



NC Department of Health and Human Services

NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

September 17, 2020

Welcome and Introductions of Attendees

Alan Dellapenna, Head, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health

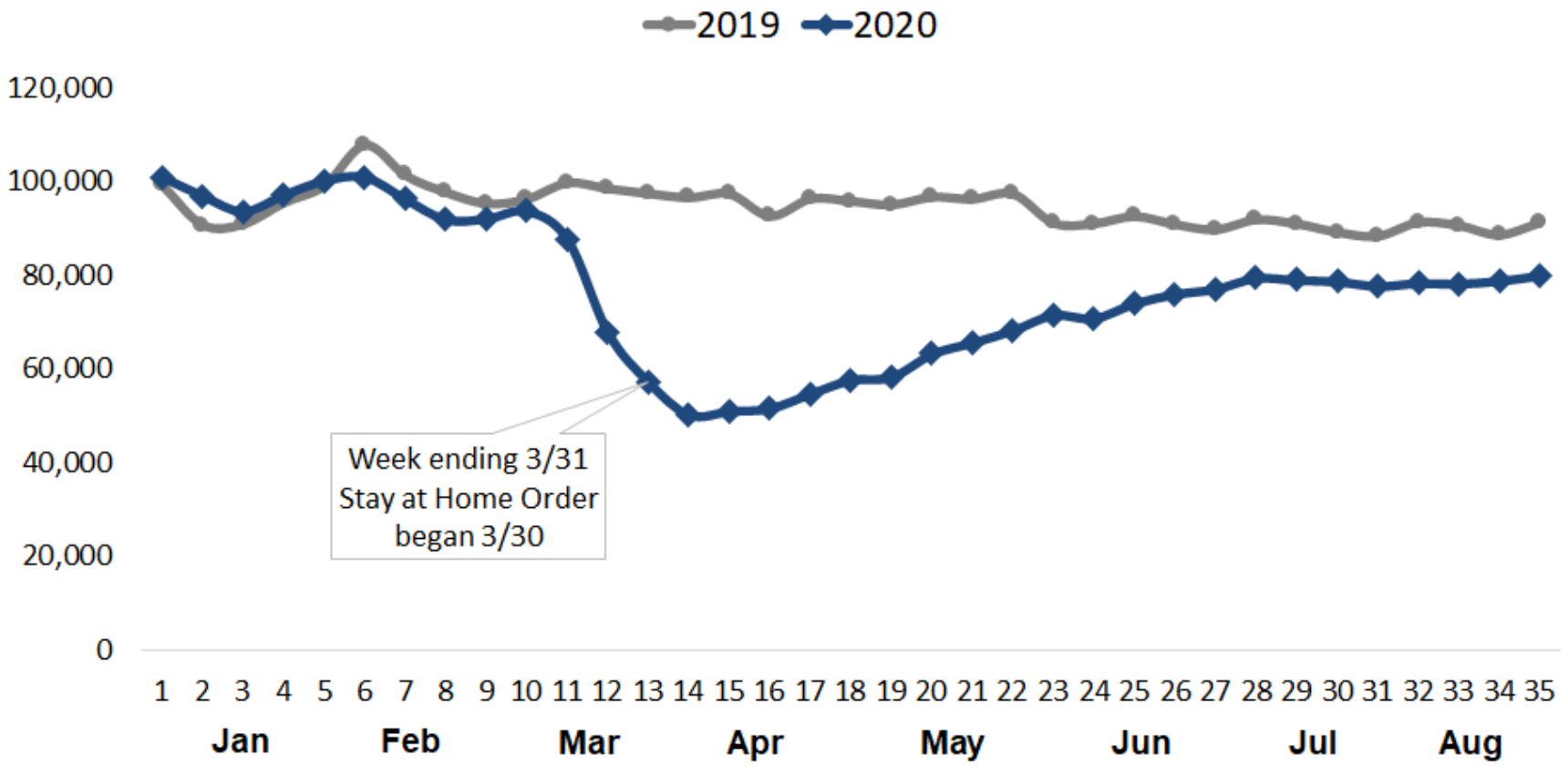
N.C. Overdose Data: Trends and Surveillance

Scott Proescholdbell

Trends in since March - ED visits and alerts

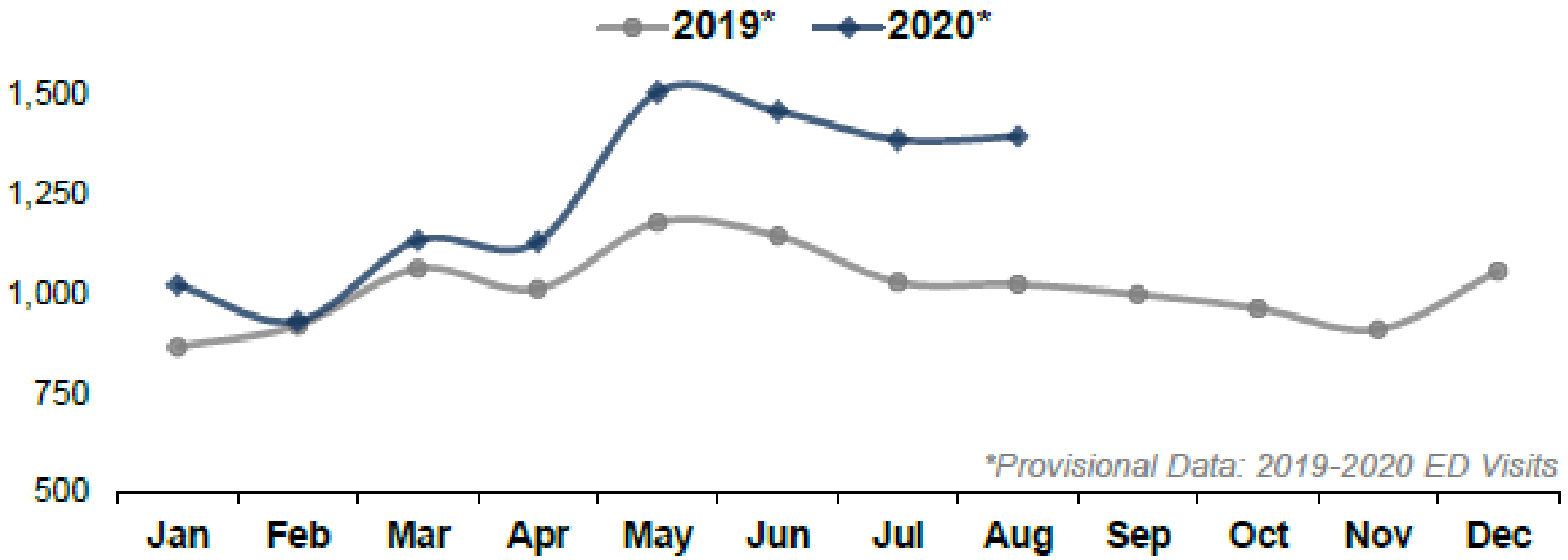
North Carolina Injury & Violence PREVENTION Branch

