



## **NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)**

**Coordinating Workgroup Meeting**  
**January 11, 2018**

**Happy New Year!**

# Welcome! and Introductions of Attendees

- **Welcome!**
  - Susan Kansagra
  - Steve Mange
  
- **Introductions of Attendees**
  - Your name
  - Your organization/affiliation



**Update on Metrics**

# **NC Opioid Action Plan, Measuring Impact**

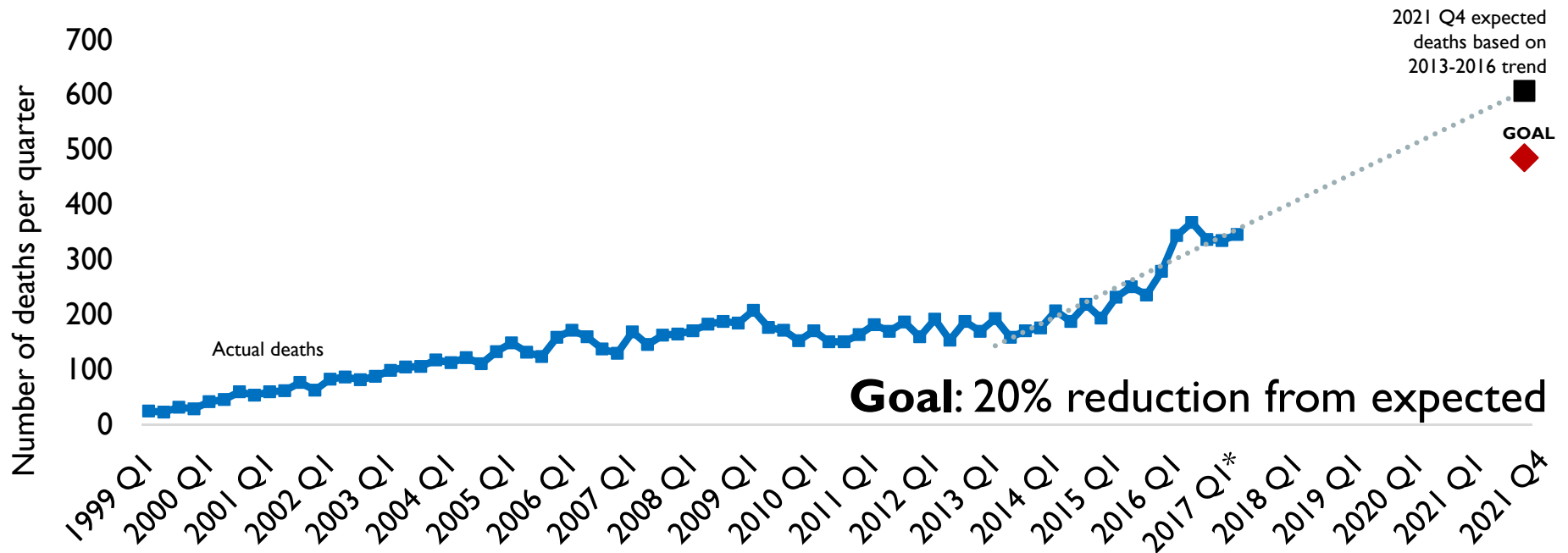
*Scott Proescholdbell*



# Metrics for NC's Opioid Action Plan

Metrics	Baseline Data (2016, Q4)	2021 Trend/Goal
<b>OVERALL</b>		
Number of unintentional opioid-related deaths to NC Residents (ICD-10)	335	20% reduction in expected 2021 number
Number of ED visits that received an opioid overdose diagnosis (all intents)	998	20% reduction in expected 2021 number
<b>Reduce oversupply of prescription opioids</b>		
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	29.9 per 100,000	Decreasing trend
Total number of opioid pills dispensed	145,997,895	Decreasing trend
Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics	6.7%	Decreasing trend
Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day	25.3%	Decreasing trend
<b>Reduce Diversion/Flow of Illicit Drugs</b>		
Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues	58.7%	-----
Number of acute Hepatitis C cases	43	Decreasing trend
<b>Increase Access to Naloxone</b>		
Number of EMS naloxone administrations	3,185	-----
Number of community naloxone reversals	817	Increasing trend
<b>Treatment and Recovery</b>		
Number of buprenorphine prescriptions dispensed	133,712	Increasing trend
Number of uninsured individuals and Medicaid beneficiaries with an opioid use disorder served by treatment programs	15,187	Increasing trend
Number of certified peer support specialists (CPSS) across NC	2,352	Increasing trend

# Number of Unintentional Opioid-Related Deaths to NC Residents



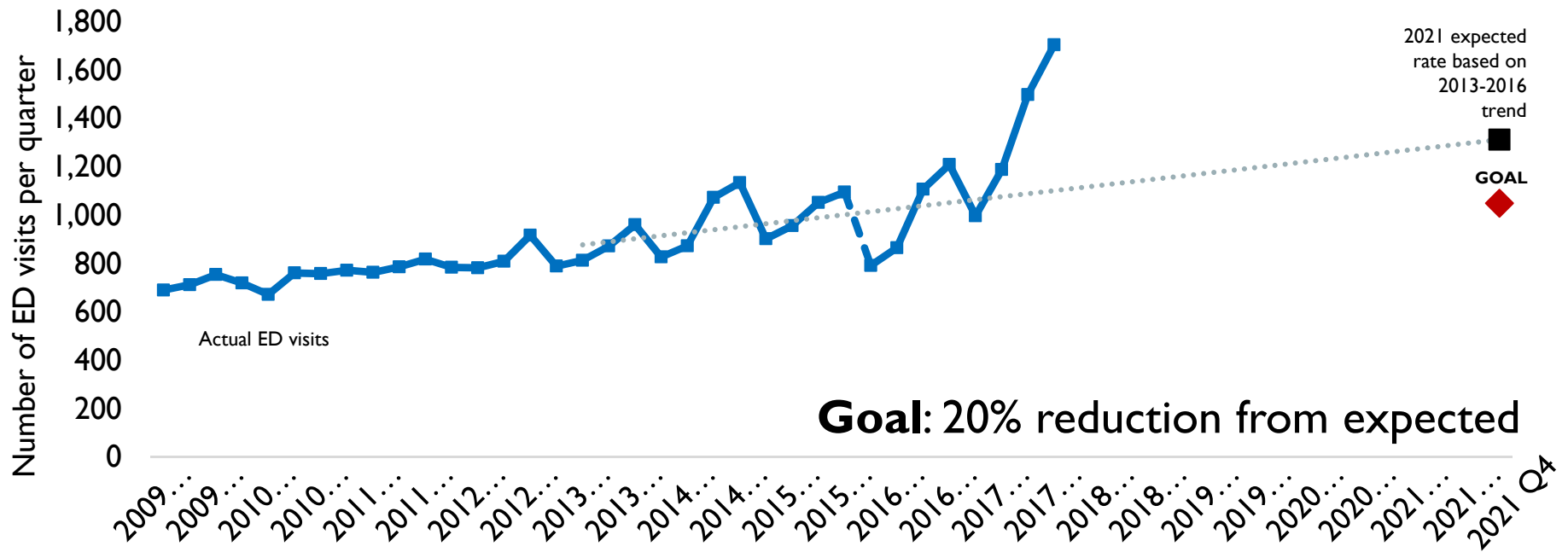
\*2017 data are preliminary and subject to change

Source: NC State Center for Health Statistics, Vital Statistics-Deaths, ICD10 coded data, includes NC Resident deaths occurring out of state, 1999-2017 Q1

