



NC Department of Health and Human Services

NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

March 6, 2020

Welcome and Introductions of Attendees

Alan Dellapenna, Head, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health

- *Take breaks as needed*

June 2019 Summit Recap Video

Decreased Prescribing: A Look at the Data

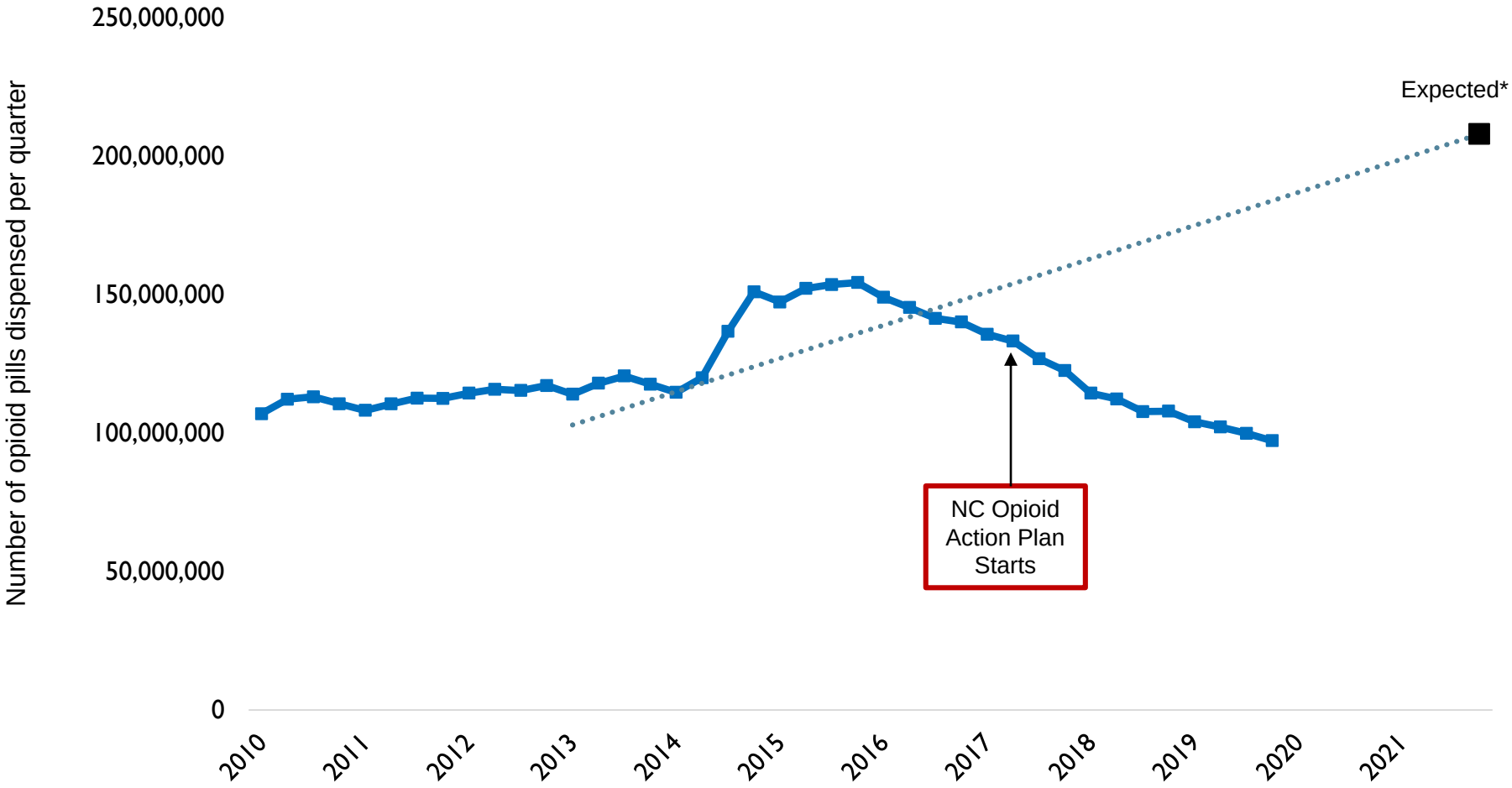
Elyse Powell

Opioid Action Plan Version 2.0

Strengthen Opioid Misuse Prevention (STOP) Act

- NC GS 2017-74
- General Assembly passed unanimously by both houses
- Signed by Governor Roy Cooper on June 29, 2017

Opioid dispensing is decreasing



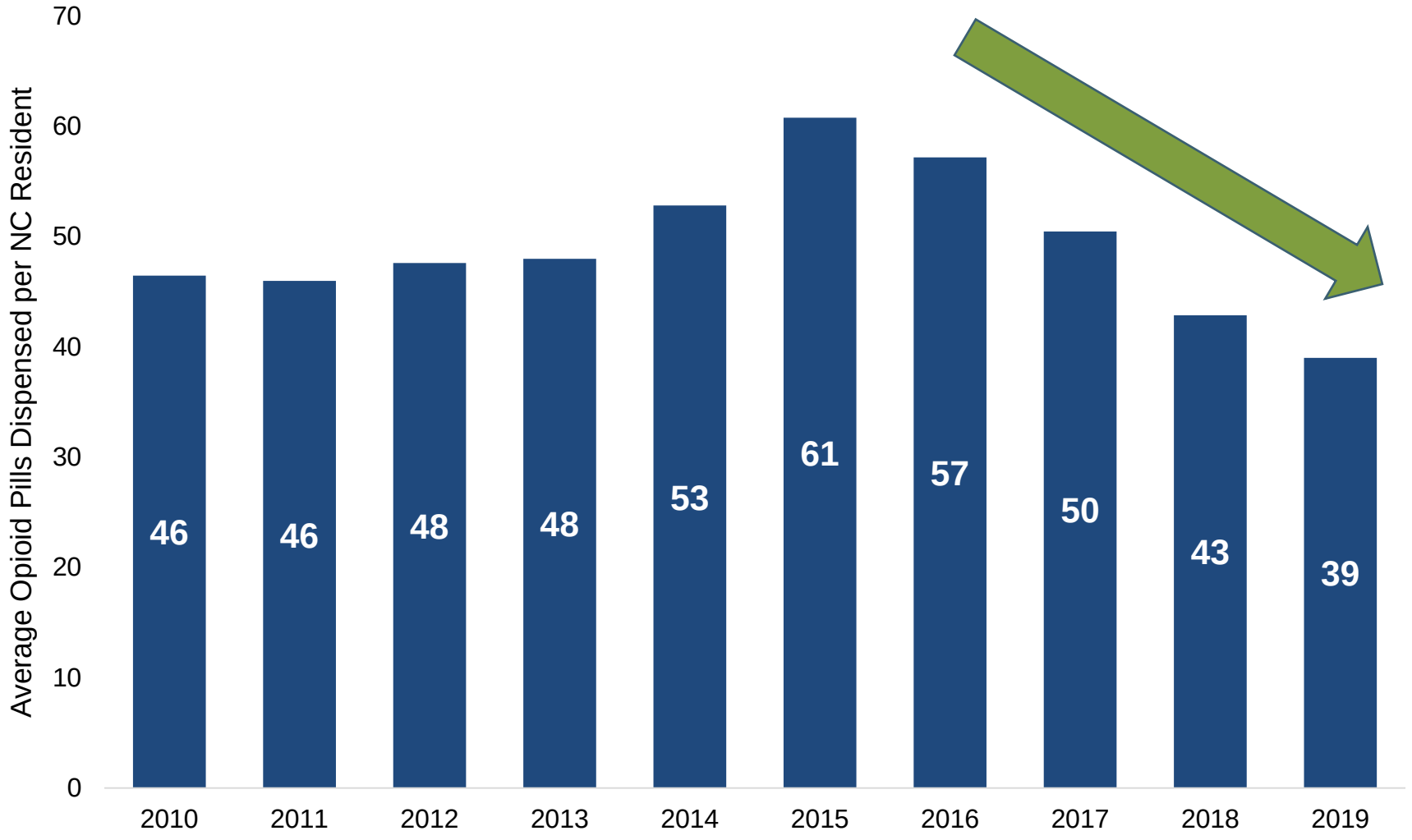
*2021 Q4 expected pills dispensed based on 2013-2016 trend
Source: NC Division of Mental Health, Controlled Substance Reporting System, 2010-2019; 2019 data provisional, data subject to change
Detailed technical notes on all metrics available from NC DHHS; Updated October 2019

Last year, 9% decrease in dispensing

Year	Total Outpatient Opioid Pills Dispensed	Annual Percent Change
2010	442,965,934	-
2011	443,944,526	0.2%
2012	464,243,692	5%
2013	470,383,411	1%
2014	522,566,928	11%
2015	607,719,966	16%
2016	576,010,816	-5%
2017	518,477,614	-10%
2018	442,442,001	-15%
2019	403,451,361	-9%

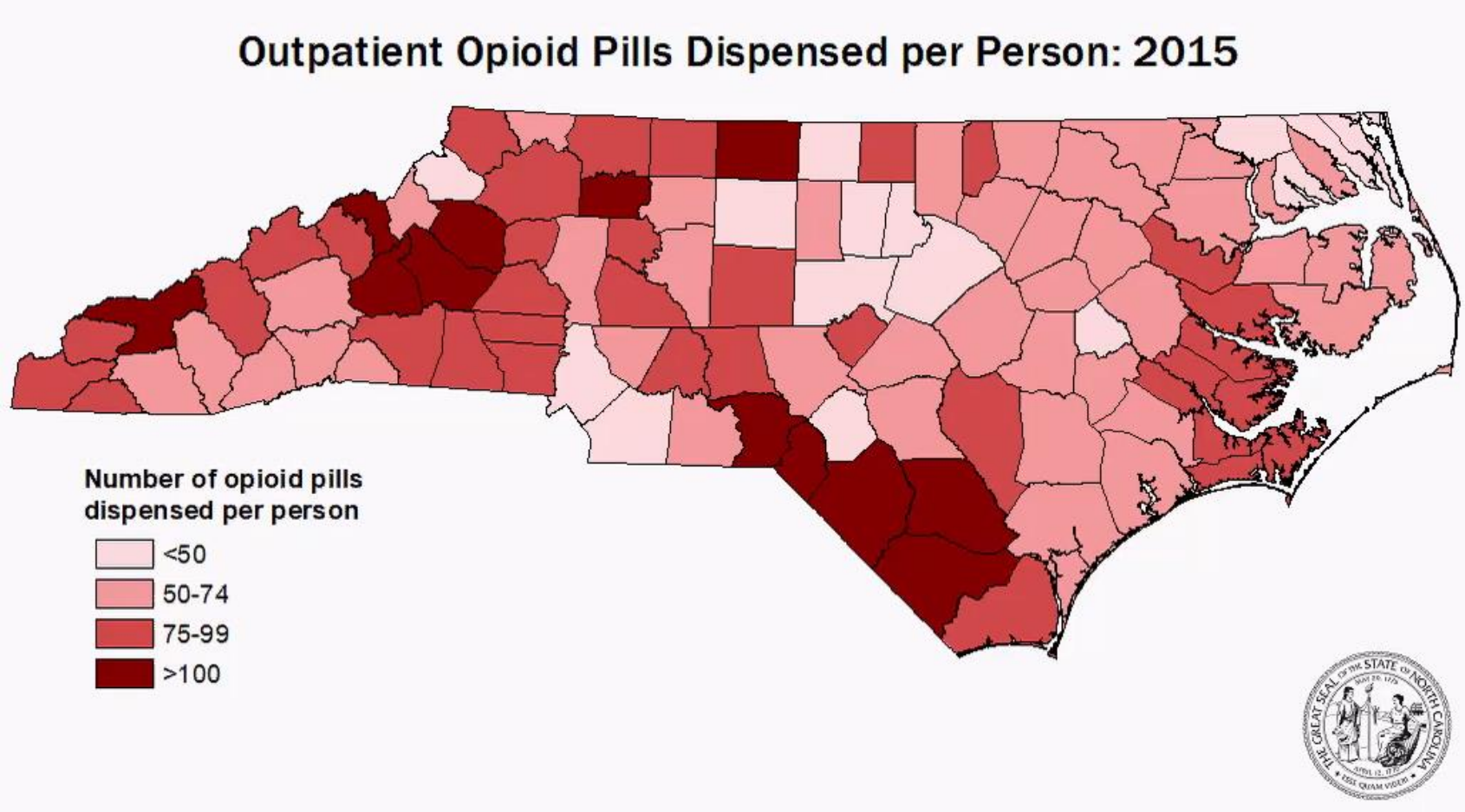
Source: NC Division of Mental Health, Controlled Substance Reporting System, 2010-2019; 2019 data provisional, data subject to change
Analysis by Injury and Violence Prevention Branch

