Opioids for Pain: Be Smart. Be Safe. Be Sure.

On May 17, Pennsylvania Medical Society (PAMED) physician leaders held Opioid Awareness Day at the state Capitol in Harrisburg to meet with legislators and the media to announce a statewide public health initiative—Opioids for Pain: Be Smart. Be Safe. Be Sure. It addresses the growing opioid abuse epidemic in Pennsylvania through patient empowerment and physician education. Resources for physicians, patients, and lawmakers are available at www.pamedsoc.org/OpioidInfo.

PAMED leaders then participated in an educational symposium. Learn more about the symposium on Pages 2-3.

The Be Smart. Be Safe. Be Sure. initiative focuses on physician education and patient empowerment.

The Physician Call to Action—All Pennsylvania physicians should take these five steps:

1. **Know the prescribing guidelines.** They are available on PAMED’s website at www.pamedsoc.org/OpioidGuidelines. The first module in PAMED’s online CME series focuses on the guidelines. Get the CME at www.pamedsoc.org/OpioidsCME.

2. **Use the prescription drug monitoring program (PDMP).** The PA Department of Health (DOH) anticipates that prescribers will be able to check the database by the end of August. The fourth module in PAMED’s online CME series addresses common physician questions regarding governance, user access, and provider and dispenser reporting requirements. Get the CME at www.pamedsoc.org/OpioidsCME.

3. **Refer patients who have a substance use disorder to treatment.** Referral to treatment is covered in the third module in PAMED’s online CME series. Get the CME at www.pamedsoc.org/OpioidsCME.

4. **Discuss alternatives to opioids with patients.**

5. **Ask patients to keep their pills safe, and properly dispose of a prescribed medication when they no longer need it.** A list of drug take-back locations is available at http://apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx.

“If physicians don’t suit up for the battle, who will? Education is a silver bullet. We need to make sure that we are doing everything we can to stop this wave of abuse, and empowering our patients to do the same.”

—David Talenti, MD, PAMED Board Chair

Patient Empowerment—Patients should ask these seven questions when prescribed a pill for pain:

1. Is this prescription an opioid?
2. At what level of pain should I take this prescription?
3. Do I have to take every pill in the prescription?
4. Where can I safely dispose of remaining pills?
5. What can I do to avoid addiction?
6. What are possible warning signs of dependence or addiction?
7. What can I do if I believe that I might have developed a dependence on this drug?
PA Physicians Discuss Addiction Treatment, PDMPs, and Alternative Treatment Options for Chronic Pain at PAMED Opioid Symposium

PAMED and specialty society leaders attended PAMED’s Opioid Symposium on May 17. This event followed a busy day at the state Capitol during which physicians met with legislators to discuss PAMED’s *Opioids for Pain: Be Smart. Be Safe. Be Sure.* statewide public health initiative designed to empower patients and physicians in the fight against opioid abuse.

Symposium attendees came away with a greater understanding of the need to treat addiction like any other disease as well as the importance of physician education when it comes to fighting the opioid abuse crisis. In addition to hearing from several experts, attendees also watched a short video clip and learned more about the response to the opioid abuse crisis from county and specialty medical societies.

Here are highlights from the event.

**National Updates on the Crisis**

Patrice Harris, MD, chair-elect of the American Medical Association’s (AMA’s) Board of Trustees, updated attendees on the AMA’s efforts to combat opioid abuse. She shared the five goals of the AMA’s Task Force to Reduce Prescription Drug Abuse:

1. Increase physicians’ registration and use of effective PDMPs
2. Enhance physicians’ education on effective, evidence-based prescribing
3. Reduce the stigma of pain and promote comprehensive assessment and treatment
4. Reduce the stigma of substance use disorder and enhance access to treatment
5. Expand access to naloxone in the community and through co-prescribing

**Naloxone**

PA Physician General and PAMED member Rachel Levine, MD, was on hand to talk about Pennsylvania’s efforts to expand the use of the opioid-reversal drug naloxone, including the enactment of Act 139 of 2014, which contains Good Samaritan provisions and allows for first responders to carry naloxone as well as for third-party prescriptions for naloxone. She also signed two standing orders related to naloxone—one for first responders and one for the general public. Since PA police began carrying naloxone, more than 1,080 lives have been saved (as of July 7, 2016). The second module in PAMED’s online CME series focuses on the state’s naloxone law.

