New category of funding in the FY13 Harold Rogers Prescription Drug Monitoring Program

Official title is “Category 3: Data-Driven Multi-Disciplinary Approaches to Reducing Rx Abuse” grants

Developed out of recognition that opiate abuse is a multi-faceted problem that requires strong partnerships
SAMPLE FOCUS AREAS

• **Enhance capacity** of state and local organizations to analyze and use data from diverse sources to monitor drug abuse trends and identify sources of diversion.

• **Increase PDMP utilization** to improve decision making and help communities address challenges.

• **Strengthen collaborations** between law enforcement, prosecutors, treatment professionals, the medical community, pharmacies, and regulatory boards to establish a comprehensive response to opiate abuse.

• **Identify high-risk scenarios** with the greatest need for proactive education, outreach, treatment, and enforcement strategies.

• **Promote data-driven solutions** that drive policy and practice within local and state communities.
ELIGIBLE APPLICANTS

• States and units of local governments with an existing and operational PDMP.

• Eleven grantees, to date.

• Of the existing projects, four are statewide projects and seven are local or regional projects.
PILOT SITES – FY13 ($2.4 MILLION)

Fairfield County, Ohio
Florida Department of Health
Jackson County, Oregon
Maryland Department of Health & Mental Hygiene
New York County, New York
Norfolk District Attorney’s Office, Massachusetts
PILOT SITES – FY14 ($2.1 MILLION)

Arizona Criminal Justice Commission
Executive Office of the Governor of Delaware
New York County, New York
Northwestern District Attorney’s Office, Massachusetts
University of Kentucky Research Foundation
Washington State Department of Health
• Established Overdose Fatality Review (OFR) teams at three pilot sites across the state. The Maryland Alcohol & Drug Abuse Administration worked with the Office of the Chief Medical Examiner and Vital Statistics Administration to develop an overdose death data file for use by local OFR teams, as well as a data manual to assist local teams in understanding the data provided. The local OFR teams meet monthly to review medical examiner data as well as other data available at the local level to identify overdose risk factors, identify missed opportunities for prevention/intervention, and make recommendations for policies or programs to prevent future deaths.

• Expanded the Overdose Fatality Review teams beyond the pilot stage. With the passing of a law, which went into effect in October 2014, local jurisdictions in Maryland are able to establish an OFR teams. There are 7 new active teams.
NOTABLE ACCOMPLISHMENTS – NORFOLK, MA

• Hosted a Safe Prescribing Conference for 300 prescribers & dispensers who provide care in Norfolk County
• Conducted a Pharmacy Outreach Program (visited every one of the 120 pharmacies in Norfolk County)
• Began Overdose Death Review Meetings – now includes review of patient prescription history from PMP, referrals now made to the Board of Registration of Medicine (BORIM) for concerning prescribing
• Formed the Norfolk County Prescription Drug Task Force
• Formed 10 new community coalitions within a year
NOTABLE ACCOMPLISHMENTS – FAIRFIELD, OH

• Implemented substance abuse screening for all inmates being booked into the local jail to identify drug use patterns within at-risk individuals in treatment services prior to release back into the community.

• Conducted surveys with participants under the supervision of local probation or the local drug court and/or participants enrolled in substance abuse treatment providers.

• Also examined data from law enforcement, child welfare, the local drug testing facility, the emergency department, the state prescription drug monitoring program (PDMP), the youth survey, public health and other key stakeholders.
NOTABLE ACCOMPLISHMENTS — FLORIDA

• Received approval from their legal department to move forward on the project with the University of Florida

• Completed the 2013–2014 PDMP Annual Report, in collaboration with the University of Florida. This report incorporate data from the most recent medical examiners report and controlled substance purchasing data from the Controlled Substance Registry at the Department of Business and Professional Regulation.
NOTABLE ACCOMPLISHMENTS — JACKSON COUNTY, OR

