Opioid Response Coordination Safety-Net & Rural Health Partners All Grantees Meeting
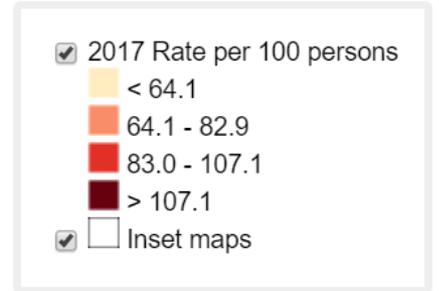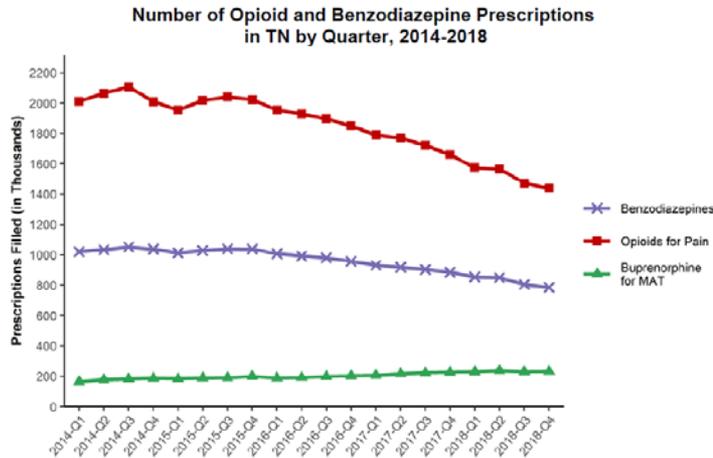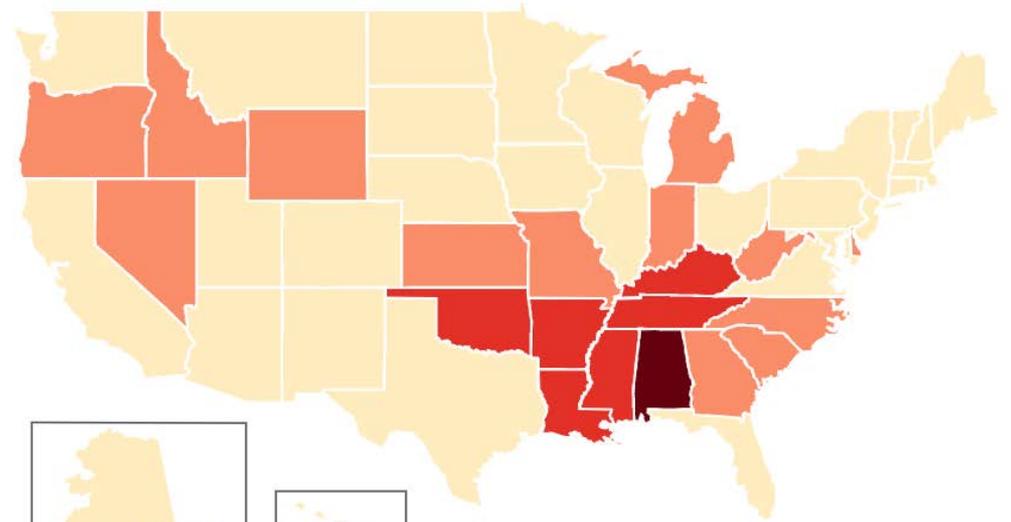
September 10, 2019

