



Opioid Abuse Advisory Committee Meeting

July 15, 2020

9:00 am – Noon CT

Hosted by South Dakota Dept. of Health





Welcome & Introductions



Prescription Opioid Abuse Advisory Committee

Laura Streich, South Dakota Department of Health, Chair

Kristen Bunt, South Dakota Association of Healthcare Organizations

Sara DeCoteau, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation

Maureen Deutscher, Family Representative

Chris Dietrich, MD, South Dakota State Medical Association

Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners

Amy Hartman, Volunteers of America - Dakotas

Tiffany Wolfgang, South Dakota Department of Social Services

Kristen Carter, South Dakota Pharmacists Association

Jon Schuchardt, Great Plains Indian Health Services

Kari Shanard-Koenders, South Dakota Board of Pharmacy

Senator Jim White, Huron

Brian Zeeb, South Dakota Office of Attorney General





Funding Updates

- DOH Grants (Laura Streich)
- DSS Grants (Tiffany Wolfgang)





South Dakota's Opioid Road Map: *Data & Surveillance*

- Data Updates
- Prescription Drug Monitoring Program Updates
- Tribal Treatment Needs Assessment
- Emergency Department Needs Assessment





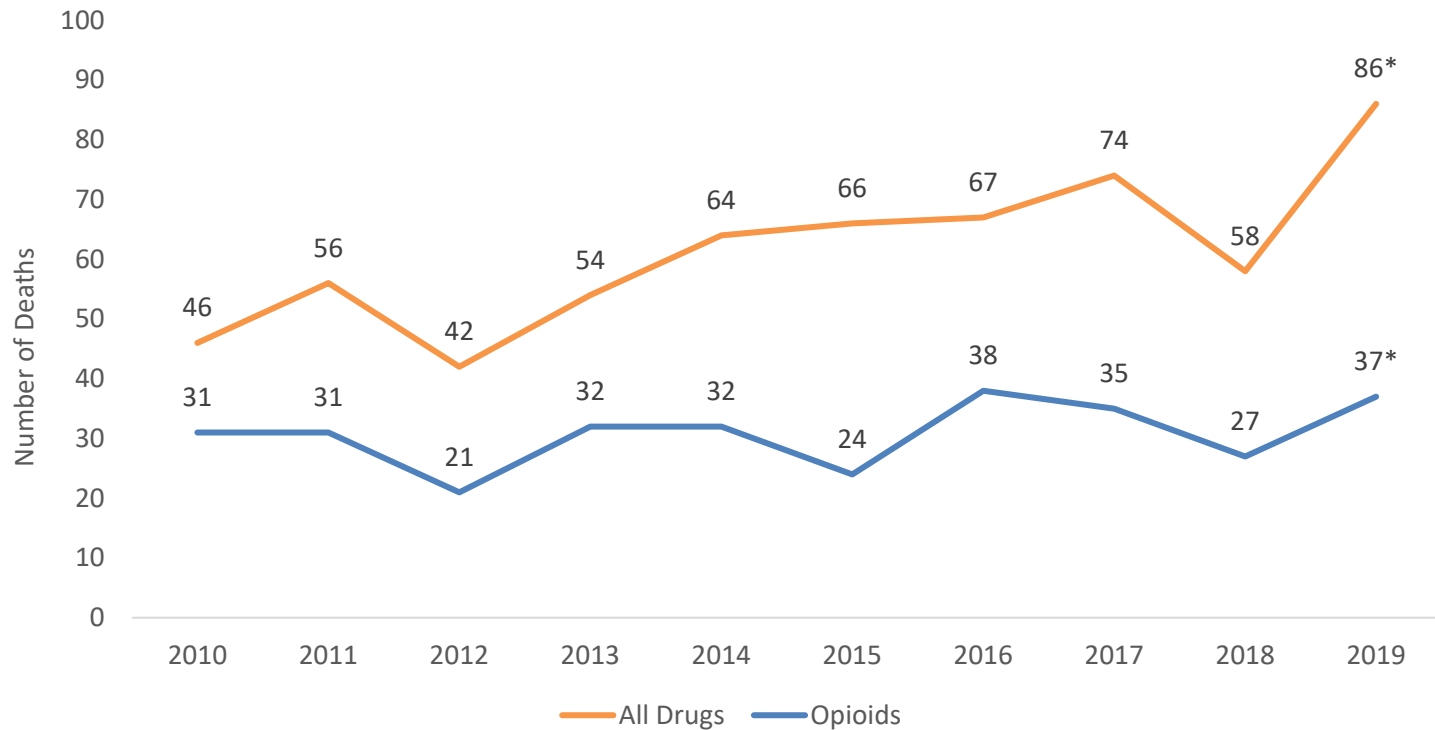
SOUTH DAKOTA
DEPARTMENT OF HEALTH

Amanda Nelson, MPH
Injury Prevention Epidemiologist
South Dakota Department of Health

Drug-Related Deaths in South Dakota



Drug-Related and Opioid-Related Deaths, South Dakota (2010-2019)



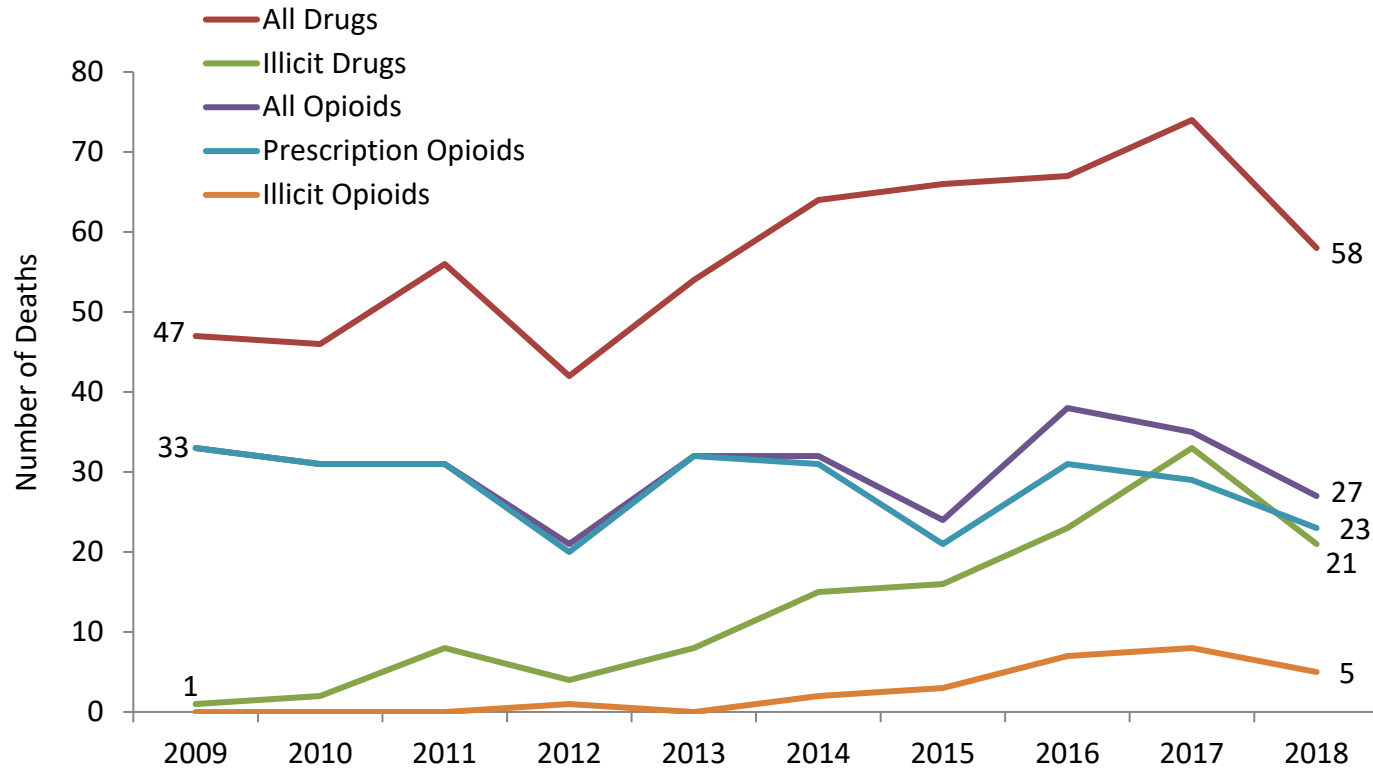
87% increase
in all drug-related deaths
from 2010 to 2019

48% increase
in all drug-related deaths
from 2018 to 2019

***2019 Data is PROVISIONAL**
Data Sources: DOH Vital Statistics



Drug-Related Deaths by Drug Type, South Dakota (2009-2018)



