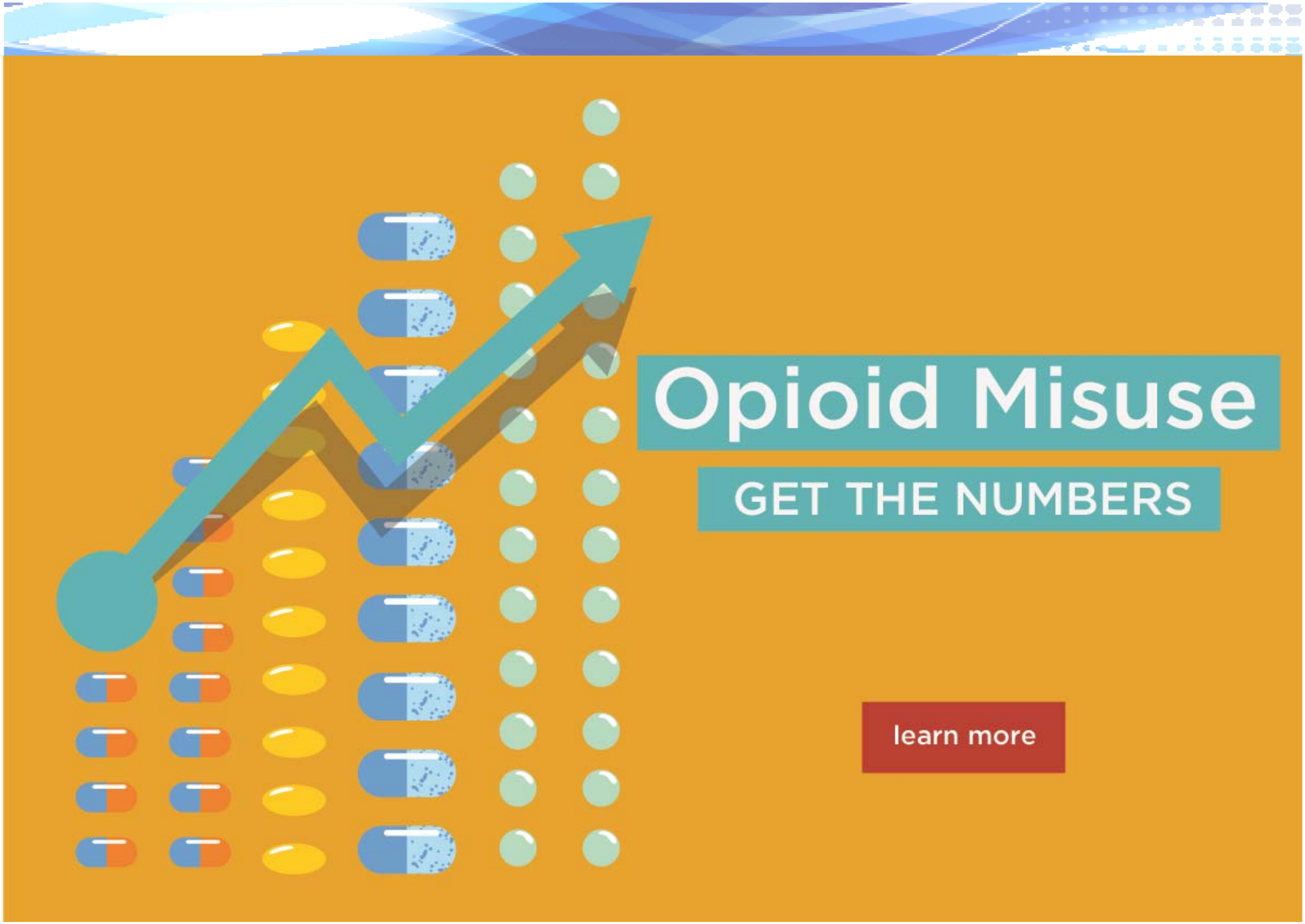
How state agencies are addressing the opioid crisis through technology

Katie Hokanson
Director
Division of Trauma and Injury Prevention
Indiana State Department of Health

Kara Slusser
Director
INSPECT
Indiana Professional Licensing Agency

Objectives

- Explain the types of opioid-related information available through the ISDH & INSPECT and how to request additional info.
- Describe how to use naloxone.
- Learn about how ISDH monitors naloxone distribution and how to get it.
- Explain how the ISDH & INSPECT is collaborating with state and local partners.

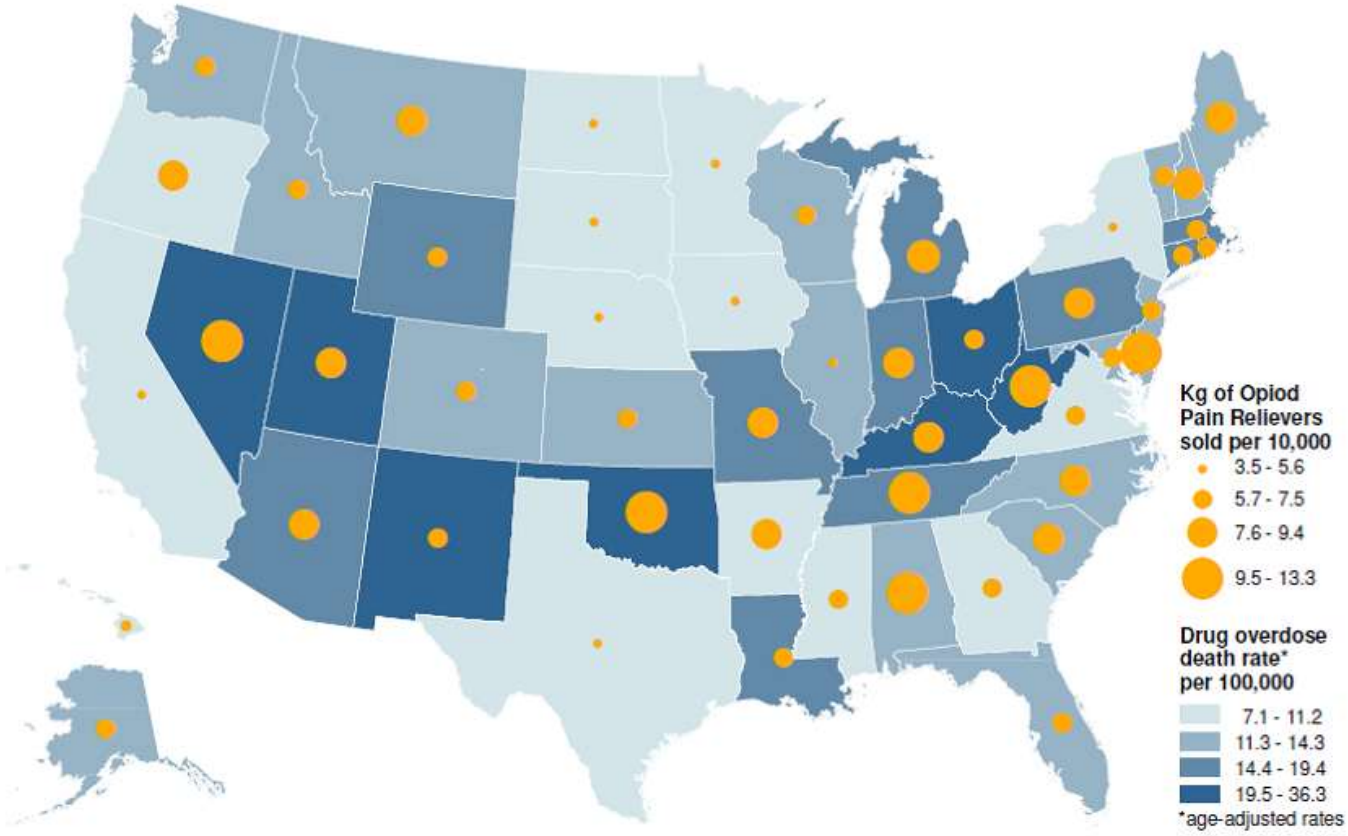


http://www.in.gov/isdh/27393.htm

Opioid prescribing

Since 1999, sales of prescription opioids in the U.S. have **quadrupled**.

States with more opioid pain reliever sales tend to have more drug overdose deaths

