



Opioid Abuse Advisory Committee

Meeting 4 Minutes
Thursday, July 27, 2017

Ramkota Inn Conference Center
Pierre, SD

The fourth meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Chair Tom Martinec at 10:00 a.m. (CST). The following members of the Advisory Committee were in attendance: Tom Martinec - Chair, Amanda Bacon (sitting in today for South Dakota Pharmacy Association and Committee member Steve Lee), Kristen Bunt, Chris Dietrich, Maureen Deutscher, Amy Iversen-Pollreisz, Kari Shanard-Koenders, Barb Smith, Representative Craig Tieszen, Robert VanDemark, Senator Jim White, and Brian Zeeb. Advisory Committee members not in attendance were Sara DeCoteau, Margaret Hansen; Amy Hartman, and Captain Jon Schuchardt.

Support staff in attendance included: Sharon Chontos, Melissa DeNoon, Kiley Hump, Rachel Oelmann, Susan Sporrer, and Laura Streich. Tiffany Wolfgang, SD Department of Social Services (SD DSS) – Behavioral Health Division, was in attendance as a subject-matter expert regarding substance use disorder counseling and treatment services and the SAMHSA State Targeted Response grant. Mark East (South Dakota State Medical Association) and Janelle Keller (SD DSS) were also in attendance.

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>.

May 1, 2016 Minutes Approval. Kari Shanard-Koenders motioned to approve the minutes and Kristen Bunt seconded the motion. The Advisory Committee approved the motion.

Needs Assessment Review. An overview and summary of needs assessment results was led by Sharon Chontos. She reviewed materials sent to the Committee to date, including the Executive Summary and associated appendices, and advised what each of the appendices contained at high-level. The impetus for completing the needs assessment are in alignment with CDC Data Driven Prevention Initiative (DDPI) priorities, coupled with requirements of the State Targeted Response (STR) to Opioid Crisis funding through SAMHSA (managed by SD DSS Division of Behavioral Health). Chontos provided a summary of other uses and benefits of the needs assessment, including but not limited to the identification of baseline data for future progress outcome monitoring and grant applications.

Chontos and Chairman Martinec facilitated a discussion around guiding principles and vision for the resulting strategic priorities, informed by the needs assessment findings. Principles include: a) ensure evidence-based medicine and behavioral health is promoted, b) target illicit supply and demand, and not prescribing and monitoring practices for people who need prescription opioids for pain management, c) make best use of resources in place and augment where necessary, d) leverage state resources to not duplicate efforts, e) ensure that the diversity of the state is reflected and that outcomes are culturally sensitive, f) increase capacity of communities to prevent and treat prescription opioid abuse through education and public awareness, g) ensure objectives are well defined so as to know efforts are

successful or need intervention, and h) promote collaboration of stakeholders including but not limited to patients, prescribing providers, pharmacists, criminal justice, substance use disorder counseling and treatment, and community recovery and support resources. Chairman Martinec noted that the vision is to be global in the strategic approach to addressing opioid use and misuse in South Dakota, but recognition of the reality that many stakeholders impact and drive various aspects of the work to accomplish the end goal. A draft plan will be produced based on the findings of the needs assessment and shared with the Committee to review and edit in advance of the next meeting.

Death certification and hospitalization data were not presented again today as the data has been previously discussed. Refer to the November 2, 2016 and January 4, 2017 minutes. Additional review and update to the information will occur in August 2017, and noteworthy changes will be provided to the Committee at its next meeting.

National Governor's Association (NGA) strategies were reviewed. Contributing state agencies (Department of Health, Department of Social Services, and Division of Criminal Investigation) scored South Dakota's progress in achieving the NGA strategies. The grading categories reflected: a) in place and being implemented; b) in place and gaining momentum, c) in place and slow progress, d) being considered but not in place, and e) no action. The highest 'grade' in prevention strategies within healthcare settings was applied to maximizing the use and effectiveness of state PDMPs. Health care strategies for treatment and recovery were noted as largely being considered and not in place, or in place but not fully implemented. Public safety prevention strategies were primarily graded as in place and gaining momentum. Public safety response strategies were noted as being considered and not in place, or in place but not fully implemented. The SAMHSA STR grant will move several strategies forward in South Dakota.

