New Mexico Department of Health Initiatives: Responding to the Opioid Epidemic

Chris Trujillo, Pharm.D.
Prescription Drug Overdose Prevention, Epidemiology, and Response Division

Outline

• Objectives
• Data
• Key Interventions
• Additional approaches to reduce drug overdose
  • Surveillance
  • Drug Overdose Notifiable Condition

Objectives

• Pharmacist
  1) Describe overdose death and intervention related data
  2) Identify controlled substance prescribing patterns in New Mexico
  3) Describe methods to improve opioid prescribing practice, expand access to naloxone, and expand availability of medication assisted treatment
  4) Define Notifiable Condition and how it is used in Public Health
  5) Describe how a drug overdose notifiable condition can be used to intervene at various levels to overdose.

Technician

1) List methods to improve opioid prescribing practice, expand access to naloxone, and expand availability of medication assisted treatment
2) Define Notifiable Condition and how it’s used in Public Health
3) List 3 ways in which a drug overdose notifiable condition can be used to reduce overdose.

Data

Drug Overdose Death Rates
New Mexico and United States, 1990-2016


Rank | State | Deaths per 100,000
--- | --- | ---
1 | West Virginia | 52.0
2 | Ohio | 39.1
3 | New Hampshire | 39.0
4 | Pennsylvania | 37.9
5 | Kentucky | 33.5
6 | Maryland | 33.2
7 | Massachusetts | 33.0
8 | Delaware | 30.8
9 | Connecticut | 30.8
10 | Maine | 28.7
11 | New Mexico | 25.2
12 | U.S. | 19.8

Sources: CDC Wonder
Deaths are age-adjusted to the US 2000 standard population.

Drug Overdose Death Rates for the 12 States with the Highest Rates in 2016, 2010-2016

Drug Overdose Death Rate by County, NM, 2012-2016

Drug overdose deaths and death rates, 2012-2016: How New Mexico Counties Compare

Drug Overdose Death Rates for Selected Drugs, NM 1990-2016 3-year Moving Average

Methamphetamine in NM, 2013-2017

Year  % of OD Deaths Involving methamphetamine
2013 15.6
2014 21.1
2015 22.3
2016 25.8
2017 (half) 29.5

* The fraction of all OD deaths that involve meth has doubled over the period and is closing in on a third.

Source: New Mexico Office of the Medical Investigator

Number of Controlled Substance Prescriptions Filled by Drug Type, NM, 2016

Source: New Mexico Prescription Monitoring Program
Top Rx Drugs in Overdose Death, NM, 2016

Controlled Substance, Opioid and Benzodiazepine Prescribing, 2016-2017

Patients with Concurrent Opioids and Benzodiazepines (>=10 days overlap), 2016-2017

High Dose Opioid Prescriptions, 2016-2017

Patients with Overlapping Prescriptions, 2016-2017

Patients with Multiple Prescribers and Pharmacies, 2016-2017 4 or more prescribers or 4 or more pharmacies in 3 months

Deaths may involve more than one drug.
Source: NM Office of the Medical Investigator

Overdose death involvements
Deaths may involve more than one drug.

Controlled Substance, Opioid and Benzodiazepine

Source: NM PMP
*The PMP platform changed in Q4 2016

Controlled Substance, Opioid and Benzodiazepine

Prescriptions filled
Number of high dose (>=90 MME/day) opioid prescriptions excluding buprenorphine/naloxone

Number of high dose (>=40 DME/day) benzodiazepine prescriptions filled

Source: NM PMP
*The PMP platform changed in Q4 2016

Patients with Concurrent Opioids and Benzodiazepines (>=10 days overlap), 2016-2017

Patients with Overlapping Prescriptions, 2016-2017

Patients with Multiple Prescribers and Pharmacies, 2016-2017 4 or more prescribers or 4 or more pharmacies in 3 months

Source: NM PMP
*The PMP platform changed in Q4 2016
Board of Dental Health Care
Board of Nursing
Board of Osteopathic Medical Examiners
Board of Pharmacy
Board of Psychologist Examiners
Certified Nurse Midwives
New Mexico Medical Board

Total Opioid MME Filled, by Board, 2017 Q2

Total Benzodiazepine DME Filled, by Board, 2017 Q2

Pharmacy naloxone

Medication Assisted Treatment

Key Interventions

Improve Prescribing Practices

- Prescription Monitoring Program (PMP)
- 2016 legislation requiring mandatory PMP use
- Identify patients at risk, deter doctor/pharmacy shopping, and provide interventions
- Strengthens and enforces licensing board rules/regulations
- PMP may be linked to electronic health records and emergency department records
- Educational opportunities to get trained or retrained in pain management
  - Academic detailing – 1:1 sessions for providers
- NMDOH working with Workers' Compensation Administration to improve their prescribing practices
- Guidelines
  - 2016 CDC Opioid Prescribing
  - NM Hospital Association emergency department

