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
Purpose and Meeting Goals

Susan Kansagra and Steve Mange
Forming and Norming
Forming and Norming: Relation to OPDAAC

North Carolina Opioid Action Plan
Prescription Drug Abuse Advisory Committee (PDAAC)

Coordinating
- Public education
- Advisory council

First Responders/Communities
- Law Enforcement
  - Law Enforcement Assisted Diversion
  - Trafficking investigation & response
  - LE naloxone administration
  - Post-reversal response
  - LE & Employee Protection

Local Response
- Build & sustain local coalitions
- Community naloxone distribution
- Safer syringe initiative
- Community paramedicine
- Drug takeback, disposal, storage
- Youth primary prevention

Health Systems & Providers
- Safe prescribing
- Pain management
- CSRS
- Care linkages
- Diversion prevention & response
- Naloxone co-prescribing
- Pharmacist naloxone dispensing
- Medicaid & commercial payer policies
- Workers' comp policies

Payers

Treatment Access
- Treatment access
- MAT access: OBOT
- Telemedicine: SUD & MAT
- Transportation

Recovery Support
- Community based support
- Housing
- Employment
- Recovery courts

Data, Surveillance, & Research Teams
- Data
  - Track metrics
  - Consortium
- Research/Evaluation
  - Surveillance

Treatment and Recovery Providers
- Community population: Pregnant women
- Special population: Justice-involved persons
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? –???
NC Opioid Action Plan
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)
Problem Statement

Jai Kumar and Julia Wacker, NC Hospital Association
Coalition for Model Opioid Practices in Health Systems: Care linkages
NC Division of Public Health supports NCHA under CDC PfS Components 1 and 2
The Coalition for Model Opioid Practices in Health Systems

GOAL

CULTURE CHANGE
Support implementation of health system opioid stewardship committees

OBJECTIVES

Health System Response
Prevention & Safe Pain Management

STRATEGIES

Clinical Toolkit
Education
Technical Solutions
Provider Standards of Care

STIGMA REDUCTION EFFORTS

Stigma Reduction Efforts
Addiction Identification
Place & Intervention Strategies

EXPANDED MAT EFFORTS

Expanded MAT Efforts
Prevention & Workforce Wellness

DIVERSION PROGRAM STRUCTURE

Diversion Program Structure
Monitoring & Surveillance

REPORTING

TACTICS

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

Create & disseminate PSA video campaign; Provide clinician training on pain mgmt & addiction

Assist with EHR optimization; Coordinate CSRS to EHR integration

Develop a standardized prescribing schedule; Create naloxone co-prescribing standards

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

Increase clinician awareness & mentoring support; Increase advocacy presence for substance use disorder (i.e., MAT, Funding, etc.)

Develop employee wellness program best practice resources; Produce diversion awareness education framework

Provide minimum diversion program standards and policy guidance; Create investigation protocol framework

Develop risk audit toolkit; Develop guidelines for data collection/analysis & internal identification of diversion

Provide guidance for required, regulatory board, & law enforcement reporting

North Carolina Hospital Association
Area of Concern

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 service 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.)
### 6. EXPAND TREATMENT ACCESS

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<thead>
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<th>Action</th>
<th>Leads</th>
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<td>Work with health systems to develop and adopt model overdose discharge plans to promote recovery services and link to treatment care</td>
<td>NCHA, LME/MCOs</td>
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<td>Link patients receiving office-based opioid treatment to counseling services for SUD using case management or peer support specialists</td>
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NC Opioid Action Plan

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How do we ensure patients are discharged from inpatient units to proper treatment and appropriate care in the community?
Phase 2: Clarification
Phase 3: Group Discussion/Observation

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