SCBHC
South Carolina Behavioral Health Coalition

Substance Use Disorder Treatment and Prevention
Meeting Date: October 12, 2017
Chair: Sara Goldsby, DOADAS
Co-Chair: George McConnell, SCDMH

Access to Naloxone

Priorities Identified 9/14/17	What specifically can we work toward together to achieve easily and quickly?
• Pharmacies carrying Naloxone • Prescribers knowing how and when to direct someone to get naloxone • Development of protocol for referral system wherever administration occurs (in the field or in a hospital setting – analogous to suicide attempt related visit where follow-up to community care is the expectation) • Establishment of brief intervention practices in emergency care settings • Comfort and management for referral in EDs • Treating a poisoning the same as a suicide attempt • Naloxone saves website with LLR as an educational site: naloxonesaves.sc.org	**1. Pharmacies Carrying Naloxone:** This priority is the most pressing because: • The LLR site has only recently gone live and the map on the LLR site must be quickly populated to indicate which pharmacies are stocking Naloxone and • The map can be utilized as part of the toolkit used by academic detailers to approach pharmacists in an effort to induce their participation and/or identify gaps in availability. 2. **Increase promotion of the Joint Protocol now that the LLR site is live**. • Incorporate the announcement of the live site into the academic detailing toolkits being utilized by the SC Pharmacy association • Request recommendations from participants at the All Pharmacy Conference Meeting being held on October 19th, 2017. 3. **Research 3rd party payer models in other states:** • To forecast trends and determine next steps in implementing a "collective influence" approach in an effort to establish a state "pharmacist as prescriber" model which would decrease reimbursement barriers and increase the number of pharmacies willing to stock naloxone. • Suggestions will be solicited at the All Pharmacy Conference meeting on October 19 regarding this effort. **Please make a note:** The web address on the previous versions of the workgroup's notes is incorrect. There is no "." between the word "saves" and letters "SC"

SCBHC
South Carolina Behavioral Health Coalition

Substance Use Disorder Treatment and Prevention
Meeting Date: October 12, 2017
Chair: Sara Goldsby, DOADAS
Co-Chair: George McConnell, SCDMH

Safer Prescribing	
Priorities Identified 9/14/17	What specifically can we work toward together to achieve easily and quickly?
• Integration of the PDMP into EHRs • Deactivation bags provided when certain prescriptions are dispensed • Revised Joint Pain Management Guidelines in SC • Attention to MMEs by Prescribers • Payer Reimbursement • Provider report cards from DHEC gives prescribers comparison to other 'like' providers • Public Education and Marketing • Ask to Academy of Pediatrics to assess for Rx drug access by children	• OD alerts for primary care providers and prescribers of the pt. • Let SCPHCA and others specialty provider associations know about support of Revised Joint Pain Prescribing Guidelines so that they may disseminate, educate constituents (offer CEUs or CME) • Letter from SCBHC supporting Revised Joint Pain Prescribing Guidelines. Ask that payer policy align with the guidelines. • Alignment of Alliance for a Healthier SC around support of Joint Pain Prescribing Guidelines Ask Data team to look at MME changes with payers as potentially effecting other indicators or outcomes. As MME comes down do pts. do well? Does the population improve? Individual outcomes and population outcomes are expected to be different. Buprenorphine induction can take ½ a day. Reimbursement rates should support that ½ day.

Access to Treatment Subgroup

Priorities Identified 9/14/17

*Encouraging Cross system collaboration through formal agreements at a state level (MOA's)

Primary Recommendation:

Discussions led back to this as a need. Consider not only MOA's but also specific collaboration among leaders in these organizations (intent to draw consensus re: addressing the issue from the statewide, systems perspective):

Department of Health and Environmental Control (DHEC)
Labor, Licensing and Regulation (LLR) - specifically the medical, nursing & pharmacy boards
State Emergency Medical Services (EMS) or related entity to be voice of local EMS
SC Sheriff's Association or related state level entity to be the voice of local LE
South Carolina Hospital Association (SCHA)
SC Primary Health Care Association; specific to state director's of Federally Qualified Health Centers)
Managed Care Organizations (MCO's)
Department of Mental Health (DMH)
Department of Alcohol and Other Drug Abuse Services (DAODAS)
Department of Health and Human Services (DHHS)

Consumer Organizations - FAVOR SC, SC SHARE, Federation of Families, Mental Health America, NAMI
South Carolina Association for the Treatment of Opioid Dependence (SCATOD)
Behavioral Health Services of South Carolina (BHSA)
SHRM - SC Society for Human Resources (state HR directors - with intention to address opioid and substance use from a workforce readiness and disruption perspective)
South Carolina Coroner's Association
CJA Criminal Justice Academy
And any other key, state level policy makers.

