

ANNEX 2

FOCUS AREA – PREVENT AND RESPOND

I. GOALS & TIMELINE

- A. Reduce the number of opioids prescribed in South Carolina.
- B. Reduce the amount of unneeded opioid medications in homes.
- C. Reduce the number of fatal opioid overdoses.
- D. Increase treatment options for individuals suffering from opioid use disorder and help facilitate access to care.
- E. Enhance and expand opportunities for data-driven opioid-related decisions.

Goal 1: Reduce the number of opioids prescribed in South Carolina

(near-term [30–150 days], mid-term [6-12 months], long-term [12 months and beyond])

PMP Related Activities

| Agency | Objectives | Timelines | Measure of Success | Progress |
|---|--|-----------------------|--|--------------------------|
| DHEC | Continue to promote the use of the PMP and conduct training for providers and dispensers on the benefits and use of the program: | <u>Long-term</u> | Including data in PMP by 1/2021 | Fully implemented |
| <i>Summary: <u>H. 3728 includes new requirements that need to be operational by January 2021.</u></i> | | | | |
| DHHS | Incorporate dispensing data from the PMP into the Medicaid claims database, allowing for a more complete picture of opioid use among the Medicaid population: <ul style="list-style-type: none"> • Establish linkage and transmission protocol • Initiate regular transfer of linked PMP data (limited to the Medicaid population) | near-term | Execution of a data use agreement, linkage, and transfer of data | <u>Fully implemented</u> |
| <i>Summary: <u>Data use agreement has been executed.</u></i> | | | | |
| SCHA, DHEC | Guide hospital systems in establishing active interfaces between their respective electronic health records (EHRs) and the SCRIPTS PMP system. | mid-term long-term | Number of hospitals with active interfacing systems - 14 | Underway |

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|--|--|-----------------------|-----------------------------|----------|
| <i>Summary: There are currently 14 hospitals that have integrated the SC PMP into their EHRs. More hospitals are working toward this integration also.</i> | | | | |
| LLR | Review licensing board annual recertification to ensure providers understand prescribing guidelines and PMP usage. | mid-term long-term | Number of licenses reviewed | Ongoing |
| <i>Summary:</i> | | | | |

Prescriber Limits

| Agency | Objectives | Timelines | Measure of Success | Progress |
|-----------------|---|------------------------|---|-----------|
| DHHS | Execute seven-day prescription limit, pursuant to EO 2018-19: <ul style="list-style-type: none"> • Issue public notice of planned benefit changes • Incorporate updated language as Medicaid policy and issue policy bulletin • Initiate measurement and recoupment for non-compliance | near-term near-term | Drafting of a bulletin to reflect seven-day limit and publication of bulletin | Completed |
| <i>Summary:</i> | | | | |

Prescription Guidelines and Best Practices

| Agency | Objectives | Timelines | Measure of Success | Progress |
|-----------------|--|-----------------------|---|----------|
| SCHA | Coordinate and support implementation of specific hospital-based opioid prescribing guidelines by specialty and procedural category. | mid-term long-term | Number of hospitals with Joint Commission and Joint Revised Pain Management Guideline adherence | Underway |
| <i>Summary:</i> | | | | |

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| Agency | Objectives | Timelines | Measure of Success | Progress |
|--|--|------------------|---|---|
| LLR, SCMA, SCHA | Educate healthcare providers on prevailing best prescribing practices. | ongoing | Number of providers educated | Underway with license renewal |
| <i>Summary:</i> | | | | |
| Hospitals, SCHA | Reduce opioids at discharge: <ul style="list-style-type: none"> • Complete internal education and marketing campaign for providers • Link clinical justification to medications for medication reconciliation • Add Narc-Check to provider workflow Monitor prescriptions for opioids at discharge. Assess and monitor patients appropriately for pain and risk for opioid misuse/abuse. | ongoing | Assessing justification of medications at discharge | Underway at Prisma Health |
| <i>Summary:</i> | | | | |
| SCHA, MUSC | Promote academic detailing programs and resources to hospital system medical staff and owned physician practices. | ongoing | Number of providers and systems reached | Table below reflects activity through 11/28/2019 245 provider visits across 14 high risk counties. |
| <i>Summary:</i> | | | | |
| | Year 2 | | | |
| | Q1 | Q2 | Q3 | Q1-Q3 |
| Deliverable | Total | Total | November | YTD |
| # of provider visits | 20 | 40 | 32 | 92 |
| # of initial provider/SOS visits | 11 | 9 | 16 | 36 |
| # of provider follow up/tip SC* visits | 9 | 31 | 16 | 56 |

