

NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

Coordinating Workgroup Meeting August 30, 2017

Welcome! and Introductions of Attendees

- Welcome!
 - -Mandy Cohen
 - -Josh Stein
- Introductions of Attendees
 - -Your name
 - -Your organization/affiliation

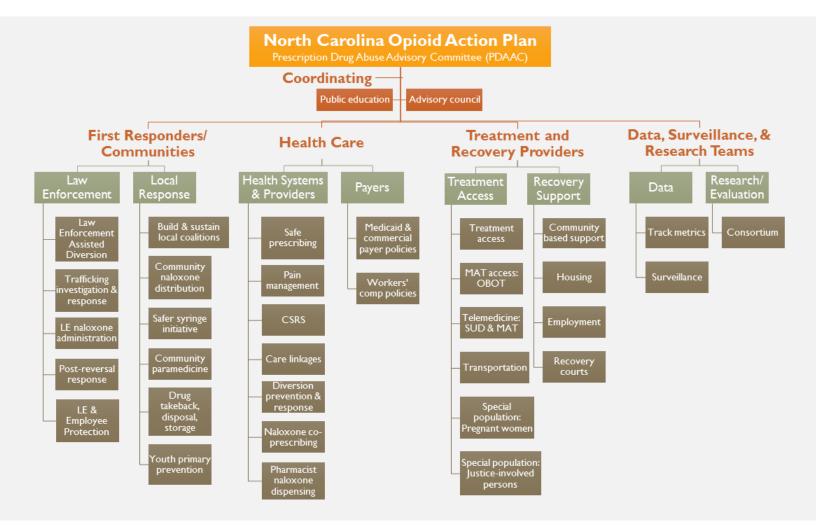
Susan Kansagra and Steve Mange

Purpose and Meeting Goals

Alan Dellapenna

Forming and Norming

Forming and Norming: Relation to OPDAAC



Forming and Norming: Expectations

- What are our group **expectations** of this workgroup?
 - -Coordinates implementation of NC Opioid Action Plan
 - -Select membership leads NC's effort to prevent and respond to NC's opioid crisis and tracks progress
 - -Respects and appreciates different perspectives
 - -Title free zone
 - Opportunity for candid, thoughtful, focused discussions of real issues and root causes without defensiveness
 - -Meets need for collective wisdom to address complex issues
 - -Action oriented learning to identify new solutions
 - -Meets 8 times a year (any non-OPDAAC month)

Forming and Norming: Expectations

• What are our group **expectations** of this workgroup? -???

Forming and Norming: Leadership

• What leadership role will Coordinating Workgroup members take in coordinating, implementing, and tracking the NC Opioid Action Plan?

-???

Anna Stein

NC Opioid Action Plan

Nidhi Sachdeva

Problem Analysis

Problem Solving: Approach

- Process based on Action Learning model for change
- Facilitated discussion allows for maximum learning
- Opportunity to come up with different, workable, useful, and timely solutions



Problem Analysis: Method

1. PROBLEM STATEMENT (>10 minutes)

- A pressing/difficult problem or challenge that:
 - is related to a focus area or strategy included in the NC Opioid Action Plan
 - is a problem you have been struggling with and has no known or clear solution;
 - is a problem that you are involved in or that implicates you/your organization;
 - is a complex problem that requires the coordination or input of multiple organizations or levels of work beyond your immediate scope;
 - People could have multiple opinions or disagree about the solution to the problem; and,
 - It is important to you (and/or your organization) to find a solution soon
- State the problem in the form of a question.
- 2. CLARIFICATION (5 minutes)
- 3. GROUP DISCUSSION/OBSERVATION (20+ minutes)
- 4. **REFLECTION/ANALYSIS** (8 minutes)
- 5. ACTION (2 minutes)

