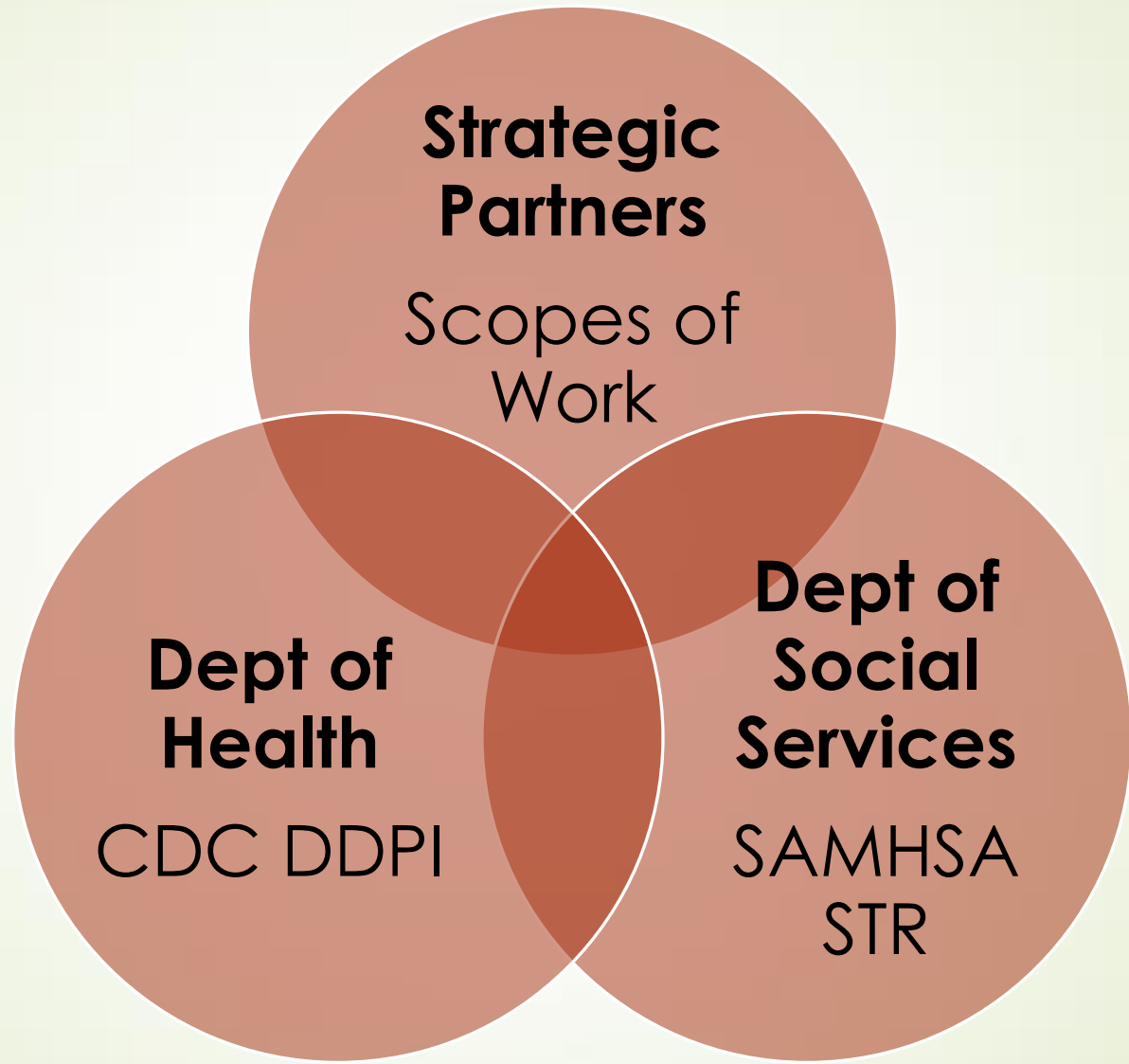





# South Dakota Opioid Abuse Advisory Committee

July 27, 2017





# Guiding Principles

- ▶ Ensure evidence-based medicine and behavioral health is promoted.
  - ▶ “Right drugs to the right people for the right reasons.” Target illicit supply and demand. The Committee recognizes responsible prescribing and monitoring practices for the people who need them.
  - ▶ Make best use of resources in place, and augment where necessary to equip prescribers and all stakeholders involved with the best, most accurate information from which to base a patient care plan.
  - ▶ Leverage all statewide resources in a coordinated, comprehensive approach so as not to duplicate efforts.
- 



# Guiding Principles

- All efforts – materials, programming and training – will ensure that the diversity of our state is reflected and that outcomes are culturally sensitive.
- Increase capacity of communities to prevent and treat prescription opioid abuse through education and public awareness.
- Ensure objectives are well defined so as to know efforts are successful or need intervention.
- Promote collaboration of all stakeholders including but not limited to: patients, families, prescribing providers, pharmacists, criminal justice, substance use disorder counseling and treatment, and community recovery and support resources.



Death Certificate Data

Hospitalization Data

PDMP Data



# National Governors Association

# NGA Strategy Assessment

## Health Care Strategies for Prevention and Early Identification

<b>In Place and gaining momentum</b>	<ul style="list-style-type: none"><li>• <b>Maximize the use and effectiveness of state PDMPs.</b></li></ul>
<b>In place and slow progress</b>	<ul style="list-style-type: none"><li>• <b>Develop and update guidelines for all opioid prescribers.</b></li><li>• Use public health and law enforcement data to monitor trends and strengthen prevention efforts.</li></ul>
<b>Being considered but not in place</b>	<ul style="list-style-type: none"><li>• Develop and adopt a comprehensive opioid management program in Medicaid and other state-run health programs.</li><li>• Expand access to non-opioid therapies for pain management.</li><li>• <b>Enhance education and training for all opioid prescribers.</b></li><li>• <b>Raise public awareness about the dangers of prescription opioids and heroin.</b></li></ul>
<b>No action</b>	<ul style="list-style-type: none"><li>• Limit new opioid prescriptions for acute pain, with exceptions for certain patients.</li><li>• Remove methadone for managing pain from Medicaid preferred drug lists.</li></ul>

# NGA Strategy Assessment

## Health Care Strategies for Treatment and Recovery

<b>In Place and gaining momentum</b>	
<b>In place and slow progress</b>	<ul style="list-style-type: none"><li>• <b>Create new linkages to evidence-based MAT and recovery services.</b></li></ul>
<b>Being considered but not in place</b>	<ul style="list-style-type: none"><li>• Change payment policies to expand access to evidence-based medication assisted treatment (MAT) and recovery services.</li><li>• <b>Increase access to naloxone.</b></li><li>• <b>Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services.</b></li><li>• <b>Reduce stigma by changing the public's understanding of substance use disorder.</b></li></ul>
<b>No action</b>	<ul style="list-style-type: none"><li>• Consider authorizing and providing support to syringe service programs.</li></ul>



# NGA Strategy Assessment

## Public Safety Strategies for Reducing the Illicit Supply of Demand for Opioids

### In Place and gaining momentum

- **Establish a collaborative information sharing environment that breaks down silos across state agencies to better understand trends, target interventions and support a comprehensive state response.**
- **Leverage assets from partner entities to improve data collection and intelligence sharing to restrict the supply of illicit opioids.**
- Expand law enforcement partnerships and data access to better target over-prescribers.
- In narcotics investigations, implement best practices and ensure intergovernmental cooperation.
- **Establish and enhance stakeholder coalitions.**

### In place and slow progress

### Being considered but not in place

### No action

- Expand statutory tools for prosecuting major distributors.

