

MEMBERS PRESENT

Dr. Melanie Blake, Board of Medical Examiners, Vice Chairperson
Ms. Juanita Turnipseed, Board of Nursing
Ms. Lisa Tittle, Board of Pharmacy
Dr. R. Michael Dickerson, Board of Pharmacy
Dr. Sheila Schuler, Podiatry Board
Dr. Shant Garabedian, Osteopathic Board
Ms. Leslie Wereszczak, Board of Veterinary Medicine
Dr. Linda Tharpe, Board of Optometry
Mr. Omar Nava, Committee on Physician Assistants

STAFF PRESENT

Dr. D. Todd Bess, Director of Controlled Substance Monitoring Database

Dr. Mitchell Mutter, Medical Director for Special Projects
Mr. Andrew Coffman, Attorney, Office of General Counsel
Ms. Debora Sanford, Clinical Application Coordinator
Ms. Antoinette Welch, Director, Office of Investigations
Ms. Tracy Bacchus, Administrative Assistant

MEMBERS ABSENT

Dr. Katherine Hall, Board of Dentistry
Mr. Robert Ellis, Board of Medical Examiners

The CSMD Committee convened on Monday, April 10, 2018, in the Iris Room, 665 Mainstream, Nashville, TN. Dr. Blake called the meeting to order at 9:15 a.m. and the members introduce themselves.

Dr. Blake mentioned to the group that we are live streaming so please make sure the green light is on and speak into microphone.

Action Item:

Ms. Noranda French will send an email to the CSMD committee regarding what is charged for communication items in the 2018 budget

Minutes

Dr. Blake asked had everyone read the minutes from the meeting on February 6, 2018, and if so can the committee have a motion to approve the minutes.

- Dr. Dickerson made the motion to accept the minutes from the February 6, 2018 committee meetings, and Ms. Tittle second the motion,
- Move by acclamation the minutes were approved

Bureau of Investigations – Antoinette Welch

- We have according to the website 174 licensed or certified pain clinic
 - Forty-four are already expired
 - Fifty-five will expire by the end of the year
 - We have 130 pain management clinics
- Eighty-seven pain clinic applications have come through the Department of Health
 - 43 licensed
 - 2 were denied

- 3 are currently in the Office of Investigation or out in the field awaiting inspections
 - 9 are pending review to see if they will be licensed
- Dr. Garabedian asked Ms. Welch are the clinics already open and practicing.
 - Ms. Welch stated that many of the clinics' certificates are already expiring because they are not aware of the law changes. Therefore, the clinics should close until the Department of Health comes out to do the inspections.
- The Department of Health has 37 open over-prescribing complaints

TennCare Optimizing CSMD Usage to Combat the Opioid Epidemic – Drs. David Reagan and Victor Wu

Dr. Reagan stated that TennCare has had access to the CSMD information on an individual basis for a long time. TennCare now wants to expand this access for the same information, but to allow TennCare to be more proactive in reaching out to TennCare enrollees who may benefit from additional service about chronic opioid abuse. Dr. Wu mentioned that TennCare have nearly 90% of NAS babies are on TennCare rolls, 48,000 chronic opioid users, and about 25,000 opioid use disorders members. TennCare would like to understand how to engage their members by referring them to treatment, provide education, and provide them with appropriate contraception.

Example clinical use cases:

- Outreach to Women of Child Bearing Age using Opioids to prevent NAS: TennCare and its MCO clinical care teams are outreaching to women of childbearing age who use opioids acutely or chronically. MCOs are providing targeted patient education materials and sending care coordinators and nurses to connect women at different clinical risk levels to appropriate services. These services include education on potential risks of opioid use and neonatal abstinence syndrome and connecting women to primary care, pain management, and substance abuse treatment services. The Pharmacy/MCOs also connect members to long-acting reversible contraception access. Direct CSMD data will allow TennCare to work with MCOs to further identify and outreach to ALL TennCare women using opioids, especially given the new TennCare opioid coverage benefit limits.
- Increasing access to comprehensive MAT: A significant portion of TennCare members using MAT pay for their prescriptions out of pocket. TennCare is actively building a high quality MAT treatment network where providers will be monitored to follow evidence-based treatment guidelines and provide comprehensive recovery services including care coordination, behavioral health and peer recovery support services. CSMD data will allow TennCare to better identify and support members accessing high quality care by using their covered benefit.
- **TennCare's Strategy for Opioid and Substance Use Disorder**
 - Primary Prevention: Non-Chronic and First Time Users of Opioids
 - Secondary Prevention: Women of Child Bearing Age and Provider Education
 - Tertiary Prevention: Chronic Dependent and Addicted Users
- Dr. Blake asked about the statutory authority for the committee to grant access for this data request; and

