Georgia Board of Public Health

January 9, 2018

Georgia Department of Public Health

Call to Order

Cynthia Mercer, M.D., Board Chair

Georgia Department of Public Health

Roll Call

Robert Harshman, M.D., Board Secretary

Georgia Department of Public Health

Approval/Adoption of Minutes

Robert Harshman, M.D., Board Secretary

Georgia Department of Public Health

Commissioner's Update

J. Patrick O'Neal, M.D., Commissioner

Georgia Department of Public Health

Georgia

Prescription Drug Monitoring Program

Board of Public Health/Sheila Pierce, PDMP Director/Jan. 9, 2018

Georgia Department of Public Health

GA Prescription Drug Monitoring Program

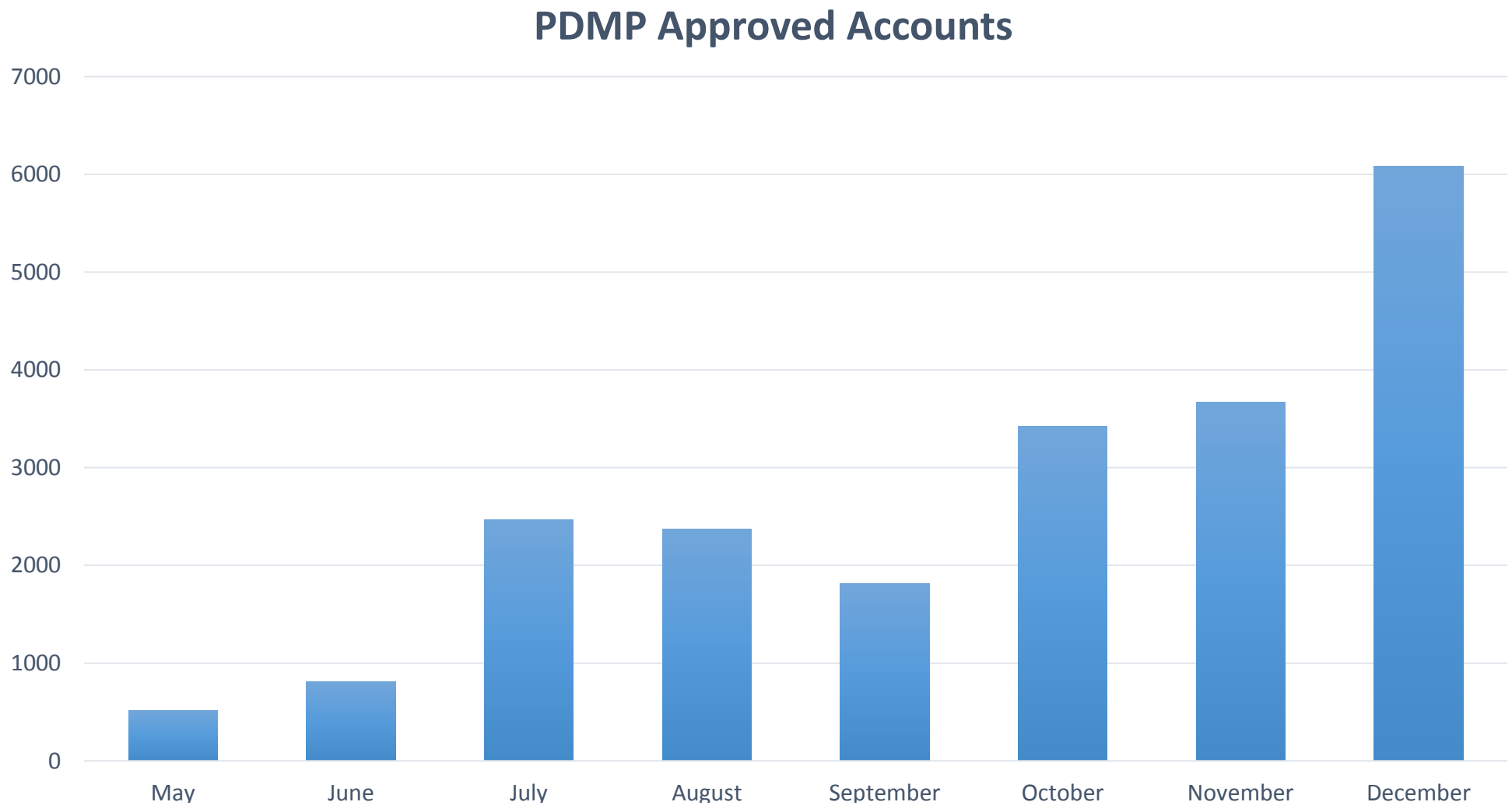
- Before House Bill 249

- Established in 2011 by GA Legislature
- Purpose of PDMP
  - Reduce abuse of controlled substances
  - Ensure legitimate use of controlled substances to treat pain and terminal illness
  - Reduce duplicative prescribing and overprescribing
- Georgia licensed dispensers required to submit information for Schedule II, III, IV, and V controlled substance prescriptions weekly