Additional Discussion:

Re: Broaden array (priority too broad to nail down). Things discussed:

1. Medical professional training re: SUD – address workforce development; cross training; collaborative care.
2. Request for specific training like is done with Birth Outcomes Initiative (BOI). Webinars, etc. that offer CEUs.
3. Re: training – ensure these address recommended standards, competencies and practical applications.

Re: Paving road between emergency department and providers. Things discussed:

1. Identification of those who were administered Narcan to connect with service providers in emergency departments. Model: DAODAS/FAVOR/GHS Pilot.
2. Use EMS follow-up for those who refuse transport to connect with provider/peer support. Model: 60NE Coalition in Greenville. Rep. Eric Bedingfield seeking to provide finalized information soon.
3. Barriers: HIPAA re: reporting capacity; formalized process for EMS follow-up; practical application in various settings.
4. Recommendation: Consider using emergency rooms with existing telemedicine capacity. Also, existing SC SBIRT peer navigator model.

Re: expansion of SBIRT: billing reimbursement outside of OB/GYN and with mid-level practitioners (FNPS/PAs)

Re: ED Prescribing: Model: MUSC/Charleston Center collaboration
APRN Exemptions – Statutory barriers need to be addressed at the legislative level.

SCBHC
South Carolina Behavioral Health Coalition

Substance Use Disorder Treatment and Prevention
Meeting Date: October 12, 2017
Chair: Sara Goldsby, DOADAS
Co-Chair: George McConnell, SCDMH

Safe Storage/Elimination of Unused Rx Drugs	
Priorities Identified 9/14/17	What specifically can we work toward together to achieve easily and quickly?

SCBHC
South Carolina Behavioral Health Coalition

Substance Use Disorder Treatment and Prevention
Meeting Date: October 12, 2017
Chair: Sara Goldsby, DOADAS
Co-Chair: George McConnell, SCDMH

- Policy and cost barriers with utilization of drop boxes
- Number of counties with permanent drop-off sites and disposal to reach 100% of state counties
- Academy of pediatrics -opportunity to inquire about medication storage with parents
- Education to public on how to dispose of unused medication
- OTPs and FQHCs with dispensing pharmacies to serve as drop-off sites
- Deactivation bags for locations without disposal sites (currently free at Wal-Mart)
- Partnering with drug free community collations for fund sharing
- Walgreens participation one or more disposal sites within each district
- Increase partnership with commercial pharmacies to address reduced supply of excess medications
- Nursing homes/assisted living facilities as a supply source
- Partnering with a funeral home for incineration (pet funerals only)
- Partnering with Pharmacy Association for increased collaboration

- **Drop Boxes**:
  a. **Issue**: Cost of boxes are $1k / box. Need to ID grant money to keep providing them. **Solution**: find additional funding resources to increase availability.
  b. **Issue**: 3rd party services for incineration are cost prohibitive. Consequently, LE agencies are left with the drugs. **Solution**: Increase number of DEA take-back days, or start "Collection Days" where DEA collects the drugs from LE agencies on a more frequent basis. **Method**: Letter to DEA
  c. **Issue**: Up to date there are 30 counties with drop boxes – need to increase efforts to reach all 46. **Method**: Letter to all LE agencies across the state.
  d. **Issue**: Lack of info on drop boxes. Solution: have cities and municipalities post the information on their website. **Method**: Letters to cities organizations.
  e. **Issue**: availability of drop boxes to coroners and hospice services. **Issue:** understand why coroners and hospice are reluctant to collect narcotics?
- **Education:**
  a. **Pediatricians.** Issue: need to increase awareness of opioids use among teens, and safe storage methods for parents to decrease drug diversion. Solution: provide the information through the SC Pediatricians Association' newsletter and presentation before its board.
  b. **Public Education on Safe Disposal. Issue:** limited information on safe disposal. **Solution**: Increase availability of information. **Method**: Social Media campaign. Target college age group. Offer prize for best graphic design. State wide. Encourage 301's to post info on their websites for safe disposal and locations of drop boxes.
- **Deactivation bags:** cost is $7 per bag. **Issue:** is the byproduct bio-degradable?
- **Reduced Supply of Excess Drugs.** Education for pharmacists about drug diversion and "corresponding liability" to decrease number of diverted drugs.