



Opioid Abuse Advisory Committee

Meeting #10 Minutes

Tuesday, January 7, 2020

Zoom Video Conference

The tenth meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Chair Laura Streich at 9:30 am CT. The following members of the Advisory Committee were in attendance: Laura Streich - Chair, Kristen Bunt, Sara DeCoteau, Maureen Deutscher, Margaret Hansen, Amy Iversen-Pollreisz, Kristen Carter, Kari Shanard-Koenders, and Senator Jim White.

Advisory Committee members not in attendance included Chris Dietrich, Amy Hartman, Jon Schuchardt, and Brian Zeeb.

Support staff in attendance included: Tim Southern, Melissa DeNoon, Amanda Nelson, and Tiffany Wolfgang.

Guests included: Rachel Oelmann (Sage Project Consultants, LLC); Mark East (South Dakota State Medical Association); Cindy Schuch (South Dakota Association of Healthcare Organizations); Alyson Becker (Sanford Research), Chelsea Wesner, Susan Strobl and Susan Puumala (University of South Dakota Evaluation Team); Abigail Serpan (medical resident) and Dr. Christine Brandner (SD Chiropractors Association).

Minutes Approval. The July 10, 2019 meeting minutes were approved via e-mail in August 2019.

Welcome. Laura Streich welcomed the Advisory Committee members and guests. The outcome of the meeting was set to a) provide a status update of the strategic plan activities managed by DOH, DSS and its partners, and b) present a preliminary overview of data-related initiatives just beginning within Department of Health through Overdose Data to Action funding received by DOH from the Centers for Disease Control and Prevention.

Presentations. Meeting slides presented are included in these meeting minutes.

Presentation #1: South Dakota Chiropractors Association

Dr. Christine Brandner of Sioux Falls provided an update on the use of chiropractics as a safe, drug-free pain management option. Dr. Brandner relayed recent research documenting chiropractic pain relief options without the use of drugs or surgery. Dr. Brandner's point of emphasis to the Committee members was that it takes a multidisciplinary team to support non-drug and non-surgical approaches for patients, based on their unique needs. She welcomed the Committee to consider presenting their work to the Chiropractors Association with an update on current state of opioid recovery, actions of the Committee, and related activities in an effort to continue communication.

Presentation #2: Joint Commission on Appropriations Report Review & Discussion

Committee Chair Laura Streich provided a high-level overview of the jointly prepared report, provided as preparatory reading with the agenda for the meeting and enclosed within these minutes. Committee member Margaret Hansen commented that the report was well prepared and that it represented the work of both agencies well.

Presentation #3: South Dakota's Opioid Road Map – Data & Surveillance

Amanda Nelson, Epidemiologist for the Department of Health, provided an update to the Committee on recent data and trends related to drug-related deaths, opioid deaths, and syndromic surveillance activities. Refer to the enclosed presentation slides for specific data presented. Of note, Nelson pointed out that all drug-related deaths have decreased in South Dakota since 2017. Drug-related deaths specifically involving opioids have also decreased since 2017. Division of Behavioral Health (DSS) Director Tiffany Wolfgang posed a question regarding whether or not the syndromic surveillance data, which is based off ICD-10 codes from chief complaints received in participating emergency departments, was able to be correlated or cross-referenced to individuals treated with Narcan (Naloxone HCl) by emergency medical professionals/first responders. At this time, Nelson indicated that those identifiers are not the same and thus comparison could not be made with the information as it is currently available. However, Nelson indicated that the Department could evaluate the Narcan administration data as maintained by its Office of Rural Health, Emergency Medical Services as a separate data source to see if any linkages could be made.