This year, NC has experienced a 19% decrease in overall ED visits



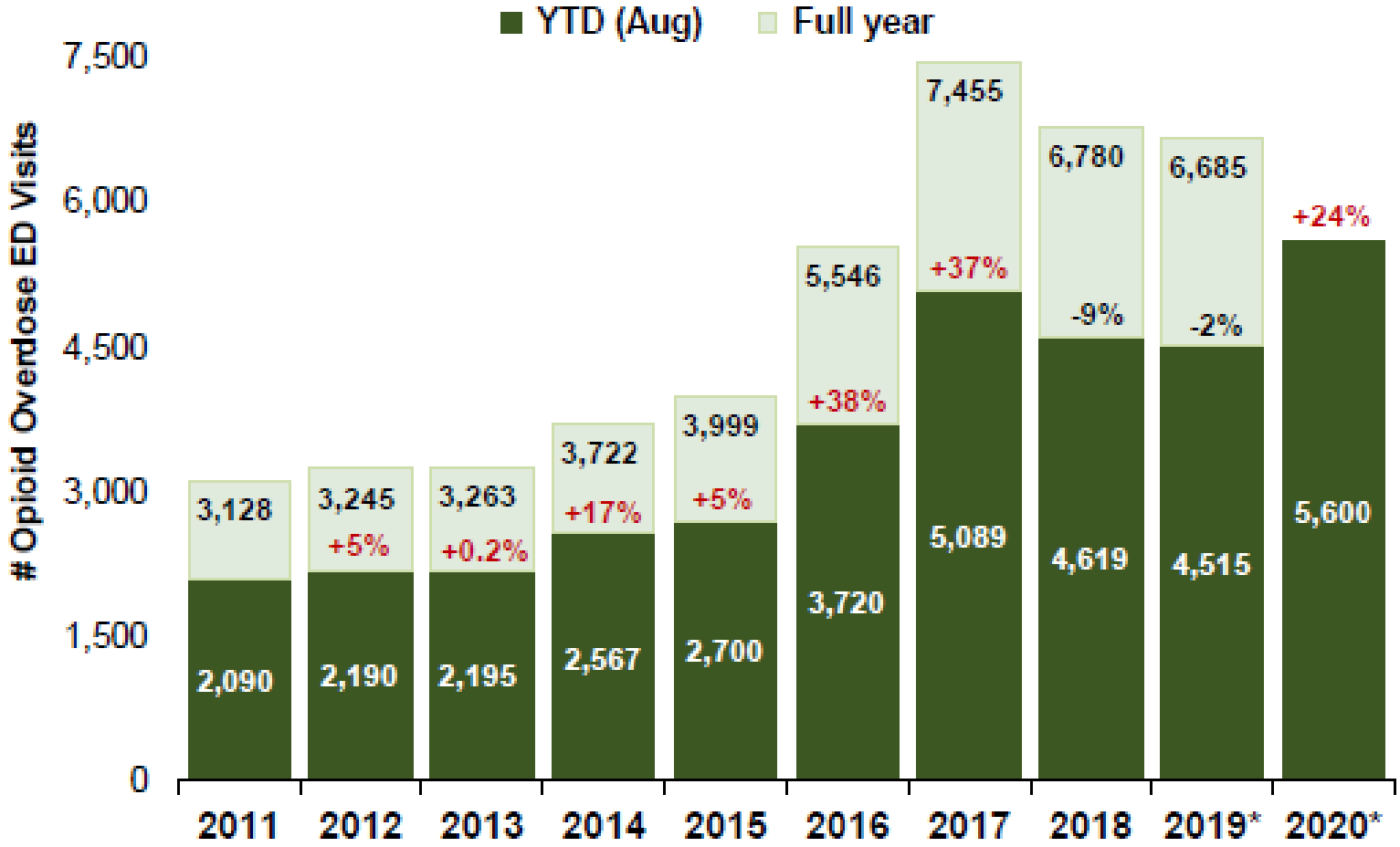
Note: Provisional data, limited to NC residents
Weeks begin at 01/01
Source: NC DETECT ED Visits, 2019-2020

Yet, NC has seen a 21% increase in Med/Drug^ Overdose ED visits in 2020



Note: ^Unintentional/undetermined intent cases of drugs and medicaments with dependency potential within ICD10CM overdose codes (T40, T42, T43, T50.7, and T50.9). Restricted to N.C. residents between ages 15-65 years. **Source:** NC DETECT ED Visits, provisional data 2019-2020.

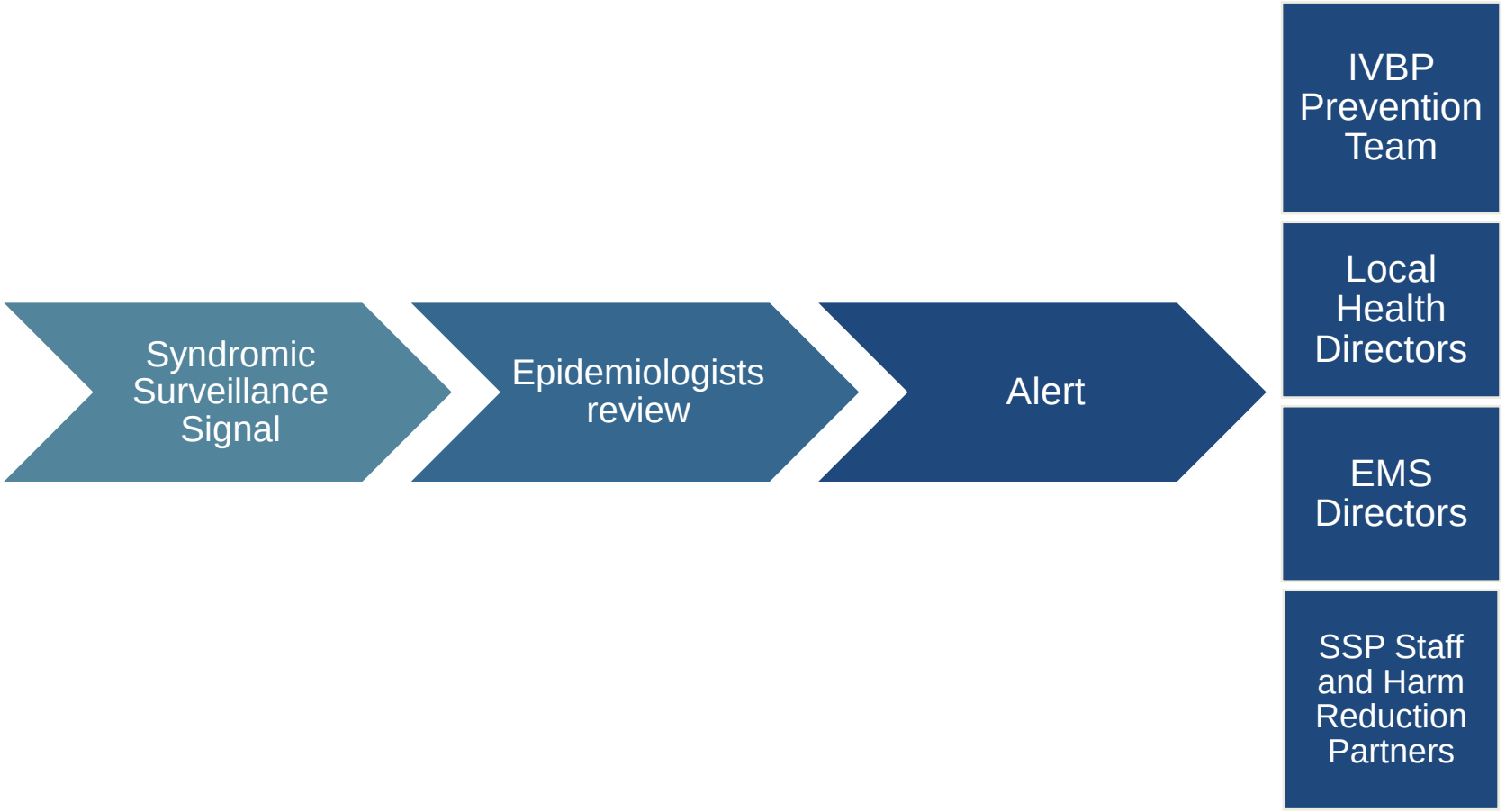
This trend is largely driven by a 24% increase in opioid overdose ED visits