# NGA Strategy Assessment

## Public Safety Strategies for Responding to the Opioid Crisis

<b>In Place and gaining momentum</b>	
<b>In place and slow progress</b>	<ul style="list-style-type: none"><li>• Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter substance use treatment.</li><li>• Ensure compliance with Good Samaritan laws.</li></ul>
<b>Being considered but not in place</b>	<ul style="list-style-type: none"><li>• <b>Empower, educate, and equip law enforcement personnel to prevent overdose deaths</b> and facilitate access to treatment.</li><li>• Reinforce use of best practices in drug treatment courts.</li><li>• Ensure access to MAT in correctional facilities and upon reentry into the community.</li></ul>
<b>No action</b>	



PDMP

# PDMP (PMP AWAARxE) Satisfaction

	<b>Appriss Health Survey Primarily Pharmacists</b>	<b>Opioid Abuse Survey Providers</b>	<b>Opioid Abuse Survey Criminal Justice</b>
<b>Recommend to colleagues</b>	75%	60%	42%
<b>Very user friendly</b>	66%	42%	41%
<b>Essential to their practice or work</b>	78%	54%	47%



# Needs Assessment

## Summary | PDMP Findings

- ▶ **Usage.** There is an opportunity to increase the number of users and frequency of access in order to prevent fraudulent use and patient abuse.
  - ▶ Pharmacists: 37% access once a week or more
  - ▶ Medical and Dental Providers: 23% access once a week or more
  - ▶ Criminal Justice: 2% access once a week or more
- ▶ **Influence in prescription and dispensing.**
  - ▶ Pharmacists: 86% have been influenced by PDMP data
  - ▶ Medical and Dental Providers: 75% have been influenced by PDMP data
- ▶ **Training.** Requested by medical/dental providers and criminal justice professionals.
- ▶ **Access to surrounding states.** Several respondents noted patients cross state lines to access prescriptions.



# Professional Referrals and Collaboration



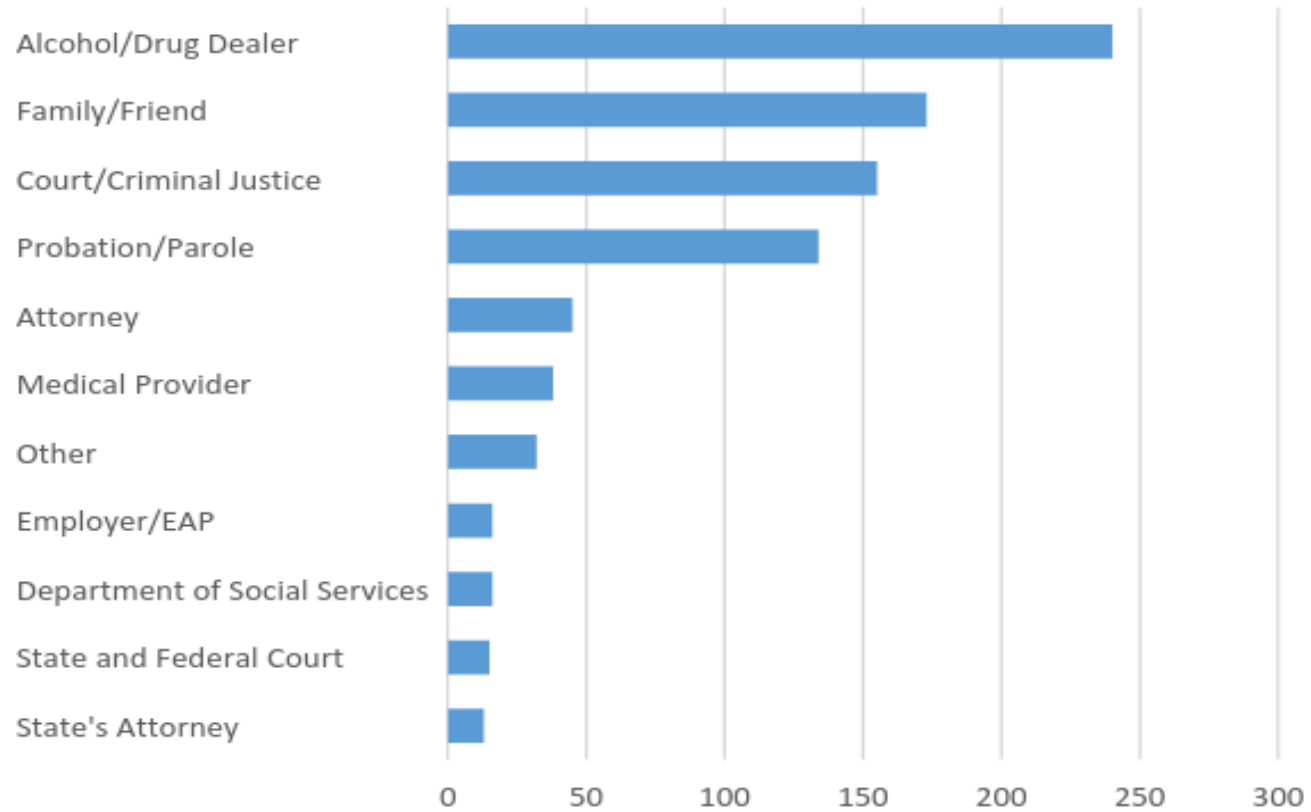
# Professional Relationships

## Recommendations

- **Referrals.** Improve referral processes in order to increase referrals to SUD counseling and treatment agencies.
- **Training.** Train providers and pharmacists regarding investigative process, particularly HIPAA guidelines. Train professionals of how to identify opioid abuse and treatment strategies.
- **Process.** 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.
- **Comfort.** Increase trust and comfort of working in cross-professionally.

# Referrals to Counseling and Treatment

For Opioid Misuse/Abuse clients that are admitted in to services, where are they referred from?

