Governor's Opioid State Action Accountability Taskforce

October 31, 2018

9:00 AM

Place of Meeting:
Old Assembly Chambers Capitol Building
101 North Carson Street Carson City, NV 89701

This meeting will be video conferenced to the following location:
Grant Sawyer Building
Governor's Office Conference Room 555 E Washington Avenue, Suite
5100 Las Vegas, NV 89101

I. Call to Order

II. Opening Remarks, Introduction of the Committee Members and Special Guests (for discussion only)

III. Public Comment.
Each speaker offering comments during the period for public comment will be asked to limit their comments to not more than 3 minutes

IV. Track 1

PRESCRIBER EDUCATION AND GUIDELINES

Track 1 Progress Update – S. Paul Edwards, General Counsel

Nevada Board of Pharmacy

Overview of Milestones Completed
July 1 - Present

- *Regulations - The State, through its boards and various agencies, worked with the public and prescribers to promulgate regulations to clarify AB 474.*
- *The majority of the new regulations are now effective, with the final set pending approval by the Legislative Commission.*
- *Education efforts regarding AB 474 and the new regulations are on-going.*
- *Board of Pharmacy working with partners to initiate integration.*

Overview of Board Efforts
July 1 - Present

- Significant increase in PMP registrations. Current at 99%.
- On-going collaboration between boards to review and, where appropriate, investigative concerns regarding inappropriate prescribing.
- Providing continuing education events for providers of all disciplines regarding AB 474, the new regulations, and prescribing of controlled substances.

Overview of Prescription Drug Monitoring Program Data (PDMP)

- *PDMP data is collected from all of the dispensers of controlled substance to the residents of Nevada*
- *This data is housed at the Board of Pharmacy*
- *Prescribers are required to view the PDMP prior to prescribing most controlled substances to determine the appropriateness of the medication.*

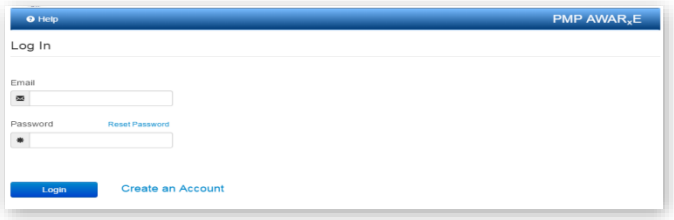
Integration

- *Partnership with DHHS.*
- *Integrates access to the PDMP into each practitioner's/clinic's internal EMR system.*
- *Working on building the infrastructure and platform that links the State's PDMP to Prescribers EMR System. PDMP date will present as a tab within each practitioner's internal EMR system.*
- *Eliminates the need for separate log-ins.*
- *Over 75 percent of current EMRs used Nevada have the connectivity in their system.*
- *Goal is to make integration available to all Nevada practitioners.*

Prescriber Access Workflow Is Cumbersome

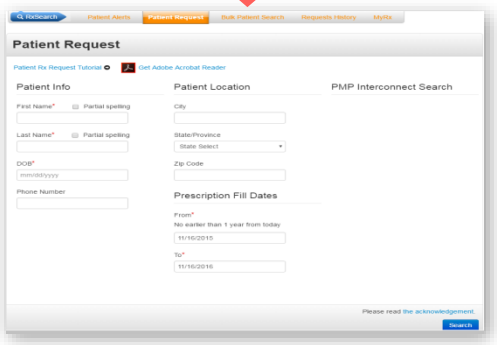
Prescriber Exits EHR Workflow

Navigate to State Website & Manually Login



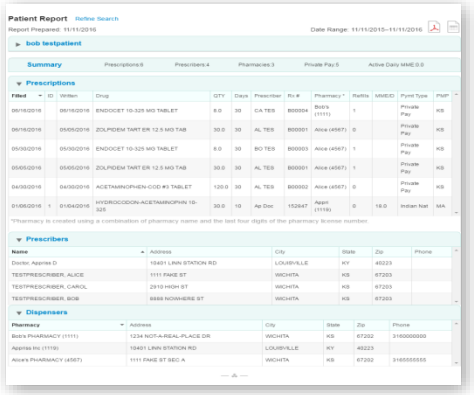
Navigate to Search

Manually Enter Patient Identifiers



Wait for Report to Be Generated

View PDMP Report



Interpret Report Data

More Data Needed?

Repeat Steps to Navigate to Neighboring State(s) PDMP as necessary

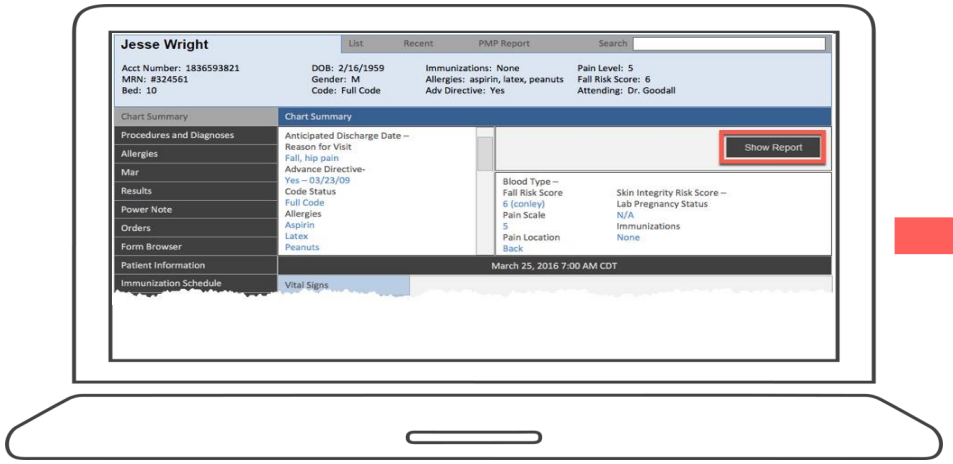
Prescriber Returns to EHR Workflow

4.22 MINUTES PER PATIENT

Source: http://onlinelibrary.wiley.com/doi/10.1111/acem.12905/abstract

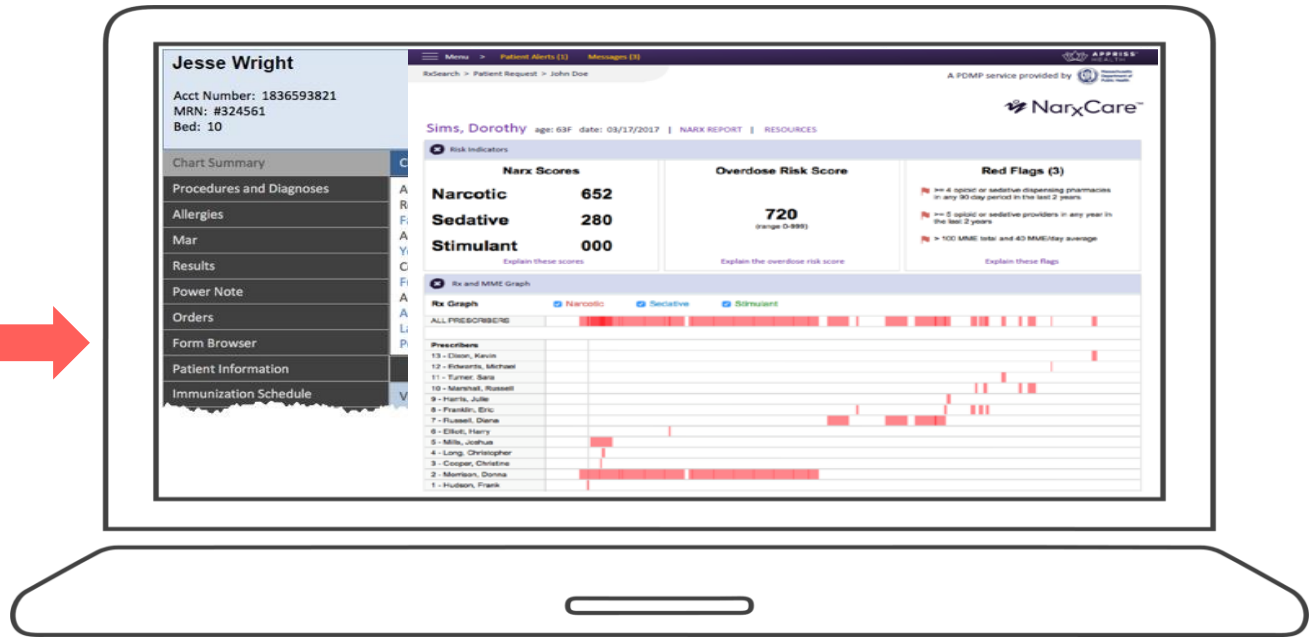
What Prescribers Need: EHR Integration

Prescriber navigates to their normal prescription workflow in EHR



CLICK
Show Report
button

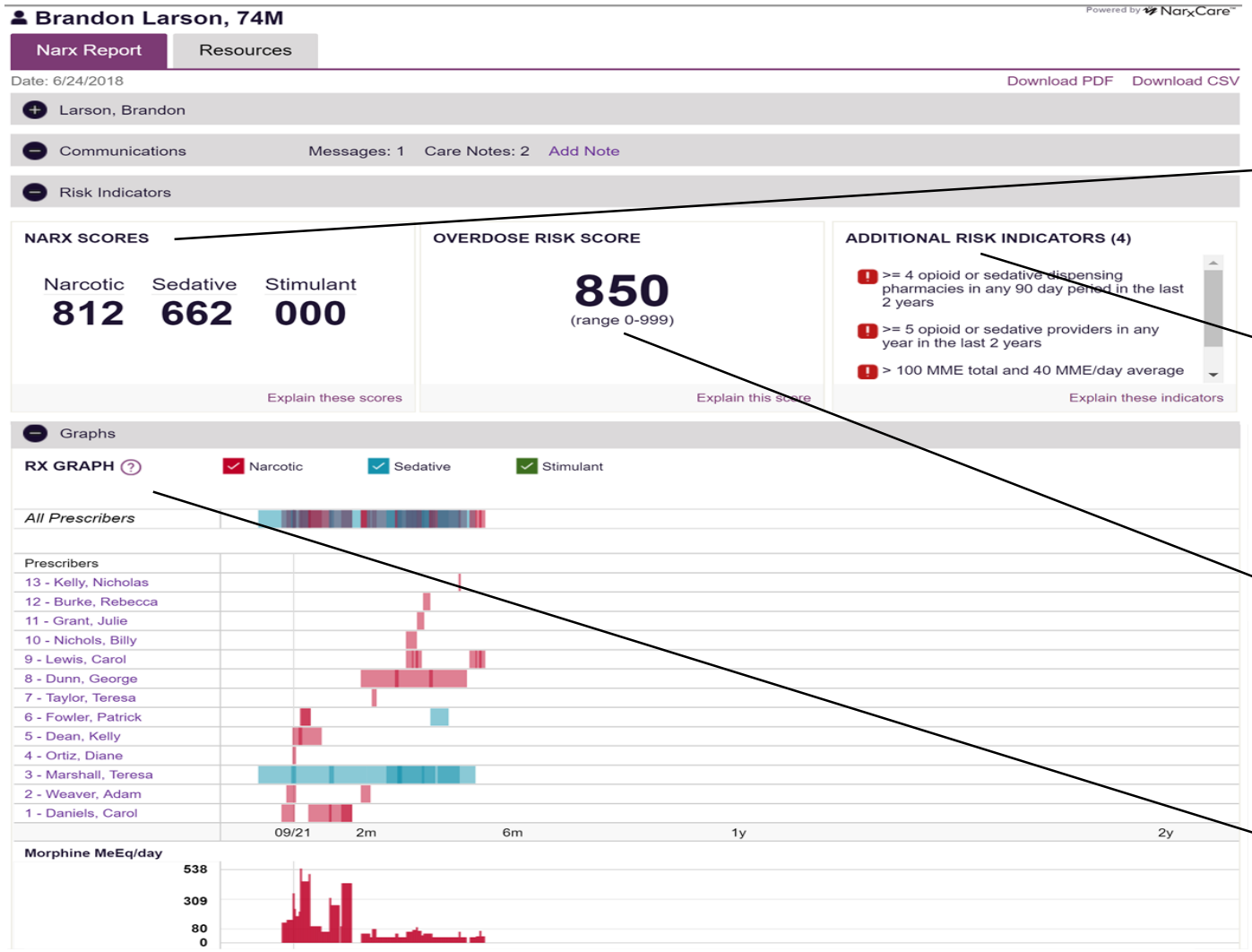
Prescriber reviews prescription history report, views use scores and insights, and continues with normal prescription workflow



Some of the additional features of integration

- NARXCARE
- Work flow sharing
- Real-time handoff of patients to open treatment beds. “Openbeds”