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

# Number of Opioid Overdose ED Visits



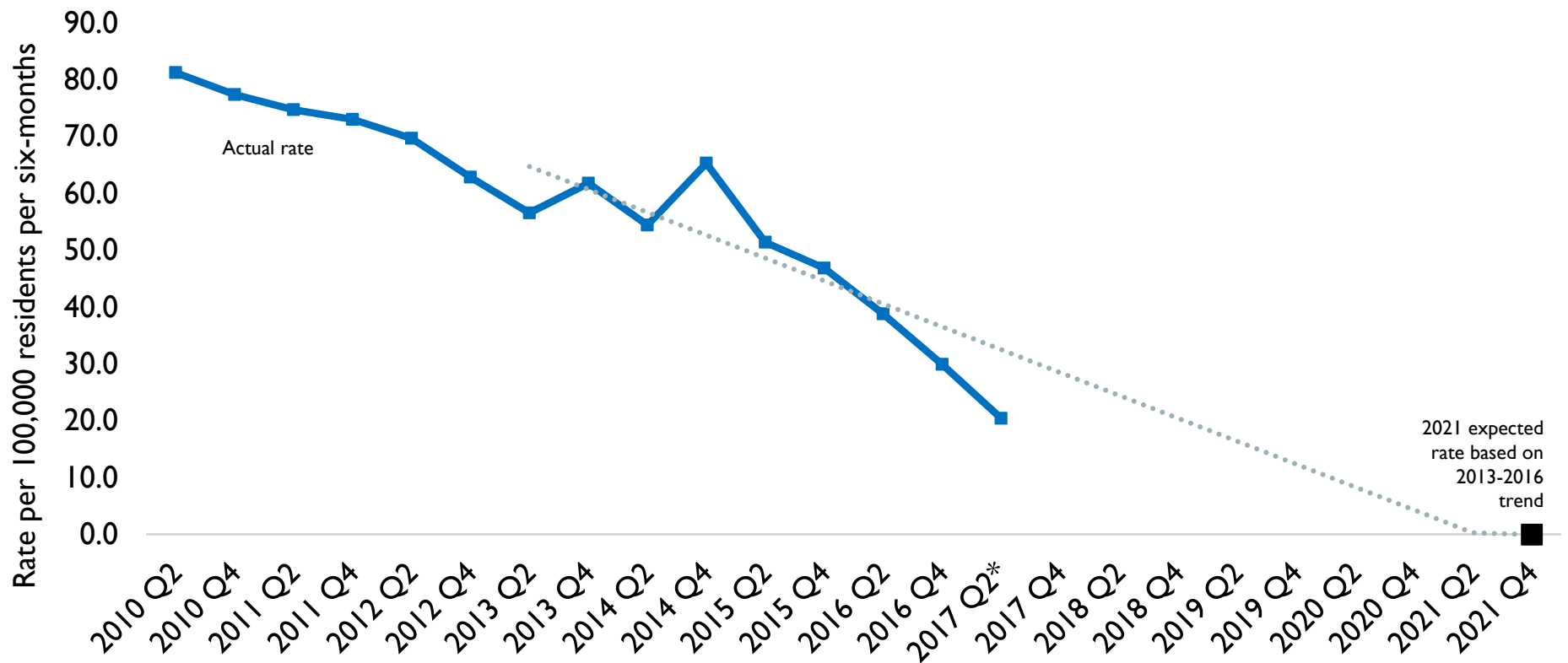
\*2017 data are preliminary and subject to change

Source: NC Division of Public Health, Epidemiology Section, NC DETECT, 2009-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

# Average Rate of multiple provider episodes for prescription opioids (times patients received opioids from $\geq 5$ prescribers dispensed at $\geq 5$ pharmacies in a Six month period), per 100,000 residents



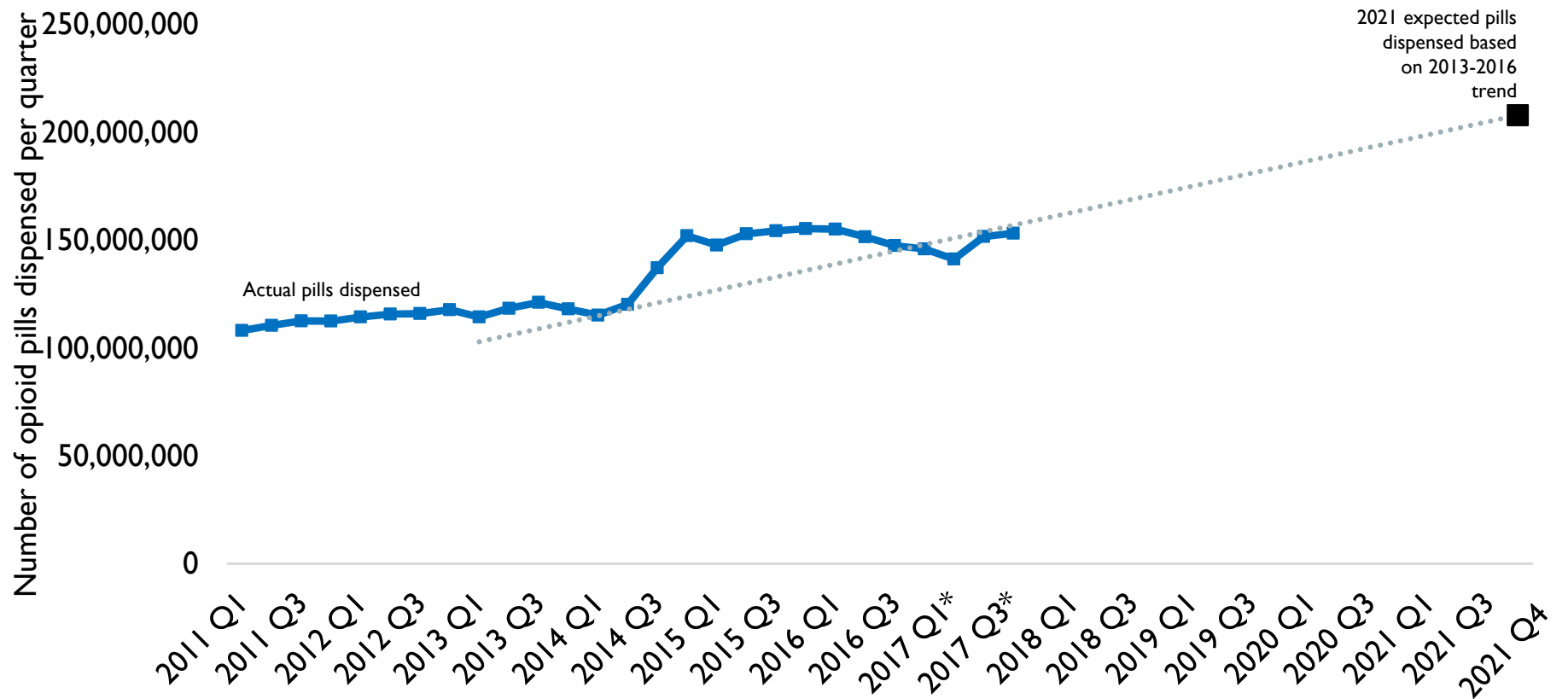
\*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q2

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

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# Total Number of Opioid Pills Dispensed



\*2017 data are preliminary and subject to change

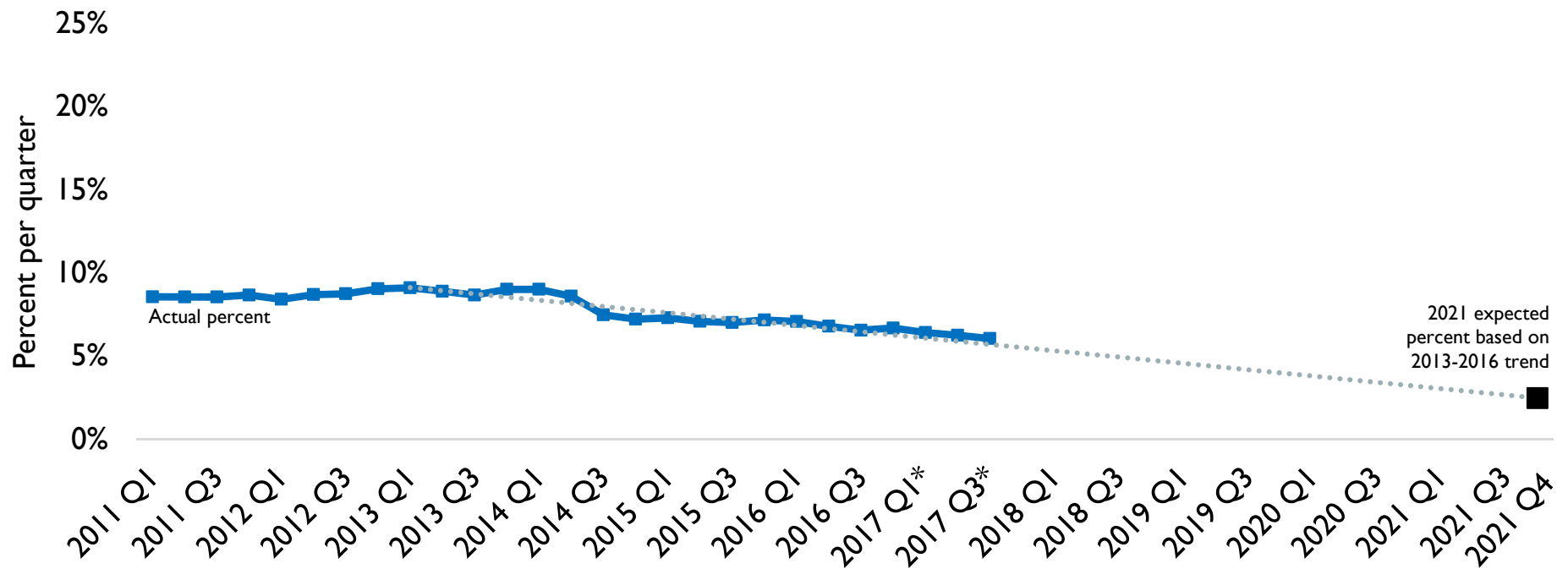
Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017