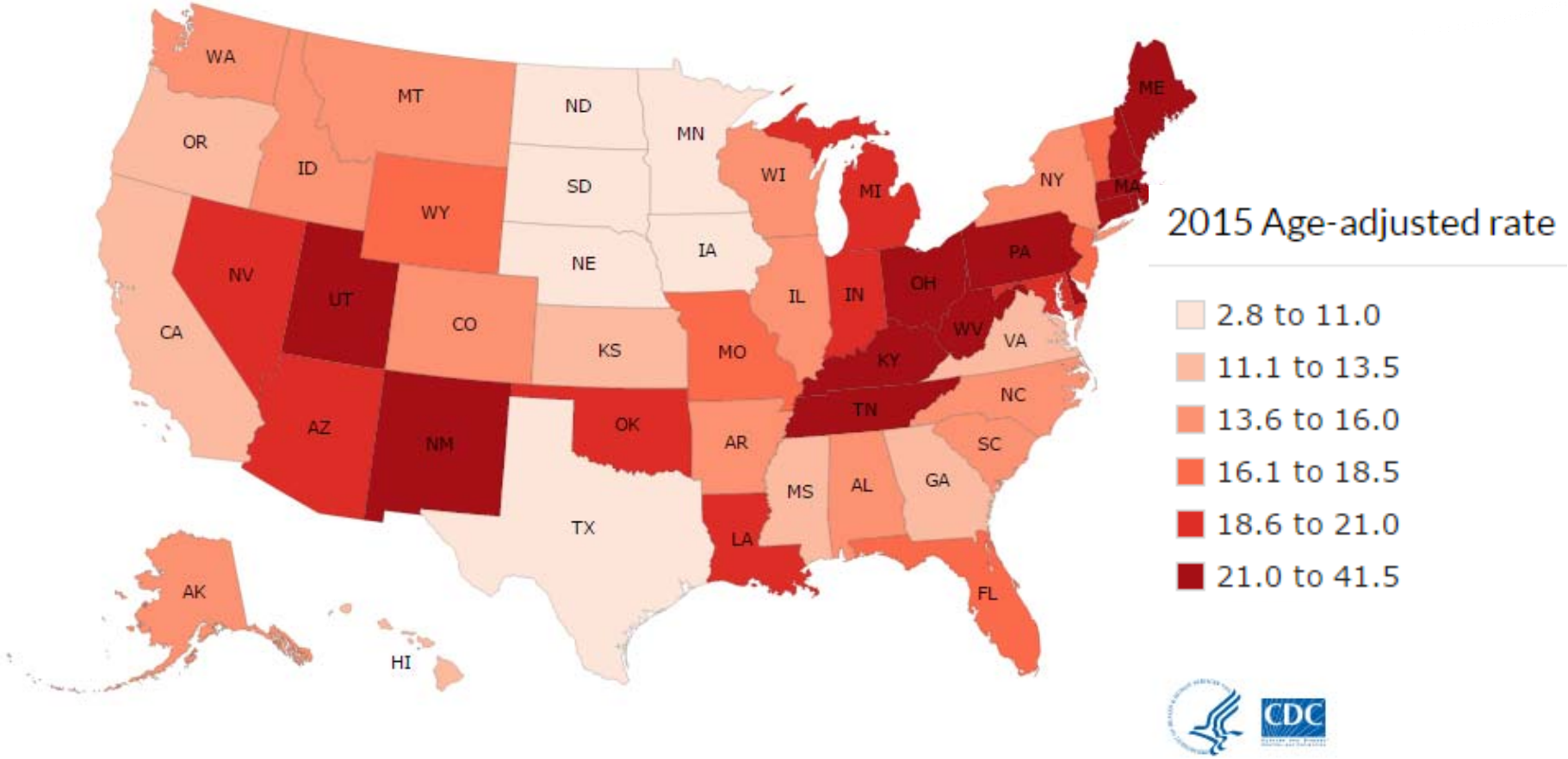


Death rate, 2013, National Vital Statistics System. Opioid pain reliever sales rate, 2013, DEA's Automation of Reports and Consolidated Orders System

GRASP

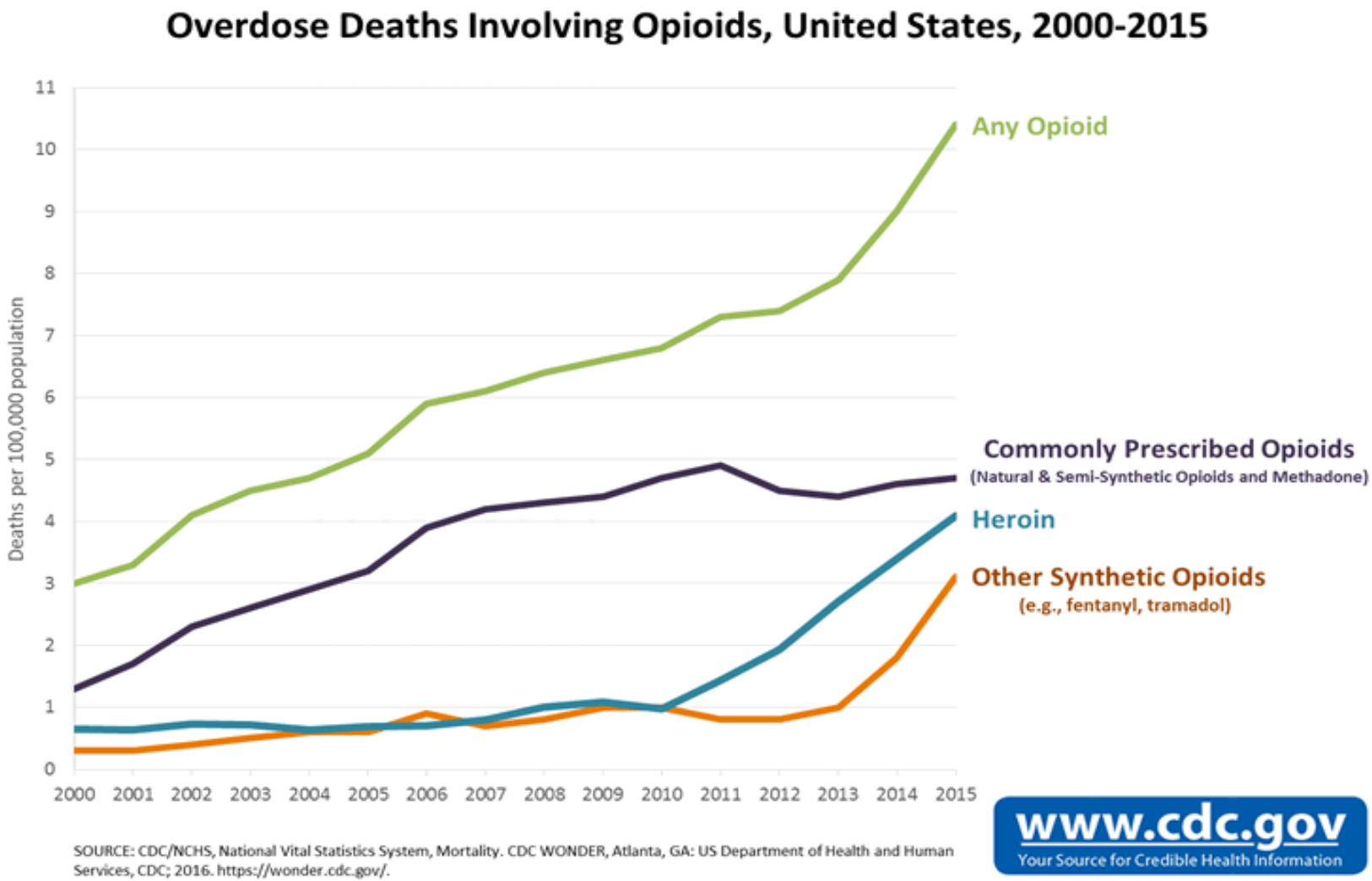
Source: http://www.fda.gov/downloads/Drugs/NewsEvents/UCM454826.pdf

Age-adjusted rates of drug overdose deaths by state, US, 2015

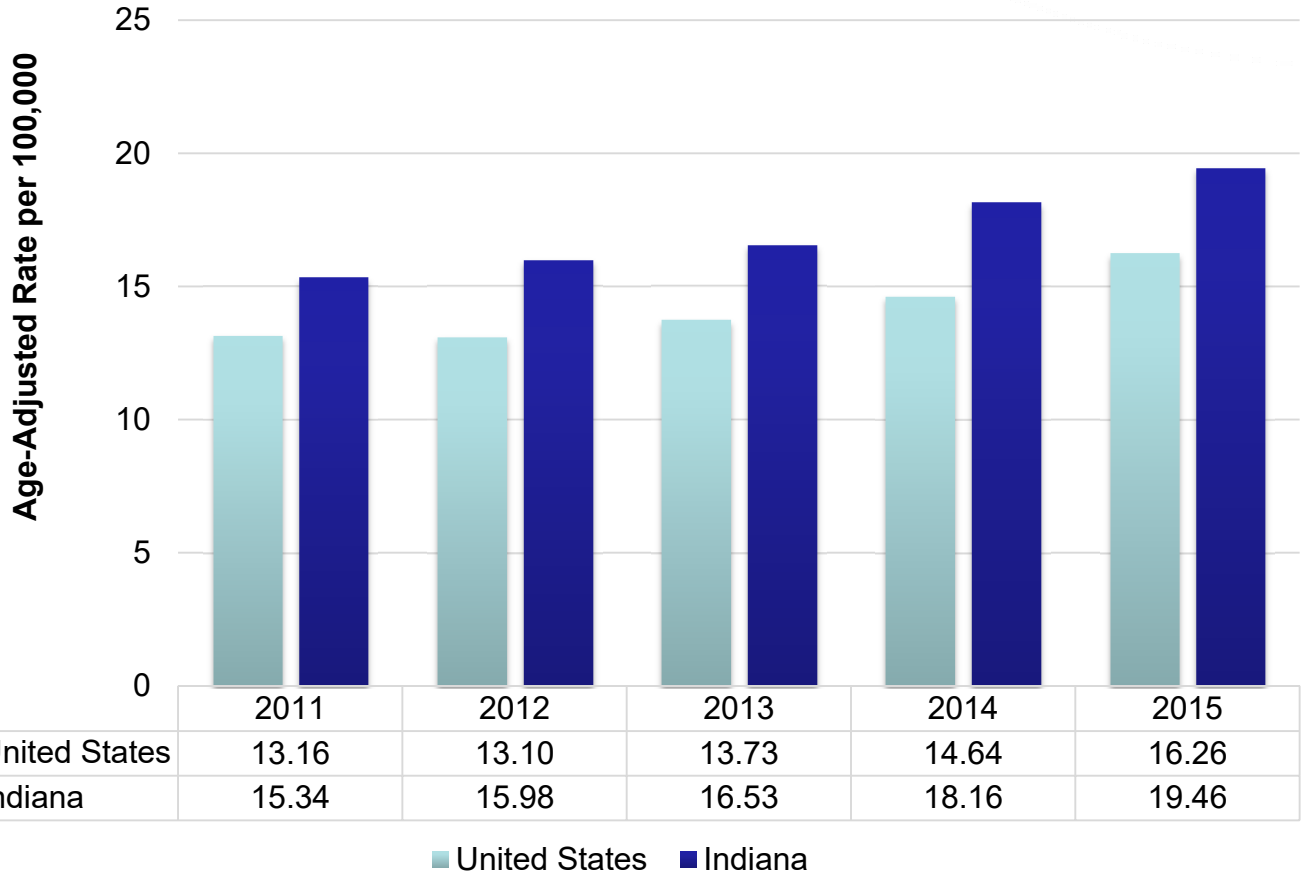


Location	Range category	2015 Age-adjusted rate	2015 Number of deaths
Indiana	18.6 to 21.0	19.5	1,245

