



Opioid Abuse Advisory Committee

Deputy Secretary Tom Martinec, Chair

Meeting 1 Minutes
Wednesday, November 2, 2016

Ramkota Conference Center
Pierre, SD

The first meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Chair Deputy Secretary Tom Martinec at 10:00 a.m. (CST) at the Ramkota Conference Center in Pierre, South Dakota. The following members of the Advisory Committee were in attendance: Deputy Secretary Tom Martinec, Chair; Kristen Bunt; Chris Dietrich, M.D.; Maureen Deutscher; Margaret Hansen, PA-C; Amy Hartman; Deputy Secretary Amy Iversen-Pollreis; Rob Loe, Pharm.D.; Kari Shanard-Koenders, RPh.; Senator Craig Tieszen; Senator Jim White; and Brian Zeeb. Advisory Committee members not in attendance were Sara DeCoteau and Captain Jon Schuchardt.

Support staff in attendance included: Sharon Chontos, Kiley Hump, Ashley Miller, MPH; Susan Sporrer, and Nato Tarkhashvili. Additionally, Melissa DeNoon, RPh. from the South Dakota Pharmacy Board presented and attended the meeting. There were four attendees from the public.

NOTE: All referenced documents distributed at the meeting can be found on the Department of Health website at <https://doh.sd.gov/news/Opioid.aspx>.

Welcome and Remarks

Secretary Kim Malsam Rysdon welcomed the Advisory Committee members and thanked them for their service to this important effort. She was proud of the commitment of the members to meet and work together to address opioid abuse and misuse in South Dakota. She noted South Dakota numbers of death due to opioid overdose is not high; however, even one death is too many. Secretary Malsam-Rysdon explained the South Dakota Department of Health (SD DOH) received a Centers for Disease Control and Prevention (CDC) grant titled Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI). The project is to support and build efforts to track and understand the full impact of opioid use and abuse in South Dakota and work with partners in the state to develop a strategic plan to address opioid use/abuse in the state. This Advisory Committee is an important part of the grant project.

As part of the planning strategy, a needs assessment to identify other potential data sources, key stakeholders, and gaps will be completed in Year 1. The needs assessment will lead to the development of a strategic plan to address identified needs and strengthen the state's capacity to prevent misuse/abuse of opioids in South Dakota.

Background on Opioid Abuse in the United States and South Dakota

Ashley Miller and Nato Tarkhashvili, SD DOH, presented data on drug-associated hospitalization and deaths in South Dakota from 2006 to 2014. They employed methodology proved by the Council of State and Territorial Epidemiologists (CSTE) which provided direction on which codes to include in analysis and how to analyze the data on drug overdoses and deaths. The data included both primary or underlying

cause due to drugs and more specifically, opioids. The data was age-adjusted so the population data can be compared against other data sets. In 2014, South Dakota was ranked 49th out of 50 states and the District of Columbia for age-adjusted drug overdose death rates. South Dakota rate was 7.8 per 100,000 people versus the U.S. rate of 14.7. Deaths due to opioids increased from a rate of 3.2 in 2006 to 4.5 per 100,000 in 2014. During the period of 2006 – 2014, South Dakota had 250 drug associated deaths. Although the American Indian population is 9% in the state, 16.8% of the individuals who died associated with opioids were identified as American Indians.

During the period of 2006 – 2014, there were 2,523 hospitalizations due to drug overdose. Again, American Indians were disproportionately represented at 19.7%. The hospitalization data only refers to overnight stays and does not include emergency room or clinic visits. Refer to the presentation (Drug Associated Nato2AM). The Committee members requested additional data analysis which is summarized in the action items below.

Susan Sporrer, SD DOH, noted five strategies have been effectively deployed in other states.

- Prescription Drug Monitoring Program (PDMP). South Dakota adopted a PDMP program which was described later in the meeting.
- Prescriber Education. Prescribers include but are not limited to physicians, physician assistants, and dentists. Development of resources/guidelines for prescribers in their practice to help prevent high-risk prescribing.
- Public Education. Raise public awareness about the danger of prescription opioids and heroin.
- Access to Naloxone. Remove barriers to access of naloxone, a treatment that can save an overdose victim. Protect the responders and bystanders from the liability when prescribing or administering naloxone.
- Access to Treatment. Remove barriers to treatment access including drug addiction and underlying symptoms.

South Dakota Prescription Drug Monitoring Program (SD PDMP)

Melissa DeNoon, South Dakota Board of Pharmacy, presented background and status of South Dakota's PDMP program. As stated above, PDMP continues to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk. South Dakota ranks 45th of the 50 states and District of Columbia with a prescribing rate of 66.5 prescriptions per 100 residents. The U.S. rate is 82.5 prescriptions per 100 residents.

