

The Commonwealth of Massachusetts
Special Commission on Substance Misuse and
Pain Treatment

December 1, 2016

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

William F. Welch
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Section 58 of Chapter 52 of the Acts of 2016, the *Special Commission on Substance Misuse and Pain Treatment* (Special Commission) is pleased to submit the following recommendations to the General Court, along with a list of references and resources that are available on this important topic.

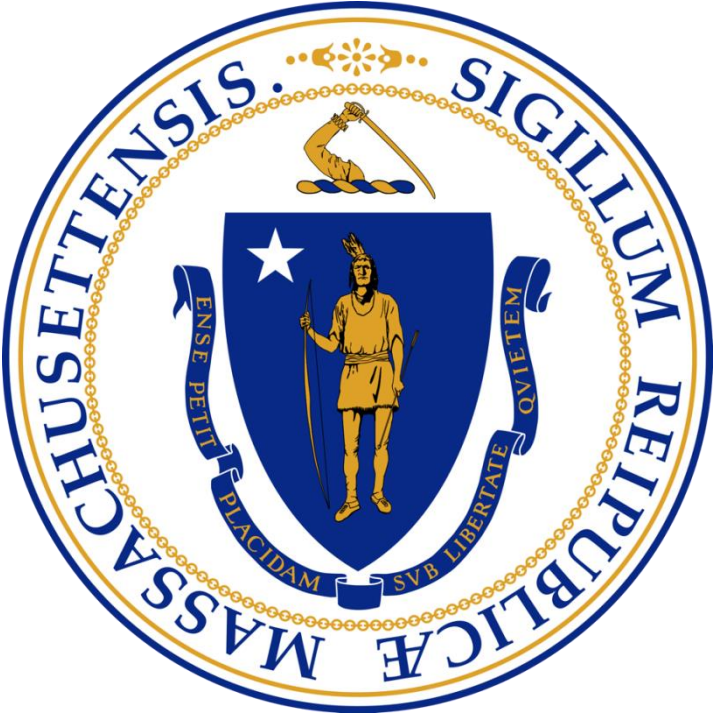
On behalf of the Special Commission, I would like to express my sincere gratitude to the Legislature and the Baker-Polito Administration for the opportunity to undertake this important effort, as well as for their dedicated leadership and resolute focus on addressing the current opioid epidemic.

Sincerely,

A handwritten signature in black ink, reading "Myechia Minter-Jordan".

Myechia Minter-Jordan, MD
Chair, Special Commission on Substance Misuse and Pain Treatment
President and CEO, The Dimock Center

RECOMMENDATIONS FROM THE SPECIAL COMMISSION ON SUBSTANCE MISUSE AND PAIN TREATMENT



December 2016

Background

Substance Use Disorder (SUD) is a complex chronic disease characterized by compulsive alcohol/drug use and/or behaviors, cravings, and continued use despite harmful consequences. SUD causes immeasurable harm to individuals, as well as their families, friends, and communities. SUDs can also put people at risk for the development of health problems, including life-threatening infections such as HIV and hepatitis, cirrhosis, cognitive decline, overdose, unplanned pregnancy, family disintegration, domestic violence, criminal behavior, child abuse, and death. According to the National Institute on Drug Abuse, the overall cost of substance abuse in the United States exceeds half a trillion dollars, including health- and crime-related expenses, as well as losses in productivity.

Massachusetts is particularly affected by opioids and opioid addiction. As in other states, the 1990s and 2000s were marked with substantial increases in prescribing of opioids for acute and chronic pain. This increased access to prescription opioids has been followed by increased availability of heroin. A decade ago, the most prevalent substance reported to the Bureau of Substance Abuse Services (BSAS) at the time of admission for addiction treatment in Massachusetts was alcohol. In 2015, the most prevalent reported drugs were opioids. The percentage of BSAS admissions that were opioid-related increased from 31% in 2000 to 55% in 2014. The Health Policy Commission has reported similar substantial increases over the same period for Massachusetts emergency department visits and hospitalizations.

Nationally, and in Massachusetts, there has been a dramatic increase in fatal and nonfatal opioid overdoses since 2000. In November 2016, DPH reported that there were at least 1,574 confirmed opioid-related deaths in Massachusetts during 2015. In comparison, there were less than one-quarter as many confirmed Massachusetts opioid-related deaths (338) in the year 2000. DPH also reported 1,005 confirmed cases of unintentional opioid overdose deaths for the first nine months of 2016, with an estimated 392 - 470 suspected opioid-related deaths that may be added to that total, a pace higher than the first nine months of 2015.

