Opioid Abuse Advisory Committee Meeting

July 13, 2021

9:00 – Noon CT

Hosted by South Dakota Dept. of Health

Welcome & Introductions

Prescription Opioid Abuse Advisory Committee

Laura Streich, South Dakota Department of Health, Chair

Becky Heisinger, South Dakota Association of Healthcare Organizations

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

Tosa Two Heart, Great Plains Tribal Leaders Health Board

Maureen Deutscher, Family Representative

Barbara Smith, South Dakota State Medical Association

Mark East, South Dakota State Medical Association

Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners

Amy Hartman, Volunteers of America – Dakotas

Dr. Jennifer Ball, Center for Family Medicine

Dr. John Rounds, PT

Tiffany Wolfgang, South Dakota Department of Social Services

Kristen Carter, South Dakota Pharmacists Association

Kari Shanard-Koenders, South Dakota Board of Pharmacy

Rep. Taylor Rehfeldt, South Dakota Legislature

Brian Zeeb, South Dakota Office of Attorney General

Dr. Melanie Weiss, OD

Funding Updates

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

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

- Prescription Drug Monitoring Program Updates
- Prevalence Data Updates
- Enhanced Surveillance Activities

Avoid Opioid
PRESCRIPTION ADDICTION

Prescription Drug Monitoring Program Update

Melissa DeNoon, R.Ph., SD PDMP Director

What's New at the PDMP?

- Interstate Data Sharing set up with MD and NE (36 total)
- Statewide Gateway Integration Project
- License Integration Project
- BJA FY21 Harold Rogers PDMP Enhancement Grant Application Submitted

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	2020
Total Alerts for All Prescribers	90,879	72,963	66,931
Total Prescribers Received Alerts	13,029	12,350	11,579
Multiple Provider Threshold Alerts	515	407	229
Daily Active MME Threshold Alerts	34,592	25,949	22,389
Opioid & Benzo Threshold Alerts	55,772	46,607	44,313

MedDrop Drug Take-Back Program

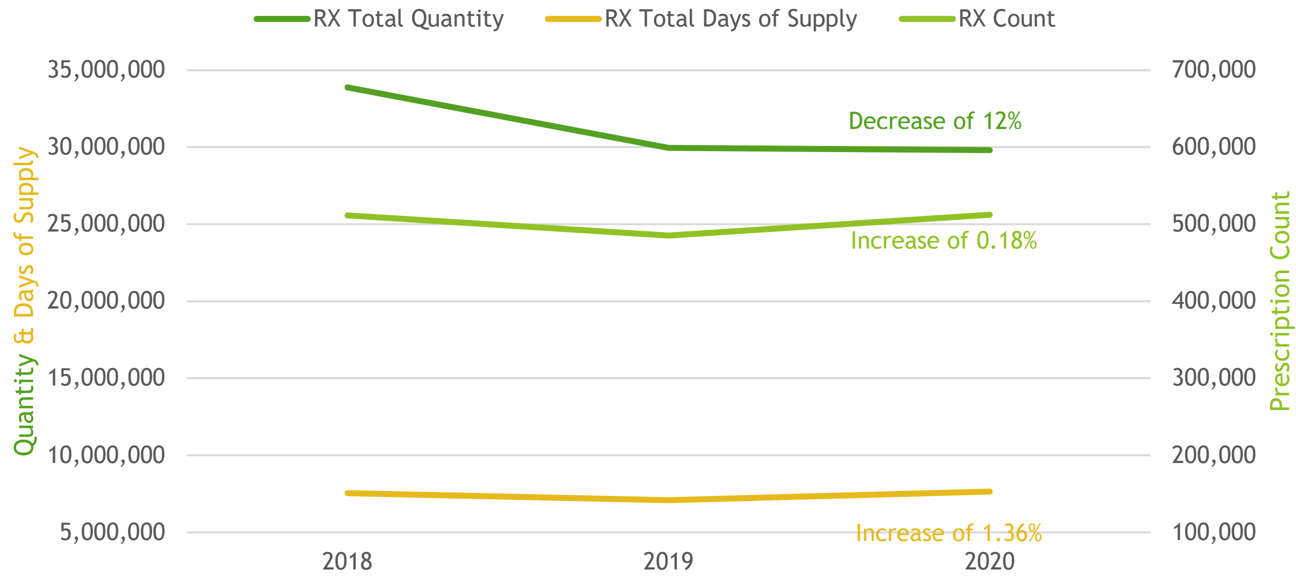
Receptacles in SD Retail Pharmacies and Hospitals

- 2017 – 2 in place
- 2018 – 12 in place
- 2019 – 38 in place
- 2020 – 83 in place (added 6 HyVee locations to "Automatic Reload")
- 2021 – 84 in place – Davis Pharmacy in Vermillion

Pounds Returned for Destruction

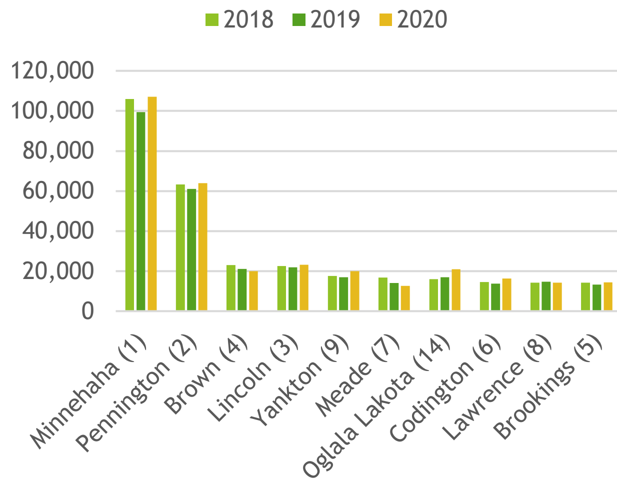
- 2017 – 35 lbs.
- 2018 – 1,496 lbs.
- 2019 – 4,287 lbs.
- 2020 – 7,302 lbs.
- Total Since Inception – 17,309 lbs.

Opioid Prescriptions – SD Patients

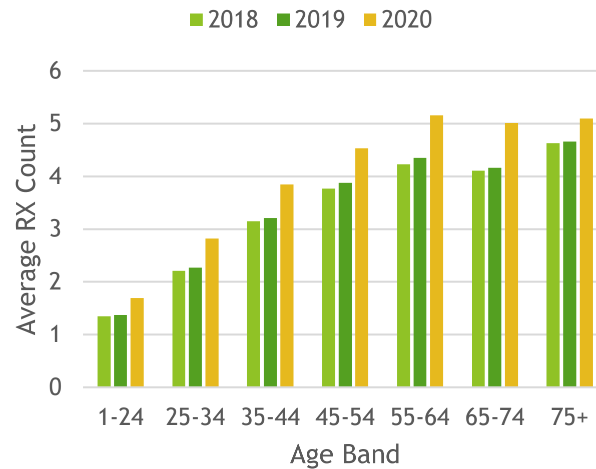


Opioid Prescriptions – SD Patients

Top Patient Counties by Opioid RX Count



Average Opioid RX Count per Patient by Age Band

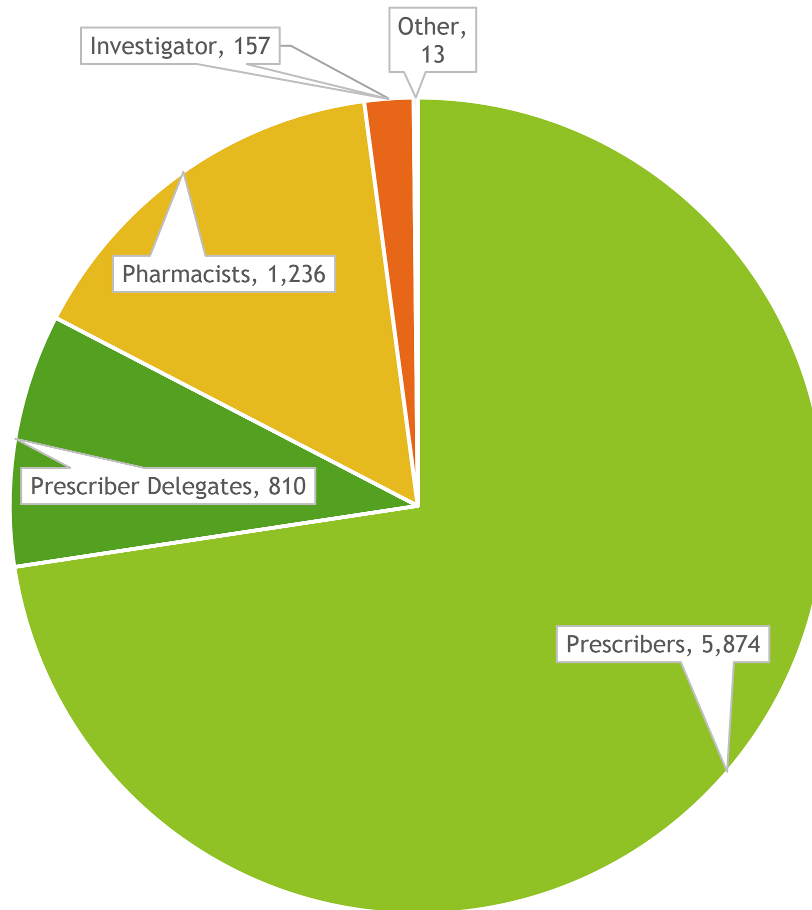


Year 2020 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx	2019 Rank	2018 Rank
HYDROCODONE BITARTRATE/ACETAMINOPHEN	145,862	8,163,653	1,903,727	56	1	1
TRAMADOL HCL	117,316	7,462,916	2,028,465	64	2	2
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	84,146	3,850,061	2,515,776	46	4	6
LORAZEPAM	83,383	3,624,931	1,822,438	43	3	3
CLONAZEPAM	74,180	4,044,728	2,177,195	55	5	5
ZOLPIDEM TARTRATE	72,381	2,494,954	2,494,698	34	6	4
METHYLPHENIDATE HCL	59,198	2,558,605	1,776,849	43	7	7
ALPRAZOLAM	51,106	2,730,626	1,335,811	53	8	8
OXYCODONE HCL	48,042	2,726,177	675,526	57	9	9
LISDEXAMFETAMINE DIMESYLATE	40,550	1,232,607	1,219,092	30	10	10

Year 2019 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	161,747	9,170,220	2,040,061	57
TRAMADOL HCL	124,712	8,040,930	2,107,106	64
LORAZEPAM	81,941	3,518,860	1,754,147	43
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	78,820	3,594,235	2,342,022	46
CLONAZEPAM	75,699	4,171,549	2,207,269	55
ZOLPIDEM TARTRATE	75,517	2,552,516	2,551,981	34
METHYLPHENIDATE HCL	60,274	2,605,966	1,800,993	43
ALPRAZOLAM	52,921	2,784,432	1,345,310	53
OXYCODONE HCL	50,152	2,927,433	714,054	58
LISDEXAMFETAMINE DIMESYLATE	40,361	1,222,043	1,206,773	30

Year 2018 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	182,217	10,798,933	2,248,052	59
TRAMADOL HCL	132,707	9,090,165	2,329,253	68
LORAZEPAM	83,187	3,759,467	1,851,188	45
ZOLPIDEM TARTRATE	81,193	2,718,203	2,719,285	33
CLONAZEPAM	77,770	4,503,298	2,330,176	58
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	75,364	3,431,994	2,248,129	46
METHYLPHENIDATE HCL	59,151	2,550,639	1,771,086	43
ALPRAZOLAM	55,123	3,036,554	1,432,897	55
OXYCODONE HCL	47,722	3,242,001	764,602	68
LISDEXAMFETAMINE DIMESYLATE	39,561	1,200,518	1,181,312	30

SD PMP AWARxE Users



Questions?