>10 minutes

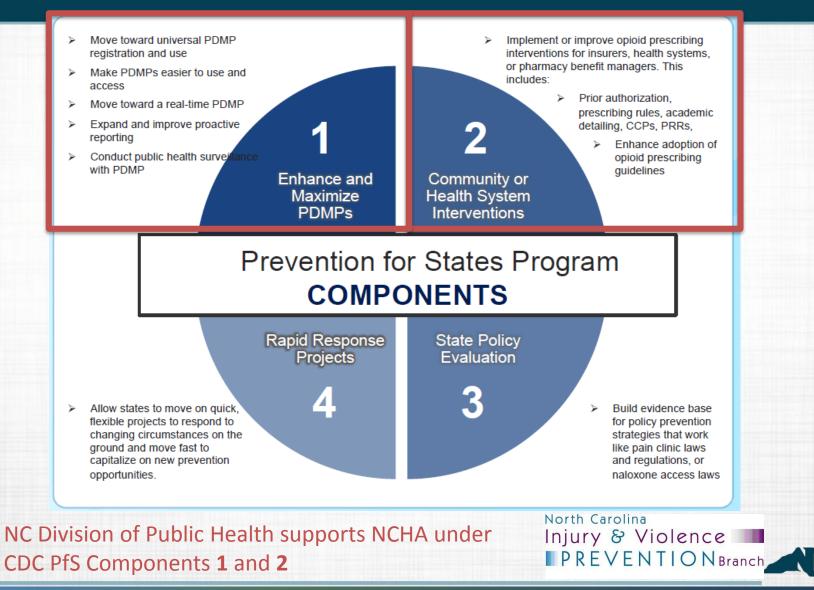
Problem Statement

Jai Kumar and Julia Wacker, NC Hospital Association

Coalition for Model Opioid Practices in Health Systems: **Care linkages**

North Carolina Hospital Association

CDC Prevention for States (PfS) Grant



The Coalition for Model Opioid Practices in Health Systems

GOAL	OBJECTIVES	STRATEGIES	TACTICS
<section-header><section-header><section-header><text></text></section-header></section-header></section-header>	Prevention & Safe Pain Management	Clinical Toolkit	Create a statewide set of tools through review of existing resources; Provide resources for clinical staff on de-escalation tactics when prescribing opioids to patients
		Education	Create & disseminate PSA video campaign; Provide clinician training on pain mgt. & addiction
		Technical Solutions	Assist with EHR optimization; Coordinate CSRS to EHR integration
		Provider Standards of Care	Develop a standardized prescribing schedule; Create naloxone co-prescribing standards
	Health System Response	Stigma Reduction Efforts	Conduct a workforce audit on current state of behavioral health stigma; Identify patient/family health system champions
		Addiction Identification	Standardize harm reduction protocols; Create risk scoring models & patient profiles for various sevice lines
		Placement & Intervention Strategies	Develop & conduct community resource audits; Assist with implementing a comprehensive pregnancy treatment model; Create ED to behavioral health hand-off procedure
		Expanded MAT Efforts	Increase clinician awareness & mentoring support; Increase advocacy presence for substance use disorder (i.e., MAT, Funding, etc.)
		Prevention & Workforce Wellness	Develop employee wellness program best practice resources; Produce diversion awareness education framework
		Diversion Program Structure	Provide minimum diversion program standards and policy guidance; Create investigation protocol framework
		Monitoring & Surveillance	Develop risk audit toolkit; Develop guidelines for data collection/analysis and internal identification of diversion
		Reporting	Provide guidance for required, regulatory board, and law enforcement reporting
NCLP North	Carolina Hospital Asso	Injury & Violence	

North Garolina Hospital Association

PREVENTION Branch

Area of Concern

Health System

Response

Stigma Reduction Efforts

Addiction Identification

Placement & Intervention Strategies

Expanded MAT Efforts

Conduct a workforce audit on current state of behavioral health stigma; Identify patient/family health system champions

Standardize harm reduction protocols; Create risk scoring models & patient profiles for various sevice lines

Develop & conduct community resource audits; Assist with implementing a comprehensive pregnancy treatment model; Create ED to behavioral health hand-off procedure

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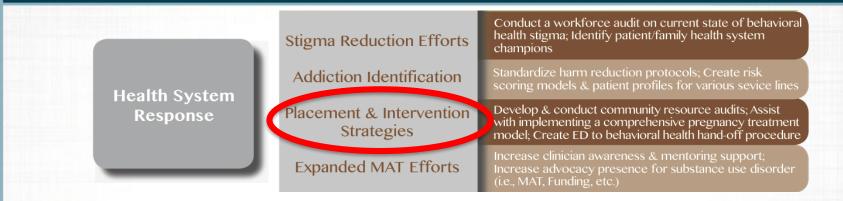
NC Opioid Action Plan

6. EXPAND TREATMENT ACCESS

Strategy	Action	Leads
Care linkages	inkages Work with health systems to develop and adopt model overdose discharge plans to promote recovery services and link to treatment care	
	Link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists	r DMH, RCOs, APNC, CCNC, LME/MCOs, NCATOD
Treatment access	Increase state and federal funding to serve greater numbers of North Carolinians who need treatment	All



NC Opioid Action Plan



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Care linkages	Work with health systems to develop and adopt model overdose discharge plans to promote recovery services and link to treatment care	NCHA, LME/MCOs
	Link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists	DMH, NEOS, APNC, CCNC, LME/MCOS, NCATOD
Treatment access	Increase state and federal funding to serve greater numbers of North Carolinians who need treatment	All



Problem Analysis

How do we ensure patients are discharged from inpatient units to proper treatment and appropriate care in the community?



5 minutes

Phase 2: Clarification

20+ minutes

Phase 3: Group Discussion/Observation

How do we ensure patients are discharged from inpatient units to proper treatment and appropriate care in the community?

8 minutes

Phase 4: Reflection/Analysis



Phase 5: ACTION

Next Steps and Wrap-up

- Next Full OPDAAC Meetings
 - -September 29
 - -December 15
- Next Coordinating Meeting, October XX
- Homework: Complete Survey by 9/6 to
 - -prioritize Top 5 Actions from NC Opioid Action Plan
 - -rank preference on regular meeting days/times
 - -provide other feedback



Survey link

Thank you!