Rise in opioid related deaths



Drug poisoning death rates, 2011-2015

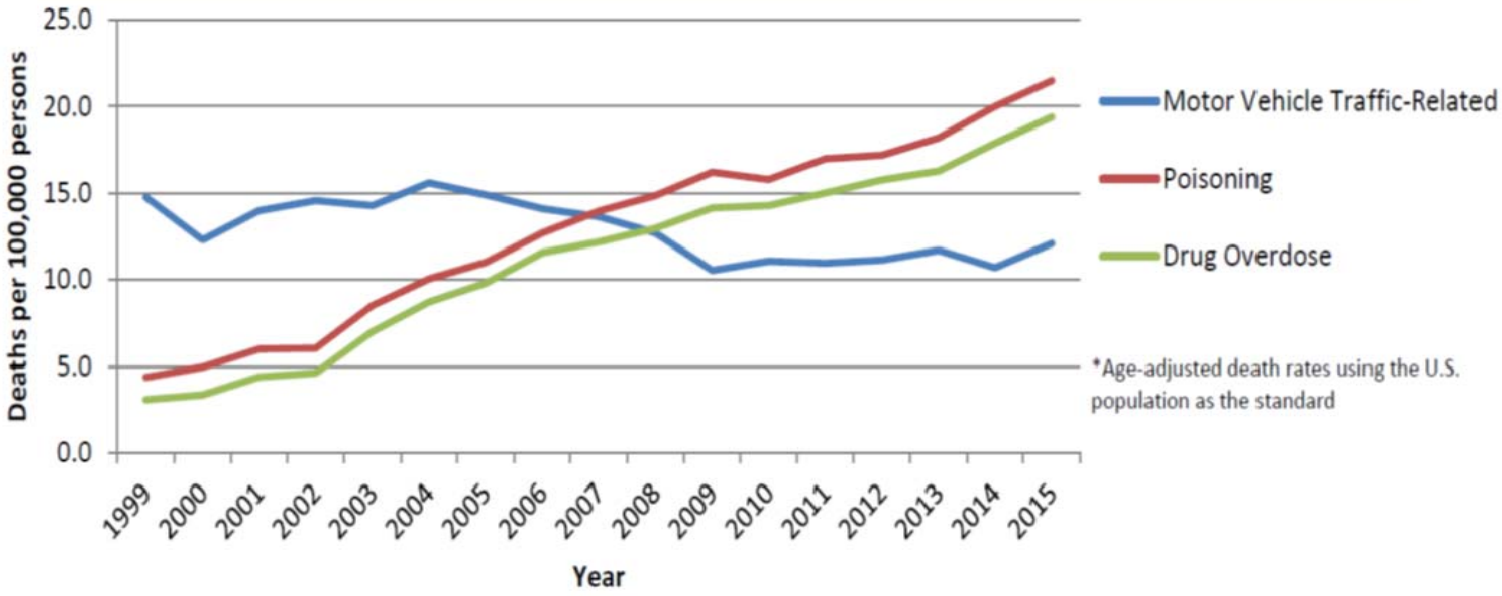


	2011	2012	2013	2014	2015
United States	13.16	13.10	13.73	14.64	16.26
Indiana	15.34	15.98	16.53	18.16	19.46

Produced by: National Center for Injury Prevention and Control, CDC
Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates.

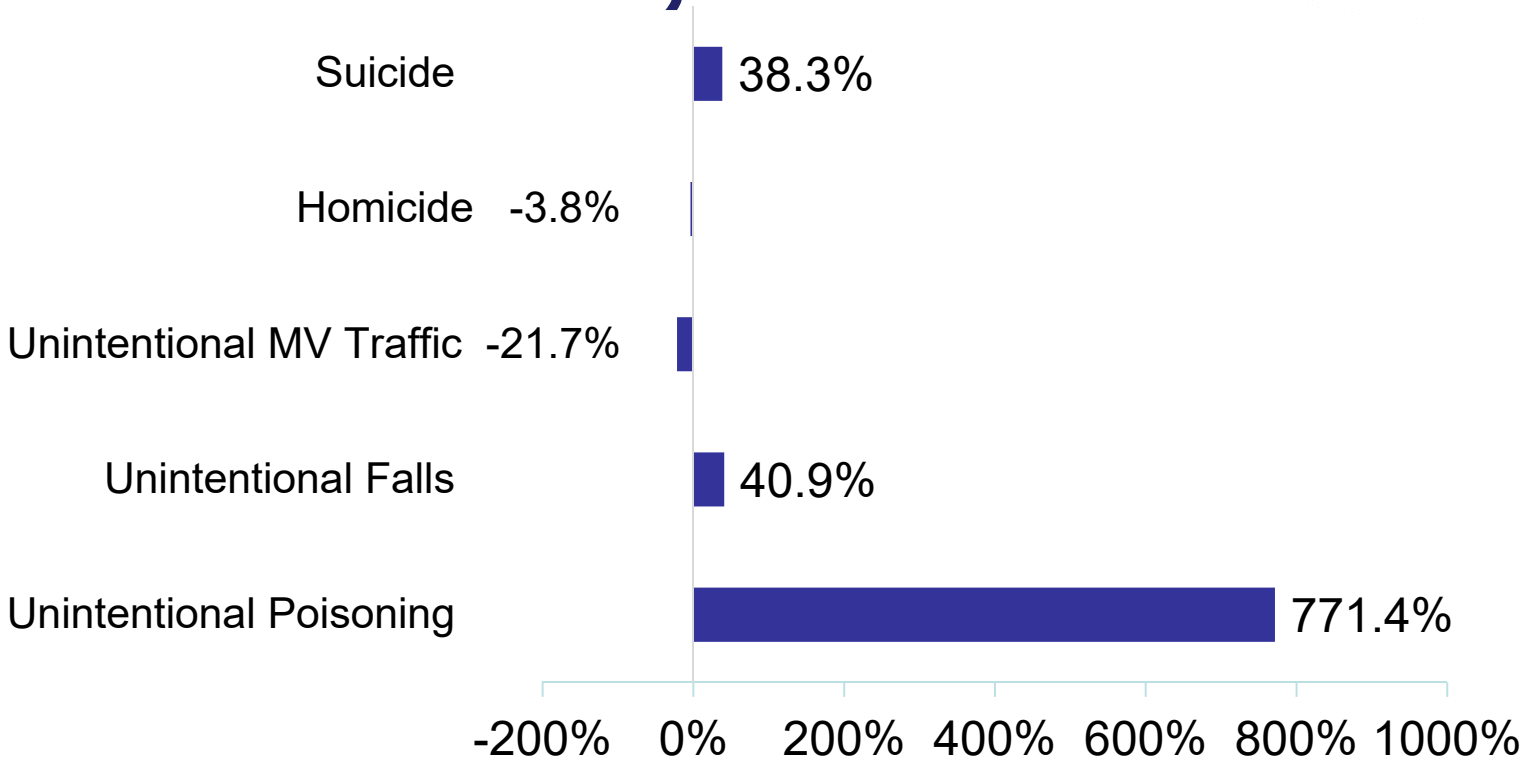
Drug overdose death rates vs motor vehicle traffic-related death rates

Figure 1. Drug overdose death rates* compared to motor vehicle-related death rates, Indiana residents, 1999-2015