Tennessee – Opioid Prescribing

- Tennessee consistently prescribing

Number of Opioid and Benzodiazepine Prescriptions in TN by Quarter, 2014-2018

Legend:
- ✕ Benzodiazepines
- ■ Opioids for Pain
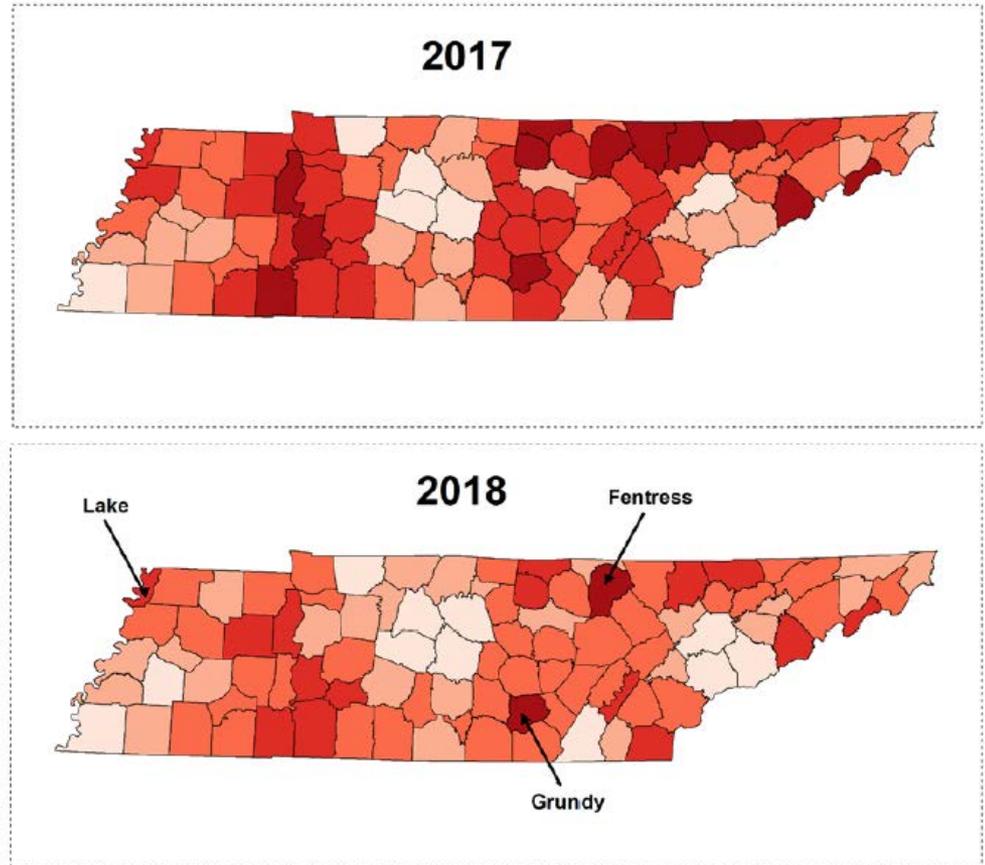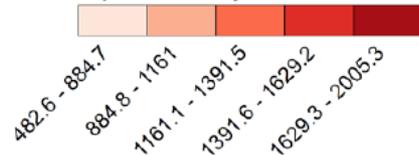- ▲ Buprenorphine for MAT

Analysis conducted by the Office of Informatics and Analytics, TDH (last updated January 15, 2019). Limited to TN residents.
Data Source: Controlled Substance Monitoring Database.

U.S. State Prescribing Rates, 2017

2017 Rate per 100 persons
- < 64.1
- 64.1 - 82.9
- 83.0 - 107.1
- > 107.1
- ☑ Inset maps

TN Department of Health

Rate of Opioid Pain Prescription by County

- Rates were lower in most counties
  - Increase in Lake
- Geographic distribution differs from overdose maps

2017

2018

Lake   Fentress

Grundy

Rate of Opioid Prescriptions for Pain Per 1,000 Population *

482.6 - 884.7 884.8 - 1161 1161.1 - 1391.5 1391.6 - 1629.2 1629.3 - 2005.3

TN Department of Health

Current Threats

- Tennessee one of the highest states for opioid prescribing
  - Increased use of CSMD before prescribing
  - Decreases in high-risk prescribing

- Increases in overdoses and deaths due to illicit substances
  - Fentanyl - 800% increase from 2013
  - Heroin - 300% increase from 2013
  - Emerging increases in stimulants
  - 72.8% of opioid overdoses are polysubstance
  - Changes in geography and age distribution

