



Opioid Abuse Advisory Committee

Meeting 5 Minutes
Wednesday, September 13, 2017

Red Rossa Conference Center
Pierre, SD

The fifth 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, Kristen Bunt, Chris Dietrich, Maureen Deutscher, Amy Hartman, Amy Iversen-Pollreisz, Kari Shanard-Koenders, Senator Jim White, and Brian Zeeb. Advisory Committee members not in attendance were Sara DeCoteau, Margaret Hansen, Steve Lee, Captain Jon Schuchardt, Representative Craig Tiezen, and Robert VanDemark.

Support staff in attendance included: Sharon Chontos, Melissa DeNoon, Ashley Miller, Amanda Nelson, 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), Jason Simmons (Legislative Research Council), and Ariel Hammerquist (Legislative Research Council) were also in attendance.

Guests included: Mark East and Craig Uthe (South Dakota State Medical Association). Zach Mullin (intern with the SD Board of Pharmacy).

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>.

July 27, 2017 Minutes Approval. Brian Zeeb motioned to approve the minutes and Kristen Bunt seconded the motion. Minutes approval prevailed by voice vote.

Region VIII Opioid Summit Review. Tom Martinec provided an overview of the Region VIII Opioid Summit Review; other states in the region include Colorado, Montana, North Dakota, Utah, and Wyoming. The purpose of the meeting was information-sharing with surrounding states about what each are doing with regards to combatting the opioid crisis. Presenters from SD included Tom Martinec and Tiffany Wolfgang. Other state attendees include Secretary Malsam-Rysdon, Laura Streich, and Amy Iversen-Pollreisz. Overall impressions were shared from attendees.

- Some states, particularly Colorado and Utah with a more pronounced incidence of opioid-related issues, have been dealing with the crisis out of necessity more so than others. South Dakota has the opportunity to be more proactive in its strategies rather than reactive.
- Observed that connections between the state agencies and subsequent conversations in South Dakota allow for quick collaboration and implementation of a strategy with quick consensus.
- Activities in South Dakota to date as well as those in planning stages are in line with what other states have also done (e.g. legislative rules, prescribing guidelines, PDMP, Good Samaritan law, Narcan distribution).

- Enhanced take-back program was a key opportunity identified by the attendees to explore in South Dakota.

Question was posed by Dr. Dietrich re: standards/rules in place for disposal of controlled substances across various pharmacy retailers. Kari Shanard-Koenders advised the DEA has strict rules and guidance for these retailers to follow, which should standardize processes statewide. Law enforcement, as commented on by Brian Zeeb, have varied implementation strategies but still align with DEA rules and guidance. Tom Martinec further commented that best practice examples are available from other states to build on this strategy moving forward. Melissa DeNoon noted Lewis Family Drug placed a drug take back receptacle at their Milbank location last week; noted implementation status and planned PSA activities in that community. Lewis-Chamberlain receptacle will be installed next week. She along with intern Zach Mullin will be evaluating next sites for deployment of the take-back program.

Question was posed by committee members if any of the sessions at the Region VIII conference addressed or discussed correlations between legalized marijuana and opioid use in Colorado. Conference attendees noted it was discussed but no correlations were made at the meeting that could be referenced or cited in literature. Committee members offered anecdotal, professional observations and insight.

PDMP Update. An update was provided by Melissa DeNoon. Registration in PDMP is at 82% (3,678) of controlled substance registration holders as of September 12, 2017. A total of 798 controlled substance registration holders remain to be registered in PDMP. A second reminder letter will come from the licensing boards to reinforce compliance requirement. For the month of July: PMP AWARe in SD reached 5,000 total users; an increase of 1,085 users from June. A record number of online queries performed by pharmacists was hit in July (6,306 queries).

Melissa attended the Harold Rogers Conference, which included a presentation by the Acting Director of the Office of National Drug Control Policy (ONDCP), Richard Baum. The ONDCP develops the current Administration's National Drug Control Strategy and will address how to facilitate earlier interventions and earlier access to treatment. Director Baum also shared PDMP's important roles including: use of the PDMP in clinic to start a conversation with the patient, continue to increase interstate data sharing, and that all states should strive for as close to real-time data submissions as possible. South Dakota requires submissions every 24 hours, which is aligned with this vision.

Advisory Committee Updates. If committee members did not have an update other than an introduction, they are not listed below.

- *Senator Jim White.* Advised connections between the Opioid Abuse Advisory Committee and 2016 Substance Abuse Prevention Interim Legislative Study are in place. He posed a question to the Committee re: prescription drug access from Canada or other international sources and any impact on access to U.S. residents. Kari Shanard-Koenders advised that all state Pharmacy Boards are part of the National Association of Boards of Pharmacy, which has advised that consumers should be cautioned of purchasing pharmaceuticals (including but not limited to controlled substances) due to the presence of illegitimate pharmacies. She further advised that the South Dakota Board of Pharmacy maintains a list of rogue and legitimate pharmacies that is available upon request.

