



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Public Health Council DPH Opioid Update October 8, 2014

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An Act to Increase Opportunities for Long-Term Substance Abuse Recovery

- On August 6, 2014, Governor Patrick signed into law (Chapter 258 of the Acts of 2014) “An Act to Increase Opportunities for Long-Term Substance Abuse Recovery”
- Act further enhances the Commonwealth’s efforts to address the growing problem of substance use and the need for comprehensive substance use and addiction treatment



An Act to Increase Opportunities for Long-Term Substance Abuse Recovery

Provisions of the law include:

- Establishes a drug formulary commission and requires the commission to prepare a drug formulary of chemically equivalent substances for opioids that are determined to have heightened level of public health risk due to the drugs' potential for abuse and misuse
- For drugs on the formulary, requires pharmacists to dispense an interchangeable abuse deterrent drug unless the practitioner has indicated "no substitution"
- For drugs on the formulary, requires coverage of abuse deterrent opioids on a basis not less favorable than non-abuse deterrent opioids



An Act to Increase Opportunities for Long-Term Substance Abuse Recovery

- Requires the Chief Medical Examiner to file a report with the FDA's MedWatch Program and the DPH when a death is determined to be caused by a controlled substance
- Requires hospitals to file a monthly report with DPH on the number of infants born exposed to a controlled substance and hospitalizations caused by ingestion of a controlled substance
- Authorizes the DPH Commissioner to place an unscheduled substance in schedule I on a temporary basis if it is necessary for the preservation of the public health, safety and general welfare
- Authorizes the DPH to license and issue practice guidance relative to an entity that is not otherwise licensed as a hospital, clinic or opioid treatment program (OTP) and has more than 300 patients receiving opioid agonist therapy



An Act to Increase Opportunities for Long-Term Substance Abuse Recovery

- Requires coverage for medically necessary acute treatment services (ATS) and up to 14 days of medically necessary clinical stabilization services (CSS) without prior authorization (applies to MassHealth, GIC, and commercial insurers)
- Removes prior authorization for substance abuse treatment if the provider is certified or licensed by the DPH
- Requires the reimbursement of addiction treatment services delivered by a Licensed Alcohol and Drug Counselor I (LADC I)
- Requires DPH to promulgate regulations that require licensed programs to provide information on family support services at the time of an individual's admission
- Requires the DPH to promulgate regulations relative to coordination of care and management that includes effective discharge planning for substance use disorder treatment programs



Provisions in the Act to Increase Opportunities for Long-Term Substance Abuse Recovery

- Requires DPH to compile a list of prescription drug drop boxes
- Requires the DPH to report to the legislature on whether practitioners are using the PMP before prescribing drugs contained in schedule II, the number and types of violations referred, the outcome of the referrals and recommendations about how to improve the use of the PMP's data to prevent to prevent prescription drug abuse and diversion
- Establishes special commissions to study and examine the feasibility of requiring insurance providers to monitor and limit the use of opiates; treatment for non-violent offenders; use of the Massachusetts Behavioral Health Access website
- Codifies the Interagency Council on Substance Abuse and Prevention
- Requires CHIA and the Health Policy Commission to complete a number of reports and analyses



New Funding included in FY15 GAA for BSAS

4512-0200: Substance Abuse Services

- \$2,000,000 added to this line item to support & strengthen public access to substance abuse services in the commonwealth, including the following:
 - \$1,000,000 to expand central intake capacity
 - Expanding the number and type of the facilities to provide treatment
 - Expanding detoxification services in the public system by no less than 32 ATS and 32 CSS beds
- recommendations on the safe and appropriate use of opiate medications
- \$500,000 for a voluntary training and accreditation program for alcohol and drug free housing

4512-0204: Naloxone Pilot Expansion

- New line item for \$1,000,000 for naloxone purchase, and administration and training for first-responder and bystander naloxone distribution programs
- Not less than 10 first-responder pilot communities and 7 bystander distribution communities