Avoid Opioid
PRESCRIPTION ADDICTION

Prevalence Data Updates & Enhanced Surveillance Activities

Amanda Nelson - DOH

Drug Related Death Rates in South Dakota

- South Dakota had the 2nd lowest age-adjusted rate of drug overdose deaths, 2019
  - SD = 10.5 per 100,000 population
  - US = 21.6 per 100,000 population
- South Dakota had the 3rd lowest age-adjusted rate of opioid overdose deaths, 2019
  - SD = 4.5 per 100,000 population
  - US = 15.5 per 100,000 population

Data Source: CDC WONDER

Drug Related Deaths, South Dakota 2011-2020*

Year	All Drugs	Opioids
2011	56	31
2012	42	21
2013	54	32
2014	64	32
2015	66	24
2016	67	38
2017	74	35
2018	58	27
2019	86	37
2020*	84	43

*2020 data is provisional

Data Source: DOH Vital Statistics

Drug Related Deaths by Drug Type, South Dakota 2011-2020*

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020*
All Drugs	56	42	54	64	66	67	74	58	86	84
Methamphetamine	4	3	9	14	13	18	22	13	31	30
All Opioids	31	21	32	32	24	38	35	27	37	43
Fentanyl	4			7	7	7	12	12	23	29

*2020 data is provisional

Data Source: DOH Vital Statistics

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Provisional Drug Related Deaths by Drug Type, South Dakota

35
30
25
20
15
10
5
0

All Drugs
All Opioids
Methamphetamine
Fetanyl

	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021
All Drugs	23	29	17	15	22
All Opioids	9	14	12	8	6
Methamphetamine	9	12	5	4	15
Fetanyl	6	11	6	6	4

Data Source: DOH Vital Statistics

State Unintentional Drug Overdose Reporting System (SUDORS)

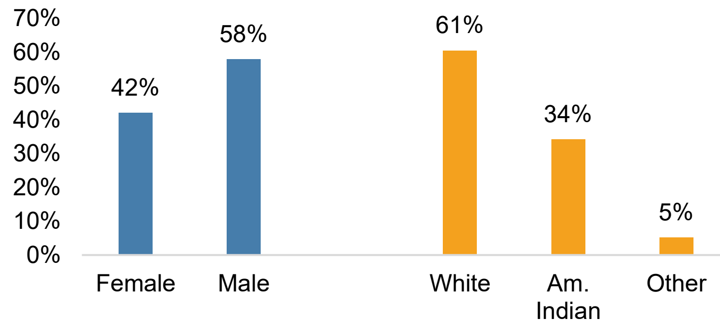
SUDORS Cases: January 2020 – June 2020

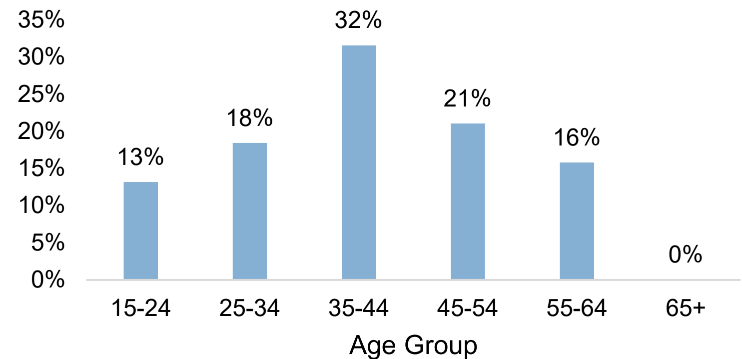
38 Unintentional or Undetermined overdose deaths

Overdose Deaths by Drug Type (Drug(s) listed as the cause of death)

- 47% Opioids
- 47% Amphetamine/Methamphetamine
- 11% Antidepressants/Antipsychotics
- 8% Cocaine
- 3% Benzodiazepines
- 3% Anticonvulsants

Note: overdose deaths may have multiple drugs listed as the cause of death





SUDORS Case Inclusion:

- Presence of any of the following underlying cause-of-death codes: X40-X44, Y10-Y14
- Substance types include illicit drugs, prescription and over-the-counter drugs, and dietary supplements
- Death occurred in South Dakota

Data Source: National Violent Death Reporting System (NVDRS)

State Unintentional Drug Overdose Reporting System (SUDORS)

SUDORS Cases: January 2020 – June 2020

- SUDORS Circumstances (n=38)
  - 55% had a known/reported substance problem
  - 18% had a known/reported mental health problem
  - 24% had a known/reported alcohol problem
  - 13% had ever received treatment for a mental health/substance problem
  - 8% were receiving treatment for mental health/substance problems at time of death

- SUDORS Overdose Specific Circumstances (n=38)
  - 84% of cases were related to substance abuse
  - 42% of cases had evidence of drug use
  - 32% had a bystander present during or shortly preceding the overdose
  - 8% of cases had a known dose(s) of naloxone administered
  - 3% had a known previous drug overdose
  - 5% had a recent emergency department visit within the last year
  - 5% were currently or had received treatment for substance abuse

Note: Circumstances surrounding overdose deaths were documented in reports by coroners. Persons who died by overdose may have had multiple circumstances. It is possible that other circumstances could have been present and not diagnosed, known, or reported.

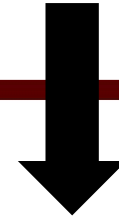
SUDORS Case Inclusion:

- Presence of any of the following underlying cause-of-death codes: X40-X44, Y10-Y14
- Substance types include illicit drugs, prescription and over-the-counter drugs, and dietary supplements
- Death occurred in South Dakota

Data Source: National Violent Death Reporting System (NVDRS)

Updates to the Avoid Opioid Data Dashboard – Coming Soon!

- Provisional overdose deaths (quarterly)
- SUDORS data
- DOSE data (suspected overdoses seen in ED)



WHAT ARE OPIOIDS? FIND HELP TAKE ACTION PROVIDERS PHARMACY KEY DATA ABOUT

"Opioids deserve to be treated with respect. I think the seriousness of it isn't always understood by people until it's too late."

Jayne PIERRE

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

Pregnancy Risk Assessment Monitoring System (PRAMS) Data on Opioid Use Before and During Pregnancy

Katelyn Strasser, MPH, RN
Maternal Child Health Epidemiologist
South Dakota Department of Health

SD PRAMS: Pregnancy Risk Assessment Monitoring System:

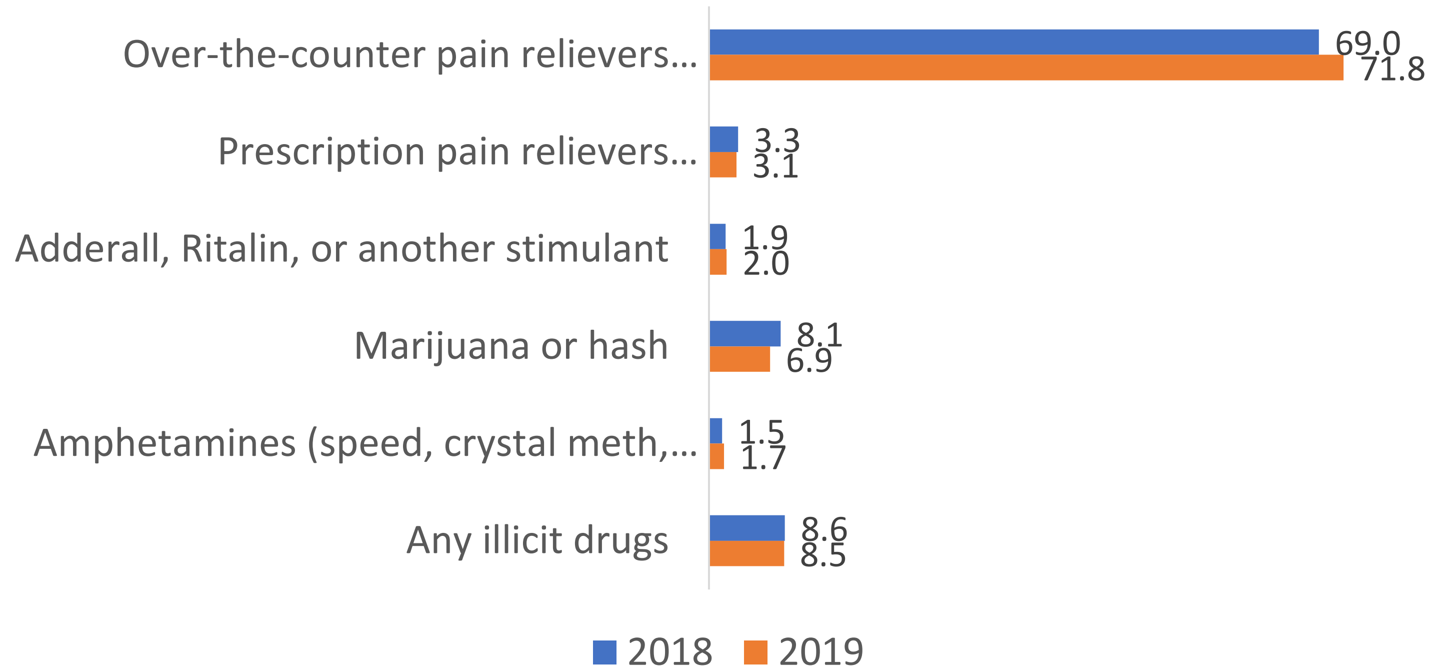
A Statewide Survey

Purpose of CDC PRAMS

- To assess maternal attitudes and behaviors before, during and after pregnancy
- To provide data for guidance on DOH programs, MCH Block Grant performance measures & compare trends over time

Previous and Current Studies

- 2014 & 2016 PRAMS-like Surveys
- 2017-2021 PRAMS: https://doh.sd.gov/statistics/prams.aspx?



Percent Drug Use Before Pregnancy
Over-the-counter pain relievers...
Prescription pain relievers...
Adderall, Ritalin, or another stimulant
Marijuana or hash
Amphetamines (speed, crystal meth,...
Any illicit drugs
69.0
71.8
3.3
3.1
1.9
2.0
8.1
6.9
1.5
1.7
8.6
8.5
2018
2019

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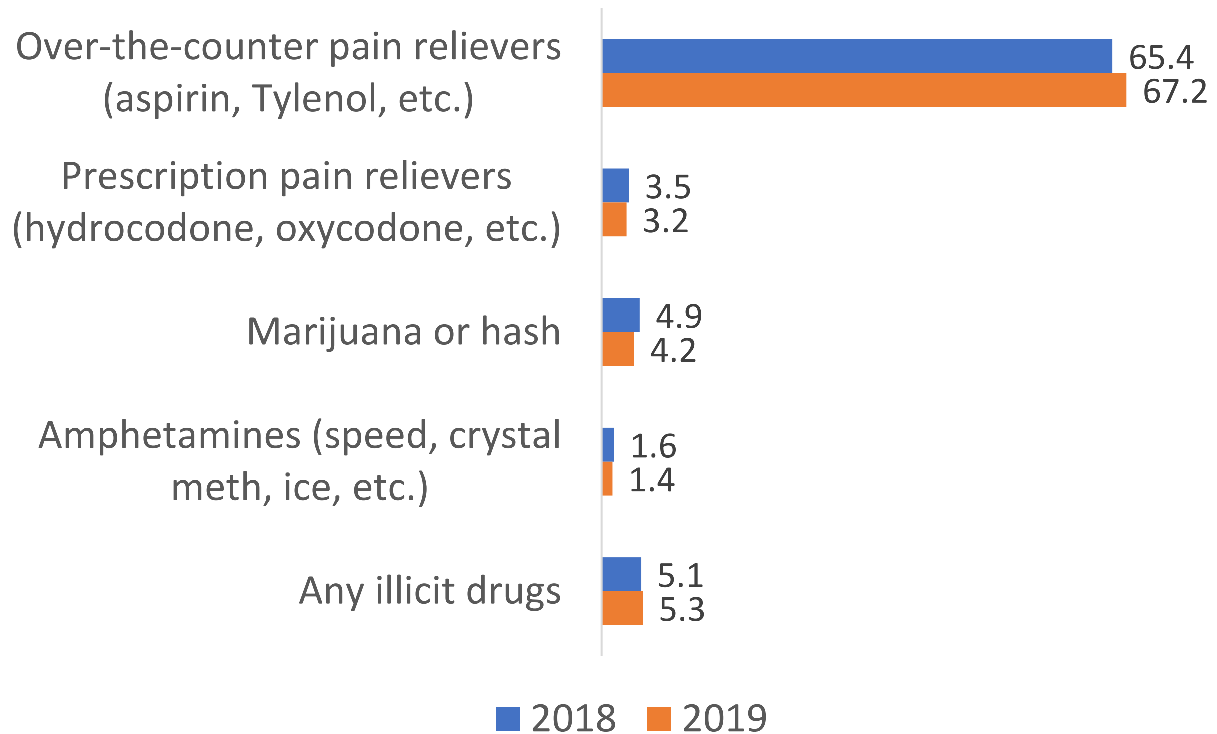

Percent Drug Use During Pregnancy
Over-the-counter pain relievers (aspirin, Tylenol, etc.)
65.4
67.2
Prescription pain relievers (hydrocodone, oxycodone, etc.)
3.5
3.2
Marijuana or hash
4.9
4.2
Amphetamines (speed, crystal meth, ice, etc.)
1.6
1.4
Any illicit drugs
5.1
5.3
2018
2019

SOUTH DAKOTA DEPARTMENT OF HEALTH

Demographics (2018 PRAMS)

Mothers who used any illicit drugs during pregnancy were more likely to be/have:

- Not married
- Lower household income (< $16,000/year)
- American Indian (14.1% vs. 3.3% of White, non-Hispanic mothers)

Risk behaviors and outcomes (2018 PRAMS)

Mothers with any illicit drug use during pregnancy, compared to mothers who did not have illicit drug use during pregnancy, were significantly *more likely* to report that:

- They did not have insurance before pregnancy (27.0% vs. 12.5%)
- They smoked 3 months before pregnancy (75.2% vs. 22.5%)
- They used illicit drugs the 3 months before pregnancy (88.6 vs. 4.2%)
- They started prenatal care after the first trimester or had no prenatal care (34.4% vs. 15.6%)
- They suffered emotional abuse during pregnancy (39.8% vs. 5.2%)
- They had a high ACE score (4+) (50.7% vs. 20.8%)

Opioid Supplement Questions (2019 PRAMS)

1. During your most recent pregnancy, did you use any of the following over-the-counter pain relievers?

Drug	Percent
Acetaminophen	70.2
Ibuprofen	13.6
Aspirin	6.0
Naproxen	2.1

Opioid Supplement Questions

2. During your most recent pregnancy, did you use any of the following prescription pain relievers?

Drug	Percent
Hydrocodone	2.4
Codeine	2.3
Oxycodone	1.6

Opioid Supplement Questions

3. Where did you get the prescription pain relievers that you used during your most recent pregnancy?

Among women who used prescription pain relievers during pregnancy:

Drug	Percent
OB-GYN, midwife, or prenatal care provider	2.4

Opioid Supplement Questions

4. What were your reasons for using prescription pain relievers during your most recent pregnancy?

Among women who used prescription pain relievers during pregnancy:

Drug	Percent
Relieve pain from condition before pregnancy	0.9
Relieve pain from condition during pregnancy	3.0

Opioid Supplement Questions

5. In each of the following time periods during your pregnancy, for how many weeks or months did you use prescription pain relievers?