# Percent of patients receiving more than an average daily dose of >90 MME of opioid analgesics



\*2017 data are preliminary and subject to change

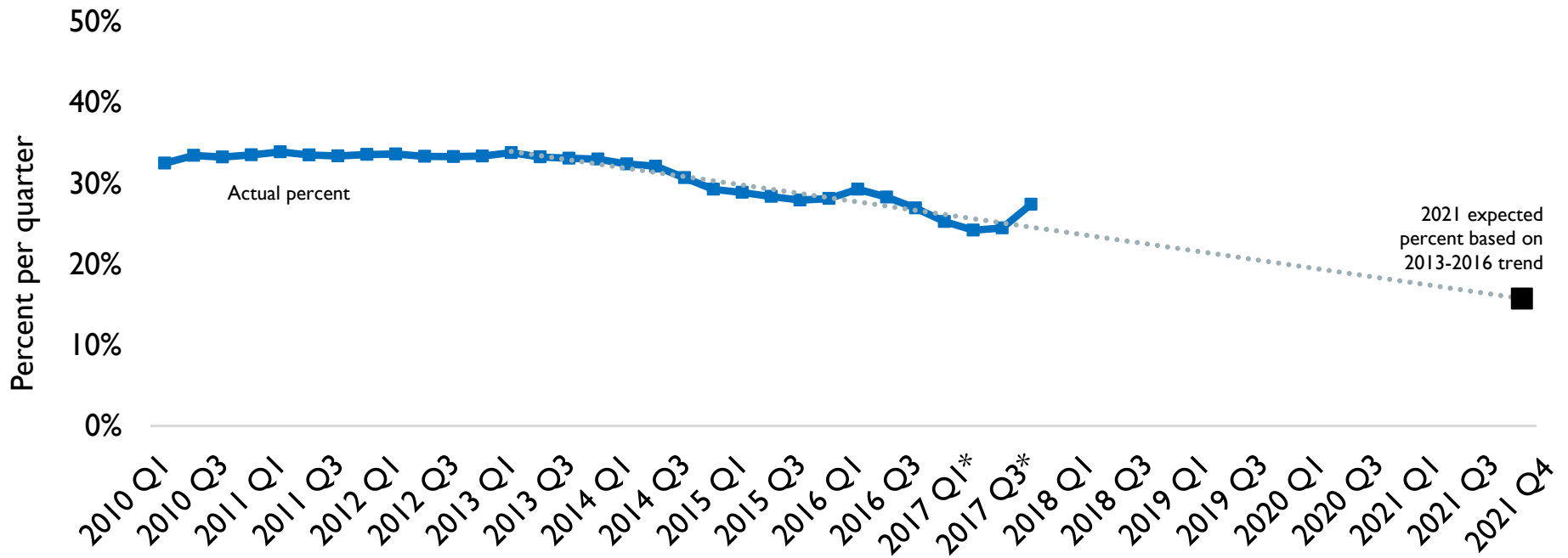
\*\*This update excludes patients receiving Buprenorphine and Methadone; the June 2017 Version 1 metric did not make these exclusions

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011 - 2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Updated December 2017

# Percent of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day



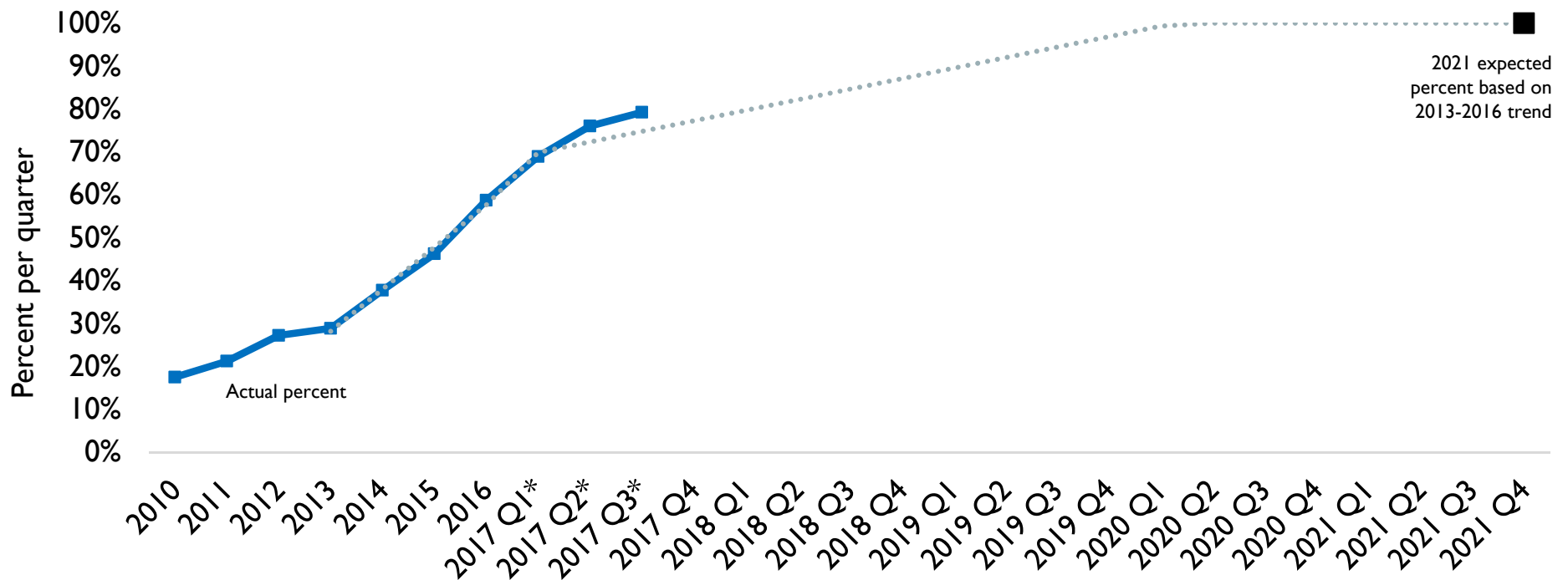
\*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011- 2017 Q3

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Detailed technical notes on all metrics available from NC DHHS; Updated December 2017

# Percent of Opioid Deaths Involving Heroin or Fentanyl/Fentanyl Analogues



\*2017 data are preliminary and subject to change

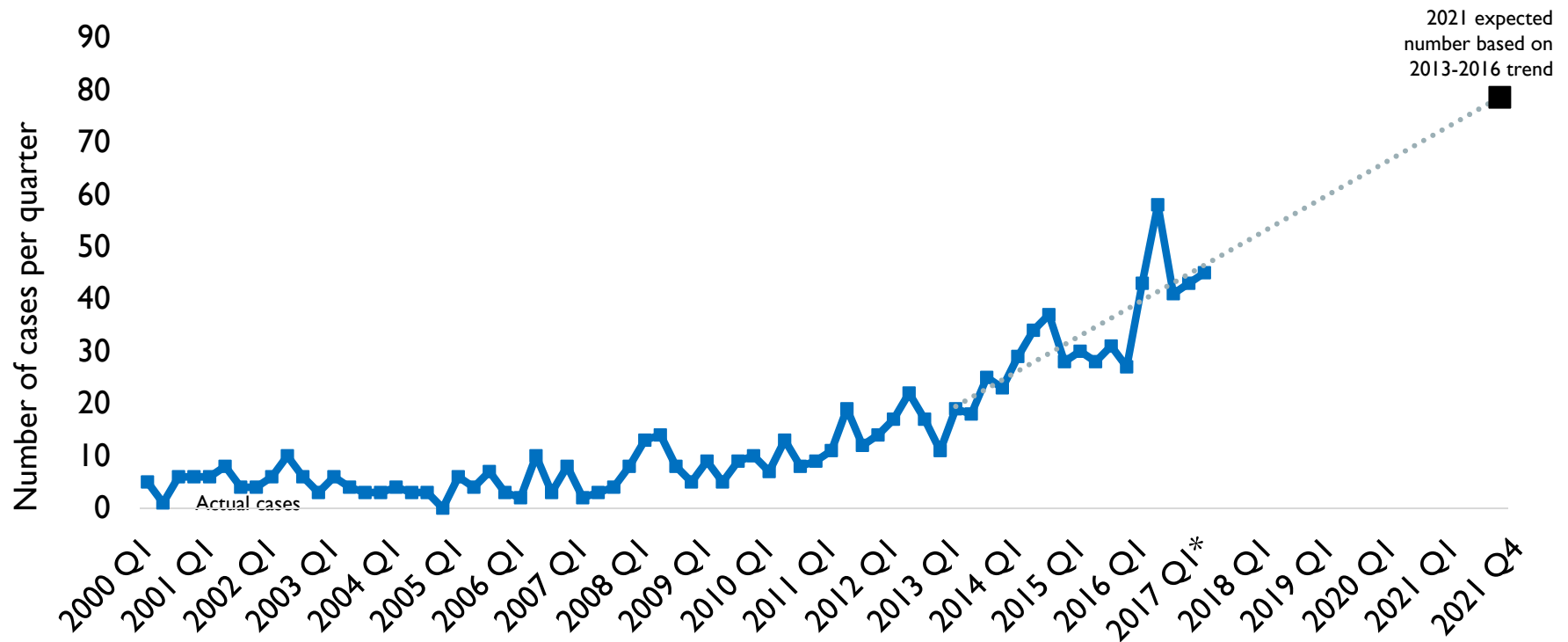
\*\*Increasing numbers of deaths due to other classes of designer opioids are expected

