

VMS suggestions for S. 243

In collaboration with licensing boards, professional organizations, and the UVM Academic Detailing Program, the Commissioner of Health shall establish a working group or groups to develop guidelines for opioid prescribing and dispensing in Vermont. The groups shall review guidelines, protocols and tools that have been developed in Vermont by emergency departments, primary care and specialty practices, as well as guidelines from other states, and guidelines from national agencies such as the Center for Disease Control (CDC). The group shall also consider other available evidence on best practices for opioid prescribing and dispensing.

Because guidelines will address opioid prescribing in multiple settings (primary care, specialty care, emergency departments) for various treatments such as chronic pain, acute pain, post-surgical pain, emergency pain, medication assisted addiction treatment and cancer pain, hospice/palliative pain, it will be important to have subgroups with expertise in specific topics either develop or review and comment on the guidelines. The guidelines should include prescribing guidelines, prescribing tools and use of the VPMS that would make sense in context of specific types of treatment. The groups could also recommend improvements to the VPMS.

An alternative would be to have the Department of Health direct the academic detailing program described in 18 V.S.A. § 4622 to develop prescribing/dispensing guidelines, tools for prescribers/dispensers with input from prescribers and dispensers.

<http://legislature.vermont.gov/statutes/section/18/091/04622>

With respect to education, VMS suggests that the Department of Health authorize the evidence based education program established by 18 VSA Sec 4622 (UVM Academic Detailing program) to develop or identify meaningful educational programs for prescribers and dispensers in collaboration with the Department of Health. Programs may include peer review data on prescribing/dispensing from the VPMS or other sources. Prescribers/dispensers should have an opportunity to request specific topics such as weaning/tapering opioids, opioid detox, urine drug toxicology, evidence-based pharmacological and non-pharmacological alternatives to opioids for various types of pain. Grand rounds or telemedicine programs that enable prescribers/dispensers to discuss de-identified patients hypothetically with a panel of experts in pain and addiction treatment could be part of the education menu.

Part of the current pharmaceutical manufacturer fee created by 33 VSA Sec. 2004 and the evidence-based education and advertising fund established by 33 VSA Sec 2004a could be used to support guideline development, toolkit development, data analysis, and educational initiatives. Educational initiatives should include education for prescribers/dispensers, patients and the public.

<http://legislature.vermont.gov/statutes/section/33/019/02004>

<http://legislature.vermont.gov/statutes/section/33/019/02004a>