TN Department of Health

Opioid-Related Drug Overdose Deaths

Age-Adjusted Rates for Opioid Overdose Deaths in TN by Year for 2013-2017
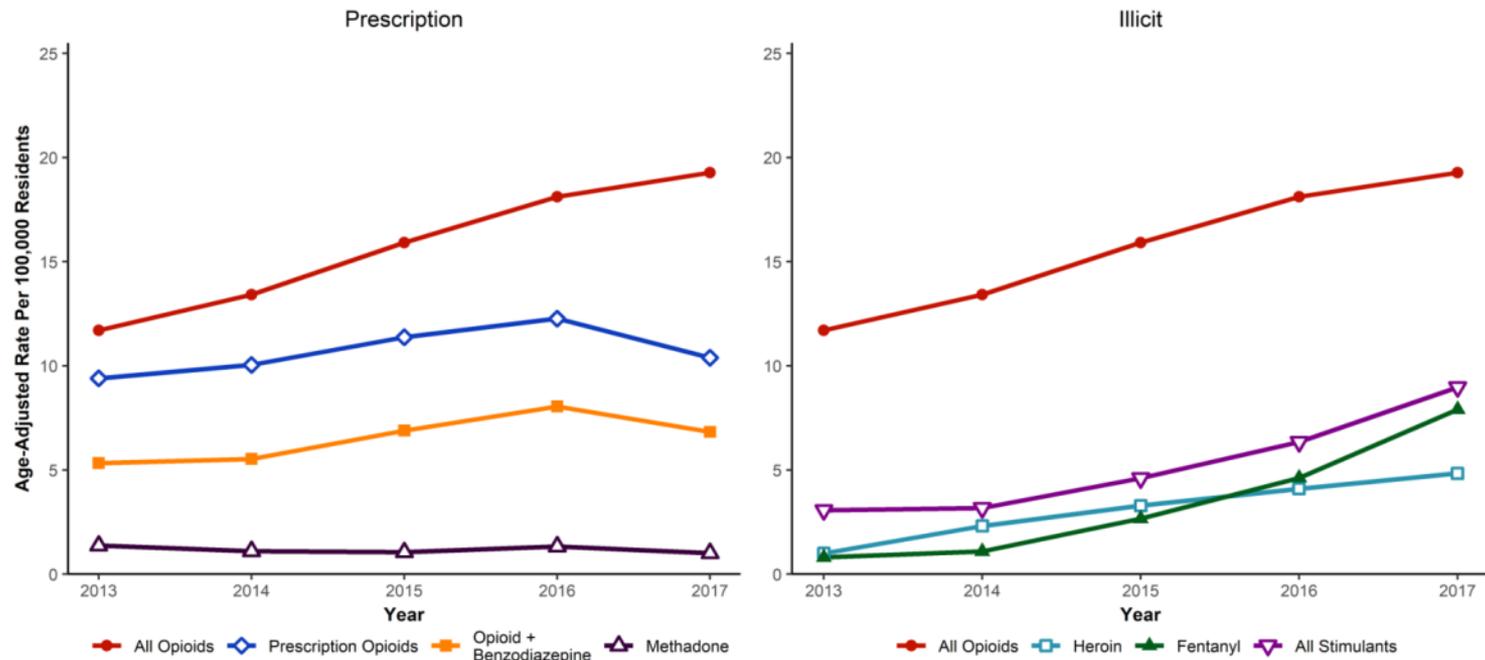

- Age-adjusted rates for deaths due to prescription opioids remained high in 2017, but showed a downward trend for the first time, as did age-adjusted rates for deaths due to combined opioid and benzodiazepine use
- Increases in age-adjusted rates for illicit opioid-related overdose deaths including heroin, fentanyl, and stimulants were observed from 2013-2017