Upon assuming office, Governor Baker identified addressing the opioid epidemic as one of his top priorities, and convened an 18-member Opioid Addiction Working Group tasked with

formulating a statewide strategy to combat this public health crisis. In June 2015, the Governor's Opioid Working Group released recommendations¹ and a comprehensive Action Plan² aimed at curbing the opioid epidemic. These short and long-term recommendations focus on Prevention, Intervention, Treatment and Recovery Support. More than ninety-three percent (93%) of the initiatives in the Governor's action plan are complete or underway.³

Governor's Prescriber Education Working Groups on Prescription Drug Misuse

As one facet of the Baker-Polito Administration's multifaceted strategy to address the current public health crisis, in collaboration with institutions of higher education and professional societies, the Governor convened a series of four (4) working groups in an effort to equip the next generation of prescribers with the knowledge and skills to curb the opioid epidemic. Four working groups – medical, dental, advanced practice nursing (APRN), and physician assistant (PA) – comprised of over 60 national experts representing all of the Commonwealth's prescriber education programs, as well as the professional societies of each of these prescriber professions voluntarily met over the course of 6 months and 9 in-person meetings. Members of these working groups represented a broad range of expertise including, but not limited to, expertise in medical, dental, and nursing education, addiction, oral and maxillofacial surgery, psychiatry, public health, restorative dentistry, neurology, pediatrics, family medicine, community health, emergency medicine, toxicology, anesthesia, pharmacology, and biomedical and biomaterial sciences.

The working groups conducted a literature review related to prescription drug misuse, substance use disorders, safe prescribing, and pain management. This review highlighted an unmet need for documented interdisciplinary educational standards in the area of prevention and management of prescription drug misuse (*Note*: this review found a strong existing presence of pain management and safe prescribing documentation and educational standards). These meetings culminated in the development of the *Prescriber Education Core Competencies for the*

¹ <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/recommendations-from-the-governors-opioid-addiction-working-group.html>

² <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/stop-addiction-action-plan-update.html>

³ <http://www.mass.gov/eohhs/docs/dph/stop-addiction/opioid-working-group-update-september-2016.pdf>

*Prevention and Management of Prescription Drug Misuse.*⁴ These core competencies are framed from the perspective of an encounter with a patient who typically presents with pain (including dental or orofacial) and/or other symptoms for which a prescription medication with the potential for misuse may be indicated. The goal of the stated core competencies is to support future prescribers, over the course of their education and at the time prescribing habits are being formed, with both skills and a foundational knowledge in the prevention of prescription drug misuse, serving as a vital bridge between student education and residency training and/or practice. The Working Groups recognized these competencies as integral to the abilities of all students, residents, and practicing prescribers to safely and competently prescribe prescription drugs, and to successfully prevent, identify, and treat substance use disorders.

This cross-institutional agreement by the Commonwealth's 4 medical schools, 3 dental schools, 9 PA programs, and 16 APRN programs, as well as all of the prescriber professional societies represents a first-in-the-nation partnership that will result in incorporation of these competencies in *all* of the Commonwealth's prescriber program curricula, ensuring critical and necessary foundational best practices for prescription drug use and management are taught to the Commonwealth's more than ~8,200 enrolled prescriber students. Efforts to further increase adoption of these competencies continue as they begin to be recognized and incorporated by the Commonwealth's residency programs, and received attention from other states and the federal government, including the White House Office of National Drug Control Policy. Notably, the Massachusetts League of Community Health Centers recently adopted the core competencies across all member Community Health Centers.

STEP Act and Special Commission

To further implement the work plan identified by the Governor's Opioid Working Group, the Legislature and Governor worked collaboratively to craft and approve unprecedented legislation, signed into law by the Governor as *Chapter 52 of the Acts of 2016 – An Act relative to substance use, treatment, education and prevention (STEP Act)*. *The Special Commission on Substance Misuse and Pain Treatment Education (Special Commission)* was established

⁴ <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/stop-addiction-prescriber-education-core-competencies.html>

pursuant to Section 58 of Chapter 52 of the STEP Act. Consisting of 16 members, the Special Commission was appointed by statutorily named organizations and the Governor, reflecting a broad distribution of prescribers, pharmacists, academics, educators, and experts on substance use disorder and pain treatment. Over a series of two working meetings, as well as independent submissions by members for Commission consideration, the Special Commission built on the previous work of Governor's Prescriber Education Working Groups and the *Prescriber Education Core Competencies for the Prevention and Management of Prescription Drug Misuse*.