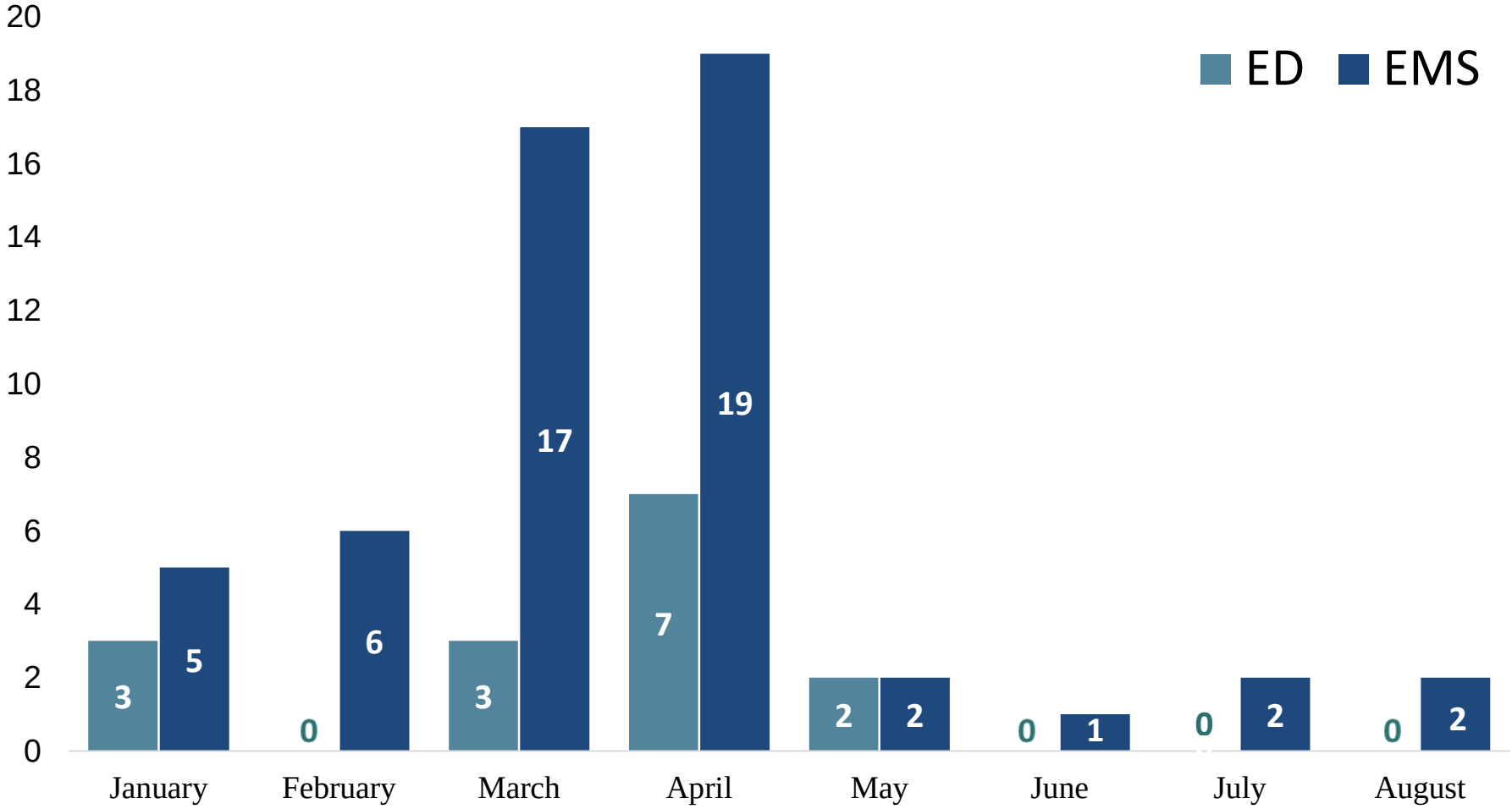
Note: All intents opioid overdose cases within ICD10CM codes (T40.0-4, T40.6, T40.69), initial encounters only.

Source: NC DETECT ED Visits, provisional data 2019-2020.

Epidemiologist track signals of unusually high numbers of overdose and alert partners



High number of county alerts for response to overdoses in March and April 2020



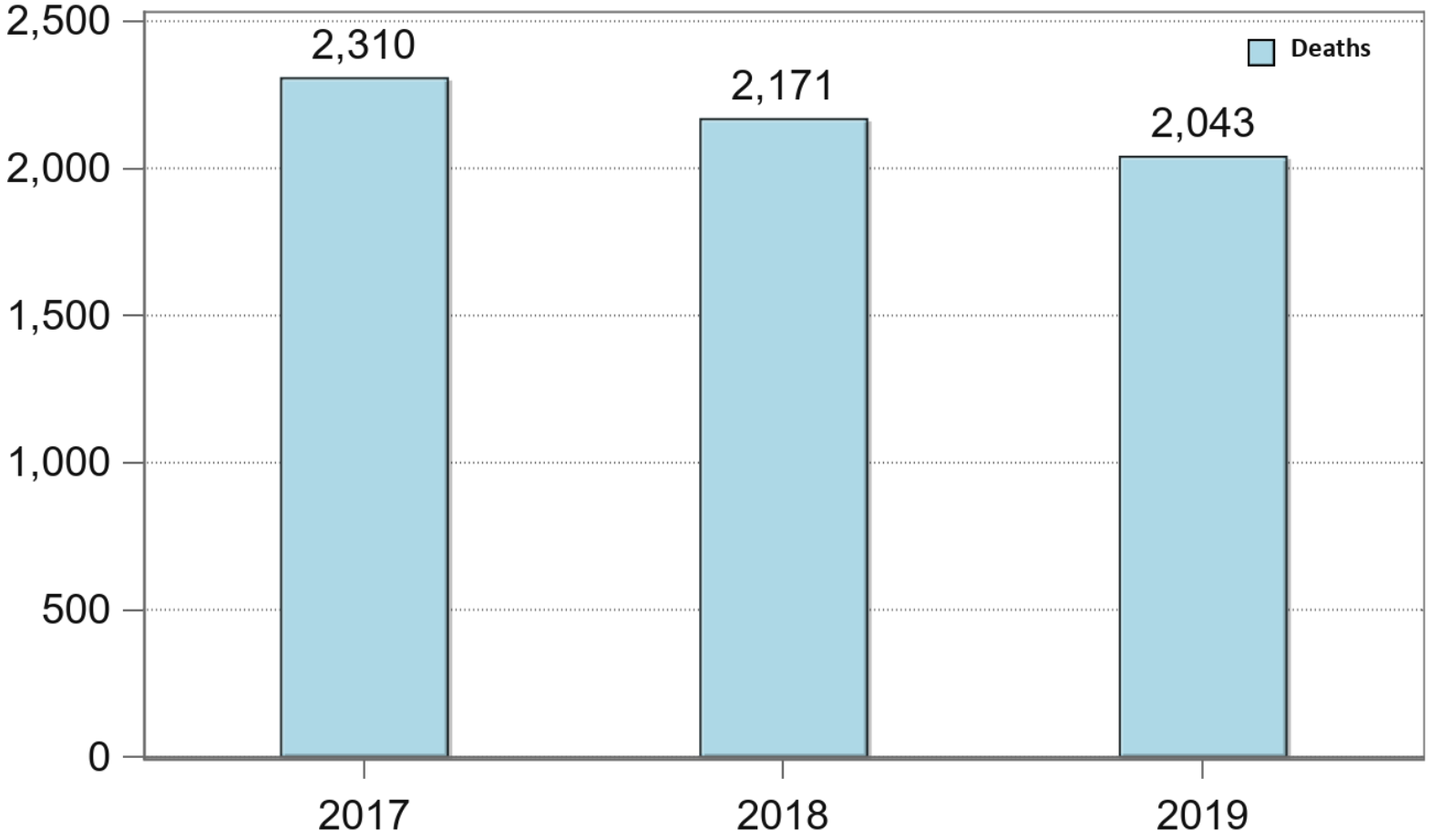
Note: Signal notification protocol modified in May 2020 to reduce county notification fatigue.

Slide updated September 10, 2020.

