

# OHIO PAIN MANAGEMENT TOOLKIT



**Join us for FREE up-to-date information on Ohio's opioid epidemic!**

Get instructions on how to use the toolkit—including all details, documents, questionnaires, patient agreements and more.

## IN 2017, OHIO HAD 4,292 OVERDOSE DEATHS.

This was the second-highest rate of drug overdose deaths in the United States at 39.2 deaths per 100,000. *And surprisingly, according to the the Ohio Board of Pharmacy, Ohio primary care physicians prescribe more opioids than any other specialty.*

In order to address this problem, the Ohio State Medical Association, Medical Advantage Group and Ohio Department of Health developed the **Ohio Pain Management Toolkit** for Primary Care Providers. The toolkit contains 10 suggested strategies for primary care offices to follow to assure a consistent approach to pain management and reduce the potential for over-prescribing opioid analgesics against the risk of addiction when treatment with an opioid is determined to be clinically necessary.

## CONTINUING PROFESSIONAL DEVELOPMENT:

- The Ohio State Medical Association is accredited by the ACCME to provide continuing medical education for physicians. The OSMA designates this live educational activity for a maximum of **1.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- Many licensing/credentialing organizations accept courses/credits from any provider who is ACCME accredited and awards **AMA PRA Category 1 Credit™**

**Bringing physicians together for a healthier Ohio**

# Implementing Ohio Rules and Guidelines for Prescribing Opioids for Acute, Subacute, and Chronic Pain in Primary Care Settings

Hear tested strategies that may improve your pain management processes and achieve better patient outcomes.

## Our speakers include:

**Beth Dille, CPC, CPPM**, Executive Director, Fisher-Titus Medical Care

**Reggie Fields**, Senior Director, External & Professional Relations, Ohio State Medical Association

**Kelley Montague**, Manager of Quality Improvement, Medical Advantage Group

**Hilary Requejo, MPH, CHES**, Drug Overdose Prevention Project Coordinator, Ohio Department of Health

You must register for one of these training sessions in order to receive the link to the 43-page toolkit and 219-page appendices documents. Attendees at the June 27th class will also receive a print copy of the toolkit.



## LIVE WEBINAR

**THURSDAY, JUNE 20 • 2019**

11:30 a.m. – 12:30 p.m.

**THURSDAY, JUNE 20 • 2019**

4:00 p.m. – 5:00 p.m.

**TUESDAY, JUNE 25 • 2019**

8:00 a.m. – 9:00 a.m.

**TUESDAY, JUNE 25 • 2019**

7:00 p.m. – 8:00 p.m.

Each listener on the call may receive CME credit or certificate of attendance upon after completion of an evaluation. To fully participate you will need a computer with speakers or a telephone and a reliable Internet connection.



## LIVE CLASSROOM

**THURSDAY, JUNE 27 • 2019**

8:00 a.m. – 9:00 a.m.

(Registration and Breakfast at 7:30 a.m.)

Conference Center at the OCLC - Lakeside Room  
6600 Kilgour Place, Dublin, OH 43017

# FREE REGISTRATION



*Deadline to register is 3 business days prior to the event date.*

## REGISTER FOR A WEBINAR

*Please register online at the following links for the date/time you'd like to join:*

**JUNE 20 • 11:30 a.m. – 12:30 a.m.**

>> Register at <https://bit.ly/2HHoZ77>

**JUNE 25 • 8:00 a.m. – 9:00 a.m.**

>> Register at <https://bit.ly/2VWW04m>

**JUNE 20 • 4:00 p.m. – 5:00 p.m.**

>> Register at <https://bit.ly/2QtXK3T>

**JUNE 25 • 7:00 p.m. – 8:00 p.m.**

>> Register at <https://bit.ly/2JlgNqB>

## REGISTER FOR LIVE CLASSROOM • JUNE 27 • 8:00 a.m. – 9:00 a.m.

*Three easy ways to register via the form below:*

**PHONE:**

Call (800) 766-6762

**FAX FORM TO:**

(614) 527-6763

**EMAIL THIS FORM TO:**

[info@osma.org](mailto:info@osma.org)

Participant #1: Full Name & Credentials \_\_\_\_\_

Participant #2: Full Name & Credentials \_\_\_\_\_

Participant #3: Full Name & Credentials \_\_\_\_\_

Participant #4: Full Name & Credentials \_\_\_\_\_

*Please add additional names on a separate sheet or copy this form.*

Practice/Group Name or Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**SUBSTITUTIONS/CANCELLATIONS:** WHILE THERE IS NO REGISTRATION FEE, WE REQUEST THE COURTESY OF A NOTIFICATION TO [INFO@OSMA.ORG](mailto:info@osma.org) IF YOU CANNOT ATTEND.