

Thursday, June 23, 2016
WebEx
Final Meeting Summary

Goals and Anticipated Outcomes

- New and Old Business
- Council reports and activities

Attendance

Present: Frank Federico, IHI (Chair); Ashok Ramalingam, DoD (Vice Chair); Leigh Purvis, AARP; Diane Cousins, AHRQ; Barry Dickinson, AMA; Ryan Burke, APhA; Ann Gaffey, ASHRM; Joan Enstam Baird, ASCP; Bona Benjamin, ASHP; Todd Bridges, FDA; Michael Gaunt, ISMP; Ronald Wyatt, The Joint Commission; E. Robert Feroli, Medication Safety Officers Society; Tara Modisett, NASPA; Maureen Cahill, NCSBN; Elizabeth (Scotti) Russell, NABP; Caitlin Lorincz, National Patient Safety Foundation; Rita Brueckner, VA; Rita Munley Gallagher

Alternates Attending in Place of Primary Delegates: Donna Bohannon, USP

Absent: American Geriatrics Society, ANA, GPhA, Society of Hospital Medicine, Chrissie Blackburn, Deborah Nadzam

Alternates Attending with Primary Delegates: Matt Grissinger, ISMP; N. Lee Rucker, NCPPIE

Observers: Amy B. Cadwallader, AMA; Diana Kwan, USP; Emily Ann Meyer, USP

1. Opening, Procedural, and Administrative Matters

a. Welcome, Call Meeting to Order

Mr. Frank Federico, Chair, called the meeting to order at 1:00 p.m.

Ms. Emily Ann Meyer called roll and determined that a quorum was present.

b. Approval of the Summary of the Previous Meeting

Council Members reviewed the summary of the previous meeting and provided no changes.

Motion: Ms. Patricia McGaffigan moved to approve the summary of the previous meeting. The motion was seconded.

The motion was adopted by unanimous voice vote with no abstentions.

c. Approval of the Agenda

The Council members reviewed the meeting agenda.

Motion: Ms. Bona Benjamin moved to approve the meeting agenda.

The motion was adopted by unanimous voice vote with no abstentions.

2. Secretariat's Report

a. Update on Membership

Ms. Donna Bohannon explained that there had as yet been no success in finding a representative from the American Nurses Association. The Council was pleased, however to

welcome Dr. Carolyn Ha as the new representative from PhRMA. Dr. Ha introduced herself and explained that PhRMA was happy to reengage with the Council.

The following additional points were raised:

- Mr. Federico noted that NCC MERP was cited in a recent paper regarding a pediatric trigger tool.
- Dr. Ramalingam noted that the membership list on the Website was out-of-date.

Action Item

- Ms. Meyer and Ms. Bohannon will update the membership list.

3. Organizational Priorities

Mr. Frank Federico opened the discussion regarding member organizational priorities by noting that the Council's strength comes from the diversity of members. In preparing for the fall meeting, members will be invited to contribute topics to the agenda. Additionally, there will be some time spent discussing hot topics, and whether the Council should issue new statements.

Mr. Federico added that one of the recurring themes in the last NCC MERP meeting was the opioid epidemic, and asked whether this was an area to which the council could contribute.

Discussion

Participants raised the following points:

- The White House has released information about combatting opioid abuse.¹
- Following a survey of members the National Patient Safety Foundation is encouraging caregivers to "get back to basics" and remember that there are other options to address and assess pain.
- The Joint Commission recently issued a clarification regarding its pain standards.²
- In long-term care the opioid problem is different. While there are problems with inappropriate prescribing, there are also problems with ensuring appropriate access to those that need it. The American Society of Consultant Pharmacists recently met with the Drug Enforcement Administration to address the issue of access to patients in need, some of whom are at the end of life.
- ASHP is seeking a grant to couple prescription drug monitoring programs with patient-specific pain management plans to ensure legitimate pain patients do not have their prescriptions denied.
- The AMA has recently formed a task force in conjunction with the ADA and AOA. They have recently received a grant to provide educational access and statewide campaigns to reduce opioid harm.³
- The CDC's guidelines are voluntary and have some shortcomings. Limiting supply is not the only option. Those that are already addicted will move to heroin or another illicit drug.
- The National Council of State Boards of Nursing has presented several opioid-related topics to the members and provided learning extension courses. They advocated for increase in addiction therapy and behavioral health access.
- The American Pharmacists Association launched an opioid abuse resource center in March.⁴ It is difficult for pharmacists in the community setting to know whether a patient

¹ <https://www.whitehouse.gov/the-press-office/2016/03/29/fact-sheet-obama-administration-announces-additional-actions-address>

² http://jointcommission.new-media-release.com/2016_statement/index.html

³ <http://www.ama-assn.org/ama/pub/advocacy/topics/preventing-opioid-abuse/opioid-abuse-task-force.page>

⁴ <http://www.pharmacist.com/opioid-use-abuse-and-misuse-resource-center>

has an abuse disorder. That is a diagnosis, and pharmacists cannot diagnose; the policing has to happen up the line.

- The ISMP remains involved in the HEN program, actively leading the Adverse Drug Event (ADE) project for the HAP PA-HEN. Addressing ADEs with the use of opioids is one of three arms in the ADE project. This opioid project tends to focus more on preventing harm from errors involving opioids than abuse of the drugs.

Mr. Federico then repeated his question as to whether this is an area for which the Council could issue a statement. Participants indicated the following:

- The space is already very crowded with a number of different initiatives, statements, and mandates coming from multiple directions.
- One of the things that is concerning is the finger-pointing.
- There may be something that can be done in the future, but not at this time.
- It may be worthwhile to develop an overview document that identifies the multiple subissues related to this issue and links to work that has already been done.

4. Next Meeting

The next meeting will be Thursday, November 3, 2016. It will be a full day (10am-4pm) meeting at ASHP.

Please send agenda topics to either Mr. Federico or USP.

The meeting adjourned at 2:00 p.m.