Overarching themes of the meetings of the Special Commission included increased incorporation of SUD and pain management into the clinical training of prescribers, including care of at-risk patient populations; creation and implementation of inter-professional and cross-institutional standardized evaluations for SUD and pain management competencies; the development and maintenance of information- and resource-sharing platforms for students, educators, and practicing health care professionals; an emphasis on greater cross-institutional, inter-professional, and interdisciplinary collaboration on SUD and pain management education, clinical training, resource-sharing, and professional collaboration inclusive of a broader span of health professions.

It should be noted that Chapter 52 of the Acts of 2016 also established a *Special Commission to Examine the Feasibility of Establishing a Pain Management Access Program* with the goal of increasing access to pain management for patients in need of comprehensive pain management resources. This commission is tasked with looking at many aspects of pain management from access to provider training, as well as ways to incorporate the full spectrum of pain management options into provider care. The task of this commission is timely and important as it is estimated by the Massachusetts Pain Initiative that approximately 1.2 million or 25% of Massachusetts residents live with chronic pain⁵ consistent with national epidemiological estimates supporting that chronic pain is a major public health problem impacting 126 million Americans.⁶ Given this high prevalence and the impact pain has on

⁵ http://masspaininitiative.org/files/MassPI_Pain_Survey_-_Executive_Summary_v3.pdf

⁶ Macfarlane, G.J. (2016) The epidemiology of chronic pain. *Pain*, 157(10), 2158-2159

health, wellbeing and longevity, the *Special Commission on Substance Misuse and Pain Treatment* looks forward to receiving and reviewing the important recommendations of the *Special Commission to Examine the Feasibility of Establishing a Pain Management Access Program*.

The following recommendations reflect the broad consensus and unanimous vote by the members of the Special Commission and reflect important next steps that the Governor's Administration, the General Court, professional societies, prescriber education programs, and Special Commission member colleagues may collaboratively take to build on the Commonwealth of Massachusetts' recent successes.

RECOMMENDATIONS OF THE SPECIAL COMMISSION ON SUBSTANCE MISUSE AND PAIN TREATMENT

1. **Broader adoption and dissemination of the *Prescriber Education Core Competencies for the Prevention and Management of Prescription Drug Misuse***, through expansion across the continuum of the Commonwealth's diverse clinical training programs, spanning undergraduate education, graduate and postgraduate education including clinical training such as residencies and fellowships, and continuing education for practicing professionals;
2. **The creation of a cross-institutional performance-based assessment** to qualitatively and/or quantitatively assesses the competency of learners, trainees, and licensed prescribers in SUD and assessing/managing pain, patient and family education, and patient-centered treatment planning, including alternative treatment strategies. Said evaluation should include a lens towards health disparities, including an evaluation of conscious and unconscious bias of training and treatment by *both the student and faculty*, and should be voluntarily adopted by all prescriber education programs in the Commonwealth and incorporated into re-licensure, re-certification, and continuing education;
3. **Adoption of nationally-recognized learning modules** by all prescriber and dispenser educational programs;
4. **The creation of cross-institutional best practices for pharmacists** including safe storage and dispensing and patient and family education;
5. In addition to mandatory didactics, **setting baseline requirements for competency-driven clinical experience in addiction and pain management** during the training of all prescribers which encourages inter-professional and cross-institutional team-based training and curricular activities, inclusive of a broad group of health-related professions (including, but not limited to, pharmacists, registered nurses, licensed practical nurses, medical assistants, massage therapists, social workers, veterinarians, physical and occupational therapists, athletic trainers, acupuncturists, and clinical psychologists);
6. **Enhanced curricular interventions regarding the clinical assessment and treatment of dual-diagnosis patients**, as well as at-risk patient populations such as veterans, homeless individuals, and survivors of domestic violence;
7. **The creation of a Massachusetts Train-the-Teacher Cooperative**, allowing schools, clinical training programs, and health care organizations and institutions to share pain and SUD educators, experts, and training resources that create opportunities for enhanced teacher training and educational role modeling;
8. **The creation and maintenance of a clearinghouse**, accessible to educators and professionals of all disciplines, to facilitate dissemination and discussion of recommended journal articles, curricula, and other resources on pain, SUD, and pharmacological and non-pharmacological treatment options;
9. **Increased training, education, and competency assessments** of all students, trainees, and practicing clinicians regarding pain assessment and management and evidence-based SUD treatment modalities including FDA-approved medications; and,
10. **The creation and ongoing maintenance of a web-based module summarizing applicable state and federal laws, regulations, and policies** to increase awareness and clarity of the professional duties and requirements of prescribers and dispensers practicing in the Commonwealth.