• Improved coordination between public health and the PDMP program.
• Gained access to data and opportunities to learn what corrections need to be made at the legislative level to improve policy.
• Produced community education programs including TV spots.
• Developed county-wide protocols for the uniform emergency use of naloxone to prevent overdose deaths.
• Brought the public health and community justice communities together for regular meetings.
• Encouraged more local providers to sign up for the PDMP.
NOTABLE ACCOMPLISHMENTS – NEW YORK COUNTY, NY

- The New York City RxStat Program developed a technical assistance manual that can be used by communities interested in replicating the successful model used in New York City. [http://www.pdmpassist.org/pdf/RxStat.pdf](http://www.pdmpassist.org/pdf/RxStat.pdf)

- PUBLIC HEALTH ADMINISTRATIVE DATASETS
  a. Accidental overdose deaths
  b. Hospitalizations with drug–related diagnoses
  c. Poison Control Center calls
  d. Emergency department admissions for suspected overdose events
  e. Ambulance calls for suspected overdose events
  f. Substance use disorder treatment admissions
  g. Jail health services intakes
  h. Dispensed prescriptions for controlled substances
NOTABLE ACCOMPLISHMENTS — NEW YORK COUNTY, NY

• PUBLIC SAFETY ADMINISTRATIVE DATASETS
  a. Pharmacy orders for prescription opioid medication stock
  b. Drug-related prosecutions
  c. Pharmacy/clinic/doctor’s office burglaries and robberies
  d. Loss or theft of controlled substance medications
  e. Medicaid coverage of local residents for prescribed controlled substance medications

• SURVEY DATA
  a. Youth drug use behaviors
  b. Adult drug use behaviors
  c. Arrestee drug use detection
  d. Emergency room admissions with drug mentions
ACCOMPLISHMENTS ACROSS SITES

• Improved collaboration among team members.
• Identified new trends and patterns in drug overdose.
• Developed protocols and tools that can be modified by other sites.
• Beginning to identify the core data elements a community can collect to measure the overall picture of Rx abuse.
• Quote: “Having a multidisciplinary group was key to this success because this program brought people together who are not usually at the same table. Team members have learned a lot from each other and for most, it has changed the way they view drug overdose in their community.”
CHALLENGES FOR FIRST COHORT

- Gaining access to aggregate, de-identified PMP data.
- Legislative & regulatory gaps made replenishment of naloxone difficult for first responders (Massachusetts).
- Finding funding to continue the work.
- Overcoming HIPAA and general data collection concerns in the beginning stages of the grant.
- Overcoming team members (hospitals mostly) unease about data sharing, which involved strict upholding of confidentiality standards and ensuring that all team members understand them. New laws going into effect brought protection to team members from civil liability.
- Change in legal opinion as to whether or not the project could proceed, post award.
NEW PROJECTS - UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION

• Expand the PDMPs algorithms and ability to identify questionable behaviors and harmful prescribing practices.

• Develop comprehensive PDMP data analysis reports identifying current and emerging trends in patterns of prescribing and use by county, demographic groups, and drug types, with a specific focus on opioids and combinations with benzodiazepines. These reports will be automated to become standard PDMP report.

• Produce comprehensive state and county-level reports highlighting geographical areas of high risk for Rx drug overdose or abuse, utilizing the multi-source data.

• Link death certificates to PDMP data to identify the controlled substance Rx history for the resident who died from drug overdose. It is of interest to determine possible harmful Rx patterns to be addressed by prescriber education/training.
NEW PROJECTS — NEW YORK COUNTY DISTRICT ATTORNEY’S OFFICE

• Add new data sources to RxStat (e.g. Fire Department Emergency Medical Services (EMS), Rikers Island Correctional Facility, prosecution data).

• Establish and support neighborhood youth coalitions that will focus on creating and spreading risk reduction and overdose prevention messaging, both through organized social events and social media.