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|---|--|-----------------------|-------------------------------------|----------|----|
| # of providers attending waiver training | 2 | 5 | 1 | 8 | 16 |
| # of times detailed providers joined ECHO | 11 | 6 | 2 | 19 | 32 |
| # of providers registered to the scmataccess.org website | 11 | - | 3 | 14 | 22 |
| *AD visit on Timely Information for Providers in South Carolina (tipSC) topic (e.g., Screening for OUD) | | | | | |
| DOI | Give guidance on implementing policies with provider groups and insurers that promote the effective use of prescribing guidelines, including alternative treatments. | mid-term long-term | Guidance developed and disseminated | Underway | |
| <i>Summary:</i> | | | | | |

Alternative Pain Management

| Agency | Objectives | Timelines | Measure of Success | Progress |
|---------------|---|--|---|----------|
| Prisma Health | Supplement cultural shift to non-opioids first with available medications/therapies: <ul style="list-style-type: none"> • Obtain approval to utilize ketamine for pain management and add to formulary • Add IV Tylenol to formulary within pain team sponsored power plans • Implement nursing education on value of non-opioid first | mid-term (on hold for IV Tylenol; will reinvestigate in October) | Currently underway with three pain power plans; ideally active prior to calendar year's end | Underway |

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| | <p>and lowest dose to effectively manage pain</p> <ul style="list-style-type: none"> • Promote and increase utilization of non-opioid surgeries • Reduce opioids at discharge and coordinate alternative non-opioid pain management options and pain management guidelines/incentives • Development and implementation of best practice-based pain power plans • Supplement cultural shift to non-opioids first with available medications/therapies • Assess and monitor patients appropriately for pain and risk for opioid misuse/abuse | | | |
| <p><i>Summary:</i></p> | | | | |

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Goal 2: Reduce the amount of unneeded opioid medications in homes

(near-term [30–150 days], mid-term [6-12 months], long-term [12 months and beyond])

Promote Take Back Day

| Agency | Objectives | Timelines | Measure of Success | Progress |
|---|---|--------------------------|---|-----------|
| DHEC | Promote DEA’s Take Back Days through DHEC website and social media. | ongoing (twice per year) | Publishing on website News media coverage of event | Completed |
| <i>Summary: DHEC hosted a Facebook Live event, updated the DHEC take back day webpage, and pushed out information on social media channels to promote the October National Prescription Drug Take Back Day. DHEC will continue promoting take back events biannually and working with different mediums and partners.</i> | | | | |

Promote Environmentally Friendly Disposal Methods

| Agency | Objectives | Timelines | Measure of Success | Progress |
|---|--|-----------|------------------------|-----------|
| DHEC | Provide information on website about environmentally friendly ways to dispose of controlled substances and update as needed. | near-term | Publication of webpage | Completed |
| <i>Summary: DHEC’s website was updated to include current information on a webpage for environmentally friendly ways to dispose of controlled substances and was promoted along with the October National Prescription Drug Take Back Day. DHEC will continue to update this webpage and promote it with the biannual take back events.</i> | | | | |

Goal 3: Reduce the number of fatal opioid overdoses

(near-term [30–150 days], mid-term [6-12 months], long-term [12 months and beyond])

Continue the ROLL Program

| Agency | Objectives | Timelines | Measure of Success | Progress |
|---|--|-----------|---|--|
| DHEC LLR S.C. State Firefighters Association, EMS, | Continue the Reducing Opioid Loss of Life (ROLL) program as supported by DAODAS funding. Collaborate with DAODAS to seek continued funding when existing grants end. Increase the number of trained and certified first responders capable of administering naloxone by expanding ROLL program | ongoing | Increase # of agencies trained # of trained and certified first responders | On target 7 ROLL trainer courses completed- 148 ROLL trainers trained. 12 ROLL practitioner courses |

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|--------|---|-----------|--------------------|--|
| | deliveries throughout the fire service: <ul style="list-style-type: none"> • SCFA EMS Section, in partnership with DHEC, will train SCFA EMS instructors to teach the ROLL program through instructor-led direct delivery • SCFA EMS and Curriculum Sections, in partnership with DHEC, will develop an online version of the ROLL program for expanded delivery, to include online testing and registration • SCFA EMS and Curriculum Sections, in partnership with DHEC, will develop an online recertification and continuing education program | | | completed-1,147 practitioners trained. |

Expand Community and Patient Access to Naloxone

| Agency | Objectives | Timeline | Measure of Success | Progress |
|-----------------------------|--|-----------|--|--|
| DAODAS , BHSA, SCATOD | Train county alcohol and drug abuse authorities and OTPs on the use and distribution of naloxone. | near-term | # of providers trained | County authorities trained. OTPs scheduled |
| <i>Summary:</i> | | | | |
| DAODAS , BHSA, SCATOD | Purchase and dispense naloxone for patients at high risk at all county alcohol and drug abuse authorities and opioid treatment programs. | near-term | # of providers with naloxone available | Progressing |