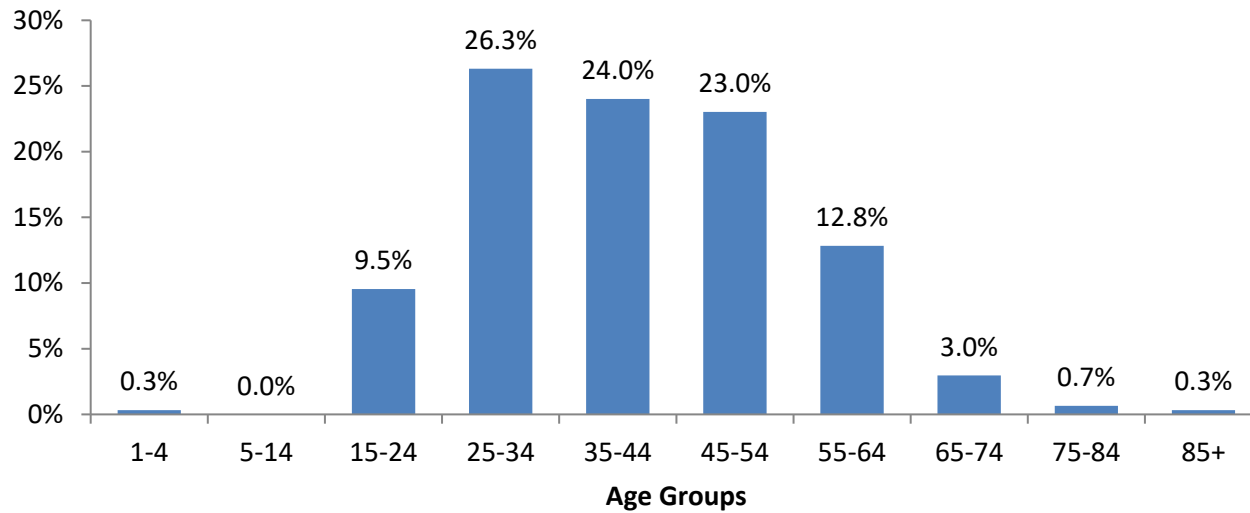
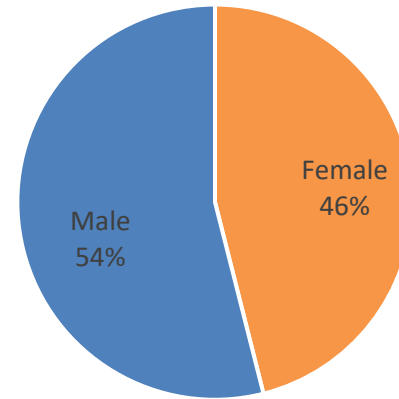
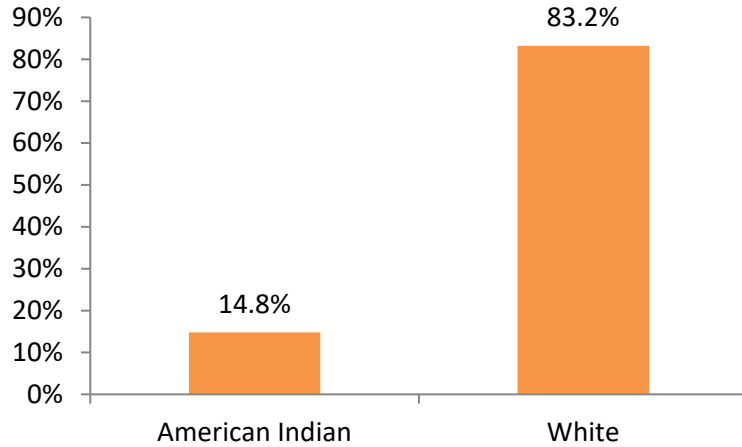
37 opioid related deaths in 2019*

- Prescription opioids = 36
- Illicit opioids = 3

*2019 Data is PROVISIONAL
Data Source: DOH Vital Statistics



Opioid Related Deaths, South Dakota (2009-2018)





National Overdose Death Data

South Dakota had the **LOWEST** age-adjusted rate of drug overdose deaths in 2018

SD = **6.9** per 100,000 population

US = **20.7** per 100,000 population

South Dakota had the **2nd LOWEST** age-adjusted rate of opioid overdose deaths in 2018

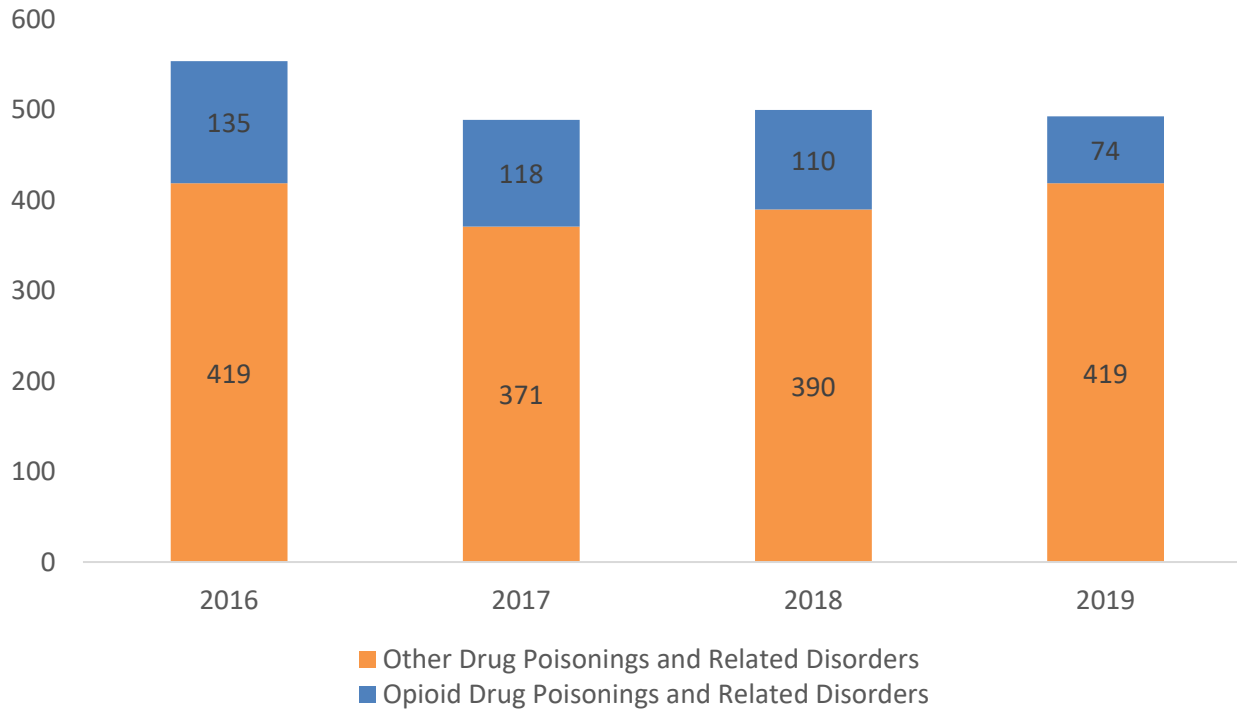
SD = **3.5** per 100,000 population

US = **14.6** per 100,000 population

Non-Fatal Drug Overdoses in South Dakota



Drug Associated Hospitalizations, South Dakota (2016-2019)

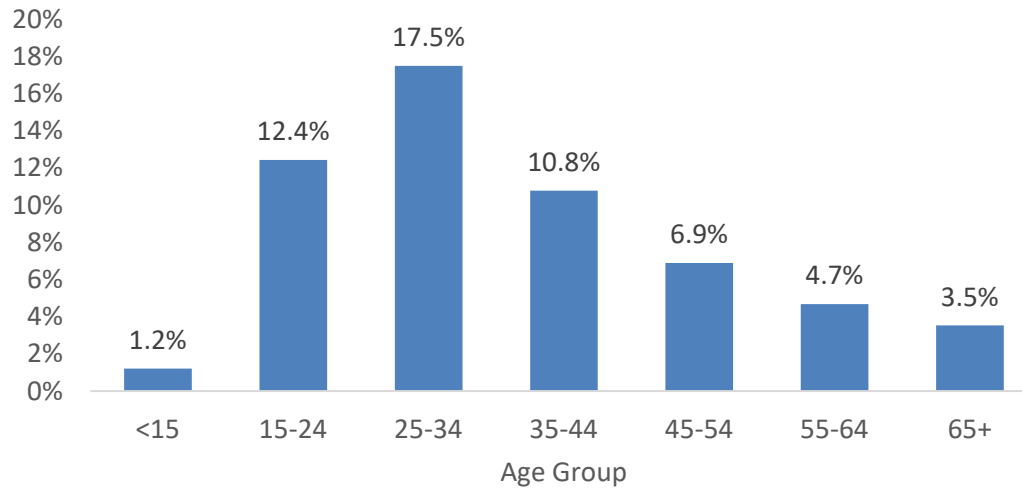
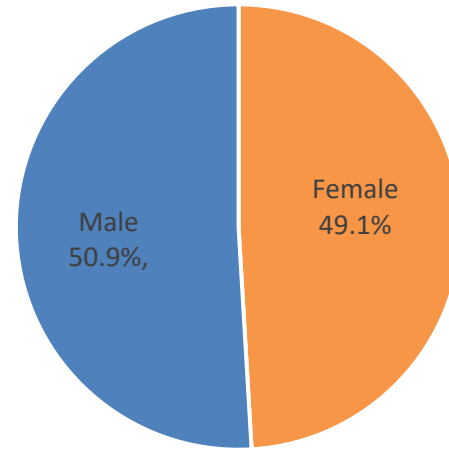
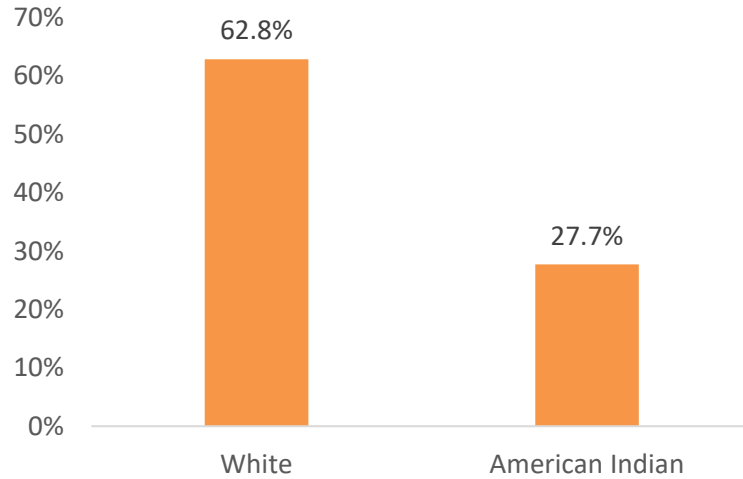


Inpatient data by year of discharge.
Deaths are excluded.