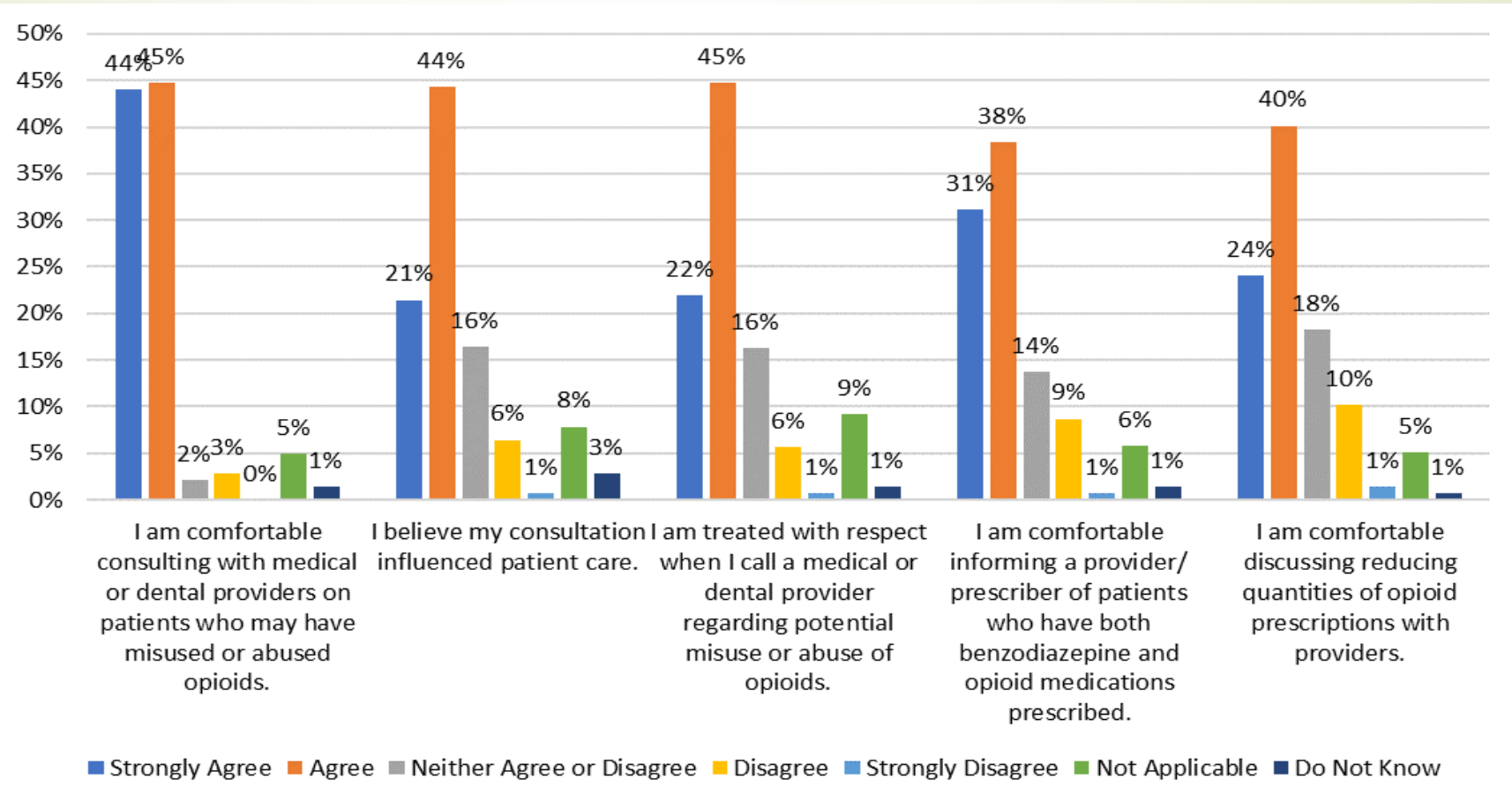




# Needs Assessment

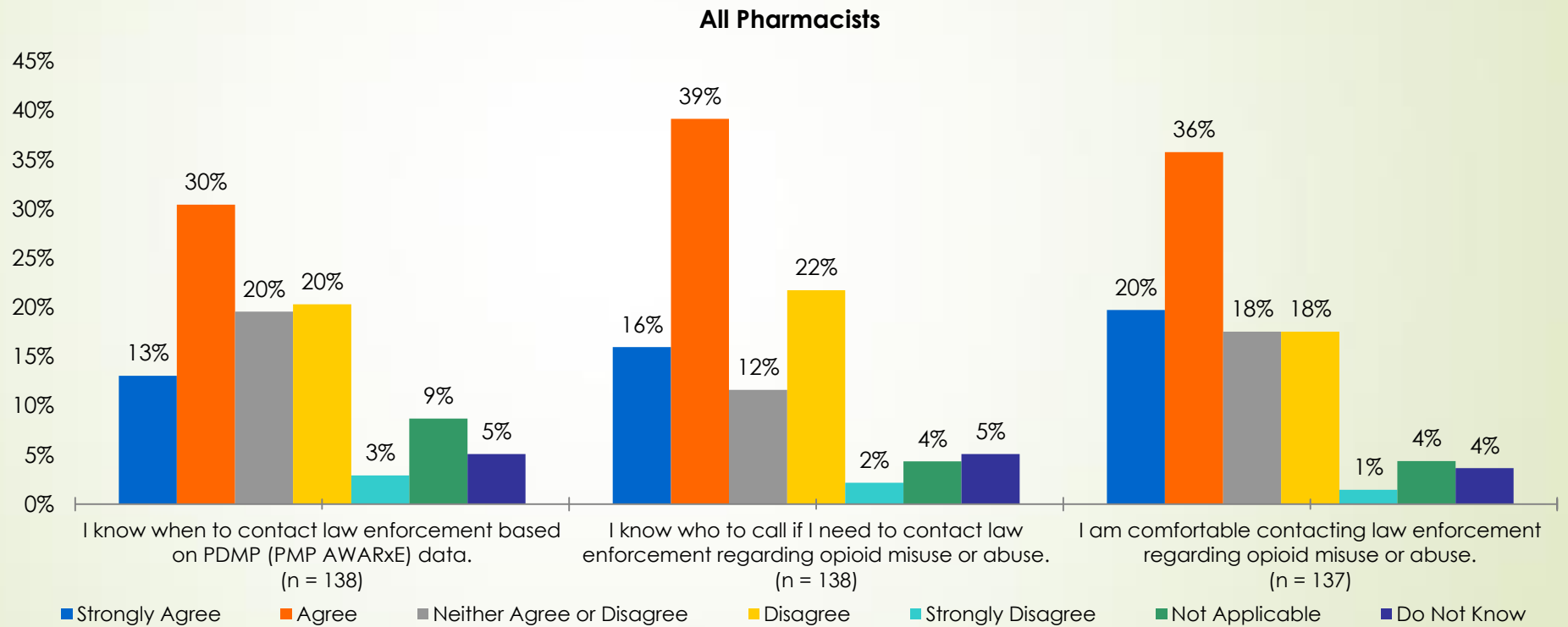
## Summary | Professional Relationships

Pharmacists regarding their relationship with medical/dental providers



# Needs Assessment Summary | Professional Relationships

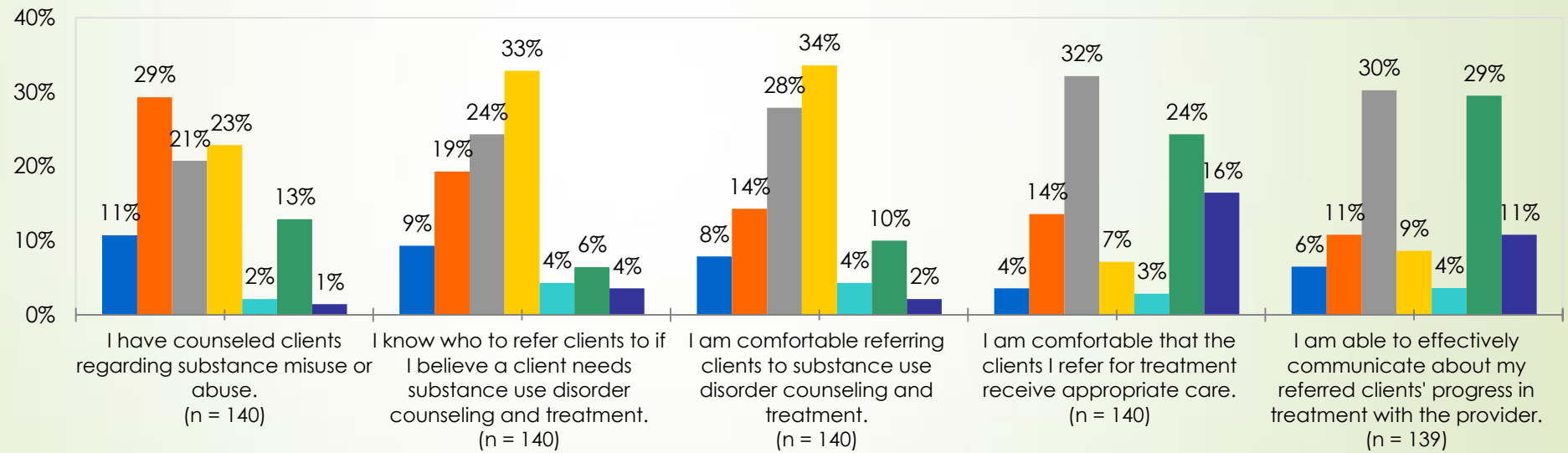
Pharmacists regarding law enforcement relationship



