



Opioid Abuse Advisory Committee

Meeting #9 Minutes
Wednesday, July 10, 2019

RedRossa Conference Center
Pierre, SD

The ninth meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Chair Tom Martinec at 10:00 am. (CST). The following members of the Advisory Committee were in attendance: Tom Martinec - Chair, Kristen Bunt (via phone), Sara DeCoteau (via phone), Amy Hartman (via phone), Amy Iversen-Pollreis, Steve Lee, Kari Shanard-Koenders, and Brian Zeeb.

Advisory Committee members not in attendance were Maureen Deutscher, Senator Jim White, Chris Dietrich, Margaret Hansen, Jon Schuchardt, and Robert VanDemark.

Support staff in attendance included: Melissa DeNoon, Derrick Haskins, Marty Link, Kiley Hump, Amanda Nelson, Joshua Clayton, Rachel Oelmann, Laura Streich, Colleen Winter, Cassie Deffenbaugh, Tiffany Wolfgang, Kaitlyn Broesder, Sarah Aker, Amanda Doran, and Amanda Doherty-Karber.

Guests included: Rachel Oelmann (Sage Project Consultants, LLC), Steve Lindquist (Avera Health), Mark East (South Dakota State Medical Association), Tyler Klatt (South Dakota Board of Medical and Osteopathic Examiners), Ron Parsons (United States Attorney for the Distribute of South Dakota), Dr. Jennifer Ball (Center for Family Medicine / South Dakota State University), Amanda Flores (Great Plains Tribal Chairmen's Health Board), Roland Loudenberg (Mountain Plains Evaluation), Wendy White (Face It TOGETHER), Candace Muggerrud (KAT Marketing), Cheri Fast (South Dakota Foundation for Medical Care, Great Plains Quality Innovation Network), Dr. Stephen Schroeder (South Dakota Foundation for Medical Care), Holly Riker (Hot Pink, Ink.), Sandra Melstad (SLM Consulting, LLC), Dr. Stephan Tamang (Project Recovery), Cindy Schuch (South Dakota Association of Healthcare Organizations), Bob Mercer (KELO), Alyson Becker (Sanford Research), and Matt Tribble (University of South Dakota Graduate Student).

December 13, 2018 Minutes Approval. The December 13, 2018 minutes were approved via e-mail in January 2019.

Welcome. Tom Martinec welcomed the Advisory Committee members and guests. The outcome of the meeting was set to a) provide a status update of the strategic plan, and b) generate dialogue among committee members and guests regarding any additional needs beyond efforts presently in place through the various federal funding sources managed by DSS and DOH.

South Dakota's Opioid Road Map: Strategic Plan Update

Data & Surveillance. To provide framework for subsequent strategic plan updates, the meeting began with updates and presentations from DOH and other agencies in the area of data monitoring and ongoing efforts to further understand and define community needs specific to opioid prevention and treatment.

Presentation by Amanda Nelson, Injury Prevention Epidemiologist, DOH. Materials presented are provided as an attachment to these minutes. Following the presentation, a question was posed by Sandra Melstad regarding whether or not the data could be examined or cross-tabulated by socioeconomic factors. In response, Amanda Nelson, DOH, indicated that the data is not presently available or collected in that manner to facilitate accurate cross-tabulation.

Secondly, Ron Parsons asked if the data available for hospitalizations and overdoses across all drugs. In response, Amanda Nelson, DOH, noted that yes, data is available for specific drugs and overall drug prevalence and incidence statewide. Ron Parsons indicated that would be helpful to receive regular updates for opioid specific data in comparison to all overall overdose data so we can compare and see how that measures against other areas.

Presentation by Melissa DeNoon, South Dakota Board of Pharmacy. Materials presented are provided as an attachment to these minutes. In addition, DeNoon reported that the Board of Pharmacy will be launching additional analytics and clinical resource capability in partnership with Appriss Health, the software provider for the state's prescription drug monitoring program, on July 15, 2019. The program – NARxCare – is a comprehensive substance use disorder platform that provides tools to providers for risk assessment and patient support; federal grant funds were used to pay for this upgrade. DeNoon discussed the utilization of NARxCHECK[®], or a “NARx Score” as it is commonly referred to, as a predictor of unintentional overdose death available within the NARxCare package.

DeNoon also reported that total registered users in the PDMP is nearing 7,000.

Following the presentation, Dr. Stephen Tamang asked if any data was distributed to healthcare systems and providers that quantitatively demonstrates how they're doing in comparison to their peers regarding prescribing rates, etc.? DeNoon noted that quarterly reports are provided to prescribers, showing their own prescribing history (not just controlled substances containing opioids) and that the report also does some comparison to similar prescribers by specialty and level of training within that specialty. Prescriber-specific data is not shared with other prescribers. The intent of the report function is to positively impact patient care and is messaged directly to the prescriber and not shared beyond that.