Among women who used prescription pain relievers during pregnancy:

Trimester	Usage	Percent
Use in first trimester	Never	31.3
	Less than one week	44.3
	One week or more	24.5
Use in second trimester	Never	33.4
	Less than one week	41.1
	One week or more	**
Use in third trimester	Never	41.6
	Less than one week	25.5
	One week or more	32.9

** data suppressed due to low counts

Opioid Supplement Questions

6. During your most recent pregnancy, did you want or need to cut down or stop using prescription pain relievers?

7. During your most recent pregnancy, did you have trouble cutting down or stopping use of the prescription pain relievers?

8. During your most recent pregnancy, did you get help from a doctor, nurse, or other health care worker to cut down or stop using prescription pain relievers?

9. During your most recent pregnancy, did you receive medication-assisted treatment to help you stop using prescription pain relievers?

Opioid Supplement Questions

10. Do you think the use of prescription pain relievers during pregnancy could be harmful to a baby's health?

Drug	Percent
Not harmful at all	2.6
Not harmful if prescribed	37.8
Harmful even if prescribed	59.6

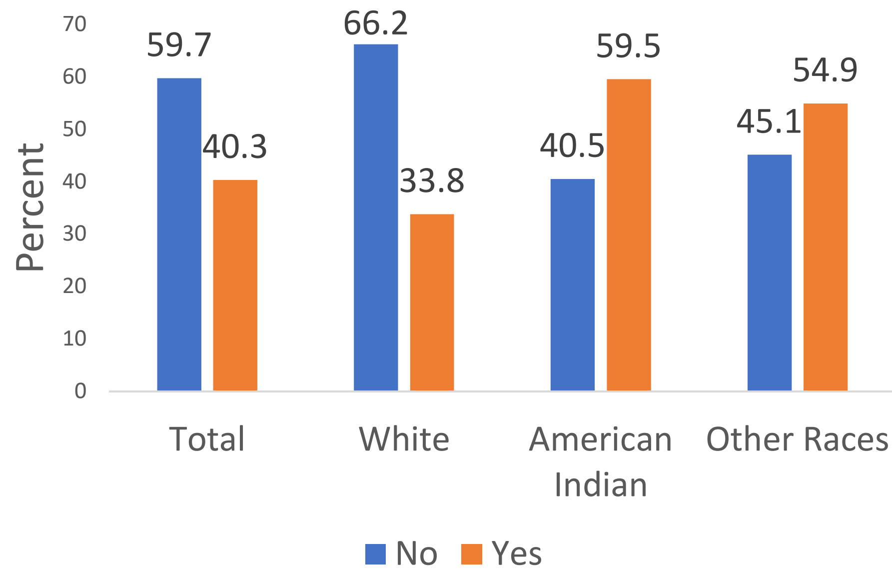
Opioid Supplement Questions

11. Do you think the use of prescription pain relievers could be harmful to a woman's own health?

Drug	Percent
Not harmful at all	3.4
Not harmful if prescribed	60.5
Harmful even if prescribed	36.0

Opioid Supplement Questions

12. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about how using prescription pain relievers during pregnancy could affect a baby?



Opioid Supplement Questions

13. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?

Drug	Percent
Depression medication	13.3
Anxiety medication	3.4

Questions?

Katelyn.Strasser@state.sd.us

PDMP Assessment Overview

- Presented by the OD2A Evaluation Team

PDMP User Survey Results

Opioid Advisory Meeting

July 13, 2021

UNIVERSITY OF SOUTH DAKOTA SCHOOL OF HEALTH SCIENCES

SOUTH DAKOTA DEPARTMENT OF HEALTH

Acknowledgements

Prepared by the South Dakota Overdose Data to Action (OD2A) evaluation team at the University of South Dakota, SLM Consulting LLC, and Sanford Research.

- Susan Puumala, PhD – University of South Dakota
- Chelsea Wesner, MPH, MSW - University of South Dakota
- Susan Strobel, DNP, MPH – University of South Dakota
- Alyson Becker, MPH - Sanford Research
- Sandra Melstad, MPH – SLM Consulting LLC

The South Dakota Prescription Drug Monitoring Program/South Dakota State Board of Pharmacy and the South Dakota Department of Health also contributed.

- Melissa DeNoon, RPh – SD PDMP Director, SD Board of Pharmacy
- Kari Shanard-Koenders, RPh, MSJ – SD Board of Pharmacy
- Laura Streich, MPA – South Dakota Department of Health

The evaluation team would especially like to thank the prescribers and pharmacists who participated in the assessment.

Funding for this project was provided by the Centers for Disease Control and Prevention, Cooperative Agreement #1 NU17CE924994-01-00.

Distribution and Response

Two populations: Prescribers and Pharmacists

Recruitment through email addresses for registered users of the SD PDMP

Prescribers

- 5,830 emails
- 5,474 invitations to participate delivered
- 516 (9.4%) opened the survey
- 494 (9.0%) answered at least one question

Pharmacists

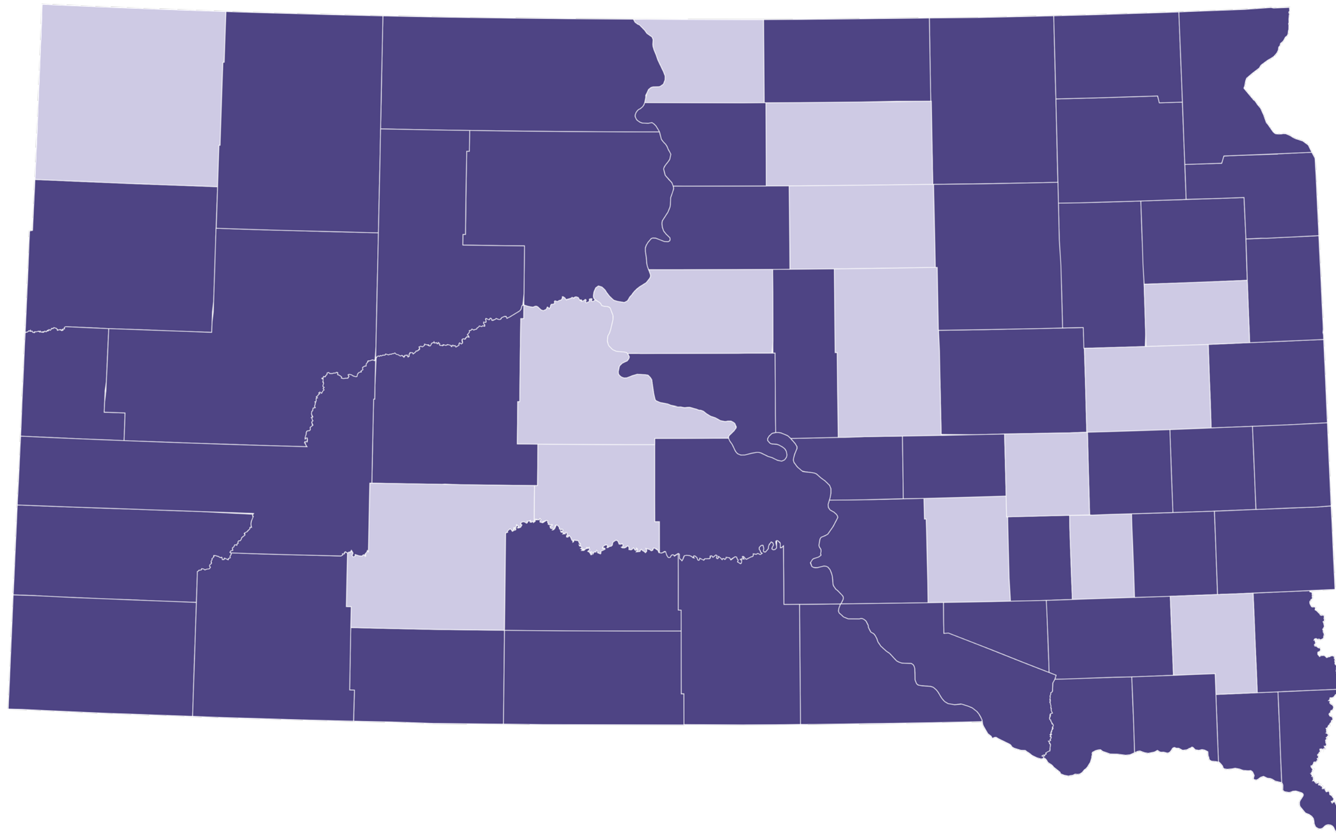
- 972 emails
- 955 invitations to participate delivered
- 113 (11.8%) opened the survey
- 105 (11.0%) answered at least one question

Prescribers

Prescriber Respondent Demographics

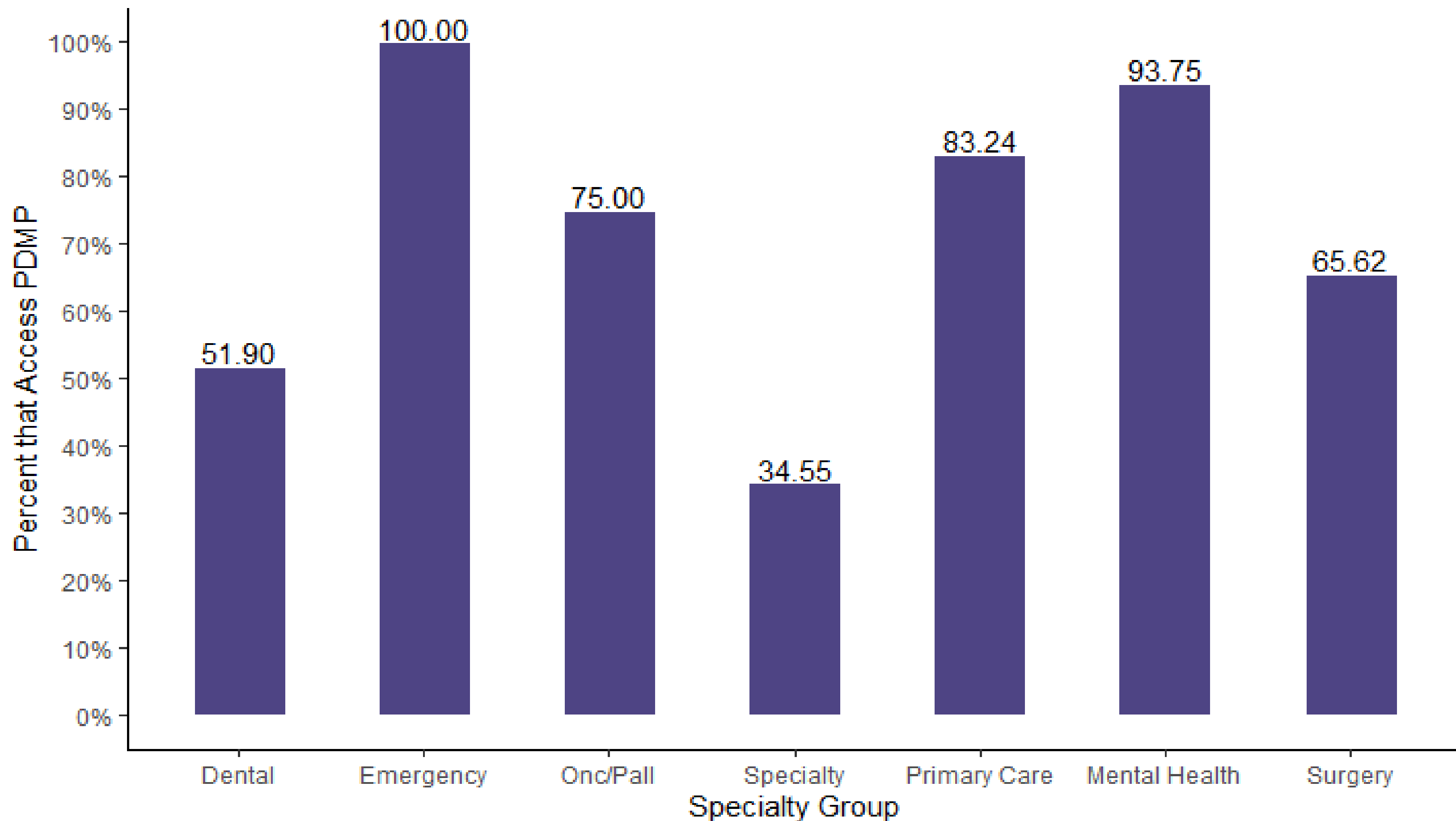
Variable	Response	Frequency (%)
Age (years)	<30	28 (6.0)
	30-39	92 (19.6)
	40-49	98 (20.9)
	50-59	96 (20.4)
	60-69	119 (25.3)
	70+	37 (7.9)
	Missing	46
Degree	MD/DO	218 (44.1)
	APN/NP	105 (21.3)
	PA	62 (12.6)
	DDS	78 (15.8)
	Other	31 (6.3)
	Missing	22
Health System	Sanford	92 (21.1)
	Avera	93 (21.4)
	Monument	43 (9.9)
	Horizon	14 (3.2)
	Other	193 (44.4)
	Missing	50

Primary County of Practice



* Dark purple represents counties with at least one respondent indicating it was their primary county of practice.