# Needs Assessment Summary | Professional Relationships

Pharmacists regarding SUD relationship

All Pharmacists

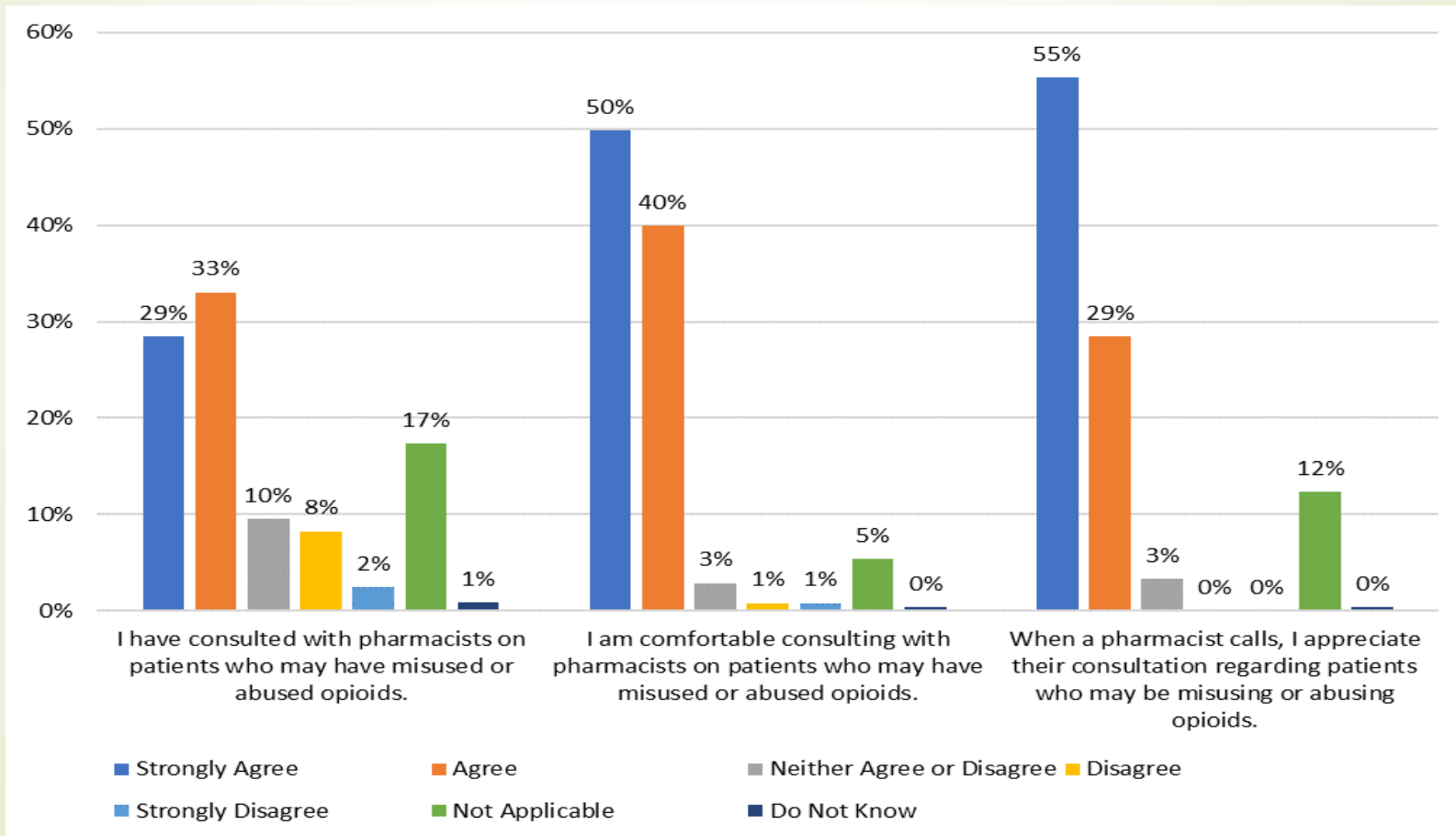


■ Strongly Agree   
 ■ Agree   
 ■ Neither Agree or Disagree   
 ■ Disagree   
 ■ Strongly Disagree   
 ■ Not Applicable   
 ■ Do Not Know

# Needs Assessment

## Summary | Professional Relationships

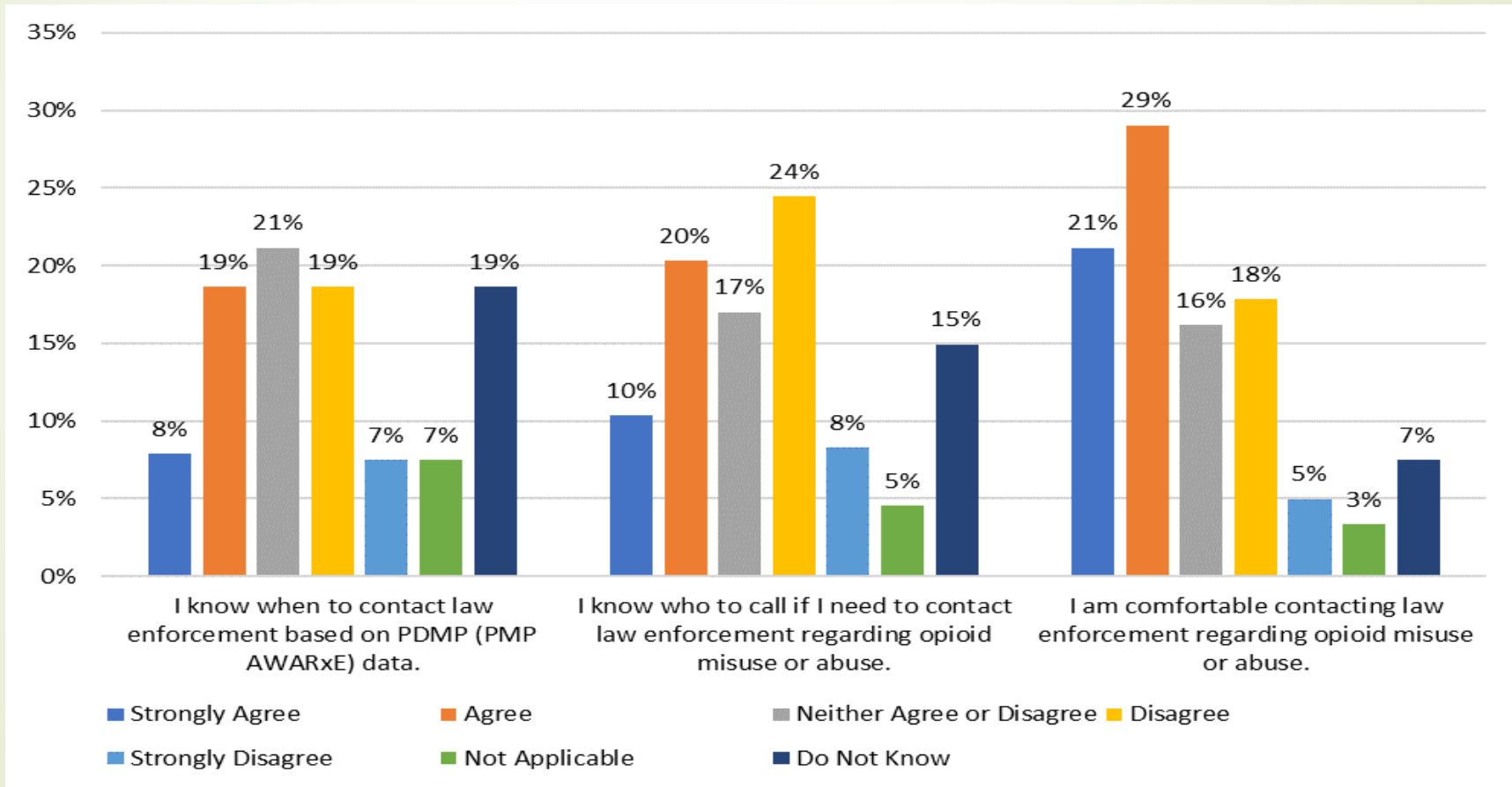
Medical/dental providers regarding pharmacists relationship