TN Department of Health

Opioid-Related Drug Overdose Deaths

Change in Number of Opioid Overdose Deaths by TN County of Residence for 2016-2017
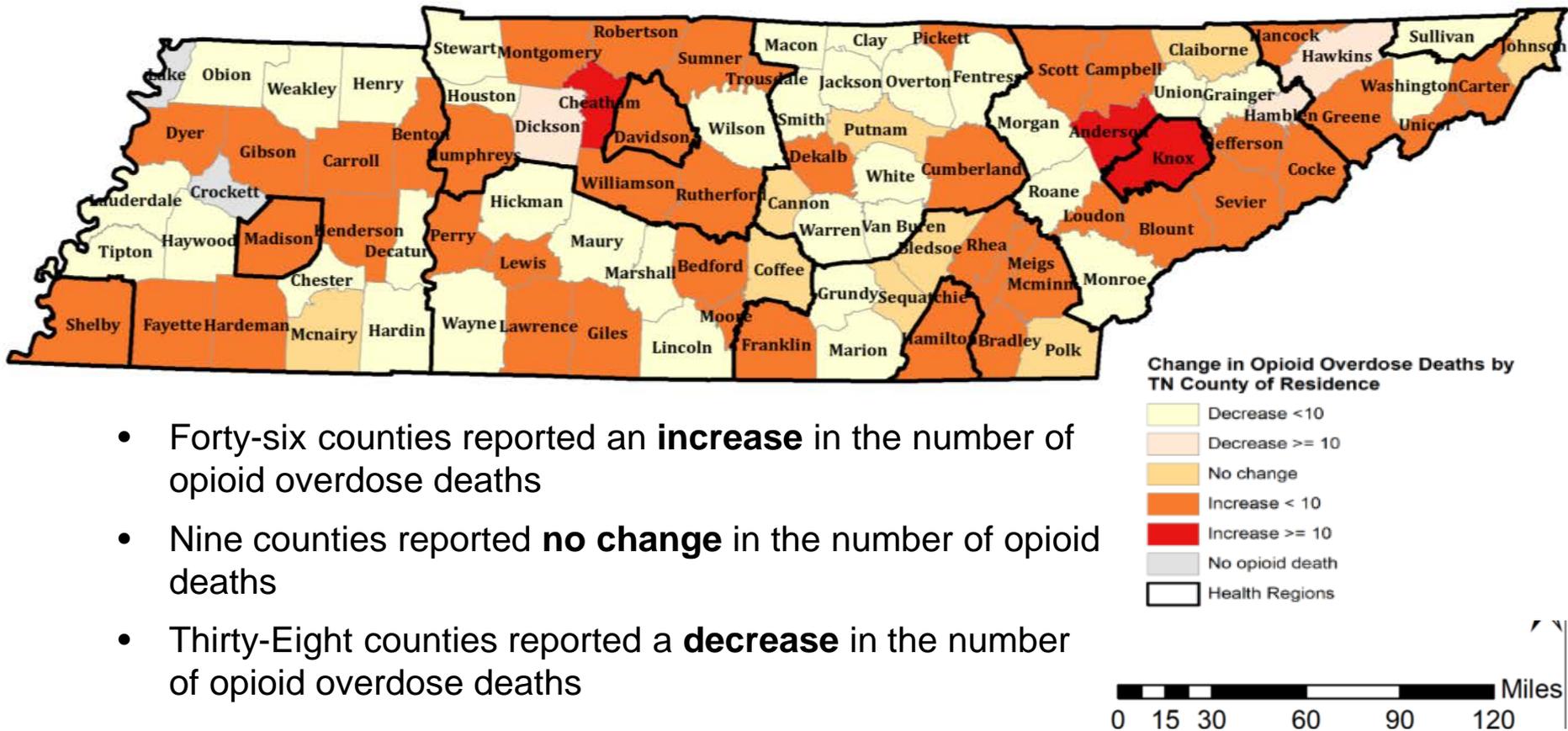
- Forty-six counties reported an **increase** in the number of opioid overdose deaths

- Nine counties reported **no change** in the number of opioid deaths

- Thirty-Eight counties reported a **decrease** in the number of opioid overdose deaths

Change in Opioid Overdose Deaths by TN County of Residence

- Decrease <10
- Decrease >= 10
- No change
- Increase < 10
- Increase >= 10
- No opioid death
- Health Regions

Change in Heroin and Fentanyl Overdose Deaths

Change in Number of Heroin Overdose Deaths by TN County of Residence for 2016-2017

Change in Heroin Overdose Deaths by TN County of Residence

- Decrease < 10
- Decrease >= 10
- No change
- Increase < 10
- Increase >= 10
- No heroin death
- Health Regions
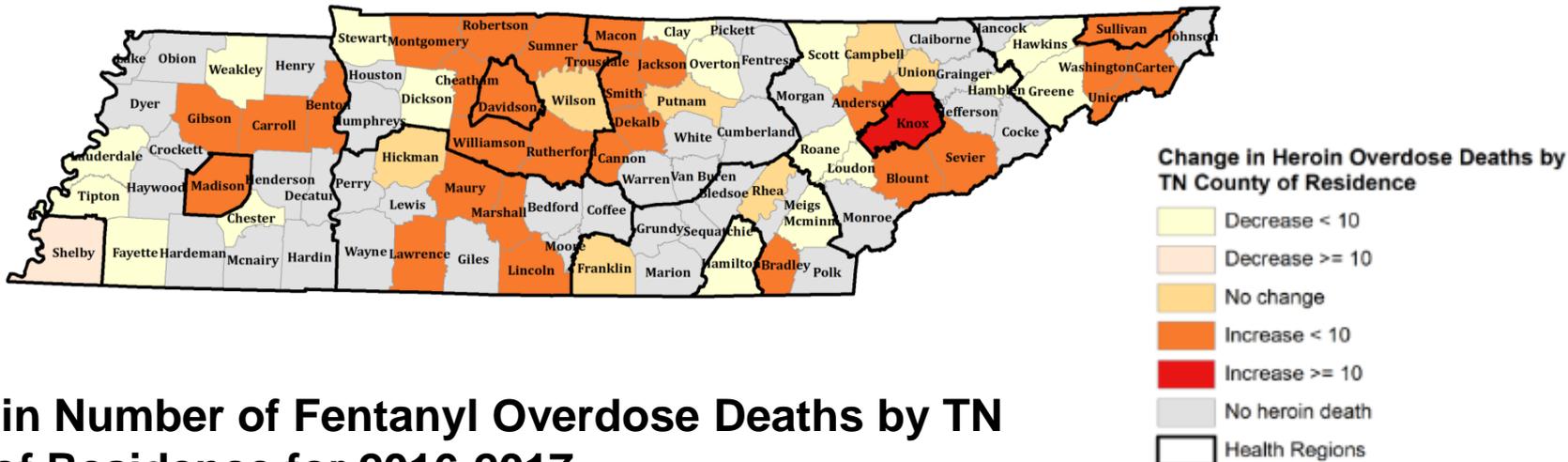
Change in Number of Fentanyl Overdose Deaths by TN County of Residence for 2016-2017