ICD-10-CM Codes for hospitalizations attributable to drug with potential for abuse and dependence:
F11(.1-9), F12(.1-9), F13(.1-9), F14(.1-9), F15(.1-9), F16(.1-9), F19(.1-9), O99.32, P04.4, P96.1, T40(.0-9), T42.3, T42.4, T42.6, T42.7, T43.6



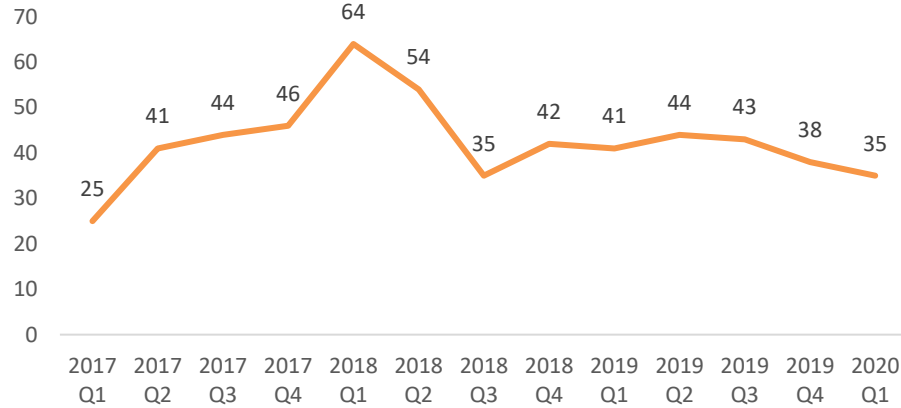
Drug Associated Hospitalizations, South Dakota (2016-2019)





Suspected Opioid Overdoses, South Dakota

Suspected Opioid Overdoses by Quarter, South Dakota (2017-2020)

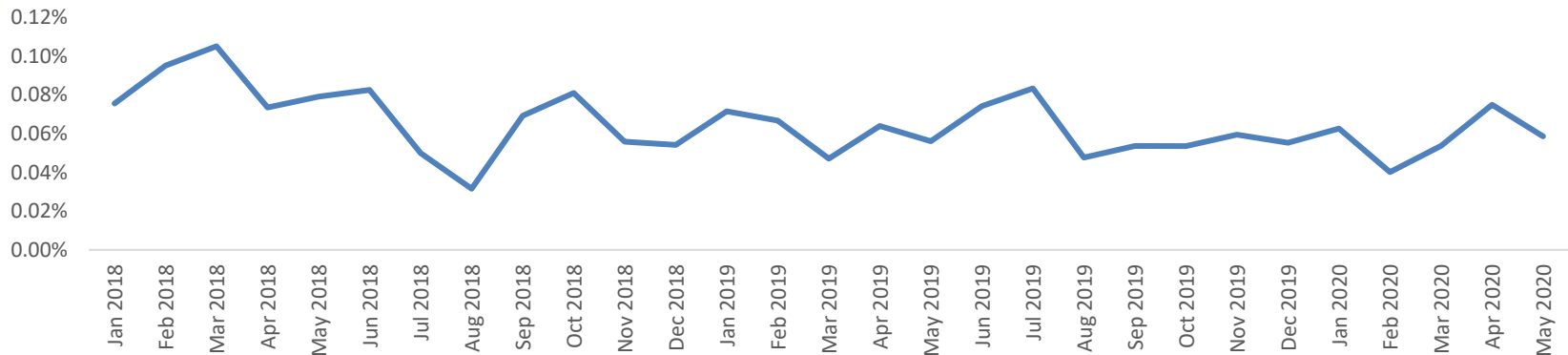


Syndromic Surveillance: data based on chief complaints from hospital emergency departments.

Use caution when evaluating trends over time in data. The addition of new hospitals can impact the proportion of visits due to suspected opioid overdose. Data does not include chief complaint data from Indian Health Services, Veterans Affairs, and 6 hospitals across South Dakota.

Total Facilities Reporting: 44 (as of June 2017)

Proportion of Suspected Opioid Overdoses Seen in Emergency Departments in South Dakota, (2017 - May 2020)



Questions?

Thank You!



Prescription Drug Monitoring Program Update

Melissa DeNoon – SD Board of Pharmacy



SD PDMP Update

OPIOID ABUSE ADVISORY COMMITTEE

JULY 15, 2020

MELISSA DENOON, R.PH., SD PDMP DIRECTOR



PMP AWA^Rx^E Enhancements



CLINICAL ALERTS
PRESCRIBER REPORTS

Clinical Alerts

- ▶ 2018 enhancement to SD's PMP AWARxE platform
- ▶ Provide notifications on patients that meet or exceed one or more of three thresholds:
 - ▶ Multiple provider episodes within a specified time period
 - ▶ Daily active morphine milligram equivalents (MME)
 - ▶ Concurrent opioid and benzodiazepine prescribing
- ▶ Goal is to inform practitioners of patients at risk and aid in clinical decisions for best patient care

Clinical Alerts Trends

Clinical Alerts Measures	2018	2019
Total Alerts for All Prescribers	90,879	72,963
Total Prescribers Received Alerts	13,029	12,350
Multiple Provider Threshold Alerts	515	407
Daily Active MME Threshold Alerts	34,592	25,949
Opioid & Benzo Threshold Alerts	55,772	46,607

Prescriber Reports

- ▶ Quarterly reports to give prescribers insight into their prescribing patterns from the last six-month period
- ▶ Prescriber users who have written at least one Schedule II, III, IV, or V controlled substance prescription during this six-month period will receive a report
- ▶ Comparisons with peer groups are included as a point of reference
- ▶ Data represented includes Schedule II-V controlled substances as reported to the SD PDMP
- ▶ Appriss' redesigned report sent to SD users in May 2020

NEW Prescriber Report

▶ Drug class/drug sections

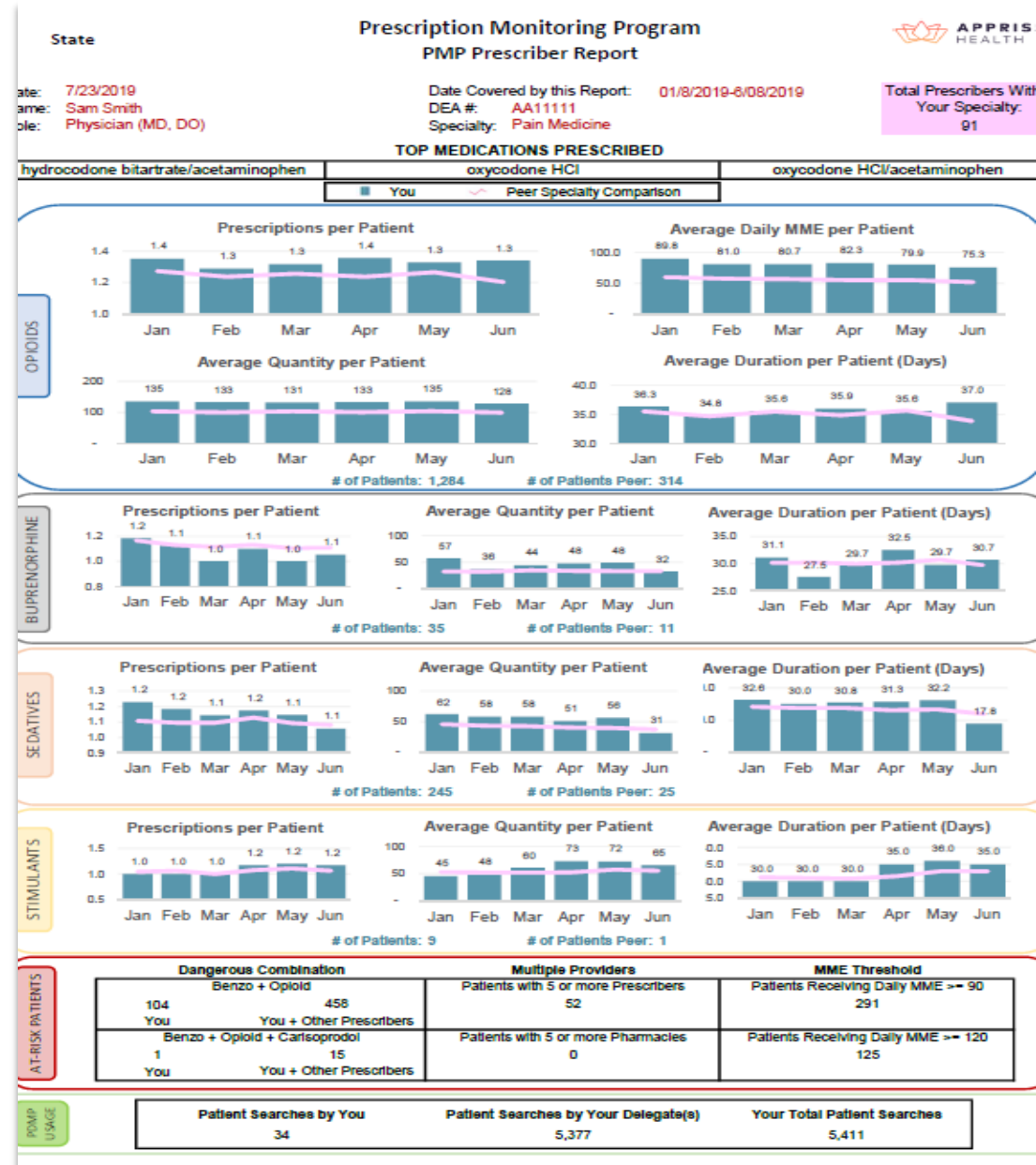
- ▶ Opioids
- ▶ Buprenorphine
- ▶ Sedatives
- ▶ Stimulants

▶ At-Risk Patient Section

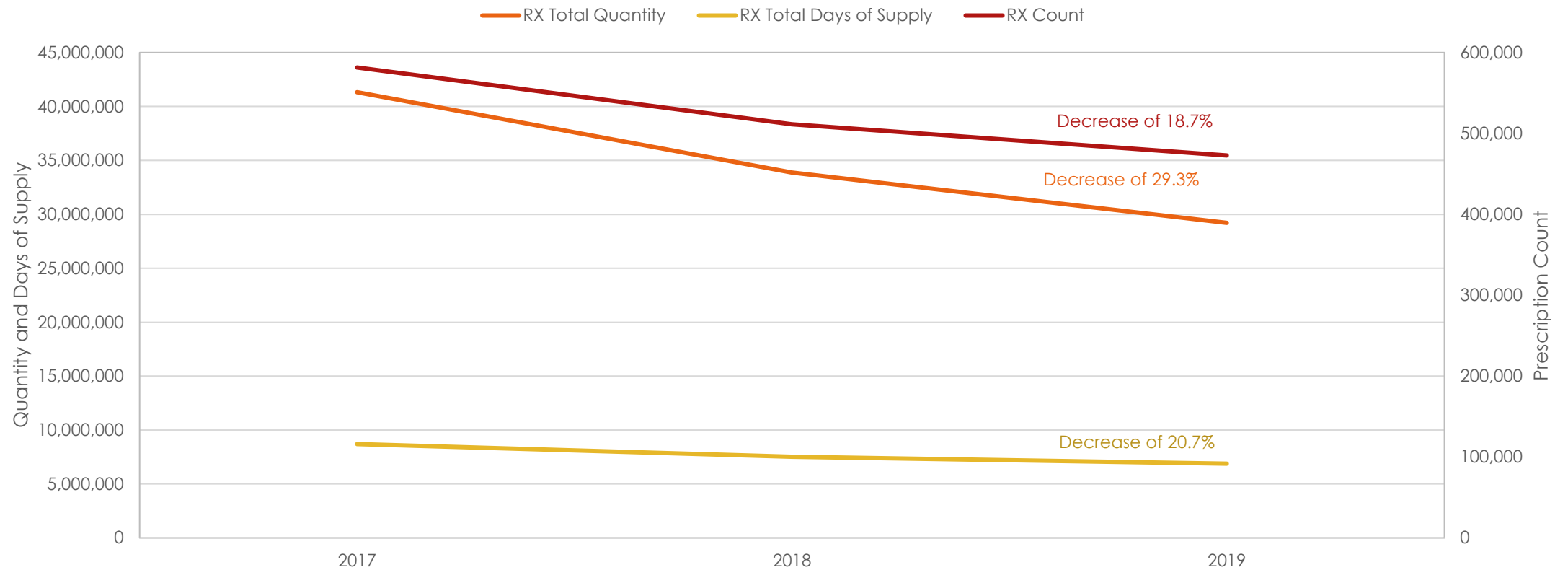
- ▶ Dangerous Combination
- ▶ Multiple Providers
- ▶ MME Threshold