Analytics and Visualizations



Represent controlled substance history

Prominent risk indicators highlight important information from many data sets

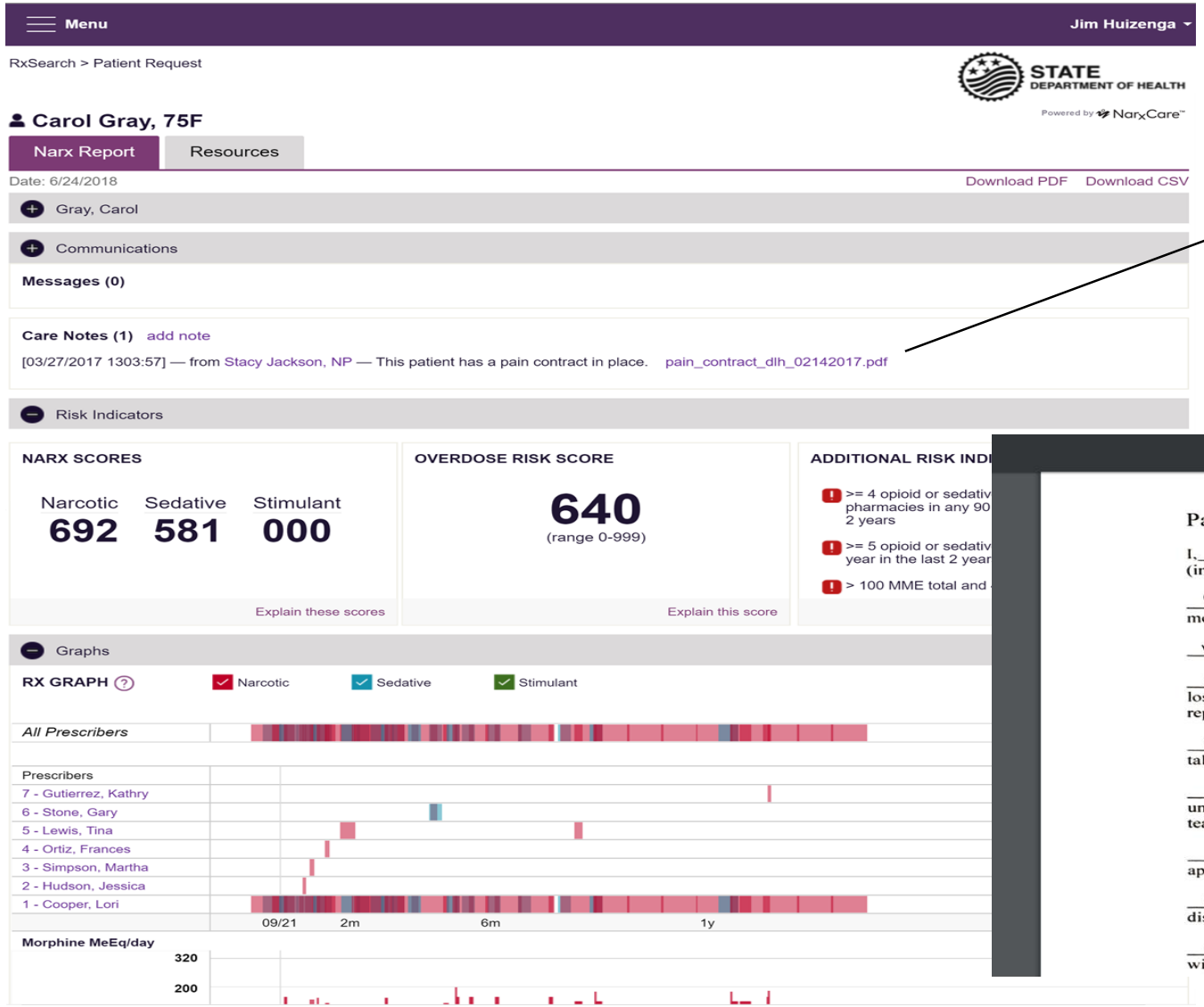
Machine-learning derived score predicting risk of unintentional overdose death

Can incorporate many data sets

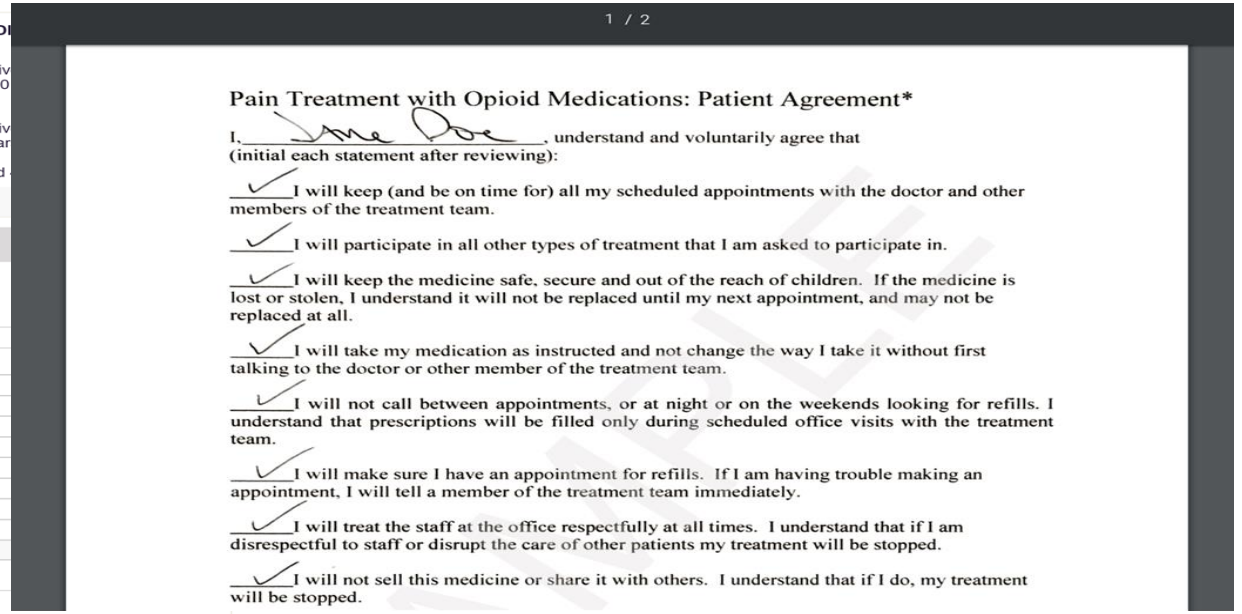
Rx Graph Clearly Displays Vital Information Difficult to Ascertain from “Med History” View

Proprietary and Confidential © Appriss Health 2018

Opioid Treatment Agreement



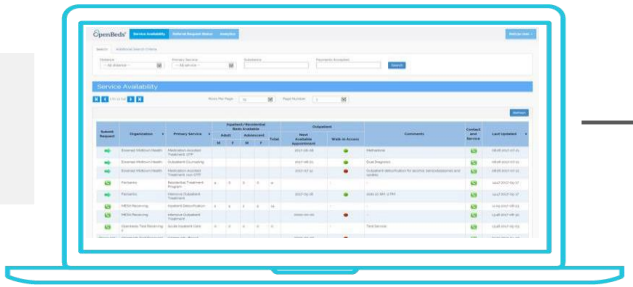
Care Notes also enable flagging and insertion of an Opioid Treatment Agreement, an emerging requirement from CMS and elsewhere



Proprietary and Confidential © Appriss Health 2018

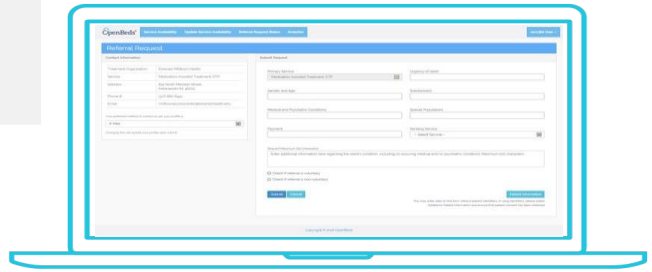
How OpenBeds® Works: 4 Steps

Referring agencies see real time treatment availability

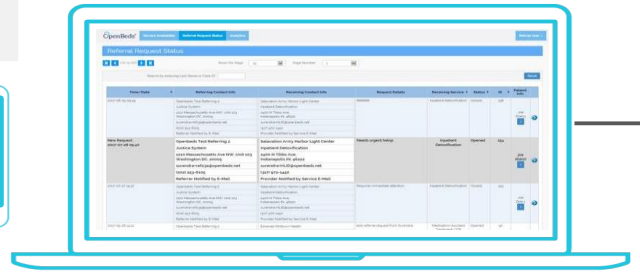


Available on mobile devices

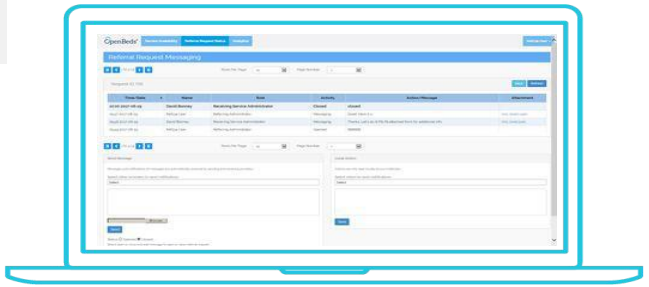
Referring agency creates and sends a digital referral



Treatment facilities are alerted to referral requests; manage and communicate with referring agency



Treatment facilities accept patient into care



Simple process to filter and find a bed or treatment slot, create/send/process a request -- in less than 2 minutes, provider is back to work

Proprietary and Confidential

Priorities and Next Steps

1. Work to secure funding for integration.

2. Enter into contract with vender to provide integration.

3. Identify policies needed to enhance current laws.

Questions and Contact Information

Nevada Board of Pharmacy

S. Paul Edwards
General Counsel
Nevada Board of Pharmacy

pedwards@pharmacy.nv.gov

Track 2: Treatment Options and Third-Party Payers

V. Track 2 Initiatives Update

Dr. Stephanie Woodard, Senior Advisor on Behavioral Health, Department of Health and Human Services, Division of Public and Behavioral Health

Michelle Berry, Senior Project Manager, Center for the Application of Substance Abuse Technologies (CASAT), University of Nevada, Reno

Recent Milestones and Accomplishments

People in Treatment. An estimated 2,500 individuals received OUD treatment through Nevada's IOTRCs (average February – May 2018).

People Connected to Services. The IORTCs continued outreach with hospitals, and relationship-building resulted in several MOUs (memoranda of understanding) signed that will facilitate warm-handoffs between hospitals and IOTRCs.

Naloxone Distributed. Naloxone has been distributed to more people throughout the state, and 7 reversals were reported between May and July, saving lives.

Recent Milestones and Accomplishments

Virtual Dispensary Ready to "Go Live." Final steps made in the development of the Virtual Dispensary, which will allow for tracking of naloxone within the state to support distribution throughout the state.

Peer Recovery Support Services Established. More individuals are receiving peer recovery support services in Nevada.

Recovery-Friendly Workplaces. Gov. Sandoval has started a Recovery-Friendly Workplace Program with the aim to reduce the stigma of substance use and encourage workplaces to support treatment and recovery. The program is designed to give business owners training, draft policies, and technical assistance to become a recovery-friendly workplace. A resource manual and educational training vide are being created for business owners to reference.

Recent Milestones and Accomplishments

New Resources to Fund Efforts. State Opioid Response (SOR) funding awarded; this will complement and add resources to existing projects and programs, as well as fund new initiatives. Additionally, two tribes in Nevada received federal funding through SAMSHA's Tribal Opioid Response Grant funding opportunity.

Improved Partnerships with Providers treating Pregnant Women. Providers working with women who may be using opioids are receiving information, tools, and resources to connect women to appropriate services.

Ongoing Actions

Efforts to Establish Sustainable Programs. Continued efforts to ensure payment is sustainable (waivers, other CMS processes) are underway.

Develop and improve IOTRC model, including technical assistance and capacity building

Provide training for community-based organizations (CBOs) that will distribute naloxone

Continue outreach to hospitals to connect them with IOTRC Mobile Recovery Outreach

Support and promote pain management and Medication Assisted Treatment (MAT) clinics through Project ECHO

Work to establish access to MAT in more places, including Tribal communities and office based “spokes”

Coordinate across funding streams and systems; identify challenges that programs are facing and help find solutions

Next Steps

- Launch the Virtual Dispensary
- Establish Awards for Community Preparedness Plans
- Alternatives to Opioids (ALTO) Nevada Pain Management Seminar Hospital Training (November 13 – Reno and November 14 – Las Vegas)
- Establish Medicaid Policy for Medication Assisted Treatment
- Launch peri-natal quality collaborative for prevention of NAS

Managed Care Organizations' (MCO) Non-Pharmacological Options

Data reported by Nevada's Medicaid Managed Care Organizations

Presented by

Dr. Stephanie Woodard, Senior Advisor on Behavioral Health, Department of Health and Human Services, Division of Public and Behavioral Health

Non-pharmacological treatment options: **Health Plan of Nevada Medicaid Members (HPN)**

Overall HPN has seen a decrease of 38% in total opioid prescriptions and unique utilizers (last analysis period was Q3 ’16 to Q2 ’18).

For pain and musculoskeletal conditions, Physical Therapy and Occupational Therapy have increased 8% from ‘17 to ‘18; of that population we discovered an increase of 3% for members receiving both PT/OT and behavioral therapy related to pain.

Peer support counseling services are available at the NBH support center for HPN TANF expansion members. Numbers cannot be quantified at this time.

Non-pharmacological treatment options: **Health Plan of Nevada Medicaid Members (HPN)**

In JOCs with our ACO providers, PCPs are reporting increased use of non-pharmacologic methods of treating pain (exercise, stretches, relaxation, ice/heat, etc.) in accordance with the CDC guidelines, but these categories cannot be quantified.

Chiropractic services for members age less than 21 do not require prior authorization. In 2017 there were claims for 126 unique members and for 2018 claims through June there were 71 unique members.

Yoga, acupuncture, and tai chi are not covered benefits at this time.

Non-pharmacological treatment options:

Anthem

Highest utilizers of prescription opiates are adult members (> 21 years old) with musculoskeletal pain conditions.

Anthem's clinical guidelines are in strict adherence of the Nevada Medicaid Services Manual.

This means that the only available non-pharmacologic treatment option we offer these members is physical therapy.

Non-pharmacological treatment options: Anthem

Anthem reviewed members' utilization of physical therapy during the period 9/1/2017-8/31/2018.

- There were an estimated 208,464 units of physical therapy used for musculoskeletal pain conditions.
- The estimated expenditure for these services was $5,322,075.36.

Non-pharmacological treatment options: SilverSummit Healthplan

Silver Summit reported 1,756 non-pharmacological procedures (January – October)

- The most commonly provided procedures reported were injections (steroidal at site of pain).
- Many of these procedures were for the same patient, and represent services provided, not unique clients.
- No alternative therapies were provided.