TN Department of Health
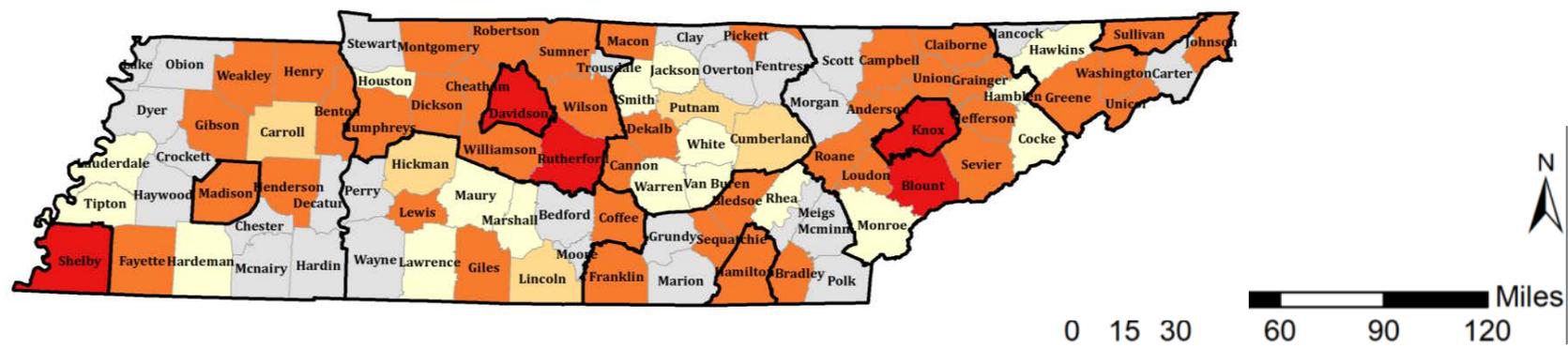
Opioid-Related Overdose Hospital Discharges

Change in Number of Heroin Overdose
Outpatient Visits from 2016 to 2017 by TN county of Residence

Change in Heroin Overdose Outpatient Visits by TN County of Residence

- Decrease < 10
- No change
- Increase < 10
- Increase >= 10
- No heroin visits
- Health Regions
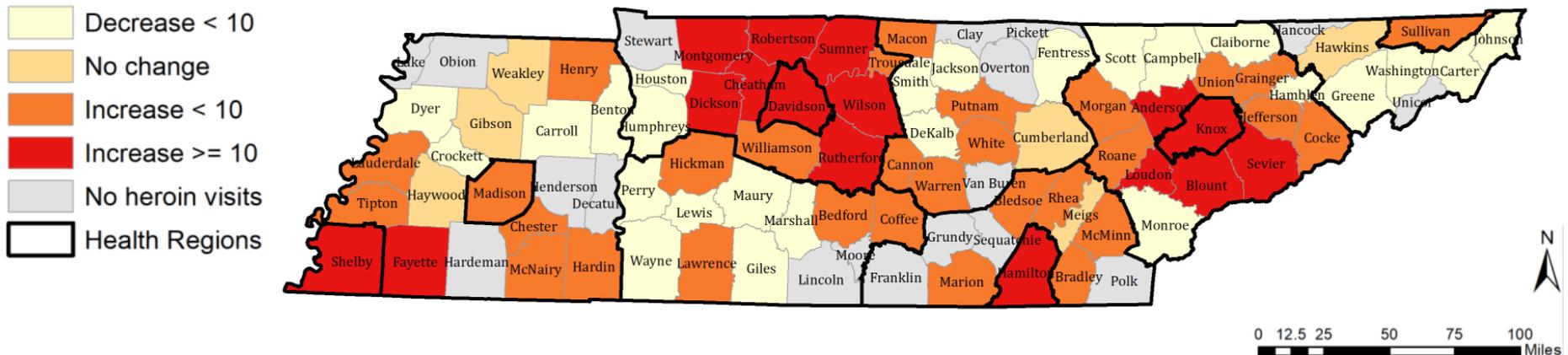
- Six counties experienced **no change** in the number of heroin overdose outpatient visits