▶ PDMP Usage Section

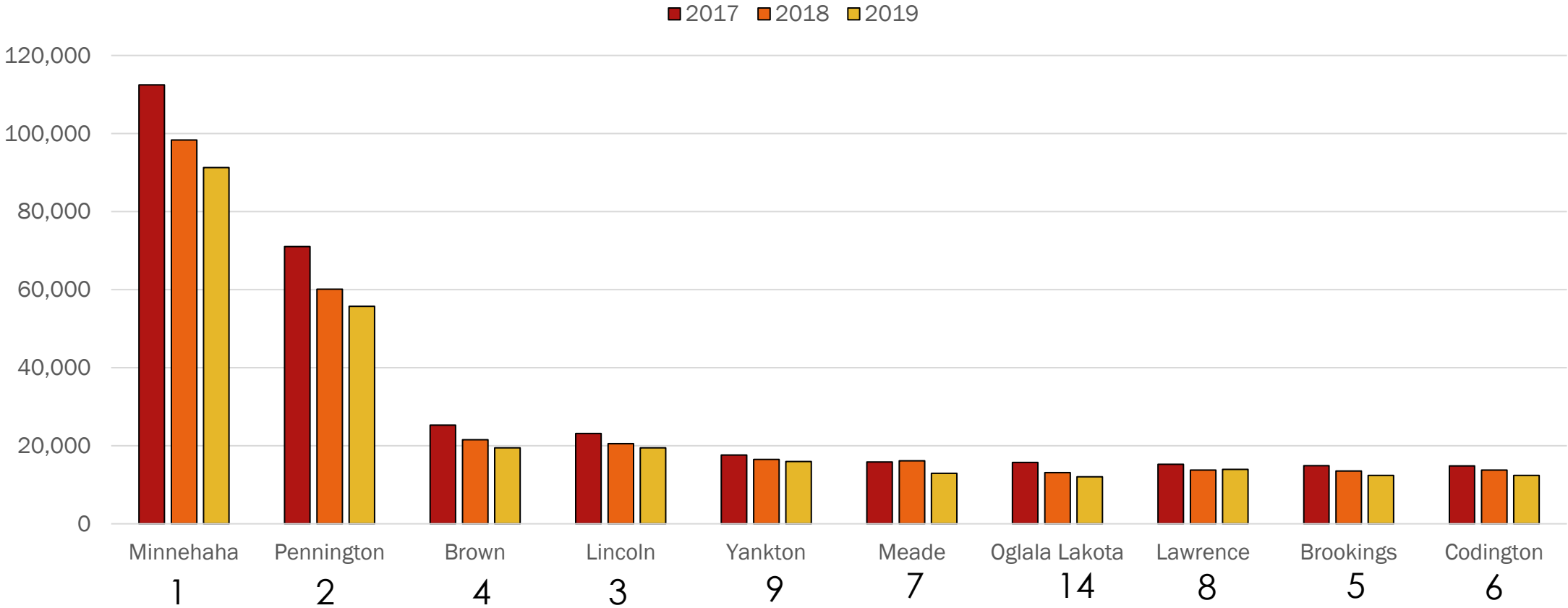
- ▶ Searches by prescriber
- ▶ Searches by delegate(s)
- ▶ Total patient searches



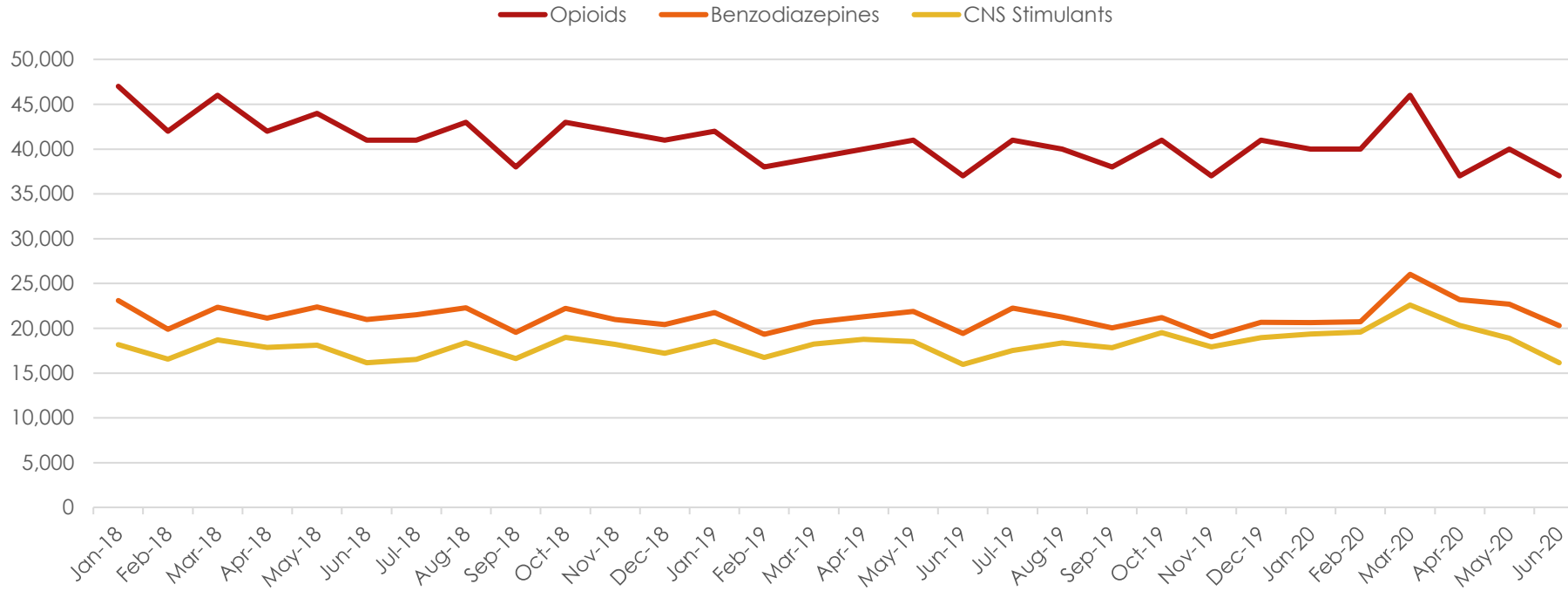
Opioid Prescriptions – SD Patients



Top Patient Counties by Opioid RX Count



SD Patients' Trending Prescription Counts



Interoperability Focus to Increase Utilization

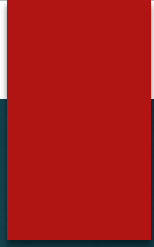
- ▶ Interstate Data Sharing
- ▶ Integration of the SD PDMP into electronic health record (EHR) platforms and pharmacy management systems (PMS) which:
 - ▶ Eliminates need to navigate to PDMP web portal site and log in
 - ▶ Automates query of the patient
 - ▶ Provides in-workflow, one-click access to the patient's PDMP report
 - ▶ Shifts time from performing patient query to clinical patient care
- ▶ Current grant project underway to facilitate statewide integration of all SD EHRs and PMS

MedDrop Program Updates

- ▶ Established by the Board of Pharmacy through a 2016 PDMP grant project
- ▶ MedDrop receptacles in SD retail pharmacies and hospitals
 - ▶ 2017 – 2 in place
 - ▶ 2018 – 12 in place
 - ▶ 2019 – 38 in place
 - ▶ 2020 – 83 in place
- ▶ Currently, 43 SD counties have at least one MedDrop receptacle available to provide this safe disposal option for the citizens of South Dakota

Bundle Report Month	Total # Bundles Returned	Total Weight Returned	Total Aggregate Weight Returned
Oct-17	1	35	35
Feb-18	3	95	130
Mar-18	2	64	194
Apr-18	2	54	248
May-18	5	179	427
Jun-18	5	128	555
Jul-18	2	79	634
Aug-18	7	197	831
Sep-18	6	204	1035
Oct-18	4	135	1170
Nov-18	6	192	1362
Dec-18	5	169	1531
Jan-19	9	303	1834
Feb-19	5	159	1993
Mar-19	6	209	2202
Apr-19	10	377	2579
May-19	10	374	2953
Jun-19	8	274	3227
Jul-19	10	314	3541
Aug-19	12	381	3922
Sep-19	13	373	4295
Oct-19	16	500	4795
Nov-19	16	575	5370
Dec-19	15	448	5818
Jan-20	18	601	6419
Feb-20	22	736	7155
Mar-20	15	473	7628
Apr-20	14	392	8020
May-20	17	512	8532
Jun-20	16	510	9042

MedDrop Utilization



Questions?

Tribal Treatment Needs Assessment

*Amanda Flores – Great Plains Tribal
Chairman's Health Board*

Statewide Assessment of Overdose Policies and Practices in South Dakota Emergency Departments

Chelsea Wesner, MPH, MSW, Sandra Melstad, MPH & Elizabeth Ruen, MS, MPH

July 15, 2020

Opioid Abuse Advisory Committee Meeting



SLM Consulting, LLC
Data Driven Public Health Solutions

SANFORD
RESEARCH



South Dakota
State University

Overview

- Purpose
 - OD2A Strategy 6:
Establishing Linkages to
Care
- Methods
- Results
- Key Recommendations
- Toolkit of Best Practices and
Policies



Purpose

OD2A Strategy 6: Establishing Linkages to care

- **Goal:** Support emergency departments (EDs) in handling fatal and non-fatal overdoses.
 - **Year 1 - Objective 1:** Develop and administer a survey to hospital administrators and ED directors to assess current policies and procedures on handling drug overdoses.
 - **Year 2 - Objective 2:** Develop model policies and procedures for ED to implement to assist hospitals in handling patients that have overdosed (fatal and non-fatal).