Use of the PDMP by Specialty

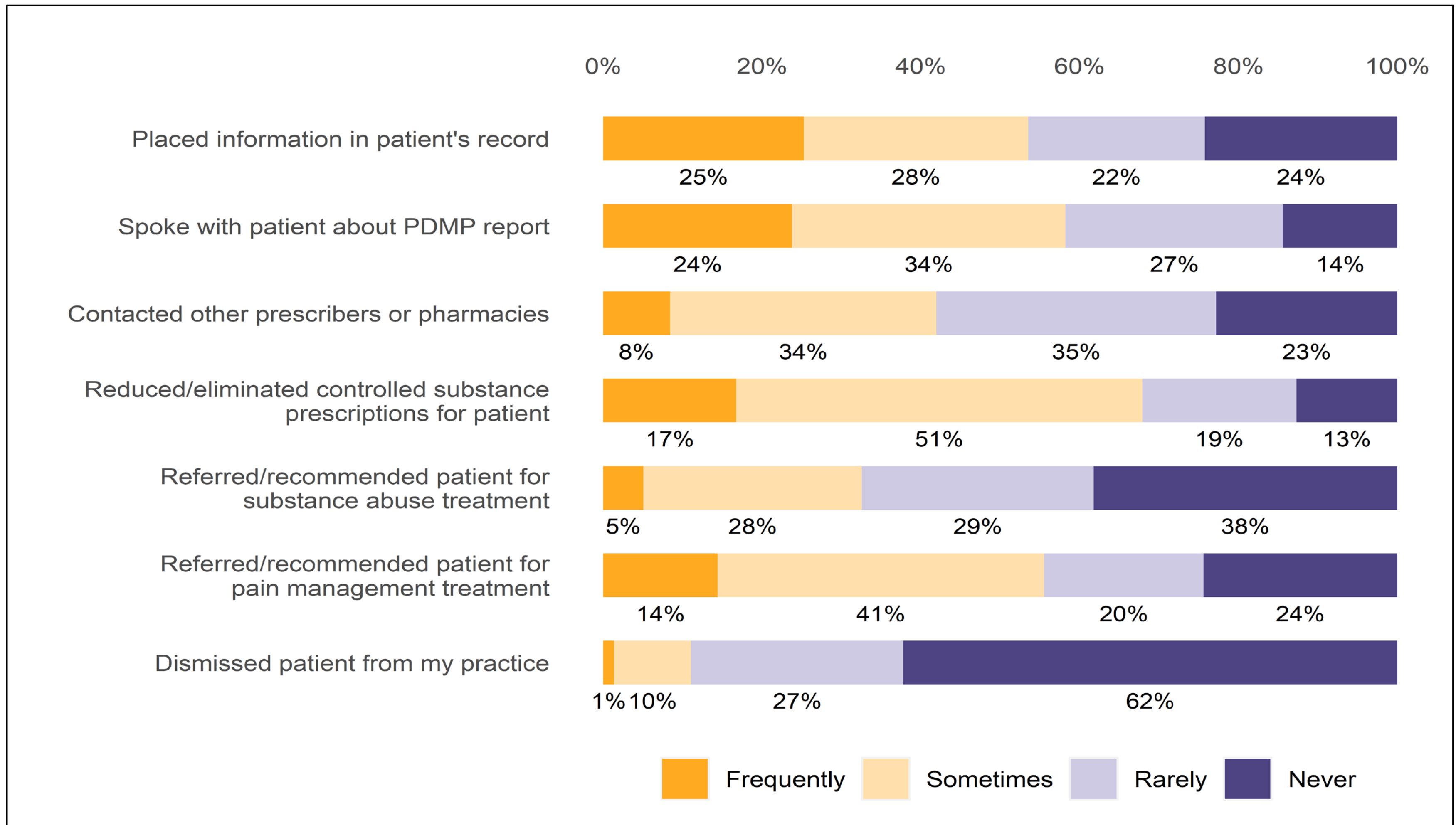


Reasons for Not Using the PDMP

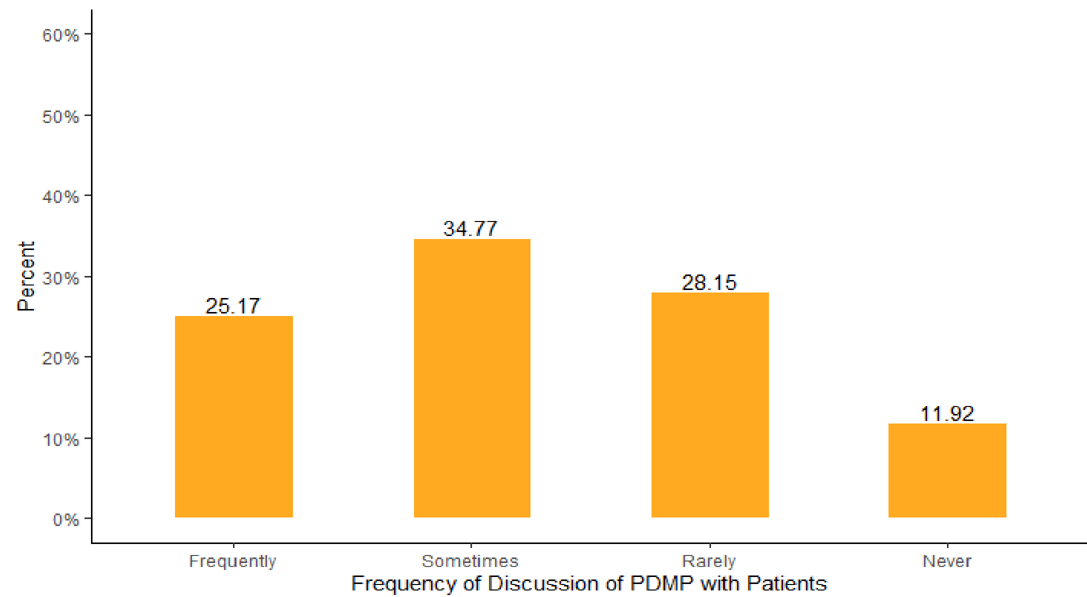
- Common responses
  - No or few prescriptions for controlled substances
  - Prescribe for acute pain only
  - Access not needed for other reason
- Less common responses
  - Not aware of the PDMP
  - No time to use it

“Because I almost never prescribe narcotics and have only had one possible drug seeker.”

