



STATE MEDICAID DUR BOARD MEETING
 THURSDAY, October 9, 2014
 7:00 a.m. to 8:30 a.m.
 Cannon Health Building
 Room 125



MINUTES

Board Members Present:

Tony Dalpiaz, PharmD.
 Mr. Kumar Shah
 Keith Tolman, M.D.

Jennifer Brinton, MD
 George Hamblin, PharmD
 Michael Symond, M.D.

Board Members Excused:

Mark Balk, PharmD.
 Kyle Jones, M.D.

Susan Siegfroid, M.D
 Jay Aldus, DDS

Dept. of Health/Div. of Health Care Financing Staff Present:

Robyn Seely, Pharm.D
 Trevor Smith C.Ph.T.
 Heather Santacruz, R.N.

Tim Morley, R.Ph.
 Merelynn Berrett, R.N.
 Richard Sorenson, R.N.

Other Individuals Present:

Sumar Bieda, Purdue
 Joanita Lake, UofU
 Gary Oderda, UofU
 Lori Howarth, Bayer
 Cody Ball, Select Health
 Mark Gaskill, Utah OIG

Mindy Peterson, UofU
 Brian Crittenden, Abbvie
 Bryan Larson, UofU
 Scott Larson, BMS
 Robert Nahower, UofU

Meeting conducted by: Tony Dalpiaz, Pharm.D.

1. **Welcome** – Tony Dalpiaz opened the meeting.
2. **Housekeeping** – Robyn Seely welcomed everyone to the meeting and reminded everyone to sign in. She said that there are no petitions for the board today.
3. **P&T Committee report** – Lisa Hunt addressed the board and showed what the future agenda is for P&T committee discussion.
4. **Approval of prior meeting minutes** – Kumar Shah made a motion to approve the September minutes. Keith Tolman seconded the motion. All others in favor.
5. **Anti-influenza agents nine month review (Tamiflu & Relenza)** – Robyn Seely said that the agents for anti-influenza, Tamiflu and Relenza will not require a PA for the upcoming flu season. There were comments from board members that this is good and will allow for prompt influenza treatment.

6. Guest Presentation: Physician-Administered Narcotics – Mark Gaskill, a representative from the Utah Office of the Inspector General (OIG) presented information about the duties, responsibilities and mission of the OIG. He discussed methods for data analysis, and how to use this data to prevent fraud waste and abuse of Medicaid funds or benefits. Mr. Gaskill focused his presentation on the abuse of narcotics and how people abuse Medicaid benefits to obtain narcotic medications. He explained the direct and indirect costs that are attributed to these people who seek the narcotic medications. Many of the costs incurred from this narcotic seeking behavior comes from multiple admissions to different Emergency Rooms (ER) until they obtain the narcotic medications they seek. He gave an example of a single patient having over 300 ER visits in a year. He said that one problem is that emergency rooms from different companies do not share admission data with each other. Another problem is that the physician administered drugs are not recorded in a central database like the controlled substance database that pharmacies are required to report. He encouraged discussion from the board to provide advise or things that experts from the board would recommend.

7. Board Discussion

- a. Keith Tolman said that the indirect costs which can include theft, incarceration and loss of productivity can be much greater than the direct costs of narcotic misuse.
- b. Michael Symond said that because he is an emergency room physician, he experiences problems with people seeking narcotic medications on a daily basis. He said that it is difficult since it increases capacity of the ER, and makes it hard to focus on the real patients.
- c. Keith Tolman said that pain relief is now being promoted instead of pain management. This leads to a problem of overuse of opioid medications.
- d. Jennifer Brinton said that it would be nice to have administrators support physician in refusing to provide narcotics to patients who do not need it. She said that physicians are put into difficult situations where they are rated from patients on services provided, and unless the patient gets the narcotic they seek, a bad review will be left for the physician.
- e. Michael Symond said that many times the ER is filled with family members who are all asking for the narcotic for the patient. It makes it difficult as a provider.
- f. Kumar Shah asked if the data could be shared with officials including law enforcement.
- g. Mark Gaskill said that at first, the OIG was prohibited from sharing data with anyone, but with a recent law, the OIG can now share information with law enforcement, and attorneys to help with stopping the problems.
- h. Michael Symond said that as an ER physician, it would be nice to have a more accurate database with claim information within the past week which includes hospital or physician administered drugs. The DOPL database that is available can sometimes have data that is a week old.
- i. Mark Gaskill said that the drug seekers are smart and they communicate with each other through social media, and other websites to find a diagnosis or pain symptom that could allow a narcotic medication being dispensed.
- j. Keith Tolman said that he has seen some narcotic addictions being started from

prescriptions at a dentist office, where a opioid is prescribed for prn dosing.

- k. Mark Gaskill said that he has seen other patients who get their pain treatments from providers who might not be best suited to provide these types of treatments including OB/GYN doctors.
- l. Mark Gaskill also said that through the use of Accountable Care Organizations (ACO), more focus has been placed on the prevention of multiple ER visits and other costly things done by narcotic seeking patients. This is because the costs are required to be paid by the ACO directly instead of relying on another payer. He said that he hopes this will help provide better methods for tracking the ER visits between hospitals owned by different companies.
- m. Keith Tolman asked George Hamlin about how pharmacies monitor usage of opioid narcotics.
- n. George Hamlin said that in his pharmacy, the DOPL database is used multiple times daily, and they know what to watch for in new patients, or prescriptions for narcotics for patients who live out of the area, or visited a physician out of the area.
- o. No motions were made from the discussion.

8. Rheumatoid Arthritis Treatments – topic postponed to next meeting due to lack of time.

9. Meeting Adjourned – Keith Tolman made a motion to close the meeting. Tony Dalpiaz seconded. All in favor.

The next DUR Board meeting is scheduled for Thursday, November 13th. Rheumatoid Arthritis treatments will be discussed.

Minutes prepared by Trevor Smith.

Recording available upon request, send email to medicaidpharmacy@utah.gov