Source: http://www.in.gov/isdh/files/2017_SER_Drug_Deaths_Indiana.pdf

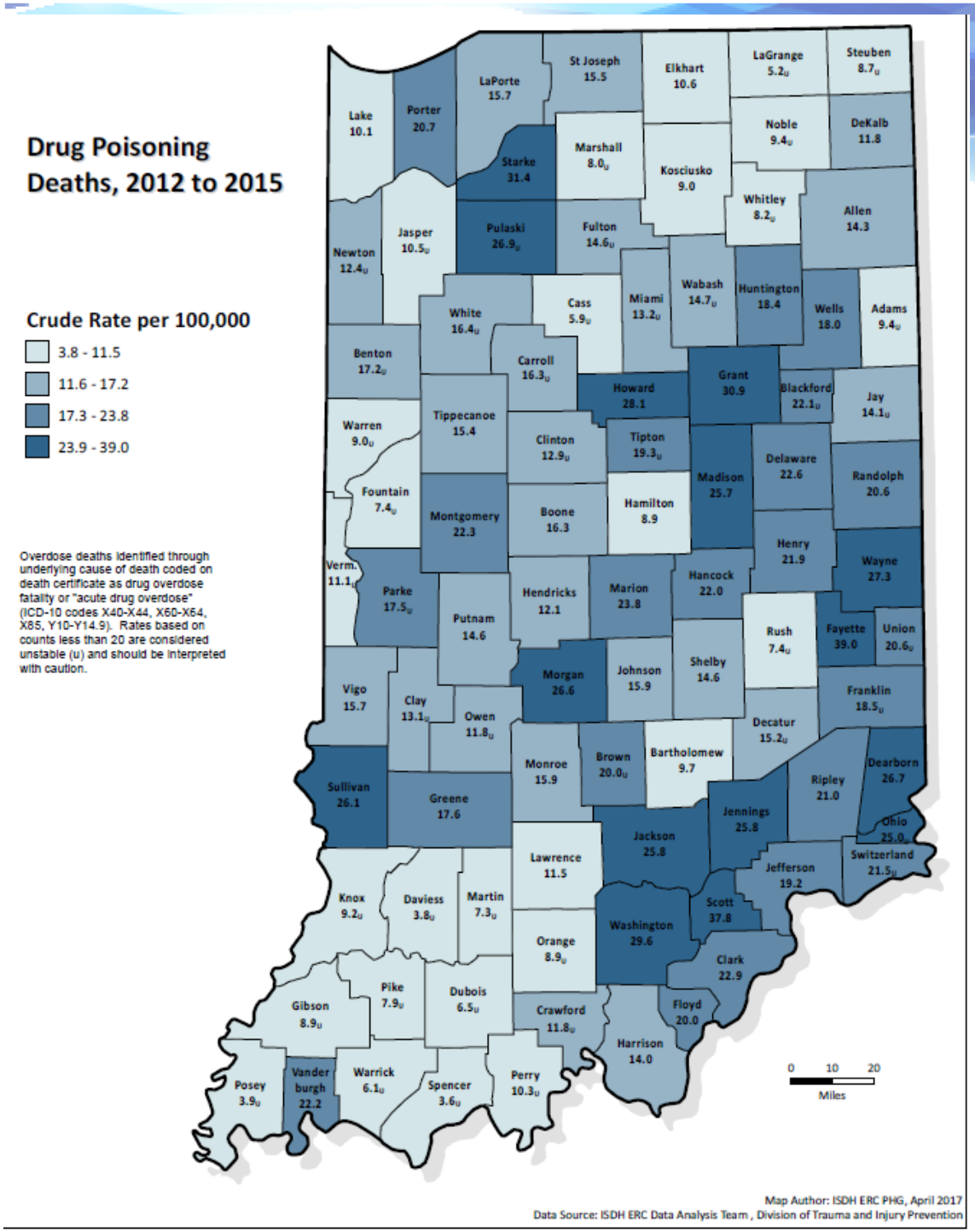
Percent change in leading causes of injury death*— Indiana, 1999-2015



*Age-adjusted rates

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention

Drug poisoning death rates by county



Online copies available at:
http://www.in.gov/isdh/27358.htm

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

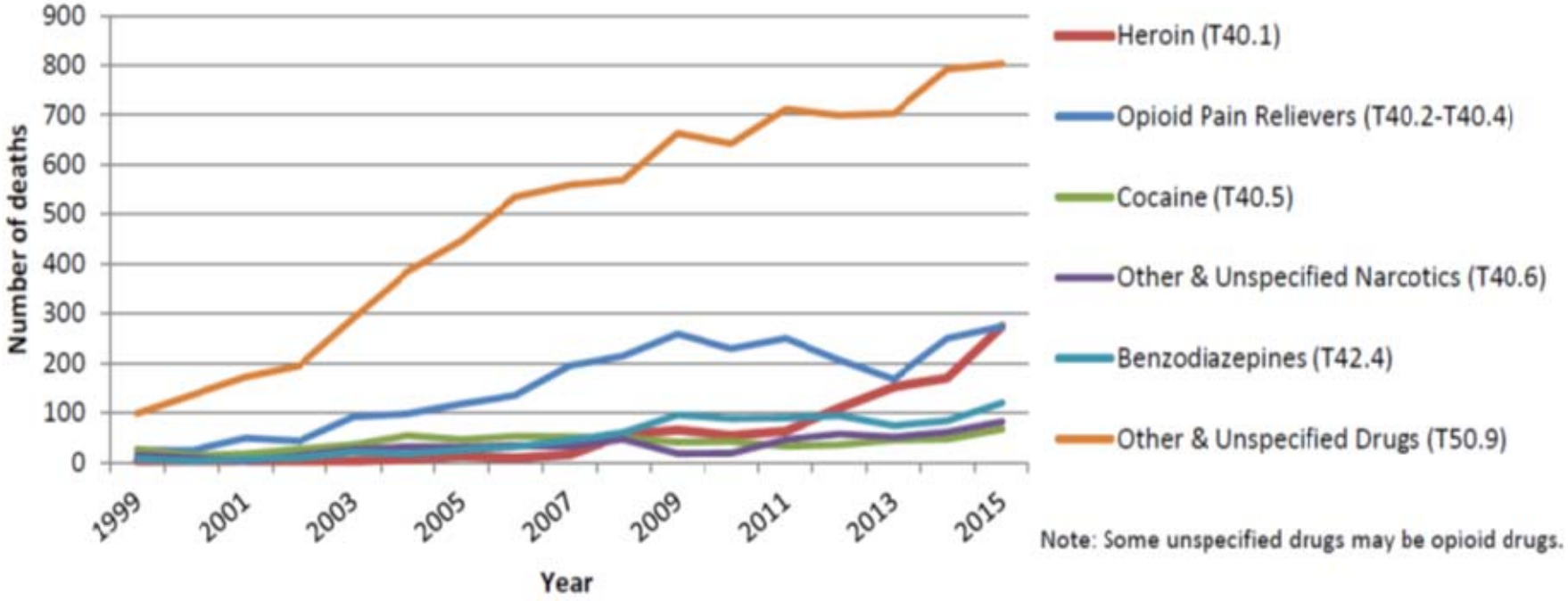
People who are addicted to...

ALCOHOL	MARIJUANA	COCAINE	Rx OPIOID PAINKILLERS
are **2x**	are **3x**	are **15x**	are **40x**

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

Figure 2. Number of drug overdose deaths involving opioid pain relievers and other drugs, Indiana residents, 1999-2015

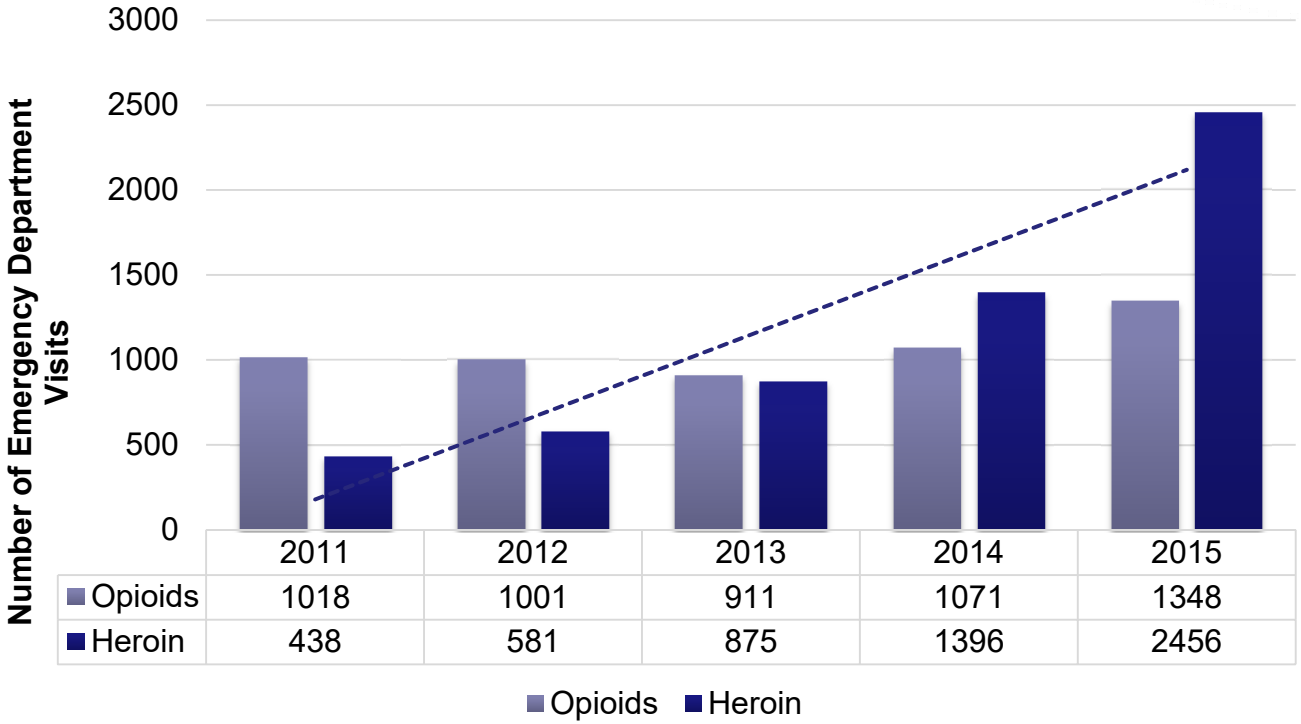


Note: Some unspecified drugs may be opioid drugs.

