Opioid Abuse Advisory Committee

Meeting 3 Minutes
Monday, May 1, 2017

Ramkota Inn Conference Center
Pierre, SD

The third 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; Maureen and Jeff Deutscher; Amy Iversen-Pollreisz; Rob Loe; Kari Shanard-Koenders; Jon Schuchardt, Senator Craig Tieszen; and Brian Zeeb. Advisory Committee member not in attendance was Sara DeCoteau, Dr. Chris Dietrich, Margaret Hansen; Amy Hartman Representative Jim White.

Support staff in attendance included: Sharon Chontos, Melissa DeNoon, Kiley Hump, 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.

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.

November 2, 2016 Minutes Approval. Rob Loe motioned to approve the minutes and Margaret Hanson seconded the motion. The Advisory Committee approved the motion.

SAMHSA State Targeted Response (STR) Grant. SD Department of Social Services was awarded $1M for one year effective May 1, 2017 to address opioid misuse and abuse in South Dakota. Eighty percent (80%) of the funding must be used to build capacity in treatment. Tiffany Wolfgang, SD DSS, reported the proposed scope of work includes but is not limited to the following: naloxone purchase and strategic distribution, call center expansion to increase referral and follow-up, teleECHO® Clinic development, drug monitoring program, conference contracts with national speakers, OUD training, opiate public awareness program, opiate awareness program targeted to Native Americans, Medication-Assisted Treatment (MAT) capacity building and training, Peer-based recovery support networks and employer/employee training and education. Year 2 funding will be determined once the next fiscal year budget priorities are decided at the federal level.

The STR grant also requires a needs assessment report and statewide strategic plan. DSS will leverage the efforts of the Opioid Abuse Advisory Committee to meet those requirements.

Prescription Drug Monitoring Program (PDMP) Update. Melissa DeNoon, SD Board of Pharmacy, presented a comparison of most prescribed drugs between 2015 and 2016. In summary, the most prescribed drugs are listed in the table below:

Most Prescribed	2015 Number of RXs	2016 Number of RXs
Hydrocodone Bitartrate/Acetaminophen	276,035	259,700
Tramadol HCL	175,349	173,377
Zolpidem Tartrate	102,928	101,204
Lorazepam	97,996	99,591
Clonazepam	87,300	92,057
Alprazolam	65,568	69,407
Dextroamphetamine Sulf-Saccharate/Amphetamine	63,497	81,845
Methylphenidate HCL	59,302	70,520
Oxycodone HCL	54,251	57,043
Oxycodone HCL/Acetaminophen	53,870	51,695

DeNoon noted Saturday, April 29th was DEA National Take-Back Day where citizens could drop off unused medications to designated locations. Schuchardt noted there are take-back programs available through Bureau Indian Administration (BIA).

DeNoon reported the three hospital systems – Avera, Regional, and Sanford – are in the process or plan to integrate the PDMP program into their emergency health records (HER). When completed, approximately ~90% providers will have access via EHR to the PDMP database. One barrier to the present process is that providers have to log-out of their EHR software and then log into PMP AWARxE (PDMP software platform). Integration makes it simple for providers to query a report and look at it quickly. At Avera, just prescribers and providers have access. Delegates can log-in under their own ID and then queue up patient records for their providers (in the non-integrated approach) to view under their own ID. However, integration removes the need for delegates to run the initial query as providers will have such quick access through their EHR that they can pull that more efficiently than before.

Needs Assessment. The South Dakota Prescription Opioid Abuse Needs Assessment will include the following components: hospitalization data, emergency room data, death certificate data, substance use disorder counseling and treatment agency and community recovery support asset map, pharmacist survey report, medical and dental provider survey report, criminal justice survey report, and substance use disorder survey report. The patient survey and family survey required an Institutional Review Board (IRB). University of South Dakota Office of Sponsored Programs has agreed to issue the IRB approval. This portion of the needs assessment is on hold until the Department of Health and Department of Social Services determines if this portion should be included under this effort or the STR effort.

The needs assessment report draft including all attachments will be provided to the Advisory Committee in May. The pharmacist, provider, and criminal justice surveys were cross-tabulated to better analyze specific populations (e.g., police versus sheriffs, MDs versus dentists) needs and suggestions. The needs assessment findings will inform the strategic plan. Martinec suggested the Advisory Committee take time to digest the data so all stakeholders understand the needs assessment reports.

Prescription Opioid Abuse Strategy Considerations. The purpose of today's meeting was to develop initial, high-level groups of work to be considered and further developed over the next several weeks. Subject-matter experts will be consulted to further develop goals, objectives, action plans, timelines, and budget considerations. The strategies will also be informed by the National Governors Association (NGA) recommendations.

The following are DRAFT considerations for the statewide prescription opioid abuse strategic plan and will be further vetted. Those strategies or projects noted by 'STR' denotes those that were included in the STR grant for Year 1, Year 2 or both years. The proposed considerations are grouped under one of four National Governors Association Opioid Road strategies. The strategic plan(s) developed under the CDC Data Driven Prevention Initiative (DDPI) and SAMHSA State Targeted Response (STR) grants will be primarily under the *Health Care Strategies for Prevention* and *Early Identification and Health Care Strategies for Treatment and Recovery.*

Health Care Strategies for Prevention and Early Identification

Prescribing Practices

- Opioid formulary restrictions
- Quantity limitation for all opioid prescriptions
- Step-therapy (non-opioid drug therapy prior to initiating opioid therapy)
- Milligram Morphine Equivalent (MME) limitations for non-cancerous pain
- Clinical criteria for opioid use
- Limiting pain opioid prescription to three day supply
- Addiction history in EMR
- Prescription practices to encourage doctors to not use opioids for pain (unless its cancer pain)
- SD Medicaid program to review fields available for data analysis down the road
- Documentation among providers to assess if patients really need those prescriptions

Note: Captain Jon provided clarification on MMEs. He encouraged the Advisory Committee to use CDC guidelines as a source regarding for prescribing guidelines.