- Mr. Coffman mentioned that under 53-10-306 TennCare is granted broad access to the data. The Prescription Safety Act allows this committee working in conjunction to share larger amounts of CSMD data for research and/or public health purposes. All of this requires a data use agreement between TennCare and Department of Health on the specifics of the projects. There will be limitation on how the data can be use and how the data can be passed between the agencies.
- Dr. Blake asked is there specifics on what type of data TennCare is wanting,
 - Dr. Wu stated they only want the data for TennCare members. Dr. Wu also mentioned that TennCare legal team and Department of Health legal team have been meeting to discuss the data use agreement or inter-agency agreement. The two legal departments discussed the security of data both physical and cyber security as well as specific use cases for the data.
- Dr. Blake asked is there any component of this project directed toward provider education or is it solely for TennCare members?
 - Dr. Wu said that the initial would be around TennCare members.
- Ms. Tittle ask is there any rule changes or statue changes to do this request.
 - Mr. Coffman said that all we need would be an approval and a subsequent data use agreement.
- Dr. Garabedian asked will this turnaround and punished some of TennCare enrollees for getting controlled substances from multiple places, and use it as a tool to get them off TennCare?
 - Dr. Wu stated that they don't have a mechanism to dis-enroll members
- Ms. Tittle ask will there be any changes to the system in order for TennCare to get access to this, and if so do we know what the cost would be for the board who pay for the CSMD?
 - Dr. Wu stated that there is no perceived cost, but there will be some technical expertise that both team will have to work on
- Dr. Blake wanted to hear more about the data use agreement would this be an agreement that is structured per subset of patient or do you have a previsions application
 - Dr. Wu stated that the biggest thing would be the organization of the data use agreement will be to outline the key use cases of the data so really around clinical engagement helping decision making for our patients and providers to help evaluate the impact of TennCare policies
- Dr. Blake asked what is the timeline for the data use agreement;
 - Dr. Wu said that they have a finalize draft sent to the Department of Health and it can be within four to six weeks
- Dr. Dickerson asked if you have an enrollee locked into a pharmacy and then we cast this data net a little bit wider a catch them in a cash situation for an opioid what is the procedure that would be followed at that point;
 - Dr. Wu will have to get back to the specifics of the lock in program, and Mr. Coffman stated that TennCare rules allow TennCare to take actions against pharmacies that do not comply with the regulations regarding against a lock in patient and take action against the patient.
- Dr. Dickerson made the motion to accept the proposal put forth by TennCare and the

Department of Health as a pilot with a one year review to determine if the committee wants to extend the pilot or grant it a more permanent status, and Dr. Blake amended the motion to add review the data use agreement at the next CSMD meeting on July 10, 2018, and Dr. Tharpe second the motion,

- Move by acclimation the proposal were approved

Budget Update – Noranda French

Ms. French discussed the total expenditures for 2017-2018 to date

| Description | Mid-Year FY 2018 | FY 2017 |
|------------------------------------|-----------------------------|---------------------|
| Salaries & Wages | \$163,039.71 | \$286,354.49 |
| Employee Benefits | \$70,238.51 | \$125,806.26 |
| Payroll Expenditures (701-702) | \$233,278.22 | \$412,160.75 |
| Travel | \$5,676.63 | \$14,620.51 |
| Printing & Duplicating | \$0.00 | \$0.00 |
| Utilities & Fuel | \$0.00 | \$0.00 |
| Communications | \$1,147.92 | \$20.75 |
| Maintenance & Repairs | \$0.00 | \$0.00 |
| Prof. Svc. & Dues | \$11,519.75 | \$21,573.91 |
| Supplies & Materials | \$2,073.48 | \$5,391.04 |
| Rentals & Insurance | \$1,182.09 | \$1,985.44 |
| Motor Vehicle Ops. | \$0.00 | \$0.00 |
| Awards & Indemnities | \$0.00 | \$0.00 |
| Grants & Subsidies | \$0.00 | \$0.00 |
| Unclassified | \$400.00 | \$0.00 |
| Stores for Resale | \$0.00 | \$0.00 |
| Equipment | \$0.00 | \$0.00 |
| Land | \$0.00 | \$0.00 |
| Buildings | \$0.00 | \$0.00 |
| Training of State Employees | \$0.00 | \$3,718.20 |
| Computer Related Items | \$137,650.25 | \$379,097.94 |
| State Prof. Services | \$70,044.81 | \$106,289.78 |
| Total Other Expenditures (703-725) | \$229,694.93 | \$532,697.57 |
| Total Direct Expenditures | \$462,973.15 | \$944,858.32 |
| Legal | \$16,236.92 | \$35,128.20 |
| Total Expenditures | \$479,210.07 | \$979,986.52 |

- Ms. Tittle asked does the Department know what the projected increase will be in the Appriss contract
 - Mr. Coffman mentioned that the Department has asked for additional functionality from Appriss, and we are waiting on the estimate from Appriss. The department will have to make the decision if we want the functionality once we review the estimated cost.
 - Dr. Bess stated that the department is asking for many new items as it relates to

thing like reporting process for prescriptions, including an improved registration process, and other desired improvements.