- Sixteen counties experienced a large **increase** (≥ 10) in the number of heroin overdose outpatient visits

- Twenty-five counties experienced a **decrease** (< 10) in the number of heroin overdose outpatient visits

*Data Source: Tennessee Department of Health, Hospital Discharge file. Analysis by Tennessee Office of Informatics and Analytics. Updated: 11/7/2018. Rates by county were not calculated due to small sample sizes, which would result in unreliable rates. Percent change values should not be interpreted with the caveat that the absolute change may be small, but the percent change value may be large

TN Department of Health

ORCO Background

Established in 2019

- Provide support and structure to the departmental opioid response
- Coordinate grant-funded activities and reporting
- Expand and strengthen partnerships

Guiding Principles

- Substance Use Disorder (SUD) is a complex, chronic, relapsing disease that requires long-term response and treatment.
- SUD impacts all demographic groups. It impacts our family members, friends and neighbors.
- Disparities among the social determinants of health exacerbate SUD.
- Response to SUD requires authentic collaboration and a commitment to health equity, data-driven decision making, and interventions that are both evidenced-based and stigma reducing.

TN Department of Health

Fiscal and Budget

Total Funding for Opioids at TDH - $9.9 million

Federal Funding $8,150,355		Other $1,012,000	State $757,500

Opioid Crisis Funding – $4.3 million

Legend:
- Surveillance
- Training
- Linkage to Care
- Communications
- Infrastructure
- Healthcare Collaborative
- Regulatory Oversight
- Response
- Health Disparities

Surveillance, $1,050,431.00
Training, $810,567.00
Linkage to Care, $793,151.00
Communications, $478,706.00
Infrastructure, $416,079.00
Healthcare Collaborative, $303,819.00
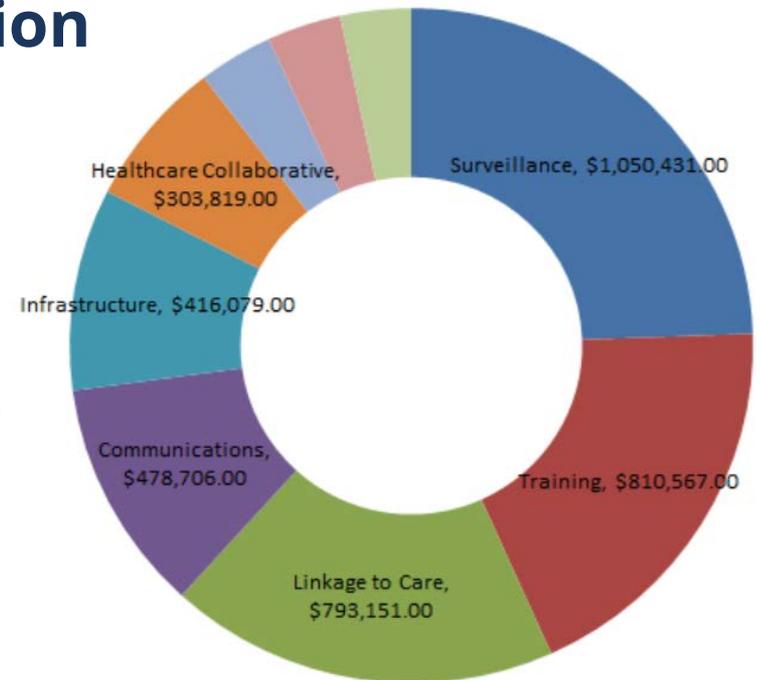
Opioid Crisis Funding and Projects

- 20 projects funded
  - One-time, one year funding

- **Preparedness and Response**
  - Development of response plan and tabletop exercises
  - Training mental health first aid teams

- **Training and Education**
  - Faces of opioids and media campaigns
  - Academic detailing
  - Text message continuing education for healthcare providers
  - Naloxone administration for first responders
  - Summit for minorities and underserved populations
  - Protocols and policies for rural hospitals and safety-net providers
  - Resource booklet for recent overdoses