Presentation #4: Prescription Drug Monitoring Program Updates

Melissa DeNoon, Prescription Drug Monitoring Program (PDMP) Director for the South Dakota Board of Pharmacy, next presented on updates from the PDMP program. DeNoon reported that PMP InterConnect Hub Sharing has been expanded to include Alabama, Idaho, Mississippi and the Military Health System, bringing the total to 29 PDMPs that South Dakota can share data with. The long-term goal of the Board of Pharmacy is to establish data-sharing permissions with all states/groups that permit it through their respective statutes. DeNoon also advised that user feedback on the recently (July 2019) implemented enhanced PDMP report, known as NarxCare, has been positive. The statewide Gateway integration project – which aims to integrate the PDMP into hospitals, clinics, pharmacies and other health management systems statewide – has had continued forward progress; at the time of her report, 20 new healthcare entities have engaged in that integration process. DeNoon reported that the Board of Pharmacy continues to work through its license integration project with South Dakota's professional licensing boards to automate PDMP registration, approval, and re-verification processes for its users.

Lastly, DeNoon's programmatic update noted that the permanent drug take-back receptacle program (MedDrop) has received additional grant funding through DSS and the State Opioid Response grant, which prompted additional solicitation of interested pharmacies at the end of December 2019. Approximately 30 sites have indicated interest per that solicitation; DeNoon will be actively working to procure and install MedDrop receptacles at those locations during the first quarter of 2020. At the time of this meeting, 38 receptacles have been installed in 32 counties across South Dakota. DeNoon further reported that since the take-back program as managed by the Board of Pharmacy started, more than 5,000 (5,370) pounds have been returned for destruction through November 2019.

Following her programmatic update, DeNoon presented data on South Dakota patients' trending prescription counts from January 2018 through November 2019 on opioids, benzodiazepines, and CNS stimulants. In Jan. 2018 the number of opioid prescriptions to patients in state was approximately 47,000;

in Jan. 2019 it was 42,000, and in Nov. 2019 it was 37,000, demonstrating a downward trend in overall opioid prescriptions to patients. Similarly, prescriptions of benzodiazepines have decreased; approx. 23,000 prescriptions were filled in Jan. 2018, 22,000 in Jan. 2019, and 19,000 in Nov. 2019. CNS stimulant prescriptions have almost remained flat; from 18,000 in Jan. 2018, to 18,500 in Jan. 2019, to 17,900 in Nov. 2019. DeNoon reported that nationwide, CNS stimulants are another drug class of concern and advised that the Board was watching that data for any emerging trends.

PDMP utilization was reported to be steadily increasing over time; since inception (March 2012) queries in the web portal have grown from 269 by pharmacists and 171 by prescribers to 10,669 queries by pharmacists and 12,428 by prescribers in Nov. 2019. Similarly, Gateway integration queries have increased; in Jan. 2018 there was one health system participating (Avera Health) with 677 pharmacist queries and 2,022 prescriber queries at that time. As of Nov. 2019, Regional Health System, Sanford Health, and several other hospitals and clinics, as well as Sam's Club, Walmart and Walgreens pharmacies have integrated their electronic systems with the state's PDMP, resulting in more than 33,000 pharmacist queries and more than 620,000 prescriber queries to the system through Gateway integrations.

Additional advanced analytics tools are being supported through funding from the Overdose Data to Action grant in partnership with DOH. Access to additional reporting at the PDMP level is now available allowing the Board to evaluate trends at the county/local level in comparison to state averages. DeNoon illustrated these new reporting capabilities by sharing data she prepared for a Spink county data request.

Senator Jim White, Committee Member, commented that in 2015 during his participation in a Summer Study the first examined opioid utilization and dispensing rates across South Dakota, it was apparent that the PDMP process was the common denominator the Study would work on moving forward. After hearing DeNoon's report, Senator White complimented everyone working on the PDMP and related initiatives and encouraged the Committee and state staff to continue its focus on how we can make the PDMP even more robust due to its success.

Division Director Wolfgang posed a question on the origin of the advanced analytics request specific to Spink County; DeNoon advised that the request came from a nurse that works in the county who contacted the PDMP directly for data to be used in a local presentation. Wolfgang then asked if the advanced analytics allowed for comparison of that data to the number of prescribers in the community to provide context; DeNoon advised that the capacity for that data is available but was not included in today's presentation. Kiley Hump, DOH, asked if the new analytics tool could analyze MME (Milligram Morphine Equivalent) by county; DeNoon indicated that was possible.