Appendix A:

Membership of the Special Commission on Substance Misuse and Pain Treatment

Daniel P. Alford, MD, MPH

Professor of Medicine,
Director of the Clinical Addiction Research and
Education Unit,
Boston University School of Medicine

Paul Arnstein, RN, PhD, FNP-C, ACNS-BC

Massachusetts Pain Initiative
MGH Institute for Patient Care

Todd Brown, MHP, RPh

Executive Director, Massachusetts Independent
Pharmacists Association;
Clinical Instructor and Vice Chair, Northeastern
University School of Pharmacy

Daniel Carr, MD

Professor of Public Health and Community
Medicine;
Professor of Anesthesiology and Medicine;
Director, Pain, Research,
Education, and Policy Program,
Tufts University School of Medicine

Mary-Beth A. Cooper, PhD, DM

President, Springfield College

Nitigna Desai, MD

Chief Addiction Psychiatry Service Line and
Director, Veterans Center for Mental Health and
Addiction Treatment Program,
Bedford VA Medical Center;
Assistant Professor of Psychiatry,
Boston University School of Medicine

Henry L. Dorkin, MD

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Clinical Chief, Division of Respiratory Diseases,
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NP and Site Geriatric Champion,
Harvard Vanguard Medical Associates

Todd Griswold, MD

Director, Medical Student Education in Psychiatry;
Assistant Professor of Psychiatry, Harvard Medical
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Myechia Minter-Jordan, MD (Chair)

President and CEO,
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Michele Pugnaire, MD

Senior Associate Dean Educational
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Sheri Talbott, PA-C

Immediate Past President,
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Brad Ulrich

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Boston University School of Medicine

Nalan Ward, MD

Medical Director for Addiction Services,
West End Clinic, Massachusetts General Hospital;
Instructor in Psychiatry, Harvard Medical School

Appendix B: SECTION 58 of Chapter 52 of the Acts of 2016

SECTION 58.

(a) There shall be a special commission to study the incorporation of safe and effective pain treatment and prescribing practices into the professional training of students, except veterinarian students, that may prescribe controlled substances.

(b) The special commission shall consist of the following members or their designees: the chancellor of the University of Massachusetts medical school; the dean of Harvard Medical School; the dean of Boston University School of Medicine; the dean of Tufts University School of Medicine; a representative of The Massachusetts Association of Physician Assistants, Inc.; a representative of the Massachusetts Nurses Association; a representative of the Massachusetts Medical Society; a representative of The Massachusetts Hospital Association, Inc.; a representative of the Massachusetts Pain Initiative; and 6 members to be appointed by the governor, 2 of whom shall be representatives of the pharmacy industry, 1 of whom shall be a representative of a nursing school and 1 of whom shall be a representative of a physician assistant training program. The governor shall appoint a chair of the committee; provided, however, that the first meeting of the commission shall take place on or before than June 1, 2016.

(c) The special commission shall develop recommendations to ensure future prescribers have an understanding of: (i) pain treatment; (ii) the development of a pain management treatment plan and safe prescribing practices of controlled substances; (iii) the effective use of the prescription monitoring program; (iv) substance use disorder symptoms and treatment options; (v) alternative pain management options; and (vi) state and federal laws and regulations related to controlled substances.

(d) The special commission shall submit its recommendations, together with drafts of any legislation, to the clerks of the house of representative and the senate, the chairs of the joint committee on higher education and the chairs of the joint committee on mental health and substance abuse on or before December 1, 2016.

Appendix C: Selected Reference Material and Resources Submitted by the Special Commission

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