

Nebraska Prescription Drug Overdose Prevention Program Efforts

Public Health Association of Nebraska Annual Conference

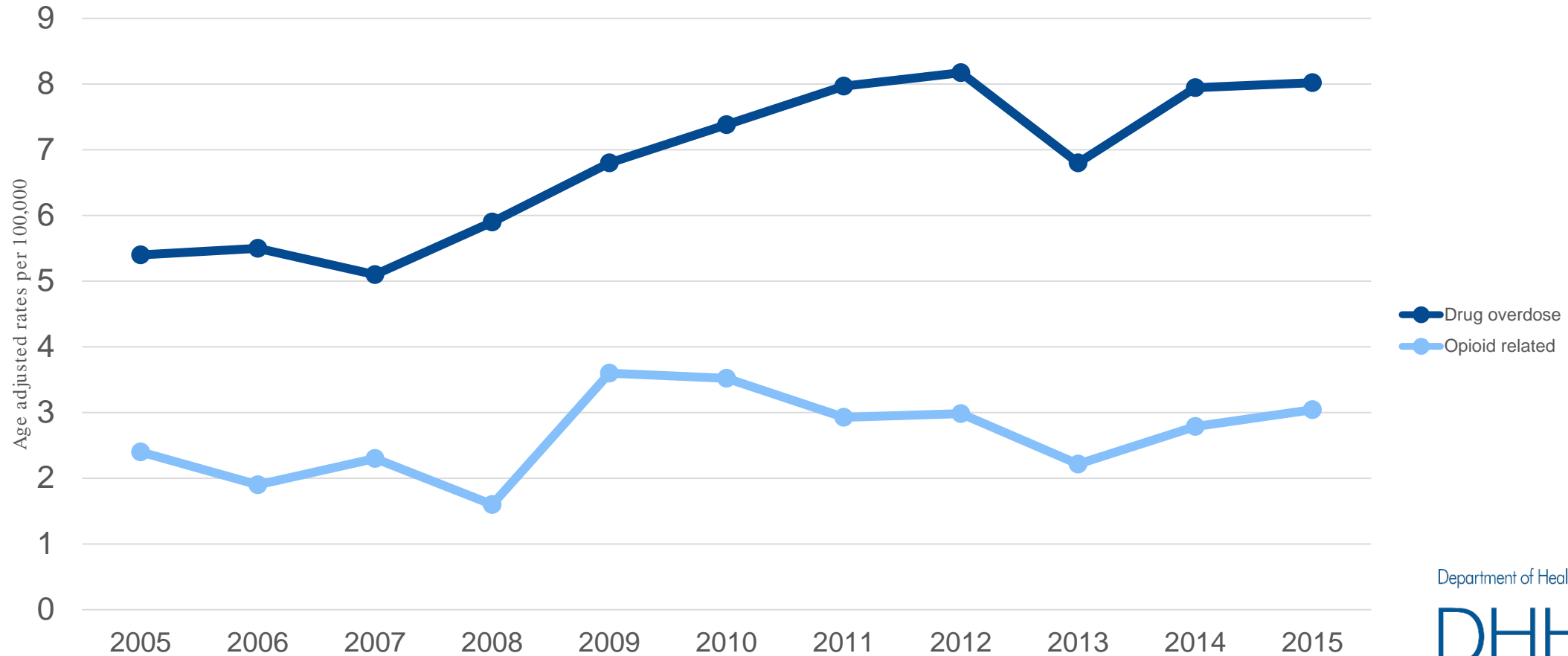


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Nebraska Drug Overdose Health Burden

- In 2014, drugs and medications – prescription drugs, illicit drugs, and over-the-counter medications – were the underlying cause of death for 81% of all poisoning deaths. Of all drug overdose deaths, 74% were unintentional. (Source: Nebraska Vital Records)
- In 2014, Nebraska's drug overdose age-adjusted death rate was 7.9 per 100,000 up from 3.6 per 100,000 people in 2004. The U.S. age-adjusted drug overdose death rate per 100,000 people was 14.7 in 2014 and 9.3 in 2004. (Source: National Vital Statistics System)
- 13th lowest state in rate (4.18) of non-medical use of prescription painkillers (2010-2011).
(Source: National Survey on Drug Use and Health)

