

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
July 26th, 2018

Attendees: Julio Porro, Rita Allyn, Rachel Stein, Shelly Barker, Arnold Leff, Suzette Reuschel-DiVirgilio, Mary Mason, Kevin Coldwater, Emily Solick, Jen Hastings, Kristina Muten, Denise Elerick, Stephany Fiore, Vanessa de la Cruz, Mikala Caton, Rachel McCullough-Sanden, Nicole Campbell, Bill Morris, Julie Boudreau.

Agenda Item	Discussion	Action	Responsible Person	Due Date
Introductions and Updates	<p>Stephany: Update through the end of May 2018, since the first of the year there have been 18 deaths related to acute drug intoxication compared to 11 within the same time frame last year. Of the 18, 17 were accidental drug overdoses, 15 of those involved illicit drugs, 6 of those involved illicit opioids, and 2 involved prescription opioids (which were Methadone and Suboxone).</p> <p>As far as doctors (locally) prescribing excess amounts of opioids, I'm not seeing that. The issue is heroin mostly and some Methadone. This was the first case with Suboxone in their system.</p> <p>Jen: Medical Education and Research Foundation for the Treatment of Addiction (MERF) is sponsoring scholarships for people to attend the California Society of Addiction Medicine Conference on September 1st, 2018. Applications are due August 3rd, 2018.</p> <p>Denise: International Overdose Awareness Day is on August 31, 2018. We are meeting on the Santa Cruz courthouse steps and then walking over the bridge and meeting at San Lorenzo Park. A non-denominational vigil will be held after.</p> <p>Suzette: There is a series of free 4-hour in-person training for primary care providers who manage patients with chronic pain or chronic opioid use disorder. There will be trainings in Oakland, San Bernardino, and Clovis. These trainings are sponsored and hosted by the UCLA Substance Use Program and the hub and spoke system.</p>			
Initiative Updates	<p><u>Prescriber Practice Initiative (PPI)</u> <i>MAT Advisory Group</i></p> <p>Jen: At the last Medication Assisted Treatment Advisory Group (MAT AG) meeting, we had an inspirational speaker from San Jose who is a part of the Homeless Services Program there. We are also getting more dialogue between our spokes and hub in terms of what folks are needing (on the spokes end). Bright Heart Health is an organization that does telemedicine and it came forward at the meeting as a topic of interest. Our hope it to get someone from Bright Heart Health to attend our next MAT-AG meeting later this year.</p>			

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	<p>Shelly: The goal is to foster confidence in providers who have an X-license and aren't using it or offer detailed information sharing/providing peer support. We have been partnering with Prescribe Safe Monterey and Monterey is really utilizing Bright Heart Health in the ED setting.</p> <p>Jen: I am hoping to have our ED in Santa Cruz more engaged in MAT. We want to provide them with the connection and support they need. I want to invite Andrew Herring who is an ER physician that piloted the use of suboxone in the ED setting. We also want other providers to submit complex patients/situations to the MAT-AG Google Group to get advice and/or help and be provided a mentor. Encompass is starting MAT services. IMS was granted to us by the states, meaning we can provide MAT services in residential and outpatient settings. We are starting services around August 1st. The benzodiazepine free treatment model for alcohol withdrawal was discussed briefly at our last MAT-AG meeting. Dominican Hospital, Watsonville Hospital, and Community Hospital of the Monterey Peninsula are all looking at treating alcohol withdrawal without benzodiazepines.</p> <p>Denise: I noticed in SF that they are treating substance users with buprenorphine on the streets. Has that been discussed in any of your trainings?</p> <p>Jen: I don't think we are there yet. I think we will watch SF and see how it goes. One of my colleagues at CA Healthcare Foundation is piloting that as well in Alameda County so we will watch that as well.</p> <p>Guidelines Update: Rachel: Our PPI has been working on getting the Prescribing Guidelines completed. We are in the semi-final editing stage. We are hoping to have a meeting in September where all members have read the guidelines, and we can finalize details as a group. We have a graphic designer already lined up.</p> <p>Jen: If anyone wants to look at a copy before we go live, please ask and I can send you that. It is a living document that we will continue to edit as they are not set in stone.</p>		All	