"Everyone’s life is worth saving,” said Dr. Levine, in addressing the importance of ensuring that those who need it have access to naloxone, as well as treatment resources. “You never know at what point they will be open to treatment.”

—Rachel Levine, MD
Pennsylvania Physician General

It addresses the use of naloxone as an opioid antidote, reviews regulatory requirements for prescribing naloxone to third-party first responders, and assesses naloxone prescribing options and best practices. Get the CME at www.pamedsoc.org/OpioidsCME.

**Warm Hand-Off/Referral to Treatment**

Secretary of the PA Department of Drug and Alcohol Programs (DDAP) Gary Tennis urged a shift to a more “muscular” warm hand-off. If you were treating a heart patient who had a massive stroke and was barely kept alive, he said you wouldn’t just give them a card to go see a cardiologist.

The third module in PAMED’s online CME series covers referral to treatment. It addresses substance use disorders; explores screening and assessment tools; reviews intervention strategies; and assesses best practices in referrals to specialists, rehabilitation services, and community resources. Get the CME at www.pamedsoc.org/OpioidsCME.

Information on treatment resources and referral to treatment is also available on DDAP’s website—www.ddap.pa.gov.

Another highlight of the warm hand-off presentation was a walk-through from Charles Barbera, MD, emergency medicine chair at Reading Hospital, concerning how to help a patient who has survived an overdose. He stressed treating addiction like any other disease and offering compassion and also resources such as the opportunity for the patient to receive timely assistance from a substance abuse counselor.

**Lessons Learned from Ohio’s PDMP**

Reginald Fields, director of communications and external affairs at the Ohio State Medical Association, shared lessons learned from the implementation of Ohio’s PDMP. Ohio’s PDMP was started in 2006, and Fields said that making the program a more effective tool has been an evolving process for the state.
Pennsylvania’s PDMP

The latest news on the development of Pennsylvania’s PDMP was shared by Lauren Hughes, MD, deputy secretary for health innovation within DOH. In updating the group on the state’s progress on developing its PDMP, DOH said it will welcome physician ideas and input on possible enhancements, and that physicians will have a role to play in ensuring that the state’s PDMP is an effective tool.

Learn more about the database, including reporting requirements and who will have access to it, at www.pamedsoc.org/database.

Alternative Treatment Options

Ignacio Badiola, MD, assistant professor of anesthesiology and critical care at the University of Pennsylvania’s Perelman School of Medicine, reviewed alternative treatment options for chronic, non-cancer pain. Exercise, physical therapy, spinal manipulation, and acupuncture were addressed.

Next Steps

Ultimately, the need to reduce the stigma of addiction was a point of emphasis at the symposium. “Addiction is a medical illness. It is not a moral failing,” said Dr. Levine.

PAMED’s Opioid Symposium—along with discussions PA physicians had with legislators at the Capitol on May 17—is a key component of addressing the opioid abuse crisis and ensuring that patients with addiction get appropriate treatment.

DOH Launches PDMP — Here’s What You Need to Know

PAMED recently learned that DOH announced that registration for the commonwealth’s new prescription drug monitoring program (PDMP) will open on Aug. 8, 2016. Once you have registered, DOH says, the PA PDMP system will be ready for query starting on Aug. 25, 2016.

The PA PDMP web portal will enable Pennsylvania prescribers to easily look up your patients’ controlled substance prescription history (schedules II – V) before prescribing.

Once the program is launched in August, prescribers “shall query the system for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a base line and a thorough medical record or if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs.”

To make consistent use of the PA PDMP system more practicable, prescribers can grant access to the delegates under their employment or supervision to query the system on their behalf. However, prescribers must give first preference to a professional nurse licensed by the State Board of Nursing as their delegates.

To learn more about your querying and reporting responsibilities, as well as who will have access to the data, go to www.pamedsoc.org/database. You’ll also find PAMED’s Quick Consult answering FAQs.