- **After House Bill 249**

- July 1, 2017 - DPH begins administration of Prescription Drug Monitoring Program (PDMP)
- July 1, 2017- Dispensers required to enter prescription information into PDMP within 24 hours of dispensing controlled substance
- January 1, 2018 – All Prescribers required to register in PDMP
- July 1, 2018 – Prescribers required to check PDMP PDMP for any patient prior to prescribing opiates or cocaine derivatives in Schedule II drugs or benzodiazepines

Monthly Registrations



Prescribing Medical Professionals

Medical Specialty	# Licensed	# PDMP Registered	Pending	Total (Pending + Registered)
Medical Doctors	29,538	18,414	1,273	19,687
Dentists	5,796	2,932	6	2,938
Podiatrists	517	258	9	267
Optometrists	1,540	682	7	689
Medical Residents w Prescriptive Authority	2,271	1,811	65	1,876
Nurse Practitioner/Clinical Specialists	10,636	3,196	25	3,221
Physician Assistant	4,432	2,145	17	2,162
Midwives	552	48	5	53

Percent Registered by Medical Specialty

Specialty	PDMP	Licensed	Percent PDMP
Medical Doctors	19,687	29,536	67%
Dentists	2,938	5,796	51%
Podiatrists	267	517	52%
Optometrists	689	1,540	45%
Medical Residents w/ Prescriptive Authority	1,876	2,271	83%
Nurse Practitioner/Clinical Specialists	3,221	10,638	30%
Physician Assistant	2,162	4,432	49%
Midwives	53	552	10%

PDMP Approved User Account

User Counts

User Role	User Count	% Distribution
Physician (MD, DO)	18,414	46.32%
Pharmacist	9,777	24.60%
Nurse Practitioner / Clinical Nurse Specialist	3,196	8.04%
Dentist	2,932	7.38%
Physician Assistant	2,145	5.40%
Medical Resident with Prescriptive Authority	1,811	4.56%
Optometrist	682	1.72%
Podiatrist (DPM)	258	0.65%
Pharmacist's Delegate - Licensed	203	0.51%
Prescriber Delegate - Licensed	166	0.42%
VA Prescriber	54	0.14%
Midwife with Prescriptive Authority	48	0.12%
Out of State Prescriber	30	0.08%
Dispensing Physician	11	0.03%
Prescriber Delegate - Unlicensed	11	0.03%
Out of State Pharmacist	7	0.02%
Admin	4	0.01%
Restricted Admin	2	0.01%
Total Users	39,751	100.00%

Questions About Registration

- How do I register or create an account?
- How do I reset my password?
- How do I change my email?
- I don’t have my login information
- System says my DEA number is not valid
- Prompted every 90 days to change my password, that’s too often
- We have had to delete multiple entries by individuals repeatedly starting over

PDMP Next Steps

- Clinical Alerts
  - Number of prescribers and dispensers over a period of time (5/5/90)
  - Active opioid and benzodiazepine prescription at the same time
- Outreach Efforts transition from Registration to System Use
- Data sharing with other states
- Integration with electronic medical records (EMR)

Opioid Overdose Surveillance

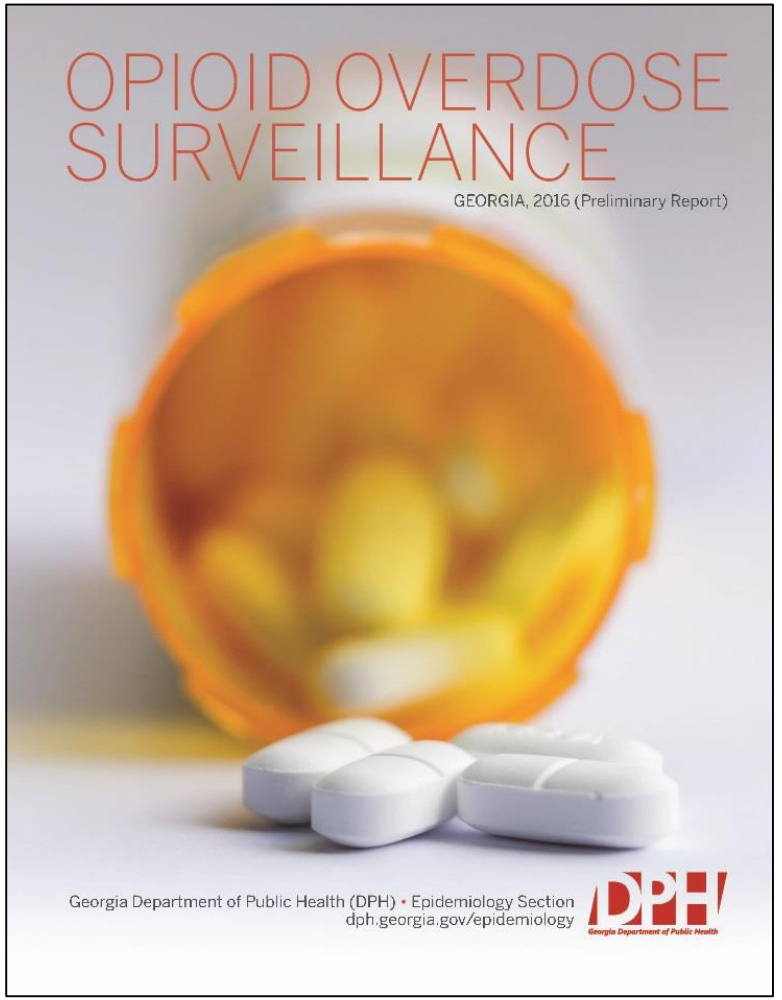
Laura Edison DVM, MPH, CDC Career Epidemiology Field Officer, Epidemiology Section