New Funding included in FY15 GAA for BSAS

4512-0210: Substance Abuse Treatment Trust Fund

- \$10,000,000 new line item to increase the number of clients receiving substance abuse treatment through BSAS utilizing a range of treatment settings
- Requires the DPH to report quarterly on:
 - The way funds were spend in the previous quarter including an itemized accounting of the goods and services procured
 - An accounting of substance abuse services provided by the fund
 - The number of clients served, by month and type of service
 - Amounts expended by type of service for each month in the prior quarter
 - Procurement and service goals for the subsequent quarter



- BSAS is implementing a total of 15 recommendations which require 11 procurements for new services such as:
 - Acute Treatment Services
 - Clinical Stabilization Services
 - Residential Treatment Services
 - Recovery High School
 - Assessment Centers (pilots)
 - Central Navigation System



Prescription Monitoring Program

Critical Data for Tracking Trends

Critical Tool for Clinical Decision-Making



Prescription Monitoring Program

Track Trends

- MA PMP collects dispensing data on all Schedule II – V controlled substances dispensed by MA pharmacies and out-of-state pharmacies that deliver to MA residents
- This data is analyzed and reviewed in several ways to identify patterns in prescribing and dispensing, as well as patient-specific usage
- MA Drug Control Program (DCP) defines “Activity of Concern” for opioids as individuals who are obtaining Schedule II opioids or Schedule II – V controlled substance prescriptions from multiple prescribers and dispensed at different pharmacies



Prescription Monitoring Program

Notify Providers

- “Alerting” is a way that the DCP identifies an activity of concern that reaches or surpasses a threshold
- From May 3 – June 3, 2014, there were 245 individuals that met or surpassed this threshold
- There can be many reasons for this activity (e.g. complex patient with significant medical needs with multiple providers, or seeking proper diagnosis or receiving inadequate treatment) or a patient may forget, be unable to provide, or unintentionally omit information about past or current prescriptions. This is potentially hazardous for the patient



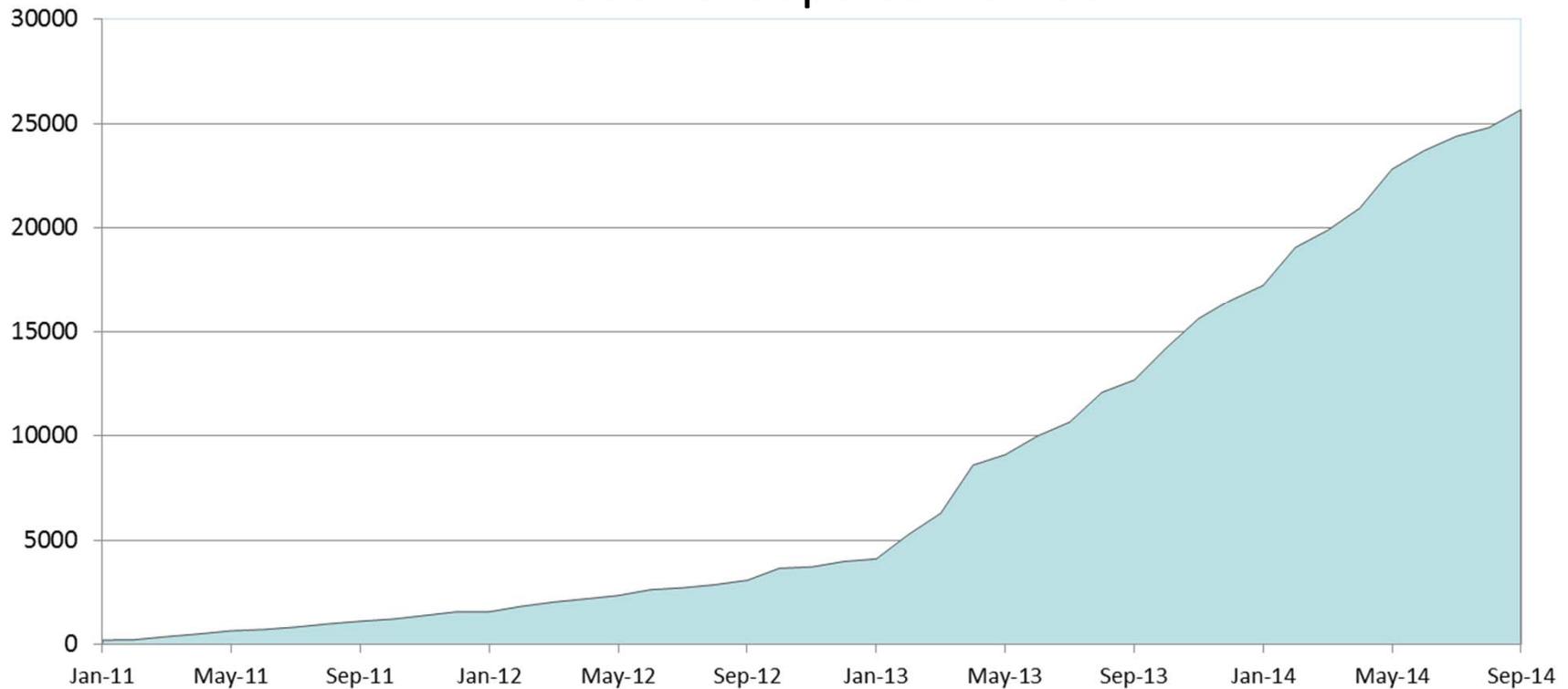
Results of Prescriber “Alert” Survey (Dec 2013– May 2014)