Also, as of June 24, all dispensers must report Schedule II-V dispensed prescriptions to the PDMP system within 72 hours of being dispensed. Dispensing practitioners — defined by DOH as “a medical practitioner that stocks controlled substances and distributes the medication to a patient, who then leaves the facility and is responsible for administering the medication themselves” — also are required to report all Schedule II-V controlled substances they dispense directly to patients within 72 hours of dispensation. There are several exemptions. Learn more at www.pamedsoc.org/PDMPDispenser.
Pennsylvania Delegation Advocates to End Mandatory, Secured Recertifying MOC Exams

Though physicians are certainly committed to lifelong learning, we’ve heard from many PAMED members that Maintenance of Certification (MOC) is a time-consuming, burdensome disaster that is out of touch with their current practice of medicine. PAMED and its physician leaders, as well as several other state medical societies, continued their advocacy efforts on behalf of physicians at the annual meeting of the AMA House of Delegates held in Chicago in June.

At this meeting, PAMED and the Pennsylvania delegation to the AMA extended their leadership roles in our initiative to further educate physicians on matters related to the fiscal affairs of the American Board of Internal Medicine (ABIM) and the questionable value of MOC as we support AMA, state, and specialty efforts to create a continuous professional development process that works for all physicians.

“The Pennsylvania delegation took the position we’ve been hearing from members for quite some time in opposition to MOC to the annual AMA meeting,” said PAMED President Scott Shapiro, MD. “During this meeting, PAMED continued its leadership on this issue, convening a national discussion panel to present their research findings, insights, and recommendations regarding the failures of the ABIM and the MOC process. The discussion regarding the actions, finances, and possible historical motivations for the ABIM’s actions was eye-opening and alarming.”

The AMA House of Delegates ultimately approved resolution 309 as amended, which includes language that:

• Calls for the immediate end of any mandatory, secured recertifying examination by the American Board of Medical Specialties (ABMS) or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination.

• Directs the AMA to continue to work with the ABMS to encourage the development by and the sharing between specialty boards of alternative ways to assess medical knowledge other than by a secure exam.

• Directs the AMA to continue to support the requirement of CME and ongoing, quality assessments of physicians, where such CME is proven to be cost-effective and shown by evidence to improve quality of care for patients.

One physician said that the “Pennsylvania Medical Society melted the meeting down with a blistering two hour exposé on the abuses of the ABIM and the boards in general. With a much needed boost in morale and the data to support strong action, the full house convened on Wednesday and the delegates soundly rejected the Committee’s butchering of the resolution, extracted it to a full vote on the house floor, and restored the strong language of the first resolved.”

Dr. Shapiro added: “This was a continuation of efforts that have been ongoing for years led by physician leaders in Pennsylvania. The Pennsylvania delegation is very proud to announce that the culmination of years of our hard work resulted in the AMA passing a resolution that was co-authored by our Pennsylvania delegation that ultimately creates AMA policy calling for the immediate end of all high-risk secured recertification examinations by the ABIM, and all our specialties that still require a needless similar exam.”

Check out Dr. Shapiro’s letter to PAMED members, videos from the panel discussion hosted by PAMED, and more on PAMED’s efforts to achieve meaningful MOC reform, at www.pamedsoc.org/MOC.
Legislation to Allow CRNP Independent Practice Passes State Senate

On July 12, 2016, the state Senate passed SB 717 – legislation that allows CRNPs to practice independently and eliminates the requirement that they collaborate with physicians – by a vote of 41-9. The bill now goes to the state House for its consideration.

While the recent vote by the Senate is disappointing to PAMED, physician voices were heard at the Capitol. In just two weeks, physicians and others sent 1,358 messages to state legislators in opposition to SB 717. If you recently took action on this issue, PAMED thanks you for your advocacy. It’s this kind of momentum that we need to build upon if and when the bill is considered by the House.

During the summer recess, legislators spend most of their time at home in their districts, where they are available to meet with constituents. We encourage all Pennsylvania physicians to contact their Representative during this time and schedule a meeting with him or her.

If you need assistance with scheduling a meeting or with talking points, please contact Hannah Walsh, PAMED’s Associate Director of Legislative Affairs, at hwalsh@pamedsoc.org.

Get talking points and more at www.pamedsoc.org/TeamBasedCare.

“Physician voices are powerful, and we all need to stand together and tell the House of Representatives that SB 717 would jeopardize patient safety and compromise quality of care for patients in Pennsylvania,” said PAMED President Scott Shapiro, MD.

PAMED strongly opposes SB 717 and supports maintaining physician-led, team-based care in Pennsylvania.

2016-2017 State Budget Invests Money in Fighting Opioid Abuse

Gov. Tom Wolf allowed the $31.53 billion state budget approved by the legislature on June 30 to become law without his signature on July 11, 2016, with hopes that a revenue package would soon follow. The Senate and the House of Representatives subsequently passed the revenue package on July 13.