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|--|---|-----------------------|--|----------|
| <i>Summary:</i> | | | | |
| MUSC | Initiate the distribution of the naloxone kits to emergency department (ED) patients and/or family members that present to MUSC and Horry County EDs following an overdose episode. | near-term | ED implementation | Complete |
| <i>Summary:</i> 140 Narcan kits distributed across 3 ED to at risk patients to date 11/28/18 | | | | |
| LLR | Increase access to naloxone for patients and caregivers of patients at risk of an opioid overdose without a prescription: <ul style="list-style-type: none"> • Continue to promote resources available at www.NaloxoneSavesSC.org, on LLR’s website, and add as a link from other agency websites • Continue to educate pharmacies about voluntary participation in program to dispense pursuant to joint protocol to initiate dispensing of naloxone HCL without a prescription • Appoint an advisory committee to advise and assist in the development of joint protocol for community distributors | mid-term long-term | # of pharmacies dispensing naloxone # of hits to www.NaloxoneSavesSC.org site Joint protocol approved | Underway |
| <i>Summary:</i> 33 Approved Community Distributors | | | | |

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|-----------------|--|-----------------------|---|---------------------------|
| SCDE | Integrate training for school staff members on the use of naloxone and how to recognize signs of substance use disorder. | mid-term long-term | # of staff trained and schools equipped | Trainings to be scheduled |
| <i>Summary:</i> | | | | |

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Provider Initiatives

| Agency | Objectives | Timelines | Measure of Success | Progress |
|-----------------|--|-----------|---|----------|
| LLR | Educate prescribers about potential benefits of simultaneous prescribing of naloxone with opioids for patients at risk of opioid overdose: <ul style="list-style-type: none"> • Emphasize considerations set forth in Joint Revised Pain Management Guidelines in August 2017 in communication with licensed healthcare professionals with prescriptive authority through e-blasts and other official communication • Enforce compliance with continuing education requirements for prescribers regarding monitoring and prescribing controlled substances through auditing and disciplinary processes | ongoing | Measured output on communication, website hits, CME completed for licensure | Underway |
| <i>Summary:</i> | | | | |

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Goal 4: Increase treatment options for individuals suffering from opioid use disorder and help facilitate access to care

(near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])

Remove Regulatory Barriers

| Agency | Objectives | Timelines | Measure of Success | Progress |
|-----------------|---|---|---|---|
| DHEC | Facilitate access to quality treatment facilities by evaluating existing regulatory requirements and remove unnecessary barriers to allow for the increase in the number of quality treatment facilities: <ul style="list-style-type: none"> • Update the State Health Plan annually to reflect the current need for treatment facilities • Seek input from stakeholders regarding DHEC’s Psychoactive Substance Abuse or Dependence (PSAD) Regulation 61-93 and revise as needed | <p style="text-align: center;"><u>mid-term</u></p> <p style="text-align: center;"><u>mid-term</u></p> | <p>Adoption of State Health Plan by DHEC Board <u>by November 2019</u></p> <p>Promulgation of changes to Regulation 61-93 submitted to General Assembly for review <u>by January 2020</u></p> | <p style="text-align: center;">On target</p> <p style="text-align: center;">On target</p> |
| <i>Summary:</i> | | | | |

Community Paramedic Program

| Agency | Objectives | Timelines | Measure of Success | Progress |
|-----------------|--|---|---|---|
| DHEC | Implement the community paramedic program for patients discharged after an opioid overdose: <ul style="list-style-type: none"> • Enter into contracts with EMS agencies to allow funding for home visits to discharged overdose patients • DHEC and DAODAS will collaborate to continue funding for this program | <p style="text-align: center;">near-term</p> <p style="text-align: center;">long-term</p> | <p>Numbers of home visits to increase on a quarterly basis</p> <p>Identification of funding (DAODAS and DHEC)</p> | <p style="text-align: center;">On target</p> <p style="text-align: center;">Ongoing</p> |
| <i>Summary:</i> | | | | |

SCOERP

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Additional funds were identified to continue COPE through September. Funds were requested through CDC's O2D grant.