# Needs Assessment

## Summary | Professional Relationships

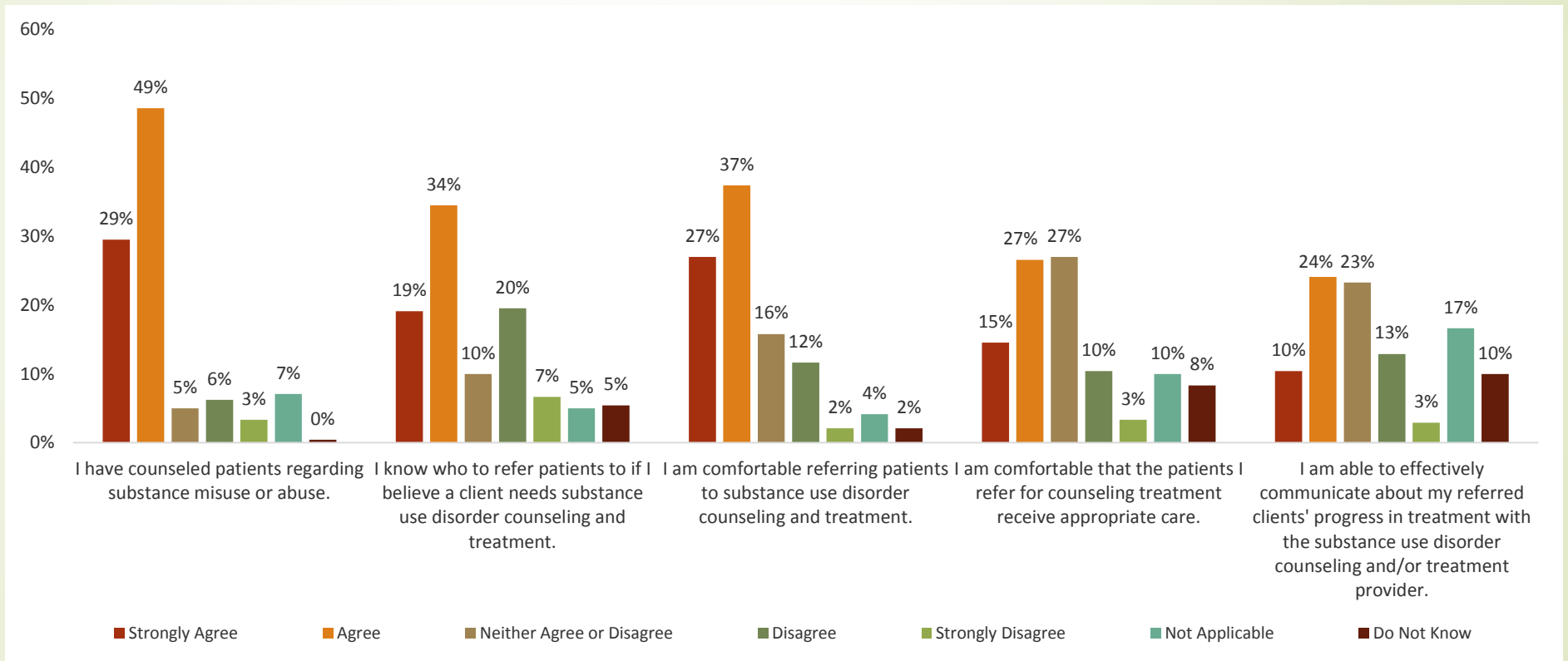
Medical/dental providers regarding law enforcement relationship