Track 3

DATA COLLECTION AND INTELLIGENCE SHARING

Track 3 Progress Update – Kyra Morgan, State Biostatistician, DHHS

Presentation of Emerging Data Capabilities and Recent Data Trends

Opioid Data Collection and Surveillance *Projects in Place*

Recent Data Trends (Existing and Ongoing Data Resources):

- *Prescription Drug Monitoring Program – Impact Analysis of AB 474*
  - *http://dpbh.nv.gov/Resources/opioids/DHHS-data/DHHS-Opioid-Data/*
- *Opioid Dashboard*
  - *https://opioid.snhd.org*
- *Nevada Opioid Surveillance Report*
  - *http://dpbh.nv.gov/Resources/opioids/DHHS-data/DHHS-Opioid-Data/*

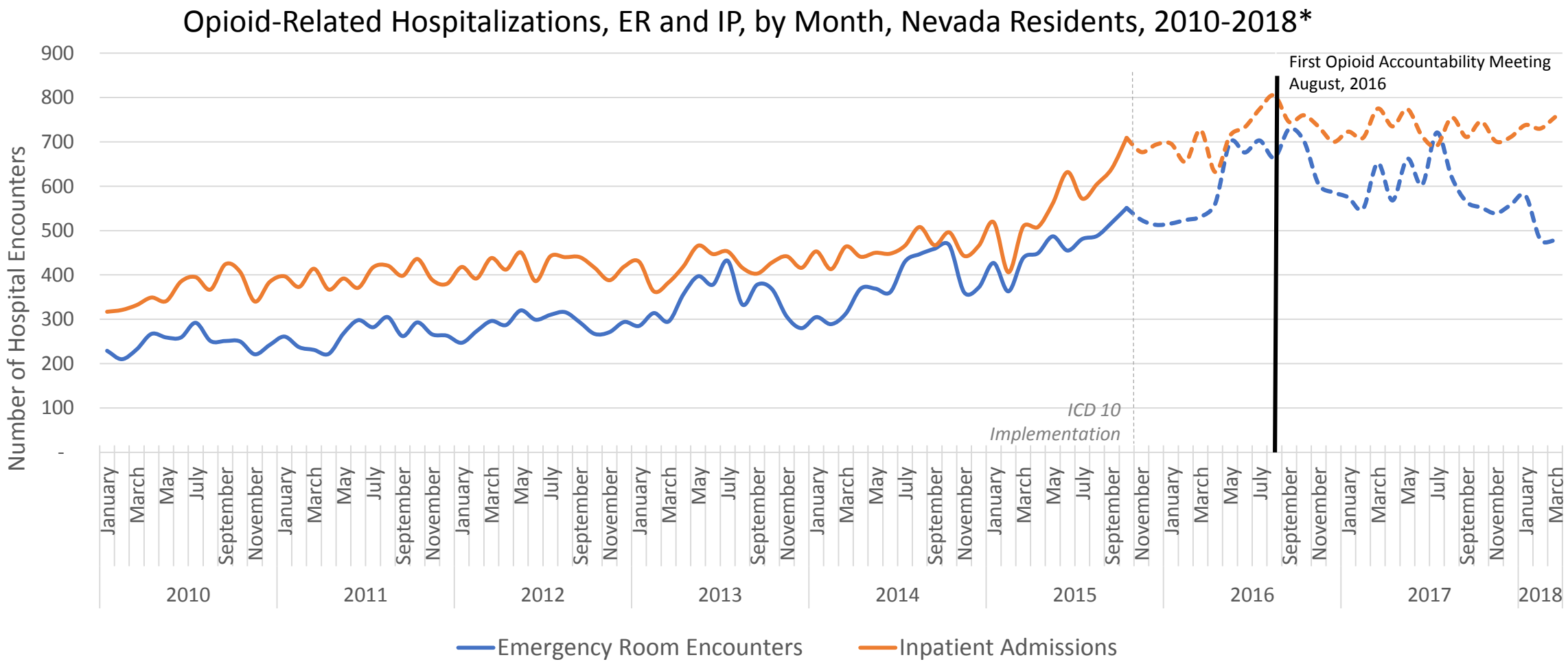
Second Judicial Specialty Courts - Pilot Analysis

Linking Prescription Drug Use to Fatal and Non-Fatal Overdoses through the PDMP

Overdoses in Nevada – Reporting under AB 474

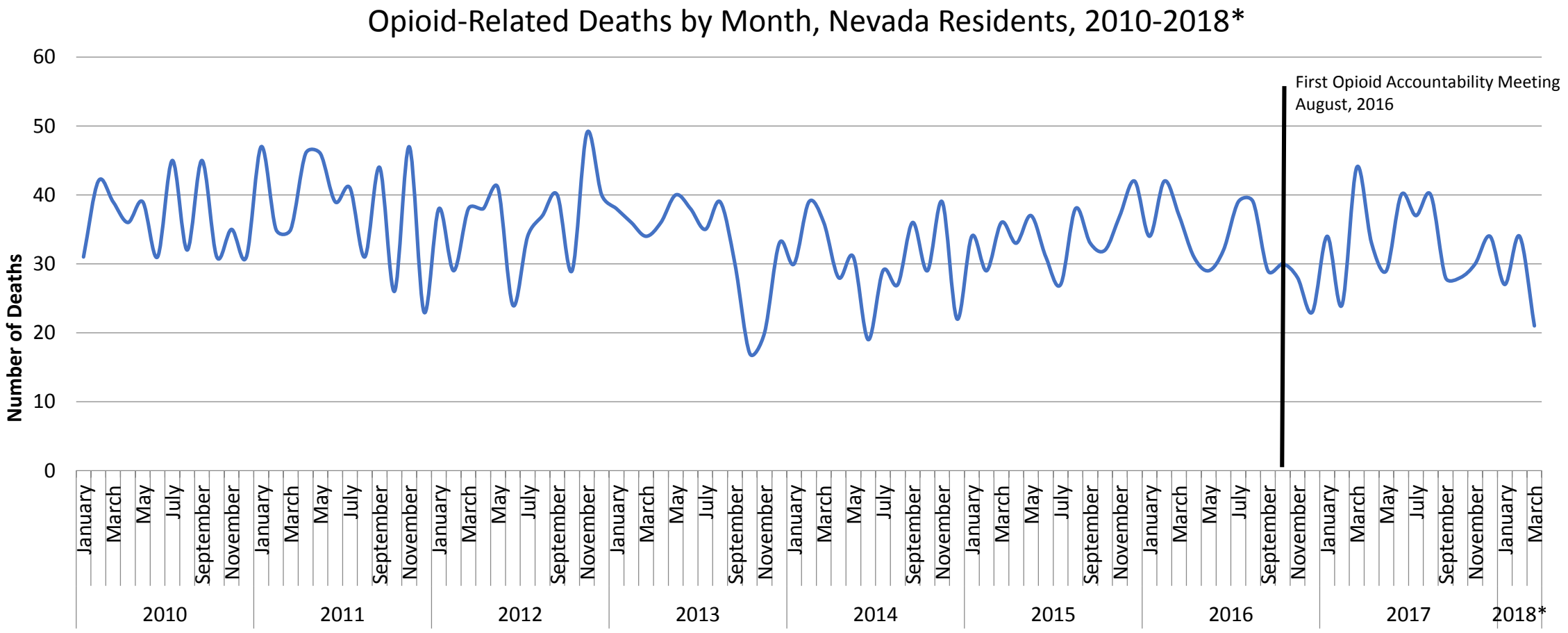
Information and Trends

Recent Data Trends (http://dpbh.nv.gov/Resources/opioids/DHHS-data/DHHS-Opioid-Data/)



**2018 data are for January 1, 2018 - March 31, 2018 only and are preliminary.*

Information and Trends
Recent Data Trends (*http://dpbh.nv.gov/Resources/opioids/DHHS-data/DHHS-Opioid-Data/*)



**2018 data are for January 1, 2018 - March 31, 2018 only and are preliminary.*

Information and Trends
Second Judicial Specialty Courts - Pilot Analysis

Data from the Second Judicial District Specialty Courts were matched to the statewide Criminal History Repository from the Department of Public Safety. This analysis was limited to individuals with a discharge from the Second Judicial Specialty Courts in 2014 - 2017.*

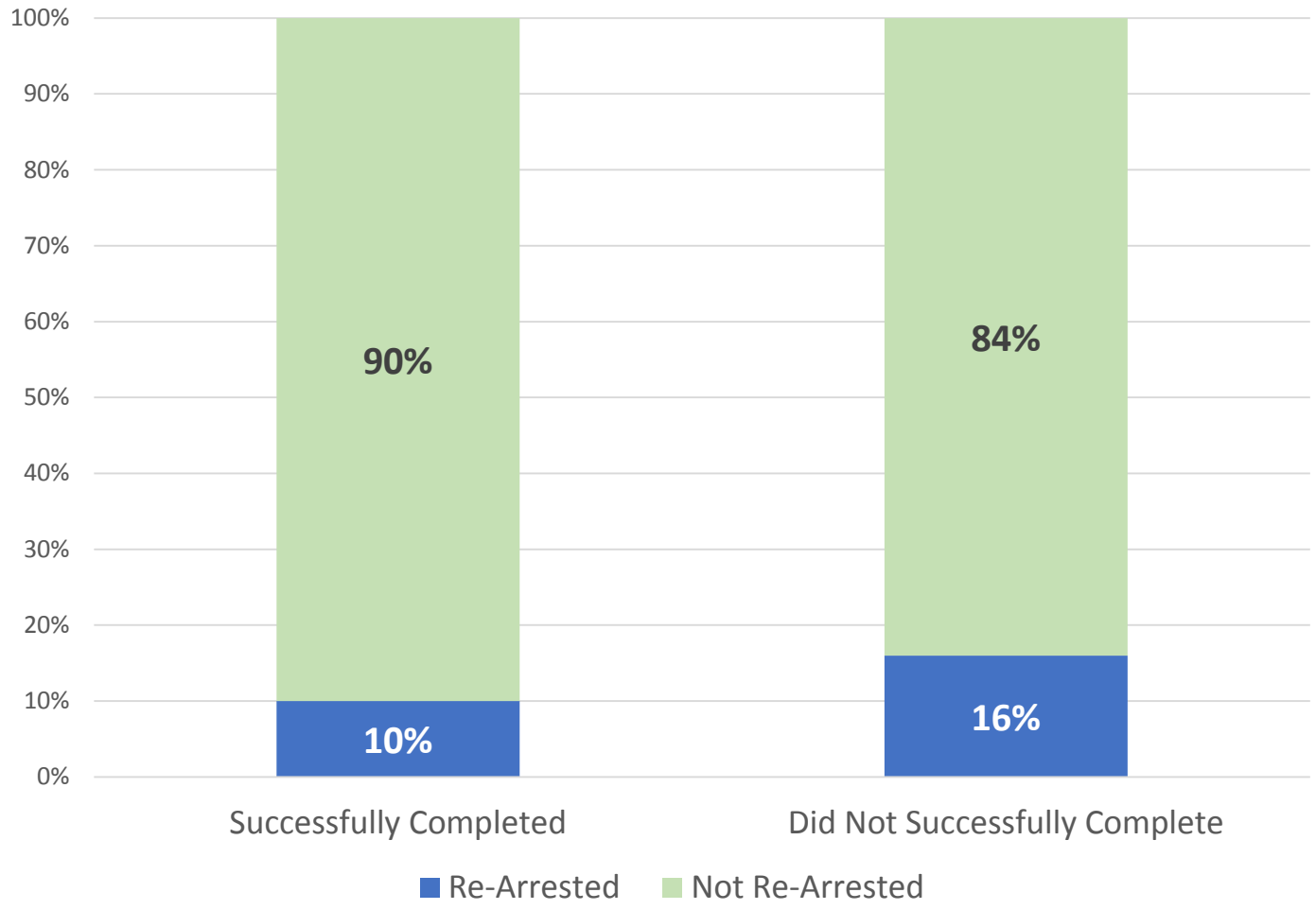
Summary of Cases by Completion Status

Year of Discharge	Total Specialty Court Cases	Successfully Completed		Not Successfully Completed	
	N	N	%	N	%
2014	341	207	61%	134	39%
2015 ^	717	437	61%	280	39%
2016	659	366	56%	293	44%
2017	639	356	56%	283	44%
Total	**2,356**	**1,366**	**58%**	**990**	**42%**

From 2014 to 2017, 2,356 unique individuals participated in specialty courts. Of those, 1,366 (58%) successfully completed the program.

** The Statewide Criminal History Repository includes arrests that took place in Nevada and not nationally.*

^ In 2014, the Second Judicial Specialty Courts adopted a new data system. Due to this transition, 2014 data are not completely represented here.



- Of the 341 total discharges in 2014, 98 people were arrested within the next three years (28.7%, 126 arrests).
- On average, each year :
  - 10% of those who successfully complete are re-arrested.
  - 16% of cases who did not successfully complete are re-arrested.

Information and Trends
Second Judicial Specialty Courts - Pilot Analysis

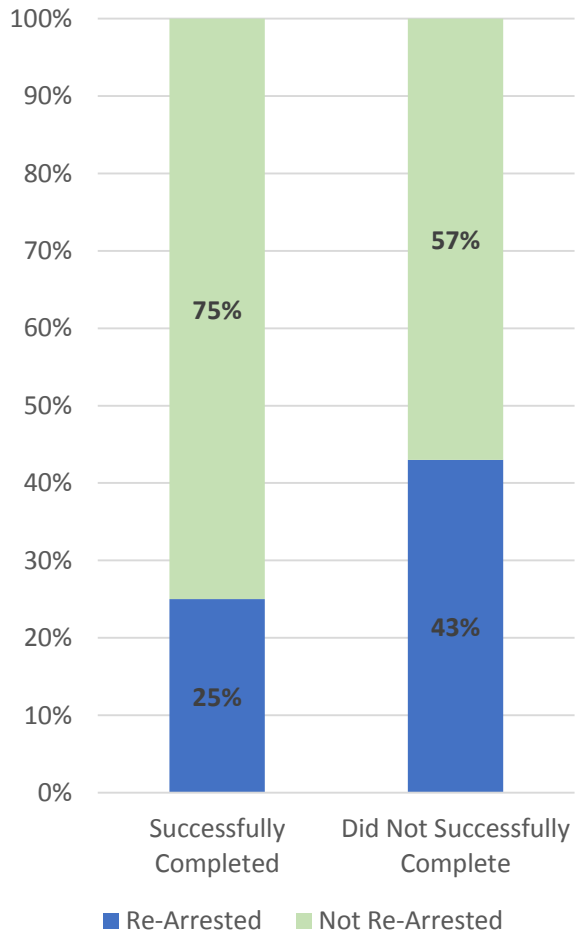
Information and Trends
Second Judicial Specialty Courts - Pilot Analysis

- For cases who were **successfully discharged** in 2014, 155 of the 207 individuals (75%) had no subsequent Nevada arrests.