- The percentage each board contributed:

| | | | |
|--------------------|-----|--------------------|----|
| ○ Medical Board | 38% | ○ Veterinary Board | 4% |
| ○ Nursing Board | 22% | ○ Podiatry Board | 1% |
| ○ Pharmacy Board | 20% | ○ Osteopaths Board | 2% |
| ○ Dental Board | 7% | ○ Optometry Board | 2% |
| ○ Physicians Asst. | 4% | | |
- The dollar amount each board contributed:

| | | | |
|--------------------|--------------|--------------------|-------------|
| ○ Medical Board | \$370,220.46 | ○ Physicians Asst. | \$35,446.29 |
| ○ Nursing Board | \$218,940.78 | ○ Podiatry Board | \$4,530.73 |
| ○ Pharmacy Board | \$199,801.78 | ○ Osteopaths Board | \$24,052.84 |
| ○ Dental Board | \$65,828.86 | ○ Optometry Board | \$21,137.85 |
| ○ Veterinary Board | \$40,026.98 | | |
- Ms. Tittle made the recommendation to Ms. French that when she does each board budget year numbers that Ms. French would present the CSMD yearend budget at their meeting being that each board contributes into the CSMD.
- Dr. Dickerson asked does the department have revenue from outside sources like law enforcement.
 - Ms. French stated that the CSMD does not have a budget because it does not generate funds.
 - Dr. Bess stated that there is a way for the CSMD to receive fees from law enforcement, but it is not mandatory

Office of General Counsel- Andrew Coffman

- Two over prescribing cases from January 2018 – February 2018
 - One Nursing case revocation
 - One BME cases reprimand
- Overview on the process of how complaints work and what the numbers means;
 - The state receive a complaint for over prescribing then that complaint get forwarded to the Office of Investigation, a certain percentage is generated from the Department of Health and it is rare the department would file a complaints
 - Some complaints come from law enforcement and is reviewed by Dr. Mutter, Linda Johnson, and an attorney from the Office of General Counsel;
 - Some complaints get immediately closed depending on the nature of the complaint meaning that if all the alleged facts are true it would not be a violation;
 - Once the over prescribing team reviews the complaints then the complaint could get closed or sent out to be investigated;
 - The investigator would conduct an investigation and bring the complaint back for review with the over prescribing team;

- The team in conjunction with an appropriate medical consultant could recommend to close the complaint, send a letter of warning, send a letter of concern or refer the complaint to Office of General Counsel to bring a case against the respondent
- Mr. Coffman mention that the Department of Health has a new internal draft for the Kentucky project that he will present to Kentucky within the next 2-4 weeks.
- Mr. Coffman gave the committee a brief legislative update;
 - HB 221 which would put a requirement on the Department of Health but much of the requirement would fall on the CSMD to do a prescriber report card and will probably take effect January 2019
 - SB 777 deals with the prescribing of suboxone for MAT, but a lot of this bill will fall on Mental Health and Substance Abuse with future amendments. This bill will require the creation of a top 20 suboxone prescribes in the state, and can only be dispense from a pharmacy or hospital
 - Dr. Garabedian ask what is the procedure now when a patient goes to a clinic and get a prescription for suboxone do the prescriber have to report to the CSMD, and Mr. Coffman stated that a pharmacy could report a suboxone prescription that it fills. The federal law prohibits the reporting of certain information related to treatment of Mental Health and Substance Abuse Disorders. If the person who is dispensing receives, a federal subsidy related to substance abuse treatment and the program they fall in is a substance abuse treatment program.
 - Ms. Eric Schlesinger (in the audience attending for Department of Mental Health and Substance Abuse Services) stated that if a patient goes to a buprenorphine clinic or methadone clinic those patients is protected by the federal law 42CFR part 2, and that is a step above HIPAA guidelines. Therefore, the patient would have to sign a consent to disclose their information.
 - HB 1831
 - Will require health care professionals to look up their patients every six months opposed to annually and before initiating a new treatment;
 - Requires informed consent;
 - Cannot enter an agreement that you will not discuss the treatment using controlled substance patients with you dispense it is against the public policy;
 - There is an 7 day exemption for checking the CSMD that will change to a 3 day exemption to check patients;
 - The pill sets prescribing limits, but has a variety of exceptions including one for “medical necessities.”

