SHIP Meeting 4.9.12
QA County Health Dept 12:30-2:00pm

Topic: Local Health Improvement Coalition- Prescription Overdose Drug Addiction and Deaths
Encouraged by the State to discuss this locally

28 in Attendance: Nora Becker, Laura Patrick, Karen Bishop, Sandy Wilson, Joseph Ciotola, Marya nne Thompson, Jake Frego, Tim Dove, Gary Fry, Jotu Winslow, Bruce Mease, Tracey Curry, Joe Sheehan, Nicole Morrris, Michele Morrisette, Andrew Edwards, Gary Pearce, Paula Lowry, Nancy Fauntroy, Beck Lolands, Nancy Connolly, William Clark, Kathy Foster, Cornelius Edwards, Sharon Pahlman, Ashyra Dotson, Hope Clark, Leland Spencer, Linda Walls

Guests:
Dr Peter Cohen - and Diversion Prescription Drugs – Best Practices
Dr. Baier – Prescription Drug Monitoring Program (PDMP)

Goal: Get basic info, data, share causes and possible solutions

2003 shows a high rise in this problem. What happened in 2003?

Dr Peter Cohen presents Abuse and Diversion Prescription Drugs – Best Practices
(PP attached) Highlights:

- Prevalence – 2010 - 7 million using in US 2.7 % of Population
- Connection between people who have been abusing other substances more likely to have mental health issues and more likely to use prescription drugs
- 60 % get them from friends or relatives
- High Increase in the last year
- 18-40 years old most vulnerable to unintentional overdose of drugs
- 2002 there was a message that “we are under-treating people”
- Focused on the treatment of pain – translated into increase in prescription drug administering
- Overdose workgroup working for the State now

Prescription Drug Monitoring
Not yet in existence in MD
The goals come straight from the law

- Assists public health professionals
- Assist law enforcement
- Promote a balance in use of prescription drugs
- Give healthcare providers real time access
- Web-based access to the data, accessed at the point of care
- Identify “doctor shopping” indicating Rx Abuse
- Intervene

- Increase provider awareness
- Increase ability to determine if patients are fulfilling the prescriptions

PDMP- What is happening in 2011?

- Electronic monitoring of the prescribing and dispensing of controlled dangerous substances
- Creating a prescription database
- Make data available by 2012

Each program different from State to State
Older programs were law enforcement focused
Newer programs are housed in HD and substance abuse authorities

Some only monitor one Schedule, most popular Schedule 2
PA is Law Enforcement and State Narcotics is the only agency that can get that data
VA has both Health Care Providers and Law Enforcement involved
MD modeling after VA
States are linking together

Each Controlled Substance Database (CSD) will have to electronically report - pharmacy and dispensing practitioners

Who can access?

- Prescribers – that has a true patient
- Dispensers
- Law Enforcement will need a subpoena
- Licensing Board will need a subpoena
- Patient – may include parent/guardian for minors

Relative Initiatives

1.Educational Initiatives – State will look to the local level to help the State out

2. Unused Rx Drug disposal – drug take back initiative opportunities for education and to connect with other people working on this issue
Washington Baltimore HIDA Federal Law Enforcement collaborative - grant funds for people who want to do collaborative programs with law enforcement
http://www.hidta.org/Programs/morePrevention.asp

3. Internal DHMH Coordination – taking a look at all the current data – Medicaid –info about prescribing and dispensing – learn to better coordinate internally

Question and Answer/Comments between Coalition and Guest Speakers

Since Prescribers will have to report the names, are they going to have to sign a HIPAA waiver?

- No, there will not any requirements like that
- How PDMPs relates to HIPAA program fits into public health regulatory sections
- Falls in to law enforcement as well

Drug Free Communities Grant has reporting requirements that include Prescription Requirements – buts it's hard to get a hold of data, most people get them legally, so enforcing it is really hard

Can we determine how many prescriptions are distributed in our area, can we get that?

- We haven't figured out everything about that yet. When it comes to zip code, it will most likely be available, have to go the DHDMV – should not be a problem

When the monitoring system is in place, how far back will the data go?

- We keep data for three years
- Might have a test period for a few months right at the beginning of the procurement process, don't know how much exactly at most three years accessible in system

How will the data be electronically obtained?
For EMS: how are they going to control their prescription dissemination?
Will it cover the provider, but not the jurisdiction?

- Those case will not need to be reported, like in a hospital when it is directly given – only when a prescription is written

Have there been any outcomes of significance, to show what the PDMP can provide?

- Research has not been great. Not clear if there is a decline, as to whether it is because of the PDMP
- States that have electronic systems have seen a lowering
- There was a concern about whether is would stop doctors from prescribing legitimately, but that has not been the case.

Stands alone programs will be accessed through the PDMP website. That was an impediment to widespread abuse to the site. Trying to build a program in MD that integrates into the standardization of electronic documents in general

Access has to be able to be done quickly.