Statewide, pills per resident decreasing



Source: NC Division of Mental Health, Controlled Substance Reporting System, 2010-2019; 2019 data provisional, data subject to change
Analysis by Injury and Violence Prevention Branch

Rate of opioids dispensed varies across counties



Source: Opioid Dispensing – NC Division of Mental Health, Controlled Substance Reporting System, 2015-2019/ Population- National Center for Health Statistics, 2015-2018
Analysis: Injury Epidemiology and Surveillance Unit

Pharmacist-Led Initiatives

Cheryl Viracola

NCAP Opioid Stewardship Programs

Exploring Activities in Pharmacy Practice to Ensure Safe and Effective use of Opioids

AN UPDATE

Cheryl Viracola, PharmD
Director of Practice Advancement
North Carolina Association of Pharmacists

Educational Opportunities

Transforming Practice to Save Lives: The Opioid Epidemic and The Role of the Pharmacist

2017

		CE	You Tube Views
	Patient Counseling: How to Start the Conversation	109	3,954
	Overview of Chronic Pain and Addiction	87	277
	CDC Guidelines on the Treatment of Chronic Pain	87	335
	The STOP Act, NC CSRS and the Role of the Pharmacist	81	341
	Treatment of Opioid Use Disorders	75	424
	Needle Exchange Programs	66	775

Transforming Practice to Save Lives: Advanced Opioid Workshop

2018

NCAP

North Carolina Association of Pharmacists
Advancing Pharmacy. Improving Health.

ADVANCED OPIOID WORKSHOP: TRANSFORMING PRACTICE TO SAVE LIVES

"Elevating the Role of the Pharmacist"

Register Today!

https://www.ncpharmacists.org/calendar_list.asp

Four dynamic modules of content will be covered:

Pain Management Topics and Best Practices
Harm Reduction Topics and Service Concepts
Use of SBIRT (Screening, Brief Intervention and Referral to Treatment) in practice
Fundamentals of Medication Assisted Treatment

NCAP

Transforming Practice to Save Lives: Advanced Opioid Workshop

Results

- Number of workshops – 8
  - 2018
    - Winston-Salem (Annual Convention)
    - Raleigh
    - Asheville
    - Buies Creek
  - 2019
    - Hendersonville
    - Raleigh
    - Charlotte
    - Winston-Salem (Novant)
- **Total Attendees – 129 trainees**

Re-Launch of content in a 100% Virtual Learning Environment COMING Spring 2020!

Educational Opportunities

Caring for Patients with Opioid Use Disorder: A Certificate Training for Pharmacists

2020

16 hours ACPE Continuing Education
10 hours online learning

- ✓Module 1: Epidemiology and Pathophysiology of OUD
- ✓Module 2: Medications for OUD
- ✓Module 3: Role of Pharmacists in Recovery
- ✓Module 4: Pharmacists Models of Care for OUD

4 hours case preparation for LIVE session
2 hours Virtual LIVE Session

Programming made available to other State Pharmacy Associations

NCAP

A Toolkit for Establishing Clinical Pharmacy Services:

The Feasibility, Implementation, Performance and Sustainability Assessments

A Case Demonstration Employing Chronic Pain Services

Collaborative with Pfizer Pharmaceuticals

- Virtual “toolkit” to help pharmacist “set up” clinical services
- WHY? Competent in providing care but unsure of steps in building the actual business model.
- Provides example using chronic pain services to illustrate step-by step process
- Coming Fall 2020

Practice Transformation Opportunities

Opioid Safety at the Pharmacy: Increasing Access to Naloxone

- Partnership with Alliant Health (CMS QIO for NC & GA)
- Purpose: Increase naloxone access and utilization of the NC standing order for Naloxone amongst Medicare beneficiaries
- Objective: Increase opioid risk screening and naloxone dispensing
- Participants: 48 Pharmacies

Opioid Safety at the Pharmacy: Increasing Access to Naloxone

- At Study Endpoint, participating pharmacies:
  - ✓Used a process to screen and ID patients
  - ✓Stocked both (IM and Nasal) formulations of naloxone
  - ✓Promoted naloxone actively and publicly
  - ✓Avoided stigma and bias in communication and patient counseling

- Engaged pharmacy teams were found to dispensed Naloxone to 65.2 per 1000 high risk Medicare beneficiaries, as compared to the statewide rate of 7.5 per 1000

Harm Reduction Project

2019

- Partnership with the Governor's Institute and the NC Department of Public Health
- One-year harm reduction program for community pharmacists
- Pharmacists completed opioid misuse prevention and harm reduction trainings, with an emphasis on promoting Naloxone and non-discriminatory sale of syringes

GOVERNOR'S INSTITUTE

NCAP Project Triples Pharmacist Dispensing of Naloxone in Participating Counties

by Alex Watkins | Aug 26, 2019 | Content | 0 comments

https://addictionmedicineupdates.org/2019/ncap-project-triples-pharmacist-dispensing-of-naloxone-in-participating-counties/?mc_cid=bfed7d7297&mc_eid=0151c301fb

Harm Reduction Project

- Participants: 58 pharmacies across 33 counties, including pharmacies in 14 of 15 targeted high burden counties

- At study endpoint
  - 69% of participating pharmacies embraced a non-discriminatory policy for sale of syringes

  - Naloxone dispensing increased 361%, (177 from Jan-Jun 2018 vs. 639 from Jan-Jun 2019)

GOVERNOR'S INSTITUTE

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Practice Transformation Opportunities

Harm Reduction Expansion Project

Extension of 2019 Harm Reduction Project (2 parts)

- Support delivery and sustainability of pharmacist-led interventions
  - *Continued naloxone distribution & non-discriminatory sale of syringes*
  - Improved Screening for High Risk Patients
    - CSRS
    - ORT
  - Use of pain safety agreements
  - Risk-reducing care plans
  - Provider collaboration for patients taking opioids chronically

Harm Reduction Expansion Project

- Establish and implement a MAT Pilot that explores feasibility, utility and value of an advanced collaborative MAT-care model between primary care providers and community pharmacists

Target

- 3 Sites
  - Sona Pharmacy, Asheville NC
  - East Carolinas Medical Center Pharmacy, Benson NC
  - Rx Clinic Pharmacy, Charlotte NC

Practice Transformation for Appropriate and Safe Pain Management

2019

Breaking the Cycle of Inappropriate Pain Management One Patient and Family at a Time

Awardees

- In 2019, NCAP was one of 5 state associations awarded funding from the Cardinal Health Foundation to support a 2-year initiative aimed at **O**ptimizing **P**rescribing in **P**ain **M**anagement (OPPM).

  - Maryland Pharmacists Association Foundation, Inc.
  - Missouri Pharmacy Foundation
  - Ohio Northern University
  - The North Carolina Association of Pharmacists
  - Wisconsin Pharmacy Foundation

Participation

This initiative expands beyond existing programming and provides pharmacies an opportunity to implement service models that promote staff and patient engagement and facilitates improved and safer pain management

Critical Partnerships

CPESN® Mutual Network of pharmacies & other early adopters of opioid initiatives

Campbell University School of Pharmacy

High Point University School of Pharmacy

UNC Eshelman School of Pharmacy

Wingate University School of Pharmacy

2 Components

- Community-pharmacy based opioid stewardship and pain management service
- Opioid stewardship and pain management certificate training for Student-pharmacist, with students completing community or professional in-services on related topics

Core Measures

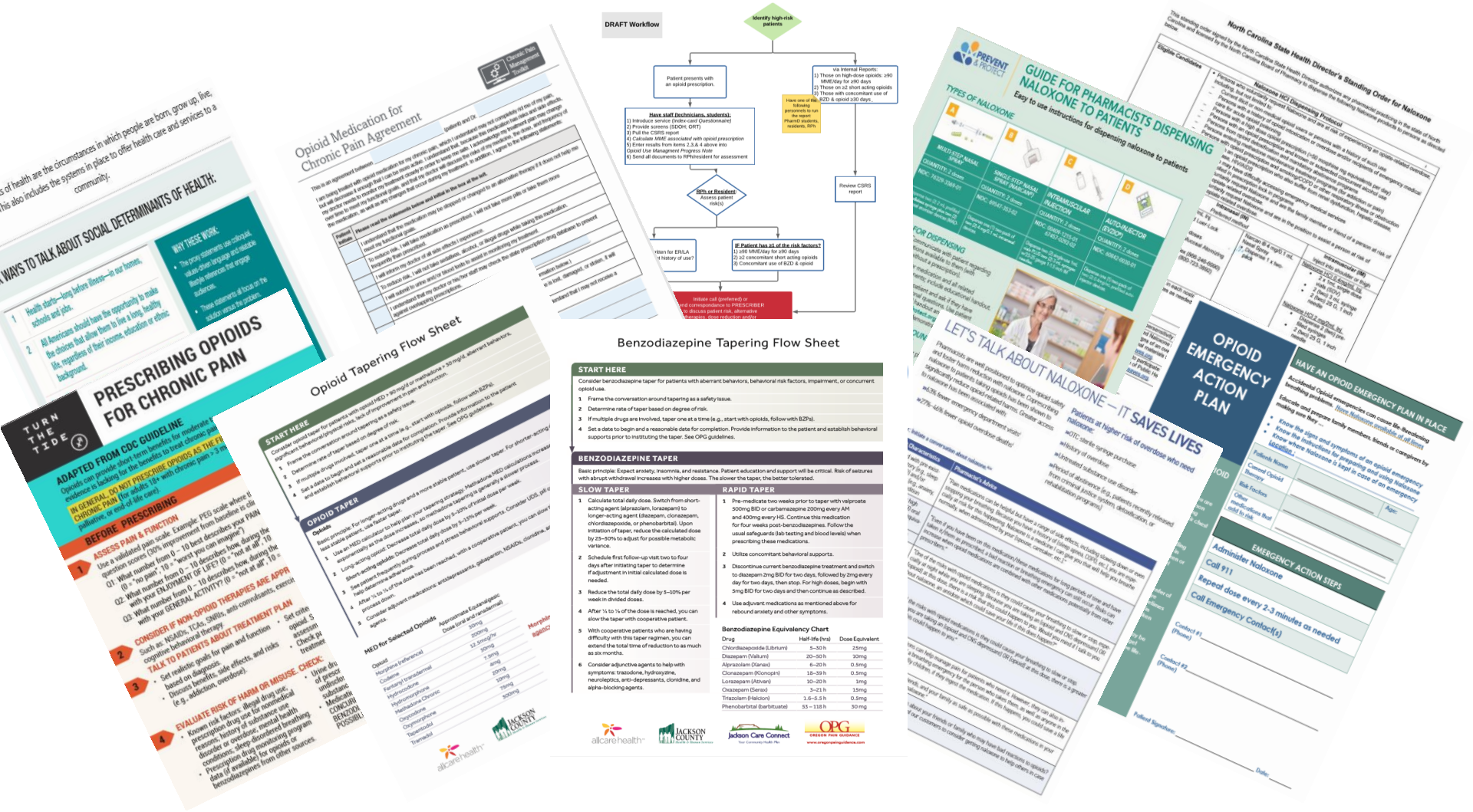
Use of Opioids at High Dosage in Persons Without Cancer (OHD)

Reduce the # of identified patients in participating pharmacies taking opioids ≥ 90MME/day by ≥ 30%

Concurrent Use of Opioids and Benzodiazepines (COB)

Reduce the # of identified patients in participating pharmacies concomitantly using opioids & BZDs by ≥ 30%