Board members noted legislation is being introduced by Senator McCain to limit opioid prescription use for acute pain to 7 days. CMS is looking at the issues around how patient satisfaction surveys are tied to payments. An unintended consequence of surveys were patients not prescribed opioid would negatively rate their provider's service as "dissatisfied". CMS is investigating de-bundling this survey response out of their payment algorithms. Also, noted dentists are the 5th top prescriber of opioids in the US; a demographic group that is not yet tapped.

Training and Education

- Substance use disorder treatment services in each South Dakota region
- Drug testing regimes
- PDMP training including exemptions regarding HIPAA and continuity of care
- Drug abuse recognition

Prescription Drug Monitoring Program (PDMP)

- Integrate SD DOH controlled substance registry and PDMP and support materials (STR – Year 2)
- PDMP education for every discipline who uses the PMP AWARxE site
- Address delegation of access (e.g., nurses)
- Training or instruction what can be shared
- Training or instruction on who should have access
- Training or instruction on how to follow up on report red flags
- Access to surrounding states
- Success story testimonies
- Assistance to user organizations' priorities, policies, and processes
- Report regarding threshold for MME per patient per day
- Customized queries for doctors by specialty; could use that to target training

Prevention

- SAMHSA's Partnership for Drug-Free States strategies
- National prevention speaker fees and training (STR – Year 1 and 2)
- OUD training to prescribing providers including SAMHSA's Opioid Overdose Prevention Toolkit (STR – Year 1)

Public Education

- Opiate Awareness Program including website, video testimonials, and information resources (STR – Year 2)
- Training and education for employees and employers. OUD -specific modules. (STR -Year 2)
- Materials/videos targeted to Native Americans (STR – Year 1)
- Call center including two-way texting, create/push education (STR – Year 1 and 2)
- Materials to overcome public stigma and explain addiction process
- Strategies to manage pain without using opioids

Legislation

PDMP

- Prescribing providers check PDMP prior to prescribing
- Pharmacists check PDMP prior to dispensing

Health Care Strategies for Prevention and Early Identification

Medical Workforce Development

- teleECHO® Clinic development including workforce development offerings and providing case staffing (STR Years 1 and 2)
- Mini-grants to 'spokes' to support teleECHO® Clinic (STR Year 2)

Treatment

- National treatment speaker fees and training (STR Year 1 and 2)
- Planning and capacity building support for statewide MAT access telehealth (STR Years 1 and 2)

- MAT training modules for physicians, prescribers, SUDS and community treatment services (STR Year 2)
- Funding for treatment (STR Years 1 and 2)
- SUD and community support and recovery resource asset map
- Referral and partnerships
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) program

Community Based Support Organizations

- Peer-based recovery support networks across SD (STR – Year 1)
- Family support through recovery and treatment

Crisis Response

- SD Department of Health Naloxone Project (STR Years 1 and 2)

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

Illicit Supply and Demand

- Expand law enforcement partnerships and data access to better target over-prescribers. (NGA Strategy 14)
- Latitude to have a more robust PDMP so metrics can be pulled to streamline process for the Board of Medicine.
- PDMP report with threshold report based on MMEs per patient per day.
- HIPAA guidelines, especially regarding prescription fraud investigations
- Roles of prescribing providers and law enforcement during prescription fraud investigations
- Align with integrated health care system monitoring programs. Avera and Sanford risk departments have tracking systems including prescriptions. Understand language and process.
- Liability issues for prescribing providers

Note: Minnehaha County is investigating a community triage center to route clients from the county detox center and emergency rooms where they can receive medical, mental health and social work services. Jeff and Maureen Deutscher suggested that parents with kids that are known to have an addiction should be equipped with naloxone too.

In addition, a public safety strategy includes ensuring compliance with Good Samaritan laws. In South Dakota, the Good Samaritan Statute 1082 protects those assisting someone overdosing with drugs.

Guiding Principles. Following an example of strategic plan design, layout, and construct provided by Chontos, the group discussed guiding principles for its efforts.

- "Right drugs to the right people for the right reasons." Target illicit supply and demand. The Committee recognizes responsible prescribing and monitoring practices for the people who need them.

- Make best use of resources in place, and augment where necessary to equip prescribers and all stakeholders involved with the best, most accurate information from which to base a patient care plan.
- Ensure evidence-based medicine and behavioral health is promoted.
- Leverage all statewide resources in a coordinated, comprehensive approach so as not to duplicate efforts.
- The implementation of the work plan will require a collaborative effort between agencies across the state. Collaboration with Tribal partners in the planning, execution and evaluation will be integral to the plan's success.
- All efforts – materials, programming and training – will ensure that the diversity of our state is reflected and that outcomes are culturally sensitive.
- Increase capacity of communities to prevent and treat prescription opioid abuse through education and public awareness.
- Ensure objectives are well-enough defined to know that efforts are successful or need intervention.
- Promote collaboration of all stakeholders including but not limited to: patients, families, prescribing providers, pharmacists, criminal justice, substance use disorder counseling and treatment, and community recovery and support resources.

Next Meeting. The next Advisory Committee will meet July 27, 2017 in Pierre, SD.