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

- Prevent future opioid addiction by supporting children and families
- Advance harm reduction
- Address non-medical drivers of health and eliminate stigma
- Address the needs of justice-involved populations
- Expand access to treatment and recovery supports
- Reduce the supply of inappropriate prescription and illicit opioids

Track progress and measure our impact
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

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

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

Average Opioid Pills Dispensed per NC Resident

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

Outpatient Opioid Pills Dispensed per Person: 2015

Number of opioid pills dispensed per person
- <50
- 50-74
- 75-99
- 95-99
- >100

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

- **Patient Counseling: How to Start the Conversation**
  - CE: 109
  - YouTube Views: 3,954

- **Overview of Chronic Pain and Addiction**
  - CE: 87
  - YouTube Views: 277

- **CDC Guidelines on the Treatment of Chronic Pain**
  - CE: 87
  - YouTube Views: 335

- **The STOP Act, NC CSRS and the Role of the Pharmacist**
  - CE: 81
  - YouTube Views: 341

- **Treatment of Opioid Use Disorders**
  - CE: 75
  - YouTube Views: 424

- **Needle Exchange Programs**
  - CE: 66
  - YouTube Views: 775
Transforming Practice to Save Lives: Advanced Opioid Workshop

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
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

“A Vision for the 20/20 Pharmacist”
Caring for Patients with Opioid Use Disorder: A Certificate Training for Pharmacists

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
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

- 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

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)

[Link](https://addictionmedicineupdates.org/2019/ncap-project-triples-pharmacist-dispensing-of-naloxone-in-participating-counties/?mc_cid=bfed7d7297&mc_eid=0151c301fb)
Practice Transformation Opportunities

“A Vision for the 20/20 Pharmacist”
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

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

Elevate the Role of Pharmacists through Education, Intervention and Prevention

Pathway to Addiction

Cycle of Non-Assessment

Inappropriate Pain Management

TO BREAK

STIGMA

BRIDGE CARE GAPS THROUGH

Education & Training

Screening & Monitoring

Evidence-Based Practice

Practice Transformation

2019
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 Optimizing Prescribing in Pain Management (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

<table>
<thead>
<tr>
<th>Use of Opioids at High Dosage in Persons Without Cancer (OHD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce the # of identified patients in participating pharmacies taking opioids ( \geq 90\text{MME/day} ) by ( \geq 30% )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concurrent Use of Opioids and Benzodiazepines (COB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce the # of identified patients in participating pharmacies concomitantly using opioids &amp; BZDs by ( \geq 30% )</td>
</tr>
</tbody>
</table>
RESOURCES

VIEWS ON SOCIAL DETERMINANTS OF HEALTH:

- Health impacts are seen at all levels of the population.
- Health is influenced by economic, social, and environmental conditions.
- The focus is on preventing illness and promoting health.

PRESCRIBING OPIOIDS FOR CHRONIC PAIN

Opioid Tapering Flow Sheet

Benzodiazepine Tapering Flow Sheet

SLOW TAPER

1. Calculate total opioid dose using the opioid tapering formula.
2. Dose is reduced by 10% every 4 weeks.
3. Increase taper rate if no improvement.

RAMP TAPER

1. Reduce opioid dose by 5-10% every 4 weeks.
2. Increase taper rate if no improvement.

References:

- American Academy of Pain Medicine. (“Opioid Tapering Guidelines.”)
- National Institute on Drug Abuse. (“Opioid Tapering.”)

END USER TERMS

- Must be renewed annually.
- Access is unrestricted.
- Must be renewed annually.

NCDHHS, Division of Public Health | OPDAAC Meeting | March 6, 2020
# Intervention Requirements (Care Plan)

<table>
<thead>
<tr>
<th>Goals of Therapy</th>
<th>Recommendations</th>
<th>Outcomes</th>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taper opioid w/ intent to dc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taper BZD w/ intent to dc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjust dose of opioid to improve safety</td>
<td>Accepted</td>
<td>Declined</td>
<td></td>
</tr>
<tr>
<td>Adjust dose of BZD to improve safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switch opioid to alternative analgesic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin scheduled bowel regimen</td>
<td>Accepted</td>
<td>Declined</td>
<td></td>
</tr>
<tr>
<td>Initiate Pain Agreement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide Naloxone &amp; Opioid Emergency Action Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORT assessment completed and physician notified of positive results</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriber notified of patient needs associated with Social Determinants of Health Screen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy provided referral to NCCARES360 for patient needs associated with Social Determinants of Health Screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
Cheryl Viracola, PharmD

**Director of Practice Advancement**

**North Carolina Association of Pharmacists**

Brighton Hall
1101 Slater Road, Suite 110
Durham, NC 27703
Phone: (984) 439-1646
Cell: (919) 523-3287
Email: cheryl@ncpharmacists.org
Web: www.ncpharmacists.org
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
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
  o Lack of education and training of the current workforce impacts on the referrals to the Mental Health sector
  o Limited professional healthcare graduate education
  o 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
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.
OUR REACH ACROSS THE STATE
Training Participant Distribution
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:

<table>
<thead>
<tr>
<th></th>
<th>MAT Waiver</th>
<th>Recovery Within Reach</th>
<th>MAT 101</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>192</td>
<td>9</td>
<td>64</td>
<td>265</td>
</tr>
<tr>
<td>Residents</td>
<td>472</td>
<td>35</td>
<td>174</td>
<td>681</td>
</tr>
<tr>
<td>PA</td>
<td>26</td>
<td>0</td>
<td>9</td>
<td>35</td>
</tr>
<tr>
<td>NP</td>
<td>9</td>
<td>0</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Students</td>
<td>137</td>
<td>0</td>
<td>152</td>
<td>289</td>
</tr>
<tr>
<td>Other</td>
<td>66</td>
<td>105</td>
<td>12</td>
<td>183</td>
</tr>
<tr>
<td>Training w/o Disaggregated Data Available</td>
<td>0</td>
<td>0</td>
<td>47</td>
<td>47</td>
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<tr>
<td>Total</td>
<td>902</td>
<td>149</td>
<td>461</td>
<td>1512</td>
</tr>
</tbody>
</table>
OUR REACH ACROSS RESIDENCIES & PROFESSIONAL PROGRAMS

Our Original Goal:
Reach 10 of the 18 residency programs in one specialty:
Family Medicine

We reached 14 and went beyond

- Psychiatry 5 of 7
- Ob/Gyn 3 of 9
- Emergency Medicine 3 of 7
- Pediatrics 2 of 5
- Internal Medicine 2 of 12
- Urology 1 of 4

- Nurse Practitioner Programs 1 of 9
- Physician Assistant Programs 6 of 11
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
### Didactics

<table>
<thead>
<tr>
<th>PGY1</th>
<th>PGY2</th>
<th>PGY3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe opioid prescribing (MAHEC, state, and federal level policies on opioid prescribing)</td>
<td>Half and Half MAT Waiver Training 4 hours live and 4 hours online</td>
<td>Opioid and benzodiazepine prescribing and tapering 1 hr. 30 min.</td>
</tr>
<tr>
<td>Opioid and benzodiazepine prescribing and tapering</td>
<td>Opioid and benzodiazepine prescribing and tapering</td>
<td>Opioid and benzodiazepine prescribing and tapering 1 hr. 30 min.</td>
</tr>
<tr>
<td>Alcohol use disorder 1 hr. 30 min.</td>
<td>Alcohol use disorder 45 min.</td>
<td>Alcohol use disorder 45 min.</td>
</tr>
<tr>
<td>Tobacco cessation and vaping</td>
<td>Tobacco cessation and vaping 45 min.</td>
<td>Tobacco cessation and vaping 45 min.</td>
</tr>
</tbody>
</table>

### Rotations

- Integrated in behavioral health curriculum
- One week addiction-focused rotation

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

### 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)

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

**Resources:**
- MAT Policies, Procedures, and Resources Manual
- Society of Teachers of Family Medicine (STFM) addiction curriculum
### Year 2 Participation by Provider Type

<table>
<thead>
<tr>
<th></th>
<th>MAT 101</th>
<th>MAT Waiver</th>
<th>SUDs 101</th>
<th>MAT 101+ Cases</th>
<th>Total</th>
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<tbody>
<tr>
<td>Faculty</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td>Residents</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>9</td>
<td>32</td>
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<tr>
<td>PA</td>
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<td>34</td>
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<td>NP</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Students</td>
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<td>1</td>
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<tr>
<td>Other</td>
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<td>5</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>80</td>
<td>0</td>
<td>19</td>
<td>99</td>
</tr>
</tbody>
</table>
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
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
# Pilot: Academic Detailing

<table>
<thead>
<tr>
<th>Prescriber referred for Academic Detailing</th>
<th>Academic Detailing Team Provider Educator brings education materials to office</th>
<th>Detailing visit covers 2016 CDC Opioid Treatment Guidelines</th>
<th>Post-visit</th>
<th>Chart review evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred by:</td>
<td>Peer reviewed articles about treating pain safely</td>
<td>15-60 minutes</td>
<td>Survey</td>
<td>3 months after first visit</td>
</tr>
<tr>
<td>- NCMB</td>
<td>- CDC 2016 guidelines</td>
<td>- Follow up visits</td>
<td>- Live</td>
<td>Evaluate for practice change (i.e. appropriate opioid prescribing, naloxone prescribing, patient risk evaluation)</td>
</tr>
<tr>
<td>- NC AHEC</td>
<td>- Brochures from CDC</td>
<td>- Phone</td>
<td>- Phone</td>
<td></td>
</tr>
<tr>
<td>- NC DHHS</td>
<td>- Info to obtain CME credit</td>
<td>- Email</td>
<td>- Email</td>
<td></td>
</tr>
<tr>
<td>- Self-referral</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pilot: Non-Opioid Intervventional Pain Management

1 J Aggergaard, Public Domain
2 Waldman, 2015
20ME033 - Train the Trainer - PCSS MAT Waiver Training for Prescriber Champions
Apr 20–Apr 21, 2020

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.
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.