Use of the PDMP

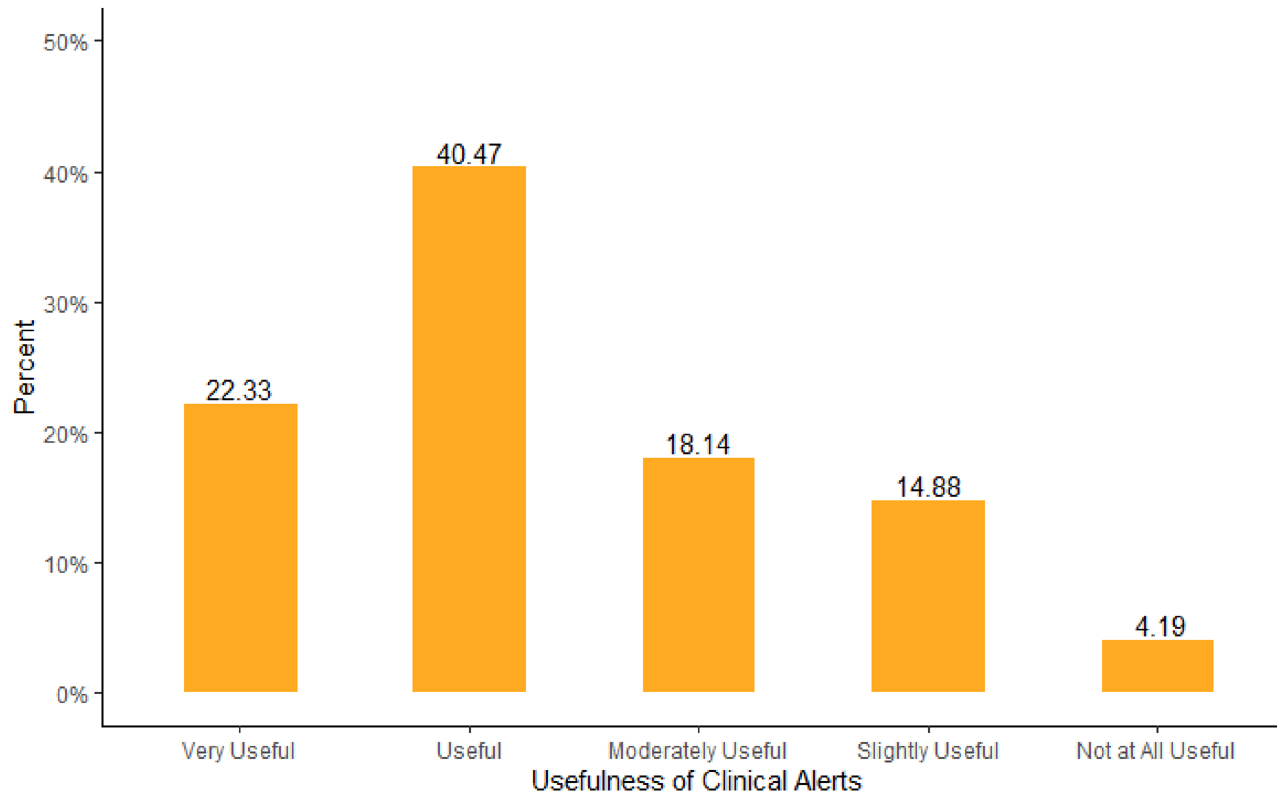


Use of PDMP with Patients

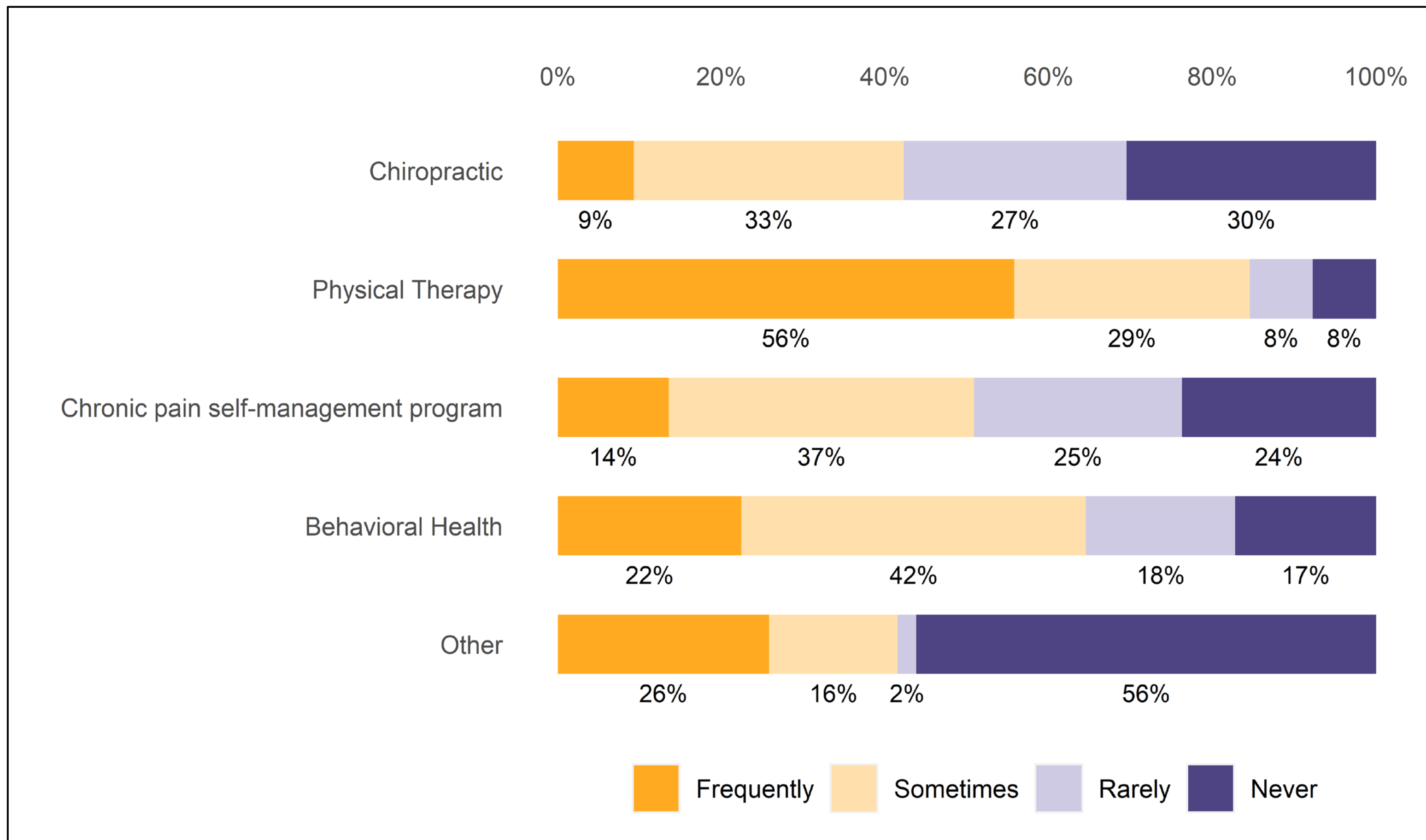


Category	
Discuss Frequently or Sometimes	"Engage them in discussion concerning habit forming medications and why we are not prescribing these for the patient." "I discuss the information with my patients to keep them accountable and to use as a tool to help them understand how serious the medication is they are taking. I think it's also good for them to know their controlled substances are being monitored." "If a patient is dishonest about their medication history, I discuss the information provided in the PDMP, explaining that I will not prescribe."
Discuss Rarely or Never	"The reports do not provide any relevant information for my patient specifically" "What is there to discuss? I already know if they are taking pain medication from another provider." "I only ever prescribe a short course of pain medicine after painful surgery. It doesn't seem needed. Fortunately, patients have not pushed me on this. "

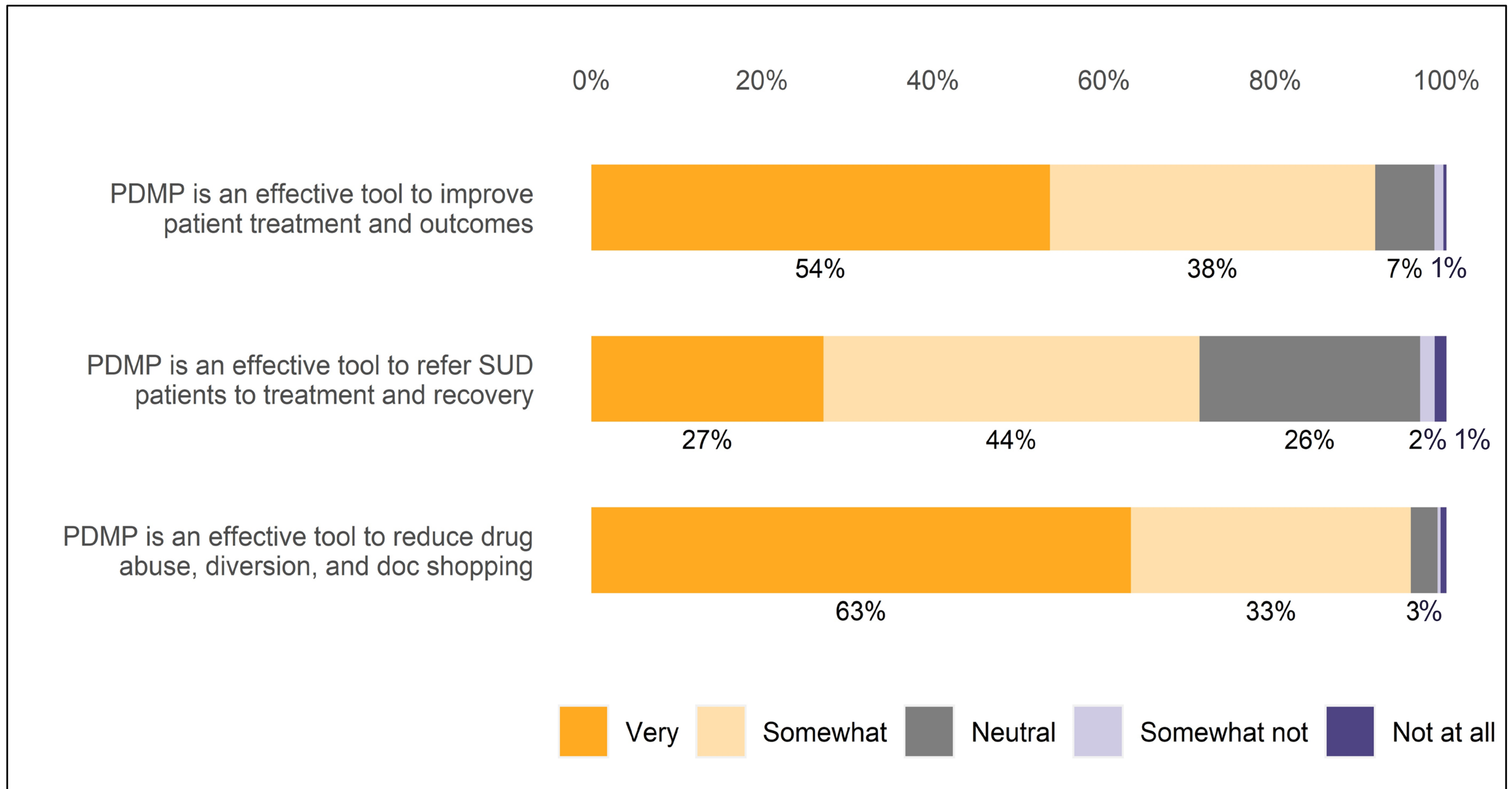
Clinical Alerts Enhancement



Referrals for Alternative Pain Management

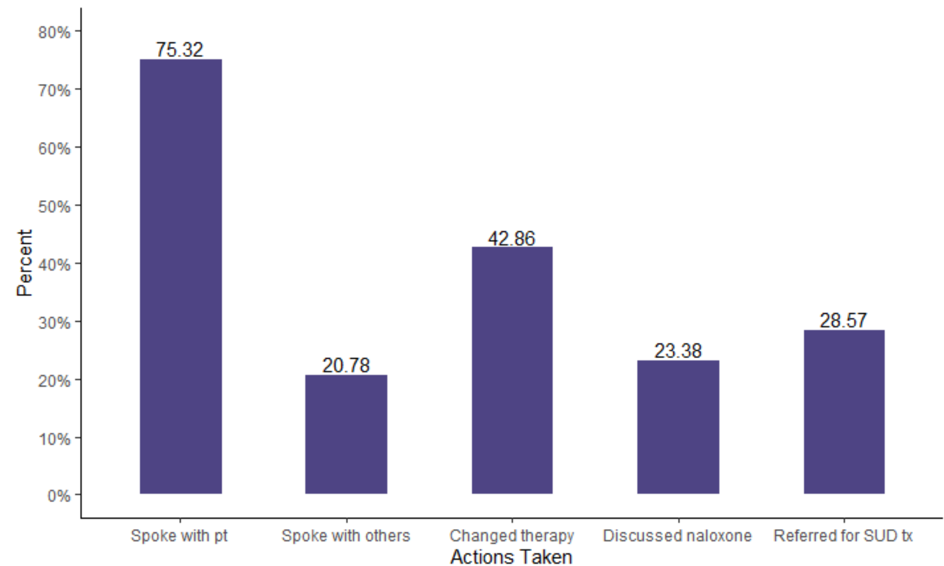


PDMP Effectiveness for Specified Outcomes

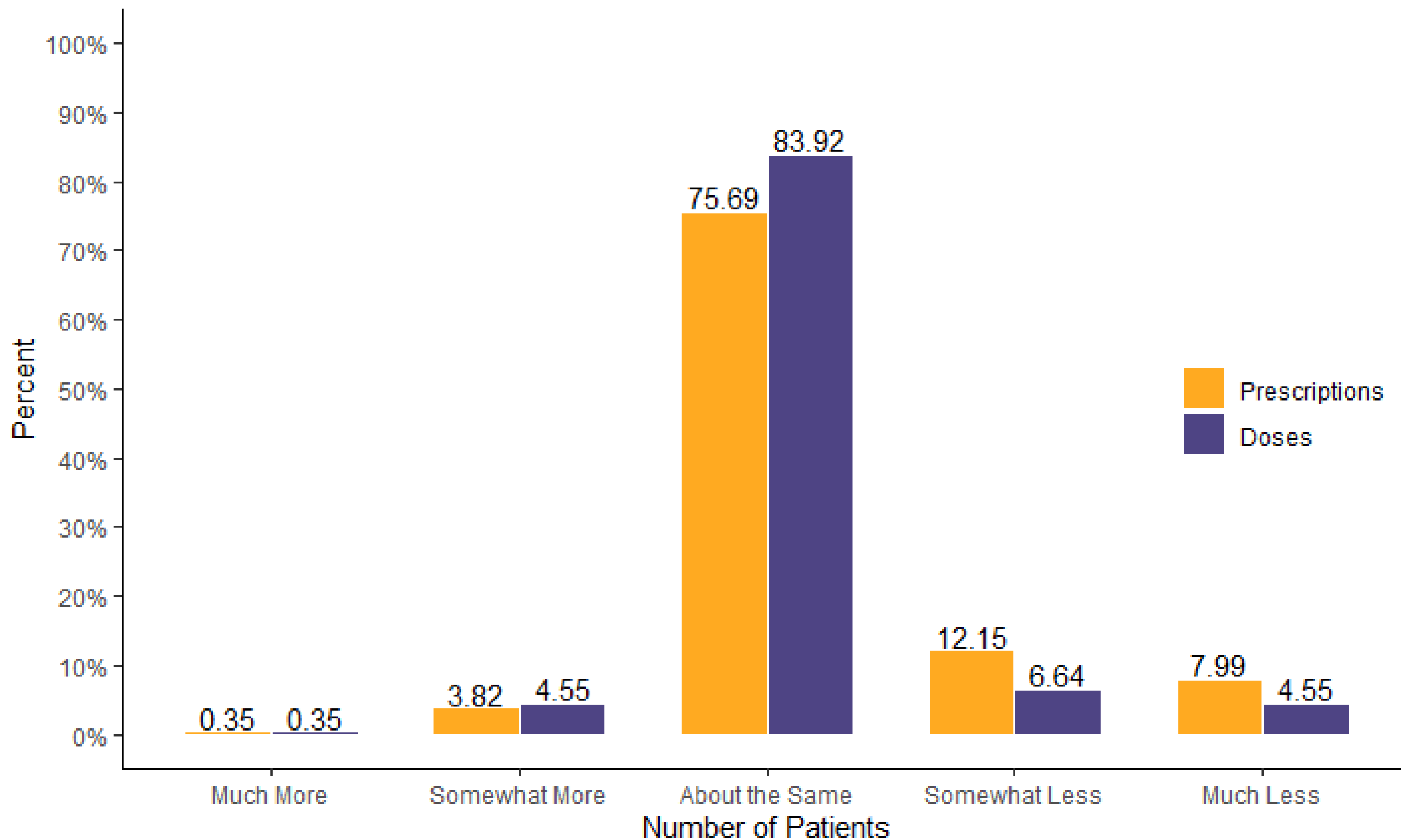


Narx Scores and the Overdose Risk Score

- 28.4% had used the Narx Scores or Overdose Risk Score
  - 67.1% used these to determine how extensively to review a patient's PDMP report
  - 86.6% indicated these scores increase the value of the PDMP in patient care



Changes in Prescriptions and Doses Due to COVID-19



How is the PDMP positively impacting patient care?