Other Statewide Drug Overdoses Trends

North Carolina Injury & Violence PREVENTION Branch

Provisional Unintentional Poisoning Deaths
NC Residents, 2017-2019* -- as of July 2020

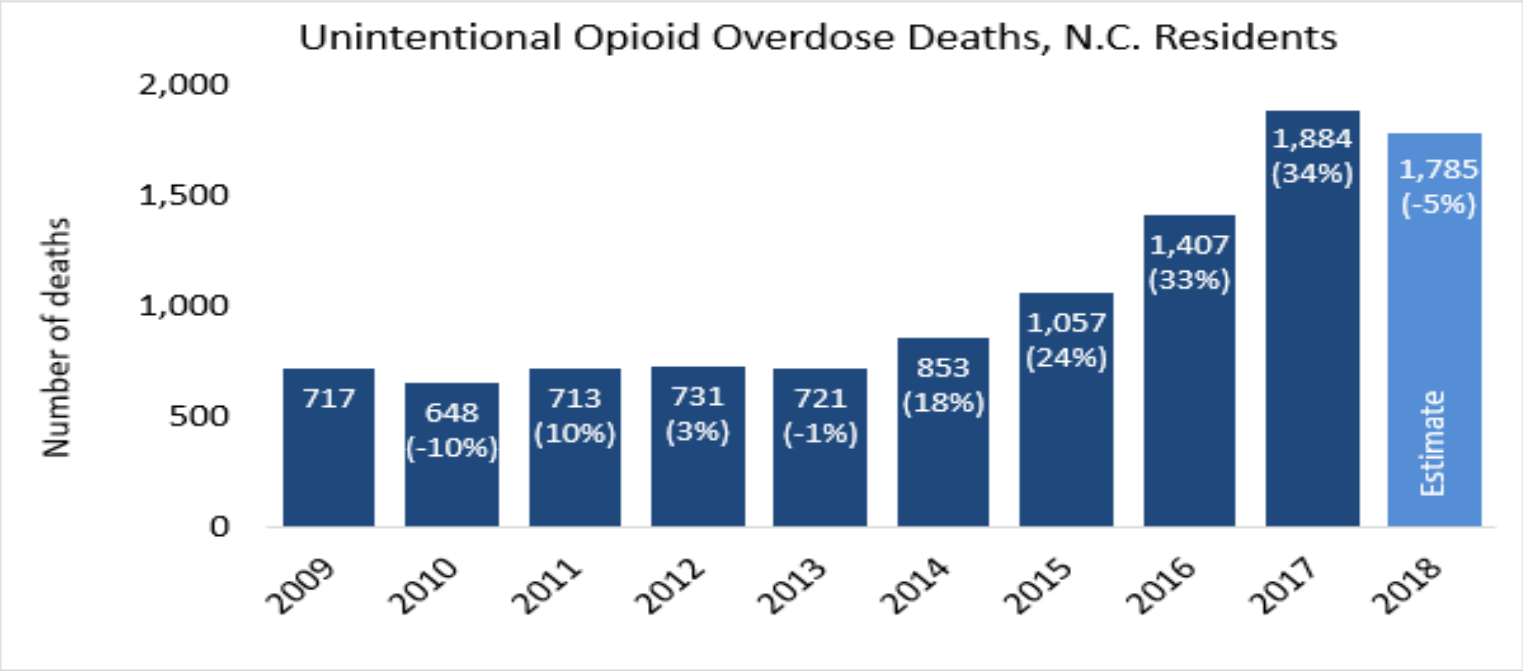


Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2017-2019* (X40-X49)
PROVISIONAL DATA: Cases for 2019 are still being processed. Data subject to change.

Last year at this time

2017: **1,884** deaths 2018: **1,785** deaths

Estimated **5%** decrease (estimated 99 deaths) from 2017 to 2018

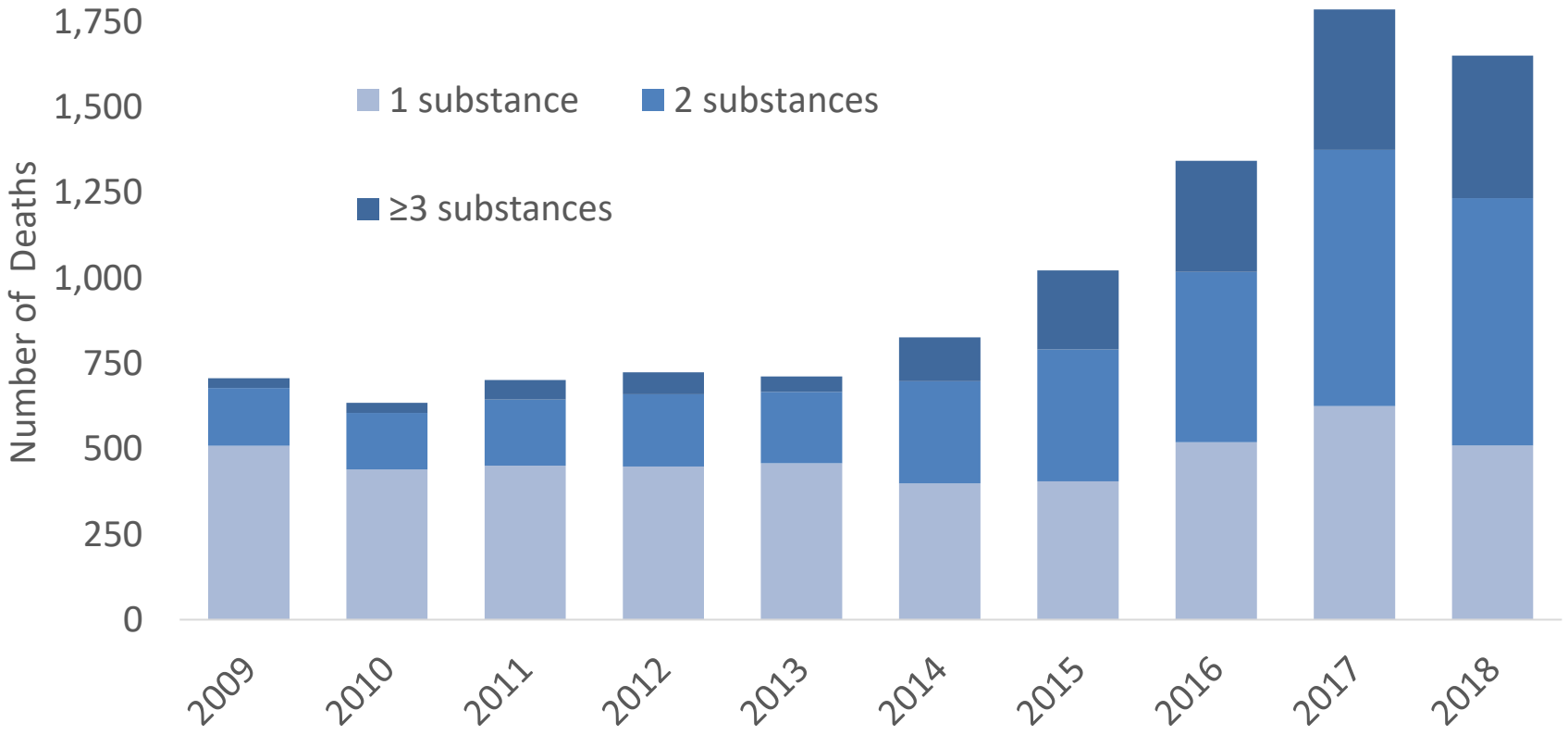


*Unlikely, but possible that some of these cases are overdoses

Technical Notes: Unintentional medication and drug poisoning: X40-X44 and any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other synthetic opioid) and/or T40.6 (Other/unspecified narcotics)
Source: Office of the Chief Medical Examiner and N.C. State Center for Health Statistics, Vital Statistics

North Carolina Injury & Violence PREVENTION Branch

The majority of unintentional opioid overdose deaths now involve multiple substances



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2009-2018, Unintentional Opioid Overdose Deaths (X40-X44 with any mention of specific T-codes by drug type).