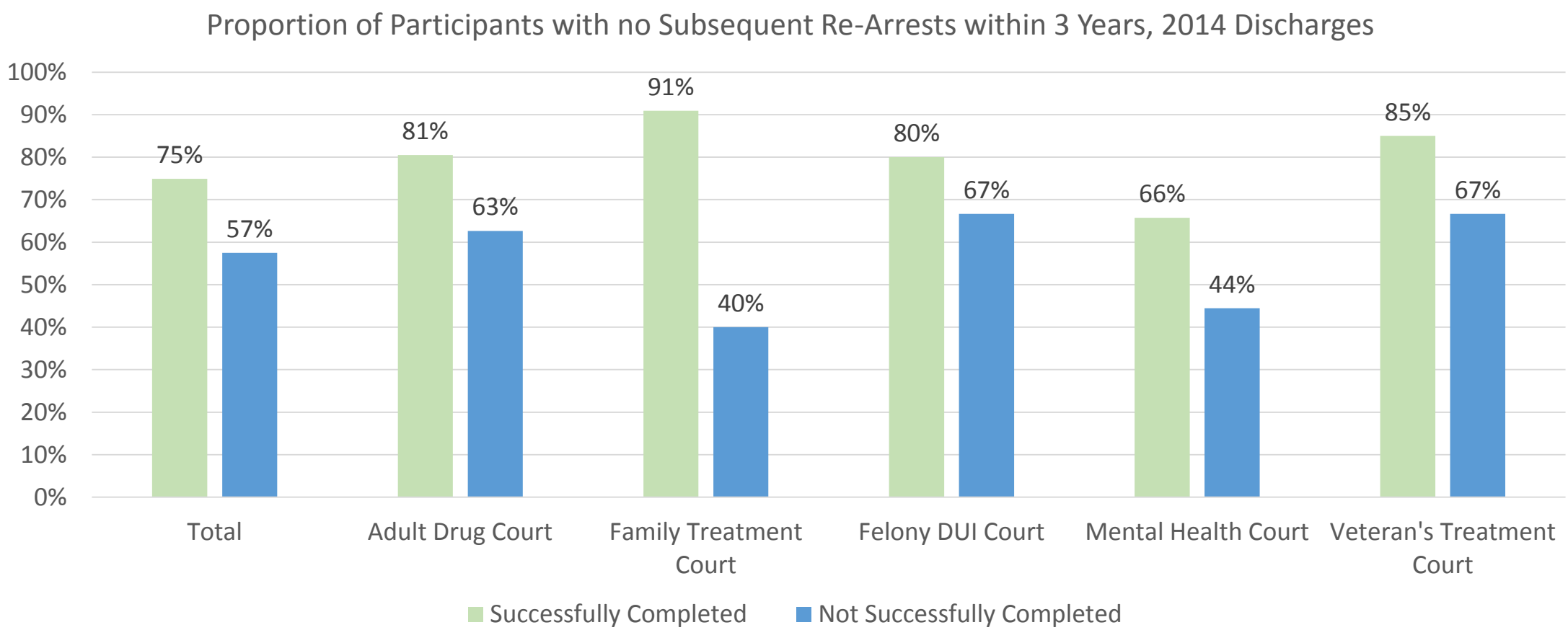
- For cases who were **not successfully discharged** in 2014, 77 of the 134 individuals (57%) had no subsequent Nevada arrests.

Summary of Cases with no Subsequent Arrests by Completion Status

Year of	Successfully Completed		Not Successfully Completed	
	N	%	N	%
2014	155	75%	77	57%
2015	353	81%	202	72%
2016	306	84%	225	77%
2017	333	94%	245	87%
Total	**1,147**	**84%**	**749**	**76%**



Information and Trends
Second Judicial Specialty Courts - Pilot Analysis



Only courts with sufficient participation in 2014 were included here.

^ In 2014, the Second Judicial Specialty Courts adopted a new data system. Due to this transition, 2014 data are not completely represented here.

Information and Trends
Second Judicial Specialty Courts - Pilot Analysis

Medication-Assisted Treatment (MAT) Court

Summary of Cases by Completion Status

Year of Discharge	Total Medicatted Assisted Treatment Court Cases	Successfully Completed		Not Successfully Completed	
	N	N	%	N	%
2017	17	11	65%	6	35%
Total	**17**	**11**	**65%**	**6**	**35%**

In 2017, 17 unique individuals participated in Medication-Assisted Treatment Court. Of those, 11 (65%) successfully completed the program.

Of the 11 successful discharges in 2017 from the Medication-Assisted Treatment Court, there have been no cases re-arrested (as of 10/10/2018).

Information and Trends
Second Judicial Specialty Courts - Pilot Analysis

Youth Offender Diversion Court

Summary of Cases by Completion Status

Year of Discharge	Total Youth Offender Court Cases	Successfully Completed		Not Successfully Completed	
	N	N	%	N	%
2016	9	9	100%	-	0%
2017	11	9	82%	2	18%
Total	**20**	**18**	**90%**	**2**	**10%**

From 2016 to 2017, 20 unique individuals participated in Youth Offender Court. Of those, 18 (90%) successfully completed the program.

Of the 9 successful discharges in 2016, 1 person was arrested since graduating (11%).

Of the 9 successful discharges in 2017 from the Youth Offender Diversion Court, 2 cases (22%) have been re-arrested since (as of 10/10/2018).

Information and Trends

Linking Prescription Drug Use to Non-Fatal Overdoses through the PDMP

Individuals who Presented at the ER with an Overdose, Schedule 2, 3, 4 Drug	2016	2017	Total
De-Duplicated Individuals	1,616	1,623	3,239
Individuals who Overdosed with PDMP History	1,103	1,117	2,218
Percent	*68%*	*69%*	*68%*

Individuals who Overdosed with PDMP History, by Number of Repeat Overdose ER Visits	2016	2017
6 visits	0	1
4 visits	2	4
3 visits	9	9
2 visits	60	48
1 visits	1,032	1,055

Methods: Drug overdose visits were extracted from the Emergency Department Hospital Billing data and matched to the Prescription Drug Monitoring Program data. For analysis, overdoses were limited to "Schedule 2, 3, 4 drugs" which the Drug Enforcement Agency (DEA) consider to be potentially habit forming and/or the potential for abuse.

Information and Trends
Overdoses in Nevada – Reporting Under 441A

		02/01/2018 – 03/31/2018
Overdose Reporting under AB 474	Total Reports	274
	Number and Percent with Diagnosis	231; 87%
	Number and Percent with T40, T41.1, T42, T43	**197; 71%**
	Facilities	**26**
Statewide ED Billing Data	**Number with T40, T41.1, T42, T43**	**707**
	Facilities	**32**

Percentage of Expected Cases	**28%**

Information and Trends
Overdoses in Nevada – Reporting under 441A

Percentage of Expected Cases	**28%**

The Department of Health and Human Services is working closely with associations and stakeholder groups to better define and improve overdose reporting.

Facility Name	Hospital Billing Records	2018 441a Reporting	% of expected cases	Difference
Spring Valley Hospital Medical Center	41	0	0%	41
Southern Hills Hospital and Medical Center	26	0	0%	26
St. Rose Dominican Hospitals - Rose de Lima Campus	25	0	0%	25
Northern Nevada Medical Center	13	0	0%	13
Humboldt General Hospital	4	0	0%	4
Battle Mountain General Hospital	3	0	0%	3
South Lyon Medical Center	2	0	0%	2
St. Rose Dominican Hospitals - Siena Campus	28	1	4%	27
Desert Springs Hospital Medical Center	39	2	5%	37
University Medical Center of Southern Nevada	18	1	6%	17
Desert View Hospital	11	1	9%	10
St. Rose Dominican Hospitals - San Martin Campus	11	1	9%	10
Mesa View Regional Hospital	9	1	11%	8
Sunrise Hospital and Medical Center	83	10	12%	73
Renown South Meadows Medical Center	16	3	19%	13
MountainView Hospital	49	10	20%	39
Centennial Hills Hospital Medical Center	29	8	28%	21
Banner Churchill Community Hospital	3	1	33%	2
Boulder City Hospital	3	1	33%	2
Grover C Dils Medical Center	3	1	33%	2
Renown Regional Medical Center	78	28	36%	50
Saint Mary''s Regional Medical Center	29	12	41%	17
Henderson Hospital	33	14	42%	19
North Vista Hospital	29	13	45%	16
Northeastern Nevada Regional Hospital	22	13	59%	9
Valley Hospital Medical Center	33	20	61%	13
Carson Valley Medical Center	6	4	67%	2
Summerlin Hospital Medical Center	22	17	77%	5
Carson Tahoe Regional Medical Center	35	28	80%	7
William Bee Ririe Hospital	3	3	100%	-
Pershing General Hospital	1	1	100%	-
Mount Grant General Hospital	0	0	-	-
Total	**707**	**197**	**28%**	**510**

October updates include data reported 02/01/2018 – 03/31/2018.

Records with the following diagnosis codes are included in this analysis: T40, T41.1, T42, T43

Information and Trends
Overdoses in Nevada – Reporting Under 441A

- Reporting Challenges:
  - What is reportable (not limited to opioids)
  - Real time reporting (billing bodes vs. clinical judgement)
- Ongoing Efforts to Improve Compliance:
  - Education on what is reportable
  - Improve audit reports using hospital billing records
    - Disconnect between billing coding and EHR clinical judgment (Ex: “History of”)
  - Issue letters to the hospitals for cases meeting the ICD10 codes mandated for report, and work with hospitals to identify discrepancies in cases being reported
  - Working with associations and stakeholder groups to address technical issues with reporting and providing technical assistance where needed
  - Establishing more automated reporting when possible

October updates include data reported 02/01/2018 – 03/31/2018.

Information and Trends
Overdoses in Nevada – Reporting under 441A

Percentage of Expected Cases (Opioid Poisonings)	74%

After narrowing down the auditing scope to take the identified issues into account, we see much closer compliance numbers when comparing reporting under 441a and statewide hospital billing data specific to opioid overdose reporting.

Facility Name	Hospital Billing Records	2018 441a Reporting	% of expected cases	Difference
Spring Valley Hospital Medical Center	8	0	0%	8
St. Rose Dominican Hospitals - Rose de Lima Campus	6	0	0%	6
University Medical Center of Southern Nevada	5	0	0%	5
Desert View Hospital	4	0	0%	4
Mesa View Regional Hospital	3	0	0%	3
Northern Nevada Medical Center	3	0	0%	3
Southern Hills Hospital and Medical Center	3	0	0%	3
Carson Tahoe Regional Medical Center	2	0	0%	2
Humboldt General Hospital	2	0	0%	2
Pershing General Hospital	1	0	0%	1
Desert Springs Hospital Medical Center	8	1	13%	7
St. Rose Dominican Hospitals - Siena Campus	6	1	17%	5
Henderson Hospital	9	4	44%	5
Sunrise Hospital and Medical Center	24	11	46%	13
Centennial Hills Hospital Medical Center	8	4	50%	4
Northeastern Nevada Regional Hospital	4	2	50%	2
St. Rose Dominican Hospitals - San Martin Campus	3	2	67%	1
Boulder City Hospital	1	1	100%	-
Saint Mary''s Regional Medical Center	12	12	100%	-
Valley Hospital Medical Center	15	16	107%	(1)
MountainView Hospital	11	14	127%	(3)
Renown Regional Medical Center	19	31	163%	(12)
North Vista Hospital	7	13	186%	(6)
Summerlin Hospital Medical Center	3	6	200%	(3)
Carson Valley Medical Center	2	5	250%	(3)
William Bee Ririe Hospital	1	3	300%	(2)
Total	**170**	**126**	**74%**	**44**

October updates include data reported 02/01/2018 – 03/31/2018.