- Only 29.4% said based on current knowledge, including the PMP data viewed, the patient appears to have a medically appropriate reason for the prescriptions from multiple prescribers (n=201)
- 76.5% of prescribers indicated that viewing PMP data increased confidence in how or whether to prescribe for this patient (n=260)
- 77.7% of prescribers indicated that the electronic alerts were “somewhat useful” or “very useful” (n=340)

Source: MDPH, Prescription Monitoring Program Survey of Alert Recipients



Online PMP Enrollment Numbers All User Groups Combined*



* Online PMP User Groups include the following: Practitioners (Physicians, Dentists, Podiatrists), Midlevels (Advanced Practice Nurses, Physician Assistants, and Nurse Midwives), Pharmacists, Law Enforcement and Regulatory Agency Personnel.



MA Online PMP Enrollment

	Voluntary Enrollment Dec 1, 2010 - Dec 31, 2012	Automatic Enrollment* Jan 1, 2013- Sept 25, 2014	Percentage Increase Since Required Enrollment of Practitioners	Totals
Practitioners	2,657	17,835	571%	20,492
Mid-Levels	850	989	16%	1,839
Pharmacist	477	2,530	430%	3,007
Total Enrollment	4,071	21,354	425%	25,338

*Beginning in January 2013 Massachusetts initiated automatic enrollment for practitioners, which includes the following prescriber groups (physicians, dentists, and podiatrists)



- Mandatory Participation - Chapter 244 requires:
 - Registered participants to utilize the PMP prior to issuing a prescription for a narcotic drug in Schedules II or III
 - The Department to issue guidance on PMP utilization prior to prescribing commonly abused and addictive drugs in Schedules IV and V
 - Creation of delegate user accounts
 - Continuing education training on PMP use for pharmacists and developing educational materials for pharmacists to distribute to patients



- The MA DCP recently proposed draft amendments to regulations at 105 CMR 700.000 to enhance utilization of the MA PMP authorized by Chapter 244 of the Acts of 2012 as amended in July 2013
- Objective of Proposed Amendments
 - Increase MA Online PMP enrollment and utilization to help inform clinical decision making
 - Reduce controlled substance morbidity and mortality by identifying individuals potentially in need of intervention or treatment
 - Align with new statutes such as those in Chapter 258



- Batch look-up allows providers that have scheduled appointments to look up all of the day's scheduled patients at once
- EHR integration pilot: An EHR can search the PMP:
 - EHR from a pharmacy
 - EHR from an Emergency Department
 - EHR from a large provider practice
- Interstate data sharing test in Oct. 2014



Next Steps

- Stakeholder group will be making final recommendations on the use of delegates
- Stakeholder group is creating videos and on-line educational materials, including 1-page reference guides, on how to use the PMP
- Stakeholder group being formed now to guide the technical and end-user issues that will make the PMP more user-friendly



Thank you

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Services