Methods

- 49 hospitals invited to participate in online survey during December 2019
 - *33 participated (67% response rate)*
- Survey development and framework were guided by existing statewide protocols or guidelines from Arizona Department of Health, Maryland Hospital Association, Rhode Island Governor's Overdose Prevention & Intervention Task Force, and the Massachusetts Health and Hospital Association

Methods

- 57-questions assessed if formal (policy), informal (no policy, but staff may complete at own discretion), or no practices (hospital does not do this) exist at their hospital for:
 - Education
 - PDMP
 - Screening
 - Intervention
 - Treatment
 - Overdose
 - Naloxone Distribution

Results



Education

Many hospitals **lack** formal policies around patient and family education

- 18% of EDs have a formal practice of sharing education on safe storage and disposal when prescribed opioids
- 15% have a formal practice of providing education on risks of overdose and risk reduction
- No hospitals have a formal practice of providing education to families on SUD/ODU risks and overdose
- 76% of hospitals do not have a drug take-back receptacle

Results



PDMP

- 64% of EDs do not have policies that prevent opioids being used as a first-line treatment
- Use of PDMP:
 - Only 12% of hospitals have formal policy to check patient histories before prescribing controlled substance
 - Only 9% have a formal policy for checking histories for all patients



Screening

- 55% of EDs have a formal policy for screening patients for OUD
- 67% have formal policy for screening patients for SUD

Results



Intervention

Many EDs **lack** formal policies and practices to:

- facilitate referrals to SUD treatment (85%)
- integrate SUD or OUD referral with electronic health records (70%)
- care for patients who screen positive for illicit drugs or opioids via lab test (64%), verbally/form (67%), or self-disclosure (73%)

Greatest self-reported barriers to treating SUD/ODU in EDs:

- no SUD/ODU referral facilities exist
- no bed openings in existing SUD/ODU facilities

Results



Treatment

- 85% of ED staff **not** trained in medication assisted treatment (MAT)
- Only 3% of hospitals have a formal policy to initiate MAT in the ED



Overdose

Most hospitals **lack** formal policies for:

- Documenting and reporting non-fatal (70%) and fatal (58%) overdoses
- What staff should do when a fatal overdose occurs (64%)
- Who is notified of a fatal overdose (58%)

Results



Naloxone

- All EDs have naloxone
- However, no hospital has formal practices for:
 - discharging patients with naloxone or a prescription for it;
 - training family and friends on its use; or
 - referring patients to pharmacies to obtain it.

Key Recommendations



Screening

- Standardize and formalize screening for SUD and OUD
- Use the screening, treatment initiation, and referral (STIR) model (an evolution of SBIRT)



Education

- Provide education on overdose prevention, harm reduction, and naloxone availability
- Include topics on safe storage and disposal of prescription opioids

Key Recommendations



Intervention

- Increase interventions in ED through formal policies, electronic health info integration, and staff training
- Strengthen capacity for support staff (e.g., social worker, case manager, patient navigator)
- Use peer support workers
- State-level: increase access to inpatient and outpatient treatment options
- State-level: streamline referral processes to SUD/ODD treatment

Key Recommendations



PDMP

- Understand use of PDMP and identify barriers
- Formalize policies for use (e.g., checking all patient histories, especially before prescribing opioids)
- Explore how other states improve use of PDMP



Treatment

- Initiate MAT in the ED
- Increase providers with waiver to prescribe buprenorphine for MAT
- Explore bridge programs and models with direct referral and transportation to treatment facility
- Increase education and provider knowledge on SUD/ODD treatment options and resources

Key Recommendations



Naloxone

- Discharge patients at high risk for overdose with naloxone or a prescription for naloxone
- Educate families of high-risk patients on the use of naloxone
- Refer patients to pharmacies where they can access naloxone
- Explore use of naloxone kit program and integrate prompts through the EHR

Development of Toolkit



Roles

Opioid Advisory Committee

Serve as overarching taskforce to inform SME workgroups, review recommendations for the Toolkit, and support dissemination.

Subject Matter Experts Workgroup

Organized based on policy recommendations and expertise

Support development of model policies and relevant content

Convene on a monthly basis

USD/SLM Consulting

Convene SME workgroups and support development of content.

Design and support pilot process.

Timeline

Invite Opioid Advisory Committee members to participate in SME Workgroups or identify other SME's.	July 2020
Identify healthcare providers/clinics to participate as key informant interview to assess toolkit feasibility	July-Aug 2020
Disseminate ED Assessment Survey Report to survey participants. Invite participants to participate in SME workgroups.	August 2020
Conduct Key Informant Interviews.	Aug-Sep 2020
Convene monthly SME workgroups to develop and review Toolkit content.	Oct 2020- Spring 2021
Develop content and resources for the Toolkit.	Oct 2020- Spring 2021
Disseminate draft Toolkit to Opioid Advisory Board for final review and update based on feedback.	Spring 2021
Finalize and disseminate Toolkit.	Spring/early Summer 2021
Pilot Toolkit in targeted health systems/clinics.	Fall 2021
Update Toolkit (Version 2)	Spring 2022

Pilot Toolkit - Fall 2021

- Pilot Toolkit utilization in health care clinics to evaluate content, feasibility, and support for prevention.
 - Determine design and evaluation measures
 - Data collection methods
 - Participating health systems/clinics
 - Analysis
- Model other state/research methodologies
 - 2017 Colorado Opioid Safety Pilot
 - Lean Consultant to support quality improvement and adoption of select policies
 - Washington State Emergency Department

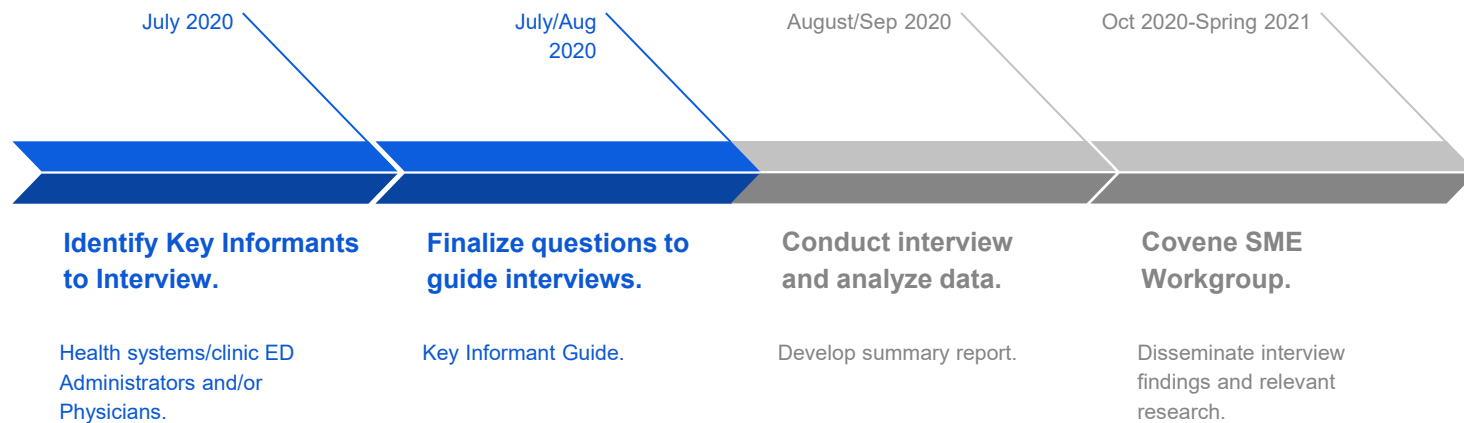
Primary Considerations for Toolkit

- Have ED physician “champion” in a hospital who has access to and credibility at the highest levels of hospital administration.
- Develop and include patient education materials to accompany guidelines in simple language, including poster in waiting rooms
- Include gap analysis checklist for providers to assess their level of implementation in their facility.
- Develop template/checklist for prescribing.
- Emphasize steps to get started with implementation.
- Include information on treatment resources and support groups in areas where people live.
- Include Q/A to address concerns
- Emphasize Telemedicine as an alternative option to provide treatment for substance abuse
- Develop Toolkit informed by a Quality Improvement Framework.

Secondary Considerations for Toolkit

- Concerns for lower patient satisfaction survey scores with implementation of new prescribing policies.
- Create a guideline that addresses patients for guideline that address patients who complain to hospital administrations and an ED provider who denied patients' request for controlled substances.
- Note that model policies offer guidelines and are not requirements.
- Include information on treatment resources in areas where people live.
- Include information on support groups in areas.
- Emphasize Telemedicine as an alternative option to provide treatment for substance abuse
- Emphasize data sharing to improve patient's safety.
- Develop guidelines/policies that impact EM providers in a meaningful way considering focus on chronic pain therapy.

Next Steps



Contact Information

Thank you!

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Sandra Melstad - SLM Consulting
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Project Spotlight:
Implementation of the
Chronic Pain and Opioid
Management ECHO at
University of South Dakota





State Opioid Response South Dakota

Project Opioid ECHO University of South Dakota
Project Summary Grant Year 2019-2020
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Acknowledgements

Key Stakeholders





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Funding for this project was made possible by Department of Health and Human Services Substance Abuse and Mental Health Services Administration State Opioid Response Grants TI-18-015. The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices or organizations imply endorsement by the U.S. Government.



Overview

The South Dakota Department of Social Services (DSS), Division of Behavioral Health was awarded just over \$4 million for two years totaling over \$8 million in federal funding to help combat opioid use in South Dakota through the State Opioid Response (SOR) grant. DSS partnered with the Department of Health and the Opioid Abuse Advisory Committee to develop a strategic plan to strengthen South Dakota's capacity to prevent misuse and abuse of opioids and guide grant efforts. The primary areas of the plan were prevention and early identification along with treatment and recovery. South Dakota's SOR grant focused on expansion of infrastructure and capacity built through the previous grant to support increased access to medication-assisted treatment, life-saving naloxone distribution, and telehealth access to care and workforce development and training. DSS in collaboration with the University of South Dakota (USD), School of Health Sciences, Department of Addiction Counseling and Prevention developed an initiative to best serve the needs of the population focus to meet the SOR required core activities focused on training and education. Two primary focus areas were: to implement prevention and education services including training of addiction and mental health care professionals on the assessment and treatment of OUD; and to support innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD prevention, treatment, and recovery.