Records with the following diagnosis codes are included in this analysis: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6; excluding 'adverse effect of' and 'underdoing' codes

Priorities and Next Steps

1. Continue to monitor and improve overdose reporting under NAC 441A

2. Onboarding and monitoring of ODMAPs.

3. Work with Quest Diagnostics to obtain more granular data related to toxicology.

Questions and Contact Information

Kyra Morgan

Chief Biostatistician
Department of Health and Human Services,
Office of Analytics
State of Nevada

kmorgan@health.nv.gov

Update Compliance of Overdose Reporting as Defined in NRS/NAC 441A

Kyra Morgan, State Biostatistician, Department of Health and Human Services, Office of Analytics

Catherine O'Mara, Director of the Nevada State Medical Association (NSMA)

Joan Hall, President, Nevada Rural Hospital Partners

Bill Welch, President, Nevada Hospital Association, and Marissa Brown, Director of Workforce & Clinical, Nevada Hospital Association

Rising Threats in Nevada's Opioid Epidemic

Presented by:
F Leland McClure, MSci, PhD, F-ABFT, MSL Director, Corporate Medical Affairs

October 31, 2018

Quest Diagnostics™

Prescription Drug Monitoring

Topics

1. National Opioid Epidemic
2. Health Trends

National Overdose Epidemic

Quest Diagnostics™

Drug Misuse and Overdose Deaths

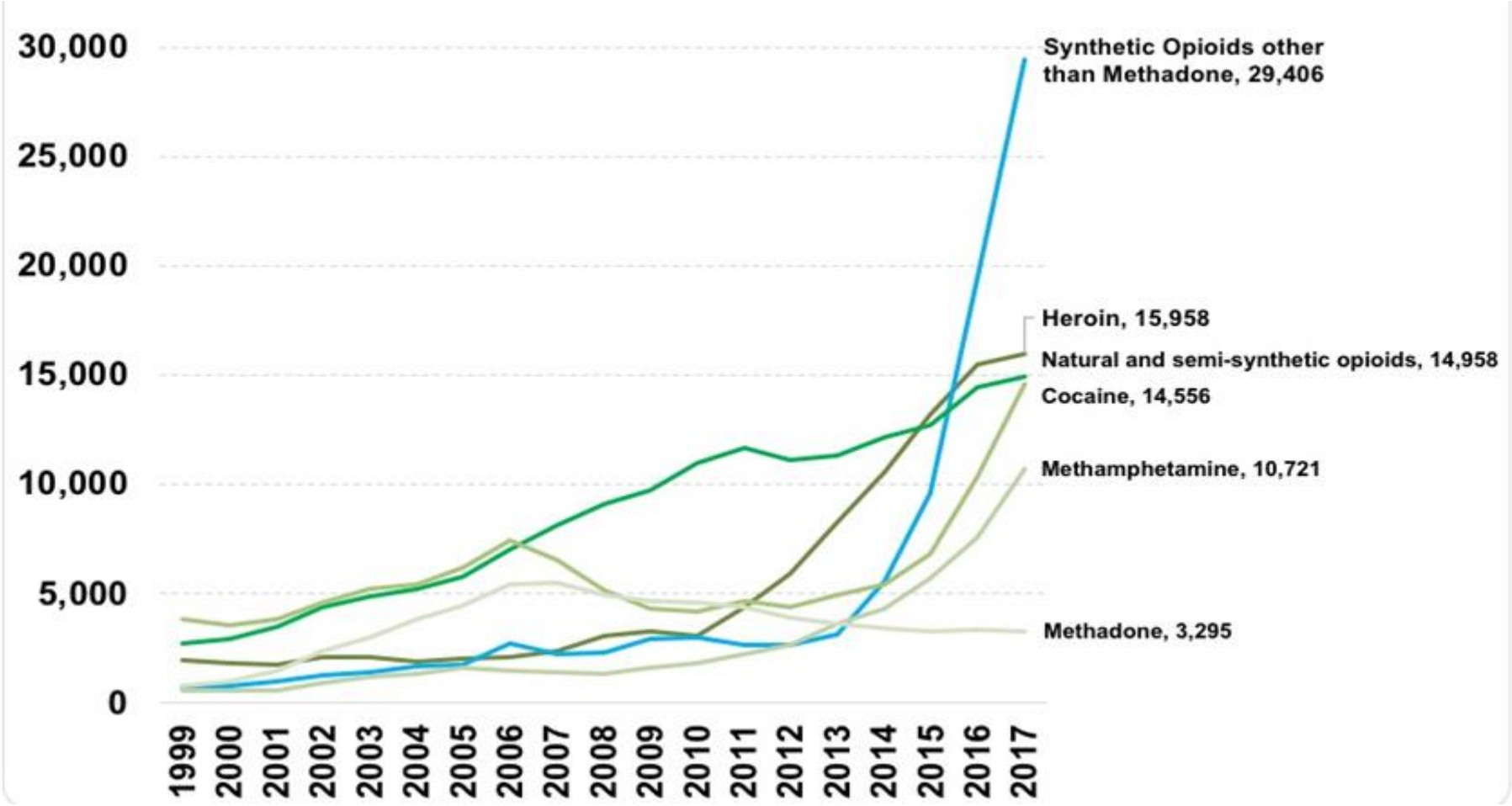
Understanding the epidemic

- The drug epidemic is one of the most significant and challenging healthcare issues of our time.
- 72,000 Americans died from drug overdose during 2017
- Laboratory data is foundational to healthcare and reveals trends and patterns that prescription, claims and other data cannot, both for the individual and populations.
- We provide insights into the evolving drug misuse epidemic – insights based on analysis of clinician-ordered drug monitoring performed for patients across the United States by Quest Diagnostics.

Quest Diagnostics™

Changing Pattern of Overdose Deaths Involving Opioids

United States, 1999 – 2017 72,000 drug overdose deaths



Source: Drug overdose death rate. NIH. https://https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

Quest Diagnostics™

What Has Contributed to Prescription Drug Misuse?

Patients may unintentionally misuse prescription drugs

They may do the following:

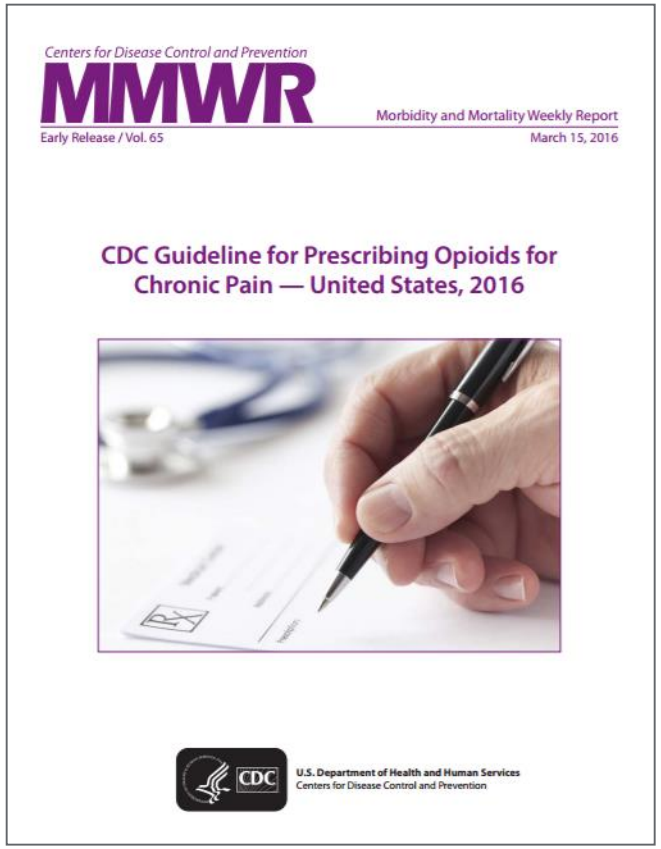
- Fail to follow prescriber's instructions
- Underestimate the potentially addictive nature of pain medications and other controlled medications
- Assume prescription drugs are safe to use under all circumstances
- Share their prescription drugs with friends or family
- Fail to secure their medications
- Not dispose of their unused medication

Quest Diagnostics™

CDC Guideline for Prescribing Opioids for Chronic Pain

First national guideline on opioid prescribing

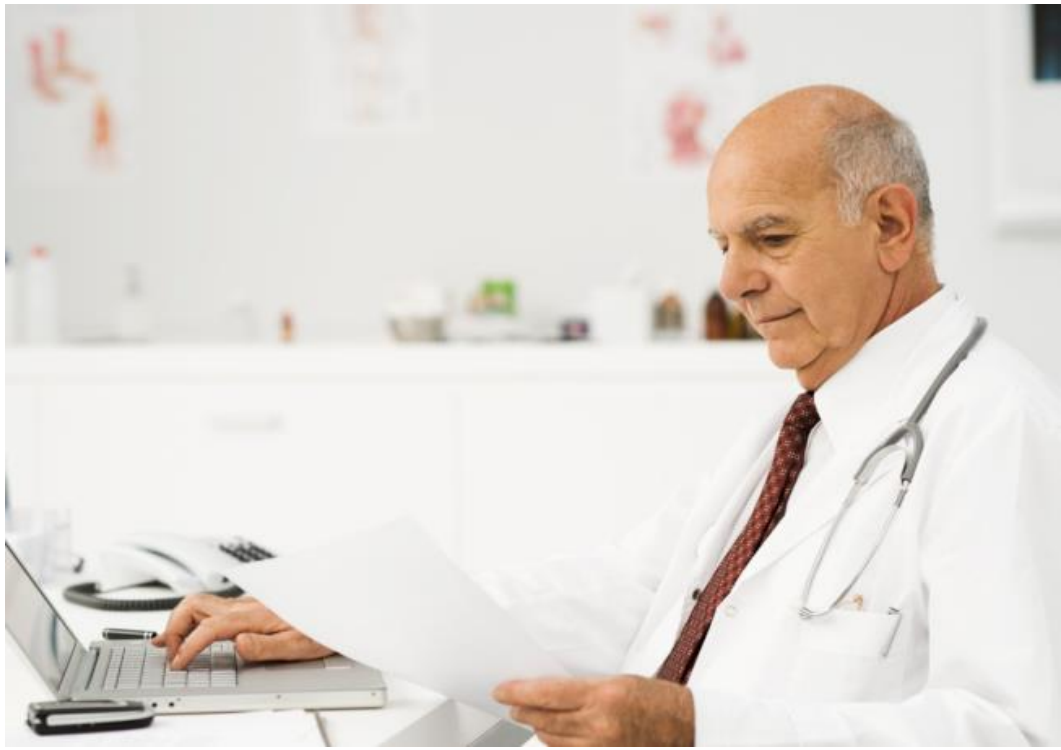
- Released by CDC in March 2016
- 12 recommendations targeted to primary care providers
- Primary care providers account for about 50% of prescription opioids dispensed
- Excludes pain treatments for cancer pain, terminal illness, and end-of-life care



What Can Be Done at the Practice Level?

Clinicians can take steps to manage risk

- Evaluate risk factors for opioid-related harms
- Check PDMP for high dosages and prescriptions from other providers
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed
- Use urine drug testing to identify prescribed substances and undisclosed use



Quest Diagnostics™

Monitoring Drugs Used

Urine drug testing is a part of a comprehensive monitoring process

Used to detect use or non-use of prescribed drugs and non-prescribed or illicit drugs. Drug detection is an objective indicator of the patient's adherence or compliance to their treatment plan. Drug testing can help to:

- Identify prescription compliance or noncompliance
- Detect use of illegal substances
- Identify potential drug-drug interaction
- Maintain patient access to prescription therapies

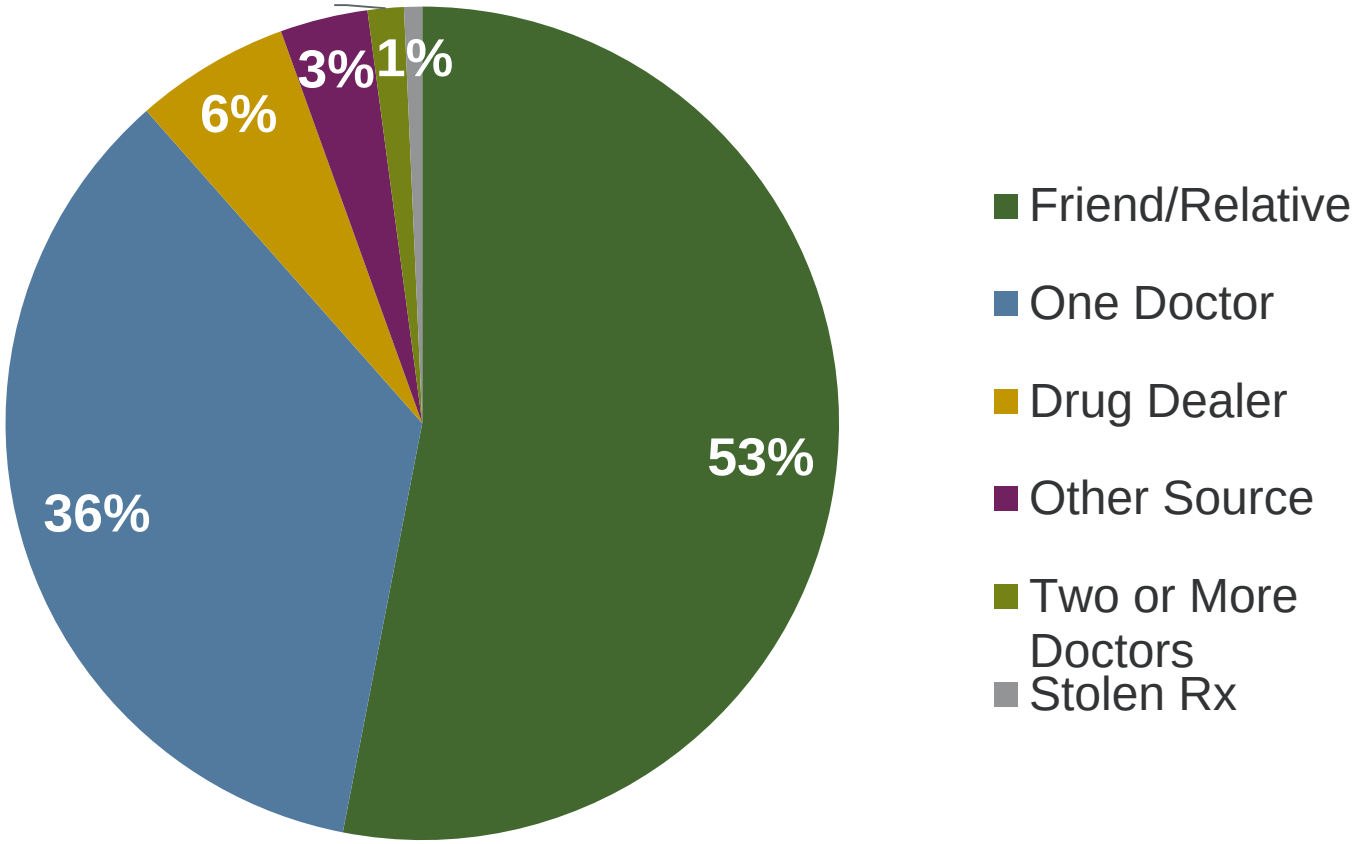
"When prescribing opioids for chronic pain, clinicians should use urine drug testing **before starting opioid therapy** and consider urine drug testing **at least annually** to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs."