Lastly, DeNoon relayed that the drug take-back receptacle installation project managed by the Board of Pharmacy continues to have interest from pharmacies statewide. DeNoon provided an update to the group on receptacles installed to date and corporate policies of national chain pharmacies operating within the state. DeNoon also relayed that the master list of permanent take-back receptacles is maintained by DOH in partnership with the Board of Pharmacy; the list is available on AvoidOpioidSD.com.

Kari Shanard-Koenders commented that she appreciated the acknowledgement by Senator White on the utilization of the PDMP; this effort is in response to additional funds received from DOH and DSS and really is attributed to the collaborative effort of the committee to working together and seeing a need.

Presentation #5: OD2A Surveillance Projects

Overview of the funded surveillance projects through the recently received Overdose Data to Action grant by DOH from the Centers for Disease Control was provided by Program Director, Laura Streich. To frame the projects, Streich reminded the group that the original CDC grant – Data Driven Prevention Initiative – ended in September 2019. In its place, efforts are being continued and expanded through the OD2A grant. DDPI was focused on building data capacity, pulling a statewide strategic plan together, and conducting a needs assessment; OD2A puts those things into action. A portion of the grant has been allocated to expand data surveillance efforts within DOH. A preview of three of those efforts was reported to the group.

State Unintentional Drug Overdose Reporting System (SUDORS)

Presented by Amanda Nelson, DOH. SUDORS is a surveillance system designed to collect information on drug overdose deaths of unintentional or undetermined intent to enhance state surveillance of drug overdoses. Refer to attached slides. Nelson noted that the data collection process is based on filed coroner reports and follow-up regarding specific information pertaining to that death if not already included in the filed report (e.g. toxicology). CDC governs the data collection requirements and constraints for the SUDORS system. A committee member asked if the information is limited to primary cause of death or if secondary death causes/indicators are also included; Nelson advised that SUDORS cases would include any death where acute drug toxicity is the underlying cause of death. The group discussed what types of information the coroner has at his or her disposal in preparing reports; it was noted by the Board of Pharmacy that coroners and medical examiners presently do not have access to the PDMP, although some states in the country have added that user type.

Building off the SUDORS discussion, general dialogue regarding syndromic surveillance capacity was discussed. The primary value of syndromic surveillance to the state is that it provides timely/close to real time data. Kiley Hump, DOH, asked if the records are captured as unique visits or could the same individual be reported multiple times; Nelson noted that since the data we receive has no unique patient identifier, it is possible that the same individual could be reported multiple times within the data. Another committee member asked how many emergency departments/locations were currently reporting to the syndromic surveillance system; Nelson advised that 44 facilities are currently reporting data, reflecting approximately 75% of all facilities in the state. The syndromic surveillance data does not presently include Indian Health Services or Veterans Administration data. The data is also a function of the information entered at the emergency department (e.g. what ICD codes are used and if the secondary diagnoses or related information are captured as ICD codes or in the notes).

Drug Overdose Surveillance and Epidemiology System (DOSE)

Presented by Eric Grimm, DOH. Refer to attached slides for information presented. Grimm discussed syndromic surveillance data fields that are currently being transmitted to the Department of Health, as well as the increase in message volume due to new facilities being onboarded over time. He mentioned some potential opportunities for using syndromic surveillance data to examine trends across the state. Based on the interests of public health partners, syndromic surveillance data could be used to gain greater insights into hospital visit numbers based on a variety of health outcomes, including overdoses, injuries, and infectious/chronic diseases. Grimm relayed some caveats with the interpretation of syndromic surveillance data. For instance, it is possible that a single individual will generate more than one syndromic record due to multiple hospital admissions. In addition, sometimes certain fields such as diagnostic ICD-10 codes are delayed or missing from records. Despite some limitations, the timeliness and quantity of syndromic surveillance data provides opportunities for better understanding health trends across the state. No additional questions or comments were posed by the Committee.