# Needs Assessment

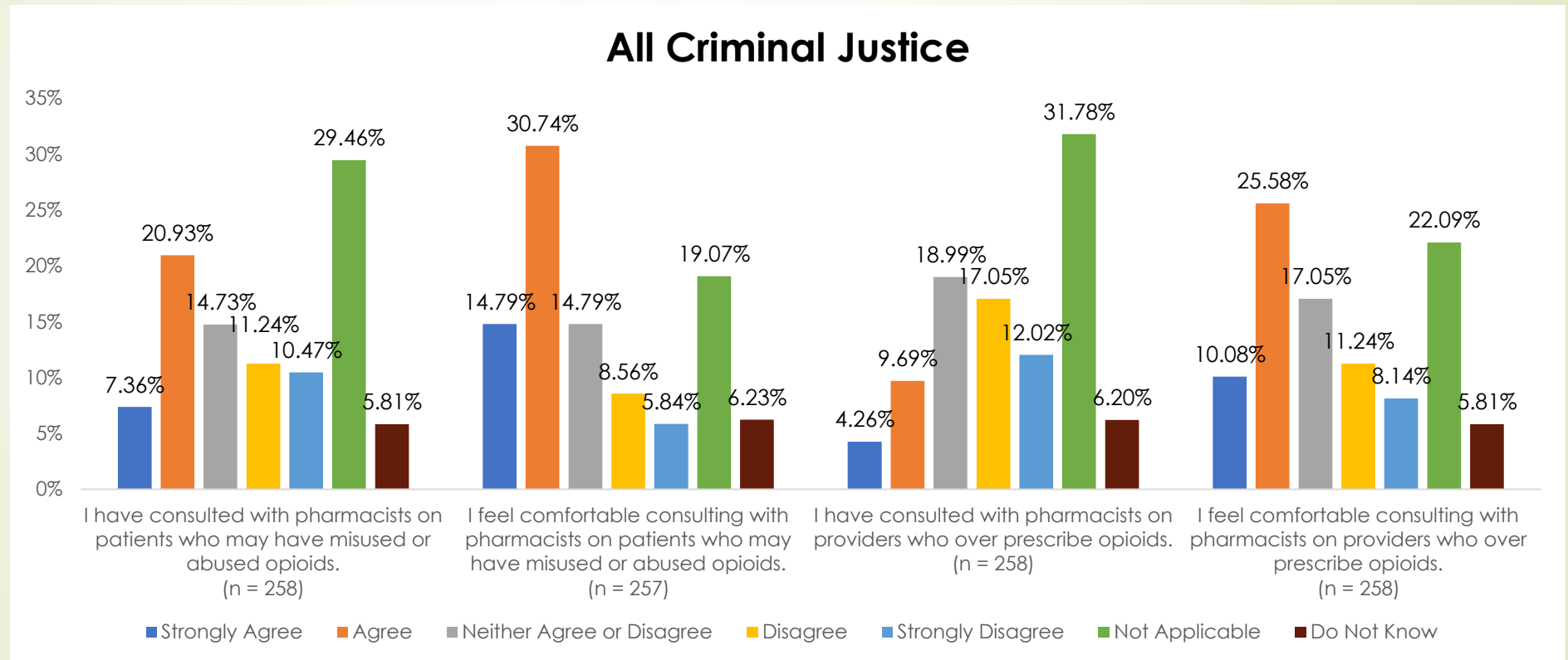
## Summary | Professional Relationships

Medical/dental providers regarding counseling and treatment relationship



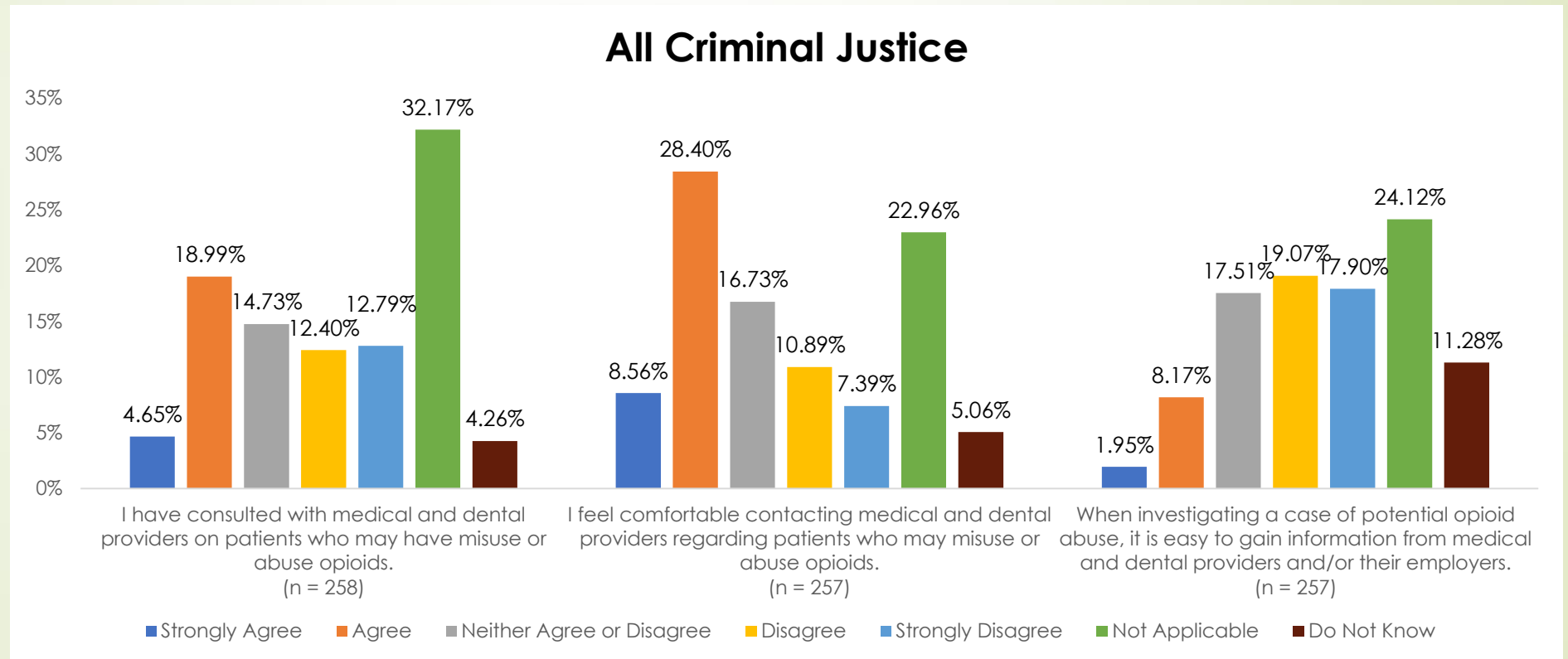
# Needs Assessment Summary | Professional Relationships

Law enforcement relationship with pharmacists



# Needs Assessment Summary | Professional Relationships

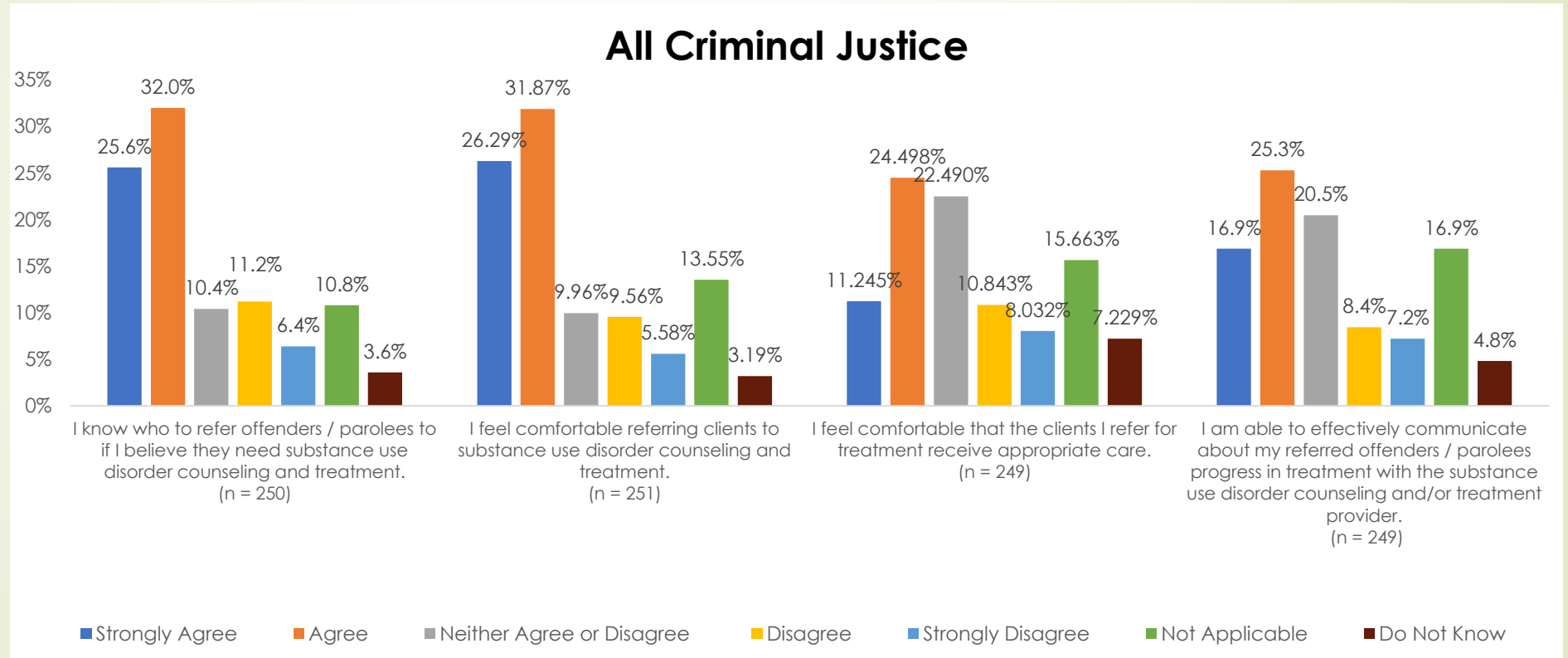
Law enforcement relationship with medical/dental providers