North Carolina's Data Dashboard

North Carolina Injury & Violence PREVENTION Branch

Measure our impact: N.C.'s Opioid Action Plan Data Dashboard tracks quarterly N.C. Opioid Action Plan metrics

Metrics*	2016	2017
Number of unintentional opioid-related deaths to N.C. Residents (ICD-10)	1,384	1,884
Number of ED visits that received an opioid overdose diagnosis (all intents)	4,323	5,850
Reduce oversupply of prescription opioids		
Average rate of multiple provider episodes for prescription opioids (times patients received opioids from ≥5 prescribers dispensed at ≥5 pharmacies in a six month period), per 100,000 residents	34.2	16.2
Total number of opioid pills dispensed	580,275,380	523,250,000
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	6.8%	6.4%
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	27.2%	22.4%
Reduce Diversion/Flow of Illicit Drugs		
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	58.7%	75.4%
Number of newly diagnosed acute Hepatitis C cases	200	187
Increase Access to Naloxone		
Number of EMS naloxone administrations	13,103	15,282^
Number of community naloxone reversals	3,684	4,176
Treatment and Recovery		
Number of buprenorphine prescriptions dispensed	478,845	590,491
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	28,968	31,758
Number of certified peer support specialists (CPSS) across N.C.	2,352	2,778

*Data are continually updated as additional cases, visits, claims, and other data points are finalized in each system.
^EMS data currently transitioning to a new system resulting in a decrease in counts during this period.

Opioid Action Plan Version 2.0

OAP 2.0 tracks metrics and local actions

Metrics	Questions to inform Local Actions
Track progress and measure our impact	
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	Does your county have a dedicated point person to coordinate overdose response and prevention programs?
Number of ED visits that received an opioid overdose diagnosis (all intents)	Does your county use resources from DHHS to inform your programs?
Reduce the supply of inappropriate prescription and illicit opioids	
Total number of opioid pills dispensed	Does the county have a prescription drug disposal permanent dropbox in more than one setting?
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	Is there fentanyl test strip distribution in the county?
Prevent future opioid addiction by supporting children and families	
Percent of children in foster care due to parental substance use disorder	Does the county have START (Sobriety Treatment and Recovery Teams) or another similar program for families with a parental SUD?
Number of newborns engaged in CC4C (CMARC) affected by substance use as a result of Plan of Safe Care referral	Does the county DSS have a Community Response Program?
Advance harm reduction	
Number of community naloxone reversals	Does the county have naloxone access?
Number of newly diagnosed acute Hepatitis C cases	Do county residents have access to low/no-cost sterile syringes?
Address non-medical drivers of health and eliminate stigma	
Number of individuals experiencing homelessness living in a shelter	Does the county have a Housing First or related program to connect people who use drugs to housing services?
Rate of Unemployment	Does the county have Fair Chance Hiring policies in place?
Address the needs of justice-involved populations	
Rate of incarceration	Does the county have a pre-arrest diversion program?
Number of naloxone reversals reported by Law Enforcement Agencies	Does the county have MAT in the county jail/detention center?
Expand access to treatment and recovery supports	
Number of buprenorphine prescriptions dispensed	Does the county have programs where peer support specialists refer people who are at risk of overdose to social and medical services (e.g., harm reduction, treatment, recovery supports)?
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	Does the county have MAT providers who take uninsured patients and Medicaid beneficiaries?

WIP TOOLS | Welcome | OAP 2.0 | Strategies | Metrics | Actions

Intro to the NC Opioid Action Plan

North Carolina's Opioid Action Plan was released in June 2017 with community partners to combat the opioid crisis, with an updated Opioid Action Plan 2.0 launched in June 2019 to continue to address this issue.
https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan

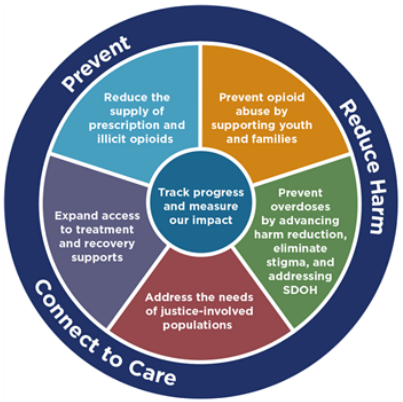
North Carolina's Opioid Action Plan 2.0 updates the 2017 plan with feedback from partners and stakeholders. Action Plan 2.0 newly includes local actions that counties, coalitions and stakeholders can use to fight the opioid epidemic, which claimed nearly five lives a day in North Carolina to unintentional overdose in 2018.

The plan focuses on three areas of focus to fight the epidemic:

Prevention
- Reducing the supply of inappropriate prescriptions and illicit opioids
- Preventing future opioid addiction by supporting children and families

Reducing Harm
- Advancing harm reduction
- Addressing non-medical drivers of health and eliminating stigma

Connecting to Care
- Expanding access to treatment and recovery supports
- Addressing the needs of justice-involved populations



Central to these three focus areas and their related priorities is our effort to track progress and measure our impact to ensure that our efforts are informed by data. The North Carolina Opioid Action Plan 2.0 aims to identify impactful, feasible strategies to reduce opioid overdoses in North Carolina and prevent the next wave of the epidemic.

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Questions? Contact us at SubstanceUseData@dhhs.nc.gov
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Division of Public Health • Injury and Violence Prevention Branch
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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Communications

WIP TOOLS | Welcome | OAP 2.0 | Strategies | Metrics | Actions

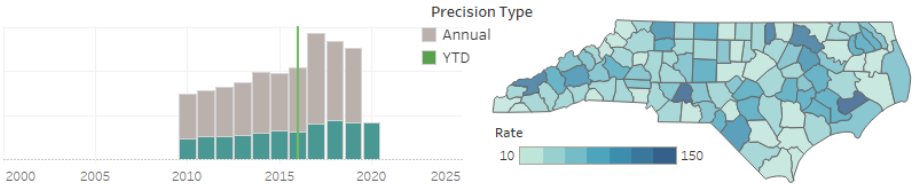
Strategy: Track progress | Place Focus: State - NC | Year focus: 2019

Track progress and measure our impact

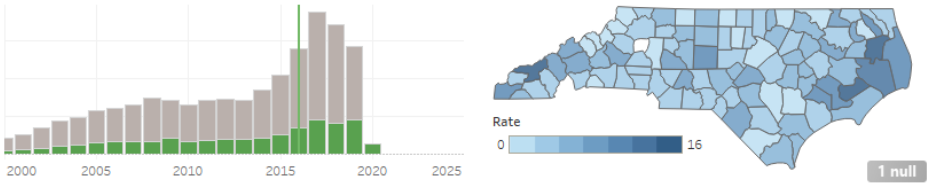
The NC OAP calls for the tracking of key metrics, like opioid overdose deaths and ED visits, to monitor the impact of the actions laid out in the plan. The OAP set a goal to reduce expected opioid overdose deaths and expected opioid overdose ED visits by 20% by 2021. Each month, this dashboard will update key metrics and actions for all 100 counties. These data points will allow us to track our progress towards set goals. As we measure our impact, we will continue to revise the strategies laid out in the Opioid Aciton Plan in order to address this changing epidemic.