Source: NC Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory, 2010-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

# Number of Acute Hepatitis C Cases



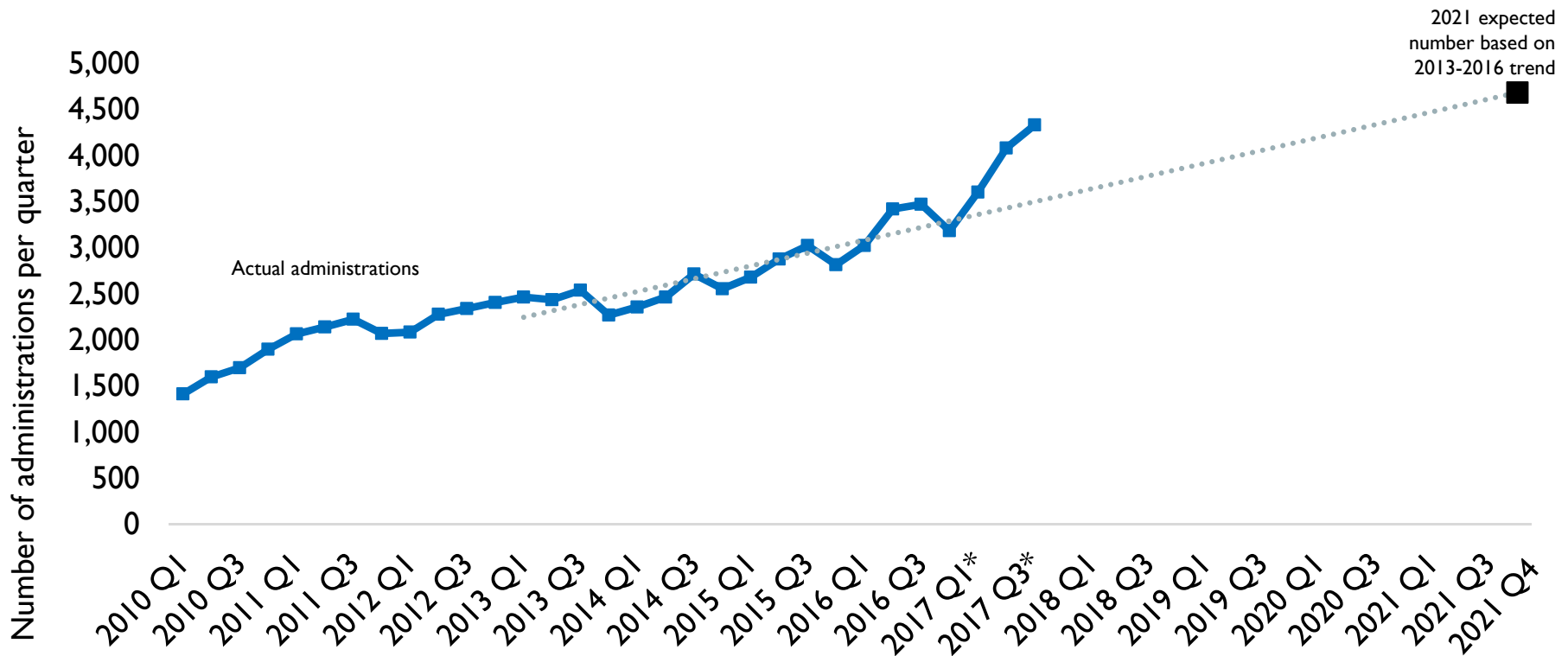
\*2017 data are preliminary and subject to change

Source: NC Division of Public Health, Epidemiology Section, NC EDSS, 2000-2017 Q1

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

# Number of EMS Naloxone Administrations



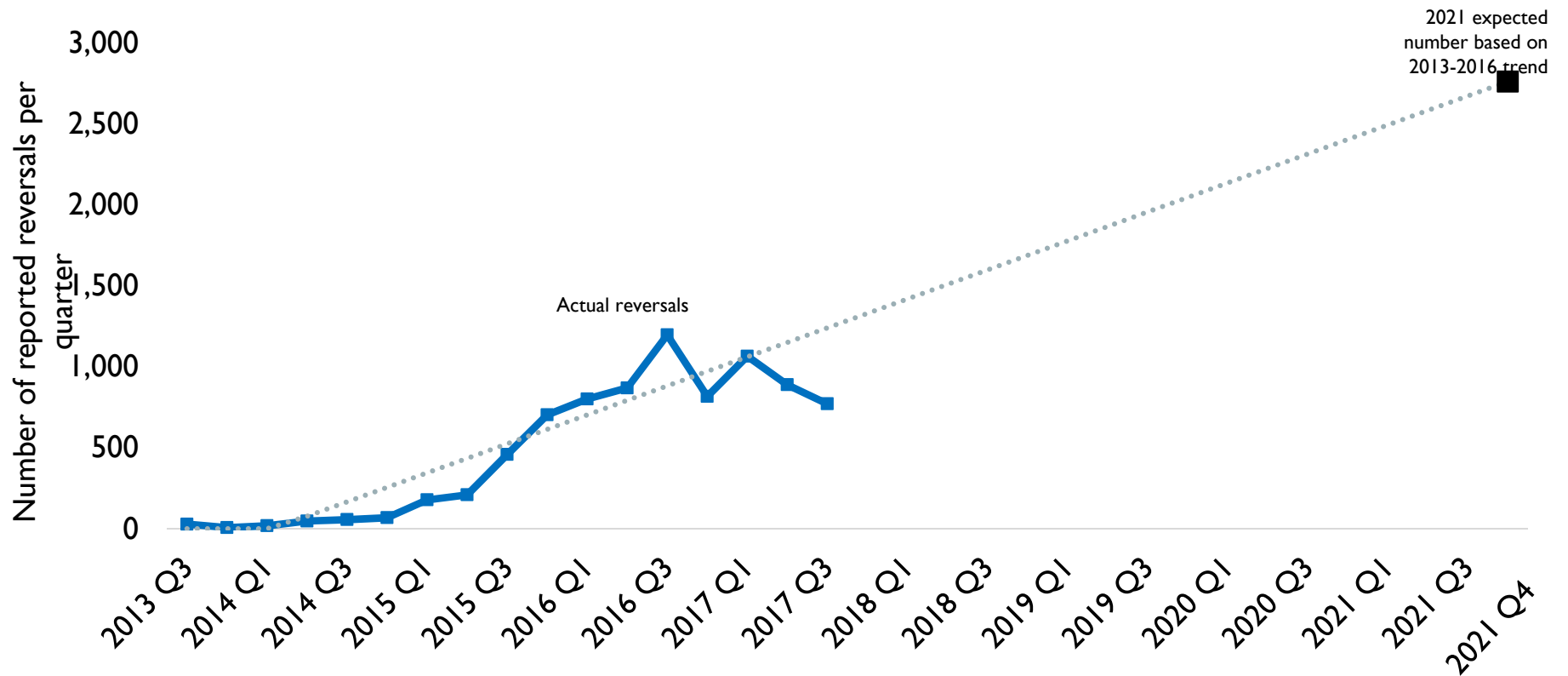
\*2017 data are preliminary and subject to change

Source: NC Office of Emergency Medical Services (OEMS), EMSpic-UNC Emergency Medicine Department, 2010-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