Medical Director for Special Projects – Dr. Mitchell Mutter

- Prescriber will receive 2.5 hours of CME for attending one of the educational efforts for 2018. You can register at <https://www.etsu.edu/cme/tndoh2018.php>. Here is a list of the next symposia:
 - May 5 – Johnson City, ETSU

- May 17 – Lafollette, Campbell Co. High School
- June 28 – Chattanooga, State Community College
- July 19 – Knoxville, UT Medical Center
- August 9 – Clarksville, Location TBD
- September 27 – Jackson, Location TBD
- October 18 – Memphis, Location TBD
- November 15 – Cookeville, Location TBD
- Topics that will be discussed during the 2018 Symposia is;
 - Current Trends & CPG
 - CSMD & Laws
 - SBI / ACE
 - Law Enforcement
 - Addiction
 - Risk Proof Practice
 - Hepatitis C / HIV
- The next Chronic Pain Guidelines Meeting will be on April 13, 2018 from 9:00 a.m. – 4:00 p.m. in the Iris Conference Room at 665 Mainstream Drive, Nashville, TN;
- Agenda for the Chronic Pain Guidelines Meeting is
 - Governor Bill HB 1831
 - Acute Pain
 - Perioperative Guidelines
 - High Risk Utilizer
 - Ketamine Clinics
 - Chronic Pain Guidelines
 - TennCare Pilot
 - CSMD Integration with EHR & Pharmacy
 - Other Business
- Dr. Mutter mentioned the topics for the modules- Draft list of Competencies will cost \$750,000;
 - Epidemiology and Population Level Understanding
 - Pain Evaluation
 - Pharmacological and Non-Pharmacological Treatment Options
 - Practical Aspects of Prescribing and Communication
 - Patient Counseling
 - Conflict Resolution with Patients
 - Chronic Pain Plans
 - Acute Care Plans for Chronic Pain Patients
 - Interoffice and Inter-Professional Focus
 - Substance Abuse Disorder Risk Evaluation
 - Development of a Treatment Plan for Patients with SUD
 - Management of Acute Dependency
 - Professional and Legal Standards

Election for Chair and Vice Chair of the CSMD Committee

- Dr. Shant Garabedian nominated Dr. Melanie Blake as the Chair of the CSMD Committee, and Ms. Turnipseed second the motion,
 - Move by acclimation that Dr. Blake is the New Chair of the CSMD committee were approved
- Dr. Melanie Blake nominated Dr. Shant Garabedian as the Vice-Chair of the CSMD Committee, and Ms. Turnipseed second the motion,
 - Move by acclimation that Dr. Garabedian is the new Vice Chair of the CSMD Committee were approved

CSMD Director's Report – Dr. D. Todd Bess

- Dr. Bess and Dr. Dilliard will be finish speaking at the 2018 University of Tennessee, College of Pharmacy weekend updates
 - Johnson City/January 27 & 28
 - Jackson/February 10 & 11
 - Memphis/February 17 & 18
 - Franklin/March 3 & 4
 - Cookeville/March 10 & 11
 - Chattanooga/March 24 & 25
 - Knoxville/April 7 & 8
 - Murfreesboro/April 28 & 29
- Dr. Bess shared with the committee the 2018 Comprehensive and Concise Legislative Report was sent over by March 1, 2018;
 - 2018 Concise CSMD Legislative Report
<https://www.tn.gov/content/dam/tn/health/healthprofboards/csmd/2018%20Concise%20CSMD%20Annual%20Report.pdf>
 - 2018 Comprehensive CSMD Legislative Report
<https://www.tn.gov/content/dam/tn/health/healthprofboards/csmd/2018%20Comprehensive%20CSMD%20Annual%20Report.pdf>
- There is a new feature on the patient report that shows TennCare Lock in Pharmacy.
 - The CSMD Outreach now provides prescribers and pharmacists understanding of this new clinical risk indicator
- The CSMD committee complied with the CDC MME Conversion logic for buprenorphine products that was released Fall 2017
 - Tennessee sent new language to Appriss to put on the patient report
 - The new language is set to go into production by April 20, 2018
- Update on sharing data with Georgia;
 - Their SB 407 passed and Georgia is starting the prep work with their legal department
 - Tennessee goal is to have this completed by the end of May 2018
- Update on the Appriss contract
 - Tennessee sent the contract to Appriss TDH is awaiting hear back from Appriss
- Improvement to the database

- Added a box to the pic list on the patient request page that state “None of these patients” to select when looking up patients when provides do not see their patient in the CSMD
- Our next CSMD committee meeting is scheduled for July 10, 2018

The meeting adjourned at 11:20 a.m.