Nebraska Drug and Opioid related overdose fatalities, 2005-2015*

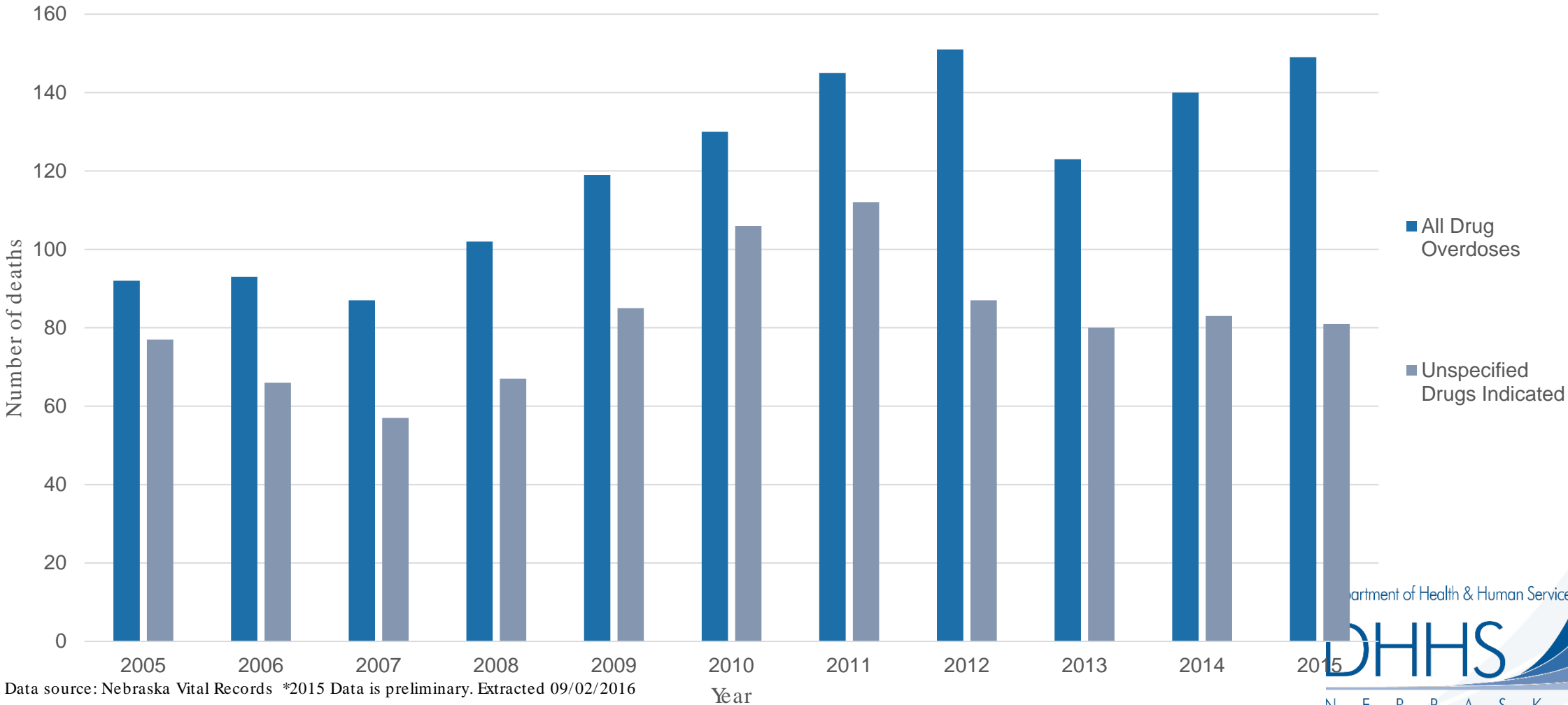


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Unspecified Drugs Indicated compared to All Drug Overdoses Deaths, Nebraska Residents, 2005-2015*