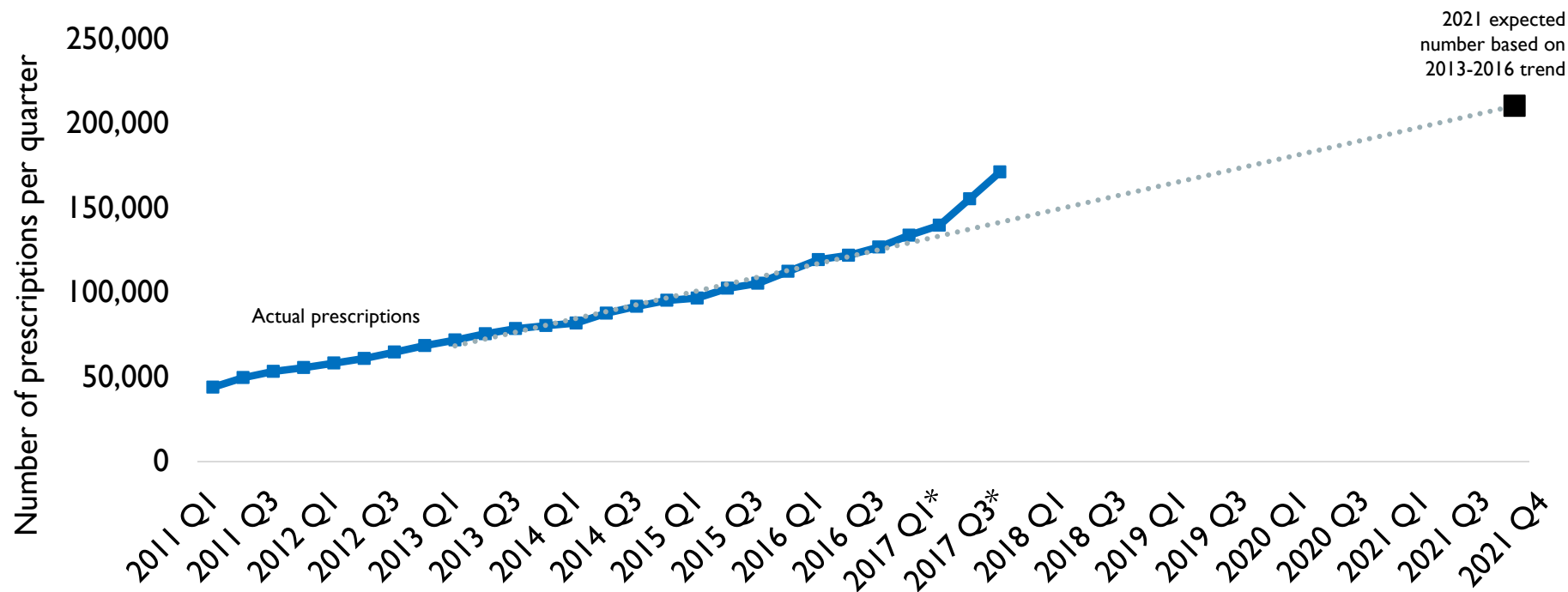
Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

# Number of Reported Community Naloxone Reversals



Source: NC Harm Reduction Coalition (NCHRC), 2013 Q3- 2017 Q3  
Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

# Number of Buprenorphine Prescriptions Dispensed



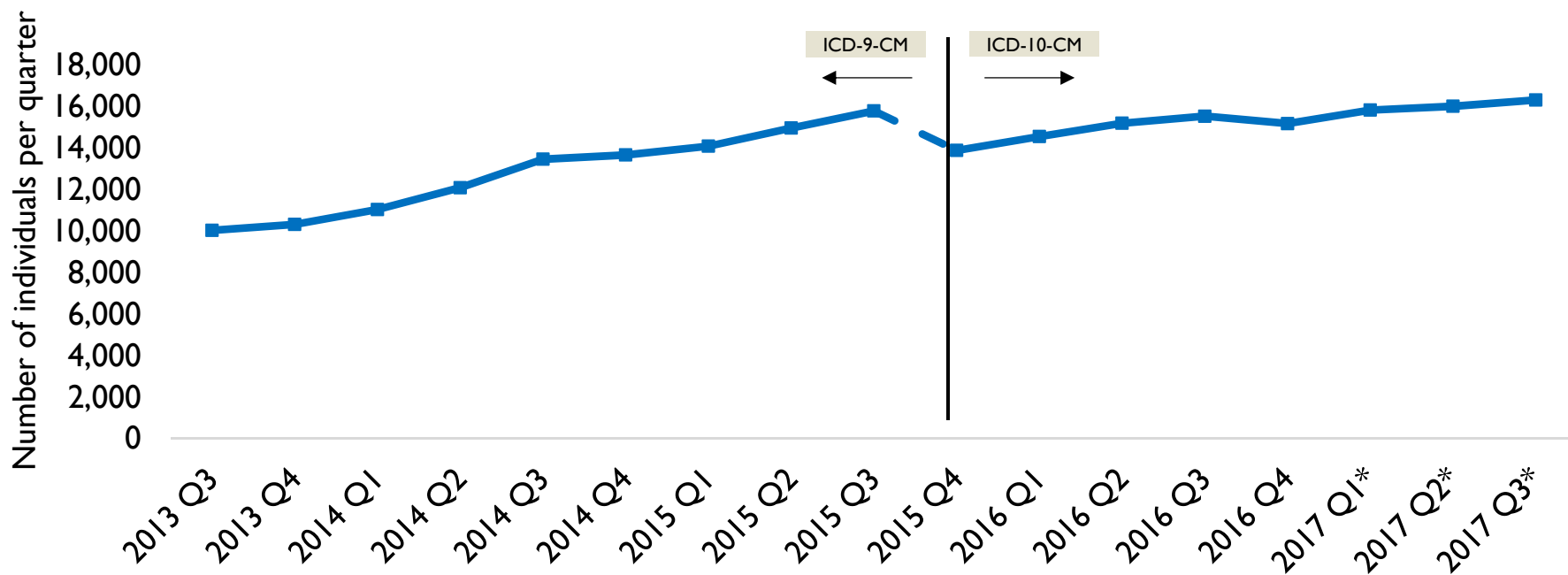
\*2017 data are preliminary and subject to change

Source: NC Division of Mental Health, Controlled Substance Reporting System, 2011-2017 Q3

Previously, trendline calculations began in 2010; trendline calculations now start in 2013 due to the increased availability of illicitly manufactured fentanyl beginning around that time.

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# Number of Uninsured Individuals and Medicaid Beneficiaries with an Opioid Use Disorder Served by Treatment Programs



\*2017 data are preliminary and subject to change

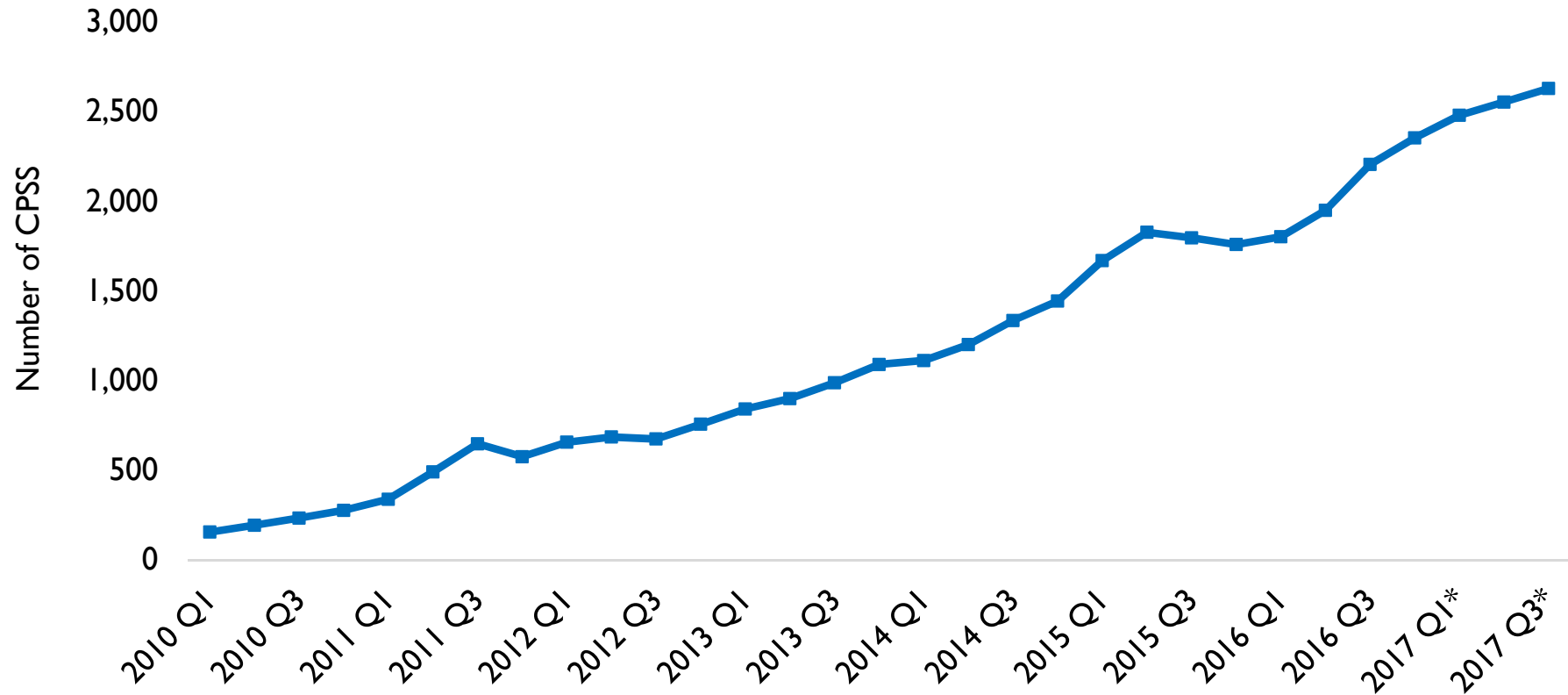
\*\*This update includes a broader set of claims data than the June 2017, Version 1 metric