PDMP helps prescribers facilitate conversations with their patients about opioid use and potential drug interactions

Increases transparency in use of opioids and monitoring of their use

Clinical Alerts are used by prescribers in patient care plans to aid in clinical decision-making

Narx Scores and the Overdose Risk Score increase the value of the PDMP

Educational Opportunities and User Suggestions

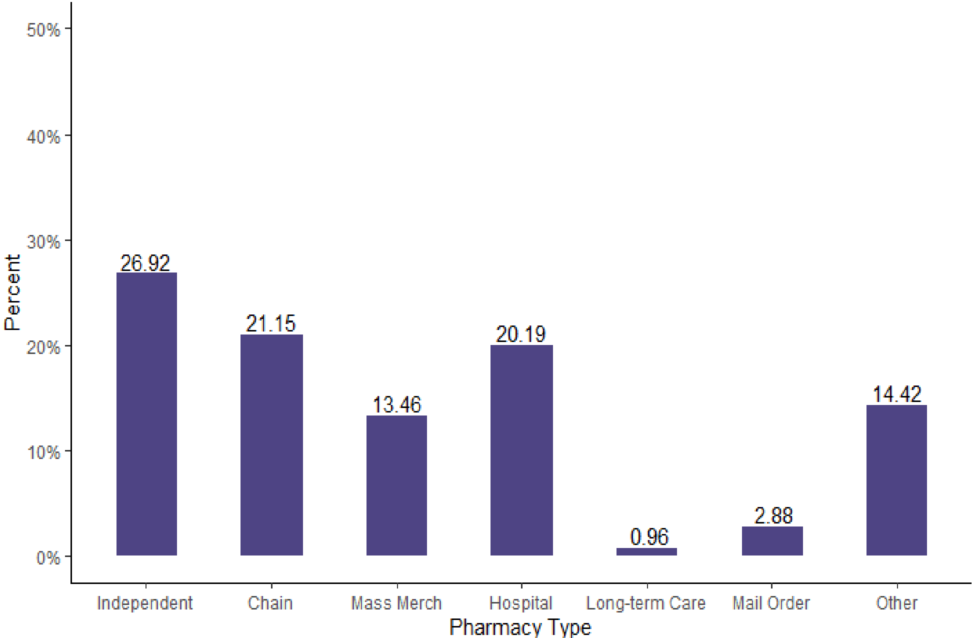
- More information on use of the PDMP for known patients or routine prescriptions after surgery or for acute pain
- Guidance on utilization of the Narx Scores and the Overdose Risk Score
- Education on finding data from other states within the PDMP
- More information on substance use disorder treatment discussions with patients
- Including online medication assisted treatment training

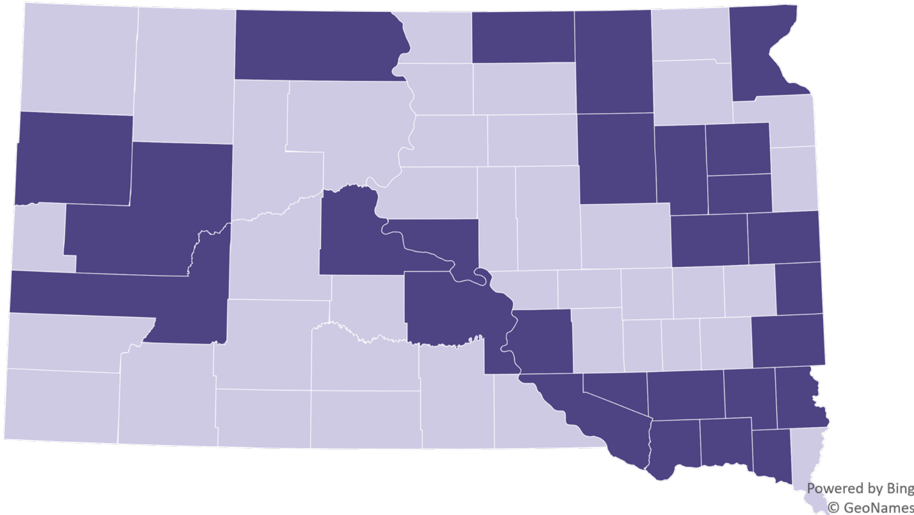
Pharmacists

Pharmacist Respondent Demographics

Variable	Response	Frequency (%)
Age (years)	<30	12 (11.8)
	30-39	36 (35.3)
	40-49	27 (26.5)
	50-59	15 (14.7)
	60+	12 (11.8)
	Missing	11
Degree	BSPharm	30 (28.6)
	PharmD	75 (71.4)
	Missing	8
Years of Practice	0-5	16 (15.2)
	6-10	21 (20.0)
	11-15	17 (16.2)
	16-20	14 (13.3)
	21-25	6 (5.7)
	More than 25	31 (29.5)
	Missing	8

Types and Location of Pharmacies Represented





* Dark purple represents counties with at least one respondent indicating it was their primary county of practice.

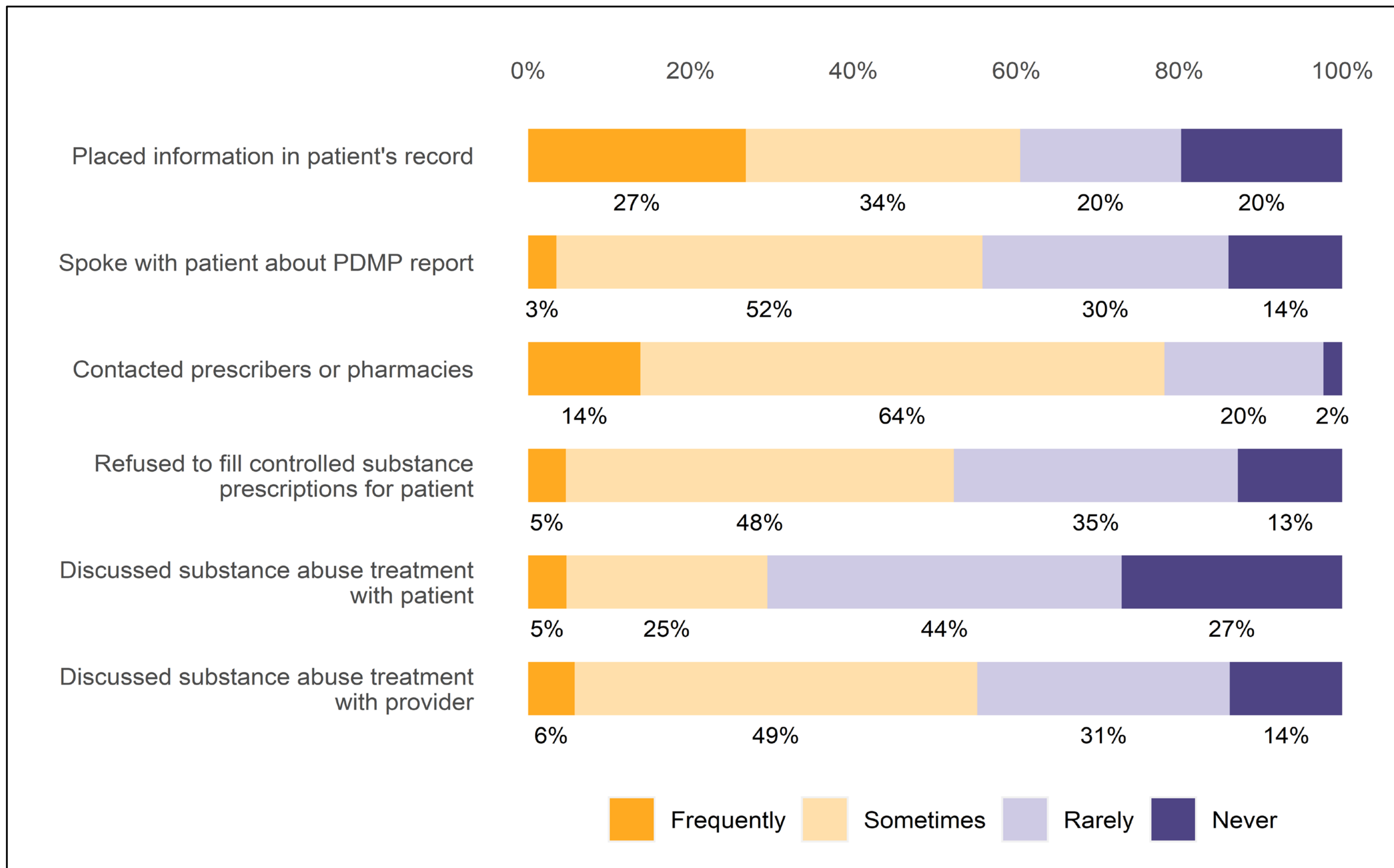
Use of the PDMP

Most pharmacists who responded accessed the PDMP (87.3%)

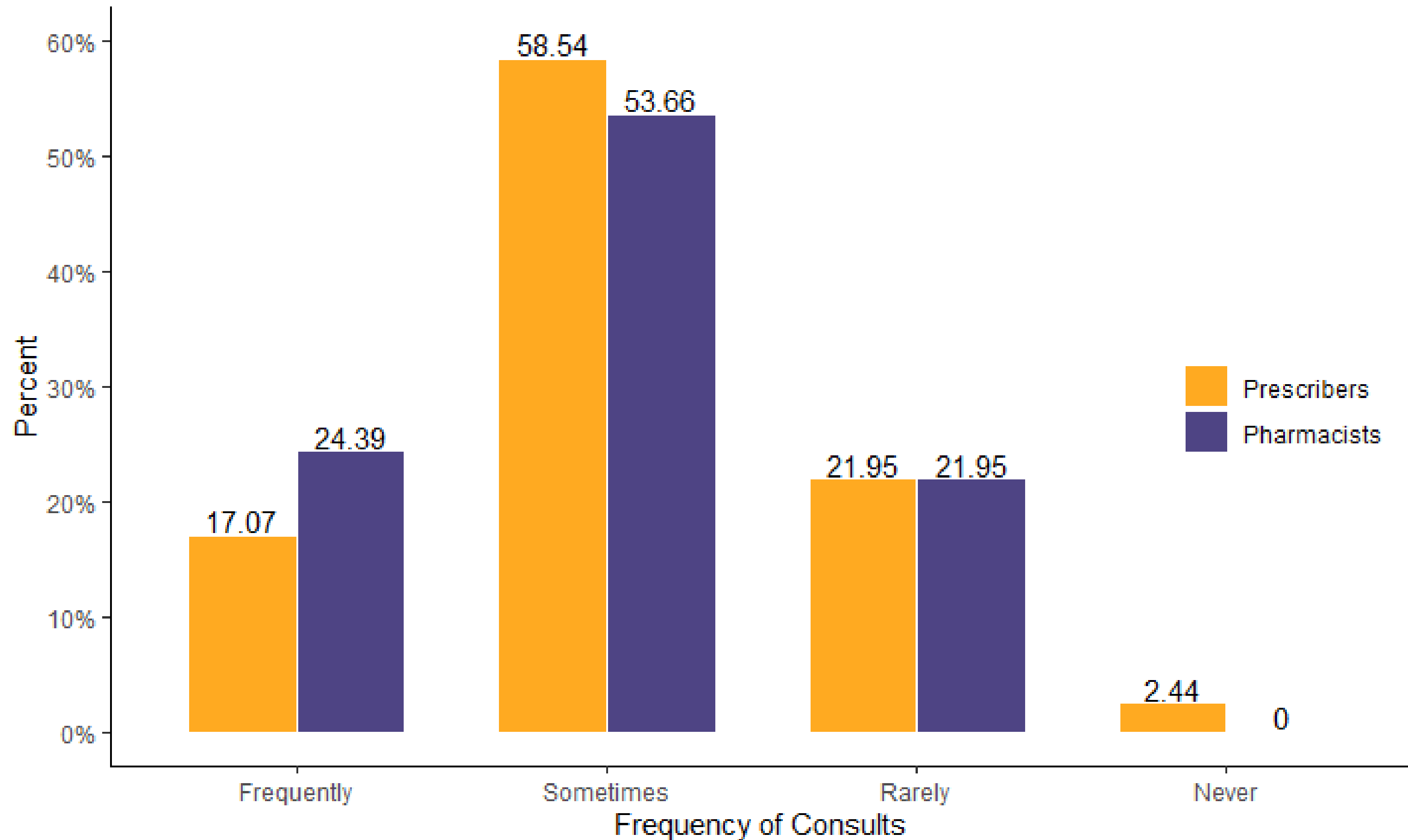
Those that didn't listed the following reasons

- Outside the scope of their practice (e.g. only in pediatrics or hospice care)
- Orders for as needed pain from standard order sets