KEY METRICS

Overdose ED *(NC Residents, NCDETECT)*



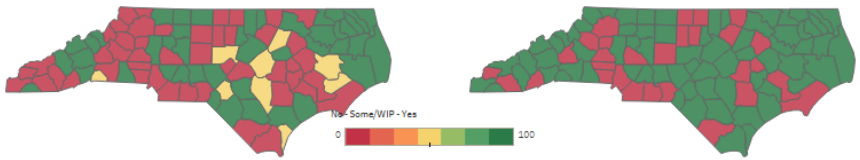
Overdose Deaths *NC Residents, SCHS*



LOCAL ACTIONS

Point person
NC
SOME (48%)

Uses DHHS resources
NC
SOME (71%)



Questions? Contact us at SubstanceUseData@dhhs.nc.gov
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Division of Public Health • Injury and Violence Prevention Branch
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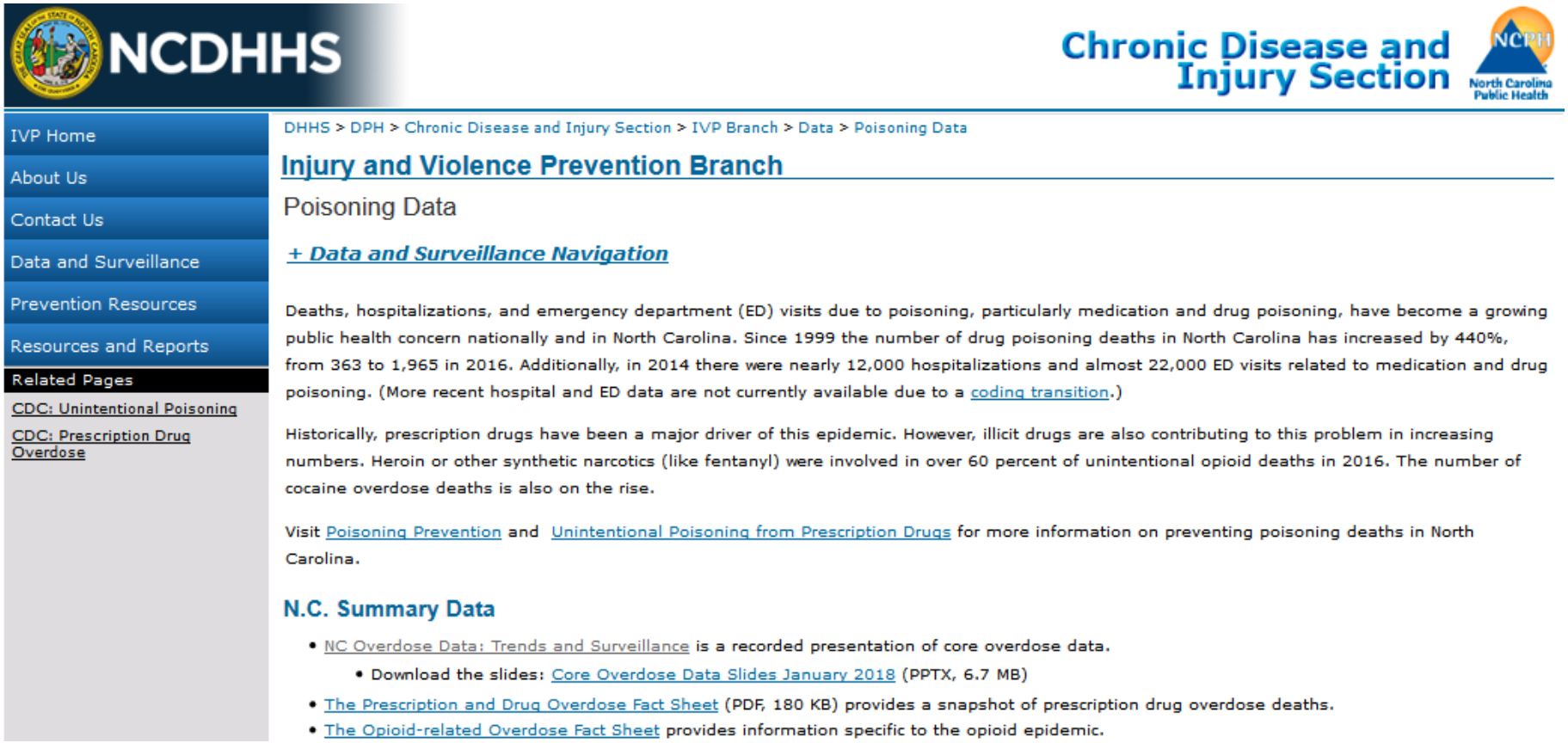
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Communications

Measure our impact: IVPB Poisoning Data Website provides monthly and annual data updates



North Carolina Injury & Violence PREVENTION Branch

Questions?

SubstanceUseData@dhhs.nc.gov

Injury and Violence Prevention Branch
NC Division of Public Health

www.injuryfreenc.ncdhhs.gov

North Carolina Injury & Violence PREVENTION Branch

DHHS' COVID Response for People with SUD

Elyse Powell

DHHS COVID Response for People with SUD

- COVID19 presented new challenges, and exacerbated existing gaps in our treatment system
- Federal and state changes allowed new flexibilities
  - DEA flexibility to allow initial MAT prescription in person
  - Expansion of take-home doses for OTPs
  - Telehealth flexibilities for behavioral and psychosocial supports
- Many behavioral health providers and SSPs were declared essential services under the Stay at Home Order

Memo noting SSPs as essential services under COVID-19 Stay at Home Order

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

April 6, 2020

To whom it may concern:

This letter serves to inform interested parties that the NC Division of Public Health considers **syringe services programs** an "**Essential Business and Operation**" under Governor Roy Cooper's Executive Order No. 121—"Stay at Home Order and Strategic Directions for North Carolina in Response to Increasing COVID-19 Cases."

NC General Statute § 90-113.27 requires syringe services programs to provide participants with "needles, hypodermic syringes, and other injection supplies at no cost and in quantities sufficient to ensure [they] are not shared or reused," in addition to disposal of injection supplies, educational materials, and access to naloxone. These services are provided in order to reduce the spread of HIV, viral hepatitis, and other bloodborne diseases and to reduce the number of drug overdoses in North Carolina.

COVID-19 Support Services Program

- Goal: Support individuals in targeted counties who need access to primary medical care and supports to successfully quarantine or isolate due to COVID-19
- Identified 20 counties with highest rates of COVID-19 cases, and included contiguous counties to scale available resources
- Eligible individuals will be able receive supports such as:
  - Nutrition assistance (e.g., home-delivered meals, groceries)
  - One-time COVID-19 relief payment
  - Private transportation to/from
  - Medication delivery
  - COVID supplies (e.g., masks, hand sanitizer, thermometer)

COVID19 exacerbated already existing challenges to supporting people with SUD

- COVID19 added new challenges to an already underfunded treatment and care system
- Both health services and human services shifted service delivery, hours of operation, and/or ability to take on new people
- Some of the hardest hit sectors of the economy were often a point of entry for people re-entering the workforce
- We know that more than 500,000 North Carolinians are uninsured
  - More than half of people admitted to the emergency department with an overdose are uninsured

Goal of today: Lift up successes and lessons learned in providing treatment during COVID19

Substance Use Disorder Treatment Response due to COVID-19

Smith Worth

Overview

- Review of General SUD Flexibilities
- Review of Flexibilities Specific to Specialized Women's Services
- Review of Flexibilities Specific to Opioid Treatment Programs

General Flexibilities

1. Telehealth –2-way audio/video & telephonic interventions for outpatient and select enhanced services (e.g., individual, group, SAIOP, SACOT, physician eval at location-based detox, OBOT/prescriber services).
2. Allow telehealth services at home, including services that typically occur in a congregate day setting (SAIOP, SACOT) to maximize access and minimize risk of COVID exposure.
3. Allow for flexibility in hours/structure of programming to accommodate the needs of providers & clients.