- **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

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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

![Diagram of Gateway 2 Call Web Service](image-url)
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.
New Developments

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

![Prescription Monitoring Program](image-url)

**TOP MEDICATIONS PRESCRIBED**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Prescriptions per Patient</th>
<th>Average Quantity per Patient</th>
<th>Average Duration per Patient (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocodone bitartrate/acetaminophen</td>
<td>1.4</td>
<td>135</td>
<td>36.3</td>
</tr>
<tr>
<td>oxycodone HCl</td>
<td>1.3</td>
<td>133</td>
<td>34.5</td>
</tr>
<tr>
<td>oxycodone HCl/acetaminophen</td>
<td>1.3</td>
<td>133</td>
<td>36.6</td>
</tr>
</tbody>
</table>

Date: 7/23/2019
Name: [Name]
Role: Physician (MD, DO)
Date Covered by this Report: 01/01/2019-06/30/2019
DEA #: AA11111
Specialty: Pain Medicine

Total Prescribers Within Your Specialty: 91
Resources and Links

- https://www.ncdhhs.gov/divisions/mhddas/ncdcu/csrs
- https://www.cdc.gov/drugoverdose/pdmp/states.html
- https://www.pdmpworks.org/
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

The Coalition for Model Opioid Practices in Health Systems

**GOAL**

- Prevention & Safe Pain Management
- Health System Response
- Healthcare Worker Diversion

**OBJECTIVES**

- Support implementation of health system opioid stewardship committees

**STRATEGIES**

- Clinical Toolkit
- Education
- Technical Solutions
- Provider Standards of Care
- Stigma Reduction Efforts
- Addiction Identification
- Placement & Intervention Strategies
- Expanded MAT Efforts
- Prevention & Workforce Wellness
- 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 service lines.
- Develop & conduct community resource audits; Assist with implementing a comprehensive pregnancy treatment model; Create ED to behavioral health hand-off procedures.
- 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 and internal identification of diversion.
- Provide guidance for required, regulatory board, and law enforcement reporting.
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

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
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
Questions?

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

Lisa Ward
Operation Medicine Drop

Shannon Bullock
Safe Kids North Carolina

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.
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!
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
OMD TV & Radio Ads
NC DMV Offices

Dispose of the medications at any of our permanent drop boxes.

operation medicine drop safekidsnc.org
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 15\textsuperscript{th} and runs through April 25\textsuperscript{th}

- 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
We cannot do it without YOU!

YOU CAN'T LIVE A PERFECT DAY WITHOUT DOING SOMETHING FOR SOMEONE WHO WILL NEVER BE ABLE TO REPAY YOU.

- John Wooden -
Shannon Bullock
Shannon.bullock@ncdoi.gov
Creating Virtual Opioid Based Practices

Franklin Walker
MAT Ecosystem

Initial Identification

- LAB Tox (LabCorp, Mako, etc.)
- EMS/ED/Police
- Prescription Services (SureScripts, Pharmacy)
- PMP (Apprisi, State CSDB, etc.)
- Self or Provider (Identification)

Notification & Routing

- Payers: Medicare, Medicaid, MCOs, Commercial
- Benefit Plan Managers: TPAs, Self-Insured Plans
- Social Services: DHHS, DSS, Faith Based Organizations
- Judicial: Prisons, Jails, Recovery Court

Treatment

- Project OBOT Network: Waiver Training, Education, SDOH, Health Dept., FQHCs, Remote Care with CoC M
- MAT Clinics: PCPs and Health Systems
- Medical Services: Mental & Behavioral Health Practices
- Inpatient Treatment: (Detox, Inductions, Stabilization)
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)

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Data Waiver Patient Level</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>MD/DO</td>
<td>770</td>
<td>229</td>
</tr>
<tr>
<td>NP</td>
<td>238</td>
<td>49</td>
</tr>
<tr>
<td>PA</td>
<td>101</td>
<td>28</td>
</tr>
<tr>
<td>Totals</td>
<td>1109</td>
<td>306</td>
</tr>
</tbody>
</table>

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-linesthe 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.
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 patient's mental status and progress so as to provide recommendations and adjustments to the care plan

**Primary Care Provider/Social Support Network**
Manage the patient's progress and SDOH and coordinate additional treatment for the patient as recommended by the MAT care team
Using Technology to Create Efficiency

**Concierge Functionality**
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.
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.
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*
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
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
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
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