Secondly, Dr. Tamang asked if there was a way within PMP AWAxRxE to track active buprenorphine prescriptions as a tool for waived physicians to manage their patient registry and patient cap (limited to a certain number of patients per provider, depending upon time and experience managing patients on Medication Assisted Treatment)? DeNoon reported that there is a functionality within the prescriber's PMP AWAxRxE user account – MyRx – that could pull a report of all prescriptions written under a prescriber's DEA number, and that that report could be filtered by drug.

Thirdly, Dr. Tamang asked what components contributed to the NARx Score? DeNoon reported that it is a multi-factor patented algorithm developed by Appriss; it is a three digit score ranging from 000-999 which includes a weighted combination of multiple variables (drug equivalents, number of providers, potentiating drugs, number of pharmacies, and number of overlapping prescription days).

Lastly, Dr. Tamang asked about clinical alerts, specifically if a person is identified in one of those alerts does that carry over if they are prescribed more than 90 MMEs (morphine milligram equivalents) on a daily basis? If they [the patient] maintain that level, are they then one of the reports for the next month? DeNoon stated that the alert stays “active” as long as they are meeting that threshold.

Presentation by Amanda Flores regarding the Tribal Needs Assessment Project. Materials presented are provided as an attachment to these minutes. Flores acknowledged that the project was being funded by the State Opioid Response grant. No questions were asked beyond the material presented by Flores.

Presentation by Dr. Josh Clayton, State Epidemiologist, DOH. Dr. Clayton reviewed the Department’s recently completed county by county vulnerability assessment that identifies communities at risk of opioid overdose and bloodborne infections (HIV and hepatitis C). Materials presented are provided as an attachment to these minutes. Dr. Clayton advised that maps and other supporting information for public dissemination will be available on the DOH website via link from AvoidOpioidSD.com when finalized. Maps and static reports will be available for download. The plan is to also develop an interactive dashboard to allow for viewing of the data based on submitted parameters.

Strategies for Prevention & Early Identification

Four strategies comprise the South Dakota Opioid Road Map, as previously reported. Each of the four strategies were reviewed at this meeting, beginning with updates specific to efforts on prevention and early identification of opioid misuse or abuse. In addition to the presentations specific to the media campaign efforts (see below), Kaitlyn Broesder with the Division of Behavioral Health, DSS, reported that training and education supports continue to be available through SOR grant funding; applications are available on the DSS homepage. Additionally, Broesder reported that school- and community-based prevention efforts continue as planned and will launch again in Fall 2019 with the start of the new school year. Community coalitions and other prevention agencies are actively working to define responsive Community Action Plans based on needs identified in prior assessments. Finally, Broesder reported that work with The Helpline Center, contracted agency supporting the Opioid Resource Hotline and one- and two-way texting services continues as planned and is available. Broesder commented that strategic marketing efforts are being developed in partnership with Hot Pink, Ink. to increase awareness and hopeful utilization of these resources.

Mark East reported that South Dakota State Medical Association has conducted two (2) ASAM DATA Waiver Trainings in-state in the last year, with three more planned between now and Spring 2020. Tiffany Wolfgang remarked we are open to working together to help support providers transition from the waiver training to practicing/prescribing MAT. Broesder commented that the Community Healthcare Association of the Dakotas is launching an intensive technical assistance/deep-dive consultation program as a follow-up to DATA waiver training. Per East, feedback received from those that attended the ASAM training have indicated they have partners or staff that are concerned about adding this component, and SDSMA is actively working towards solutions and understanding barriers among their constituent group. It was noted by several committee members that Sanford School of Medicine is actively working in this area as well.

Broesder reported that the Division of Behavioral Health together with Prevention Resource Centers hosted an Opioid Prevention Roundtable in Chamberlain the day prior, Tuesday, July 9, 2019. The event was open to anyone in the state interested in or practicing prevention within their local

communities. Presentations were provided by a variety of experts including but not limited to a MAT prescriber (Dr. Stephen Tamang), a South Dakota Highway Patrol drug recognition expert, and many others working in the area of prevention statewide. Approximately 90 individuals attended the event. Brian Zeeb asked if materials presented are available for distribution to other channels; Broesder and Wolfgang indicated they would send Zeeb materials via email for easy reference.