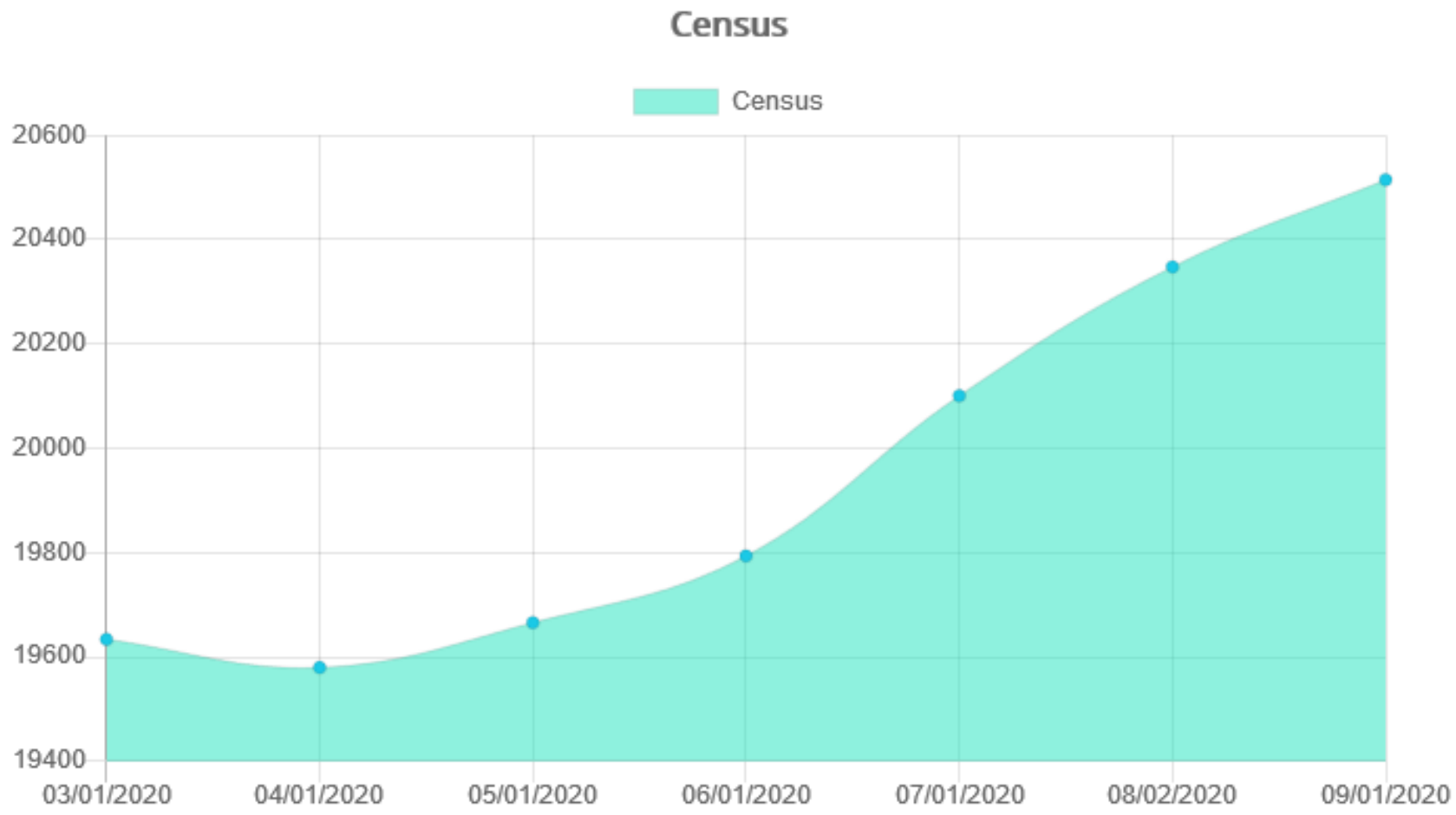
General Flexibilities, cont.

4. Allow for flexibility in staffing & training to ensure programing does not shut down if staff are unavailable during the pandemic.
5. Permit virtual supervision where onsite supervision was previously required to accommodate for new telehealth modalities & to reduce the need for additional on-site staff.
6. Waive prior and concurrent authorization for some services to lessen the strain on providers.
7. Increase take home allowances and payments for OTPs.

Specialized Women's Services

1. Women's Services Coordinator & Perinatal, Maternal, CASAWORKS program managers initial preparations including addressing needs of current caseload, screening protocols, admissions considerations, potential isolation and quarantine protocols, access to PPEs, etc.
2. Each agency submitted an initial COVID-19 protocols & have updated as information has changed.
3. Weekly conference calls w/managers providing information from DHHS, CDC, SAMHSA, CMS and other relevant agencies.
4. Consultation & technical assistance related to program operations, funding concerns, billing clarifications & access to PPEs.

North Carolina OTP Census



North Carolina Lighthouse Central Registry 03-01-2020 to 09-01-2020

Flexibilities Specific to Opioid Treatment Programs

1. Continuity of service plans
2. Weekly Zoom meetings with OTP Medical Staff and Program Directors
3. Central Registry COVID reporting of staff & patients
4. Increased availability of naloxone
5. Telehealth/telecounseling increased contact between patients & clinic staff
6. Sunday closure as requested to give staff a break

SAMHSA Guidelines for Increased Flexibilities for Opioid Treatment Programs

1. Scheduled conference calls with SAMHSA & the DEA
2. Take-home dosing for stable & less stable patients
3. Telephonic buprenorphine inductions
4. Continue to treat existing OTP patients using methadone/buprenorphine via telehealth/phone
5. Mid-level practitioner dispensing MAT in OTP absent the direct supervision of an OTP physician
6. Curbside dosing and home deliveries

Policy Flexibilities for Substance Use Disorder (SUD)

Deborah Goda

Agenda

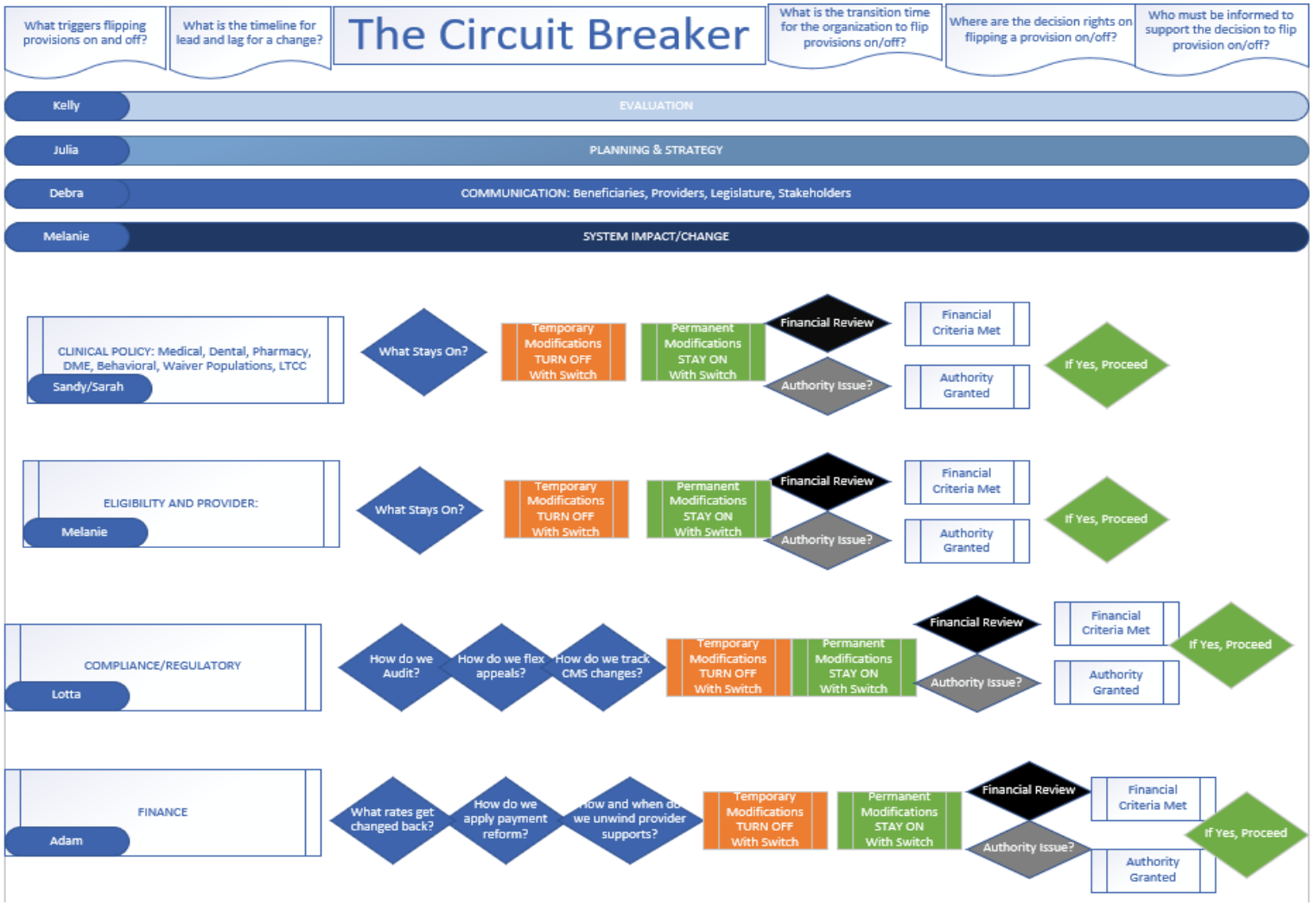
- How We Got Here
- Flexibilities
- Timelines
- Q & A