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	<p><u>Community Education Initiative</u> Mary: We are excited to partner with the Harm Reduction Coalition for International Overdose Awareness Day on August 31st, 2018. We've been working on the California Healthy Kids Survey (CHKS), a survey that allows us to understand and compare perception of harm regarding prescription medication. The most recent data from this survey shows that there is a decrease in perception of harm regarding prescription drugs. Additionally, we have a medication storage and disposal survey that is being finalized. It is going to be approximately 9 questions. We are conducting this survey again to compare how we are doing (since we have a baseline from conducting this survey in 2013/2014). We are adding questions about sharps and how people are storing them. Last time we got over 600 surveys and this year our goal is around 800. We worked on a combination effort that was instrumental in creating a policy coming to the County of Santa Cruz that established every pharmacy would have to take back all sharps and medications. Through this policy, the pharmaceutical industry is paying for it through a program called MED-Project. Thus, there is no cost to the county/jurisdictions. The county has their contract signed but the City of Santa Cruz has yet to sign the contract.</p> <p><u>Metrics</u> Rita: We are looking to reinvigorate our metrics initiative with the goal of creating an interactive dashboard and updated infographic. Trends regarding opioids (e.g., opioid prescribing rates, overdose deaths related to opioid, buprenorphine prescriptions, mortality related to all opioids, high MME patients) are headed in the right direction in Santa Cruz County.</p> <p>Rachel: Something I find alarming is the heroin overdose deaths rate is going up. The way they depict it is quarterly.</p> <p>Suzette: If you are look at small n's, then the rate looks much more drastic than if you it was larger. Are they picking up on everything in the toxicology?</p> <p>Stephany: No, they only have access to what is on the death certificate. I'm unsure of what they are considering synthetic opioids. I believe I had two cases of Fentanyl last year and</p>	<p>Contact Jen to review guidelines</p>		

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	<p>none this year. We are starting to catch more drugs containing fentanyl, but I have had no deaths.</p> <p>Arnold: We are getting fentanyl test strips for people to test their drugs.</p> <p>Shelly: Rachel, Rita, and I went to Willows, CA for the Accelerator Program in-person convening. At this meeting we met with Steve from CDPH and he mentioned that he would greatly any feedback regarding the opioid dashboard. San Diego discussed that they are seeing more fentanyl in their area.</p> <p>Stephany: CDPH has a grant through the CDC for better data collection on death certificates. I spoke with them in November 2017 about getting involved in this grant because I'm already involved in this type of data collection, but they have a much more updated website. This grant would pay us (the county) to reimburse for the cost to pay for the website and then I would receive the data. We are working on a MOU now and it is set to go before the Board of Supervisors for approval in August. I am hoping to start in January 2019. I am also working on expanding my database to looking back all the way at 2007 to see a longer trend and capture the highs and lows (because of the law suit with the county and pharmaceutical company). Every few years we change record keeping systems which makes it difficult to data track.</p> <p>Other</p> <p>Suzette: We just looked at our strategic plan which assessed opioid fills per 1,000 members per year. Our 2017 baseline (annual average) was 306.2 per 1,000 members. Our 2020 goal was a 50% decrease from that baseline. In quarter 1, we were down to 258 which is a 15.7% decrease, which puts us at 31.5% towards our 2020 goal. We also expanded our secret shopper, where I call pharmacies (Naloxone: stock, furnishing, etc.). In Merced, I did that in January and repeated that a few weeks ago. I did my first round in Santa Cruz and Monterey. I did not call every single pharmacy simply because there are too many, but we've called 17 and 17% had naloxone syringe in stock; 82.4% had naloxone nasal spray; 29.4% had the ability to furnish; all were aware of the time to stock or restock. All were very responsive and aware. Pharmacists can prescribe naloxone without a prescription</p>			

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	<p>(furnish). We need national furnishing laws to ensure consistent access. CVS is working on a lot of training around stigma.</p> <p>Julio: The Alliance is systematically hitting all the pharmacies. It's a series of asks: Can you stock it. Can you furnish it and do you have a system in place to contact a physician to write a script? We are really proud of our opioid registry. Combing state carve-out data and claims, we see what the MME for a particular patient is.</p> <p>Suzette: The last area I looked at was whether they were aware of the correct billing procedure. Some of the feedback we received from our academic detailing was that some patients could not afford naloxone. For some clients (not alliance/Medi-Cal), the cost of naloxone has been \$150. It is important to note that pharmacies must bill state Medi-Cal and NOT the Alliance. Between 2016-2017 in Santa Cruz County we've had a 461% increase in Narcan fills.</p> <p>Julio: More Narcan has been prescribed in Merced than Santa Cruz for Alliance members in 2017.</p> <p>Nicole: In May, the Syringe Services Program gave out 141 Narcan kits</p> <p>Kevin: Currently, we have 4 patients on suboxone therapy. This month at our provider meeting, we are getting a list of all our patients on opioids to see which candidates on opioids would be.</p> <p>Emily: We have 8 providers with waivers, but really 4 are actively prescribing.</p> <p>Kristina: Our numbers haven't really changed. A new nurse is coming in September with a background in Office Based Addiction Treatment (OBAT) training.</p> <p>Bill: There is more of an interest from the hospital to get involved in suboxone and methadone use for treatment.</p>			

A&D Log Submitted by:
Rita Allyn, Program Analyst, Health Improvement Partnership