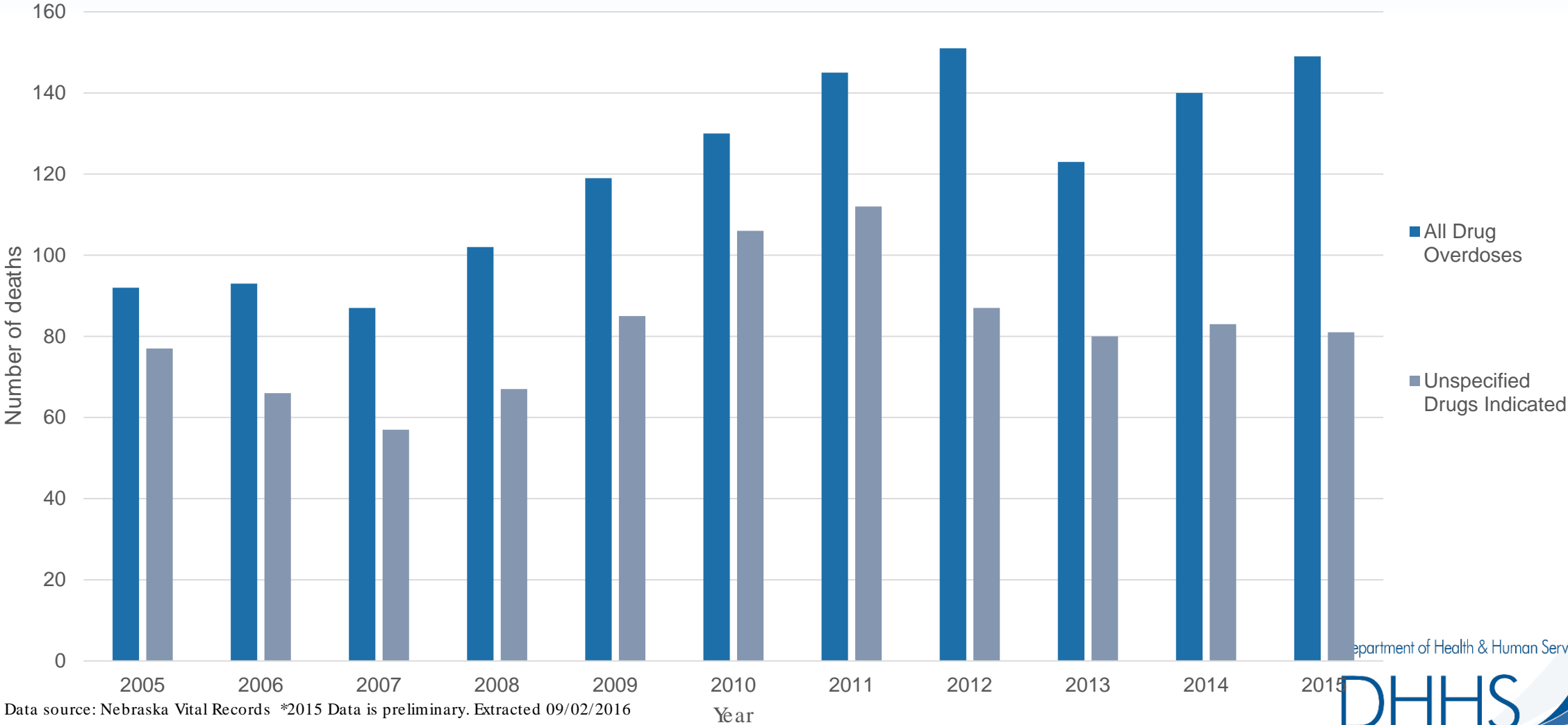


Data source: Nebraska Vital Records *2015 Data is preliminary. Extracted 09/02/2016



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Unspecified Drugs Indicated compared to All Drug Overdoses Deaths, Nebraska Residents, 2005-2015*



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Drug Use Surveillance

- Outreach started to local health districts to begin sharing surveillance reports
- Will expand to include mortality, morbidity and PDMP indicator information
- Reporting to CDC
- Development of unsolicited reporting template to share information with prescribers

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Nebraska PDMP History

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PDMP Legislative Timeline

- LB 237 (2011) – Authorized the Department of Health and Human Services (DHHS) to collaborate with NeHII to establish a prescription drug monitoring program.
- LB 1072 (2014) – Allowed for state funds, grants, gifts or other funds to be used to implement the PDMP.
- LB 471 (2016) – Enhanced our current system to significantly increase functionality and mandates daily reporting by dispenser. Allowed prescribers, dispensers, and dispenser designees to access the PDMP at no cost and no patient opt out.