Source: Gabella BA, Proescholdbell SK, Johnson RL, Thomas KE. State Special Emphasis Report: Instructions Drug Overdose Death Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2014

Report prepared by ISDH, Division of Trauma and Injury Prevention

Non-fatal emergency department visits related to opioids and heroin, Indiana, 2011-2015



	2011	2012	2013	2014	2015
Opioids	1018	1001	911	1071	1348
Heroin	438	581	875	1396	2456

Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team
Prepared by: ISDH, Division of Trauma and Injury Prevention

Non-fatal Emergency Department Visits due to Opioid Overdose

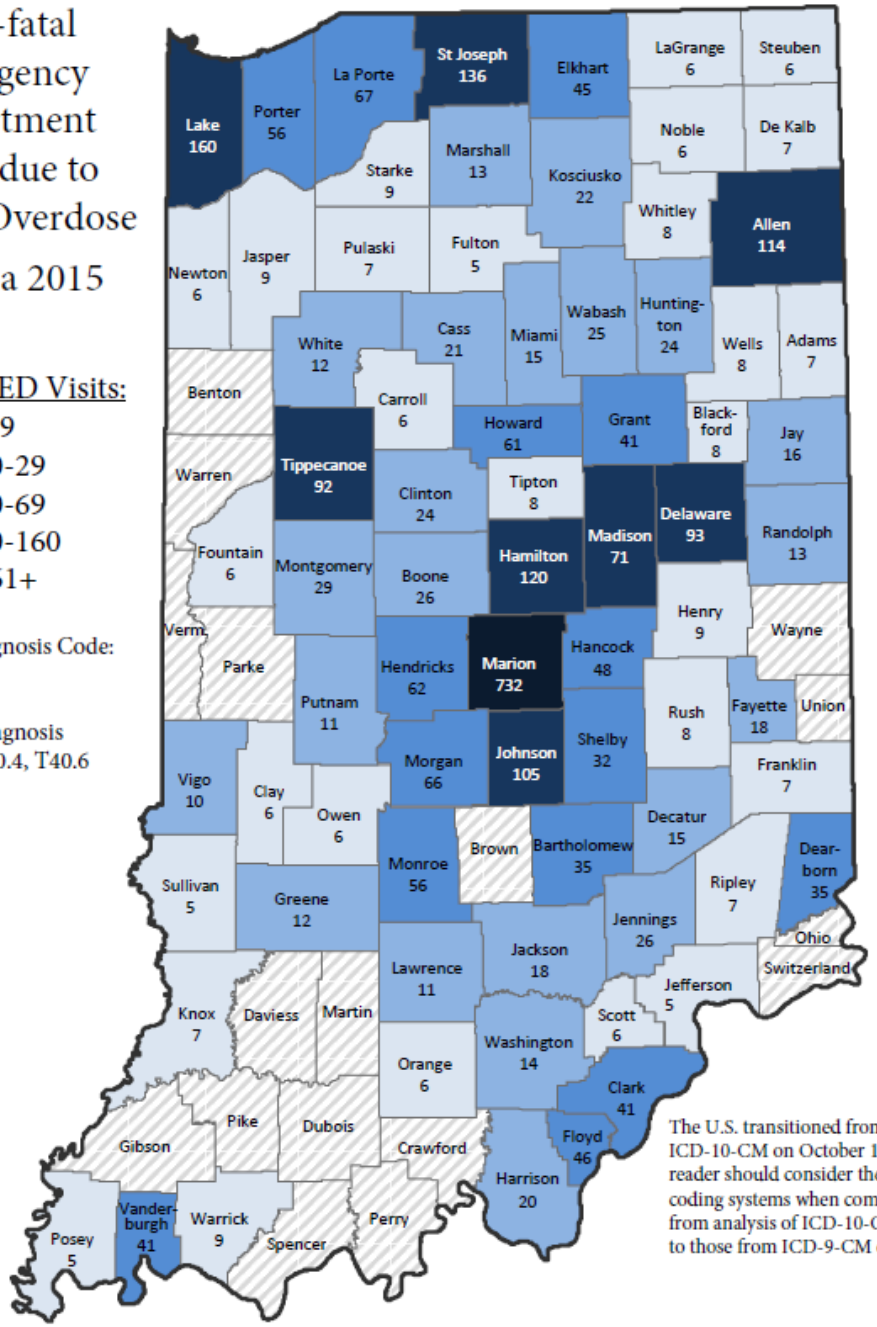
Indiana 2015

ED Visits:

- 5-9
- 10-29
- 30-69
- 70-160
- 161+

ICD-9-CM Diagnosis Code: 965.00-965.09

ICD-10-CM Diagnosis Code; T40.0-T40.4, T40.6



The U.S. transitioned from ICD-9-CM to ICD-10-CM on October 1, 2015. The reader should consider the change in coding systems when comparing results from analysis of ICD-10-CM coded data to those from ICD-9-CM coded data.

Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team. Report Prepared by ISDH Division of Trauma and Injury Prevention, Feb. 2017.

Data sources

- CDC
  https://www.cdc.gov/drugoverdose/data/index.html

- ISDH drug overdose prevention
  http://www.in.gov/isdh/27358.htm

- ISDH stats explorer
  https://gis.in.gov/apps/isdh/meta/stats_layers.htm

INSPECT data

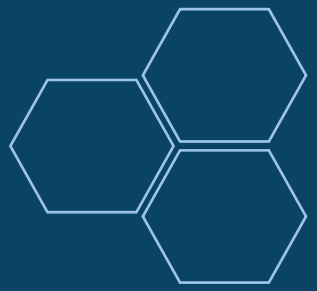
- State Prescription Drug Monitoring Program (PDMP).
- 2016 Opioid Prescription Data:
  - Prescriptions Dispensed: 3,442,551
  - Prescriptions + Refills Dispensed: 6,409,579
    - Data from 91 counties.

Data Source: INSPECT, Indiana Prescription Drug Monitoring Program

INSPECT Integration: Getting the Data Physicians Need When Making Critical Prescribing Decisions

Kara Slusser - Director of INSPECT

Cost of the Opioid Epidemic



Human Cost

- IN Drug Poisoning Deaths

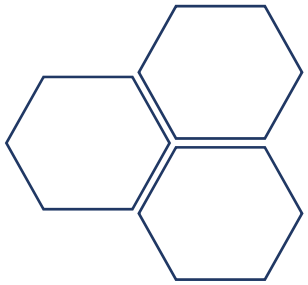
Opioids-	619 in 2016
	443 in 2015
	397 in 2014
All Drugs-	1,357 in 2016
	1,224 in 2015
	1,152 in 2014

2014 overdose death rate marked a 500 % increase since 1999, placing Indiana 15th Nationwide for drug overdose fatalities

Cost to Community

- Indiana's health care cost for prescription opioid abuse **$650 million**
- Medical costs and lost lifetime earnings for victims of drug overdose deaths in Indiana **$1.4 billion**
- Hospitalization babies with Neonatal Abstinence Syndrome **$64 million**
- Annual cost to U.S. economy **$78.5 billion**
- Nearly 25 percent of the economic burden is shouldered by public sources, such as Medicaid, Medicare, social services, Government-funded treatment programs and costs to our criminal justice system.

Top 5 Drugs by Rx filled in Indiana



HYDROCODONE

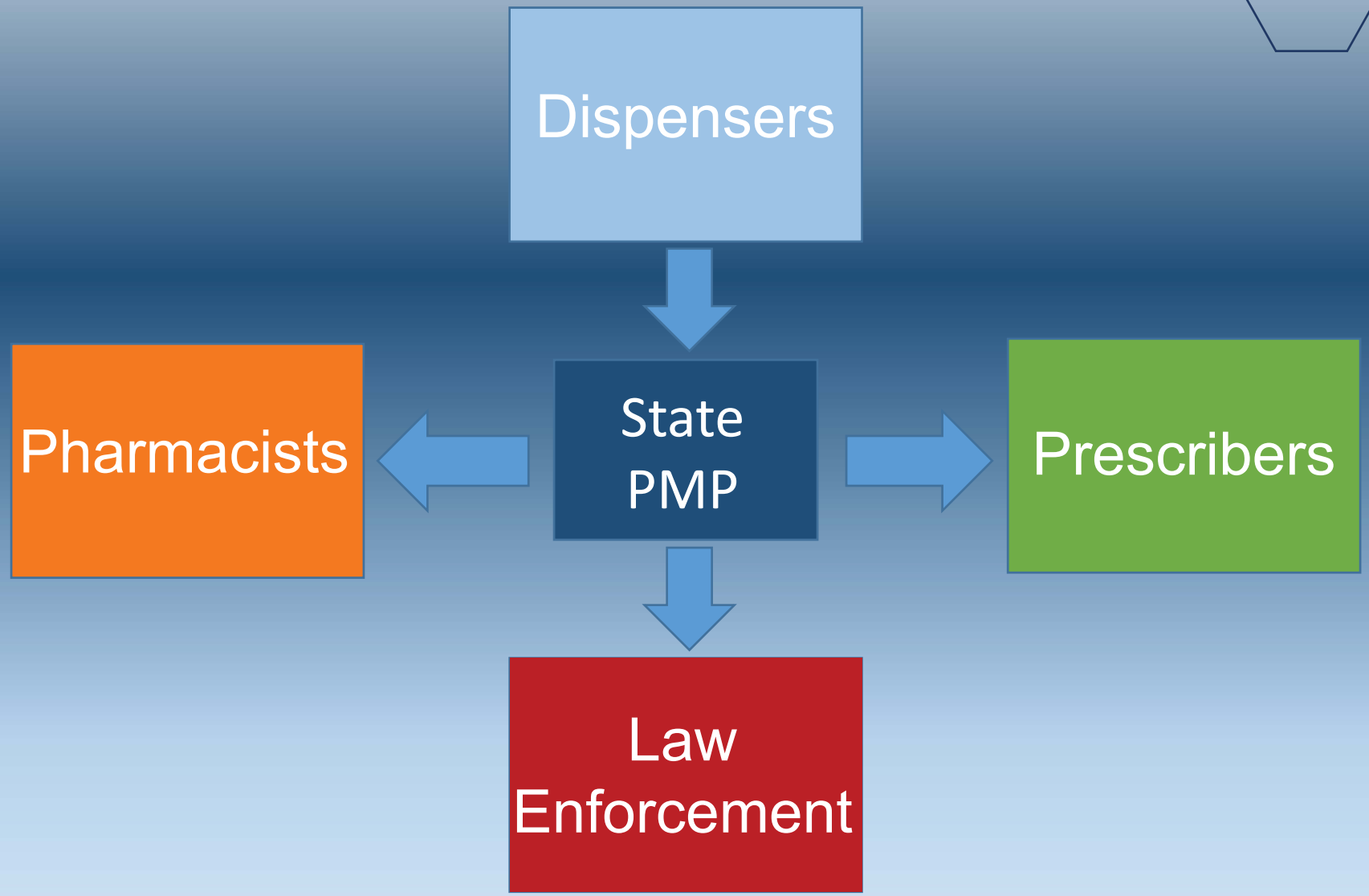
OXYCODONE

TRAMADOL

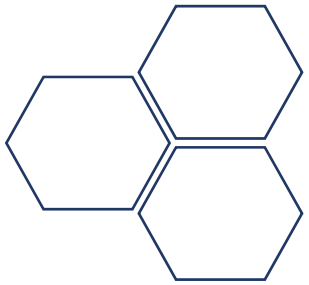
CODEINE

BUPRENORPHINE

What is a State PMP?

