 2015

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The AMA Task Force to Reduce Opioid Abuse



- Guidelines for checking the PDMP should include common-sense exemptions for certain, vulnerable patient populations (e.g. cancer, home-bound hospice or palliative care patients)
- Allows **prompts** for co-prescribing naloxone when clinically indicated

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 American Society of Addiction Medicine
 American Society of Anesthesiologists
 Arkansas Medical Society
 Massachusetts Medical Society
 Medical Society of the State of New York
 New Mexico Medical Society
 Ohio State Medical Association
 Oregon Medical Association
 Utah Medical Association

With 44 Rx opioid-related deaths a day, what can one physician do?

More than you might think. Registering for and using state prescription drug monitoring programs (PDMP), for example, helps inform prescribing decisions because the PDMP can help identify patients at risk for opioid abuse.

The AMA Task Force to Reduce Opioid Abuse—composed of the American Medical Association, more than 20 specialty and state medical societies, and other national health care organizations—is identifying and implementing best practices that include the use of state PDMPs. Together with all prescribers, we can combat this epidemic and protect our patients.

Be part of the solution.

Visit ama-assn.org/go/pdmp to learn about more ways to combat opioid abuse and help patients live healthier lives.

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The AMA Task Force to Reduce Opioid Abuse