The SD PDMP was established by the State Legislature in 2010 (SDCL 34-20E) to improve patient care and to reduce diversion of dangerous drugs; operations began in March 2012 with data submitted retroactive to July 2011. Highlights of the program include dispensers must submit reports at least weekly to the database except for federal facilities (VA, AFB, IHS) which are not required to submit. However, IHS and VA do submit data. Reports generated are tools in prescribers' and dispensers' practices to improve patient care and to aid prescribers, dispensers and law enforcement in preventing and detecting illicit use of prescription controlled drugs. The overall goal is to prevent overdose deaths due to prescription drugs while preserving access for those in need of narcotic pain relievers and other controlled substances.

The future of the program includes integration of PDMP data into health system electronic health records (EHR) and pharmacy software systems. Integration benefits include immediate improvement in the patient care process, user workflows were streamlined and improved, pharmacist and prescriber satisfaction was highest when technology automated most workflow tasks. Integration of SD PDMP data into Avera Health System's EHR went live May 25, 2016. Integration of SD PDMP data into Sanford Health System's EHR is planned for 2017 through the newly awarded Harold Rogers PDMP Enhancement Grant.

Refer to the presentation (Prescription Opioid Abuse Adv Comm 11.02.16). The Committee members request to understand the impact of reducing the threshold from six prescribers and pharmacies to three. Refer to action items.

Medical Community Perspective

Dr. Chris Dietrich represented the South Dakota State Medical Association (SDSMA) to present the perspective of the medical community. Dr. Dietrich noted opioids may be over prescribed as prescribers care about suffering, time pressures on visits, patient satisfaction pressures and no reimbursement for treatment and evaluation of addiction. Risk factors include past or present addictions to other substances, including alcohol and tobacco, family history of substance abuse problems, young (especially teens or early 20s), certain pre-existing psychiatric conditions, and lack of knowledge about prescription drugs and their potential harm.

SDSMA and South Dakota Board of Medical and Osteopathic Examiners (BMOE) worked together to develop Administrative Rules that provide guidelines on opiate analgesics for chronic non-cancer pain. In addition, SDSMA recently issued a special edition of **South Dakota Medicine** titled *Addressing the Challenges of Prescribing Controlled Drugs*.

SDSMA and Dr. Dietrich suggested the following issues need to be addressed to better address the issue: access to and insurance coverage of alternative treatment methods and/or rehabilitation services; access to pain specialists; and access to and insurance coverage of drug addiction treatment. Refer to the presentation titled SDSMA Presentation – Governor's Task Force on Opioid Addiction.

Inventory of Current Activities

Each agency represented at the meeting provided a brief update of what they are doing to address the opioid abuse/misuse issue.

Volunteers of America - Dakotas (VOA)

Amy Hartman reported VOA had the following programs including the New Starts for Adolescents and New Starts for Mothers programs which can be found on their website <http://www.voa-dakotas.org/New-Start-for-Adolescents>. VOA programs include:

- Heisler Substance Abuse
 - Chemical Dependency Evaluations and Assessments
 - Chemical Dependency Aftercare Program
 - Intensive Outpatient Chemical Dependency Treatment

- Inpatient Chemical Dependency Treatment
- LifeMarks Counseling
- Adolescent Intensive Outpatient Program
- New Start for Adolescents
- New Start for Women

South Dakota Department of Social Services (SD DSS)

Amy Iversen-Pollreisz provided information about the State's publicly funded behavioral health services. The State provides funds to pay for mental health and substance abuse services for those who meet programmatic and financial guidelines. Funding through the Division of Behavioral Health pays for inpatient and outpatient substance use disorder treatment and outpatient mental health treatment. In order to be eligible, clients must be under 185% of the poverty threshold or are undergoing significant financial hardship.

SD DSS was a successful applicant for a National Governor's Association Learning Lab on Telehealth Strategies for Expanding Access to Opioid Addiction Treatment. South Dakota is one of three states in the program. They are currently in the planning stage. The State teams will have an opportunity to visit a telehealth consultation program in New Mexico.

SD DSS was also the successful applicant for a 5-year Screening, Brief Intervention, and Referral to Treatment grant through SAMHSA. The purpose of the grant is to incorporate behavioral health screenings into primary care settings. The project will begin with two primary care clinics in Sioux Falls and will be expanded to other providers throughout the five-year grant period.

South Dakota State Medical Association (SDSMA)

Dr. Chris Dietrich reported SDSMA recently issued a special edition of **South Dakota Medicine** titled *Addressing the Challenges of Prescribing Controlled Drugs*. The journal contains several articles providing guidance to providers. In addition, a special committee on pain management and prescription drug abuse produced a white paper that can be found on their site: http://sdsma.org/docs/pdfs-new_site/Advocacy/WhitepaperUpdated.pdf. A checklist of evidence-based guidelines based on a review of the literature by a diverse group of physicians can be found at http://sdsma.org/docs/pdfs-new_site/Advocacy/checklist.pdf.