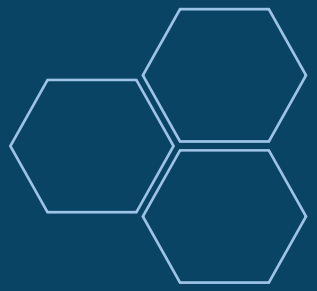


INSPECT Program Overview



- INSPECT is Indiana's Prescription Drug Monitoring Program (PDMP)
- Available to registered healthcare providers, pharmacists and law enforcement. Accessible to users with an Internet connection 24/7
- Collects ~ More than 14 million Controlled Substance prescriptions each year.
- Includes data from retail & hospital pharmacies, dispensing physicians, mail orders, online and non-resident pharmacies
- Required reporting frequency: Every 24 hours/business day
- 100% funded by controlled substance registration (CSR) fees

INSPECT by the Numbers



- Registered INSPECT users (As of September, 2017)
  - -Pharmacies: 1,396
  - -Prescribers: 16,369
  - -Law Enforcement: 2,038
  - -Pharmacists: 6,409

- CSR Prescribers licensed in Indiana (As of September, 2017) = 35,063
  - -Prescribers Registered in INSPECT & Licensed in Indiana = 15,357
  - -Prescribers Registered in INSPECT & NOT Licensed in Indiana = 1,012
  - -Percentage Registered = 44% (15,357 / 35,063)

- Controlled substance prescriptions logged into INSPECT in 2016 = 13,802,347
- Inquires made on patient Rx history in 2016 = 6,554,475
- Inquires made on patient Rx history in 2017 (1/1- 6/20) = 4,162,308
- Average daily requests for Patient Rx History fulfilled in 2016 = 14,000

AWARxE

GET INFORMED.

DELEGATE/SUPERVISOR ROLES AND DELEGATE MANAGEMENT

PROPRIETARY PATIENT-MATCHING ALGORITHMS FOR DATA ACCURACY

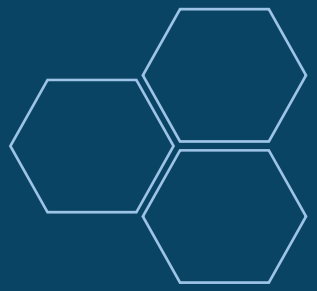
BULK PATIENT SEARCH

USER INTERFACE THAT ADAPTS TO BROWSERS, SMART PHONES AND TABLETS

PROVIDER PROFILE EDITING

HTTPS://APPRISSHEALTH.COM/SOLUTIONS/PMP-AWARXE/

Sorting FACT from Fiction: Interstate Data Sharing

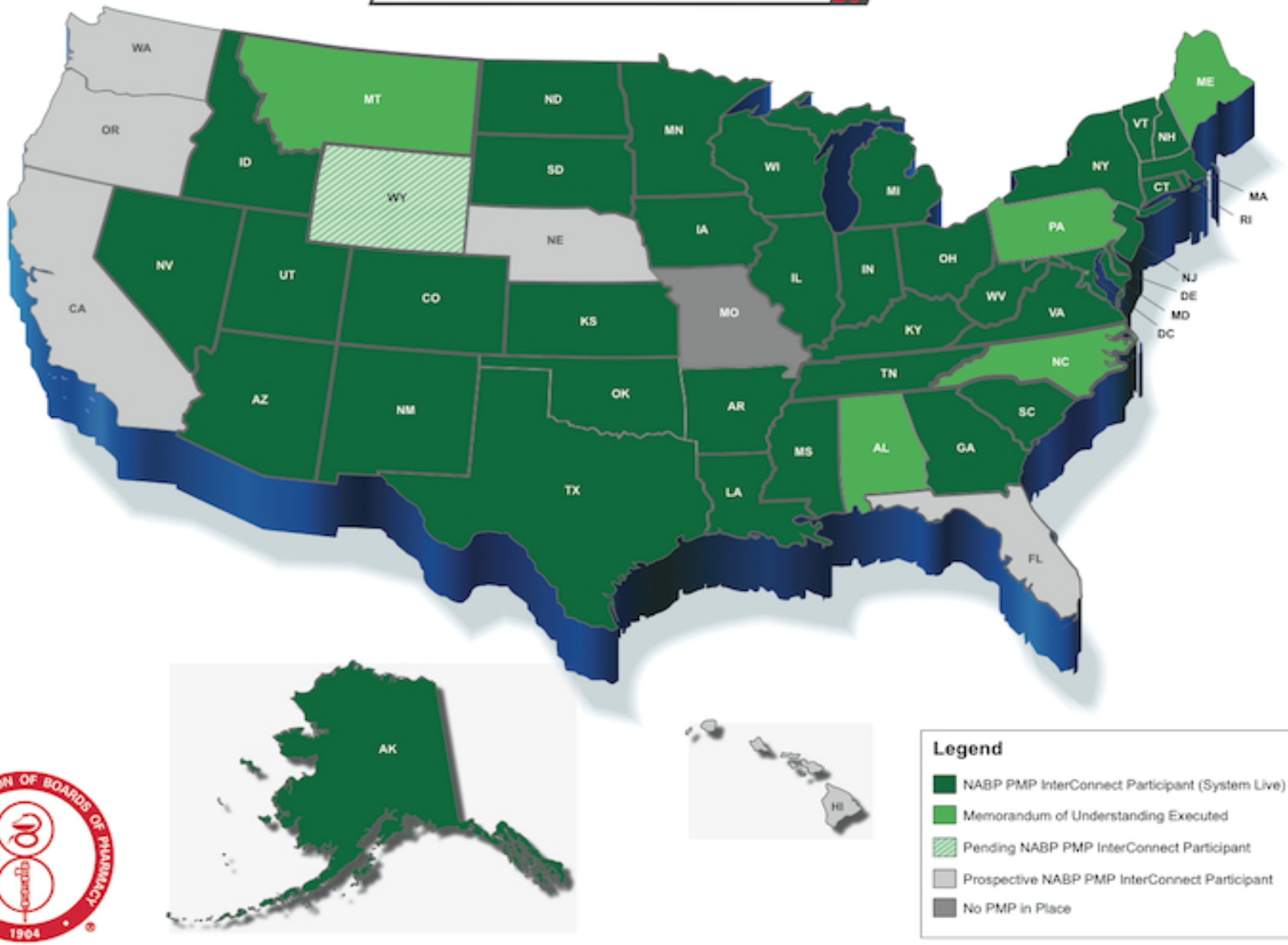


FICTION – State PDMPs don't share data across State lines

FACT – 44 State PDMPs currently share data through the PMP InterConnect

- PMP InterConnect became operational with data exchanges between Indiana and Ohio in July 2011.
- Governed by a Steering Committee of representatives of the PMPs that are participating in the system.
- All data is encrypted and no data is stored in PMP InterConnect.
- Supports more than 8 million interstate transactions every month.