CDC Guideline Recommendation, 2016

Quest Diagnostics™

Sources of Prescription Pain Relievers Among Misusers

2017 Percentages



~ 53%

Obtain prescription drugs from friends and family.

National Survey on Drug Use and Health 2017: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD.
https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#tab6-54A

Quest Diagnostics™

Quest Diagnostics Health Trends

Quest Diagnostics Health Trends™

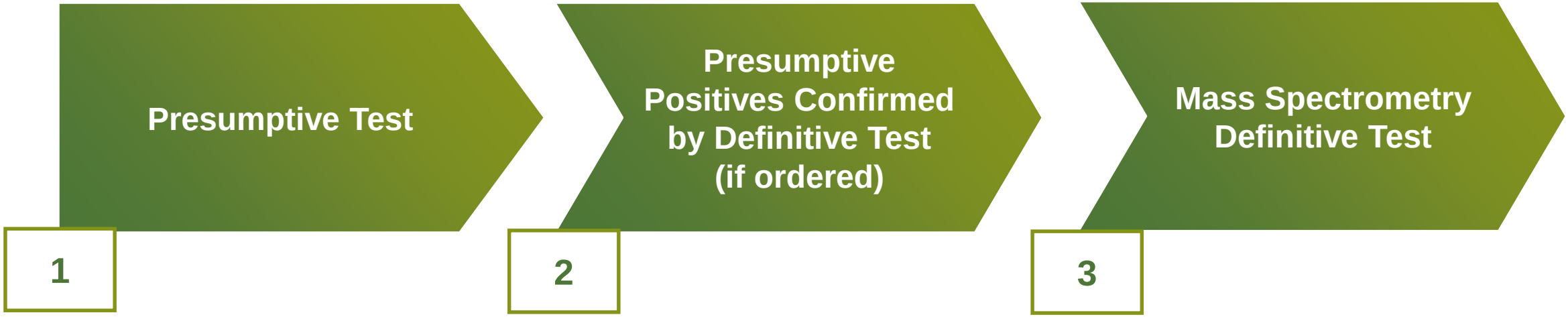
Health Trends™ Drug Misuse in America 2018

- 3.9 million lab results* of patients across the U.S. – largest known analysis of objective lab data
- All ages and every U.S. state and D.C.
- Subset of Health Trends data on Benzo-Opioid Combining presented at PAINWeek 2018

*Quest analysis is based on aggregate de-identified data and compliant with HIPAA and other pertinent regulations.

Quest Diagnostics™

Drug Testing Process



Chemistry Instrumentation or Mass Spectrometry

- Testing is performed at the drug class level.
- Qualitative results are produced.
- If result is negative, testing ends.
- If result is presumptive positive, further testing is needed to identify the drugs/metabolites.

Presumptive positive tests are followed by confirmation testing, if ordered.

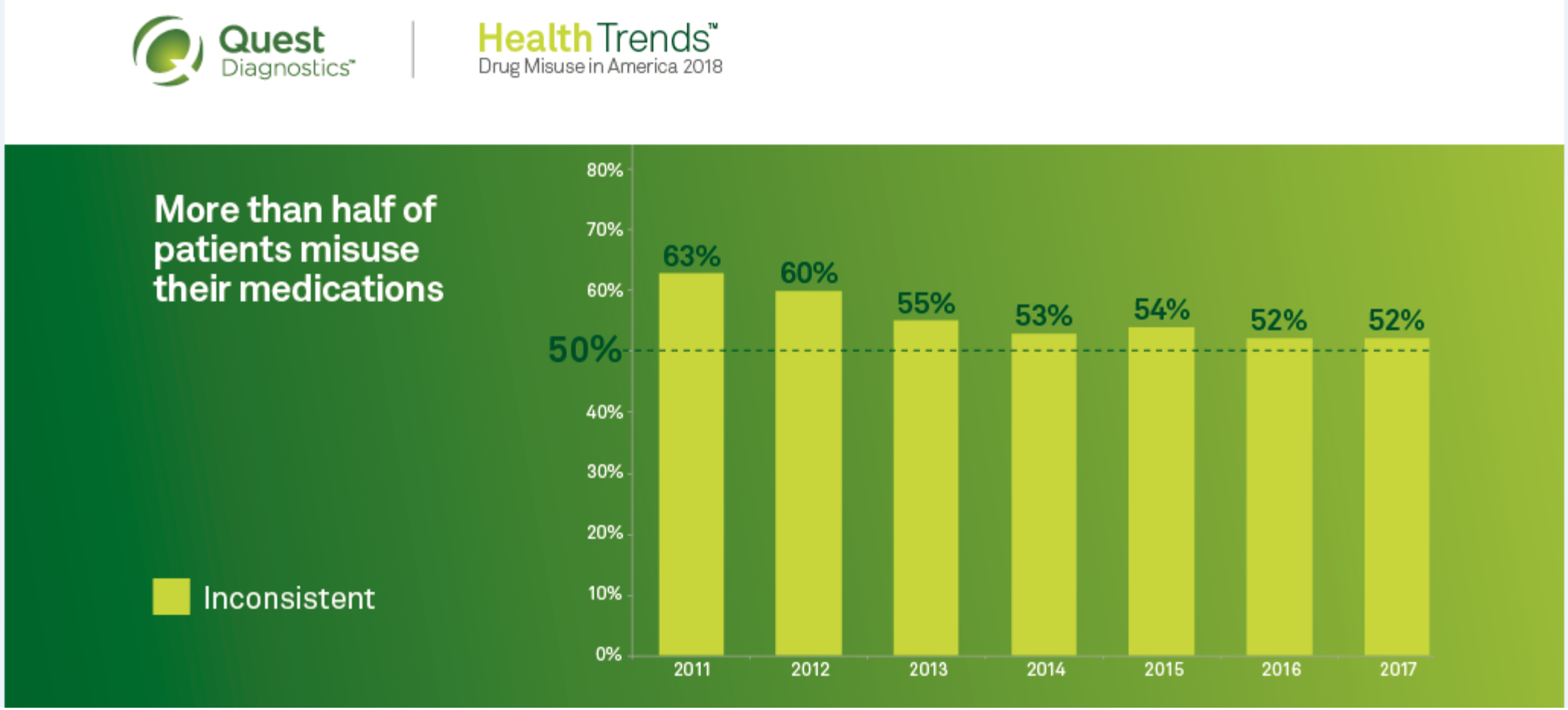
Definitive test is performed using Mass Spectrometry.

- Drug(s) and metabolite(s) are identified.
- Qualitative or quantitative results are reported.
- Confirmations and Direct-to-Definitive

Quest Diagnostics™

Drug Test Consistency with Prescribed Drugs

Consistency rates have plateaued since 2014



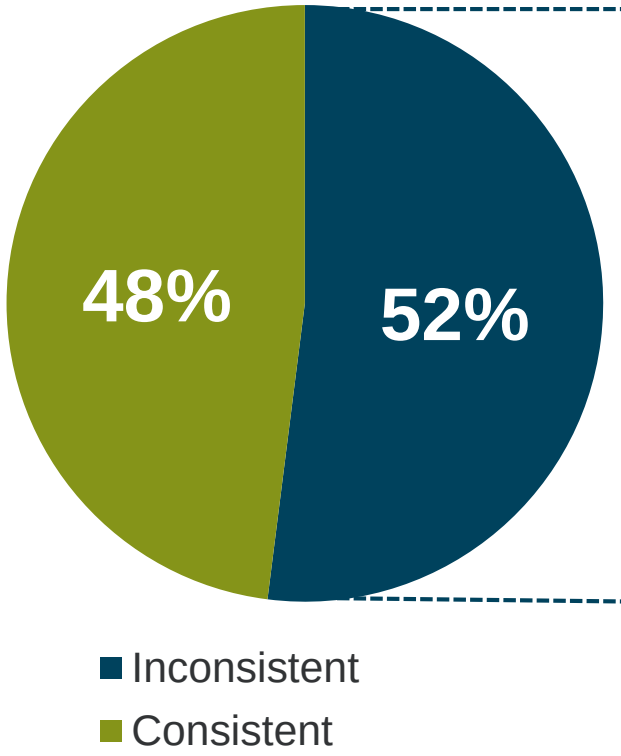
Quest Diagnostics, January 2016 – December 2017

Quest Diagnostics

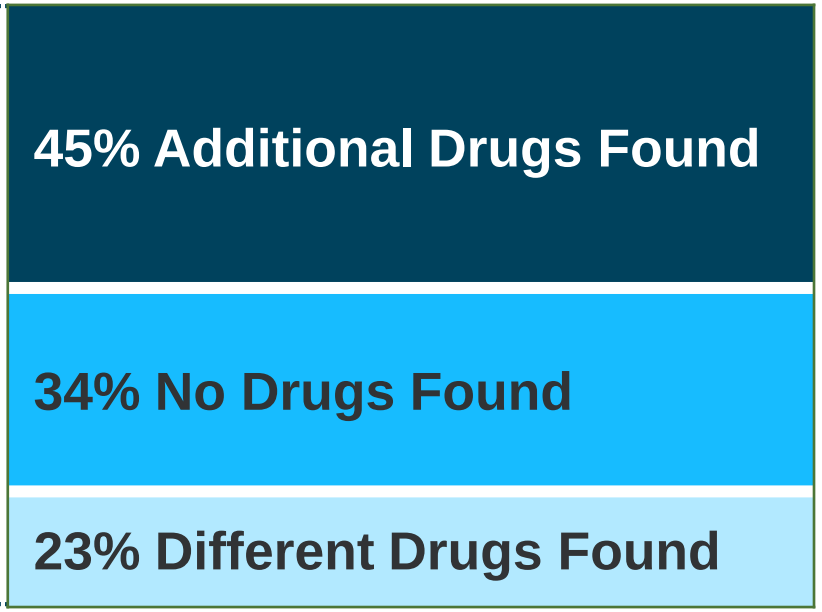
Patients Do Not Follow Provider Instructions…

Prescription drug monitoring results distribution

Inconsistent vs. Consistent



Distribution of Inconsistent Results

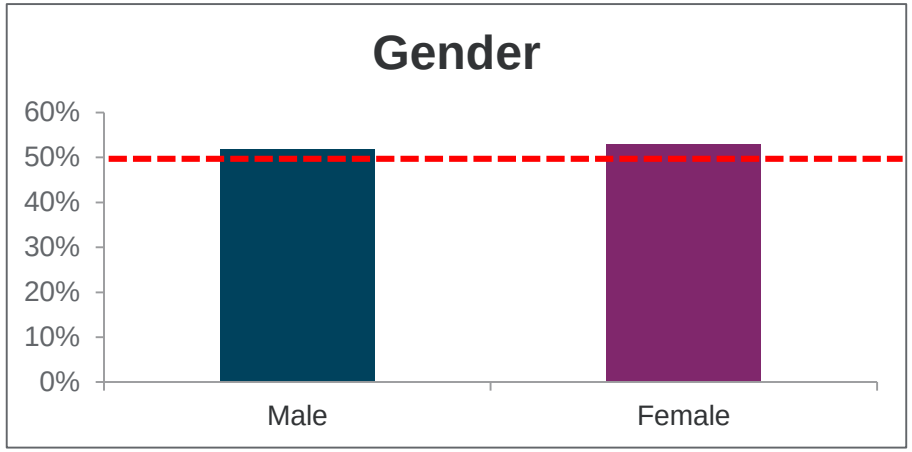


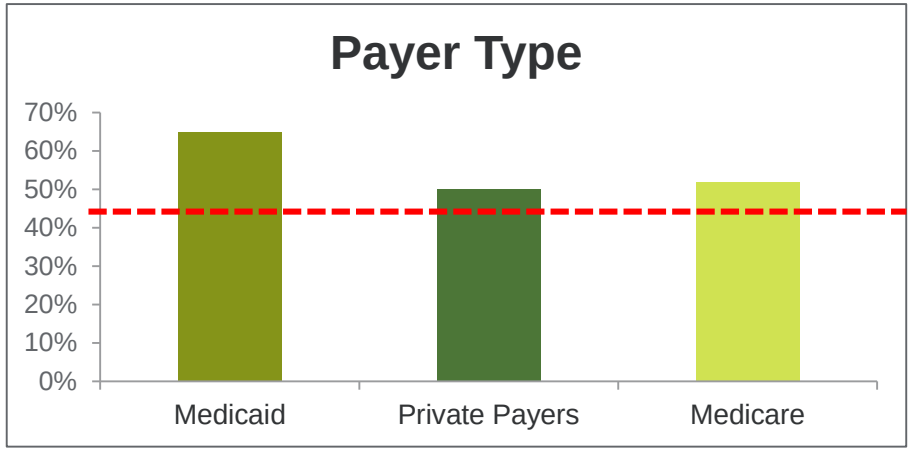
Quest Diagnostics, January 2016 – December 2017