Resources


DRAFT Workflow
Identify high-risk patients
Patient presents with an opioid prescription.
Have staff (technicians, students):
1) Introduce service (Index-card Questionnaire)
2) Provide screens (SDOH, ORT)
3) Pull the CSRS report
4) Calculate MME associated with opioid prescription
5) Enter results from items 2,3,& 4 above into Opioid Use Management Progress Note
6) Send all documents to RPh/resident for assessment
via Internal Reports:
1) Those on high-dose opioids: ≥90 MME/day for ≥90 days
2) Those on ≥2 short acting opioids
3) Those with concomitant use of BZD & opioid ≥30 days.
Have one of the following personnels to run the report: PharmD students, residents, RPh
RPh or Resident: Assess patient risk(s)
Review CSRS report
IF Patient has ≥1 of the risk factors?
1) ≥90 MME/day for ≥90 days
2) ≥2 concomitant short acting opioids
3) Concomitant use of BZD & opioid
Initiate call (preferred) or
Opioid Medication for Chronic Pain Agreement
Opioid Tapering Flow Sheet
Benzodiazepine Tapering Flow Sheet
START HERE
BENZODIAZEPINE TAPER
SLOW TAPER
RAPID TAPER
Benzodiazepine Equivalency Chart
PRESCRIBING OPIOIDS FOR CHRONIC PAIN
TURN THE TIDE
ADAPTED FROM CDC GUIDELINE
BEFORE PRESCRIBING
ASSESS PAIN & FUNCTION
CONSIDER IF NON-OPIOID THERAPIES ARE APPR
TALK TO PATIENTS ABOUT TREATMENT PLAN
EVALUATE RISK OF HARM OR MISUSE. CHECK:
WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:
WHY THESE WORK:
GUIDE FOR PHARMACISTS DISPENSING NALOXONE TO PATIENTS
Easy to use instructions for dispensing naloxone to patients
TYPES OF NALOXONE
FOR DISPENSING
LET'S TALK ABOUT NALOXONE – IT SAVES LIVES
Patients at higher risk of overdose who need naloxone:
North Carolina State Health Director's Standing Order for Naloxone
Naloxone HCl Dispensing Protocol
OPIOID EMERGENCY ACTION PLAN
HAVE AN OPIOID EMERGENCY PLAN IN PLACE
EMERGENCY ACTION STEPS
Administer Naloxone
Call 911
Repeat dose every 2-3 minutes as needed
Call Emergency Contact(s)

Intervention Requirements (Care Plan)

Pharmacy Care Plan
(For Pharmacy Use Only)

Patient Name: _____ DOB: _____
Patient ID: _____

Goals of Therapy	Recommendations	Outcomes			Monitoring
☐Taper opioid w/ intent to dc		☐ Accepted	☐ Declined	☐Alternative provided _____	
☐Taper BZD w/ intent to dc					
☐Adjust dose of opioid to improve safety		☐ Accepted	☐ Declined	☐Alternative provided _____	
☐Adjust dose of BZD to improve safety					
☐Switch opioid to alternative analgesic		☐ Accepted	☐ Declined	☐Alternative provided _____	
☐Begin scheduled bowel regimen		☐ Accepted	☐ Declined	☐Alternative provided _____	
☐Initiate Pain Agreement		☐ Patient Accepted	☐ Patient Declined	☐Alternative provided _____	
☐Provide Naloxone & ☐Opioid Emergency Action Plan		☐ Patient Accepted	☐ Patient Declined	☐Alternative provided _____	
☐ORT assessment completed and physician notified of positive results		☐ Yes	☐ No	☐Alternative provided _____	
☐Prescriber notified of patient needs associated with Social Determinants of Health Screen		☐ Yes	☐ No	☐Alternative provided _____	
☐Pharmacy provided referral to NCCARES360 for patient needs associated with Social Determinants of Health Screen		☐ Yes	☐ No	☐Alternative provided _____	

PLAN REVIEWED AND APPROVED BY: _____ **DATE:** _____

PRESCRIBER CORRESPONDENCE AND/OR DIRECT COMMUNICATION SENT: (Prescriber Name) _____ **DATE:** _____

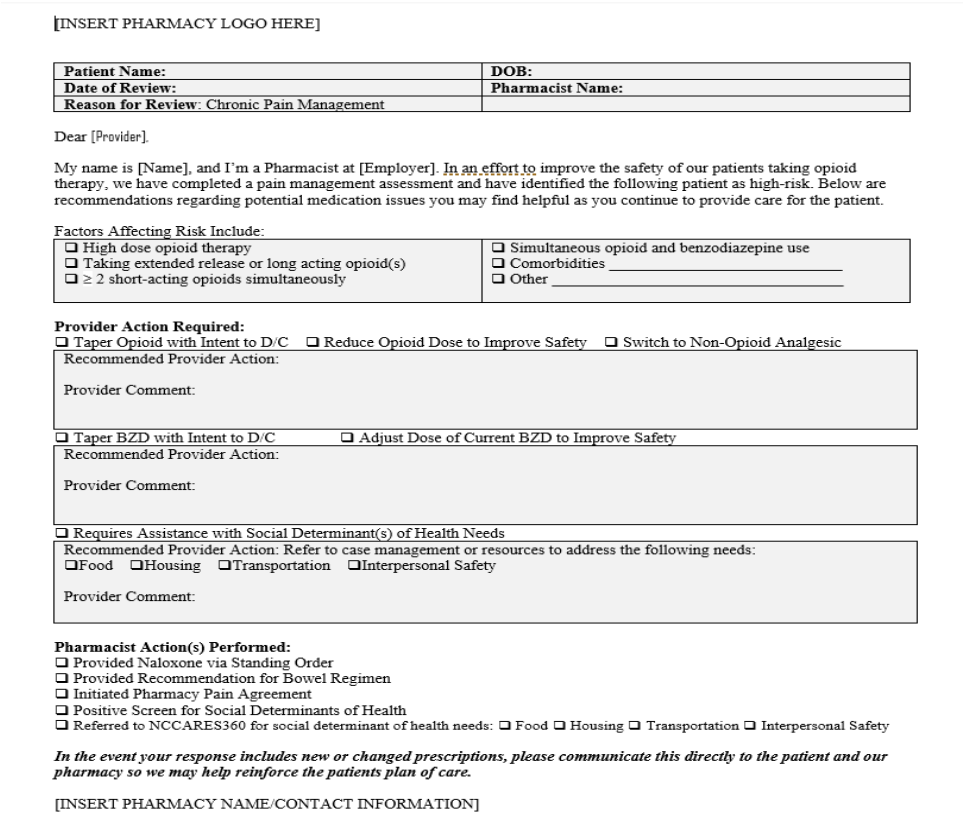
PATIENT FOLLOW-UP REQUIRED: ☐YES ☐NO **FOLLOW-UP SCHEDULED: (DATE)** _____

Intervention Requirements

Physician Communication

✓Phone

✓Fax Correspondence



[INSERT PHARMACY LOGO HERE]

Patient Name:	**DOB:**
Date of Review:	**Pharmacist Name:**
Reason for Review: Chronic Pain Management	

Dear [Provider],

My name is [Name], and I'm a Pharmacist at [Employer]. In an effort to improve the safety of our patients taking opioid therapy, we have completed a pain management assessment and have identified the following patient as high-risk. Below are recommendations regarding potential medication issues you may find helpful as you continue to provide care for the patient.

Factors Affecting Risk Include:

❑ High dose opioid therapy ❑ Taking extended release or long acting opioid(s) ❑ ≥ 2 short-acting opioids simultaneously	❑ Simultaneous opioid and benzodiazepine use ❑ Comorbidities _____ ❑ Other _____

Provider Action Required:

❑ Taper Opioid with Intent to D/C ❑ Reduce Opioid Dose to Improve Safety ❑ Switch to Non-Opioid Analgesic

Recommended Provider Action:

Provider Comment:

❑ Taper BZD with Intent to D/C ❑ Adjust Dose of Current BZD to Improve Safety

Recommended Provider Action:

Provider Comment:

❑ Requires Assistance with Social Determinant(s) of Health Needs

Recommended Provider Action: Refer to case management or resources to address the following needs:
❑Food ❑Housing ❑Transportation ❑Interpersonal Safety

Provider Comment:

Pharmacist Action(s) Performed:

❑ Provided Naloxone via Standing Order
❑ Provided Recommendation for Bowel Regimen
❑ Initiated Pharmacy Pain Agreement
❑ Positive Screen for Social Determinants of Health
❑ Referred to NCCARES360 for social determinant of health needs: ❑ Food ❑ Housing ❑ Transportation ❑ Interpersonal Safety

In the event your response includes new or changed prescriptions, please communicate this directly to the patient and our pharmacy so we may help reinforce the patients plan of care.

[INSERT PHARMACY NAME/CONTACT INFORMATION]

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CDC Quality Improvement and Coordinated Care Project: Safe Opioid Prescribing in Rural NC

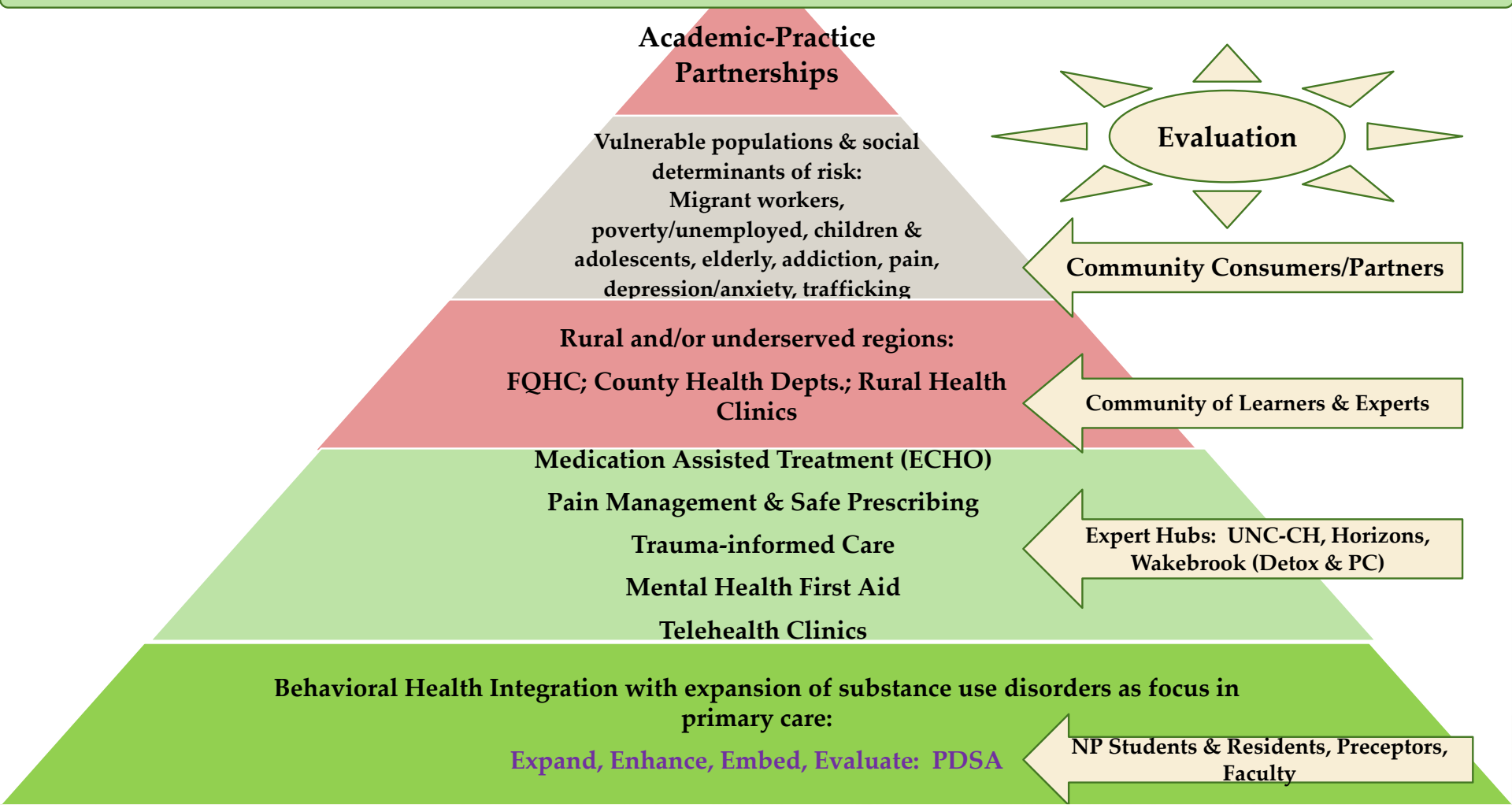
Victoria Soltis-Jarrett

Context of the problem: 2005-present

- Shortage of health care providers in rural NC
- Lack of access to Behavioral Health and Substance Use Services in rural NC
- Barriers to practice
- Burden of illness faced by the target population
- Opioid crisis in NC