South Dakota Board of Medical and Osteopathic Examiners

The Board of Medicine in partnership with stakeholders developed Administrative Rules 20:78:06 - Opioid Overdose Prevention which can be found on the following site: <http://sdlegislature.gov/Rules/DisplayRule.aspx?Rule=20:78:06>. The rules were put in place October 20, 2016.

The Board investigates complaints on licensees. They are also facilitating and seeking collaboration with partners.

South Dakota Association of Healthcare Organizations (SDAHO)

SDAHO was the successful awardee of a CMS grant in partnership with the Iowa Healthcare Organizations. Specific activities were outlined to address adverse events which would include opioid abuse and misuse. SDAHO is also partnering with SDSMA to distribute their white paper. SDAHO also participated in the legislative summer study outlined below.

South Dakota Board of Pharmacy

Per Melissa DeNoon's presentation, the Board of Pharmacy manages the PDMP process and overall program. Kari Shanard-Koenders reported the Board is working to further integrate the program across the state. The Board is also looking for "Opioid Reservoir" strategies to eliminate the prescription opioids that are not being used and stored in patient's homes. Strategies include "Old Drug, Yellow Jug" program to dispose of unused medications and youth educations. The Board also supports pharmacies with questions and collaborates with the dental and medical boards.

South Dakota Pharmacists Association

Rob Loe reported the Association plans to be part of the "take back" program for medical disposals. Rob demonstrated a naloxone lock device that can be used for patients that are in a critical overdose situation. Although the device and medication are life-saving, they are very expensive. Rob reported there are many studies on the subject demonstrating evidence of its effectiveness.

South Dakota Department of Health (SD DOH)

Tom Martinec reported SD DOH manages the controlled substance registration process. Information on the program can be found on the following site: <https://doh.sd.gov/providers/licensure/controlled-substance.aspx>. Tom noted SD DOH promotes the PDMP program.

SD DOH is also shepherding this effort with funding from the CDC grant. Information on the Committee will be posted on the following site: <https://doh.sd.gov/news/Opioid.aspx>

Division of Criminal Investigators (DCI)

Brian Zeeb reported 362 narcotics cases have been launched year-to-date in 2016 with 17% having a direct nexus to Prescription Controlled Drugs. DCI has a strategic partnership with the PDMP and Board of Pharmacy while protecting patient rights. PDMP has been the key to success in reporting and analysis. The process notifies law enforcement and they partner with health care agencies.

As of August 2016, DCI agents have been issued Narcan Nasal Spray.

The Attorney General Office has launched a project titled No Meth Ever targeted at the college student audience. It is a college competition focusing on Meth Awareness in South Dakota. They also facilitate Project Standup which provides education to middle and high school students. Project Stand Up as well as an anonymous state wide texting platform to report drug crimes across the state. Project Standup is a public sponsored program and does not use tax dollars.

Family Representative

Maureen Deutscher shared her story of her son and his tragic death due to an opioid overdose. Maureen expressed appreciation to the Committee members for their efforts. She had met with Kevin Kirby and the Face It Together (FIT) team. They are initiating an education program targeting schools. She emphasized that education would have been the key for her family and encouraged the Committee to consider education as a strategy to deploy.

South Dakota Legislature

Senator Tieszen and Senator White summarized the Interim Study on Drug Abuse Prevention proposals. They include providing education in tribal schools in conjunction with the tribal leadership, improved monitoring of the drug registry, and enhancing the PDMP.

The study documents can be found at:
<http://sdlegislature.gov/Interim/CommitteeDocuments.aspx?KeywordID=486>

Public Testimony

Frank Carroll reminded the Committee that there are many South Dakotans with chronic pain that use these drugs successfully. Used properly, the pain medication makes life bearable for these people. He encouraged the Committee not to provide barriers.

Dr. Tom Hermann, SDSMA President and physician in Sturgis, emphasized the aim is responsible prescribing. He noted that SDSMA is willing to work as a team to get this right and develop good processes. He thanked the Committee for their efforts. Mark East, SDSMA Vice President, noted their work with the BMOE to promote the new Administrative Rules.

Action Items

Action items based on this meeting are as follows:

Further analyze the morbidity and mortality data. <ul style="list-style-type: none"> - How many died due to prescribed drugs? - Was the opioid in combination with another drug? - Update for 2015 hospitalization and deaths data - Emergency room data 	Ashley Miller Nato Tarkhashvili
Explore adding opioid overdose reportable on death report	Tom Martinec
Report to Committee if we tighten unsolicited reports from six to three, what would be impact?	Kari Shanard-Koenders Melissa DeNoon
Outline needs assessment proposal. Include an environmental assessment of resources across South Dakota.	Sharon Chontos Ashley Miller Kiley Hump
Share DSS statistics regarding behavioral health statistics for chemical dependency.	Amy Iversen-Pollreisz