Presentation by Holly Riker, Hot Pink, Ink., contracted media agency for the AvoidOpioidSD brand and campaign. Materials presented are provided as an attachment to these minutes. Following the presentation, Tiffany Wolfgang noted that we as the state welcome feedback and ideas on how to increase dissemination of these materials and messages. Riker reported that the next phase of the campaign is focused on targeted messaging regarding specific services being built/created or supported through grant funding (e.g. Medication Assisted Treatment, Opioid Care Coordination) and to targeted audiences (e.g. providers). Riker also highlighted the ability and practice of geo-targeting social media posts to increase awareness of events happening locally.

Presentation by Candace Mugerud, KAT Marketing, contracted media agency for targeted campaigns to Native American populations in South Dakota. Materials presented are provided as an attachment to these minutes. No additional comments or questions were made by committee members or guests.

Presentation by Cindy Schuch, South Dakota Association of Healthcare Organizations. As an Improvement Advisor for SDAHO, working on its COARE (Community Opioid Abuse Response Effort) program, Schuch reported that success has been had in engaging a number of South Dakota communities in developing locally-responsive efforts to potential opioid-related prevention, treatment and response concerns in those areas. Communities presently underway via community-planning efforts facilitated by SDAHO were discussed, including Watertown, Sisseton and Huron. Dialogue and interest in pursuing COARE is initiated both from SDAHO as well as from the communities directly. Schuch asked for and welcomed any suggestions for additional communities that were not mentioned in the handout (attached to these minutes). Schuch also reported that as a nurse by background, she has been surprised that healthcare systems have not typically been the first constituent to engage in local response efforts (not in all cases); law enforcement and states attorneys have been eager to initiate these discussions in their communities. In discussion, Kiley Hump noted that perhaps the vulnerability assessment findings could be used to help initiate discussions in impacted communities within those counties. Also noted that efforts are moving to increase awareness at the county level for data in a more timely fashion to help support earlier interventions. In discussion, the group acknowledged that methamphetamine is still arguably the prevalent drug in communities; work is being done in that regard as well and dollars are leveraged.

Presentation by Mark East, South Dakota State Medical Association, who briefly reviewed the roll-out and availability of the acute pain guidelines issued by SDSMA on June 1, 2019. Roll-out of the acute pain guidelines is similar to that of the chronic pain guidelines previously released. Current efforts are focused on increasing awareness of the guidelines. Guidelines were developed in partnership with other professional organizations.

Curricular Assessment, conducted by University of South Dakota in partnership with Sanford Research. Presented by Alyson Becker, Sanford Research. A total of 30 post-secondary programs were invited to participate in a survey regarding integration of opioid prescribing, pain management, and

substance use disorder components within their respective curricula. A total of 13 out of 30 programs responded. Key conclusions were discussed as reported on the handout attached to these minutes. Becker reported that a follow-up survey is recommended to identify any changes or improvements, and to identify gaps between waived prescribers and non-waived prescribers. Secondly, Becker noted that the research team and DOH are considering a second survey of recent graduates to see if their coursework regarding these core concepts (opioid prescribing, pain management, and substance use disorders) prepared them well for practice. A full report will be issued in the future to the Advisory Committee.

Strategies for Treatment & Recovery

Discussion was initiated by Tiffany Wolfgang, who provided a brief refresher of MAT efforts in state supported by SOR funding. Dr. Stephen Tamang, Project Recovery, gave a short presentation on MAT and discussed the structure of his clinic operating in Rapid City. Refer to the attachments for presentation materials discussed. In response, Steve Lee asked if the ideal model for MAT delivery is true integration with primary care clinics or is it stand alone specialty services. Tamang noted, in his opinion, that the ideal model would be integration within primary care settings but acknowledged that there are several barriers to that model – availability/access to quick urinalysis testing pre-appointment and on-site referral network to other ancillary services (e.g. counseling) being two of the major issues not commonplace in primary care settings across the state. Tamang also noted that the advantage to a specialized approach (stand alone MAT clinic with ancillary resources available on site) is perhaps our best opportunity for quickest impact for change.

Dr. Jennifer Ball, Center for Family Medicine, provided an update on what CFM is doing with regards to its MAT program and the integration of training components in its family residency training program. Steve Lindquist, Avera Health, provided an update on Avera's MAT efforts (set to launch December 2019). Lindquist also reported that Avera sponsored *Hazelden Betty Ford Beyond the Waiver training* in April 2019 and reported strong attendance. He noted that attendees demonstrated a high interest in learning more about MAT and its application in their practices, but remain hesitant in becoming a MAT clinic. In response, Avera is working to identify innovative ways to integrate behavioral health supports to clinics interested in providing MAT, coupled with continuing its hosting of the state's first opioid ECHO (Extension of Community Healthcare Outcomes) hub which offers case review and continuing education to providers/care teams statewide through a virtual network (videoconferencing). Mark East noted SDSMA's continued willingness to help promote Avera's ECHO hub to increase engagement and participation among its members.