13.5 million dollars in funding to expand, enhance and educate: 2005-present

Building blocks for the UNC-Chapel Hill School of Nursing Grants



PMHNP Program was the first in NC: Robust & Sustainable in 2020

Basic assumptions after 15 years: The “Whys”

- 50% of psychiatrists in NC will retire in the next 2-3 years
- There are still gaps in services and access to mental health agencies

- FOCUS NOW: RURAL Primary Care
  - Lack of education and training of the current workforce impacts on the referrals to the Mental Health sector
  - Limited professional healthcare graduate education
  - Opioid crisis, STOP ACT and NC Opioid Action Plan

Purpose: Governor's Institute Project & UNC HRSA Grants

- HRSA Grants:
- To expand, enhance and educate NP students, NP Residents, Primary Care Providers and Staff to become more proficient to provide Behavioral Health and Substance Use Assessment & Management in RURAL NC

- GI Project: (Using the CDC QI Guidelines)
- Increase screening, assessment (SBIRT)
- Provide safe and effective treatments for chronic pain
- Learn how to "de-prescribe" safely and with evidenced based clinical practice

Centers for Disease Control and Prevention. *Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain.* 2018. National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, Atlanta, GA.

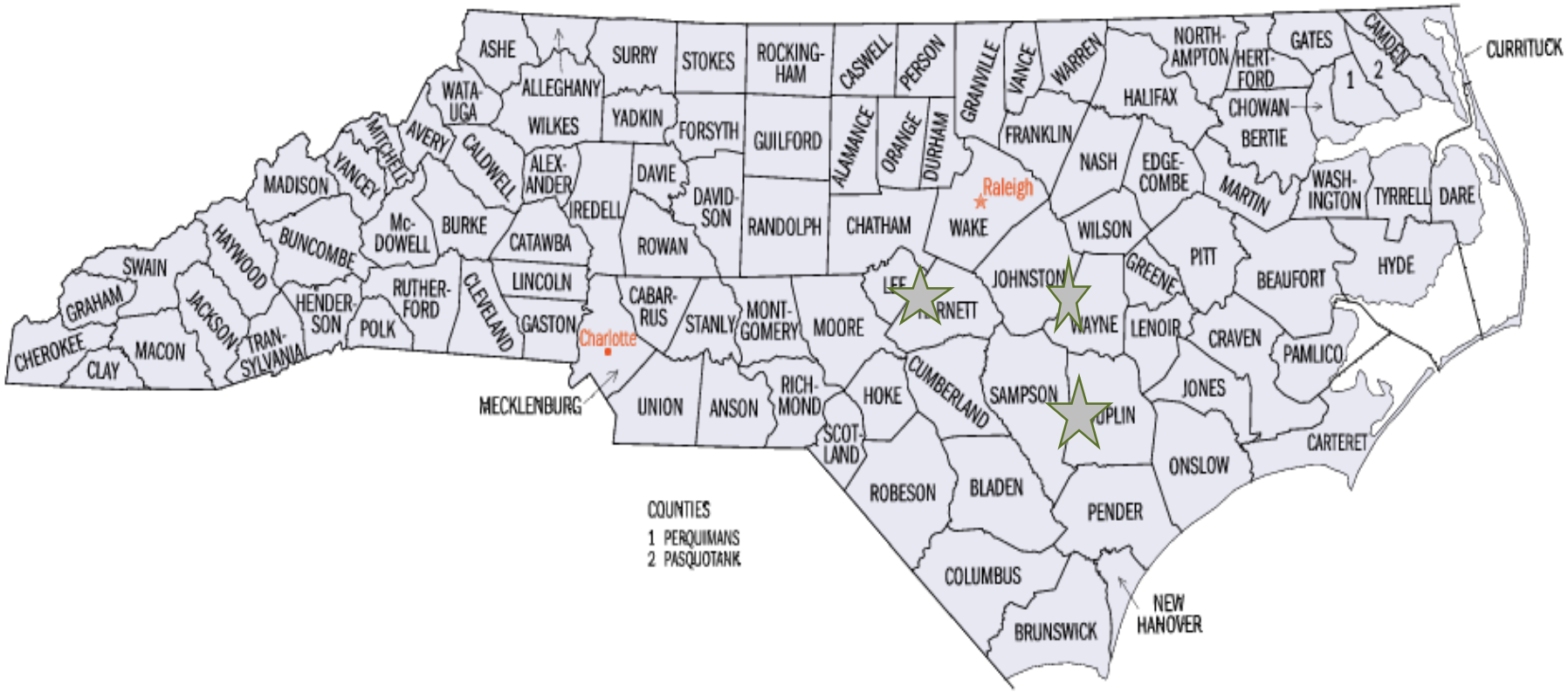
Basic Principles: Care, Share & Be Fair

- **Care** for all individuals regardless of their diagnoses
- **Share** resources and funding
- **Respect** everyone for what they can offer

AIMS of GI Project

1. Identify at least three (3) primary care centers clinics in the Academic-Practice network and implement CDC's Quality Improvement and Implementation Guide
2. Work with sites to select and prioritize which recommendations to implement within the first year.
3. Work with sites to define goals and develop plans to implement and monitor progress.
4. Develop practice level strategies and policies for coordination of care.
5. Develop system for tracking patients and quality improvement measures.

Academic-Practice Partnership Sites Identified through Need



Practice Level Strategies

Use an interprofessional team-based approach

- Using a team-based approach across multiple disciplines and specialties improves the management and coordination of care.

Establish opioid policies and standards

- Developing and implementing practice-wide policies or standards to support and encourage consistent long-term opioid therapy management and coordination.

Use EHR data to develop patient registries and track QI measures

- EHRs are critical sources of information for managing and monitoring implementation by care teams and registries are useful to identify patients to target for specific interventions and care coordination.

Outcome Measures

1. Number of opioid and benzodiazepine prescriptions* written *in CDC QI project sites* at baseline, 6 months, and 11 months
2. Number of individuals screened for SUD at CDC QI project sites
3. Number of providers and staff trained in SBIRT, Safe Opioid Prescribing
4. Update policies and clinical pathways for each site

*Benzodiazepines in combination with opioids

First Quarter Outcomes

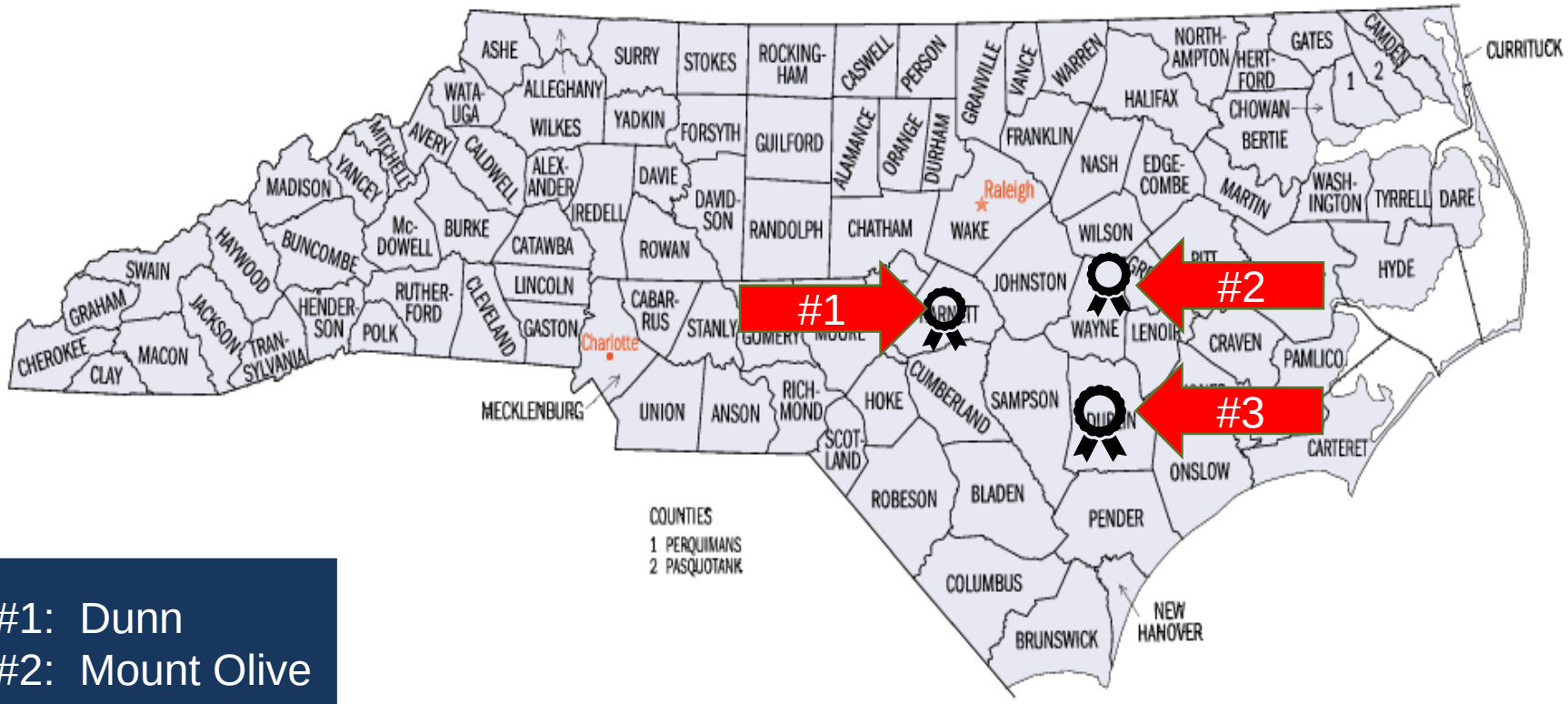
1. Identify at least three (3) primary care centers clinics in the Academic-Practice network and implement CDC's Quality Improvement and Implementation Guide
   - Have two sites engaged; third just identified
   - Several others have expressed interest
   - Each with an NP that will be Champion (Training started)

2. Met with agency wide QI Committee, Medical Director, Key Staff

3. Work with sites to select and prioritize which recommendations to implement
   - Screening tools identified
   - Baseline measures identified
   - Training of staff, Site Leaders and Champions scheduled
   - EMR requests made for baseline values

UNC SCHOOL OF NURSING

NPs Leading the Way: NP Champions



#1: Dunn
#2: Mount Olive
#3: Wallace

Questions?