Short-Term Objectives

The short-term objectives of the project included:

- ▶ To engage key healthcare, addiction, and mental health professionals in designing and implementing prevention and education training
- ▶ To increase healthcare, addiction and mental health professional's awareness of pain, pain management practice and opioid use
- ▶ To establish Project ECHO USD Hub for ongoing telehealth support for clinicians in South Dakota where specialized knowledge is not always locally available



Long-Term Objectives

The long-term objectives of the project included:

- ▶ To increase the number of education resources and evidence-based programs appropriate for delivery through the established USD ECHO Hub for healthcare, addiction, and mental health professions, and to provide training to implement identified programs
- ▶ To improve the available data for tracking of outreach, awareness, education needs and increase the completeness of data through coordinated reporting with the State of South Dakota and other local public health and health providers
- ▶ To establish a systematic process for ongoing needs assessment for interprofessional education and training for healthcare services that addresses current gaps in education and training delivery and to identify strategies for addressing these gaps and barriers.



Project History

In Grant Year 1, key stakeholders identified the need to provide education, resources, and ongoing professional support for providers across the state of South Dakota.

The original plan included hosting trainings across the state with additional simulation labs to be held on the USD main campus in Vermillion, SD. The barriers to successfully delivering this plan included travel, scheduling, and availability of providers to participate. Based on these barriers, the University of South Dakota, School of Health Sciences became an ECHO Hub for the state of South Dakota.

Using proven adult learning techniques and interactive video technology, the ECHO Model™ connects groups of community providers with specialists at centers of excellence in regular real-time collaborative sessions. The Opioid ECHO project served as the pilot for implementing ECHO in South Dakota.



Project ECHO

In June 2019, members of the State of South Dakota and the University of South Dakota core project team attended a three-day immersion training in Albuquerque, NM, covering all the key areas of launching and managing teleECHO clinics: community provider recruitment, curriculum development, budget requirements, IT resources and architecture, evaluation and research tools and approaches, teleECHO clinic management, and hub team development.

Upon completion of the immersion training, the core ECHO team developed a work plan outlining key action steps, objectives, outcomes and impacts, evaluation plan and timeline. Weekly or biweekly meetings were conducted from July 2019 through January 2020 in preparation for the USD: ECHO *Chronic Pain and Opioid Management* launch.

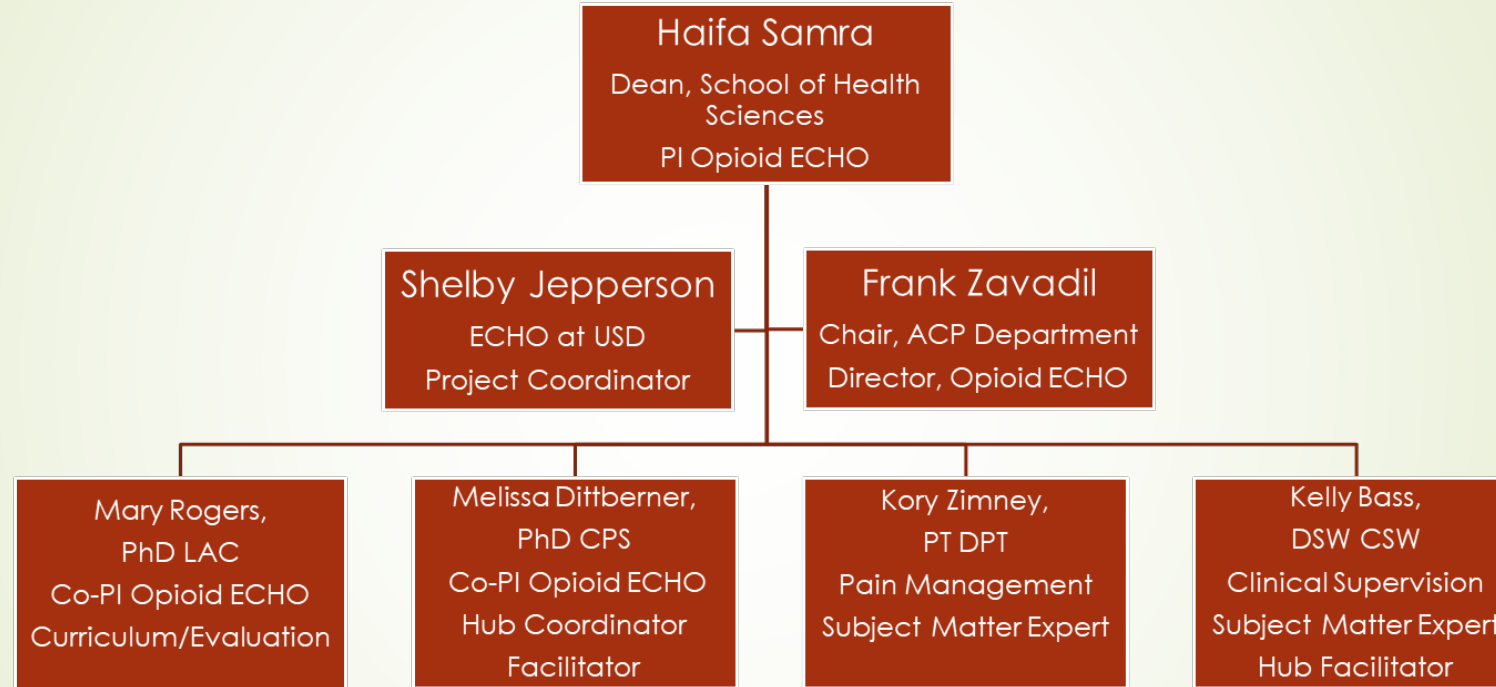


Project ECHO

The USD School of Health Sciences, Addiction Counseling and Prevention Department and Department of Physical Therapy, and Department of Social Work, in collaboration with a practitioner advisory group, developed education content for increasing awareness, knowledge and strategies for working with clients with chronic pain and opioid use.

Sessions were delivered virtually via Zoom <https://echo.zoom.us/> on a biweekly schedule, Thursdays between 12:00 and 1:00 PM CT, beginning January 16 and concluding on May 21, 2020.

USD Core Project Team



Project Activities	Intended Outcomes	Short Term Impacts	Long Term Objectives	Impact
Needs Assessment Surveys April 2019 September 2019	Identify education and training needs related to chronic pain and opioid use for SD Addiction and Behavioral Health Providers	Measure a perceived or actual need by collecting data to document a challenge that exists	Establish protocol for future needs assessments and data tracking plan	ECHO USD: Increased capacity to identify specific state data needs for education and prevention topics
UNM ECHO, State of SD, USD Create Hub Team January 2019	Create a system through which leaders meaningfully connect with, learn from, and communicate with individuals and groups	Key leaders set priorities and develop solutions	Leverage partnerships for new relationships to target health systems and advocacy organizations	ECHO USD: Is established hub in South Dakota for health care education and advocacy
UNM ECHO Institute Immersion Training	All project team members trained in ECHO model	Hub team trained in ECHO replication model	Core ECHO team serves to provide support for new stakeholder ECHO projects.	ECHO USD: Guides strategic planning for new projects
ECHO Branding and IT Infrastructure Development, Marketing /Communication	teleECHO infrastructure developed and tested	ECHO USD established in SD as ECHO Hub	ECHO USD sustains environment for continued expansion and reach	ECHO USD: Increased confidence in and positive public perception of teleECHO
Practitioner Advisory Group	Create protocol for an establishment of interdisciplinary advisory group	Advisory group for practitioners in rural South Dakota	ECHO USD: state advisory group expands perspective and awareness on issues related to health professionals.	ECHO USD: Improved collaboration among state practitioners critical to understanding how and what is taught for current and future health professionals
Opioid ECHO Evaluation	Create a data tracking system that can be used for planning and analysis	Baseline data to track and analyze process and inform instruction	ECHO USD supports research and development on effective strategies for active educational methods	ECHO USD: Integrate active teaching, simulation and clinical experiences delivered for interprofessional education using teleECHO


Evaluation Methodology

To support the growth of the ECHO movement, Project ECHO requires all Hubs to collect participation data for each tele-ECHO program. This data allows Project ECHO to measure, analyze, and report on the movement's reach. It is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision making related to new initiatives.

The *Chronic Pain and Opioid Management* ECHO collected data about program activities and objectives, monitored process and progress to measure, analyze, and report on program implementation.



Strategic Partnerships



Central to the strategy was the initiation, development, and maintenance of a partnership among key stakeholders: UNM ECHO Institute, South Dakota Department of Social Services, and the University of South Dakota. The newly established partnership served as an instrument for liaison and information sharing with the focus on interdisciplinary education and training for the state opioid response grant project period. The evaluation timeline for this report is January 2019 through May 2020 beginning with early stage planning and staffing the project, working through ECHO replication steps, and full implementation of the project and project activities.

Framework

To establish a framework from which impact and reach could be assessed, the following questions guided the discussions with core team members and provided information critical to making informed decisions and recommendations based on project strengths and challenges:

- ▶ Establishing Project ECHO: University of South Dakota: Did this strengthen the project's **relevance**?
- ▶ The *Chronic Pain and Opioid Management* curriculum focus: Assess didactic/case-based learning for **effectiveness**.
- ▶ Management of the project's partnerships: How did partnership arrangements promote **efficiency**?
- ▶ Data Collection: The extent to which 'success stories' exist and show trackable changes to determine the project's potential **impact**.
- ▶ The existence of Project ECHO: USD School of Health Sciences supporting continued learning and sharing of knowledge to ensure **sustainability**.
- ▶ The comparative advantage generated by ECHO relationship with USD as well as positioning of the partnership in South Dakota to determine **ECHO added value**.



ECHO Project Strengths and Challenges

Chronic Pain and Opioid Management Team Final Debrief

- Internal project debriefs can be highly effective for project teams because teams learn more after the fact than they do during a project's execution. Giving the team an opportunity to reflect on lessons learned is a way to uncover project management lessons which can be applied in the future. The debrief was conducted immediately following the final session.



Debrief Highlights

Establishing Project ECHO: University of South Dakota: Did this strengthen the project's **relevance**?