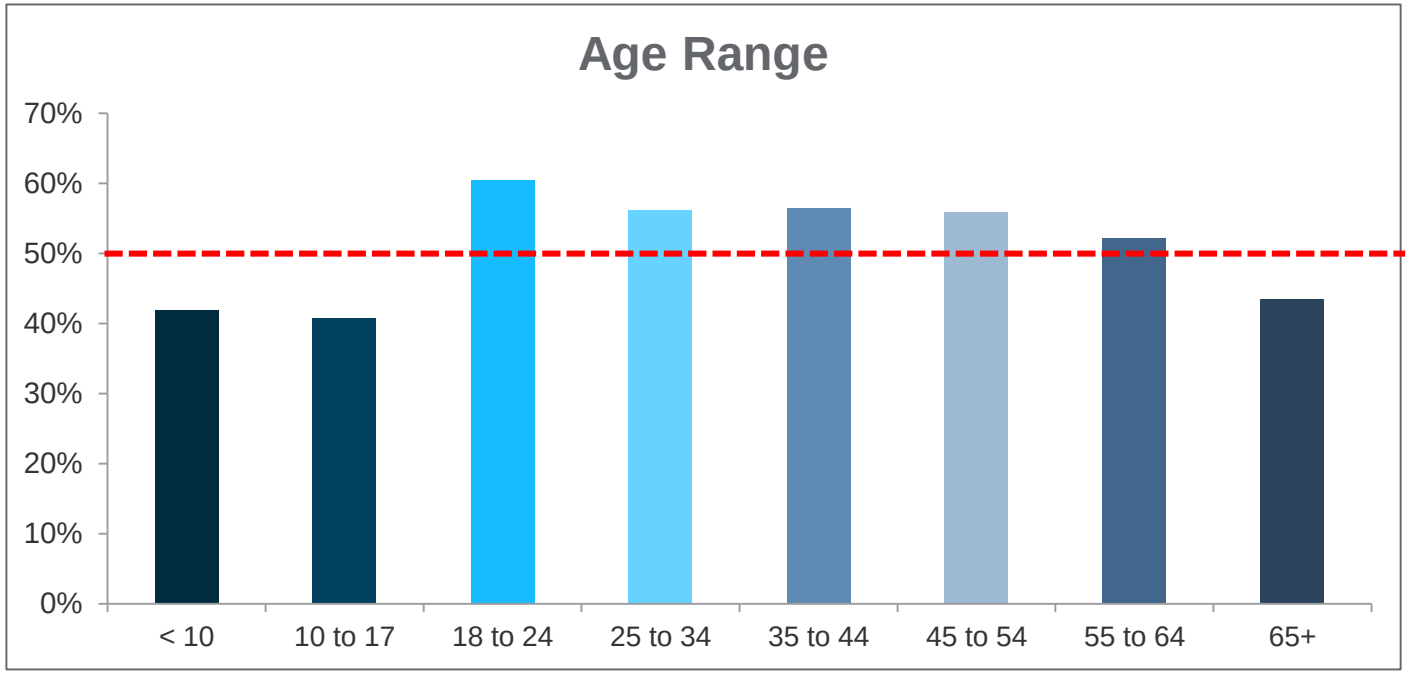
Quest Diagnostics™

…Regardless of Gender, Payer Type, or Age

Prescription drug monitoring results distribution



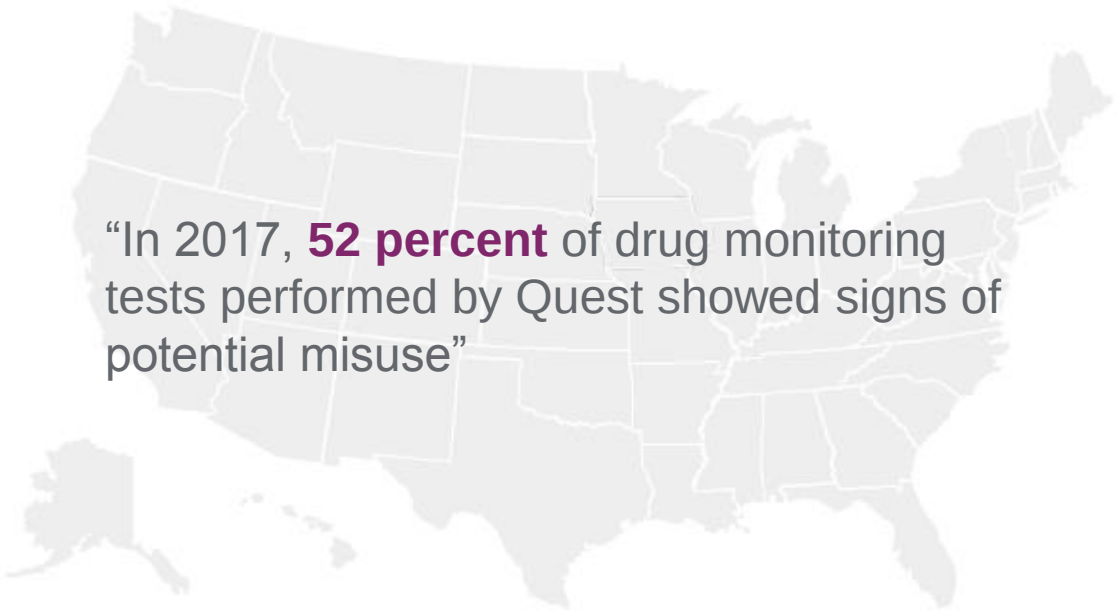




Quest Diagnostics, January 2016 – December 2016

Quest Diagnostics Health Trends™

Drug Misuse in America 2018



"In 2017, **52 percent** of drug monitoring tests performed by Quest showed signs of potential misuse"

Nevada

65.1%

of de-identified patient test results from Nevada in 2017 were inconsistent with prescribed medications

Of the 65.1% with inconsistent results…

51.08%

Additional Drug Found
All prescribed drugs were detected, but at least one other drug, non-prescribed or illicit, was also detected

27.04%

Different Drug Found
Prescribed drug(s) was not detected, but at least one other drug, non-prescribed or illicit, was detected

21.88%

No Drugs Found
At least one prescribed drug was not detected; non-prescribed or illicit drug(s) were also not detected

Opiates

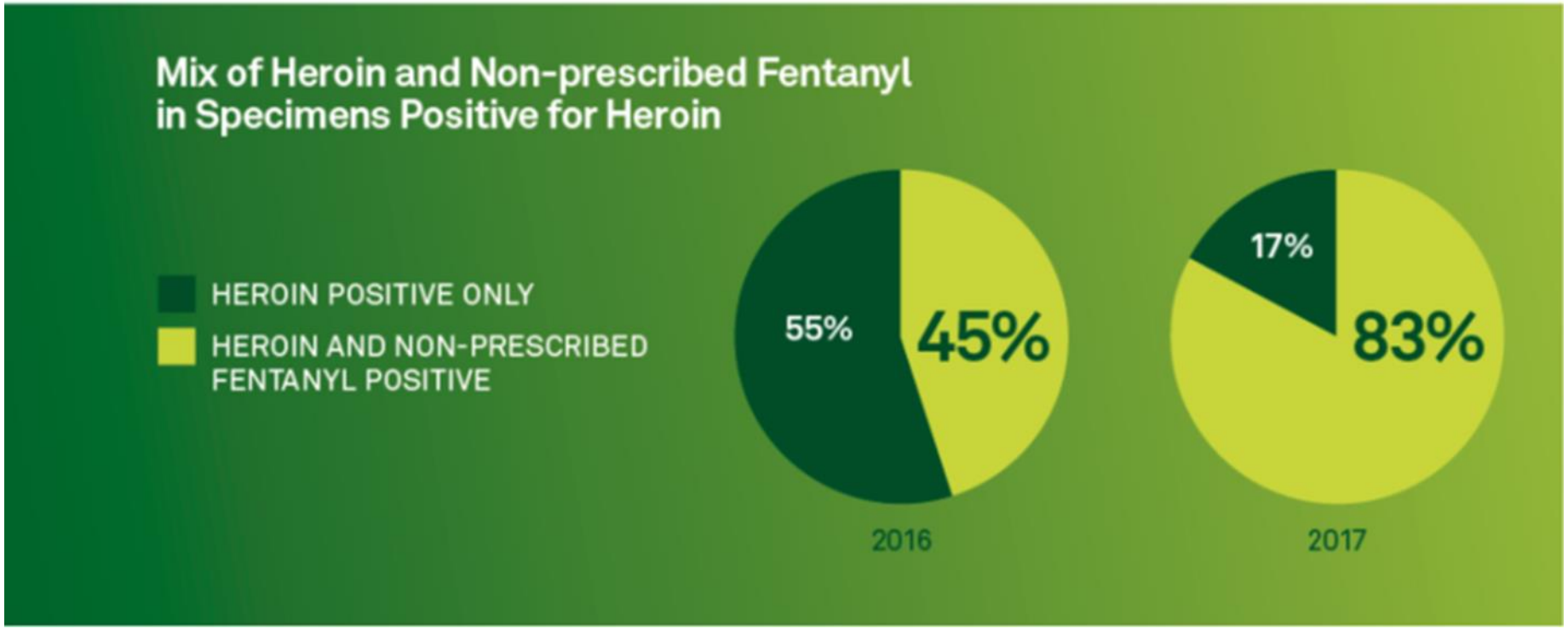
were the most common drug group associated with inconsistent test results, followed by **Benzodiazepines** and **Marijuana**

Quest Diagnostics™

Non-Prescribed Fentanyl and Heroin Changes

Increasing percentage from 2016 to 2017

Quest Diagnostics | Health Trends™ Drug Misuse in America 2018

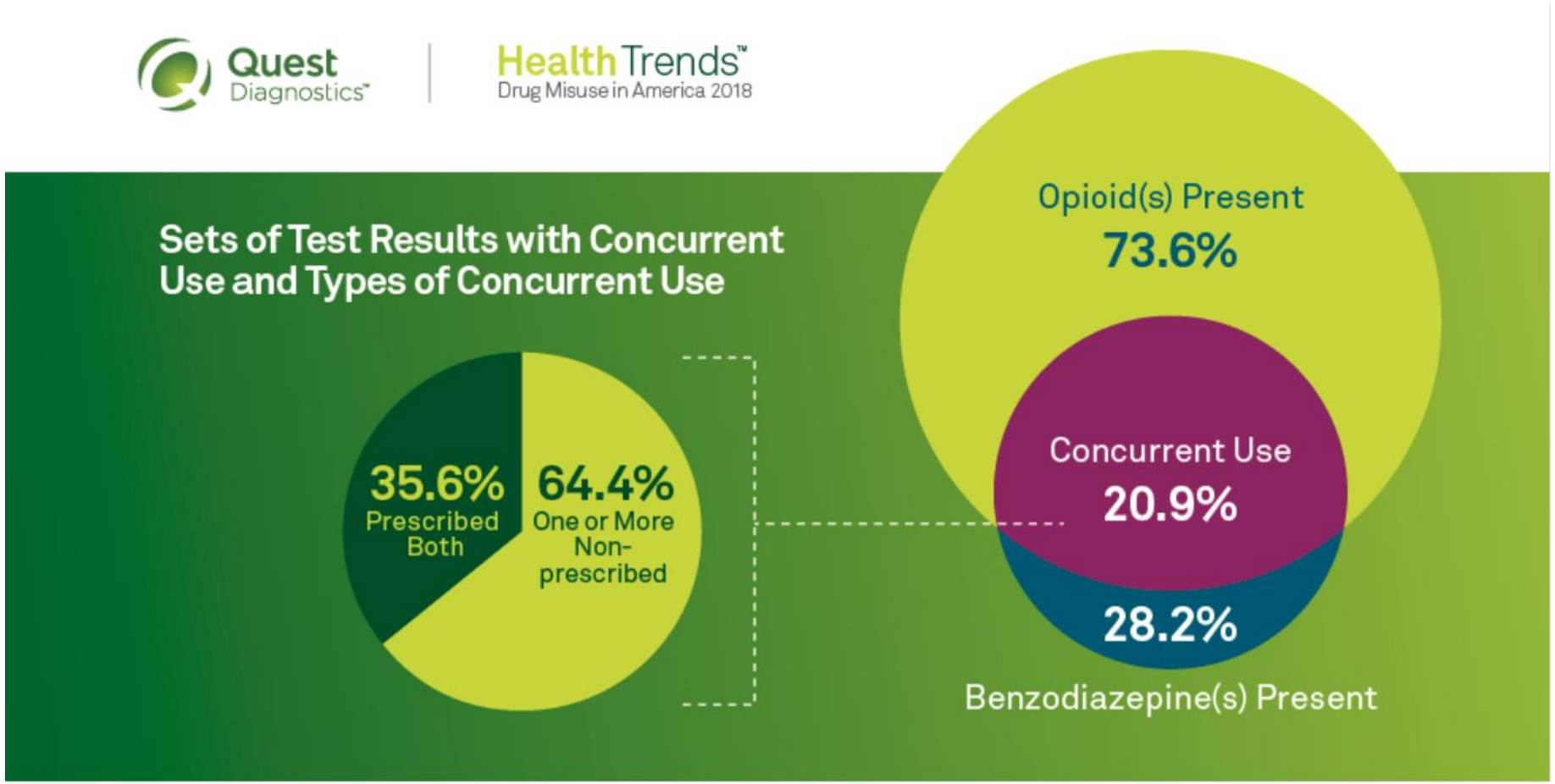


Quest Diagnostics, January 2016 – December 2016

Quest Diagnostics™

…Concurrent Use of Benzodiazepines with Opioids

Prescribed databases alone do not identify actual combining of drug groups



Quest Diagnostics, January 2016 – December 2017

VII. Track 4

Criminal Justice Interventions

Terry Kerns, Substance Abuse/ Law Enforcement Coordinator, Office of the Attorney General

TCriminal Justice Information and Data Sharing

- Overview of overdose mapping system
  - Jurisdictions signed up with ODMAP=21
  - Jurisdictions actively entering data=2
  - Ongoing discussions with other jurisdictions to sign on with ODMAP

In-State Incinerators

- Mineral County (Hawthorne) – Fully operational
- Storey County (Lockwood) – Fully operational
- Nye County (Pahrump) – Fully operational
- Boulder City – signing MOUs with other agencies to install in a shared space
- Elko County – Installing with completion date anticipated for 10/15/2018

Incinerators in Operation

Nye County

Mineral County

Storey County

Statewide Partnership on the Opioid Crisis (SPOC)

- Two subcommittees
  - Coroner Training Subcommittee presentation to the Nevada Sheriffs and Chiefs Association; intern assisting with guidelines for rural coroners.
  - Data Sharing Subcommittee meeting with jurisdictions; increasing ODMAP participation

Fusion Center Public Health Analyst – New Partnership

- Support public health and law enforcement
  - Work cross-systems (law enforcement, coroners and medical examiners, emergency medical services, and public health)
  - Function to collect, analyze and communicate information related to opioids, crimes, morbidity and mortality across the state
- Housed at Nevada Threat Assessment Center
- Funded by DPBH

Priorities and Next Steps

1. Work with jurisdictions already signed up with overdose mapping system to implement response plans

2. Bring additional jurisdictions onboard with overdose mapping system and assist with response plans

3. Monitor progress on incinerator installation and use

4. Expand healthcare provider collaborations to result in referral for treatment

Questions and Contact Information

Terry Kerns

Substance Abuse/ Law Enforcement Coordinator
Office of the Attorney General
TKerns@ag.nv.gov

VIII. Cross-Cutting Initiatives
Disposal Efforts and Naloxone Distribution

Prepared for the
Governor's Opioid State Action Accountability Taskforce
October 31, 2018

Linda Lang, Executive Director
Nevada Statewide Coalition Partnership

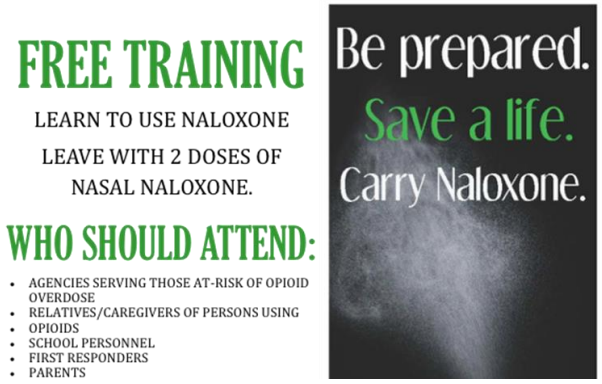
Disposal Efforts – Deterra

- Secured 50,000 Deterra bags through CADCA
- All partners connected with the Rx Abuse Leadership Initiative (RALI) of Nevada trained on how to order and obtain the bags
- Targeting the Coalition partners and medical communities, funeral homes, hospice organizations so that as many people as possible have access to bags.