Quantitative and qualitative survey results regarding the use and efficacy of PDMP among prescribers was then reviewed. The Board of Pharmacy worked with APPRIS in October 2016 to conduct a survey regarding PDMP (PMP AWARe) satisfaction, the results of which contributed to the needs assessment. Note that satisfaction results reflected registered users only. Summary findings were reviewed in the following areas:

- There is an opportunity to increase the number of users and frequency of access in order to prevent fraudulent use and potential abuse.
- PDMP does influence prescription and dispensing; approximately 4 out of 5 pharmacists advised that PDMP data does influence their practice. 3 out of 5 medical and dental providers stated they were also influenced.
- Additional training in PDMP use was requested by medical/dental providers and criminal justice professionals.
- Access to surround state data was noted as a need among respondents.

Professional referrals and collaboration among prescribers and dispensers were also evaluated to understand how the referral process is operating, and the comfort level in following that process. Key recommendations reflect:

- Improve referral processes in order to increase patient referrals to substance use disorder (SUD) agencies.
- Train providers and pharmacists regarding investigative process, particularly HIPAA guidelines.

- Train professionals of how to identify opioid abuse and treatment strategies.
- Reinforce processes of consulting each other regarding PDMP red flags, fraudulent prescriptions, and prescription questions. Ensure hospitals, clinics and pharmacies have processes to flag over prescribing and methods to address.
- Increase trust and comfort of working cross functionally.

Dietrich commented that even prior to making a referral to treatment, clinicians are perhaps not aware of referral sources/community providers and services they may have available for patients. Data shows that the current top referral source is other alcohol and drug treatment providers, followed by family/friends of an individual with a suspected or known opioid misuse issue. Tieszen questioned validity of top referral source as someone/somewhere had to have referred the individual to the assessment agency to begin with. Discussion followed; clarification will be added to the needs assessment report to document the context by which to interpret the findings. Opportunities for collaboration between referral sources and treatment providers to make the process easier exist. White noted that connections between youth, families, and treatment options are an area to consider as well, and suggested that focus also be placed on youth education inclusive of local educational agencies, emphasizing seamless integration of access to treatment for young people.

Discussion among the committee members around referral process and assessment dynamics as it pertains to the law enforcement system was had. Concluded that jail system response to individuals with apparent opioid use issues varies greatly depending on the county in which the jail is located and available community resources.

The Committee reviewed results from substance abuse treatment provider survey. Demographics of opioid use disorder (OUD) patients from the 30 state accredited agencies that responded to the survey from June 2015 to May 2016 are included in the needs assessment slide deck posted on the Department of Health website. A noted recommendation is education for counselors in specific practices appropriate for OUD. Findings from the SUD survey was:

- Access to services in rural areas is limited.
- There is a lack of medication assisted treatment providers in the state.
- Average wait time to be seen varies greatly ranging from 0 – 30 days.
- A majority of patients attained prescription opioids themselves from their physicians or family member prescription.
- Three out of four opioid treatment patients had co-occurring mental health issues.

Overall, the recommendations from the Opioid Abuse Needs Assessment survey were:

- Increase understanding of Administrative Rule 20:78:06 – Medical Documentation Prescribing Controlled Substances for Non-Cancer Pain.
- Reinforce evidence-based prescribing practices.
- Integrate PDMP into electronic medical records.
- Train medical and criminal justice personnel to use and read PDMP reports.
- Increase communication among health care practitioners.
- Provide continuing education and training of healthcare and criminal justice professionals.
- Facilitate prevention programs and public awareness campaigns.

- Increase capacity and efficacy of OUD counseling and treatment.
- Increase treatment access, particularly medication assisted treatment.

CDC Opioid Abuse Media Campaign. Following the conclusion of the needs assessment findings review, a series of CDC-produced testimonial videos were presented by DOH; the committee agreed the CDC Opioid Abuse videos would be beneficial in a public service campaign. Senator White suggested that testimonial videos coupled with a brief pamphlet would be useful to present at community-based service organizations.