DHEC Health Clinic Referral Program

| Agency | Objectives | Timelines | Measure of Success | Progress |
|---------------|--|--|---|-----------------|
| DHEC | Evaluate the system for DHEC staff to assess health clinic clients' substance misuse/abuse and refer to external resources: <ul style="list-style-type: none"> • Study the availability of referral mechanisms • Investigate legal liability of such client assessments • Develop and/or revise relevant policies • Develop and implement training for staff in the assessment and referral of clients suffering from substance misuse/abuse | near-term near-term near-term long-term | 1. Appropriate referral mechanisms have been identified. 2. OGC provides approval of assessment questions used in DHEC client services/ clinical encounters. 3. Policies are adopted and in place. 4. Training developed and provided to appropriate DHEC staff. | On target |

Summary:
 DHEC program areas (WIC, TB, Preventive Health) already ask assessment questions regarding substance use on clinic forms & clinicians document the client responses. A policy was drafted to address the continued assessment of clients for substance use and providing referrals/linkages to evidence-based treatment services. The draft policy was presented to the DHEC Medical Group & Regional Nursing Directors for input. MCH is addressing this issue through the PRISM Learning Collaborative. Additional SBIRT training is being scheduled.

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Hospital Emergency Department Intervention/Referrals

| Agency | Objectives | Timelines | Measure of Success | Progress |
|---|--|---------------------------|------------------------|-------------------------------------|
| DAODAS, Hospitals | Support hospital emergency departments (EDs) in implementing SBIRT model: <ul style="list-style-type: none"> • Support GHS, MUSC, and Grand Strand hospitals to conduct screenings, interventions, and referrals through July 2018 • Reach out to hospitals and/or community health service sites for new implementation/practice prior to June 2018 | near-term mid-term | # of hospitals | 5 Hospitals |
| <i>Summary: Across 3 hospital Eds (Tidelands, Waccamaw, Grand Strand and MSC- 5,231 ED patients formally screened for any substance use/misuse, 184 inducted on buprenorphine in the ED, 147 arrived to fast track provider follow-up appointment. New hospital EDs in Greenville and Spartanburg start March 2019.</i> | | | | |
| Hospitals | Support training of ED physicians and staff in management of opioid use disorder overdoses and early triage to medication-assisted treatment | mid-term long-term | # of providers trained | Underway 4 hospitals implemented |
| <i>Summary: Four (4) hospitals implemented.</i> | | | | |

Community Resource Alignment

| Agency | Objectives | Timelines | Measure of Success |
|---|---|-----------|---|
| DSS, DAODAS, BHSA, SCATOD | Assist in training social service providers on community resources and social supports for treatment and recovery services. | ongoing | # of DSS workers trained |
| <i>Summary: Considerations of LMS or in-person training.</i> | | | |
| SCHA, Others | Identify and promote alignment between hospital systems and community-based recovery programs and resources. | ongoing | Agreements established Patients referred |
| <i>Summary: S.C. Behavioral Health Coalition meetings underway.</i> | | | |

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Goal 5: Enhance and expand opportunities for data-driven opioid-related decisions.

(near-term [30–150 days], mid-term [6-12 months], long-term [12 months and beyond])

| Agency | Objectives | Timelines | Measure of Success | Progress |
|--|--|--|--|--|
| DHEC | <p>Enhance and expand the data available by providing a DHEC-developed informatics dashboard to be published on the statewide opioid website that contains timely and relevant opioid-related health data to inform the public, healthcare providers, and educators, and to assist with data-driven public health decisions:</p> <ol style="list-style-type: none"> 1. Develop an initial opioid dashboard with user-friendly visuals and metrics 2. Update the current DHEC webpage with relevant opioid-related information 3. Maintain the dashboard and webpage with relevant and timely information 4. Standardize underlying data structure driving dashboards and Just Plain Killers site. 5. Explore and operationalize a public data portal that provides relevant and timely data to the public | <ol style="list-style-type: none"> 1. near-term 2. near-term 3. ongoing 4. near-term 5. near-term | <ol style="list-style-type: none"> 1. Four dashboards 2. Updated webpage 3. Updated dashboards within four weeks of new data becoming available 4. Contractor is utilizing underlying data driving the dashboards. 5. Just Plain Killers website live with four embedded dashboards | <ol style="list-style-type: none"> 1. Complete 2. On target 3. In-progress 4. On target 5. Complete |
| <p><i>Summary: The opioid dashboards were developed and launched on the JustPlainKillers website. The dashboards have been maintained and updated with timely data and information. The data committee is on target to standardize the underlying data structure driving the dashboards.</i></p> | | | | |
| OERT Data Committee | Meet regularly to provide guidance for the dashboard and webpage. | ongoing | Meet at least quarterly | On target |

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| | Provide data, as needed, to maintain the timeliness of the dashboard and data portal. | | | |
| <i>Summary: The OERT Data Committee has been meeting to provide guidance on the dashboard, data portal and inform the overall committee.</i> | | | | |