TN Department of Health
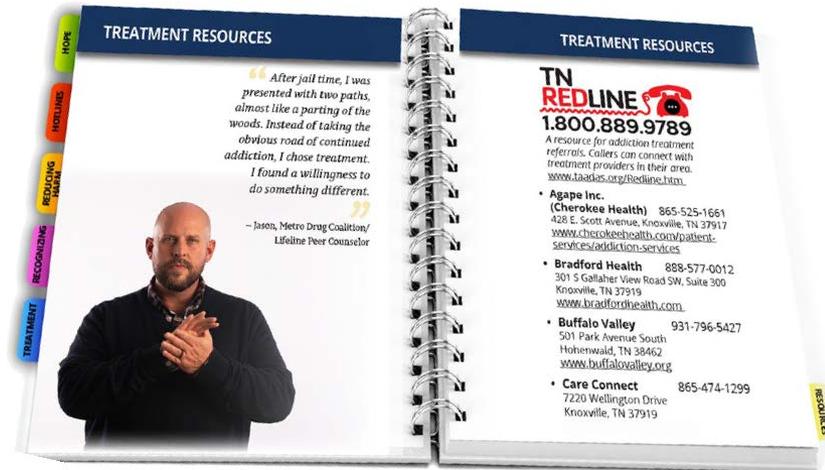
Opioid Crisis Funding and Projects

- **Linkage to Care**
  - Substance Use Resource Navigators in 6 counties (3 regions)
  - Enhanced Redline capacity
  - Developing web-based tool for tracking mental health beds

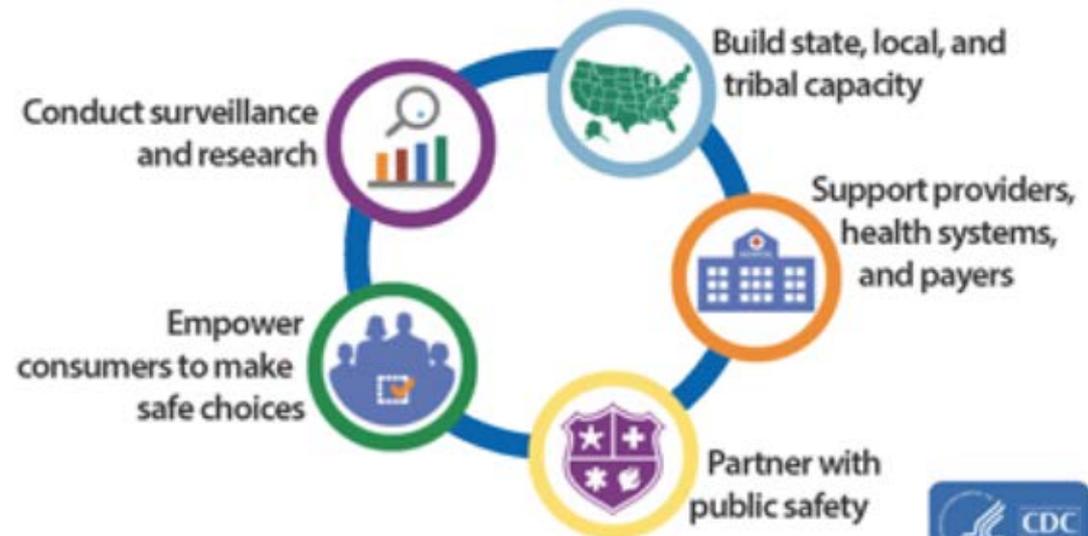- **Data and Surveillance**
  - Increased funding for toxicology and autopsies
  - Expand syndromic surveillance for opioid overdoses
  - Update TN Vulnerability index
  - Electronic EMS reporting system
  - First responder overdose reporting system, DI3

TN Department of Health

Overdose Data to Action (OD2A)

- Most recent CDC Notice of Funding Opportunity (NOFO)
- Streamlines existing work and funding in the department
- Expands surveillance data from opioid overdoses to drug overdoses
- Expands prevention efforts and requires at least 20% of prevention funding be awarded locally

Key Info:
- Due: 5/2/2019
- 3 year cycle

Build state, local, and tribal capacity

Conduct surveillance and research

Support providers, health systems, and payers

Empower consumers to make safe choices

Partner with public safety

TN Department of Health

CDC

Current Activities/Funding and OD2A

ESOOS	PFS	Crisis Funding
Fatal and non-fatal overdose data to drive action	Predictive modeling and improve data dissemination to communities	Surge capacity for opioid incident management, response, and mitigation

$7 million annually

New and Innovative Prevention Initiatives

Overdose Data to Action

- Surveillance for all drug overdoses and deaths
- Enhancing the CSMD
- State and Local Integration
- Linkage to Care
- Provider and Health Systems Support

$7 million annually

TN Department of Health

OD Data2Action Application: Assumptions

Target Populations

- Urban populations
- Rural "ring" county populations
- Illicit drug users
- People with prior overdose
- Women who use drugs during pregnancy
- High-risk providers and patients identified by modeling