South Dakota Public Health Laboratory Forensic Chemistry Section – Opioid Initiatives

Presented by Tim Southern, DOH. Southern relayed that the primary pathway for submission of samples for forensic testing to the Public Health Laboratory is law enforcement across South Dakota. Southern provided statistics about the lab and its services provided; refer to attached slides for specific information presented. Of note, the Laboratory is the only public non-commercial lab in South Dakota that performs blood toxicology testing. The Laboratory has seen an increase in samples that test poly-positive (positive for more than one drug). In response to OD2A, the Public Health Laboratory will be working with its partners to open up a new avenue for submission of samples to the state lab. The Laboratory will also be working with state epidemiologists to mine data re: location of receiving healthcare facility, which will allow the lab to direct its outreach which may represent higher risk areas for opioid misuse/opioid-related overdoses and/or deaths. This will hopefully allow us to submit a new pipeline for screening and confirmation testing – can then provide confirmatory testing and the medical records can be updated with the best possible data, yielding a higher level of accuracy re: what drugs are being implicated in drug overdoses.

Advisory Committee & Grant Updates

Streich called for round-table updates from committee members and state staff.

- SDAH --- The Community Opioid Abuse Response Effort (COARE) project has been working in Aberdeen, Watertown, Mitchell, Spearfish, Huron and Pierre. Each community currently engaged in the process are working on a model that shows their assets and opportunities. Efforts will culminate in the formation of a community action plan.
- DSS --- Tiffany Wolfgang Provided high-level update of projects funded through the SOR grant. Emphasized continued capacity building in treatment and peer supports, as well as continued prevention supports for the mass media campaign and youth- and higher-education based programming.
- Sisseton Wahpeton Oyate (SWO) / Sara DeCouteau --- Reported progress on the Tribal Opioid Response grant; hoping that there is continued funding provided from the federal level as it feels like we're just getting started. Have hired a nurse practitioner who has been doing training along with the IHS pharmacist on Narcan. So far, the tribal police and security officers have been trained as well as the staff at the SWO administration building. Progress on Medication Assisted Treatment delivery in the area has been slow; three physicians at IHS are DATA¹ waived. One of the Coteau des Prairies Hospital providers is a MAT prescriber. It has been difficult to recruit people to participate in Nurse Care Connect services. Have since connected with Project Recovery and are in the process in working with them to help use and pay for their services via telemedicine; planning and reimbursement approach still in process. Have been doing a lot of community education; Dr. Melanie Weiss will be speaking on the 14th. Also received supplemental funding and will be hosting a symposium, offering DEA waiver training for physicians in northeast SD in June.
- DOH --- Laura Streich advised that the Department of Health will be releasing an RFP focused on prevention, looking at capacity building within higher need communities identified in the vulnerability assessment. Also looking at working with ERs in understanding procedures/protocols to create actionable steps in process improvement on data collection and reporting.

Public Testimony. Chair Laura Streich called for public testimony; none was provided.

¹ Drug Addiction Treatment Act (DATA) of 2000, which allows physicians who meet certain qualifications to treat opioid use disorder with buprenorphine in clinic offices.

Closing Remarks. Chair Laura Streich reflected upon the work of the Committee to date; a tremendous amount of progress has been made in the last four (4) years and some priorities have shifted in that time based on knowledge gained. Initial meetings of the Committee focused on designing and conducting a needs assessment, followed by the creation of a statewide strategic plan. Within the next few months, Streich advised each Committee member would be asked if they would like to remain on the Committee and if they identify any remaining gaps in strategies deployed to date.

Streich advised the next meeting would be held this summer. The meeting will be in-person in Pierre. Comprehensive project updates will be provided at that time.

Meeting was adjourned.