• Develop a mobile device–optimized website (similar to an app, but without the need to download it) to deliver naloxone training remotely. Individuals could access the training by scanning a QR code from a poster or information sheet at the pharmacy or via the DOHMH website. Upon completion of the training, individuals will receive an access code that will permit them to pick up a naloxone kit at a participating pharmacy.

• Train family and friends who visit inmates at Rikers Island on the use of naloxone.
NEW PROJECTS – EXECUTIVE OFFICE OF THE GOVERNOR OF DELAWARE

• Link patient address information and geocoding of addresses in Delaware PDMP with U.S. Census, criminal justice (e.g., DELJIS–Delaware Criminal Justice Information System) and health databases (e.g., DHIN–Delaware Health Information Network).

• Conduct data analysis of geo-coded information to identify high areas of abuse and sales and to ascertain how neighborhood level demographic, economic, health and crime data are correlated with and help explain prescription drug abuse hot spots.

• Convene officials, stakeholders, and data analysts together to use the new information to develop best practices in monitoring and intervention strategies.
NEW PROJECTS – WASHINGTON STATE DEPARTMENT OF HEALTH

- Select and construct appropriate indicators, including geocoding and integration of PDMP data with other datasets and creation of composite indices.
- Develop and deploy a mapping tool for displaying selected indicators across the state.
- Use a multi-disciplinary action group to explore and interpret the maps, address identified needs, and build on current initiatives.
- Develop technical reports that aid interpretation and use of the maps and make recommendations for constructing meaningful indicators using PDMP data.
NEW PROJECTS – ARIZONA CRIMINAL JUSTICE ASSOCIATION

• Provide patient education training and materials for prescribers and pharmacists to improve the prescription drug literacy of their patients.

• Generate quarterly “report cards” detailing every prescriber’s prescriptions and pills compared to other prescribers of their specialty type.

• Increase the number of law enforcement personnel who have signed up to use the PMP, to include at least one law enforcement officer from every law enforcement agency in the pilot site.

• Conduct a train the trainer model for localized and adapted versions of youth, parent, and community Rx 360 modules.

• Develop and test an approach for the screening, brief intervention, and referral to treatment for those suspected of prescription drug misuse and abuse.
NEW PROJECTS – NORTHWESTERN DISTRICT ATTORNEY’S OFFICE

- Host a Prescription Drug Abuse Summit for pharmacists and health care professionals.
- Develop new substance abuse coalitions in the Northwestern District in communities that do not currently have coalitions.
- Develop complimentary data collection systems that will integrate local statistics with data from the MA PDMP, Brandeis University’s PDMP Center of Excellence, and DOJ/BJA nationwide reporting.
- Implement targeted studies using nearby University of Massachusetts and DPH programs to expedite training and technical assistance by partners in the Northwestern District County Rx Drug Abuse Task Force.
TRENDS WITH NEW GRANTEES

• More advanced data linking approaches.
• More emphasis on providing community-level data.
• Performance measures.
ADVICE TO POTENTIAL APPLICANTS/NEW GRANTEES

• Meet with fellow grantees (“DC Meeting last June was most productive and helpful meeting I have been to.”)

• Use existing relationships in new ways to accomplish goals (police, fire, legislators).

• Invite critical stakeholders (for us, Board of Registration in Medicine and Pharmacy) to participate from beginning as founding members.

• Look at PMT to see the qualitative measures that PDMPs provide to support their funding. These are excellent guides to direct your data requests as they focus on the data that informs on overdose: questionable activity, etc. PDMPs will save time by building community level measures for grantees if they are sorting for same categories using your zip codes.
ADVICE TO POTENTIAL APPLICANTS/NEW GRANTEES

• Establish data sharing agreements early on where necessary.

• Consult your legal department on your grant application prior to submission to ensure you have sufficient statutory authority to conduct your project.

• Plan for a start-up period that includes several months.
NEXT ROUND OF FUNDING

Funding amounts: Up to $400,000
Project period: 18 months
Solicitation will be released in the spring of 2015
BJA CONTACTS

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QUESTIONS?

- Follow-up questions?