Use of the PDMP



Consulting Others about the PDMP



Clinical Alerts Enhancement

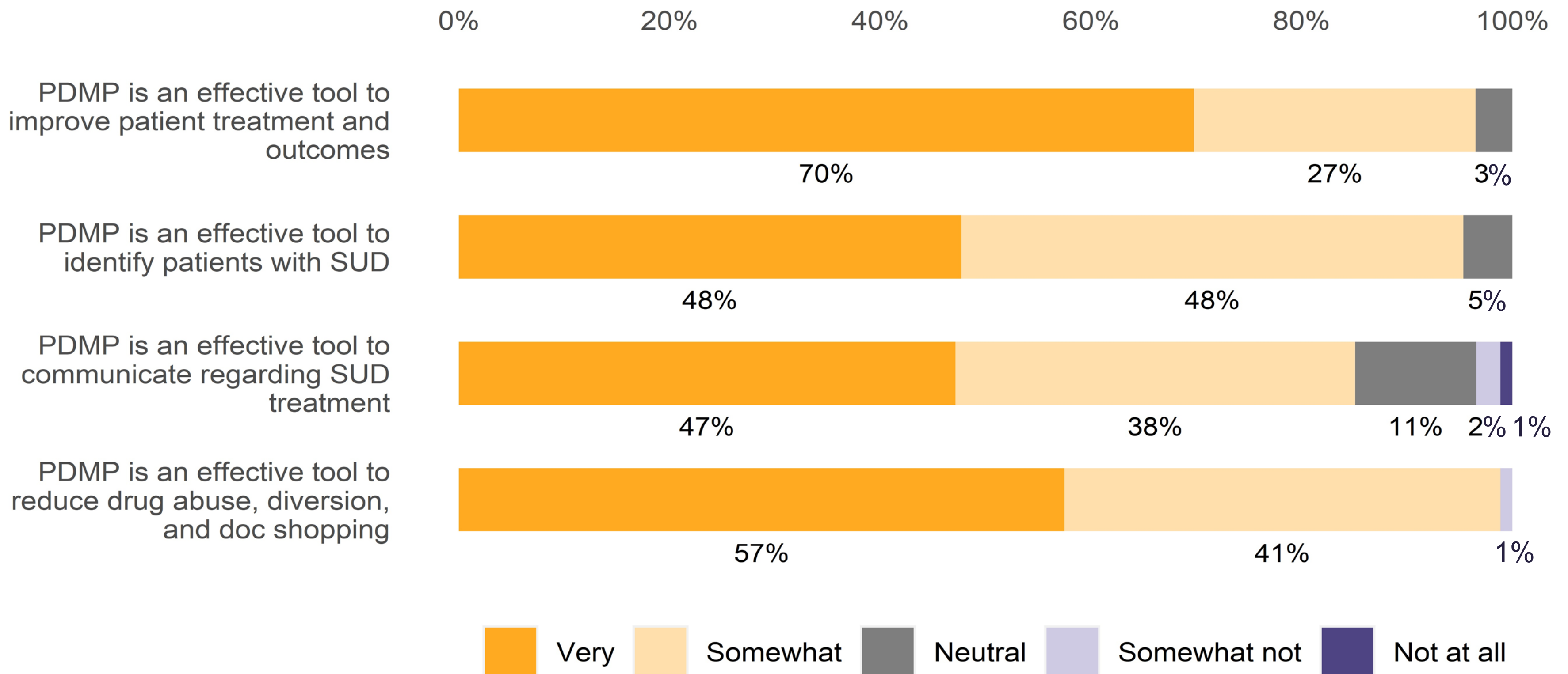
- 39.1% of pharmacists who responded were aware of the Clinical Alerts feature
  - Most who were aware found it useful or very useful (61.8%)

How do you use clinical alerts?
"I note it [in the] patient profile, and alert prescriber if necessary" "Flag patients' charts." "Do not fill rx's from multiple MD's."

Interaction with Providers: Comparison over Time

Question	Fall 2016		Fall 2020	
	N	Strongly Agree/ Agree	N	Strongly Agree/ Agree
I am comfortable consulting with providers on patients who may have misused/abused opioids	141	89%	82	94%
I believe my consultation influenced patient care	140	65%	78	81%
I am treated with respect when I call a provider regarding potential misuse/abuse of opioids	141	67%	79	75%
I am comfortable informing a prescriber of patients who have both benzodiazepine and opioid medications prescribed	138	69%	82	85%
I am comfortable discussing the prescribed quantity and/or days of supply of opioids with providers	137	64%	80	96%

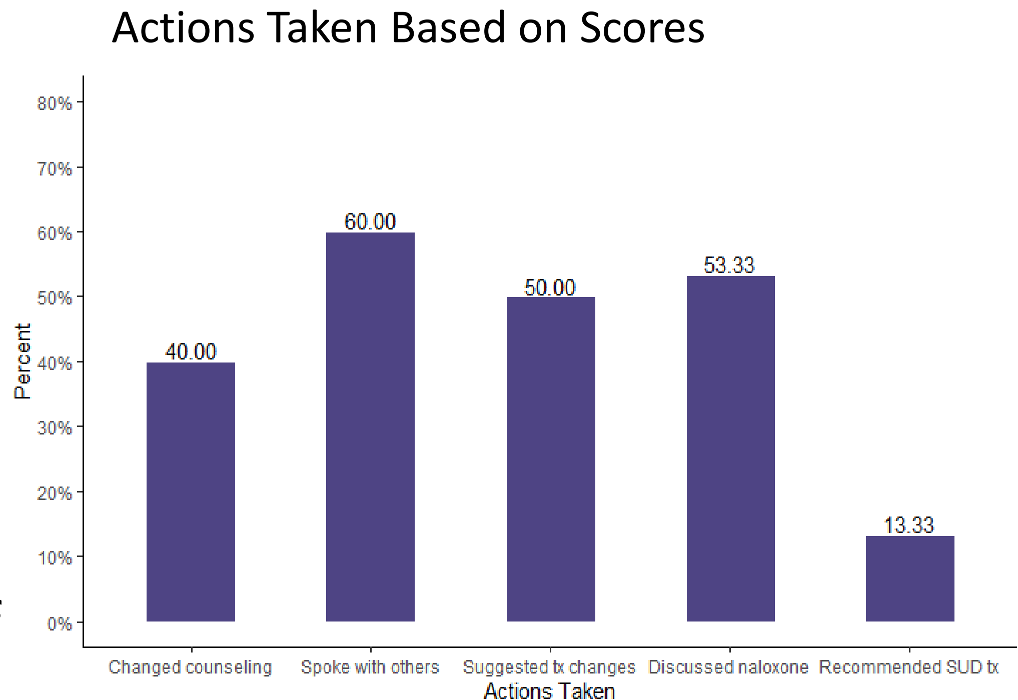
PDMP Effectiveness for Specified Outcomes



Narx Scores and the Overdose Risk Score

- 40.7% had used the Narx Scores or Overdose Risk Score
  - 68.6% used these to determine how extensively to review a patient's PDMP report
  - 91.4% indicated these scores increase the value of the PDMP in patient care

Actions Taken Based on Scores



How is the PDMP positively impacting patient care?

Pharmacists use the PDMP frequently; most at least once per shift and some with every opioid rx

Clinical Alerts provide useful information to pharmacists

Narx Scores and the Overdose Risk Score lead to communication with other healthcare providers

Higher levels of comfort in consulting with providers on PDMP data

Educational Opportunities and User Suggestions

- More information on use of the PDMP for known patients or routine prescriptions after surgery or for acute pain
- Guidance on utilization of the Narx Scores, the Overdose Risk Score, and the Clinical Alerts enhancement
- Exit strategies for long-term treatment with controlled substances
- Require submission of gabapentin dispensations

Questions?

Emergency Department Toolkit

- Presented by the OD2A Evaluation Team

ED Toolkit:

Improving linkages to care to prevent and respond to opioid overdose

Sandra Melstad, MPH, Chelsea Wesner, MPH, MSW, Susan Strobel, DNP, RN, Tiffany Johnson, RN & Laura Streich, MPA

July 2021

Opioid Advisory Committee

SLM Consulting, LLC

Data Driven Public Health Solutions

SANFORD HEALTH

Overview

- Opportunity
- Purpose of ED Toolkit
- Project activities
- ED Toolkit framework and additional components
- Next steps

Opportunity

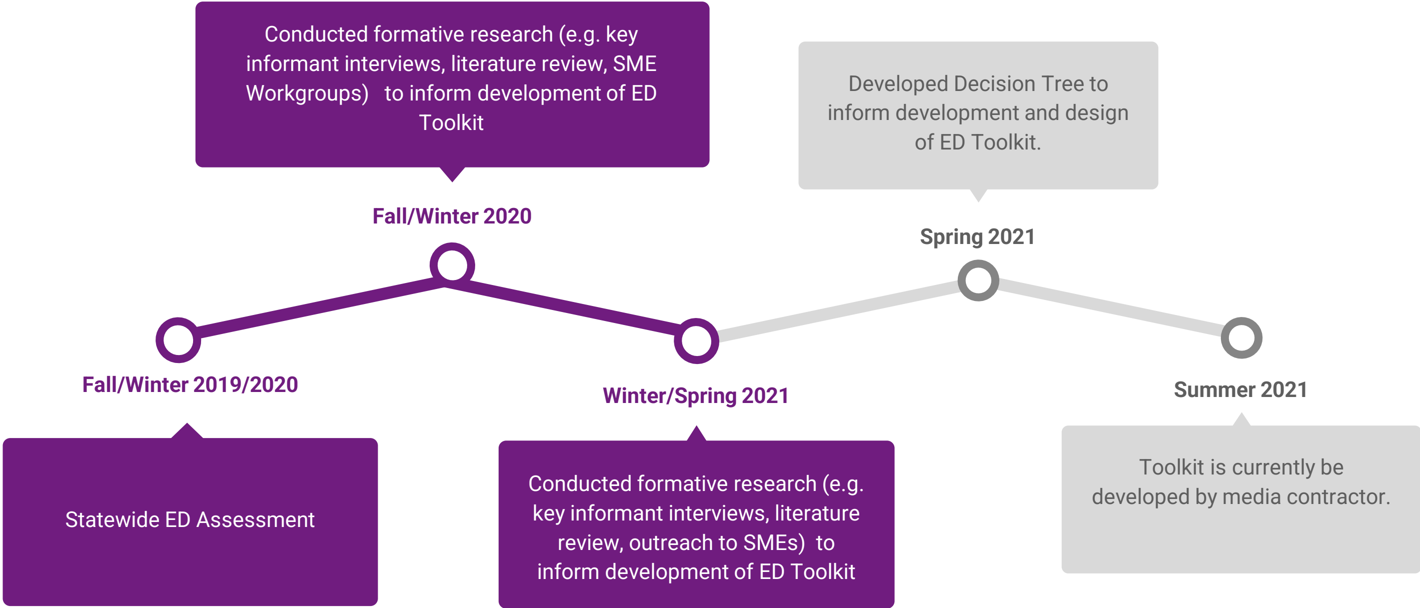
- **Funding:** Overdose Data to Action (OD2A), CDC cooperative agreement
- **Project Period:** September 2019 - August 2023
- **OD2A Strategy 6:** Improving Linkages to Care

Purpose

Develop a toolkit to support South Dakota EDs in improving linkages to care for patients at high-risk for SUD, OUD, and opioid overdose:

- Promote best practices and latest clinical guidelines
- Streamline screening and assessment for OUD
- Integrate primary components of toolkit into EHR/workflow
- Strengthen referral pathways for MAT, OUD treatment, and behavioral health