Increasing Workforce Capacity for MAT Through Residency and Advanced Practice Programs

Blake Fagan & Shuchin Shukla

MAT Training Project - Year 1

North Carolina Department of Health and Human Services - Division of Public Health - Injury and Violence Prevention Branch (IVPB)

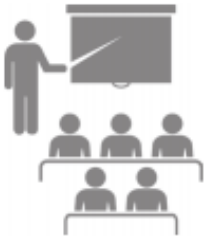
OUR AIM

Increase the number of healthcare providers across the state who are trained in medication-assisted treatment (MAT)

OUR METHODS

Train faculty, medical residents, physician assistants, nurse practitioners, students, and staff

Four courses were offered:



- **MAT Waiver**
- **MAT 101**
- **Recovery Within Reach: Treating Substance Use Disorders/ Addiction as a Chronic Illness**
  A how-to training on providing opioid use disorder treatment through an integrated care team approach
- **Train-the-Trainer event to incorporate MAT into curricula**

Evidence-based technical assistance was provided:

- **Shadowing at MAHEC Family Health Center**
- **Coaching with MAHEC's integrated multidisciplinary team**
- **MAT Policies, Procedures & Resources Toolkit**
- **UNC Project ECHO® for MAT**
  (A UNC and MAHEC collaboration)

ECHO is led by an expert team that uses multi-point videoconferencing to conduct virtual learning sessions comprised of a short didactic followed by case presentations *provided by participants.*

UNC HEALTH SCIENCES at MAHEC

OUR REACH ACROSS THE STATE

Training Participant Distribution

UNC HEALTH SCIENCES at MAHEC

OUR ACHIEVEMENTS

The Project trained providers in:

- **30 residencies**
  - Family Medicine
  - Internal Medicine
  - Emergency Medicine
  - Obstetrics & Gynecology
  - Psychiatry
  - Pediatrics
  - Urology
- **and these specialties**
  - Palliative Care
  - Sports Medicine
  - Infectious Disease
  - Preventive Medicine
  - Hospital Medicine
  - Pharmacy
  - Dermatology
  - Surgery
- **6 Physician Assistant programs**
- **1 Nurse Practitioner program**

- **Total number of providers trained 1,512**
- **63 MAT faculty champions established across the state**
  Local leaders guiding MAT efforts in their regions

Course participation by provider:

	MAT Waiver	Recovery Within Reach	MAT 101	Total
Faculty	192	9	64	265
Residents	472	35	174	681
PA	26	0	9	35
NP	9	0	3	12
Students	137	0	152	289
Other	66	105	12	183
Training w/o Disaggregated Data Available	0	0	47	47
Total	902	149	461	1512

UNC HEALTH SCIENCES at MAHEC

OUR REACH ACROSS RESIDENCIES & PROFESSIONAL PROGRAMS

UNC HEALTH SCIENCES at MAHEC

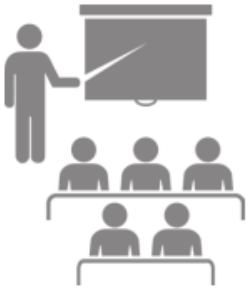
Medication-Assisted Treatment Training Project Year 2

November 2019 - August 2020

IMPACT REPORT - JANUARY 2020

Goal: Sustainably embed medication-assisted treatment (MAT) education into curricula

CE/CME/CNE TRAININGS



MAT 101

MAT Waiver

SUDs 101 for the Clinic Team

MAT 101+ Cases

Train the Trainer: PCSS MAT Waiver Training for Prescriber Champions

NEW PROGRAMS

Tapering Opioids for Chronic Pain

Treating Pain Safely

PILOT PROGRAMS

Intersection: Promoting Equity in the Management of Substance Use Disorders

Non-Opioid Interventional Pain Management

Academic Detailing

Year 2 course participation by provider

TECHNICAL ASSISTANCE

To increase prescribing of buprenorphine in clinics on an ongoing basis

Shadowing at MAHEC Family Health Center

Coaching calls with MAHEC's integrated multidisciplinary team

MAT Policies, Procedures & Resources Toolkit

MAHEC's Project ECHO® for MAT

Mentorship via co-teaching

UNC HEALTH SCIENCES at MAHEC

	PGY1	PGY2	PGY3
DIDACTICS	**Safe opioid prescribing** (MAHEC, state, and federal level policies on opioid prescribing) 30 min.	**Half and Half MAT Waiver Training** 4 hours live and 4 hours online	
	Opioid and benzodiazepine prescribing and tapering 1 hr. 30 min.	**Opioid and benzodiazepine prescribing and tapering** 1 hr. 30 min.	**Opioid and benzodiazepine prescribing and tapering** 1 hr. 30 min.
	Alcohol use disorder 45 min.	**Alcohol use disorder** 45 min.	**Alcohol use disorder** 45 min.
	Tobacco cessation and vaping 45 min.	**Tobacco cessation and vaping** 45 min.	**Tobacco cessation and vaping** 45 min.
ROTATIONS		**Integrated in behavioral health curriculum** **One week addiction-focused rotation**	**Integrated in behavioral health curriculum** **One week addiction-focused rotation** *if not completed in PGY2*

Every resident could rotate through OBOT and chronic pain clinic (individual visits – intakes, follow-up)

MISC

Additional options at MAHEC

After intern year, MAHEC pays for DEA licenses. *NOTE:* No additional cost for "X"

Hospital – Inpatient:
- Training of acute withdrawal of alcohol and benzodiazepine (current)
- Addiction service line (future)
- Developing Addiction Medicine fellowship (one year, starts July 2020)

Resources:
- MAT Policies, Procedures, and Resources Manual
- Society of Teachers of Family Medicine (STFM) addiction curriculum

Interdisciplinary team structure:
- Behavioral health (LCAS, LCSW, LPC)
- Peer support
- Pharmacy

Year 2 Participation by Provider Type

	MAT 101	MAT Waiver	SUDs 101	MAT 101+ Cases	Total
Faculty	0	18	0	7	25
Residents	0	23	0	9	32
PA	0	34	0	0	34
NP	0	0	0	1	1
Students	0	0	0	1	1
Other	0	5	0	1	6
Total	0	80	0	19	**99**

UNC HEALTH SCIENCES at MAHEC

Intersection: Promoting Equity in the Management of Substance Use Disorders

Special focus on Medication-Assisted Treatment for Opioid Use Disorders

Didactic Objectives:

Define status of historically marginalized communities and their intersection with the health care system

Examine power, bias, stigma, privilege and analyze their impact on health and health care, especially in SUD treatment

Promote equitable and inclusive therapeutic alliances with patients with substance use disorder

Explain how the social determinants of health affect patients with substance use disorders

Debrief Objectives:

Explore how to operationalize equity in healthcare through allyship in practices, policies, and procedures

Increase and expand knowledge, intent to use, ability, and self-efficacy regarding equity in substance use disorder

Outcomes: Sustainability

Increase number of MAT providers who intentionally embed equity when treating people with substance use disorders

Improve acceptability and adoption of equitable practices at the macro clinical level

Foster capacity in incorporating equity into the curriculum

Develop and share blueprint of how to embed equity in the management of substance use disorders in the curriculum

Increase primary care workforce that implements equity in their clinical practice

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Next Steps

- STFM- Addiction Curriculum
  - OUD module
  - Health Equity, Vulnerable Populations, and Addiction module
- Explore Project CARA extension
- Case Western: Racial Disparity, Social Justice and the Opioid Crisis Conference
  - Topic: Policy Change Across Institutions Achieving Healthcare Equity

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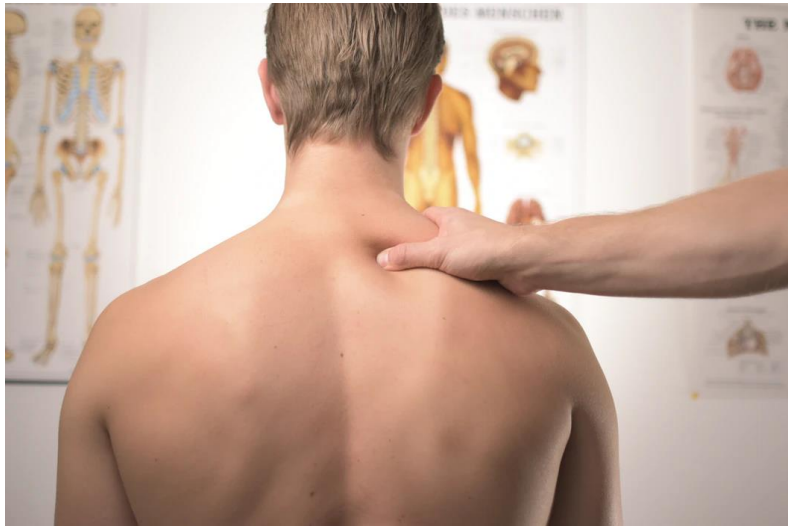
Pilot: Academic Detailing

Prescriber referred for Academic Detailing	Academic Detailing Team Provider Educator brings education materials to office	Detailing visit covers 2016 CDC Opioid Treatment Guidelines	Post-visit	Chart review evaluation

Referred by:
- NCMB
- NC AHEC
- NC DHHS
- Self-referral
	- Peer reviewed articles about treating pain safely
	- CDC 2016 guidelines
	- Brochures from CDC
	- Info to obtain CME credit
		- 15-60 minutes
		- If 60 minutes, can give CME credit
			- Survey
			- Follow up visits
			  - Live
			  - Phone
			  - Email
				- 3 months after first visit
				- Evaluate for practice change (i.e. appropriate opioid prescribing, naloxone prescribing, patient risk evaluation)

Pilot: Non-Opioid Interventional Pain Management



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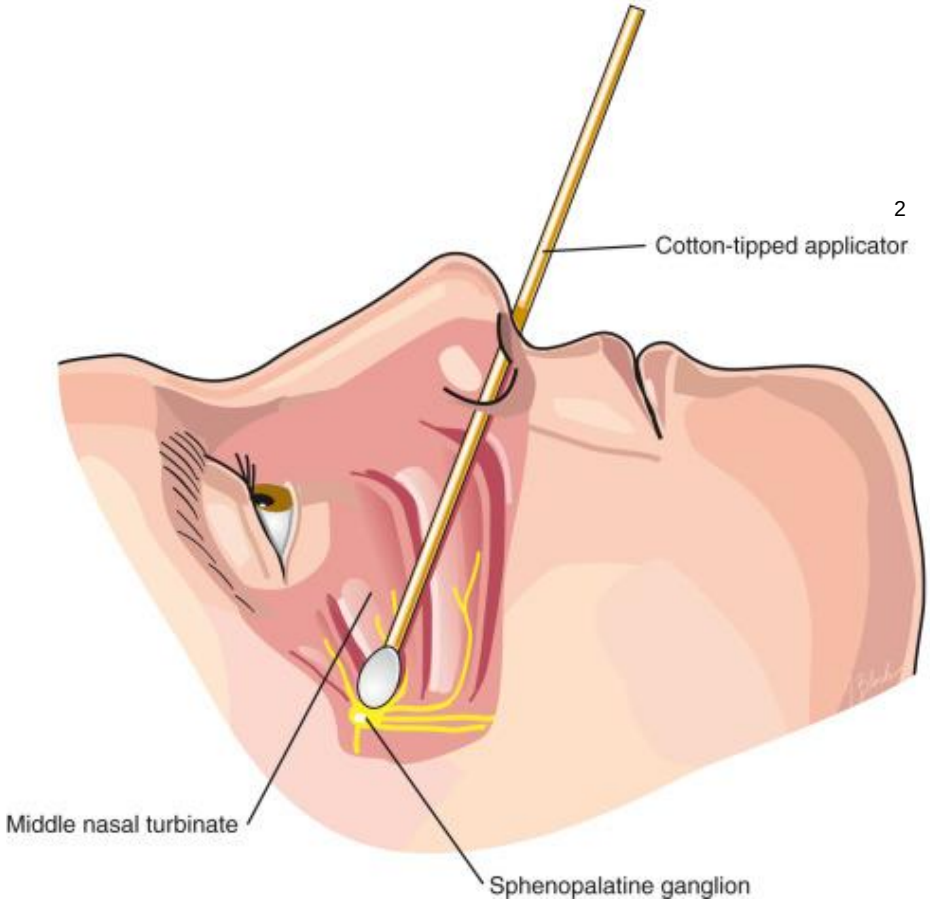

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[1] J Aggergaard, Public Domain
[2] Waldman, 2015

20ME033 - Train the Trainer - PCSS MAT Waiver Training for Prescriber Champions

Apr 20–Apr 21, 2020 **Medicine**

Register

Brochure / Registration Form

Location

MAHEC Simulation Center

119 Hendersonville Road
Asheville, NC 28803

Map & Directions

Contact

Do you have event related questions or need help with registration?