# Needs Assessment Summary | Professional Relationships

Law enforcement relationship with SUD providers



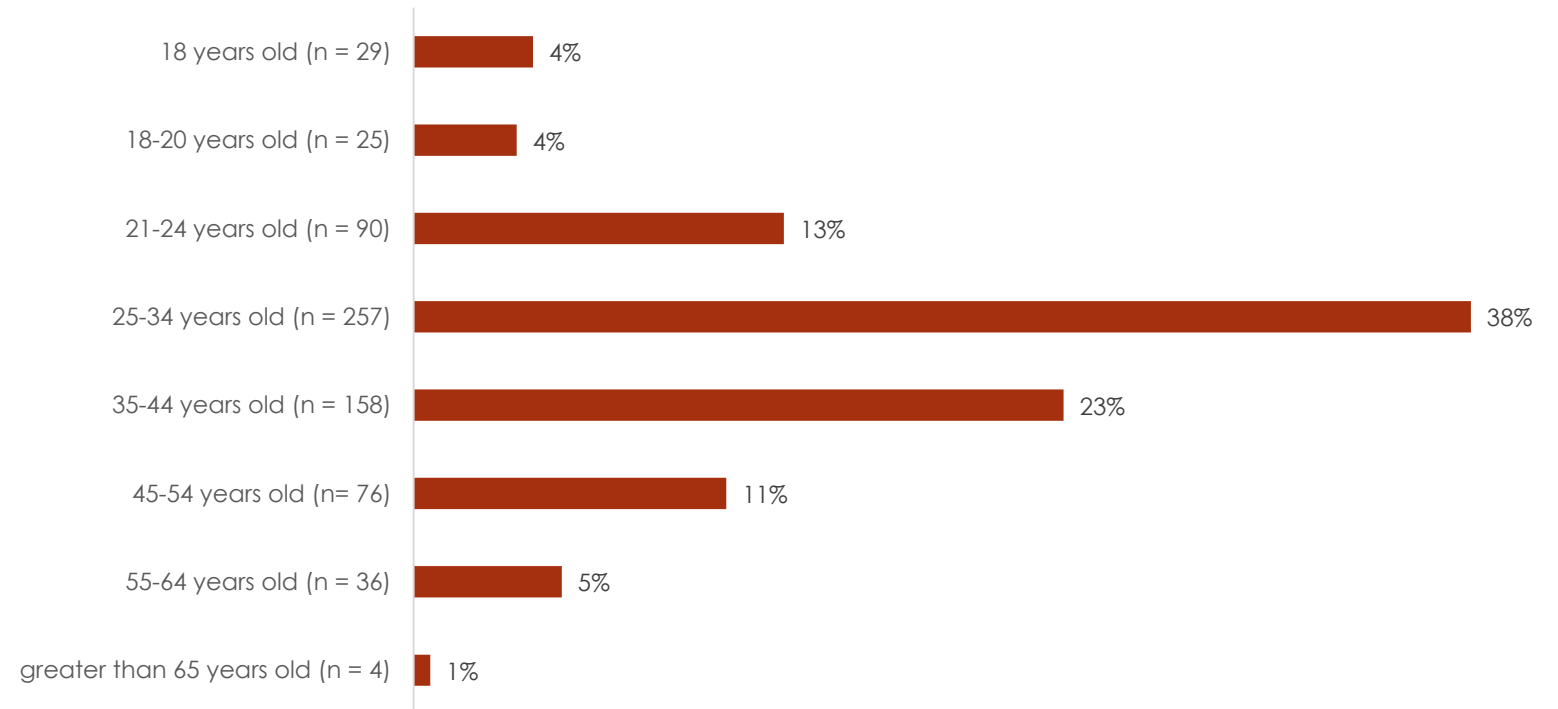


# Substance Abuse Disorder Counseling and Treatment

# ODD Patient Demographics

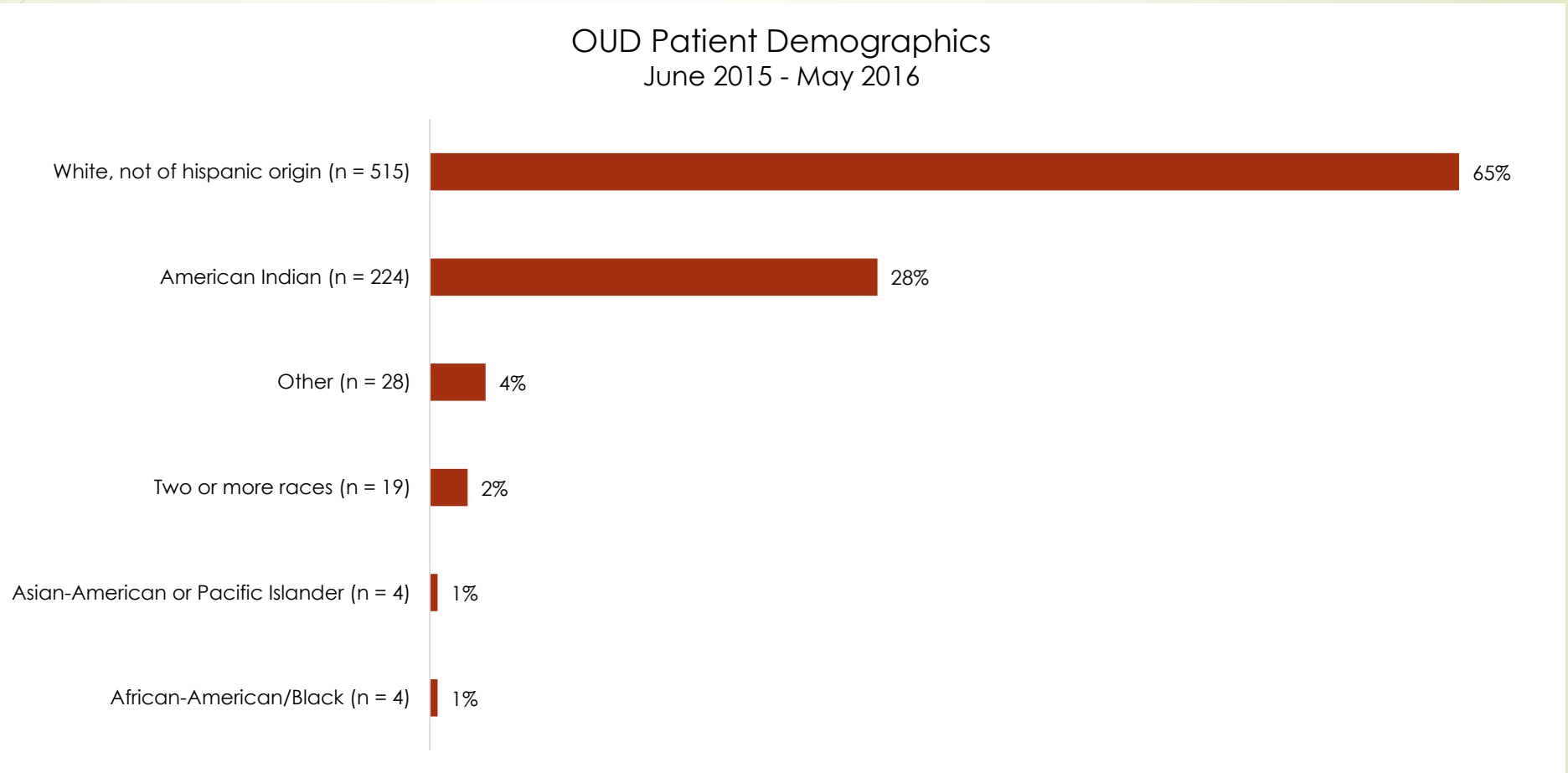
June 2015 - May 2016

ODD Patient Demographics  
June 2015 - May 2016



# ODD Patient Demographics

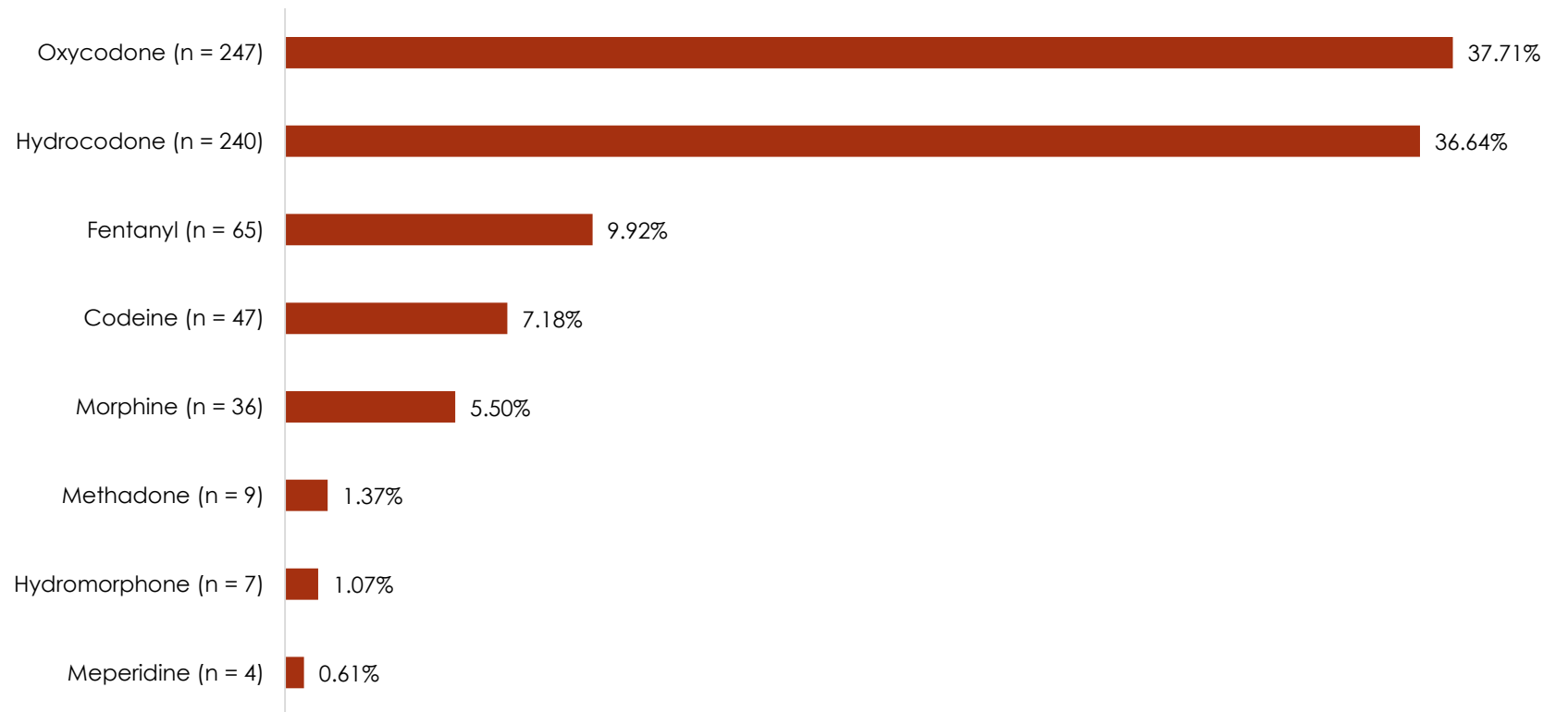
June 2015 - May 2016



# Opium Use Disorder (OUD) Patient Demographics

## June 2015 - May 2016

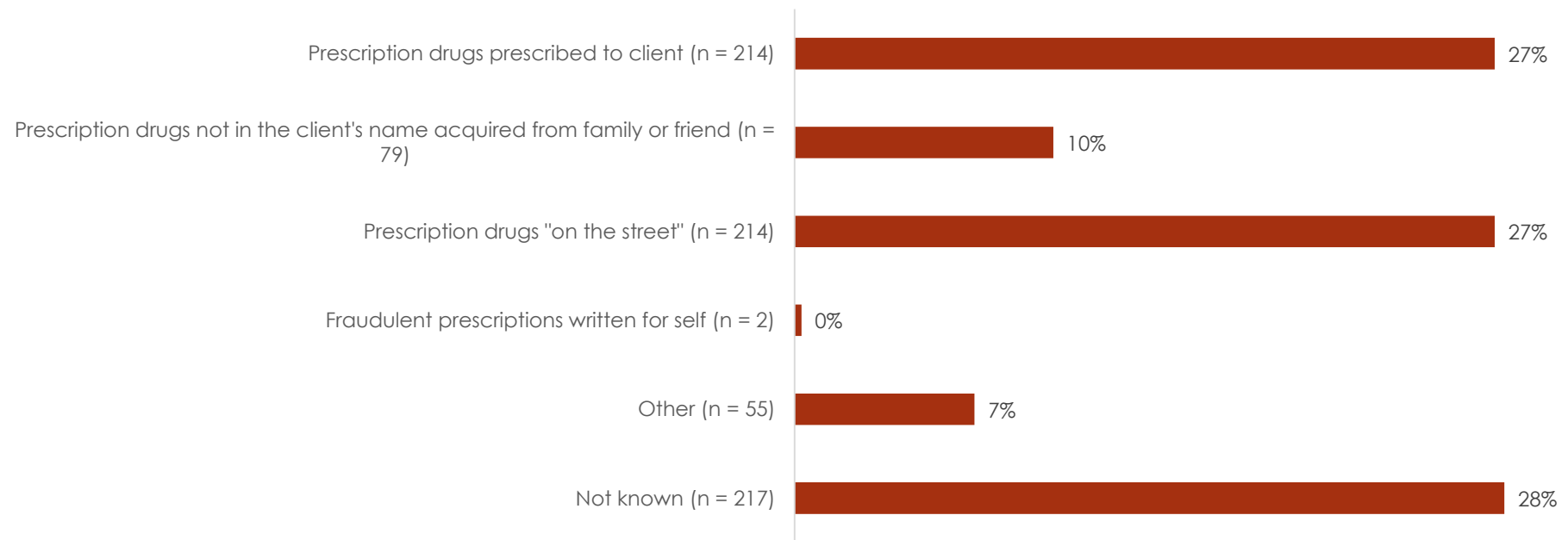
Estimated Types of Prescription Opioid Use in Patients Served by Agencies  
June 2015-May 2016



# OUD Patient Demographics

June 2015 - May 2016

Estimated Number of OUD Patients' Controlled Substance by Means of Obtainment  
June 2015 - May 2016





# Needs Assessment Summary | SUD Agency Findings

- ▶ Access to services in rural areas is limited. Some noted West River as well.
- ▶ *"There is lack of MAT providers in the state."*
- ▶ 1 out of 2 offer translation services
- ▶ Average wait time to be seen varies greatly: 0 – 30 days
- ▶ A majority of patients who are seen for opioid treatment had:
  - ▶ Prescription for themselves
  - ▶ Access through family member prescription
- ▶ 3 out of 4 opioid treatment patients had co-occurring mental health issues



# Strategies





# Workforce Development

- ▶ Counseling and treatment staffing; particularly addiction counselors
- ▶ Training
  - ▶ Education for counselors
  - ▶ MAT training
  - ▶ Processes during fraudulent prescription investigations, particularly HIPAA
  - ▶ Prescription practices for pain management
  - ▶ Opioid abuse and misuse recognition and testing
  - ▶ Referral processes



# Needs Assessment Summary | Policy and Strategies Surveys

- ▶ Low understanding of Administrative Rule 20:78:06 – Medical Documentation for Prescribing Controlled Substances for Non-Cancer Pain.
- ▶ Prescribing practices
- ▶ PDMP integration with EMR and training
- ▶ Communication among health cared practitioners
- ▶ Continuing education and training of healthcare and criminal justice workforce
- ▶ Prevention
- ▶ Public awareness
- ▶ Treatment access, particularly in rural areas and more in-patient beds.
- ▶ Capacity and efficacy of counseling and treatment of prescription opioid abuse

# Administrative Rule 20:78:06 - Medical Documentation for Prescribing Controlled Substances for Non-Cancer Pain