Naloxone Distribution

Partnerships with CASAT and SNHD

- 20 community-based naloxone training and distribution events
- All counties except Esmeralda, Pershing and Storey.
- 319 individuals trained, and 638 doses of naloxone distributed this quarter
- Total for year: 26 trainings, 465 attendees, and 930 distributed doses.



Expanded Partnerships & New Collaboration

Combined Nevada Lab Drug Summit

September 24, 2018

- Nevada Drug Lab Personnel, Community Coalition Directors, HIDTA, DEA, Highway Patrol and District Attorneys from across the state
- Attend quarterly meetings as part of new collaboration going forward
- Coalitions link education and data from this group back to community efforts and partnerships

This is (Not) About Drugs

- 14 individuals to be trained to support Yenick's
- Application process required, minimum 2 individuals on community team
- Coalitions and non-traditional partners
- 2 more years usage fee paid

Disposal Efforts – Next Take Back Days Scheduled

OCTOBER 22
(NORTHERN NEVADA)

OCTOBER 27
(SOUTHERN NEVADA)

Priorities and Next Steps

- Support ongoing education and naloxone distribution events
- Begin tracking Deterra bags distributed each quarter by location and disciplines
- Take Back Days
- Support *This is (Not) About Drugs* training and implementation
- Quarterly Combined Nevada Drug Labs meeting

Thank you for your time.

Linda Lang, Director

Nevada Statewide Coalition Partnership

lindalang1628@gmail.com

775-450-7333

Brian Sandoval
Governor

Richard Whitley
Director

State of Nevada

Department of Health and Human Services
Division of Public and Behavioral Health

IX. Moving into 2019 and Beyond:

Centers for Disease Control and Prevention Grants

Julia Peek, MHA, CPM
Deputy Administrator
Disease Prevention and Investigation

CDC Grants

- Focus of CDC funding:
  - Surveillance, data collection, reporting
    - Improvements to data systems, emphasis on PDMP
  - Population-based, prevention and early intervention approach
  - Education
    - Media
    - Documentary
    - Youth outreach/education

Prevention for States (PFS)

- Grantor: **Centers for Disease Control and Prevention**
- Current funding period: 9/1/18 - 8/31/19
- Current amount: $1,158,632
- **Primary Activities:**
  - Expand and improve proactive reporting
  - Conduct public health surveillance with PMP data and publicly disseminate reports
  - Identify and provide technical assistance to high-burden communities and counties to address problematic prescribing
  - Conduct a rigorous evaluation on a law, policy, or regulation designed to prevent opioid overuse, misuse, abuse and overdose
  - Maximize broadcasted messaging

Prevention for States (PFS)

- Grantor: **Centers for Disease Control and Prevention**
- **Primary Activities (continued)**
  - Educate citizen of Nevada and bring awareness to the risks and signs of opioid addiction and provide assistance in prevention and early intervention
  - Coordinate with local authorities to collect and track relevant criminal justice data
  - Improve PDMP utilization and reporting
  - Create an opioid data dashboard
  - Link deaths, hospitalizations, and prescriptions of individuals
  - Create mapping of funded activities to find gaps
  - Policy analysis and implementation
  - CDC's statewide media campaign
  - Link health data sets and law enforcement data sets

Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality (ESOOS)

- Grantor: **Centers for Disease Control and Prevention**
- Current funding period: 9/1/17-8/31/19
- Current amount: $387,763
- **Primary Activities:**
  - Improve the timeliness of fatal and nonfatal opioid overdose surveillance.
  - Identify the hospital discharge data and ED (syndromic surveillance) data for opioid incidents defined by the Injury Surveillance Workgroup.
  - Develop and disseminate a report template to key stakeholders.
  - Abstract data from Vital Statistics.
  - Maintain relationships with statewide medical examiners and coroner's offices.

2018 Opioid Overdose Crisis Cooperative Agreement

- Grantor: **Centers for Disease Control and Prevention**
- Current funding period: 9/1/18 – 8/31/19
- Current amount: $2,648,440
- **Primary Activities:**
  - Integrate the PDMP into the major electronic health record systems; purchase the OpenBeds system to allow the DPBH and the BoP to create a comprehensive, trusted network of treatment providers and referral entities to allow more streamlined and timely referrals; purchase the robust analytics tool for the PDMP
  - Support the mobile outreach using a community health worker model for opioid prevention/intervention in two rural counties in Nevada. Storey County as identified in the *County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States* as a county of high risk for injection drug use and potential outbreaks related to Hepatitis C, HIV, and opioid use. This project will also serve Mineral County, that has the highest rates of opioid overdoses of all rural counties.
  - Opioid Summit
  - PDMP and HealtHIE Nevada Integration
  - Development of a BadBatch notification system

2018 Opioid Overdose Crisis Cooperative Agreement

- Grantor: **Centers for Disease Control and Prevention**
- Continued
- **Primary Activities:**
  - Opioid Summit
  - PDMP and HealtHIE Nevada Integration
  - Development of a BadBatch notification system

2018 Opioid Overdose Crisis Cooperative Agreement, cont.

- **Department of Public Safety** will oversee the training and response efforts of state and local law enforcement. This will provide for overtime expenses for training of law enforcement, which includes training on crisis intervention, naloxone administration, Good Samaritan law and other related Nevada laws, and investigation and reporting of overdoses.
- **The Center for the Application of Substance Abuse Technologies (CASAT)** will develop enhanced modules for Community Health Workers or peer specialists to become MAT Recovery Coaches. They will also develop and oversee a scholarship program for CHW/peer specialists.

2018 Opioid Overdose Crisis Cooperative Agreement, cont.

- **Trac-B Exchange** will coordinate a shipping program, travel to rural and underserved communities to establish the program and support referral to treatment, develop advertising, pack and ship 4,000 harm reduction kits to clients in rural areas, and process returned 2,000 packages of used supplies.
- **The Nevada Broadcasters Association** will develop two more documentaries related to the opioid crisis in Nevada. One documentary will focus on chronic pain patients and alternative treatments for pain outside of opioids, the other will focus on opioid use during pregnancy and MAT services.
- Build **criminal justice diversion** module and overdose reporting module into **Clarity/CMIS**

Opioid State Targeted Response Grant

- Grantor: **Substance Abuse Mental Health Services Administration**
- Current funding period: May 2018-April 2019
- Current amount: $5,663,328*
- **Primary Activities:**
  - Outpatient Clinical Treatment and Recovery Services
  - MAT Expansion for SAPTA Certified Providers
  - Tribal Treatment and Recovery
  - Criminal Justice Interventions
  - Neonatal Abstinence Syndrome
  - Recovery Support Services
  - Community Preparedness Planning
  - Law Enforcement Coordination
  - Media Campaigns for Naloxone and Stigma

*SUPPORT ACT extends funding for STR

State Opioid Response Grant

- Grantor: **Substance Abuse Mental Health Services Administration**
- Current funding period: October 2018-September 2020
- Current amount: $7,219,593
- **Primary Activities:**
  - Promote the Availability of Naloxone
  - Academic Detailing for Controlled Substance Abuse Prevention Act
  - MAT Training for Prescribers
  - Expand and Promote SBIRT
  - Enhance Treatment, Recovery Supports, and Innovation through MCO's
  - Increase Access to Non-pharmacologic Treatment for Pain
  - Develop Recovery Communities
  - Expand Access to Residential Treatment
  - Develop a NAS Perinatal Quality Collaborative

The SUPPORT Act: *Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (10.24.18)*

- Reauthorizing grants to States to address the opioid crisis (previously authorized in the 21st Century Cures Act of 2016). The bill authorizes $500 million for each of FY 2019 - FY 2021.
- Establishing a grant program for emergency rooms to create a protocol to support individuals who have survived an opioid overdose, including having onsite peer recovery coaches.

-NASADAD

The SUPPORT Act: *Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (10.24.18)* *-Continued*

- Creating a grant program to establish at least 10 Comprehensive Opioid Recovery Centers (CORCs) throughout the U.S.
- Developing and disseminating best practices for recovery housing.
- Student loan repayment for SUD treatment professionals in mental health professional shortage areas or counties that have been hardest hit by drug overdoses.

-NASADAD

The SUPPORT Act: *Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (10.24.18)* -Continued

- Reauthorizing SAMHSA's Residential Treatment for Pregnant and Postpartum Women (PPW) program for FY 2019-FY 2023.
- Temporarily (FY 2019-FY 2023) repealing the IMD exclusion, allowing State Medicaid programs to receive federal reimbursement for up to 30 total days of care in an IMD during a 12-month period for eligible individuals with a substance use disorder.
- Adding clinical nurse specialists, certified nurse anesthetists, certified nurse midwifes, and allopathic and osteopathic doctors to the category of qualifying practitioners who can prescribe buprenorphine.

-NASADAD

Contact Information

Julia Peek, Deputy Administrator
T: (775) 684-4224 |E: jpeek@health.nv.gov

Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Brian Sandoval
Governor

Richard Whitley
Director

State of Nevada

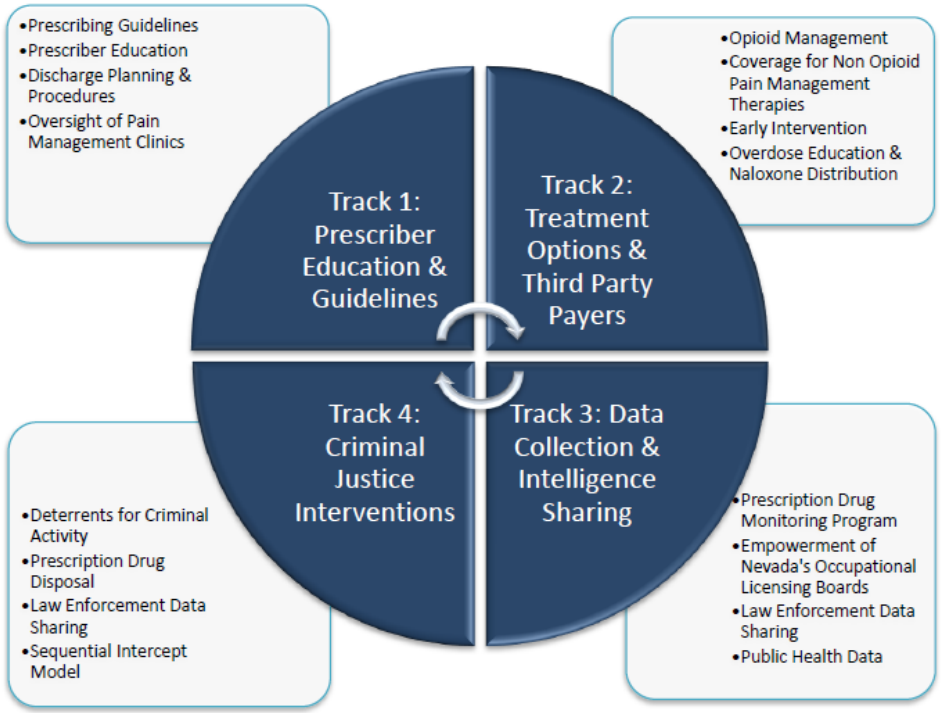
Department of Health and Human Services
Division of Public and Behavioral Health

Prescription Drug Abuse Prevention Summit

Julia Peek, MHA, CPM
Deputy Administrator
Disease Prevention and Investigation

Summit Focus

- Funded by the CDC Opioid Crisis grant.
- This summit is designed to build on the September 2016 summit.
- Similar format
- Serves as the blueprint for the activities and accountability efforts going forward.



Link to Summit Report: http://gov.nv.gov/uploadedFiles/govnvgov/Content/News_and_Media/RX/FinalSummitReport.pdf

Tentative Details

- Location: Tuscany Suites, Las Vegas
- Date: Late July/Early August
- Length: Two-days with 4 tracks
- Expected Attendance: 300 to 500 participants
- Travel Scholarships: 100 to 150 for attendees from Northern and Rural Nevada

Contact Information

Julia Peek, Deputy Administrator
T: (775) 684-4224 |E: jpeek@health.nv.gov

Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

X. Public Comment

The public is welcome to come forward and offer public comment on any of the agenda items discussed. Because of time considerations, each speaker offering comments during the period for public comment will be asked to limit their comments to not more than 3 minutes.

XI. Adjournment

Governor's Opioid State Action Accountability Taskforce