Source: NC Division of Mental Health, Claims Data, 2013 Q3- 2017 Q3

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017



# Number of Certified Peer Support Specialists (CPSS) Across NC

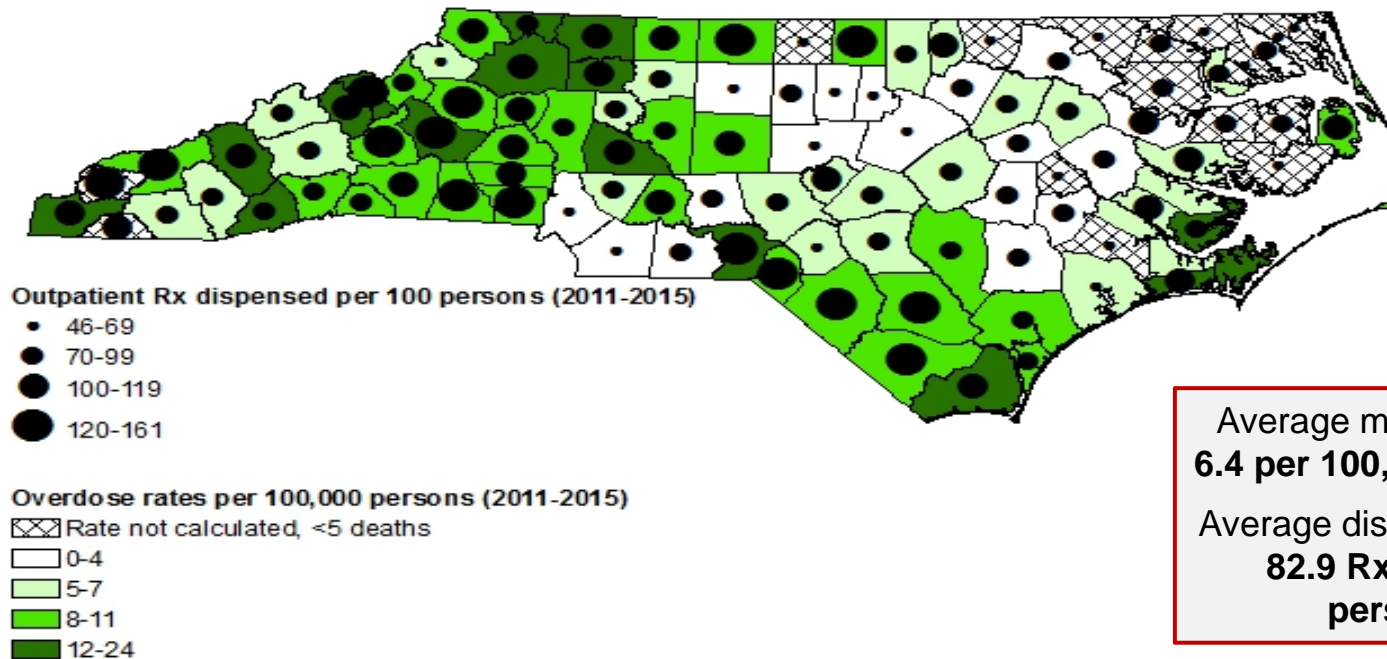


\*2017 data are preliminary and subject to change

Source: UNC-Chapel Hill, School of Social Work, Behavioral Health Springboard, 2010-2017 Q3

Detailed technical notes on all metrics available from NC DHHS; Data now depicted quarterly; Updated December 2017

# Rates of Unintentional/Undetermined Prescription Opioid Overdose Deaths & Outpatient Opioid Analgesic Prescriptions Dispensed North Carolina Residents, 2011-2015

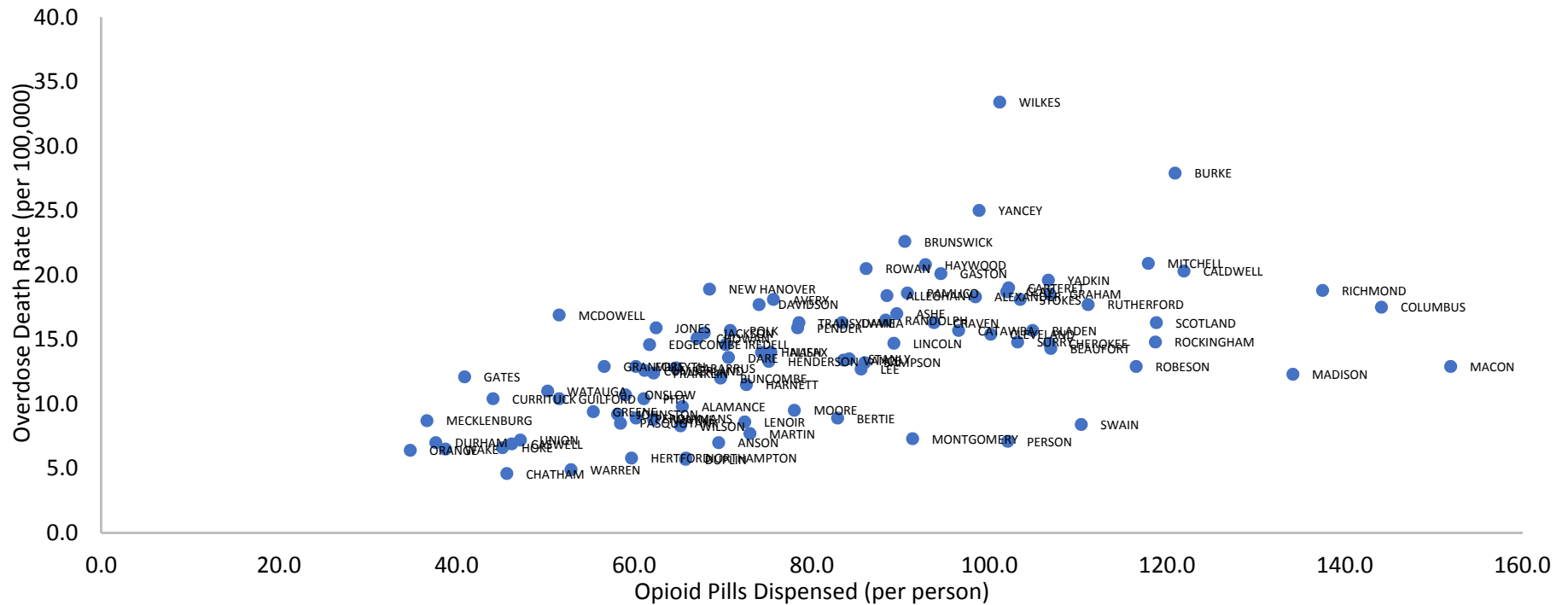


Average mortality rate:  
**6.4 per 100,000 persons**

Average dispensing rate:  
**82.9 Rx per 100 persons**

Source: Deaths- N.C. State Center for Health Statistics, Vital Statistics, 2011-2015, Overdose: (X40-X44 & Y10-Y14) and commonly prescribed opioid T-codes (T40.2 and T40.3)/Population-National Center for Health Statistics, 2011-2015/Opioid Dispensing- Controlled Substance Reporting System, NC Division of Mental Health, 2011-2015  
Analysis: Injury and Epidemiology Surveillance Unit