MAHEC Registration Team

828-257-4475
registration@mahec.net

Description

Prescriber champions are joining forces with MAHEC to engage in collective impact to resolve the opioid crisis. MAHEC is providing a training for prescribers at residency & training programs such as NP and PA schools to support the incorporation of MAT waiver training into their curriculum. As a first step to help champions become waiver trainers, MAHEC is offering a 2-day experiential train the trainer event. In addition, participants will learn trauma informed care and resiliency informed care models with a health equity approach to treatment and prevention.

UNC HEALTH SCIENCES at MAHEC

BREAK

North Carolina Controlled Substances Reporting System (CSRS)

Stella Bailey

North Carolina Controlled Substances Reporting System

Collects information on prescriptions for controlled substance schedules 2-5

How it works

Authorized to receive data
Licensing Boards, Public Health, Law Enforcement

North Carolina Controlled Substances Reporting System

PDMPs collect information on who, what and when

Who?
- dispensed the controlled substance
- wrote the prescription for the controlled substance
- the prescription was for

What was dispensed?
- name of the drug and associated details (classification, schedule)
- strength of the drug
- number of days supplied
- Refill or not

When did all this happen?
- date prescription was written
- date prescription was filled
- date prescription was dispensed

North Carolina Controlled Substances Reporting System

1. Improve care
   - Prescribers check a patient's prescribing history of controlled substances, encouraging prescriber to patient conversations about previous care and future decision making
   - Pharmacists check a customer's history of dispensed controlled substances before dispensing, creating opportunities for a conversation about care

2. Reduce diversion
   - Alerts system users to potential inappropriate use, so action can be taken to prevent harm due to the illicit circulation of controlled substances

Other Use of Data

Personal information

Individuals have the right to request a copy of their own controlled substances history

Details on how to apply are on our website

Public sources

Annual Report

North Carolina Opioid Action Plan

Statistical use: research

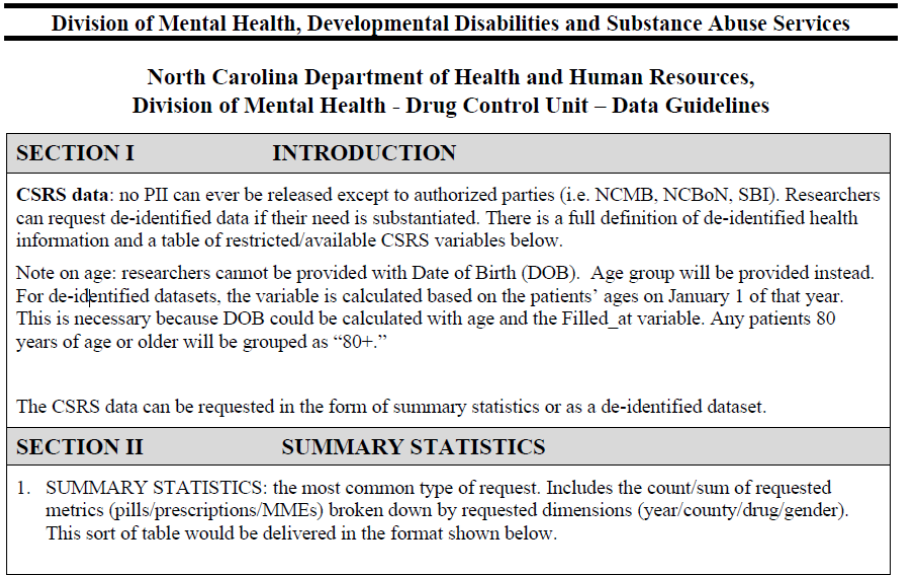
De-identified data only

Researcher's section of the website with application forms, data guide and frequently asked questions

Researcher Resources

Dedicated web-page with:

- Frequently asked questions;
- Application forms;
- Data guidelines; and
- Data dictionary



Division of Mental Health, Developmental Disabilities and Substance Abuse Services

North Carolina Department of Health and Human Resources,
Division of Mental Health - Drug Control Unit – Data Guidelines

SECTION I	**INTRODUCTION**

CSRS data: no PII can ever be released except to authorized parties (i.e. NCMB, NCBoN, SBI). Researchers can request de-identified data if their need is substantiated. There is a full definition of de-identified health information and a table of restricted/available CSRS variables below.

Note on age: researchers cannot be provided with Date of Birth (DOB). Age group will be provided instead. For de-identified datasets, the variable is calculated based on the patients' ages on January 1 of that year. This is necessary because DOB could be calculated with age and the Filled_at variable. Any patients 80 years of age or older will be grouped as "80+."

The CSRS data can be requested in the form of summary statistics or as a de-identified dataset.

SECTION II	**SUMMARY STATISTICS**

1. SUMMARY STATISTICS: the most common type of request. Includes the count/sum of requested metrics (pills/prescriptions/MMEs) broken down by requested dimensions (year/county/drug/gender). This sort of table would be delivered in the format shown below.

Annual Report 2019

- County level trends
- Controlled Substances by schedule and class
- Number of controlled substances dispensed by age and gender
- Veterinary data available for the first time

Data sharing

§ 90-113.74. Confidentiality.

(a) Prescription information submitted to the Department is privileged and confidential, is not a public record pursuant to G.S. 132-1, is not subject to subpoena or discovery or any other use in civil proceedings, and except as otherwise provided below may only be used (i) for investigative or evidentiary purposes related to violations of State or federal law, (ii) for regulatory activities, or (iii) to inform medical records or clinical care. Except as otherwise provided by this section, prescription information shall not be disclosed or disseminated to any person or entity by any person or entity authorized to review prescription information.

Technology Update: 2018-2020

In 2018, DHHS moved to a new technology platform

- AwarXe online portal (APPRISS Health)
- Better access and functionality
- Faster Response times
- Integration to Electronic Health Records
- Clinical tools
- Connection to other states

Integration with Electronic Health Records (EHRs)

INTEGRATION REDUCES THE TIME TO CHECK THE CSRS FROM 4 MINUTES TO 3 SECONDS

REMOVES THE NEED FOR DELEGATED ACCESS AND CUMBERSOME ADMINISTRATIVE PROCESSES

INCLUDES CONNECTIONS TO OTHER STATE'S PDMPS

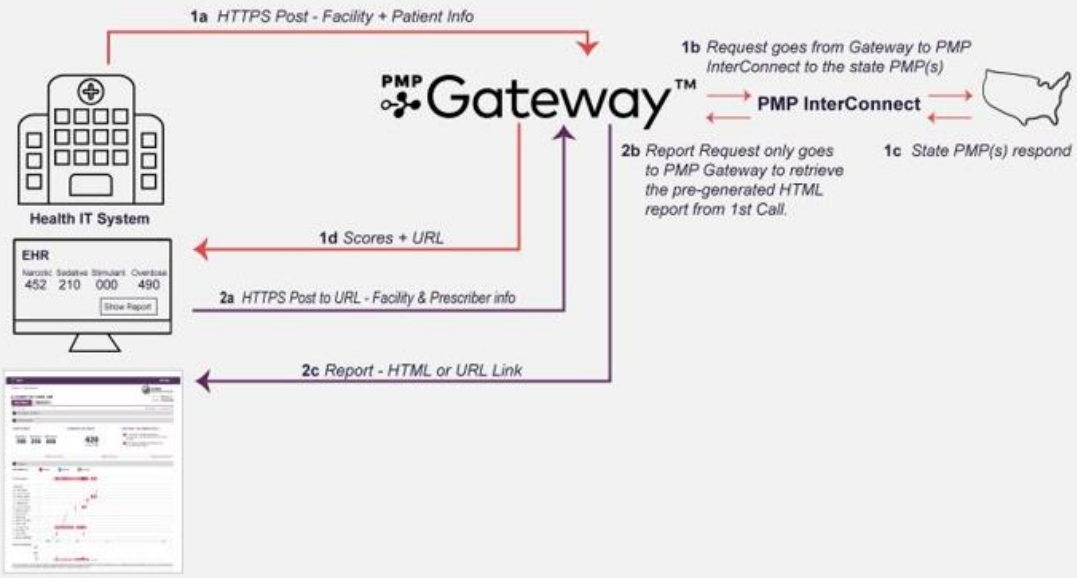
Gateway 2 Call Web Service

1 **First Call (auto-generated)**
The first call is triggered based on an automated event set by the healthcare facility. The purpose of the first call is to load scores and prefetch data for faster data downloads for the second call.

Steps: **1a, 1b, 1c & 1d**

2 **Second Call (manually generated)**
The second call is manually initiated by a user at the healthcare facility.

Steps: **2a, 2b, & 2c**



Interstate Connections

Searches multiple states to ensure accurate history is available

Source: pdmpworks.org

Clinical Tools

- NarxCare – is a clinical assessment tool to increase understanding of the interplay between the type and frequency of prescribed controlled substances to prevent substance misuse and reduce instances of unintended overdose

- It is to be used *together* with other information that the provider has on the patient to *assist* with decision making about treatment

Sample NarxCare Report

Source: APPRISS Health

How Common are High Scores?

1% OF PATIENTS
SCORE ABOVE 650

5% OF PATIENTS
SCORE ABOVE 500

75% OF PATIENTS
SCORE BELOW 200

Printable CDC pamphlets are also available.

Educational Resources

INFORMATIONAL DOCUMENTS

Click the associated link and print. View more information about resources.

What You Need to Know

Prescription Opioids: What You Need to Know (PDF)

Opioids and Chronic Pain

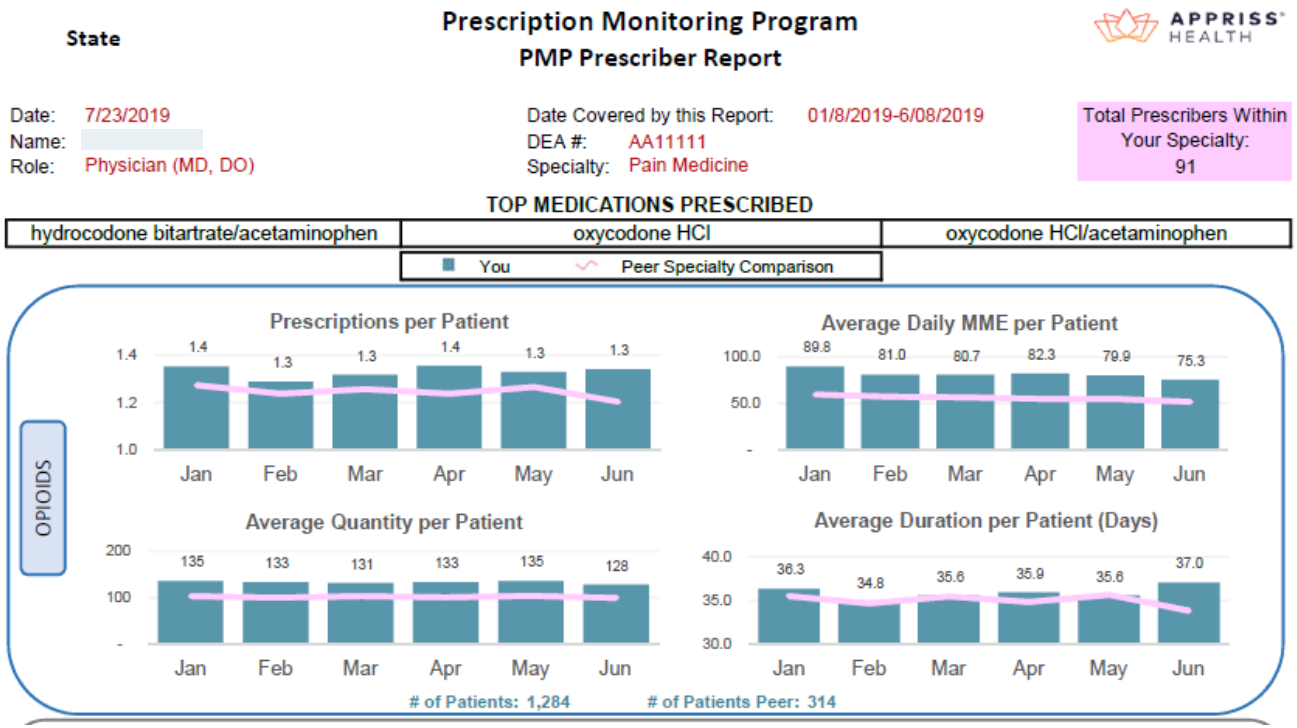
Promoting Safer and More Effective Pain Management (PDF)

