My name is Brendan Abel, and I **represent the Massachusetts Medical Society**. We wish to thank the members of the Mental Health and Substance Abuse Committee for their interest in opioid related issues, and Chairs Malia and Flanagan for the invitation to today's hearing. In addition to my remarks today, we've submitted written testimony as well as materials outlining our opioid prescribing continuing medical education offerings, which I'll reference shortly.

I wanted to begin by conveying the regrets of our President, Dr. Dennis Dimitri, a family physician and faculty member of UMass Medical School, and of our President-Elect, Dr. Jim Gessner, an anesthesiologist and the chair of our own Task Force on Opioids. Unfortunately, their clinical responsibilities did not allow for their attendance. They would welcome the opportunity to come back to the committee, or to meet with members individually.

The Medical Society is committed to helping fight this opioid epidemic, and part of that, as we've heard today, is to limit extraneous prescription drugs from getting into the wrong hands. We approach the opioid epidemic , of course, with the concurrent commitment to continue to support the highest clinical standards in the provision of medical care and in the compassionate and effective diagnosis and treatment of our patients. We do not think that these two worthy goals are mutually exclusive, and we're committed to finding innovative ways to strike the balance to pursue both ends.

I wanted to take my couple of minutes to convey a few observations from our members, and then to update all of you on the steps that Medical Society has taken to be part of the solution.

First—and I know this has been referenced several times today—but the Medical Society continues to advocate strongly for an overhaul of the Prescription Monitoring Program. Revamping the PMP presents a proven, concrete step that be taken to provide physicians with the tools necessary to identify patients of concern, and to take the proper steps to intervene to improve health, and prevent diversion or further substance use. We cannot continue to think that patches or pilot programs will work- we need a new, state-of-the-art system that is integrated into clinical practice. The system needs to be efficient and reliable. Usability needs to be prioritized. And of course, we need the data to be real time, and ideally, intra-state.

Second, and relatedly, we need to delve into the valuable data from the PMP to answer questions that can inform additional solutions. There are too many unanswered questions and, quite frankly,

assumption based on anecdotes. Our physicians are trained to approach clinical cases through an evidence-based process, working a differential diagnosis to a definitive treatment plan- all data driven. The same should apply for the opioid epidemic. We need a root cause analysis for the problem.

Third, the medical society has been working closely with Senator Keenan's office to support legislation to promote "partial fills" at pharmacies. We think this is a thoughtful, clinically sound means by which to reduce unnecessary opioids from medicine cabinets.

I am most happy to be here today, though to tell you that the Medical Society itself has been hard at work addressing this crisis. This has been an "all hands on deck" response. I wanted to share with you a few examples.

First, the Medical Society offers and is developing many different continuing education courses on safe prescribing and opioids. Currently, physicians have access to 13.5 hours/credits of pain management/opioid prescribing education with an additional 3 - 4 hours/credits to be available by end of summer 2015. Additionally, I'm proud to announce that we will be making many of our opioid prescribing courses free of charge for all prescribers. The Medical Society is proud to take a lead on prescriber education.

Second, the Medical Society is preparing to launch a strategic education campaign for patients and physicians to raise awareness about how theft and diversion feed prescription drug abuse, and about how to properly store and dispose of prescription drugs. We plan to promote these important messages through multiple channels, including informational pamphlets that will be available in physician offices. Proper storage and disposal needs to be part of the opioid prescribing conversation- it is an immediate, important step that can be taken to reduce the availability of drugs that can be diverted.

Third, the Medical Society has a Task Force on Opioids that has been hard at work. They've identified problematic areas within their daily practice, and they're working on actionable solutions. For example, some primary care physicians and pain specialists on the Task Force acknowledged that there can be poor communication during referrals regarding pain management. Can be confusion about which physician is in charge of pain management or ongoing maintenance and when hand-offs take place. The task force is developing templates and checklists to help our members improve peer to peer communication to ensure that these gaps are addressed.

I want to end with an interesting observation made a meeting last week at the Medical Society. At the table, at a meeting about opioids, was Dr. Pieters our immediate Past President, and Dr. Dimitri and Dr. Gessner who I referenced at the outset of my remarks. Among them was a palliative care physician, a family medicine doctor, and an anesthesiologist. All treat patients with pain- but the commonality ends there- terminal pain treated by Dr. Pieters is different than chronic pain treated by Dr. Dimitri, which is different than the acute, post-surgical pain that dealt with by Dr. Gessner. All three examples represent legitimate, complex clinical presentations of pain--- importantly, though, all three have separate and distinct problems and solutions- each requiring nuanced responses to fight this opioid epidemic while maintaining patient's rights to receive proper clinical care.

We look forward to working with you on this issue, we'll look forward to continue to provide updates on many other initiatives that the medical society is taking to help alleviate this public health epidemic.