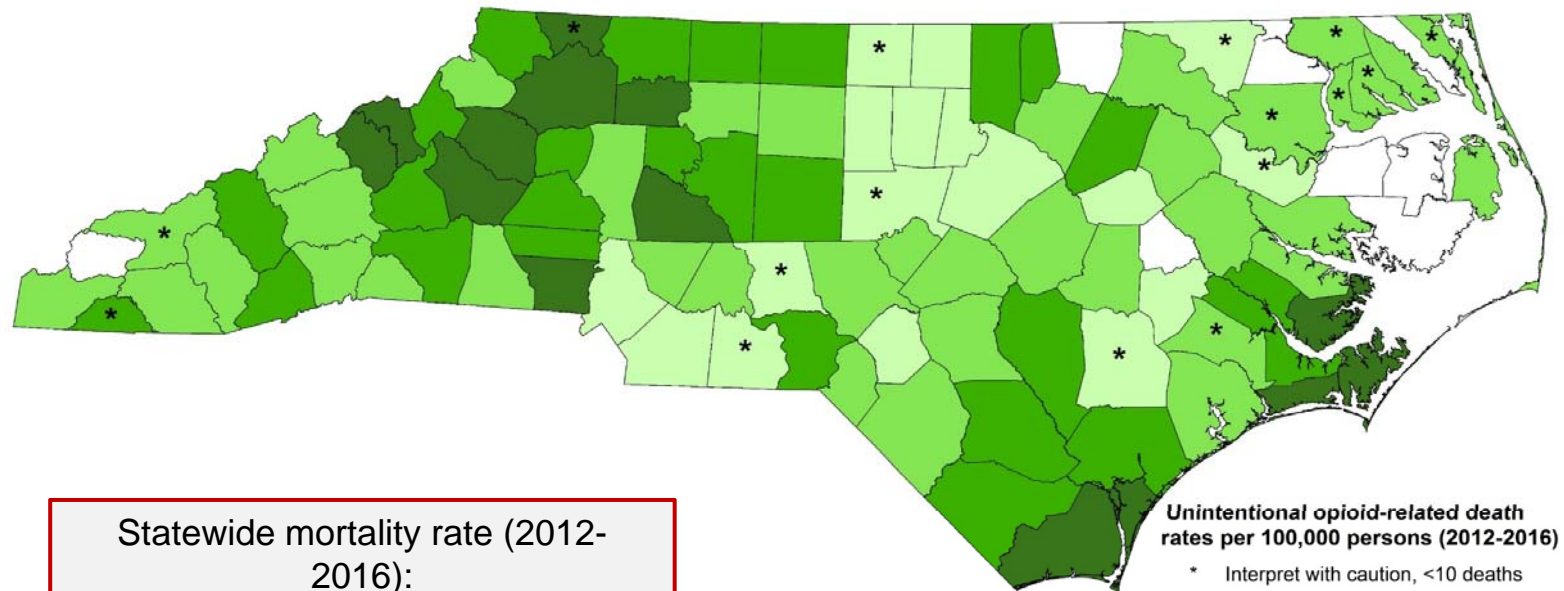
# Rates of Unintentional Overdose Deaths & Outpatient Opioid Analgesic Pills Dispensed, by County, North Carolina Residents, 2012-2016



Source: Deaths- N.C. State Center for Health Statistics, Vital Statistics, 2012-2016, Overdose: (X40-X44 & Y10-Y14) and commonly prescribed opioid T-codes (T40.2 and T40.3)/Population-National Center for Health Statistics, 2011-2015/Opioid Dispensing- Controlled Substance Reporting System, NC Division of Mental Health, 2016  
 Analysis: Injury and Epidemiology Surveillance Unit

# Unintentional Opioid-related Death Rates by County

per 100,000 North Carolina Residents, 2012-2016



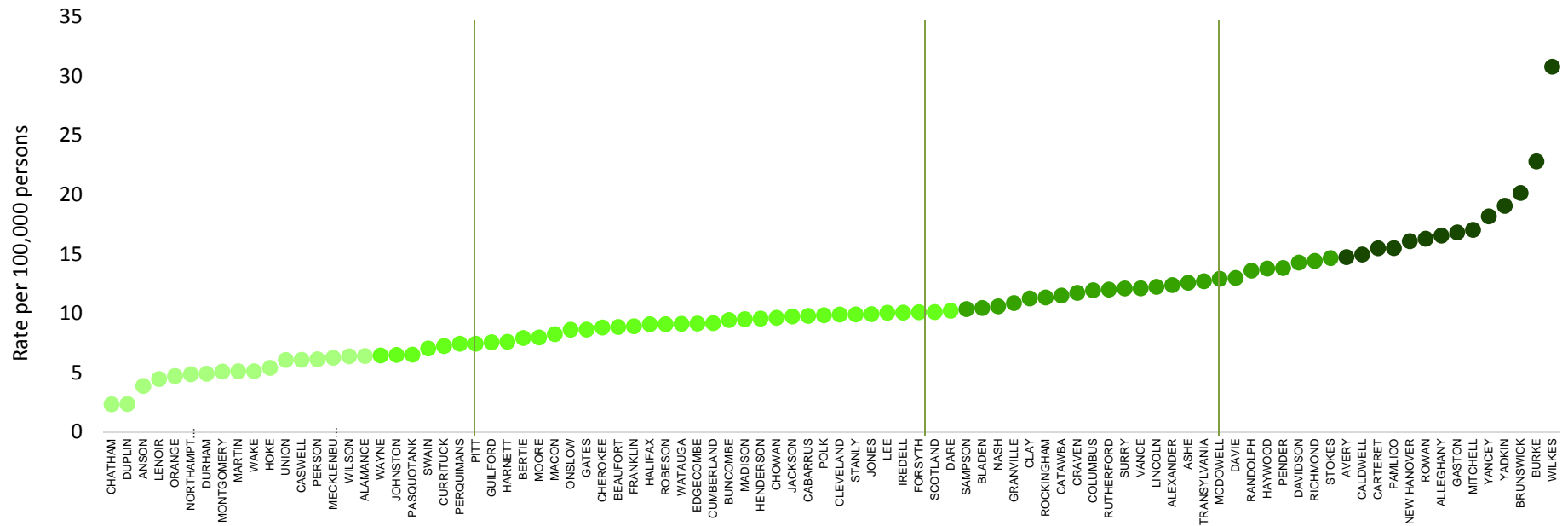
Statewide mortality rate (2012-2016):  
**9.2 per 100,000 persons**

Unintentional opioid-related death rates per 100,000 persons (2012-2016)

- \* Interpret with caution, <10 deaths
- 2.3-6.3
- 6.4-10.2
- 10.3-14.7
- 14.8-30.7
- Rate not calculated, <5 deaths

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016, Any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and unintentional intent (X40-X44)/Population-National Center for Health Statistics, 2012-2016  
Analysis by Injury Epidemiology and Surveillance Unit

# Unintentional Opioid-related Overdose Death Rates by County\*, North Carolina Residents, 2012-2016



\*Rates suppressed for counties with <5 deaths

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016, Any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and unintentional intent (X40-X44)/Population-National Center for Health Statistics, 2012-2016  
 Analysis by Injury Epidemiology and Surveillance Unit

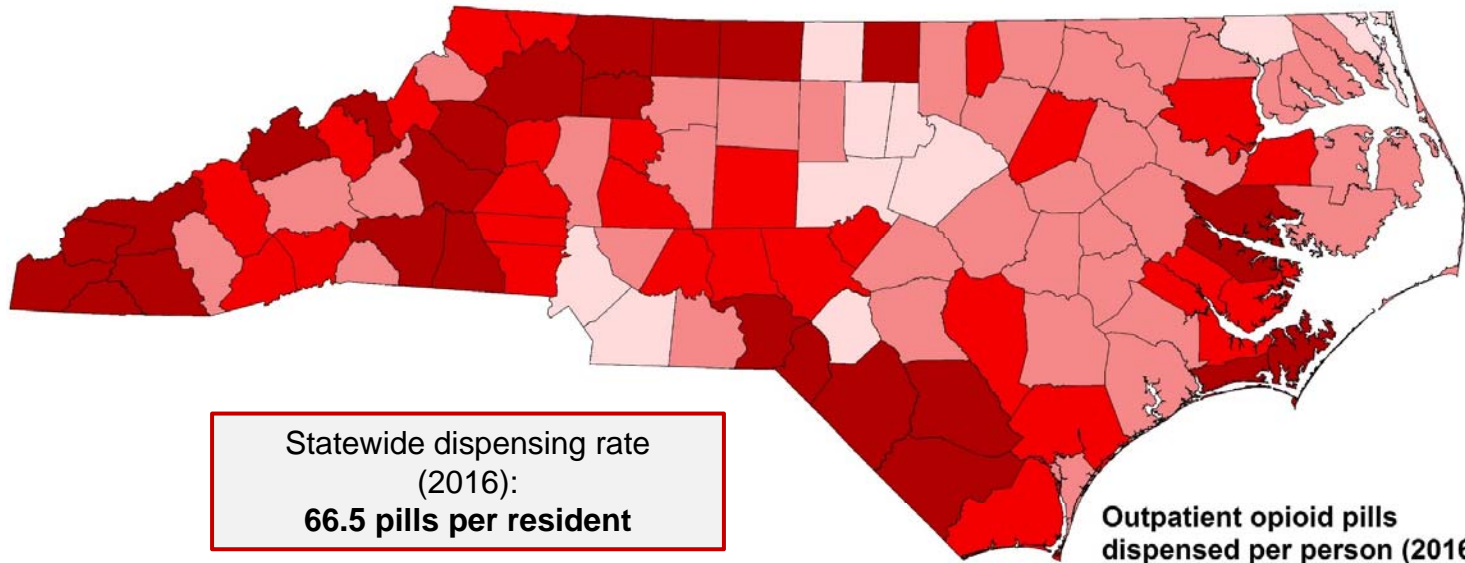
County	Opioid-related overdose rate per 100,000 (2012-2016)
Chatham	2.32
Duplin	2.35
Anson	3.86
Lenoir	4.45
Orange	4.70
Northampton	4.85
Durham	4.90
Montgomery	5.09
Martin	5.10
Wake	5.10

County	Opioid-related overdose rate per 100,000 (2012-2016)
Wilkes	30.78
Burke	22.79
Brunswick	20.13
Yadkin	19.04
Yancey	18.17
Mitchell	17.02
Gaston	16.81
Alleghany	16.53
Rowan	16.28
New Hanover	16.07