PDMP Update. A summary of PDMP registrants and associated metrics were reviewed, presented by Melissa DeNoon from the South Dakota Board of Pharmacy. DeNoon informed the Committee on shopper alerts. Dietrich noted that alerts for opiate plus benzodiazepine would be a strong alert to include. Zeeb asked DeNoon about the effectiveness of the unsolicited reports; feedback from prescribers has been largely positive. Tieszen suggested that the stakeholders within the committee consider expanding the notification / unsolicited report process to provide earlier notice. Reviewed requirements of SB 1, including mandated registration among CSR holders. Noted that as of July 26, 2017, a total of 71% of the total CSR registrants are now also registered in PDMP. DeNoon advised that South Dakota does permit data sharing; there are 21 states that participate in sharing including North Dakota, Iowa, Minnesota, and Montana. Wyoming is just getting on board to share data. Unfortunately, Nebraska is still statutorily unable to interstate data share; however, they will allow out of state practitioners to have Nebraska PDMP accounts. The drug take-back program is in progress; two pharmacies (Lewis Family Drug in Chamberlain and the Lewis Family Drug in Milbank) are receiving their take-back containers this week.

South Dakota State Medical Association (SDSMA) Presentation. Dietrich presented on behalf of the SDSMA regarding responsible opioid prescribing. Two goals were proposed: a) provide access to pain medications for those who need them; and b) manage the variety of risks posed by prescription opioids. SDSMA proposed six strategies to ensure patient safety and prevent diversion: a) incorporate evidence-based guidelines into practice; b) implement reliable patient management processes to assess, monitor and communicate; c) provide training, tools and education; d) integrate PDMP reports into health information technologies including health information exchange, EHR systems, and pharmacy dispensing software systems to streamline provider access.; e) improve the comprehensiveness of PDMP reports by initiating or increasing interstate PDMP data exchange; and f) discuss value of other strategies including prescribing rules (e.g., limits on refills, numbers of pills, informed consent, and treatment plan). SDSMA proposed a prescriber education program with a variety of delivery methods.

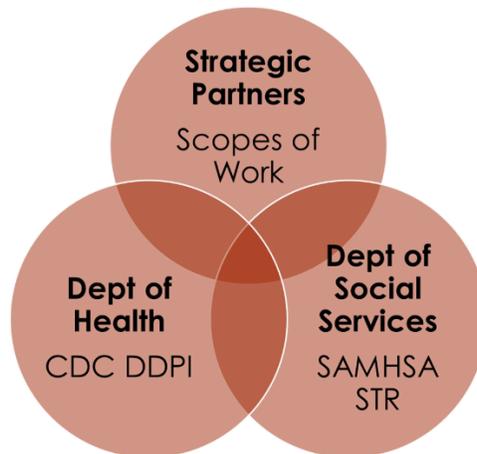
STR Status. Tiffany Wolfgang, SD DSS, provided a status update of the STR grant awarded to SD DSS. Of the \$2M award, 80% must be dedicated to increasing treatment capacity statewide. The remaining 20% may be used for prevention and public awareness programs. Focus areas include but are not limited to:

- Increasing statewide capacity in medication assisted treatment for OUD patients.
- Providing professional development to SUD employees on evidence based OUD counseling and treatment strategies.
- Launch a public service campaign to prevent OUD and route patients to seek help.
- Target prevention messages in Indian country.
- Use existing prevention resources and infrastructure to reach out to schools and communities.

- Build capacity of peer-based recovery agencies.

Strategic Plan. Evidence-based strategies and the Opioid Abuse Advisory Committee needs assessment will inform the strategic plan. The framework of the Opioid Abuse Advisory Committee strategic plan will be under the purview of the SD DOH and the CDC DDPI grant. A three-year plan will be drafted and sent to the Opioid Abuse Advisory Committee and will be the focus of the Committee’s September meeting. The plan will be organized under the NGA health prevention and treatment strategies.

SD DSS is also required to create a strategic plan for the SAMHSA STR grant. The STR strategic plan will overlap with the CDC DDPI grant, particularly in prevention, training, and public education. In addition, strategic partners such as criminal justice stakeholders may choose strategies and define action plans based on the needs assessment report and best practices in their field.



Public Testimony. Jeff Deutscher thanked the Advisory Committee for their efforts to prevent and address opioid abuse and misuse. Jeff’s wife, Maureen, is serving on the Committee in honor of their son, Nick, who is celebrating his second birthday in heaven.

Adjourn. The Committee adjourned at 3:00 p.m. and will convene again in September. In the interim, the Department of Health will finalize the needs assessment, a sub-committee will meet on August 24th to address prescription practice objectives, and a draft strategic plan will be sent to the Committee.