Discussions led to common themes that co-align with Project ECHO and the University of South Dakota respective visions affirming the team's work ethic:

- ▶ **Trust and respect:** working from a place where we give the best of ourselves, we assume the best of others, and we communicate openly, honestly, and with regard for others
- ▶ **Excellence and accountability:** maximizing our individual and organizational potential, contributing to the best of our ability, seeking to be better, and owning our mistakes.
- ▶ **Teamwork:** recognizing that achieving our ambitions requires collective contribution and collaborative effort and cultivating a culture where we support each other, pitch in, and work together
- ▶ **Innovation and learning:** fostering continuous evolution and new creative ideas that have the power to change the world through learning and experimentation
- ▶ **Usability for the intended community:** defining indicators to show effect and behavior changes for health care providers in the short term; long term effects to show indicators linked to sustainable system change and intended benefits rather than being narrowly focused on one aspect of a problem.



Debrief Highlights

The *Chronic Pain and Opioid Management* curriculum focus: Assess didactic/case-based learning for **effectiveness**.

- ▶ Discussions led to a consensus that the team was highly effective in delivering specialty knowledge and expertise in a combined educational and tele-mentoring model.
- ▶ Participants rated the nine sessions as 4.7 out of 5 overall for increased knowledge, usefulness and understanding.
- ▶ The team described two main barriers for case-based learning delivery, specifically a lack of participation by attendees when mock cases were generated, and more importantly, attendee concerns articulated over anonymity within a small rural state for actual cases to be presented by attendee/practitioners.



Debrief Highlights

Management of the project's partnerships: How did partnership arrangements promote **efficiency**?

- ▶ Discussions led to a consensus that the partnership arrangements and their unique roles and responsibilities to the project were not as clearly defined at the beginning as they were at the completion of the project.
- ▶ Efficiency in the workplace is the time it takes to do something. Several factors were considered: onsite Lee Med Center Room and IT Support Techs, TeleECHO Program Coordinator administrative and organizational role for USD ECHO, and partner liaison with the State of South Dakota. Discussions led to consensus that during the grant period there was always an understanding that the partnership relationships would transition and ultimately lead to transformation.
- ▶ One example that best demonstrates transition to transformation was the pandemic shutdown of the physical USD campus forcing the ECHO team to transition, working onsite to offsite. The transformation process streamlined steps needed to deliver each session, increasing the efficiency factor.



Debrief Highlights

Data Collection: The extent to which 'success stories' exist and show trackable changes to determine the project's potential **impact**.

- ▶ Discussions led to consensus on the value of a pilot project and having reasonable expectations around key performance indicators. Project ECHO required program data to be shared by the USD ECHO Project Coordinator to show engagement and usage (attendance, CEU credit, didactics presented, case presentations, method of participation) which tied the pilot project to Project ECHO priorities.
- ▶ The internal evaluation focus was intentional in its design to track the internal processes and how those were executed across the life of the project. The USD ECHO focused on utilizing surveys and set a "satisfaction target" to measure the satisfaction of participants related to educational topic, understanding, awareness and usefulness. The results showed that pilot project was tied with the priorities set by Project ECHO and USD.
- ▶ Growth is the best way to measure the expected impact of and the improvement generated by the implementation of a new service. To show expanded understanding of project impact, the team agreed that better tracking of usage and engagement was important (mixed method data collection), and better tracking of growth potential.



Debrief Highlights

The existence of Project ECHO: USD School of Health Sciences supporting continued learning and sharing of knowledge to ensure **sustainability**.

- ▶ Discussions focused on the team connection and their understanding of the USD vision and expansion efforts as their role as an ECHO Hub becomes more defined.
- ▶ In general terms the team agreed on many basic principles of sustainability including the monetary value and carrying capacity, relevance to the rural population of South Dakota, long term use and linkages to the overarching goal to provide education, resources and tele-mentoring to increase capacity for continued learning and knowledge sharing among rural and urban health providers in the state.
- ▶ A better understanding of sustainability will be revealed with continued collaboration among all key stakeholders.



Debrief Highlights

The comparative advantage generated by ECHO relationship with USD as well as positioning of the partnership in South Dakota to determine **ECHO added value**.

- ▶ Discussion began with reflecting back to value alignment between Project ECHO and USD, with a focus on innovation and learning.
- ▶ The ECHO added value can be measured in the number of new ECHO programs created and launched to meet short- and long-term projected goals.
- ▶ The ECHO added value moves an institution from transition to transformation through the principles of the ECHO Model: Amplification, Best Practices, Case-Based Learning, and Monitor Outcomes. The feedback from the team indicated that with future programs planned and implemented, the added value will become more important to assess.

Project Strengths Summary



Relevance

Innovation and Learning



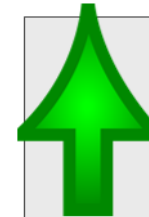
Effectiveness

*Combined Educational and
Tele-Mentoring Model*



Efficiency

Partnership Relationships



Impact

*Engagement Usage-
Expected Growth*



Sustainability

*Project ECHO USD Carrying
Capacity*



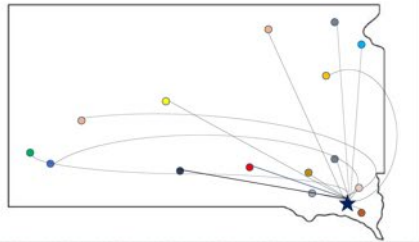
ECHO Added Value

*New ECHO Programs
Created*

148 Participated
Average Spokes Represented: 11.33

PARTICIPATION

Participation Location



**Continuing
Education Units**

Total: 69

Knowledge, Usefulness and Understanding
Increased

38%
Survey Responses

4.07 out of 5

Mean Score

Logistics

USD Zoom Room	4
Zoom Remote	5
Total Number of Sessions	9



83 Participated in
USD Zoom Room



65 Participated in
USD Zoom Remote



A decrease is shown
for Sessions 5-9.

Marketing

Publications



- ❖ MED Magazine
- ❖ SD Healthcare Workforce Newsletter

5,600 Distribution

Social Media & Website



- ❖ USD Health Sciences Facebook Page
- ❖ SDHHS Facebook Page
- ❖ Avoid Opioid SD

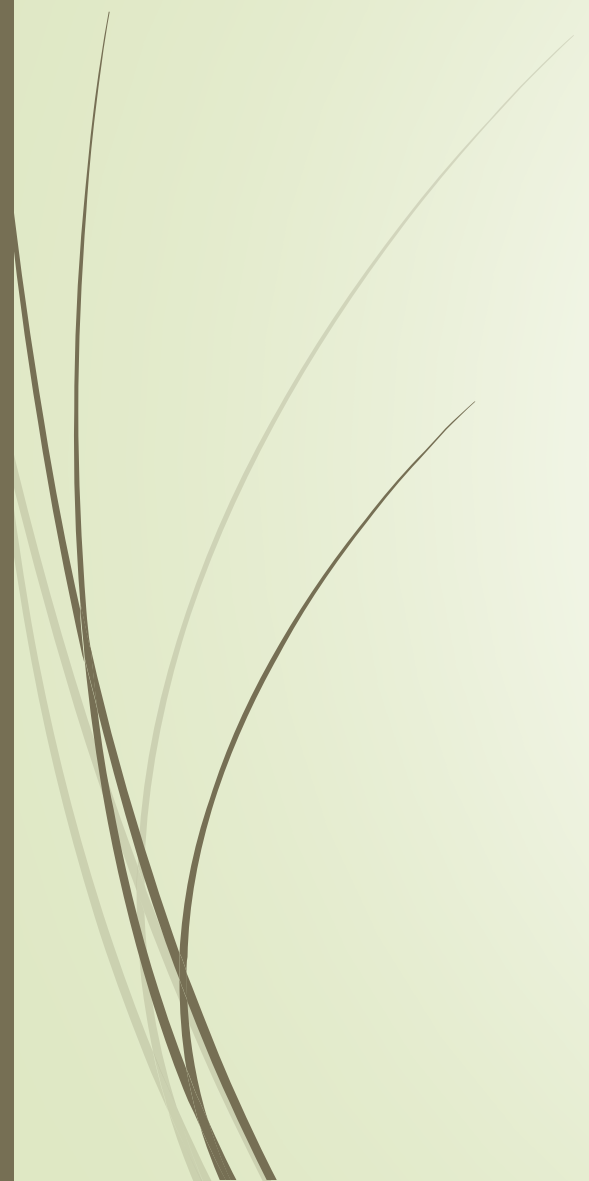
2,400 Followers

Email



- ❖ USD Health Sciences Listserv
- ❖ SD Department DHHS/DSS

700 Emails





Impacts on Treatment resulting from COVID-19

Roundtable updates and sharing of best practices as it relates to providing care for clients during the pandemic. Facilitated by Laura Streich.





Project Spotlight: Alternative Pain Management



Walk With Ease

Fit & Strong

Chronic Pain

Self-Management



BETTER CHOICES, BETTER HEALTH® SD CHRONIC PAIN WORKSHOPS

OVERVIEW: Better Choices, Better Health® SD is a community-led evidence-based program modeled after the Stanford University-developed chronic disease self-management program. The program consists of 4 different self-management workshops: chronic disease, diabetes, chronic pain, and worksite chronic disease. The Chronic Pain workshops teach participants the differences between acute and chronic pain, how to pace activity, prioritize rest, and balance life. This can serve as an additional option for provider referral to assist with pain management in patients.



Strategy 7: Providers and Health System Support

Activity 7.2: Promote alternatives to prescribing for pain management.

Exercise & Chronic Pain

- Exercise can improve pain **by increasing muscle strength, flexibility, and mobility** while reducing inflammation and boosting lubrication among joints.
- **Endorphins** are produced serving as the body's own feel-good and pain relieving medication.
- Patients with chronic pain should **keep their bodies moving**, sedentary behavior can weaken muscles and affect posture and joints leading to further chronic pain.
- Exercise that is safe for those suffering with chronic pain include swimming, biking, **walking** and yoga. **Stretching and strengthening exercises** can also be beneficial to improve symptoms

Walk With Ease

WWE Program Outcomes:

- Reduce arthritis symptoms **such as pain, stiffness, and fatigue**
- Improve strength, balance, and walking pace
- Reduce disability
- Increase confidence in the ability to manage arthritis

Adults **with arthritis**

Adults **who don't have arthritis**

Range from beginners to physically fit
Participants able to be on their feet for
10 minutes without increased pain



- **6-week** walking program with 1 hour sessions
- Offered in **group-led** or **self-directed** format

WWE Program Goals

- Learn how to exercise safely and comfortably
- Use methods to make walking fun
- Develop and implement a doable personal walking plan with realistic goals for improved fitness
- Gather tips, strategies and resources that will help participants maintain a long term exercise routine
- Learn about other programs and resources that help participants keep up their walking

Fit & Strong

Fit & Strong! is an **exercise/behavior change** program for older adults with lower extremity osteoarthritis.