NM Prescribers with at least 20 patients who filled controlled substance prescriptions
Source: New Mexico Board of Pharmacy Prescription Monitoring Program

New Mexico Medical Board

Prescriptions with at least 20 patients who filled controlled substance prescriptions
Source: New Mexico Board of Pharmacy Prescription Monitoring Program

Total Opioid MME Filled, by Board, 2017 Q2

NM Prescribers with at least 20 patients who filled controlled substance prescriptions
Source: New Mexico Board of Pharmacy Prescription Monitoring Program

Total Benzodiazepine DME Filled, by Board, 2017 Q2

NM Prescribers with at least 20 patients who filled controlled substance prescriptions
Source: New Mexico Board of Pharmacy Prescription Monitoring Program

Medication Assisted Treatment

NM Prescribers with at least 20 patients who filled controlled substance prescriptions
Source: New Mexico Board of Pharmacy Prescription Monitoring Program

Key Interventions

Improve Prescribing Practices

- Prescription Monitoring Program (PMP)
- 2016 legislation requiring mandatory PMP use
- Identify patients at risk, deter doctor/pharmacy shopping, and provide interventions
- Strengthens and enforces licensing board rules/regulations
- PMP may be linked to electronic health records and emergency department records
- Educational opportunities to get trained or retrained in pain management
  - Academic detailing – 1:1 sessions for providers
- NMDOH working with Workers' Compensation Administration to improve their prescribing practices
- Guidelines
  - 2016 CDC Opioid Prescribing
  - NM Hospital Association emergency department

Medication Assisted Treatment

NM Prescribers with at least 20 patients who filled controlled substance prescriptions
Source: New Mexico Board of Pharmacy Prescription Monitoring Program

Key Interventions

Improve Prescribing Practices

- Prescription Monitoring Program (PMP)
- 2016 legislation requiring mandatory PMP use
- Identify patients at risk, deter doctor/pharmacy shopping, and provide interventions
- Strengthens and enforces licensing board rules/regulations
- PMP may be linked to electronic health records and emergency department records
- Educational opportunities to get trained or retrained in pain management
  - Academic detailing – 1:1 sessions for providers
- NMDOH working with Workers' Compensation Administration to improve their prescribing practices
- Guidelines
  - 2016 CDC Opioid Prescribing
  - NM Hospital Association emergency department

Medication Assisted Treatment

NM Prescribers with at least 20 patients who filled controlled substance prescriptions
Source: New Mexico Board of Pharmacy Prescription Monitoring Program

Key Interventions

Improve Prescribing Practices

- Prescription Monitoring Program (PMP)
- 2016 legislation requiring mandatory PMP use
- Identify patients at risk, deter doctor/pharmacy shopping, and provide interventions
- Strengthens and enforces licensing board rules/regulations
- PMP may be linked to electronic health records and emergency department records
- Educational opportunities to get trained or retrained in pain management
  - Academic detailing – 1:1 sessions for providers
- NMDOH working with Workers' Compensation Administration to improve their prescribing practices
- Guidelines
  - 2016 CDC Opioid Prescribing
  - NM Hospital Association emergency department
**Increasing Access to Naloxone**

- 2016 Naloxone legislation passed
- Statewide standing orders - individual prescription no longer necessary
- Pharmacies
- Law Enforcement
- Schools
- Law Enforcement carry and administer naloxone
- Criminal Justice (detention center) naloxone upon release
- Harm Reduction
  - Syringe services
  - Overdose prevention and education
- NMDOH working with Medicaid to ensure naloxone products are covered

**Increase Medication Assisted Treatment (MAT)**

- NMDOH determining how to track MAT, inpatient, and other types of outpatient treatment
- Buprenorphine/naloxone can be tracked using PMP
- DEA can provide number of providers with waivers
- Medicaid methadone patients
- Nurse practitioners and physician assistants can now obtain waivers for prescribing buprenorphine for opioid use disorder
- NMDOH facilitating MAT trainings for providers

**Surveillance and Targeting Strategies**

- NMDOH drug epidemiologists analyze data from various sources
- Vital Records and Health Statistics
  - Death Data
  - Office of the Medical Investigator
    - Drugs involved in the death
  - Hospital Discharge Data
  - Hospitalizations
  - Emergency Department data
- Use of multiple data sources allows a better understanding of drug use, misuse, and overdose
- Data linkage done between data systems, for example between the PMP and death data together to provide picture of drug use in New Mexico
- Data used to target overdose prevention strategies and interventions