Pregnancy and Opioids

Pregnancy and Opioids Pain Management (PDF)

New Developments

Prescriber reports – gives aggregated data back to prescribers. Data is de-identified, comparison by specialties



Resources and Links

- https://www.ncdhhs.gov/divisions/mhddsas/ncdcu/csrs
- https://www.cdc.gov/drugoverdose/pdmp/states.html
- https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan
- https://www.pdmpworks.org/
- https://injuryfreenc.shinyapps.io/OpioidActionPlan/

Questions

NCCSRS@DHHS.NC.GOV

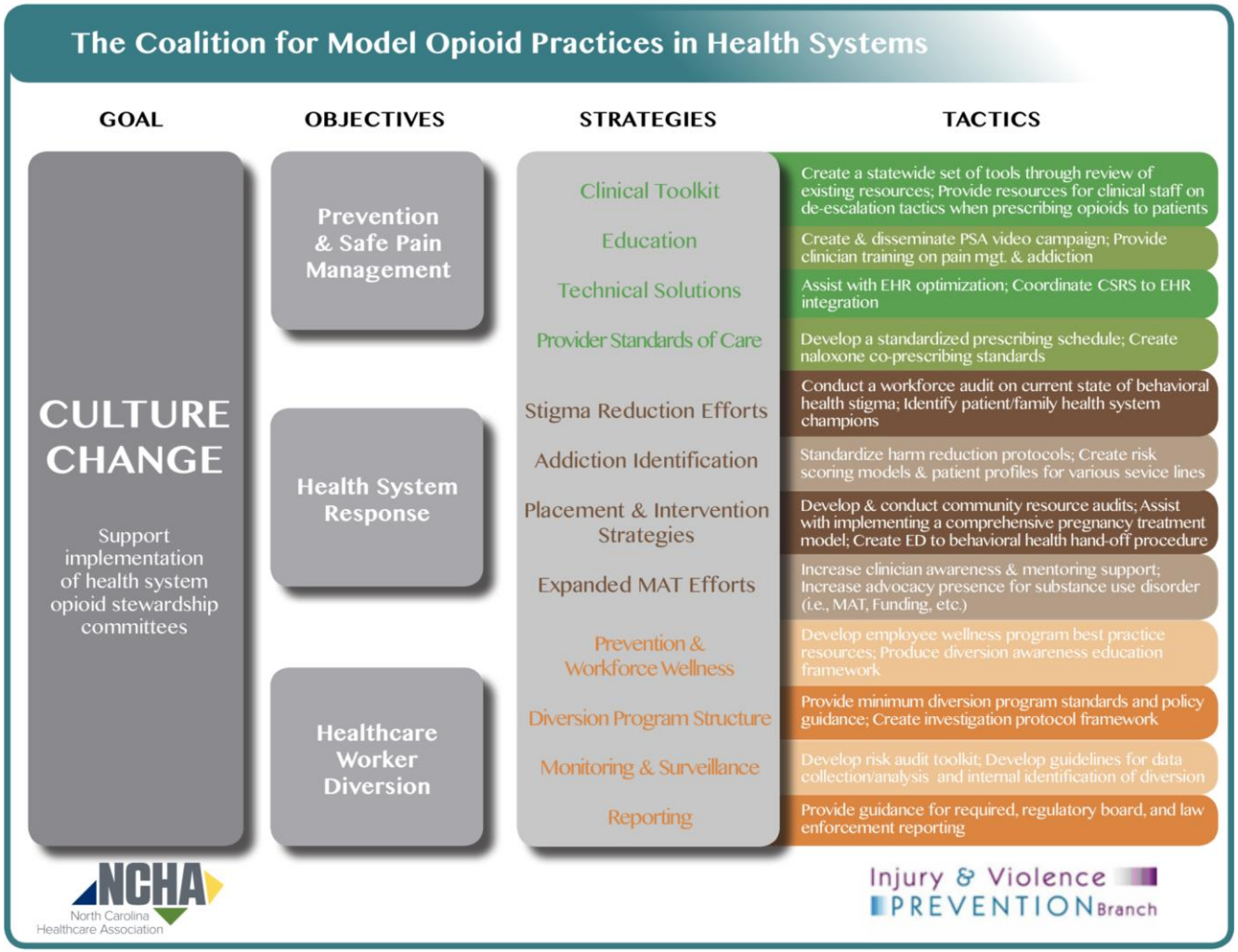
919-733-1765

Notes from the Field

Educational Resources for Providers

Nicholle Karim

Providing the Framework to Address the Problem



NCHA
North Carolina Healthcare Association

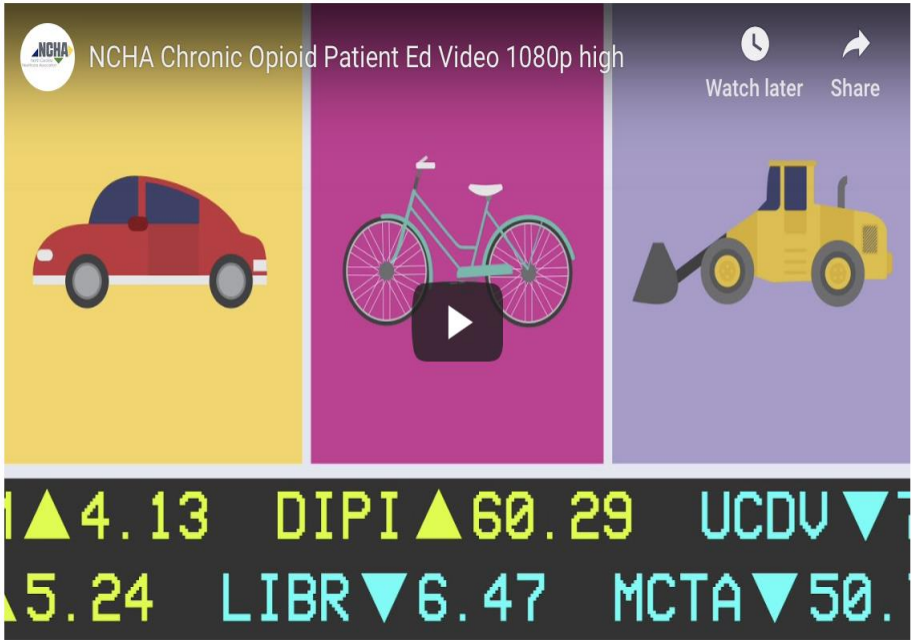
Hospital Response – ED Pathway for OUD + Safe Prescribing/Non-Opioid Therapies

- Standardized best practices for EDs to employ for the following:
  - Non-opioid therapies for pain management
  - Safe prescribing
  - Stigma elimination + culture shift
  - Responding to opioid use disorders (OUD) within the ED

- https://www.ncha.org/ncha-emergency-department-opioid-treatment-pathway/

Patient Education on Opioids

NCHA OPIOID PATIENT EDUCATION VIDEO



Three free videos:

- Safely taking opioids + recognizing signs of addiction
- Tapering opioids
- Administering naloxone

Free and available for hospitals to embed within patient-facing EMRs

Want to use these resources in your hospital? Contact Madison Ward Willis at mward@ncha.org or 919-677-4136

NCHA North Carolina Healthcare Association

Patient Education on Opioids

Three free printed patient materials available:

- Safe opioid storage and disposal
- Alternatives + complementary services for pain management
- Administering naloxone

Want to use these resources in your hospital? Contact Madison Ward Willis at mward@ncha.org or 919-677-4136

NCHA North Carolina Healthcare Association

Questions?

Madison Ward Willis // mward@ncha.org // 919-677-4136

Dental Workgroup Update

Lisa Ward

Operation Medicine Drop

Shannon Bullock

Safe Kids North Carolina

operation medicine drop

Shannon Bullock
NC Department of Insurance
Office of State Fire Marshal
Director, Injury Prevention Section
Director, Safe Kids NC

What is Operation Medicine Drop (OMD)?

IT'S A DRUG TAKE BACK PROGRAM

- Housed within the NC DOI and Safe Kids NC
- Partners with DHHS, AG's Office, US-DEA, NC-SBI, Local Law Enforcement, Fire Departments and Senior Centers.
- OMD provides education, assistance and support to NC communities to help in the proper disposal of prescription and over-the-counter medications.

SAFE KIDS NORTH CAROLINA

Why is the OMD Program Important?

- 4 people each day die from an overdose
- More than car crashes
- Since 1999, over a 350% increase of overdoses

Since the program began 2010….

- Over 3,600 Take-back events
- 475 Permanent Drop Boxes

The Results: OVER 206 MILLION PILLS!

SAFE KIDS NORTH CAROLINA

The Newly Revamped OMD Website

- User-friendly interface with updated graphics, searchable fields and google maps option for exact directions
- Easier access for consumers to locate take-back events
- Enhanced for mobile applications from all devices

meddrop.ncdoi.com

SAFE KIDS NORTH CAROLINA

OMD TV & Radio Ads

NC DMV Offices

SAFE KIDS NORTH CAROLINA

Billboards

- 15 Billboards
- 1-85 and 1-40
- 30 days
- Reached over 13 million

Conferences, Events and Promotional Items

How Can You Help?

Operation Medicine Drop's Spring Campaign begins March 15th and runs through April 25th

- Hold an OMD Take-back Event
- Promote the Operation Medicine Drop Campaign and PDB Locations

To hold an event:
Go to meddrop.ncdoi.com to register your event
Approved events receive Free Promo Items

SAFE KIDS NORTH CAROLINA

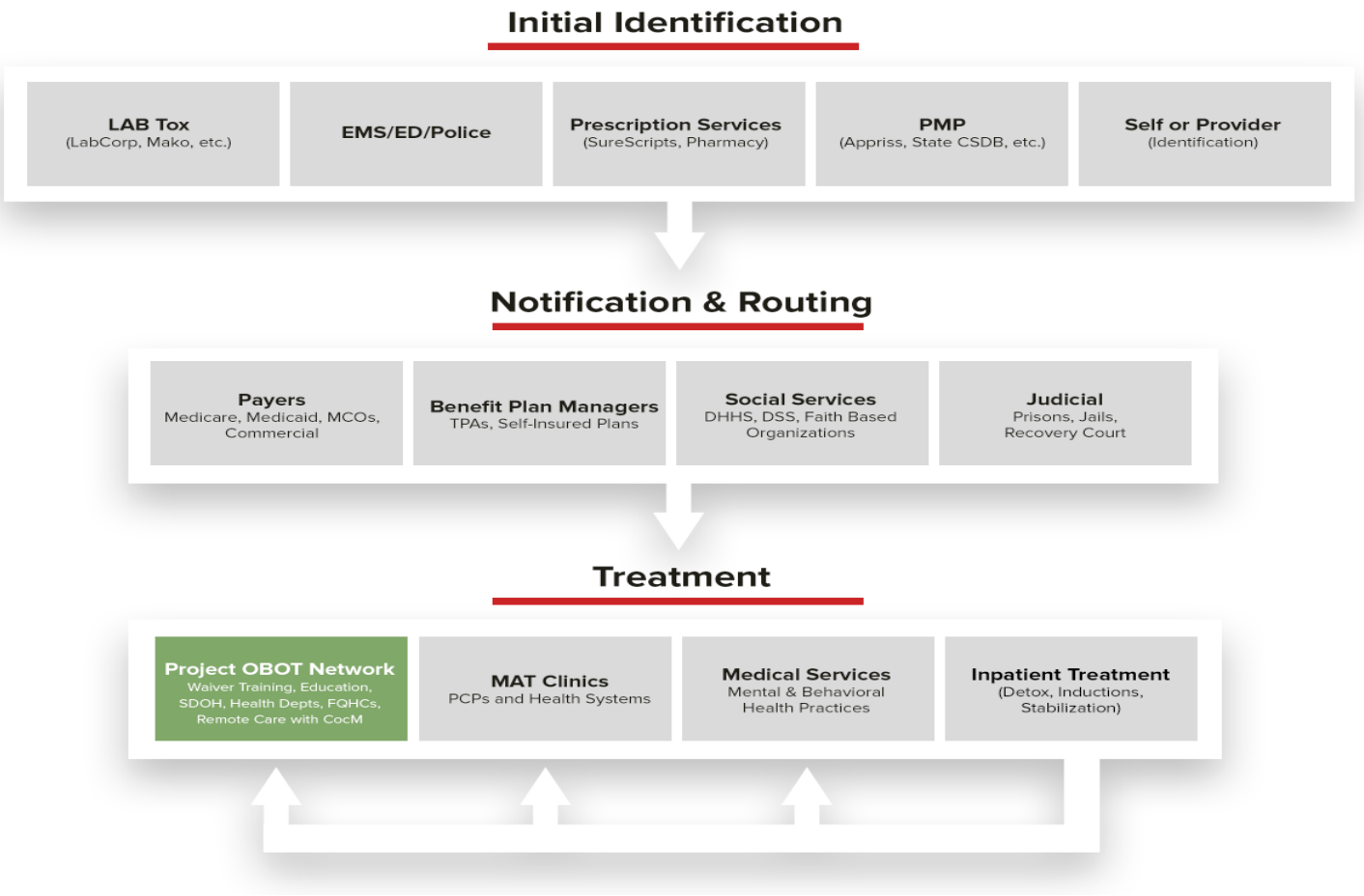
We cannot do it without YOU!