Fit & Strong! includes **60-minutes of exercise**, and **30-minutes of group discussion/health education**.

Workshops are **FREE to attend** and are for adults with or without arthritis.

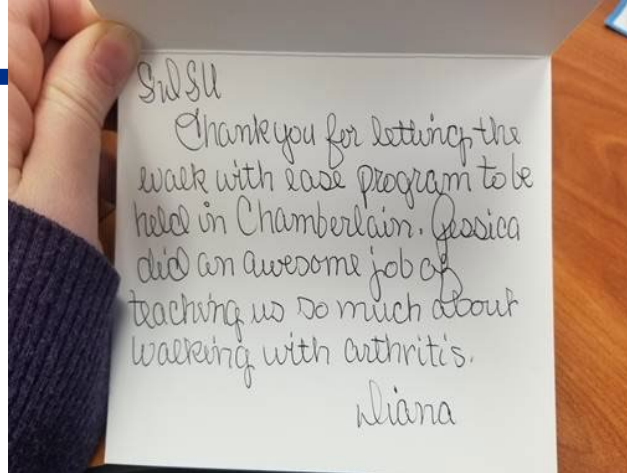


- Offered in a **8-or-12 week** workshop format and **1 ½ hour** sessions



Fit & Strong! will help participants:

- ✦ Manage arthritis
- ✦ Exercise safely
- ✦ **Decrease joint pain & stiffness**
- ✦ Improve daily function
- ✦ Reduce anxiety & depression
- ✦ Develop & *maintain* an active lifestyle



Fit & Strong

9 workshops

71% had Multiple Chronic Conditions

"This class has helped me so much. I kept thinking I would need knee surgery to help me in daily walking but I now have the strength in my knees that I didn't have before I came to this class. Coming to this class has been a very positive action for me."

Walk With Ease

27 Workshops
(7 self-directed)

67% had Multiple Chronic Conditions

21% Living with Chronic Pain

"WWE has improved my life greatly. I am able to do the things that I have wanted to do for a long time now. I have less pain and less shortness of breath"

"WWE has given me the encouragement and motivation to get walking and get exercise. My Dr. would be proud of me."

"When I first started, I had recently injured my knee. I hardly have any pain now. I attribute my success mainly to this class"

National Pain Strategy 2016

First Two Recommendations

People experiencing pain would have timely access to patient-centered care that meets their biopsychosocial needs and takes into account individual preferences, risks, and social contexts, including dependence and addiction

People with pain would have access to educational materials and learn effective approaches for pain self-management programs to prevent, cope with, and reduce pain and its disability

The Role of Evidence-Based Programs

Falls Prevention

Medication Reconciliation

Exercise

Depression Management

Pain Management

Chronic Pain Self-Management Program



Workshops are **FREE to attend** and are for adults and/or their caregivers who are experiencing **everyday pain** from ongoing conditions.

Workshop Topics:

(6 weekly 2 ½-hour long sessions)

- Tips for exercising
- Goal setting & problem solving
- Appropriate use of pain medications
- Communicating better
- Managing stress & depression
- Relaxation skills; pacing activity & rest
- Dealing with tension, anxiety, frustration, & fatigue

Why Should I Attend?

Those who have taken the workshop report:

- Better health
- More energy and less fatigue
- Less dependence on others
- Improved quality of life
- Increased confidence managing pain



“I am a 4th generation farmer - proud to carry on my family’s tradition. With all of the good, farming can be high stress, high risk and I have experienced the toll this can take on a person’s health. Two years ago I was prescribed opioids for back pain and became addicted. I am now off of opioids, but I know that back pain is something I will live with the rest of my life, so I am encouraged by the opportunity to have alternative resources, like Better Choices, Better Health® SD, to help me manage my condition because I want to be able to continue to farm as long as I can.” - SD Farmer





BCBH-SD Evaluation & Data (n=106)	Outcomes	Quotes
10 workshops - 67% completed (71 of 106)	39% reported increased confidence in making a plan	“Gave life-giving tools”
56% had multiple chronic conditions	34% reported being a more active self-manager	“Made me realize ways to relax”
28% reported limited physical/ mental/ emotional disabilities	21% reported learning a new skill or tool (*56% - making an Action Plan - most valuable)	“In a funk all winter and now I am motivated again”
100% - recommend workshop		
63% found workshop extremely beneficial; 30% found workshop good		“Using the Moving Easy CD helped my pain”

Now Available!

BETTER CHOICES
better health
GOOD & HEALTHY SOUTH DAKOTA COMMUNITIES

WORKSHOPS YOU CAN ACCESS @HOME

For more information, call 1-888-484-3800

Better Choices, Better Health® SD (BCBH-SD) is excited to offer our same great self-management education workshops (still FREE) in several NEW distance learning models that you can participate in right from your home!



Click [HERE](#) to register!

- Toolkit in the mail for the self-study
- Plus a short, weekly check-in call
- 6 weeks
- 4-6 workshop participants

- Virtual participation (Zoom)
- Book in the mail
- 6 weeks, 2 ½ hours
- 6-12 workshop participants



Click [HERE](#) to register!

Workshops available -

- Chronic Disease
- Diabetes
- Chronic Pain
- Cancer



Coming soon, this workshop offers **BCBH Live!** – Chronic Pain and Walk with Ease (self-guided) together - **Small Steps to Healthy Living!**



**** Face to Face Workshops – planned return in 2021**

TAKE A STEP & WALK WITH EASE

Online 6-week walking program aimed at helping individuals start or maintain a personalized walking program.

This self-guided program is done all online, with weekly e-mail correspondence and the opportunity to join a live Zoom session each week.

Benefits to you:

- Participate in weekly educational Zoom sessions with a Certified Walk With Ease Leader
- Set individualized walking goals
- Motivate yourself to get in shape
- Walk safely and comfortably
- Improve flexibility strength and stamina
- Reduce pain and feel great

FIT & STRONG!

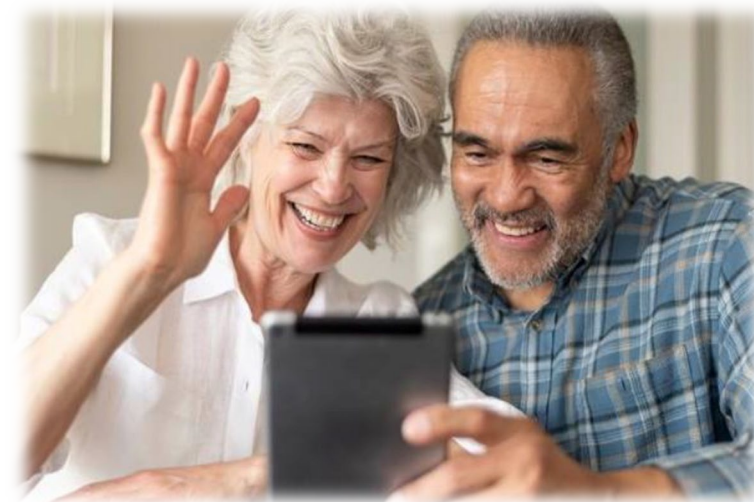


*Virtual Delivery
Expected Fall 2020*

BCBH-SD Distance Learning Program Delivery- Take Charge! Live Healthy! From Anywhere!



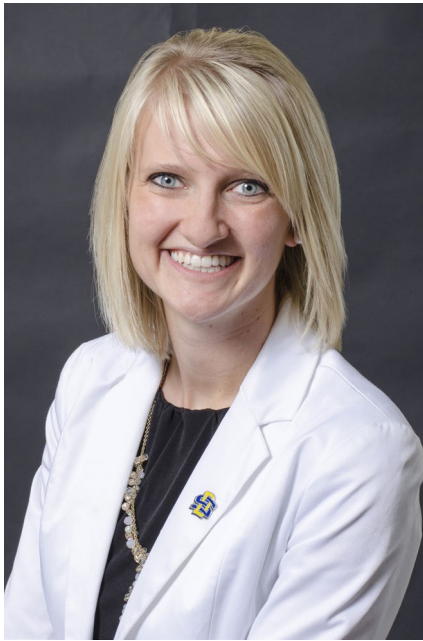
To Register, Refer, Recommend, and to find out more - call **1-888-484-3800** or go to www.BetterChoicesBetterHealthSD.org
<https://extension.sdstate.edu>



Upcoming Workshops

PROGRAM	DATES	DELIVERY
BCBH Live! - Cancer: Thriving and Surviving	July 29 - Sept. 2nd (Wednesday's 2pm CT/ 1pm MT)	Zoom
BCBH Live! - Diabetes	August 17 - Sept. 28 (Monday's 1pm CT/ 12pm MT)	Zoom
Small Steps to Healthy Living (Chronic Pain + Walk With Ease)	August 18 - Sept. 24 (Chronic Pain Live! Tuesday's & Walk With Ease on Thursday's – both start at 10 am CT/9 am MT)	Zoom
BCBH @Home – Diabetes	September 8- October 13 (Tuesday's 1pm CT/12pm MT)	Self-study/ Leader-group phone call
Take a Step & Walk With Ease	<i>Tentative Start Date of September 7th</i>	E-mail & Zoom

*** Goal to have BCBH a recurring schedule of workshops with multiple type and delivery options each month



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Fit & Strong and Walk With Ease Co-Program Coordinator
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Lori Oster, RN, FCN

PROGRAM DIRECTOR | BETTER CHOICES, BETTER HEALTH® SD

Sioux Falls Regional Center – SDSU Extension

4101 W. 38th St. - Suite 103 - Sioux Falls, SD 57106

Cell: 605.202.0967 | Office: 605.782.3290 ex.267

To register for a workshop: 1.888-484.3800

Lori.Oster@sdstate.edu | www.betterchoicesbetterhealthsd.org

[BCBH-SD YouTube](#)





Advisory Committee & Grant Updates

- *Round-table updates from representatives on matters relevant to opioid abuse in SD*





Public Input





Closing Remarks



PRESCRIPTION ADDICTION

You just might save a life.

South Dakota Opioid Resource Hotline 1-800-920-4343