How We Got Here

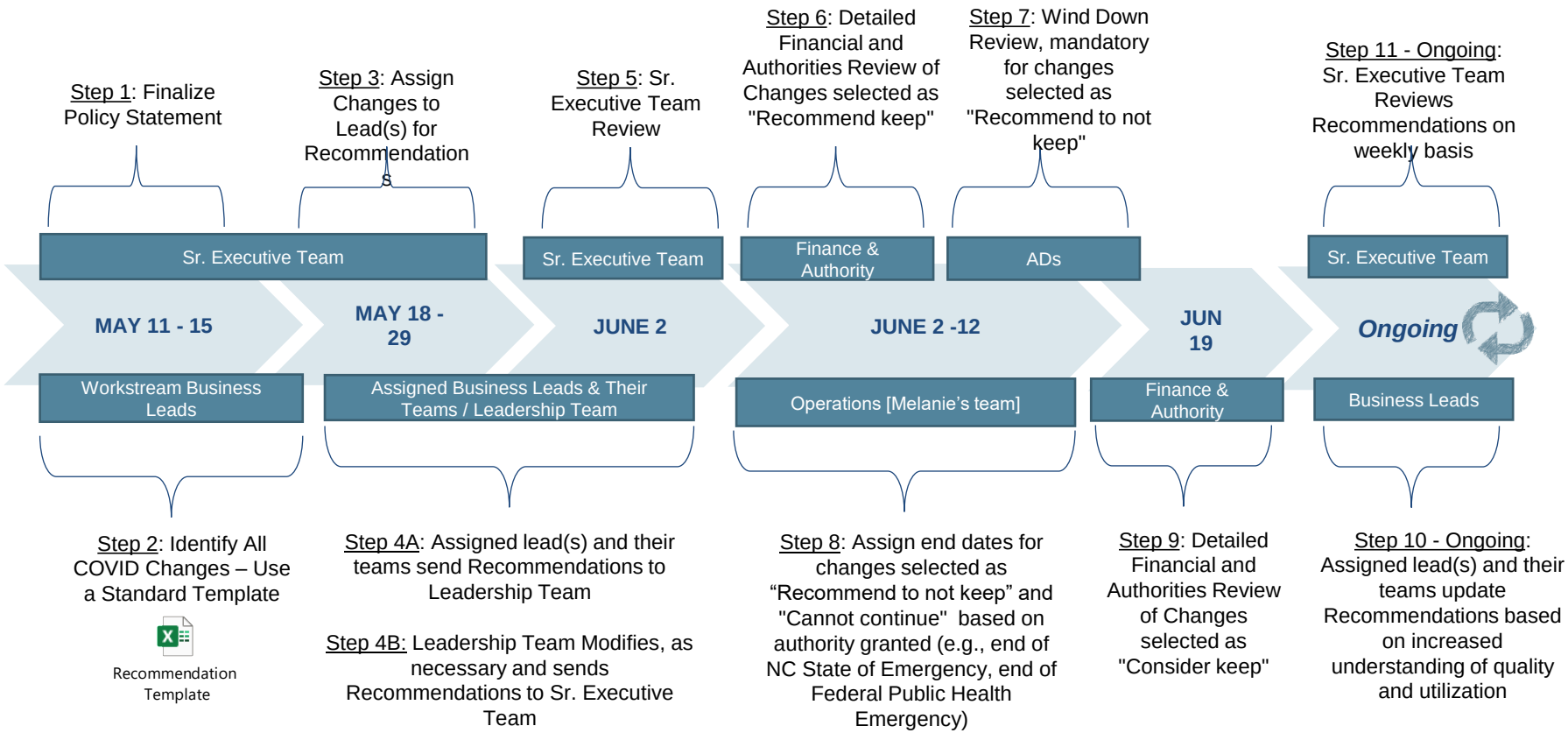
COVID Implementation Authority

- 1115 Waiver
- 1135 Waiver (Round 1)
- 1135 Waiver (Round 2)
- Appendix K (Round 1) Innovations and TBI
- Appendix K (Round 2) Innovations and TBI
- Concurrence Letter
- Disaster SPA (Round 1)
- Disaster SPA (Round 2)
- Disaster SPA (Round 3)
- Existing State Authority

The Circuit Breaker Approach



The Circuit Breaker Process Steps, Ownership & Timeline



Flexibilities (Keep, Keep with Changes, and Not Keep)

Recommendation	Definition
Recommended Keep	Has significant potential for improvement to quality and access beyond COVID
Recommend Keep with Changes	Has significant potential for improvement to quality and access beyond COVID, with changes to the flexibility
Recommend to Not Keep	No improvement except as response to COVID

1-H Telehealth Update

- Remove limits on origination/distant sites
- Remove requirement for consultation/referral-only model
- Tablets/cell phones allowed
- Other “telepsychiatry” codes taken out of 1H and housed in 8C but with 1H guidelines/requirements applying to 8C codes eligible for telehealth
- Other policies have ‘tele’ sections.

Other Telehealth Update

Service	Change
Mobile Crisis Management	Deleted “face-to-face” and replaced with “in-person” Added Community Support Team as an exclusion.
Diagnostic Assessment	This service may be provided to the beneficiary in-person or via telehealth.
Professional Treatment Services in Facility-Based Crisis Program	Increased calendar year limits from 30 to 45.
Substance Abuse Non-Medical Community Residential Treatment	Increased calendar year limits from 30 to 45.
Substance Abuse Medically Monitored Community Residential Treatment	The physician’s assessment must be conducted within 24 hours of admission. Increased calendar year limits from 30 to 45.

Other Telehealth Update

Service	Change
Detoxification Services	The physician's assessment must be conducted within 24 hours of admission in-person or via telehealth.
Non-Hospital Medical Detoxification	Increased calendar year limits from 30 to 45. Physician assessments may be conducted in-person or via telehealth.
Medically Supervised or ADATC Detoxification Crisis Stabilization	Increased calendar year limits from 30 to 45.
Outpatient Opioid Treatment	Allows for one dose in person and up to seven take home doses to be billed in one day. Note that no more take homes can be given then as outlined in 10A NCAC 27G.3600.
Facility Based Crisis for Children and Adolescents	Added telehealth components Increased calendar year limits from 30 to 45.

Other Telehealth Update

Service	Change
Outpatient	Added telehealth for therapy. Added telephone option with PA for specific circumstances.

Timelines

- Policy Changes are posted
- 45 Day Public Comment
- SPA Changes in process
- Policies to be effective 1/1/21

Q & A

Provider's Panel & Open Discussion

Wrap up and THANK YOU!

Alan Dellapenna, Branch Head, Injury and Violence Prevention Branch, Division of Public Health

Next Virtual OPDAAC Meeting: Thursday, October 8, 2020

Theme: Safer Syringe Initiative