**Notifiable Diseases or Conditions**

- **Notifiable condition** means a disease or condition of public health significance required by statute to be reported to the department of health (§§ 7.4.3.13)
- **Emergency Reporting** – immediate reporting to NMDOH
- **Severe Infectious Disease**
  - Acute Illness involving large #s of persons in same area
  - Intentional or accidental release of chemicals or biological agents
- **Foodborne/Waterborne**
  - Routine – report within 24 hours to NMDOH
- **Infectious Disease**
  - Tuberculosis
  - STDs
  - Occupational Illness and Injury
  - Adverse Vaccine Reactions
  - Environmental Exposures
  - Injuries – includes Drug Overdose, firearm, traumatic brain injury prior to death
- **NMDOH had drug overdose as a notifiable condition prior to this project but wants to provide services in addition to performing surveillance**
Concerns

• Involuntary, regulation-driven overdose referrals
• People may not call 911 if they know reports are sent to “The State”
• So far, not an issue
• Fear of police involvement is a valid concern, especially for those on probation/parole
• Patient privacy
• Regulations allow NMDOH to request reports

Implementation

• Developed case definition for drug overdose
  • Using ICD-10-OM T-Codes 36-50
• Emergency Department report criteria “Poisoning by adverse effects of, and exposure to noxious substances including”:
  • Overdose of Drugs
  • Wrong drug given or taken
  • Drug taken inadvertently
  • Accidents in the use of drugs
  • Medicaments and biological substances
  • Self-inflicted poisoning – accident or intentional

Case Definition

Drug OD Report-based Interventions

• Improve prescribing
  • Use the PMP to check controlled substance history
  • Contact prescribers
  • Contact pharmacies
• Expand access to naloxone
  • Hospital/ED based distribution
• Treatment
  • Link to treatment services: recovery support, etc.
  • Medication assisted treatment (MAT)
**Improve Prescribing**

- Decrease high risk prescribing
- Upon review of PMP report, factors which prompt provider call:
  - High dose >90 MME
  - Chronic > 12 weeks
  - Combines benzos and opioids
  - Overlapping opioids
  - Multiple prescribers/pharmacies
  - Early refills
  - Other questionable observations (cash, filling at pharmacies far from residence, etc.)
- Upon recognition of risk factor above, NMDOH contacts prescriber(s)

**Naloxone**

- How do we assure the individual who experienced opioid OD gets naloxone?
  - Refer to local case management program
  - Provide medication directly to patient, family, or friend upon discharge
  - Handing someone a paper prescription not ideal
- If not given product, patient should know where to get naloxone
  - Local pharmacy
  - Triage services
  - Public Health Office
  - Community organizations

**Treatment**

- NMDOH screens OD report forms
  - OOD due to non-controlled substances or accidental misuse not naloxone
- Community partner accepts referral to assess for level of care
  - Accept clients into existing care
  - Provide harm reduction/other services as appropriate
  - Refer clients to higher levels of care as needed
- Communicate to NMDOH the outcome of each referral
- Pathways Program (case management program)
  - RAC Health and Human Services
  - Care coordination across multiple pathways (SUD, pregnancy, behavioral, local services, etc.)
  - Pathways can refer to medication assisted treatment providers

**Successes**

- Prescribers unaware of OD – have been appreciative of notification
- More motivation to follow up with patient sooner rather than later
- Prescribers may use more caution when refilling opioids and benzos
- Taper benzos and/or find alternatives
- Reinforcement of providing naloxone – multiple visits to ED
- ID patient misuse of opioids – contact pharmacy
- Referrals to treatment – connected to substance abuse counseling
- Naloxone being provided through community partners
- Patients have not been fired from medical care providers

**Challenges**

- Reporting definition – confusion about what hospital should report
- Buy-in from hospital staff
- Timeliness of reports sent
- Lag from time when OD report received to when patient is contacted by community partner
- Manual fax as opposed to electronic submission
- Prescribers not returning calls
- Patient contact info inaccurate
- Naloxone distribution from hospital challenging
- Not enough peer support and only used for select patients

**Conclusions**

- NM overdose death rates did not change in 2017 compared to 2016 while most other states saw large increases
- Benzodiazepine and methamphetamine OD deaths continue to increase
- High risk prescribing decreasing gradually
- Compliance with licensing board PMP regulations needs improvement
- MME use continues to increase
- Naloxone dispensing from pharmacies is increasing
- Prescribers are now being notified of fatal overdose if cause of death determined by OMS, in addition/near death for controlled substance
- We have more work to do!
Questions?

Thank you!

For more information please contact:
ChristopherJ.Trujil@state.nm.us