Shannon Bullock
Shannon.bullock@ncdoi.gov

Creating Virtual Opioid Based Practices

Franklin Walker

MAT Ecosystem



Overview of Project OBOT NC

Project Office-Based Opioid Treatment (OBOT) *in North Carolina is a program developed by the North Carolina Medical Society Foundation. The Foundation's overall mission is to improve and increase access to healthcare for all North Carolinians.*

Coalition Partners

- **NCMSF** - Creator and coordinator of Project OBOT
- **Health Departments & FQHCs** - Physical location for initiation of MAT, along with clinical resources
- **NC Medical Board -** protects the people of North Carolina, and the integrity of the medical profession through just licensing and regulation
- **UNC School of Public Health** - Pilot design and statistical analysis
- **Project Echo** - Provides training in opioid addiction treatment at no cost
- **MAHEC** - Provides training to residents in delivery of MAT
- **Governor's Institute** - Developing a comprehensive approach to improve how the health care professions prevent, identify, and treat substance use disorders
- **Pharmacy Collaborative (CPESN)** - community pharmacies offering personalized services and discounted medication to pilot participants

Can’t train our way out of this!

Why Providers don’t practice MAT

- Inadequate reimbursement
- Overly burdensome practice compliance requirements
- OUD patient demographics that were not consistent with their practice
- Inadequate mental health training
- Stigma associated with the practice of selling prescriptions (pill mills)

Provider Type	Data Waiver Patient Level			Totals
	30	100	275	
MD/DO	770	229	155	1154
NP	238	49		287
PA	101	28		129
Totals	1109	306	155	**1570**

2018 Data

Getting More Providers to Practice MAT?

Join Project OBOT's Virtual Practice Network

- Reduces administrative burdens by leveraging technology
- Offers a virtual option to their practice
- Provides a behavioral health care team with a collaborative care model
- Reimburses a fair rate without having to submit claims
- Stream-lines the charting process to increase efficiency
- Provides clinical decision support to assist providers in analyzing data.

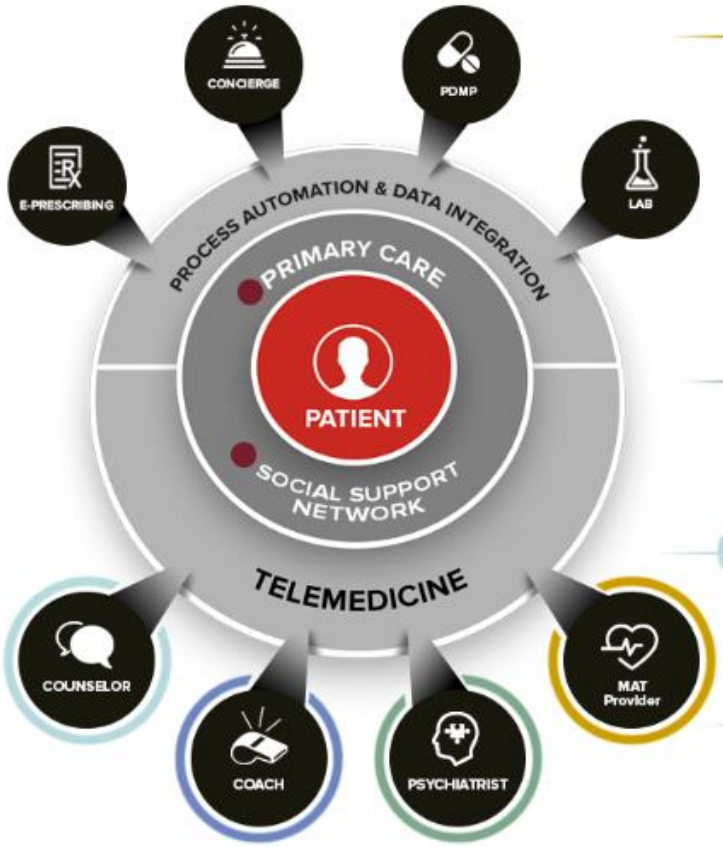
Project OBOT Network Management + **Recovery Platform** = VBOT

We create and manage clinically integrated networks of physical and behavioral health providers to provide quality MAT for OUD in a cost-effective manner.

We are a technology platform built for treatment of OUD in a Collaborative Care model. Our solution enables providers to meet SAMHSA treatment guidelines in a scalable manner through automation and efficient user experiences

VBOT

Implementing a Collaborative Care Model



MAT Provider
Leveraging the provider's expertise in understanding prescribing of Buprenorphine

Recovery Coach
Utilizing individuals trained specifically in the treatment of addiction for daily contact

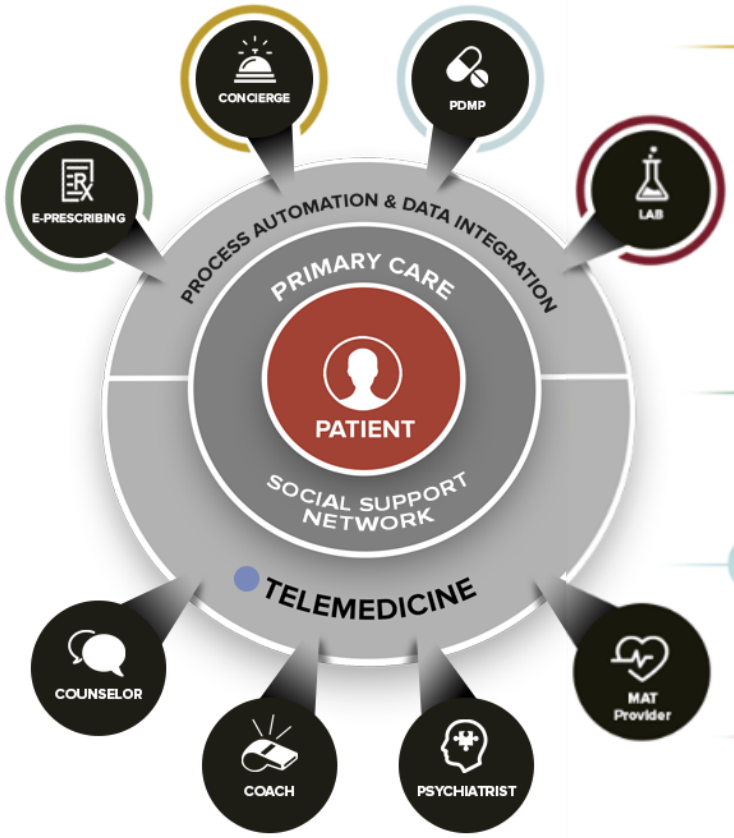
Psychiatrist
A specialist trained in behavioral health and morbidities that co-occur to provide overall treatment recommendations

Counselor
Performs regular assessments to ascertain and document a patients mental status and progress so as to provide recommendations and adjustments to the care plan

Primary Care Provider/Social Support Network
Manage the patients progress and SDOH and coordinate additional treatment for the patient as recommended by the MAT care team

VBOT

Using Technology to Create Efficiency



Concierge Funcionality
Patients' can virtually schedule and attend their appointments with doctors and counselors

Telemedicine
Project OBOT's Collaborative Care team provides care virtually, eliminating patient access barriers.

E-Prescribing
Checking national prescription database and allows for prescribing electronically during appointments

Controlled Substance Database Check
Automated retrieval of data from state prescription drug monitoring databases (PDMP)

Randomized Lab Testing with Integrated Results
Automated random urine drug testing with patient notification & completion status including lab results in comparison to other relevant data points. Enhancing a patient's ability to manage work, school, privacy, and family obligations.

VBOT

Pilot Data

Our enrollment:

- Nearly **25%** of program participants have overdosed at least once.
- More than **75%** of patients began drug use before the age of 25 while 26.7% use IV needles for their drugs and 62.2% take drugs orally
- **66%** of participants were unemployed
- **56.5%** of participants either have a criminal record or are currently justice involved.
- **64.3%** were concerned about their health and **37.8%** indicated they have had medical issues related to their OUD
- Roughly **90%** indicated they had a smartphone and reliable access to Internet for the use of telemedicine

VBOT

Pilot Data

Our Outcomes at 6 months:

- Patient engagement - **84.21%** for counseling and **93.06%** for coaching.
- **40%** of participants in the pilot had been in active recovery for less than one month
- **100%** retention rate for participants (with the exception of an individual who became incarcerated).
- **70%** had previously tried another program that did not work for them.
- Automated PDMP searches indicated **0%** seeking behavior during their treatment period
- **78%** of patients were found to have completely discontinued use of opiates or illicit drugs due to randomized Lab screens.
- **84%** of patients showed improvement based on COWS
- **71%** showed improvement in multiple areas of the BAM score.

*Only **1 patient** continued to show moderate issues related to withdrawal*

VBOT

Establishing a VBOT Program

- Build a state-wide web of enrollment locations (brick & mortar)
- Retain experienced addiction professionals to assign care teams and perform routine behavioral health assessments
- Recruit a network of “virtual” MAT providers and psychiatrists
- Establish a grid of lab collection centers to perform a standardized MAT screening panel
- Identify a chain of community pharmacies
- Leverage technology to:
  - Improve clinician efficiency
  - Provide clinical decision support features
  - Increase communication and engagement with members
  - Allow for members to self-schedule
  - Enable virtual appointments
  - Manage service utilization and quality

VBOT

Services Financial Breakdown

Ongoing Clinical Services

- Prescribing Provider 20%
- Behavioral Health Assessment 5%
- Mgmt Fee 15%
- VBOT Services 60%

$600 - $750 per patient per month

($750 - $1500 for initial month)

VBOT Services

- Recovery Coaching
- Psychiatric Chart Reviews
- Toxicology Services
- Medications
- Utilization Management
- Clinical and Reporting Software

VBOT

North Carolina Medical Society FOUNDATION
Opening Doors to Quality Health Care

PROJECT OBOT
NORTH CAROLINA
www.projectobot.com

Franklin Walker, MBA

VP, Rural Health Systems Innovation

Executive Director, Project OBOT

Executive Director, Community Health Initiative

North Carolina Medical Society Foundation

222 N. Person Street

Raleigh, NC 27601

- fwalker@ncmedsoc.org
- (919) 833-3836
- Direct: (919) 865-5250

OUR COMMUNITY HEALTH INITIATIVE
www.ourchi.org

Wrap up and THANK YOU!

Alan Dellapenna, Branch Head, Injury and Violence Prevention Branch, Division of Public Health

Optional Breakout

Room 8A: MAT 101

THANK YOU!

(Please travel safely!)

Next OPDAAC Meeting: Friday, June 12, 2020

Theme: Safer Syringe Initiative