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016,  
Any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and  
unintentional intent (X40-X44)/Population-National Center for Health Statistics, 2012-2016  
Analysis by Injury Epidemiology and Surveillance Unit

# Rate of Outpatient Opioid Pills Dispensed by County

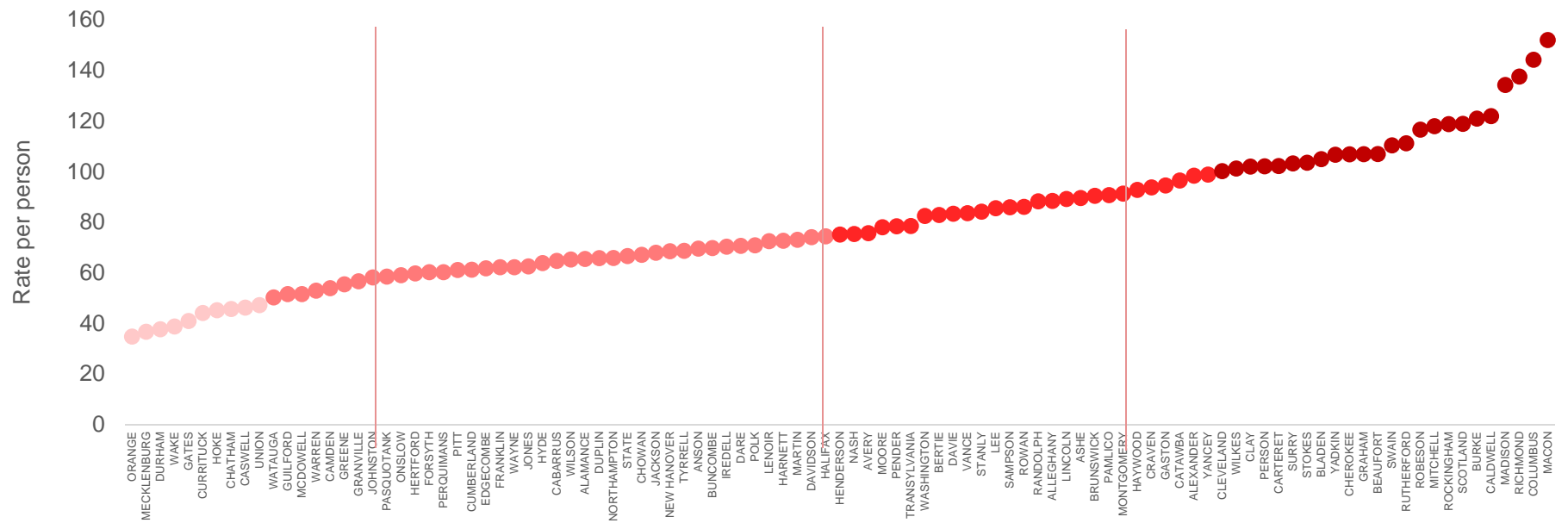
per North Carolina Resident, 2016



Opioid overdose is more common in counties where more pills are dispensed.

Source: Opioid Dispensing – NC Division of Mental Health, Controlled Substance Reporting System, 2016/ Population- National Center for Health Statistics, 2016  
Analysis: Injury Epidemiology and Surveillance Unit

# Rate of Outpatient Opioid Pills Dispensed by County, North Carolina Residents, 2016



Source: Opioid Dispensing – NC Division of Mental Health, Controlled Substance Reporting System, 2016/ Population- National Center for Health Statistics, 2016  
 Analysis: Injury Epidemiology and Surveillance Unit



County	Outpatient opioid pills dispensed per person (2016)
Orange	34.8
Mecklenburg	36.7
Durham	37.7
Wake	38.7
Gates	40.9
Currituck	44.1
Hoke	45.2
Chatham	45.7
Caswell	46.2
Union	47.2

County	Outpatient opioid pills dispensed per person (2016)
Macon	151.9
Columbus	144.1
Richmond	137.5
Madison	134.2
Caldwell	121.9
Burke	120.9
Scotland	118.8
Rockingham	118.7
Mitchell	117.9
Robeson	116.5

Source: Opioid Dispensing – NC Division of Mental Health, Controlled Substance Reporting System, 2016/ Population- National Center for Health Statistics, 2016  
 Analysis: Injury Epidemiology and Surveillance Unit



# Looking Ahead: 2018 OPDAAC Policy Priorities

*Steve Mange*





**Fair Chance Hiring**  
**Universal pharmacy sales of syringes**  
**Lift ban on state funding for syringes**

# **NC Harm Reduction Coalition**

*Tessie Castillo*





**Disposal Funding for SBI/Operation Medicine Drop**

**Child Fatality Task Force**

*Kella Hatcher*





**Medicaid Transformation**



**Division of Medical Assistance**

*Nancy Henley*



# North Carolina's Health Care System Priorities

**1**

Improve the health and well-being  
of North Carolinians

**2**

Focus on health of the whole person

**3**

Support providers in delivering  
high-quality care at good value

# North Carolina's Goals for Medicaid Managed Care

**1**

**Measurably improve health**

**2**

**Maximize value to ensure program sustainability**

**3**

**Increase access to care**

# Transformation milestones

**Nov. 2017**

- Released 2 Requests for Information
- Released proposed PHP capitation rate setting methodology
- Released 2 concept papers: Behavioral Health I/DD Tailored Plans & Supplement Payments
- Submitted amended 1115 waiver application to CMS

**Early 2018**

Publish additional concept papers

**2018**

Procure centralized credentialing & enrollment broker vendors

**Feb. 2018**

Anticipated CMS approval:

- Expenditure authority to pay for substance use disorder services in an IMD
- Amended waiver application

**Spring 2018\***

Release Request for Proposal

**July 2019\***

Managed care Phase 1 goes live; waiver effective for 5 years

\* Assuming timely CMS approval and other activities





**To share comments, email:**

**[Medicaid.Transformation@dhhs.nc.gov](mailto:Medicaid.Transformation@dhhs.nc.gov)**

**For NC Medicaid managed care information and documents:**

**[www.ncdhhs.gov/nc-medicaid-transformation](http://www.ncdhhs.gov/nc-medicaid-transformation)**



## Health Care Coverage

**Care4Carolina**

*Carla Obiol*





## HB 662:Carolina Cares

- Proposal to cover low income working North Carolinians in the Gap
- All individuals below 138% FPL eligible for Medicaid
- For individuals above 50% FPL, there is a premium (2% of income)
- Hardship exceptions possible for those who can't afford premiums
- Lockout after 60 days of non-payment
- Must pay back premiums to re-enroll
- Requirement for mandatory employment activities
- “Participants must be employed or engaged in activities to promote employment”
- Work requirement exceptions possible for caretakers, medically frail, & those w/ SUD
- Copayments for services
- Requirement for “preventative care and wellness activities”
- Federal funds would finance the majority of the program
- State share would be funded through provider assessments and premium payments



## C4C Plans for 2018

- Hold additional Regional Leadership Forums –2017; Rockingham, January, 2018; Pitt, Duplin, and Forsyth - TBD.
- Hold Regional Grassroots Advocacy Trainings – Greensboro, January 16; and Raleigh, January 24, 2018. There are plans to offer additional trainings.
- Hold Advocacy Day – N.C. General Assembly, May, 2018



# Federal Priorities, Barriers

*Walker Wilson*





# Local Policy Opportunities

*Nidhi Sachdeva*



# Local Policy Opportunities for Counties

- Engage with health systems: Promote comprehensive approaches to pain management/opioid stewardship
- Support training/staffing for EMS to engage overdose victims in follow up treatment/recovery and care support
- Establish and fund syringe exchange programs
- Support pharmacies to dispense naloxone under standing order and referral to treatment/recovery
- Establish Law Enforcement Assisted Diversion programs
- Promote drug take back events/and awareness
  - Operation Medicine Drop and Lock your Meds media campaign

# Local Policy Opportunities for Counties

- Promote law enforcement OD identification and response training and carrying naloxone
- Implement fair chance/Ban the Box hiring practices which reduce crime, recidivism, boost tax contributions
  - Delay employment application questions regarding person's criminal record until after applicant has had a chance to demonstrate skills, qualifications, and rehabilitation
- Align transportation plans, services, and public transit routes with treatment opportunities and recovery supports in community





## **Group Discussion**

- **How can we support each other's legislative goals?**
  - **What are our next steps as a collective?**
- 

# **Wrap up, THANK YOU!, and What's next**

- **Reminder:**
  - Points-of-contact for Action Plan reporting, please fill in Google spreadsheet by January 19
- **Next OPDAAC Coordinating Meetings**
  - February 8 at NC Hospital Association
  - April 12
- **Next Full OPDAAC Meeting**
  - March 16, 2018 at NC State McKimmon's Center