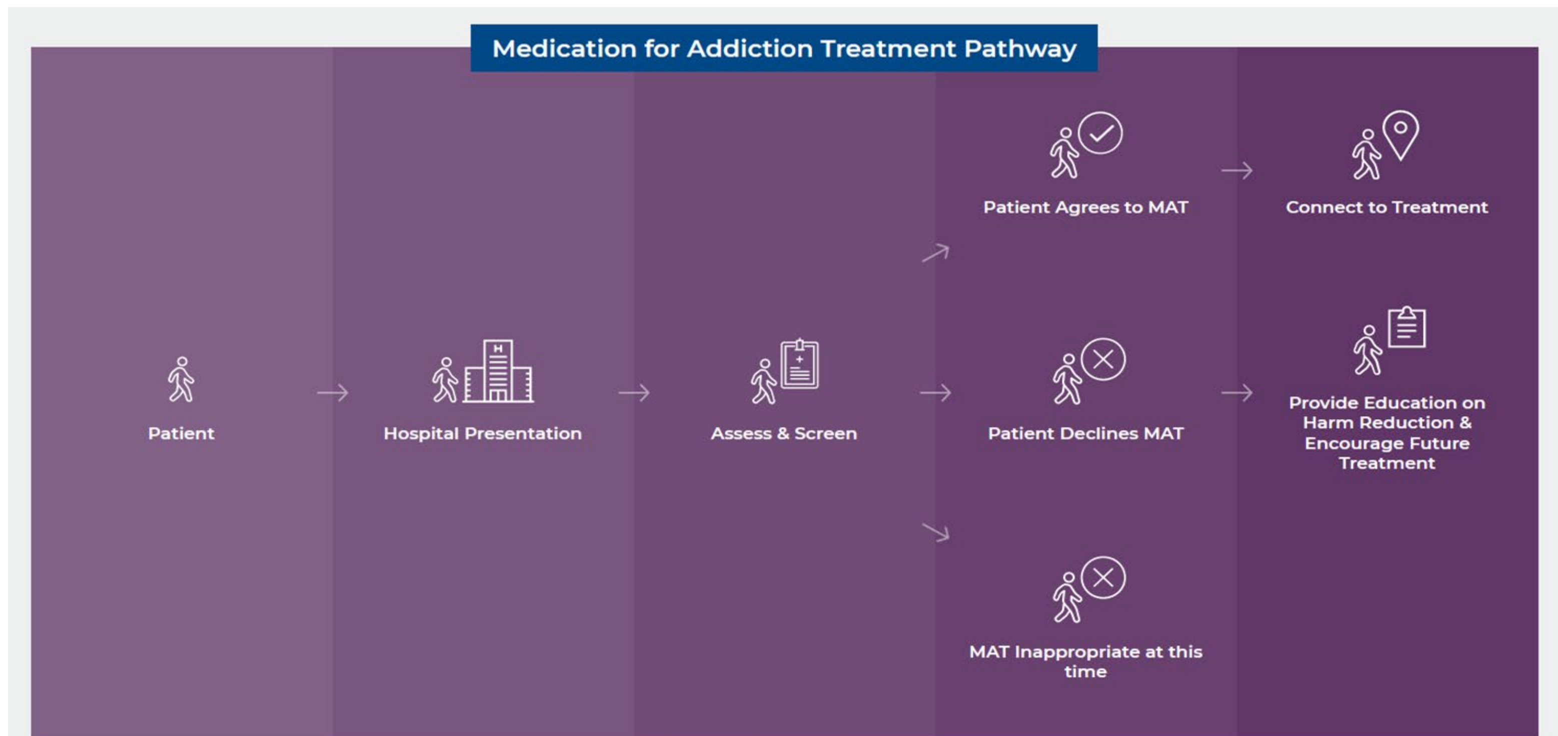
Project Activities



Lessons Learned

- Streamline and integrate Toolkit content into EHR
- Normalize screening for OUD; reduce provider stigma
- Needs and special considerations:
  - Provider education for ALTOs (alternatives to opioids), MAT
  - Peer support staff and behavioral health staff (e.g., EDs in Yankton and Brookings have partnership with Community Mental Health Centers for screening in ED)
  - OUD-specific screening and diagnostic tools coupled with provider training
  - Access to social services; connecting patients to resources via 211
  - Differences in rural and urban EDs (e.g., discharge, screening, etc)
  - Engage/identify provider in ED as champion to lead MAT/QI efforts
  - Learn from hospitals supporting MAT treatment: Coteau des Prairies
  - ED is opportune place to initiate MAT and/or support referral to treatment/services

Models for Toolkits



Source: ColoradoMAT, https://cha.com/opioid-safety/coloradomat/

Lessons Learned

Introduction	Assess & Identify Risk	Identify and Diagnose	Treat
1. Purpose, why, how to use Toolkit 2. Opioid statistics	1. Common acute pain condition 2. Suspected of OUD - Screen 3. Unstable overdose	1. Diagnosed with OUD 2. Not Diagnosed with OUD	1. Patient not appropriate for MAT or other treatment options 2. Patient appropriate for MAT or other treatment options a. Patient declines b. Patient agrees

DECISION TREE PROCESS

1. Assess & Identify Risk

- Common acute pain condition
  1. Review Patient History
  2. Physical Exam and Pain Assessment
  3. Review PDMP and identify MME/day or calculate MME/day
  4. Ask if patient has a primary care provider
  - Common Acute Pain Conditions
    i. Prescribe ALTO
  - Suspected of OUD - Screen
    i. Determine if a patient is appropriate for MAT through use of the COWS, SOAPP-R, or NIDA Quick Screen screening tools.
  - Unstable overdose
    i. Follow toxicology protocol (see protocol)
    ii. Encourage screening, diagnosis, and treatment once medically stable

2. Identify & Diagnose

- Screening and diagnosis of OUD in the ED is necessary for treatment, intervention, and patient care. Use DSM-5 criteria to determine the severity of OUD and identify appropriate opioid-related ICD-10 codes for diagnosis.
  - Diagnosed OUD
    i. Meets DSM-5 Criteria (mild, moderate, or severe) Identify appropriate ICD-10 code and document
    i. Patient may be appropriate for MAT
  - Not Diagnosed with OUD
    i. Does not meet DSM-5 Criteria, possible opioid dependence
    ii. Identify appropriate ICD-10 code and document
    iii. Patient not appropriate for MAT

3. Treat

- <u>Patient not appropriate for MAT or other treatment options</u>
  - Provide Education, Refer to Primary Care Provider, and Prescribe Naloxone
- <u>Patient appropriate for MAT or other treatment options</u>
  - <u>*Patient declines*</u>
    i. Provide Education, Refer to Primary Care Provider, and Prescribe Naloxone
  - <u>*Patient agrees*</u>
    i. Connect to Treatment, Provide Education, and Prescribe Naloxone

ED Toolkit Framework: Additional Components

- **Educational Resources**
  - Patient
    - Peer support
    - Medication management
    - Non-opioid treatments
    - Conversations with providers
  - Provider
    - Safe prescribing
    - MAT
    - Motivational interviewing
    - Trauma informed care
    - Stigma
    - Engage peer support staff
- **Clinical Resources**
  - Pain assessment & treatment
  - OUD screening tools
  - Prescribing guidelines
  - PDMP
  - Reducing stigma
  - Quality improvement
  - Evidence-based literature

ED Toolkit Framework: Additional Considerations

- Integration of Toolkit into EHR system of health systems and hospitals to increase access and utilization
- Public facing Toolkit will be hosted on AvoidOpioidSD.com

Next Steps

- **Aug 2021 - May 2022:** Pilot ED Toolkit with 2-4 EDs (rural/urban, independent/health systems)
- **May 2022 - July 2022:** Work with TA providers to develop outcome evaluation for ED Toolkit and revise Toolkit, if needed
- **Late 2022:** Continued implementation and evaluation

Partners and Stakeholders

- South Dakota Department of Health
- South Dakota Department of Social Services
- South Dakota Association of Healthcare Organizations
- South Dakota State Medical Association
- Great Plains Quality Innovation Network
- South Dakota Board of Pharmacy
- Numerous ED providers including pharmacists, physicians, nurse practitioners, nurses
- OD2A Evaluation Team:
  - University of South Dakota Department of Public Health
  - SLM Consulting, LLC
  - Sanford Research

Thank You!

State Opioid Strategic Plan

Kaitlyn Broesder (DSS) and Laura Streich (DOH)

- *Review of major accomplishments*
- *Stakeholder Survey overview*
- *Proposed Plan overview*

Review of Major Accomplishments

Stakeholder Survey Feedback

Summary prepared from survey conducted in the spring of 2021, sent to a broad range of stakeholders including contracted (grant-funded) and non-grant funded partners and known entities working in the area of opioid abuse prevention, treatment and recovery.

Feedback represented a cross-section of providers

84 total survey respondents

40% reported receiving federal opioid funding

SAMHSA and CDC majority source of federal funding

Public awareness most successfully implemented strategy

Respondents identified most success with efforts taken to raise public awareness of the dangers of misusing opioids; rankings are shown below for level of perceived successful implementation of each of the original 13 strategies.

Level of successful implementation for the 13 strategies

Specific awareness of messaging on Avoid Opioid was noted, and positive remarks re: professional execution and reach.

Strategy	Level of successful implementation
13: Training to independent jails on MAT	7%
12: OEND	39%
11: Expand drug take-back programs	27%
10: Coordinate with SD Medicaid	9%
9: Expand peer and family supports	20%
8: Provide treatment cost assistance	20%
7: Expand access to MAT hub-and-spoke	30%
6: Increase competency in OUD treatment	24%
5: Connect to resources / call center	11%
4: Raise public awareness	49%
3: Maximize SD PDMP	29%
2: Support prescriber education	20%
1: Update prescribing guidelines	16%

Public awareness voted most important strategy to continue and expand

Strategies to continue…

Strategy	Percent
4: Raise public awareness	81.40%
11: Expand drug take-back programs	71.05%
12: OEND	65.79%
8: Provide treatment cost assistance	64.86%
9: Expand peer and family supports	63.16%
6: Increase competency in OUD treatment	63.16%
5: Connect to resources / call center	62.79%
3: Maximize SD PDMP	58.14%
7: Expand access to MAT hub-and-spoke	55.26%
1: Update prescribing guidelines	54.35%
2: Support prescriber education	53.49%
10: Coordinate with SD Medicaid	44.74%
13: Training to independent jails on MAT	37.84%

Public awareness voted most important strategy to continue and expand

Strategies to expand…

Strategy	Percent
4: Raise public awareness	70.73%
11: Expand drug take-back programs	64.86%
12: OEND	63.16%
8: Provide treatment cost assistance	56.76%
9: Expand peer and family supports	56.76%
6: Increase competency in OUD treatment	51.35%
5: Connect to resources / call center	51.22%
3: Maximize SD PDMP	41.86%
7: Expand access to MAT hub-and-spoke	54.05%
1: Update prescribing guidelines	40.91%
2: Support prescriber education	45.24%
10: Coordinate with SD Medicaid	36.84%
13: Training to independent jails on MAT	39.47%

Considerations for PREVENTION in the upcoming plan center largely on rural-focused, community-developed approaches

Things to Expand or Add

- Rural-focused initiatives tied to farmers and ranchers
- Alternative pain management education
- Increased cultural and/or community-based resources
- Workplace awareness efforts
- Youth-focused initiatives
- Outreach to vulnerable populations (e.g. LGBTQ)
- Harm reduction strategies
- Awareness of recovery support services
- Community-based plan development

Big Ideas with Unlimited Resources

- Partner with dynamic youth presenters to do a speaker series
- Training for prescribers from recovering addicts regarding importance of recovery support services, to gain non-clinical understanding
- Partner physical therapy concepts with primary care to advance use of alternative strategies for pain management
- Added supports for children of individuals with the disease
- Expand edcuation and awareness to programs youth are using (e.g. Instagram and TikTok)
- Mass distribution of at-home drug disposal options
- Increased awareness and financial support for alternative pain management strategies
- Expanding positive peer support development

Target or Priority Populations

- Rural-focused initiatives
- Native Americans
- Ages 20-35, based on incidence data
- Treatment centers
- Youth (children to adolescents)
- Incarcerated individuals within the jail system
- Individuals in recovery at risk for return to use
- Populations receiving pain medications

Considerations for TREATMENT & RECOVERY SUPPORTS focus primarily expansion of ALL recovery support services, and more seamless integration of those with existing treatment care systems (including primary care)

Things to Expand or Add

- Expand and integrate recovery support services in connection with primary care
- Expanded recovery homes
- Adolescent-young adult focused mentoring programs and support groups
- Increased awareness of treatment resources available in tribal communities
- Support for quality outpatient resources
- Continued focus on building professional competency in treating OUD and the role of recovery support services
- Increased access to mental health services while in recovery
- Increased access to medication and services in emergent cases (e.g. while incarcerated, in the ED)
- More and extended treatment options for clients needing intensive supports
- Strengthening connections between primary care and behavioral health services

Big Ideas with Unlimited Resources

- Expansion of recovery housing available statewide
- Increase awareness of treatment cost assistance
- Expand access to providers with MAT abilities through referrals
- Enhance community resources available to support recovery
- Expand integration of harm reduction strategies
- Build connections between primary health care and treatment using a navigator (or similar)
- Build improved connections / warm handoffs between services to support recovery
- Training and funding to support overall process quality improvement (better referrals, shorter wait time between assessment and treatment)
- Expand treatment programs designed to keep children with their family and support them with services

Target or Priority Populations

- Outreach to rural and frontier populations
- Adolescent and young adult focused initiatives
- Families and children of individuals impacted by the disease
- Individuals identified as in recovery to support their long-term success
- Criminal-justice involved individuals

Considerations for **REDUCING ILLICIT SUPPLY** were not as fully defined as the other areas, but did target on increased disposal options for medications statewide

Things to Expand or Add	Big Ideas with Unlimited Resources	Target or Priority Populations
• Increased disposal options upon self-referral for assistance (e.g. Care Campus Model) • Easier access to take-back options (e.g. mail-back envelopes with paid postage) • Expand access to safe at-home storage options	• Training program for postal workers • Employee accountability via intventory and random drug screening • Wide distribution of lock boxes, at-home disposal options, and education to support those initiatives • Support for home safety surveys, particularly folks who have received prescriptions for opioids	• Rural populations • Individuals aged 20-35, gender and race neutral • Police force • Postal workers • Clinics and hospitals • Pharmacy reps • Patients receiving prescriptions

Considerations for **RESPONSE** were not as fully defined as the other areas, but did target on increased disposal options for medications statewide

Things to Expand or Add

- Increased access to free Naloxone to the general public
- Educate community on use of Naloxone
- Host a Narcan access day
- Ongoing and periodic training for jail staff to increase awareness

Big Ideas with Unlimited Resources

- Free Naloxone at all
- Do whatever is needed to support treatment and harm reduction BEFORE jail
- Make Narcan training as standard as CPR training
- Offer free Narcan to any individual who wishes to obtain it at a pharmacy
- Drills and practice sessions involving various scenarios with opportunities to debrief afterwards

Target or Priority Populations

- First responders
- Hospital staff
- School staff
- Treatment providers
- Family members
- Criminal-justice system involved individuals

Proposed Strategic Plan

Committee & Partner Updates

- *Roundtable updates from Committee members*
- *Updates from other partners on shared strategies*

Facilitated by Laura Streich

Public Input

Closing Remarks