Wolfgang noted that the state contracted substance use treatment agencies are all tasked with being MAT capable. Broesder and Oelmann also reported that University of South Dakota is launching its own ECHO hub later this fall; efforts are presently focused on spoke engagement (building connections with potential/interested attendees of the ECHO calls).

Peer Recovery Supports. Presented by Wendy White on behalf of Face It Together, who offers in-person and video-based peer recovery support coaching services to both peers with addiction issues as well as loved ones (family members, primarily). Wendy provided an overview of Face It Together and its aims, stating that their model looks at the whole person versus just one or two indicators through their proprietary RCI (Recovery Capital Index). White reported that to date, on average, the organization's client profile comprises of approximately 35% that identify alcohol as their primary substance of concern, 14% identify methamphetamines, and 3% identify opioids. White advised up-

to-date metrics are available on an ongoing basis on their website. The highest improvement in RCI scores is seen when patients stay engaged at least 4 months. White also reported that the FIT@Work program is a component of their model, which is a partnership with employers, similar to an EAP but specific to addiction. Current focus of the organization is expansion of its @Work program as well as expansion into the Rapid City area via satellite office.

Strategies for Reducing Illicit Supply

Sarah Aker, Deputy Director, South Dakota Medical Services presented about activities to date taken by SD Medicaid and the P&T Committee related to prior authorizations and tapering guidelines and its implementation. See attached slides for specific information. No questions posed.

Melissa DeNoon reported on expanded permanent takeback locations across the state. Second round of additional funding (\$52,000) was opened up to retail pharmacies and hospital pharmacies in early 2019; funding was fully expended by the end of April. Third round of funding has allowed for statewide expansion, awarded June 1, 2019. Aim is to first place those that requested in the second round but weren't able to secure one. Of note, DeNoon reminded the committee members that 13 counties do not have retail pharmacies, which were initially targeted for the project. The focus in these counties will be on hospital-based pharmacies, with the goal being that every county in South Dakota have at least one (1) permanent takeback location receptacle installed through this initiative.

Strategies for Response to Opioid Misuse & Abuse

Marty Link, DOH, reported that to date approximately 1,500 individuals have been trained statewide in OEND (overdose education and naloxone distribution). DOH has facilitated distribution of approximately 2,500 doses of Narcan (naloxone HCl), which is delivered in incidences where opioid overdose is suspected, which is available to anyone that has completed the training. Approximately 600 doses have been administered since October 2017 through this project. Link reported that inquiries are continually made to his office for remedial training or first time training. Newer places interested in training include post-secondary institutions, schools and treatment centers.

Link noted that permissive legislation was passed that allows school personnel to administer the medication. In response, DOH has been working with school board officials to provide a recorded webinar so they can view that webinar at their discretion. Once they [school personnel] go through the training, they sign off they've attended and coordinate with an identified a point of contact at the school to request and store the medication on site. Link emphasized that coordination with the schools will involve reporting of outcome data, so DOH can maintain accurate numbers of medication distribution and utilization in a timely manner. Committee Chair Tom Martinec noted that there is a pharmaceutical company willing to supply every school with two doses to start; refill supply will be accessed through DOH as available.

Following discussion, Link reported that data re: Narcan distribution and doses administered by county is available. Reports can be queried and with additional analysis this data could be compiled.

Brian Zeeb reported that ODMapping is also being considered among a number of law enforcement jurisdictions as a tool to identify patterns and appropriate response strategies.

Partnerships to Address Treatment Access for Incarcerated Individuals. Brian Zeeb will send additional messaging out to the Sheriffs and Police Chiefs based on updates provided at the committee meeting; Wolfgang offered technical assistance through the contracted MAT providers.

Funding Sources Discussion & Updates

CDC Prescription Drug Overdose: Data-Driven Prevention Initiative (CDC DDPI). Currently working under this funding; this funding will end at the end of August. Have put in an application for CDC's follow-up to this funding: OD2A (Overdose Data 2 Action). Expect Notice of Award within the next month.

No additional updates specific to grants were reported beyond what was already discussed.

Avera Health reported that they are hosting a conference in Sioux Falls on Oct 29-30, 2019 specific to Medications in Addiction/Hope & Healing. Focus of the conference will be on addiction overall; experts will discuss the prevalence of addiction, and researchers will share latest knowledge. Keynote speakers will be David & Nic Sheff.

Public Testimony. Chair Tom Martinec called for public testimony; none was provided.

Closing Remarks. Chair Tom Martinec reported that he is transitioning to a different position within state government in a few weeks; the committee members and guests all acknowledged and thanked him for his service to the committee and task force.

Meeting was adjourned.