The 2016-2017 state budget includes $15 million to support new initiatives to tackle the heroin and opioid addiction crisis facing Pennsylvania: $5 million for emergency addiction treatment through the Department of Drug and Alcohol Programs and $10 million for behavioral health services through the Department of Human Services (DHS).

The Governor is calling for the monies to be used to implement his proposal for Medicaid-funded addiction clinics called Centers of Excellence across the state. Doing so, he says, would allow the state to draw down an additional $5.4 million in federal funding for an overall total of $20.4 million to combat the opioid crisis.

“Once established through the DHS, the proposed Opioid Use Disorder Centers of Excellence would be the first stop for people in need of treatment — providing medication-assisted treatment and connecting those in need with appropriate wraparound services, such as cognitive-based therapies and employment assistance,” said a recent press release from the Governor’s Office.

The 2016-2017 state budget also includes:

- $4.671 million for programs under the Department of Health that support the supply and distribution of primary health care practitioners in Pennsylvania, including the Loan Repayment Program (LRP), J-1 Visa Waiver Program (J-1), National Interest Waiver Program (NIW), National Health Services Corps (NHSC), and health professional shortage designations.
- $5.4 million for West Nile virus and Zika virus controls.
- A $3 million loan to the Medical Marijuana Program Fund to assist in establishing the infrastructure needed to regulate the industry in Pennsylvania.
- An additional $1.3 million – for a total of $6.997 million – for Critical Access Hospitals across the state
- $3.15 million for ABC-MAP, the state’s new prescription drug monitoring program.
Visit from PA Sen. Jake Corman, Exploration of Practice Network Options Are Highlights of PAMED Spring Board of Trustees Meeting

It was an eventful day for physician leaders as they held PAMED’s Board of Trustees spring meeting on May 18. The meeting featured a conversation with PA Senate Majority Leader Jake Corman (R-34th District). Sen. Corman, whose sister is an ophthalmologist, is well-versed in issues of concern to Pennsylvania physicians. He fielded questions on topics ranging from current health care legislation in the state to how the transition to value-based payment models might affect Pennsylvania physicians.

Visits from Pennsylvania legislators have become something of a tradition for PAMED Board meetings. It’s one more way for PAMED physicians to have a seat at the table in order to share member concerns with legislators.

Here’s a look at several of the agenda items PAMED’s physician leaders acted upon at the May 2016 Board meeting:

Exploring Physician Practice Options
The Board approved a statewide market feasibility study to investigate the viability of various physician practice network options and of health delivery markets to sustain those network options, with the ultimate goal of engaging Pennsylvania physicians in value-based care initiatives and helping them succeed in new payment models.

Possible options to explore would be forming or affiliating with existing physician-led organizations like independent practice associations, clinically integrated networks, or accountable care organizations. The Board will be discussing the results of the feasibility study at its Aug. 16-17 meeting.

Creating a New Resident Membership Program
PAMED will move forward with a new membership pilot program — FutureMed — targeted to physician resident members. The initiative is a partnership between PAMED and state medical specialties, with the goal of increasing the awareness and engagement of resident members.

The initiative will make resident membership free of charge for the duration of their residency. The initiative will also align with physician specialty organizations that offer free resident dues. The pilot program will allow residents to experience a broader engagement with PAMED and their specialty society with no financial burden.

Exploring Options for Forming a Physician Guild, Union, or “Bargaining Committee”
The Board approved the request to have PAMED’s Employed Physicians Task Force explore and evaluate options for forming (or affiliating with) a physician guild, union, or “bargaining committee.” As employees of private employers, including large voluntary hospital systems, physicians secure rights under Section 7 of the National Labor Relations Act. Among those protected rights are the rights to form, join, or support labor unions, or to act collectively even in the absence of a union.

Due to the accelerating changes in the health care system, it was determined that it was the appropriate time for the Task Force to re-examine the issue. The Task Force will be called upon to address core workplace issues such as work environment, wages, and benefits, with the goal of determining whether the formation of this type of organization would be beneficial for Pennsylvania’s physicians and patients.

The study was initiated based on a request by the Philadelphia County Medical Society (District 1).