- *Kristen Bunt, SDAHO.* SDAHO's partnership continues with Iowa Healthcare Collaborative on the CMS HIIN grant scope of work. She noted upcoming Avera Opioid Conference on October 18th in Sioux Falls.
- *Chris Dietrich, MD, SDSMA.* Dr. Dietrich advised that SDSMA is working with the DOH to create a Prescriber Education Platform, including a toolbox of resources that will be available to all prescribers in the state. Mark East added that the toolbox consists of the best practices outlined in the white paper, *Opiate Analgesics for Chronic Non-Cancer Pain Recommendations from the Committee on Pain Management and Prescription Drug Abuse*, which was discussed at the July 27, 2017 Advisory Committee meeting, along with several other resources. Dr. VanDemark on behalf of SDSMA will be presenting at SDSMA district meetings to increase awareness among physicians as part of Phase I of an initial rollout. Phase II will address nurse practitioners, dentists, and physician assistants. Target subject is chronic non-cancer pain management, and additional modules are being considered for acute pain (e.g. guidelines for dosages for acute incidences). Education to providers to date has largely focused on increasing PDMP awareness and utilization, and the rollout of this phased education approach is a natural continuation of those efforts from SDSMA's perspective.
- *Kari Shanard-Koenders, SD Board of Pharmacy.* DEA is hosting a Pharmacy Diversion Conference on October 1st; target audience is pharmacists or those with a DEA number. Conference will focus on providing education on recognition strategies for pharmacists. Continued work on take-back program expansion is occurring. She recognized SDSMA for establishing prescribing guidelines and continuing education.
- *Brian Zeeb, DCI.* DCI continues to conduct case work across SD as it relates to all drugs; have seen some significant cases re: purchase of fentanyl from China. Expansion of Narcan availability and continuing education for law enforcement continue to be a focus. Tom Martinec noted that EMS personnel will track use of Narcan/Naloxone once the new tracking system managed by DOH is live; further noted that the Naloxone Project is ongoing and will be addressed in more detail during the strategic planning discussion.
- *Amy Hartman, Volunteers of America.* Amy advised a priority will be preparing and educating community providers to address treatment concerns for patients. She noted the VOA does serve specialized populations in addition to the general public, including pregnant women. VOA affiliates are meeting next week to discuss opioid treatment nationwide, which will be a great opportunity to learn.

Support Staff and Guest Updates.

- *Craig Uthe, MD, Sanford Health.* Dr. Uthe is the current Medical Director for Physician Well-Being and Professionalism. He also serves as a professional/student coach for SSOM medical students. A member of ICS, which is hosting parallel activities to the Opioid Abuse Advisory Committee but includes 20+ health systems in MN.
- *Amanda Nelson, DOH.* Amanda was recently hired as the Injury Prevention Epidemiologist for DOH. She will be supporting the Opioid Abuse Advisory Committee and the CDC DDPI grant project.
- *Sharon Chontos, DOH Contractor.* Minnehaha and Pennington Counties received Safety and Justice Challenge grants from the MacArthur Foundation to determine feasibility and

implementing an alternative to the justice system for the community to utilize as a response to individuals in mental health and addiction crisis. The service will also provide a diversion service from the emergency rooms to have more be availability for life threatening medical emergencies.

Quick Review: Current Funding Sources

- *CDC DDPI Update.* The SD DOH received and is managing the CDC DDPI grant. They just started on year 2 of the three-year grant. Grant is broken into two sections – Planning and Data. The Planning section includes the formation of an advisory council, completing a needs assessment, and completing a strategic plan. The Data section involves examining new and/or modified data sets to move the initiatives forward in addressing opioid use in the state. SD DOH applied for and were awarded supplemental funding for Year 2 from CDC; funding will be used to place public education in TV and radio leveraging materials developed by the CDC, and working to improve access and utilization of opioid-related data in the utilization of opioid-related data in the state through data dashboards.
- *SBIRT Update.* Tiffany Wolfgang provided an overview of SBIRT. SD DSS is currently in Year 2 of a five-year grant. She emphasized that SBIRT’s focus is around building relationships between primary care providers within the local community to encourage referral for various levels of intervention and/or treatment based on behavioral health screenings within the primary care setting.
- *STR Update.* Will be discussed during the afternoon session.

Review of the Strategic Plan. Refer to South Dakota Opioid Abuse Strategic Plan. Overview of the plan structure and basis of work, adapted from the structure provided by the National Governor’s Association, was delivered by Tom Martinec.