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DHHS Grant Awards

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Harold Rogers Grant– DOJ Bureau of Justice Assistance

- 2 years of funding – \$500,000
- Goal – to implement and enhance the PDMP system with a new innovative approach.
- Nebraska PDMP housed in the Health Information Exchange (HIE)
 - Providers have the benefit of medical records and medication history housed in a common location
- Primary effort to enhance the system and increase provider access and use of the Nebraska PDMP – primary support of training efforts

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Prescription Drug Overdose Prevention for States Grant (PDO PfS)– CDC

- 4 years of funding – just over \$3 million
- Goal – to develop and implement pain management guidelines, enhance and maximize the NE PDMP system, and increase provider and patient education
- Nebraska Health Information Initiative

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PDO Pfs Grant Strategies

1. Enhance and maximize the Nebraska PDMP

- Increase access and use of the PDMP by medical professionals
- Utilize the PDMP data for public health surveillance

2. Develop and encourage statewide uptake of pain management guidelines

3. Conduct needs assessment and educate on expanded access to Naloxone

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Comprehensive Approach

Collaboration with Stakeholders

- PDMP Work Group
- Nebraska Medical Association
- Nebraska Pharmacists Association
- Nebraska Hospital Association
- Nebraska Professional Boards

Collaboration within DHHS Divisions

- Division of Behavioral Health
- Division of Medicaid & Long Term Care
- Division of Public Health

Collaboration with Contractors

- PDMP Contractor – NeHII
- External Evaluator – Schmeckle Research
- Information System and Technology Contractor

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Year 1 Implementation

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PDMP Workgroup

- Meetings to identify barriers to access and use of the Nebraska PDMP system
- Stakeholders present:
 - NMA
 - NPA
 - Division of Medicaid/Long term care
 - Practicing pharmacists and physicians
 - NeHII
- Barriers to access and use identified, major issues addressed by LB 471
- Creation of workgroup subcommittees – Training/Education and Enhancement Implementations

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PDO Pfs – PDMP Timeline

- February 25, 2016 – LB471 became law
- June – August, 2016 – Pharmacies contacted
- August – December, 2016 – Work with dispensers, pharmacies to test and submit data
- October, 2016 – PDMP training for dispensers
- December, 2016 - PDMP training for prescribers
- January 1, 2017 – PDMP Reporting Requirements Effective
 - Mandatory reporting of controlled substances
- January 1, 2018 – PDMP Reporting Requirements for full medication history
 - Mandatory reporting of ALL prescriptions dispensed

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Pain Management Guidelines

- Purpose of the Pain Management Guidelines is to promote consistent, safe, and effective pain management standards.
- Internal DHHS group
 - DPH, DBH, MLTC
 - Utilizing Oregon template and CDC Guidelines as resources
 - Guideline development timeline outlined
- External stakeholder engagement (Fall 2016 – Summer 2017)
 - Development of pain management guidelines
 - Collaborative effort with DHHS divisions and stakeholders
- Distribution of Pain Management Guidelines (Fall 2017)
 - Education will be provided

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Rapid Response Project: Naloxone

- May 2015 - Expanded Access to Naloxone (LB 390)
- Naloxone is an opioid antagonist that blocks or reverses the effects of opioid medication during overdose event
- May be prescribed, administered, or dispensed by a health professional, who is authorized to prescribe or dispense Naloxone, to any of the following persons without being subject to administrative action or criminal prosecution:
 - A person experiencing or who is likely to experience an opioid-related overdose; or
 - A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose
- Protection for emergency responders and peace officers
 - Not subject to administrative action or criminal persecution when acting in good faith

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Rapid Response Project: Naloxone