Stay Up-to-Date with PAMED’s Capitol Update Blog
Michael Siget, JD, MPA, PAMED’s legislative and regulatory counsel, and others blog about topics of importance to Pennsylvania physicians in the Capitol Update Blog. Recent blogs include:

- State Capitol Highlights: A Legislative Update for Pennsylvania Physicians (multi-part series)
- DOH Granted New Authority to Combat Hazardous Substances
- Legislation Creates New Requirements for Hospitals Regarding Caregivers for Patients
- PA DOH Announces Statewide Implementation of Electronic Reporting of Death Records

Check out these blog posts and more at www.pamedsoc.org/CapitolUpdate.
Medicaid Began Reimbursing for Observation Services July 1

Beginning July 1, Medicaid began recognizing and reimbursing for observation status—which occurs when a patient is in the hospital but not actually admitted as an inpatient. This change was previously announced in the Pennsylvania Bulletin, and DHS also provided notice of the addition of observation services to the Medical Assistance (MA) Fee Schedule.

On behalf of its physician members, PAMED has been a strong advocate for this change. PAMED’s advocacy efforts included leading discussions with DHS, PAMED’s Medical Directors Forum, and the AMA.

DHS says that it is recognizing the need for observation services because a physician may not be able to initially determine whether an inpatient hospital admission is medically necessary. It intends to pay for medically necessary observation services provided in the hospital outpatient setting when prescribed or ordered by a practitioner.

Observation services must be prescribed or ordered for MA beneficiaries who may be directed from the emergency department, practitioner’s office, or clinic and require care and monitoring for a minimum of eight hours.

Payment for Physicians
DHS will pay physicians for observation services rendered in the acute care hospital outpatient setting, effective with dates of service on and after July 1, 2016.

Payment for Hospitals
DHS will make a one-time, all-inclusive payment to an acute care hospital for medically necessary observation services. DHS’ all-inclusive payment rate to the hospital for observation services is intended to include payment for medical diagnostic services provided during an observation stay.

Tools You Can Use
Get the procedure codes and more in PAMED’s Quick Consult at www.pamedsoc.org/QuickConsult.

Making Sense of MACRA

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 repealed the sustainable growth rate (SGR) payment formula and called for a shift toward payment for physicians based on the quality of care provided rather than quantity of patients seen.

The Centers for Medicare and Medicaid Services is proposing the implementation of a framework called the Quality Payment Program, signaling a major transformation in health care. The Quality Payment Program consists of two tracks: the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs).

In an ongoing series of Quick Consults and other resources, available at www.pamedsoc.org/MACRA, PAMED experts break down the MACRA proposed rule for Pennsylvania physicians and practices.

Check out these new resources:

• MACRA-nyms—The list of acronyms connected to MACRA seems to get longer by the day. PAMED makes it easy to keep track of them all.

• MACRA Overview Quick Consult—Learn more about MACRA, MIPS eligible clinicians and performance categories, and reporting mechanisms.

• An In-Depth Look at Advancing Care Information Quick Consult—Find out more about the MIPS quality-based program that replaces Meaningful Use.

• An In-Depth Look at Quality, Resource Use, and Clinical Practice Improvement Activities Quick Consult—A closer look at the other quality-based programs that form the basis of MIPS.

• Ongoing video series — The proposed rule broken down into easily-digestible, bite-sized segments.

Important Note: These resources are based on the proposed rule that CMS issued on April 27, 2016. The rule will not be finalized until fall 2016, and it is possible that there will be some differences between the initial proposal and the final rule. In the event that CMS elects to make changes, PAMED will keep members posted via our email newsletter.

PAMED members with questions can also contact our Knowledge Center at (855) PAMED4U (855-726-3348).
Learn, Lead, and Earn CME at PAMED’s Annual Education Conference

We know that physicians today have a lot of pain points. Find solutions to these challenges and more at PAMED’s Annual Education Conference — free for PAMED members.

- **Helping patients with chronic pain**, including setting realistic expectations, and talking with them about treatment options, and, if necessary, addiction.
- **Navigating different payment models**; choosing the path that works best for you, your practice, and your patients; and **succeeding in value-based care**.
- **Earning CME credit toward your requirement** for license renewal this year.
- **Leading your practice, hospital, or health system** through the maze of health care reform and transformation.

Learn more at [www.pamedsoc.org/AEC](http://www.pamedsoc.org/AEC).
Questions? Contact the Knowledge Center at 855-PAMED4U (855-726-2248).