- Real time is an issue. Dispensing reports data with in a week or with in a month. Takes time to process. We are looking closely how we can make it a real time system. It's being done in the pharmacy industry for other reasons so it is possible

If prescription drug addicts are going to the ER, get practitioners to work with these people. Develop treatment admission data for State Funding

Rural challenges, places don't even have internet capability

- Going through Dispensers is the way to go
- Get to know your pharmacists

How do we get the providers to better coordinate together?

- Changing some laws about taking back prescription drugs because now it has to be DEA authorized

The Mail box to collect Rx is confined to law enforcement room

Data on prescription plans?

- Now the payer institutes their own monitoring

18-40 yr olds – What percentage are in each age group?

- Would like to see more information on the profile of prescription drub abusers
- Can get that for people in treatment
- Biological and environmental elements that will tell you
- Middle age accessibility
- Use of drugs have entered youth drug culture, because of the kinds of drugs the consequences are more severe.

Any Drug king pins?

- Not that I know of because it is so heavily regulated
- Prescription drug rings – paying the doctor shoppers and then selling them illegally
- 4 doctors were shut down because of their involvement with prescription drug

Coalition Discussion -
Linda Walls Facilitator:
1.What is the Story Behind the data?
2. What EBS are recommended?
3. What mid shore strategies exist?
4. What is needed?

Story behind the Data

- Kent County Needs Assessment identified that it is a serious problem. The drugs are so easy to get, parents leave it in the medicine cabinet.
- Where they are getting the TX - Easy access from family home
- Caroline County Task force reporting serious increase in Rx – topping heroin
- Very easy to get Percocet in Caroline County
- When teaching in school system, youth tell us all the time – can get meds anytime
- Prescription Drug abuse has tripled between 2010
- They don't see it as much with people who have traveled, there is easy access in the community - social availability

- What type of education programs do we have? Tell the grandparents. Do they even know?
- "Culture"
- Prescribing is a profitable business: My observation/belief is that Prescription Drugs is a business and they are addictive for a reason. For example: If I have Heroin for sale, then I have a repeat costumer, so whether it is legal or illegal, there is profit in a return costumer. - Chop Tank - We don't see it that way.
- Shopping for Rx – Doctors & ER Visits
- MA recipients Changing Primary Care Providers and MCO's in attempts to obtain pain relief drugs - Really easy to switch doctors and then switch MCOs –"I get calls three or 4 in a Quarter that do that"
- Mindset – Tolerance – Addict on the hunt
- "Prescribing Pressure" – Doc Shortages - limited time
- Denial of problem
- "Pharm" parties in our communities Tens putting various drugs out collected at home for other teens to try

DEA tracks distribution of all controlled substances down to the retailer – Volumes of the drugs has increased.

Doctors don't want you to be in pain as a patient, but its way too accessible
Struggle between wanting to meet patients' needs and way too quick to prescribe the heavy pain killers

Push in serving opiates from the year 2000- on
Not a money making process in that sense

- Set up a culture of easy pain management

There may be a costly program set up, but are we going to change the mindset of the doctors and the patients?

Not enough primary care doctors – prescriptions are written too fast
We have to ask the question: Is it right to prescribes drugs as a quick answer?

Still a lot of shopping around for prescriptions – you can tell because the people know what to say.

Needs/Problems/Outcomes

- More local data
- Involve youth in coalitions on DHMH study groups
- Figure out where do you want to control it and what's controllable?
- What about the addictive mindset that turns into a criminal mindset?
- More breaking in to homes – Breaking into Pharmacies - Take them for 'Open Houses'
- Is the situation similar to the use of cocaine in the 1900's

- Opiotes in Cocaine are more likely to have mental health problems – and we don't have adequate medical health service
- Have someone who is cut off – now you have an addict that will simply be going crazy. Respond to the addict to the hunt: Is there going to be a response to the addict on the hunt? Going to need that
- Would medical societies take the lead in creating guidelines – things you can do in an offices?
- Strong advertizing – local TV (notes: Delaware Public Health does fabulous ads against tobacco, very creative/informative)
- Education of Hospice staff (Kids will tell you they talk amongst themselves if relative on hospice or just had surgery. Try to figure out ho to get meds)

Strategies

- CDS (Confidential Data Stat?) agreement with patients CCHS
- Prescribed Pain management Groups – test when come through the door.
- Have appointments - come with your medications
- Call Pharmacists for information "We took care of a person who was trying to play the system but KCHD called the pharmacist and found the person was lying"
- Drug Take Back: Most counties have a drug take back program. Do go through and list all of them. More are coming in
- Assessment Risk in Practices

Proposal to hear what is going on around the regions

Evaluation of the Meeting

Strengths
Presentation
Presenters Knowledge
Players Present
Very Informative
Group Participation
Presentation of data
Correlation between RX and other drugs
Connection to mental health issues
Very good presentation on Power Points

Challenges -
Time
Wish for more info on who/(<u>what age group</u>) is overdosing
Would have liked having the data Dr Cohan presented in handouts so we could refer tot hem during the discussion