PMP InterConnect®

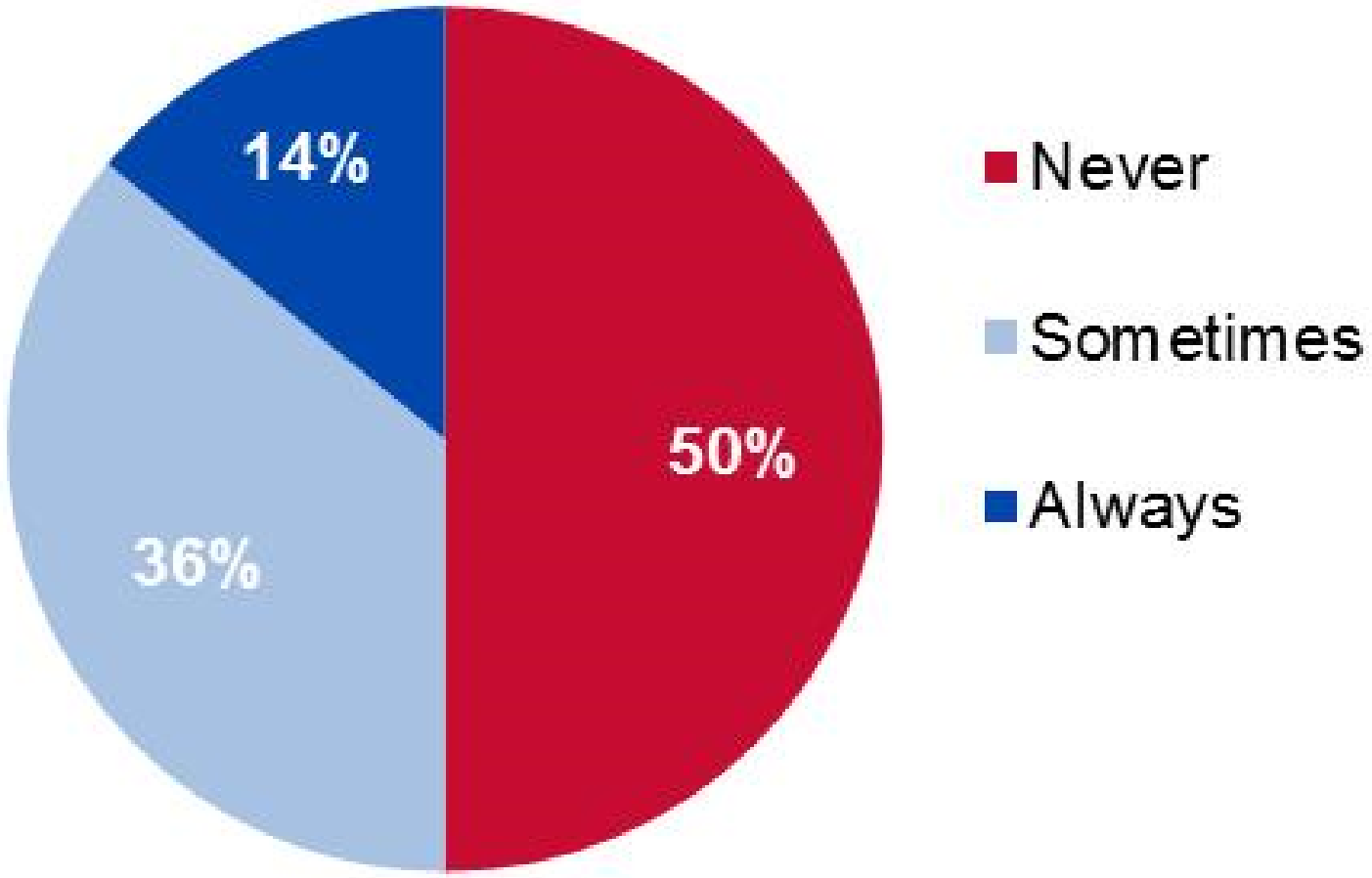


Legend

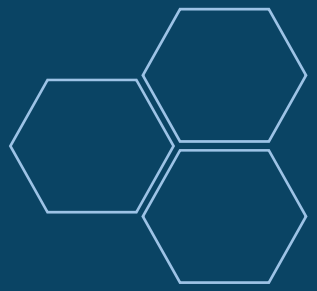
- NABP PMP InterConnect Participant (System Live)
- Memorandum of Understanding Executed
- Pending NABP PMP InterConnect Participant
- Prospective NABP PMP InterConnect Participant
- No PMP in Place

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY 1904

How Often do Physicians Check the State PDMP when Prescribing Controlled Substances?



Sorting FACT from Fiction: PMP Gateway Integration



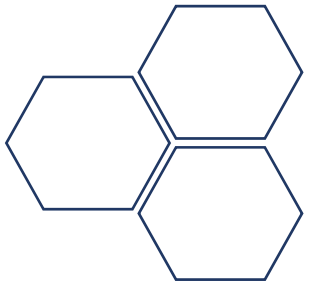
FICTION – PDMP data isn't integrated into clinician workflow today

FACT – **PMP Gateway** facilitates secure PDMP data sharing within electronic health records (EHRs) and pharmacy management systems.

PMP Gateway is an attractive form of integration for multiple reasons:

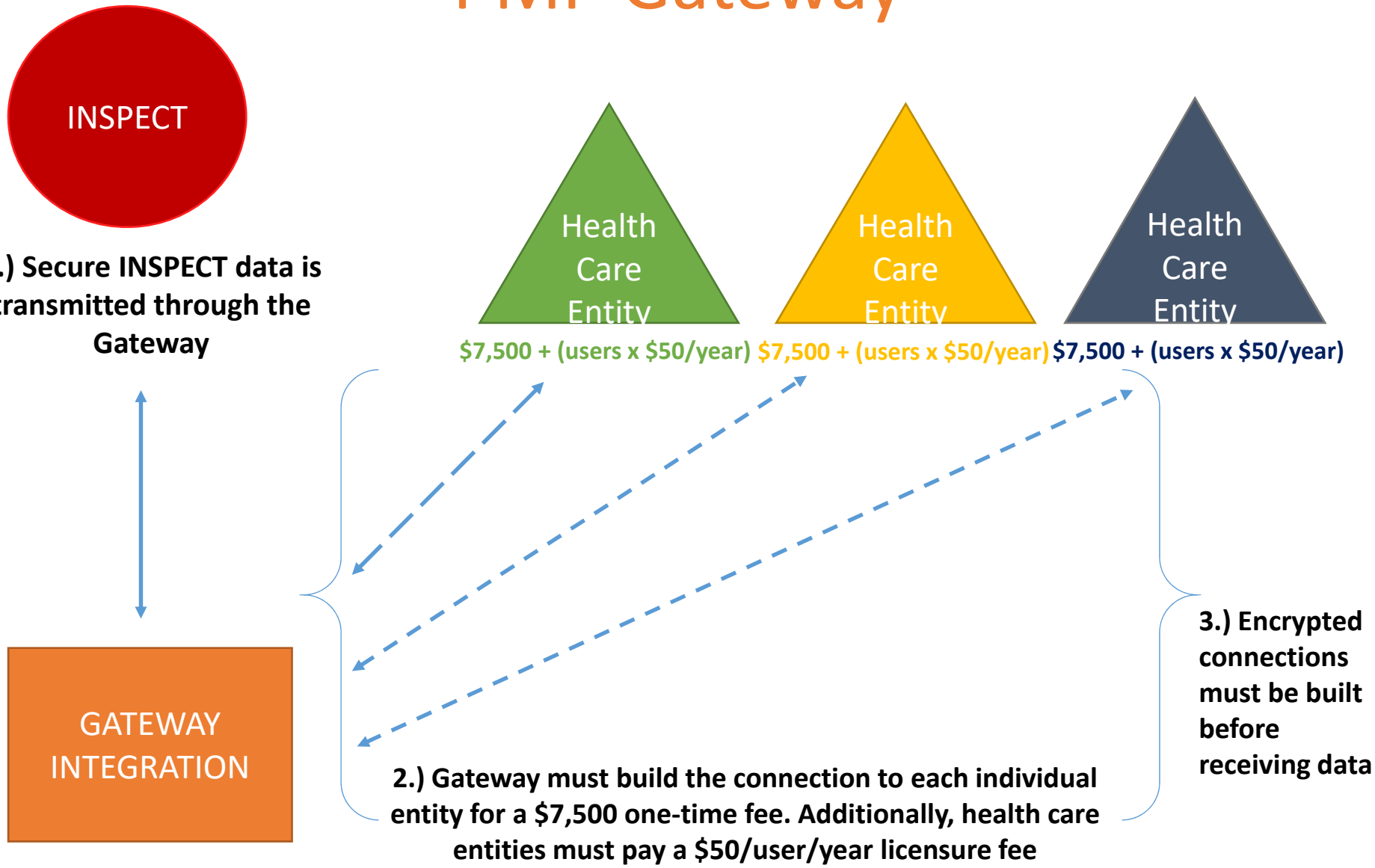
1. Only method of integration that is permitted to connect to the PMP InterConnect (how states share data)
2. Communicates seamlessly with our platform software
3. Highly secure
4. Provides an audit trail of user activity
5. Configurable to meet the needs of users

Benefits of Integration into EHRs

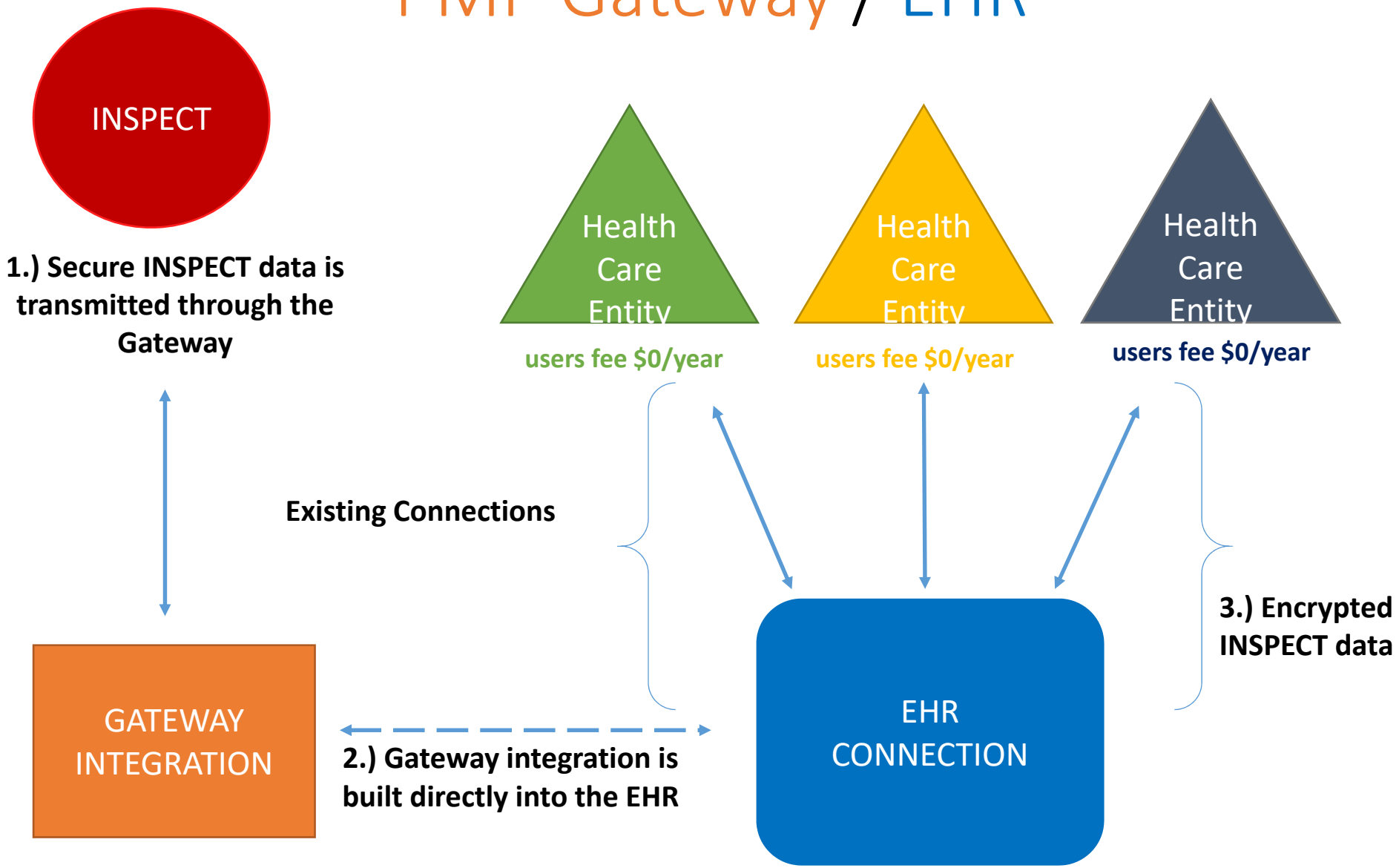


- Increased provider participation in the PDMP
- Single point of access to patient's Rx history in real-time.
- Data analytics tools to improve patient safety and outcomes.
- Maintains audit trail of user activity
- Report time reduced from 3-5 minutes to 5-8 seconds
- Ensures 100% compliance