Areas

- High Impact Areas (HIAs) with high fatal and non-fatal overdose counts

OD Data2Action Application: Assumptions

Proposed Outcomes

- Reduction in overall overdoses in the state
- Reduction in ED visits for overdose
- Increased partnerships and implementation of evidence-based initiatives
- More awareness of treatment landscape throughout the state
- Increased linkage to treatment
- Reduction in high-risk prescribing
- Increased provider awareness of SUD

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State and Local Integration

- Establishment of partnerships and implementation of cross-sector community interventions in High-Impact Areas- education, prevention, harm reduction, diversion
- Plans to respond to overdose spikes

TN Department of Health

Linkage to Care

- Increase awareness of treatment capacity
- Staffing emergency departments with peer navigators
- Navigation and case management systems
- Outreach teams to follow up with persons at increased risk of overdose
- Using data to identify those most at risk and engaging
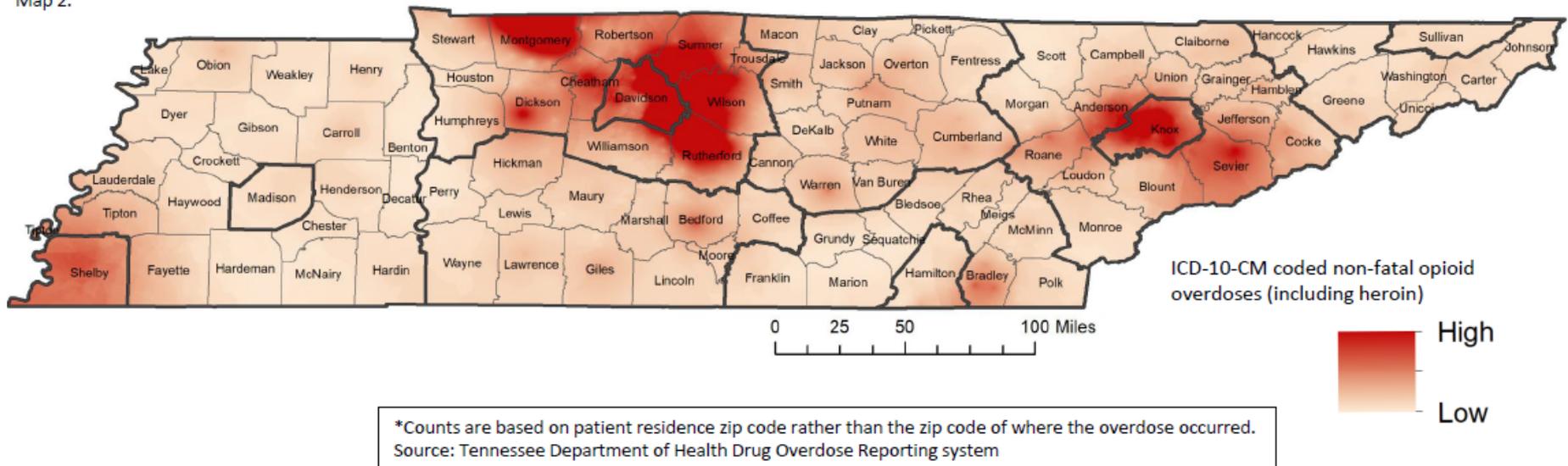
Provider and Health Systems Support

- Academic detailing
- Using technology to provide training to providers
- Clinician and provider training on safe prescribing practices
- Quality improvement initiatives related to prescribing guidelines

High Impact Areas

Heat Map of ICD-10-CM coded non-fatal opioid overdoses: YTD (January-November, 2018)

Map 2.

ICD-10-CM coded non-fatal opioid overdoses (including heroin)

High

Low

0 25 50 100 Miles

*Counts are based on patient residence zip code rather than the zip code of where the overdose occurred.
Source: Tennessee Department of Health Drug Overdose Reporting system

Source: Tennessee Department of Health, Office of Informatics and Analytics, Drug Overdose Reporting system. **Not for public distribution.**

TN Department of Health

OD Data2Action Application: Integration

High Impact Areas

- Knoxville/ East HIA
- Davidson/ Mid-Cumberland HIA
- Shelby HIA

HIA Requirements

- HIAs will develop a OD Data to Action plan with public health, coalition and healthcare partners, including acute response plan.
- HIA plans will demonstrate development of partnerships with anti-drug coalitions, peer recovery navigators, Lifeliners, SSPs etc.
- HIA plans will review data and identify activities for implementation, including *at least* one activity in <u>Community Integration, Linkage to Care and Provider and Health Systems Support</u>.

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