- Strategy 1 Discussion.
 - Dr. Uthe noted that it would be helpful to educate providers on prescribing practices as compared to their peers. Melissa DeNoon noted unsolicited reports do not directly address this, but that some states are pursuing prescriber report cards. Intent would not be punitive, but to inform and create awareness. DeNoon also noted that a provider module is available – My Rx – where physicians can examine all of the prescriptions under their DEA number. Wolfgang advised Medicaid is considering approaches to increase provider awareness. Dr. Dietrich cautioned against too much intervention by Medicaid as this will cause physicians to not prescribe.
- Strategy 2 Discussion
 - Noted that representatives from DSS and DOH will be attending the upcoming Opioid Conference hosted by Avera Health.
- Strategy 3 Discussion
 - Dr. Uthe asked if the PDMP was able to report back in MMEs; Melissa DeNoon advised how to query that information. Daily active scripts and their total MMEs are reported in real time.
 - Senator White asked the status of health system integration; Kari Shanard-Koenders noted each healthcare system is operating on a different timeline subject to EMR constraints and opportunities at each system, respectively. Dr. Uthe reiterated that real-

time MME data is very important but that work flow processes and logistics associated with upgrading are being carefully considered in order to finalize the workplan.

- Tom Martinec offered additional insight into the last action item under this strategy: Enhance reporting capacity of the PDMP to better identify trends in opioid prescribing. He advised that this arose from the Region VIII meeting, and that the intent is to continue discussions with the Board of Pharmacy to explore opportunities for continuous enhancement of constructive feedback to the prescribers within South Dakota.
- Dr. Uthe inquired about the current status of Nebraska's interstate sharing abilities; Kari confirmed that registered HIE users within NE can be accessed. DeNoon added that current NE law prohibits interstate data sharing. NE will allow SD prescribers and pharmacists to have accounts with the NE PDMP.
- The SD PDMP shares data with 21 states through PMP InterConnect. Neighboring states SD shares with include ND, MN, IA, and MT. WY is planning to be available to share by the end of 2017 and NE is explained above.
- Strategy 4 Discussion
 - Action steps will leverage CDC's Opioid Awareness Campaign
 - Mark East inquired as to the inclusion of IHS providers; Tiffany Wolfgang relayed that those partnerships are being explored through the SBIRT program.
- Strategy 5 Discussion
 - No comments.
- Strategy 6 Discussion
 - No comments.
- Strategy 7 Discussion
 - Dr. Uthe mentioned that a site visit to the chronic pain clinic at Mayo Clinic would be informative. Expansion of MAT involves 8-hour certification for the provider, but if there isn't an educational component in place to help the physicians it is difficult. Before encouraging MAT, a robust educational piece (e.g. through the ECHO model) would be instrumental.
 - Dr. Dietrich followed up with the complexities of managing a patient on MAT and the management of any acute problems. Noted that the health systems may or may not have policies in place to address a MAT patient expressing with an acute issue in the emergency room, for example.
 - Noted that CARA Act 2016 does allow PAs and NPs to be MAT treatment providers if they go through the education, which is a point to consider moving forward in terms of education and protocols.
- Strategy 8 Discussion
 - No comments
- Strategy 9 Discussion
 - No comments
- Strategy 10 Discussion
 - Noted by Dr. Uthe and Dr. Dietrich that prior-authorization requires time and effort across the continuum, including pharmacists and prescribers and the state Medicaid office. Suggested interventions to increase provider awareness of prescribing patterns

were made in discussion. Advised by Tiffany Wolfgang that that type of data requires careful interpretation and context, and noted that these action steps will be more fully vetted as conversations and work continue.

- Discussion on methods to educate providers – a top 10 letter, for example – and pros and cons. Goals are to provide awareness and support, not be punitive.
- Strategy 11 Discussion
 - Dr. Dietrich and Susan Sporrer advised that the Wisconsin Take-Back program is a model that could be used across the U.S. Noted that strategies beyond National Take-Back Days should be explored.
 - Mark East suggested that data from the existing take-back efforts would be helpful from a provider education standpoint as well.
- Strategy 12 Discussion
 - No comments.
- Strategy 13 Discussion
 - No comments.

Next Steps. Tom Martinec advised that the first draft of the plan has been submitted to SAMHSA and will be submitted (with slight modifications) to the CDC within the next 60 days in alignment with grant requirements. The plan is fluid and will be continually updated.

Dr. Dietrich mentioned potential partnership avenues to explore as alternative treatments to opioids for pain management, such as but not limited to physical therapy. How do we educate the public on what is appropriate, and how do we empower physicians to pursue alternative treatment strategies? He referenced guidelines re: hierarchies for treatment, but insurance coverage of those treatments greatly varies. He suggested identifying messaging around alternative treatment strategies among prescribers as a potential addition to the plan.

Public Testimony. No public testimony.

Closing Remarks. Tom Martinec noted the Department of Health website will feature all minutes, the needs assessment, the strategic plan, and activities of the strategic plan as they unfold.