Old Integration Model:
PMP Gateway



New Integration Model:
PMP Gateway / EHR

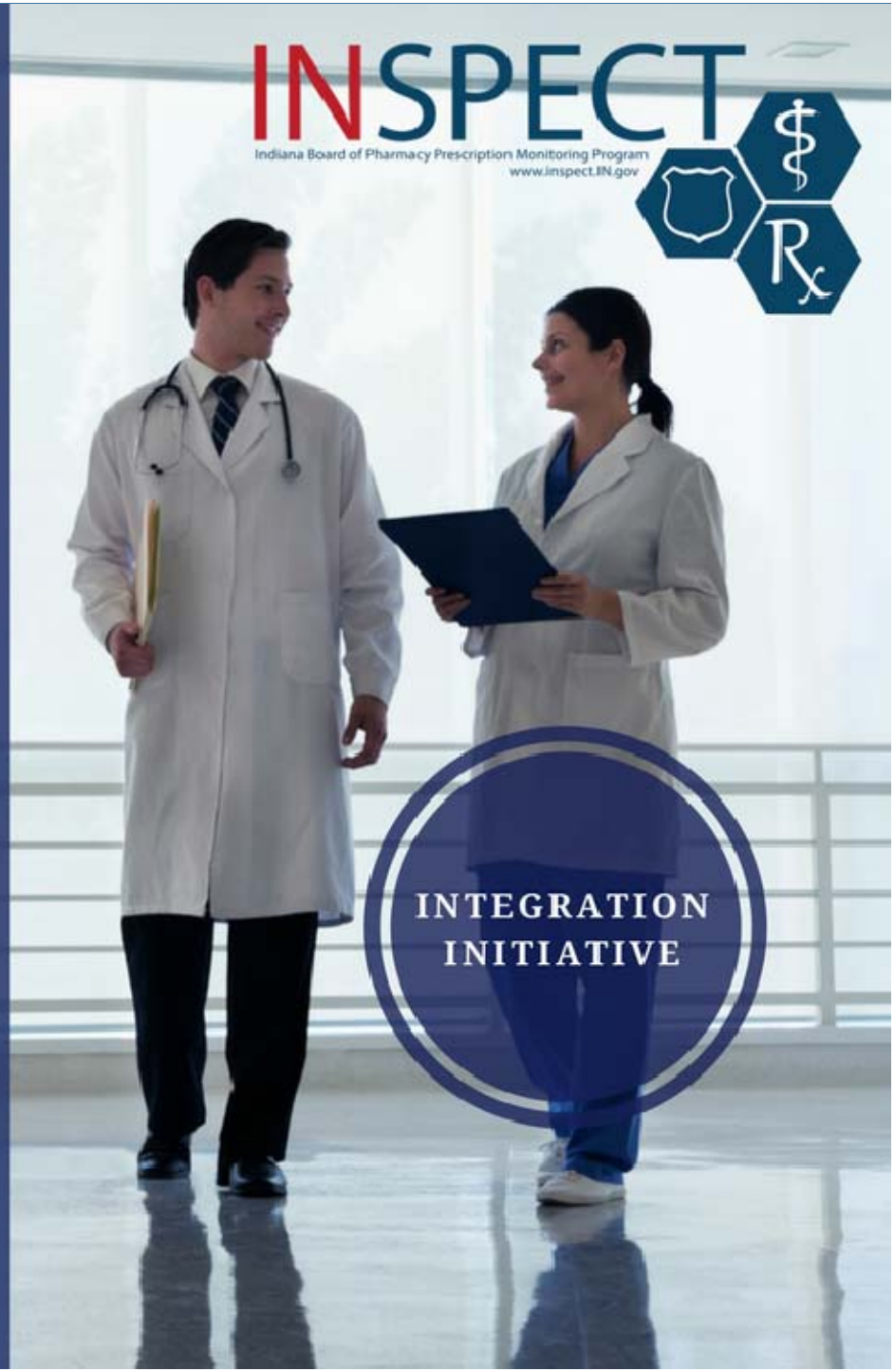


INSPECT Integration

On August 24th, 2017, Governor Holcomb announced his plan for Indiana to provide integration services to our healthcare community Statewide.

Indiana's Statewide INSPECT integration initiative provides direct EHR integration for all hospitals, pharmacies, rural health facilities and independent doctors offices across the State at no cost to healthcare entities.

To learn more about the INSPECT integration initiative, please visit www.INSPECT.IN.GOV



Prescription Drug Overdose (PDO): Prescription for States (PfS) grant

- Total of 29 states awarded.
- Funded through 2019.
- States funded based upon level of high burden and readiness to act.

PfS grant goal

- Focusing on primary prevention methods including:
  - Problematic prescribing.
  - Community education.
  - Evaluating policy changes.
- Intervening “up stream” of the problem.

Enhance and maximize Prescription Drug Monitoring Program (PDMP)

- Partnering with INSPECT.
- Projected outcomes:
  - Increase number of practitioners utilizing the system.
  - Better understand the nature of the prescription drug epidemic.

Evaluate impact of policy changes

- Partnering with Indiana University Fairbanks School of Public Health.
- Evaluating policy interventions to better understand what works to prevent prescription drug overdoses.

Community interventions

- Sending PDO community coordinators to listen to community needs through local health departments (LHD) and local coordinating councils (LCC).
- Provide technical assistance to counties.

Community interventions – technical assistance

- PDO community outreach coordinators visit counties.
- Listening to community member concerns.
- Assessing needs.
- Learning about pre-existing community strategies.
- Sharing relevant information.

Long-term goals

- Build community relationships to decrease silo effect and duplicated efforts.
- Decrease overdose rates due to prescription drug and heroin.

Prescription Drug Overdose: Prevention for States Program

24 Priority Counties Map, Indiana

What defines priority?

- Created point system to rank:
  - Rate of opioid deaths (2010-2015).
  - Rate of all drug poisoning deaths (2010-2015).
  - Rate of non-fatal opioid related emergency department visits (2009-2014).
  - Community needs:
    - Includes rates of: poverty, local health department capacity, controlled substance prescriptions, inadequate social support and unemployment.

ISDH divisions with efforts to address opioid epidemic

- Child Fatality Review
- Chronic Disease, Primary Care & Rural Health
- Epidemiology Resource Center
- HIV/STD
- Immunization
- Maternal Child Health
- Office of Minority Health
- Oral Health
- Public Health Preparedness and Emergency Response
- Trauma and Injury Prevention
- Women's Health
- Vital Records

http://www.in.gov/isdh/27387.htm

Naloxone kit distribution program for local health departments

- ISDH has provided naloxone rescue kits to 48 local heath departments through three grant proposals.

Naloxone Kit Distribution Program for Local Health Departments

As of: September 12, 2017

Orange = Naloxone Kits Round 1

Yellow = Naloxone Kits Round 2

Green = Naloxone Kits Round 3

Red = Naloxone Kits Rounds 1 & 2

Blue = Naloxone Kits Rounds 1 & 3

Lavender = Naloxone Kits Rounds 2 & 3

Teal = Naloxone Kits Rounds 1, 2 & 3

Individuals who can administer or distribute naloxone

- An advanced emergency medical technician.
- An emergency medical responder.
- An emergency medical technician.
- A firefighter or volunteer firefighter.
- A law enforcement officer.
- A paramedic.
- A person at risk of experiencing an opioid-related overdose.
- A family member, a friend, or any other **individual** or **entity** in a position to assist an individual having opioid related overdose.

What defines an entity

- An entity can be a pharmacy that sells naloxone.
- An entity can be a organization that distributes naloxone rescue kits free of charge.

Entity requirements to sell or distribute naloxone

- Provide training on:
  - How to administer naloxone.
  - Overdose response and treatment.
  - Drug treatment options and locations.
- Register annually with the ISDH.
- Submit an annual report to the ISDH.
  - The number of sales of the naloxone.
  - The date of the sale of the naloxone.
  - Additional information requested by the ISDH.

Overdose Prevention Therapy-Indiana (optIN)

OptIN

- A website that entities must use to register and report to the Indiana State Department of Health.

- Lay people can use site to locate naloxone distributors in the area.

https://optin.in.gov/

Collaborative focus

- Focusing on primary prevention methods including:
  - Problematic prescribing.
  - Community education.
  - Evaluating policy changes.
- Intervening “up stream” of the problem.

Questions?

Contact:

Katie Hokanson
khokanson@isdh.in.gov
https://indianatrauma.org
317-234-2865

Kara Slusser
kslusser@pla.in.gov
https://www.in.gov/pla/inspect/
317-234-8039