- Goal of Rapid Response Project – Decrease the rate of drug overdose deaths, including opioid and heroin deaths
- Project Outcomes:
 - Successfully identify barriers and gaps to accessing Naloxone for first responders, law enforcement, pharmacists and community members
 - Provide comprehensive education to increase awareness about Naloxone
 - How to access Naloxone
 - How to use Naloxone
- Priority Activities Year 1
 - Complete Needs Assessment in high burden regions
 - Develop Media Awareness Campaign based on results

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Year 2 Implementation

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PDO Pfs Year 2 Next Steps

PDMP Enhancement

- Increase users accessing the PDMP system
- Increase utilization of PDMP data
 - Use by medical provider data
 - Public Health surveillance data

Pain Management Guidelines

- Finalize comprehensive pain management guidelines

Rapid Response Project: Naloxone

- Educate on access and use of Naloxone
- Disseminate Media Awareness Campaign

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Questions?

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Governor's Priorities

- ▶ A more efficient and effective state government
- ▶ A more customer-focused state government
- ▶ Grow Nebraska
- ▶ Improve public safety
- ▶ Reduce regulation and regulatory complexity

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Recent DHHS Accomplishments

- ▶ Economic Assistance received a \$607,000 grant to improve ACCESSNebraska by providing client texting capability, workforce management software and electronic message boards to show real-time performance data.
- ▶ New work processes and internal controls resulted in federal restrictions being lifted on the use of Child Care Development Fund (CCDF) grant funds.
- ▶ We are implementing the SNAP Employment and Training Pilot in Grand Island. 20 SNAP clients are receiving training to move to higher-paying jobs.
- ▶ Escapes from the YRTC-Kearney have dropped as a result of changes in its operations aimed at reducing escapes.
- ▶ Will launch a new Intensive Family Preservation program October 1 that uses evidence-based practices that target front-end families for six weeks.
- ▶ System of Care receives \$12 Million grant to help in implementation.
- ▶ Medicaid is collaborating with the Divisions of Behavioral Health, and Children and Family Services as well as Probation to cover multisystemic therapy (MST), an intensive family-and community-based treatment program.
- ▶ Nurse licensing improvements – simplified license applications, streamlined screening, and faster turnaround time. More licensing improvements are underway in the areas of mental health, EMS, child care, and long-term care.
- ▶ As of August 1st, Alternative Response is being used in 57 counties. To expand to the other counties and to continue the program, legislation will need to be passed in the next session.
- ▶ Nebraska's most recent ranking in processing SNAP applications improved from 50th of 53 one year ago to 23rd.
- ▶ Nebraska Pre-Admission Screening & Resident Review (PASRR) Program improved turnaround time from seven days to less than three days.
- ▶ Division of Behavioral Health implemented COMPASS data management platform on May 16 to support its new Centralized Data System.
- ▶ Six of seven federal child welfare standards exceeded.
- ▶ ACCESSNebraska average call wait times for Economic Assistance and Medicaid in 2016 average below 5 minutes
- ▶ ACCESSNebraska improves services to clients by taking applications over the phone, and sending emails about client communications to expedite services and benefits.
- ▶ Grand Island Veterans' Home earned 2016 Bronze National Commitment to Quality Award.



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Looking Ahead – DHHS Priorities

- ▶ Heritage Health Medicaid Managed Care to integrate physical and behavioral health care and pharmacy services effective Jan. 2017
- ▶ System of Care for children and youth with a serious emotional disturbance, and their parents, through partnerships with public and private agencies, families and youth.
- ▶ Behavioral health supported employment and housing as key supports to recovery.
- ▶ Long-Term Services and Supports Redesign.
- ▶ Renewal of Medicaid adult waivers and one children's waiver for people with developmental disabilities
- ▶ Coordinated efforts of Behavioral Health, Public Health, and Medicaid and Long-Term Care to combat opioid addiction and over prescribing of opioids.
- ▶ Reduction in out-of-home placements for state wards.
- ▶ Improved DD application and eligibility determination processes.
- ▶ Medicaid Management Information System (MMIS) replacement planning process.
- ▶ Prescription Drug Overdose Prevention – \$3.5 million in federal grants to help reduce misuse and abuse of prescription drugs. DHHS Divisions of Public Health, Behavioral Health and Medicaid and Long-Term Care collaborating to address the issue.

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