Opioid Overdose Surveillance

- The success of any disease prevention or containment strategy is founded upon epidemiology and surveillance
- Surveillance informs partners to direct prevention, treatment, enforcement, and policy decisions
- Opioid misuse surveillance is hard to do!
  - How do you know how many people are at risk of addiction, overdose, death?
  - Many limitations to every data source
- Use available data to describe the extent of the epidemic, and examine trends/hot spots

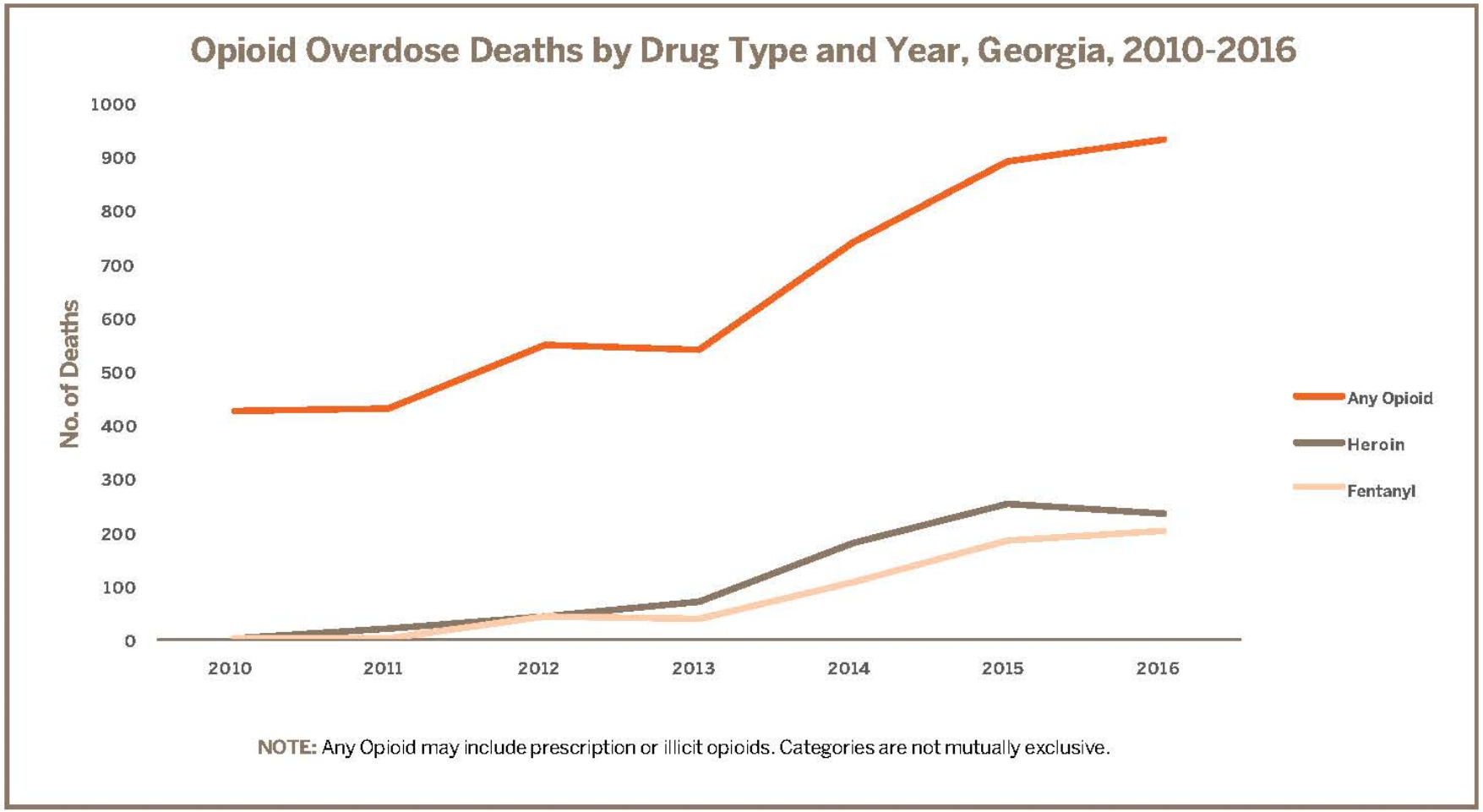
DPH Opioid Overdose Surveillance

- CDC Grant funding to initiate OD surveillance
- Assembling a team of epidemiologists and information technologists
- Goals
  - Create overdose data reports and respond to data requests
  - Identify and respond to overdose clusters
  - Create an electronic overdose module to integrate data sources, create visual displays and easier data access

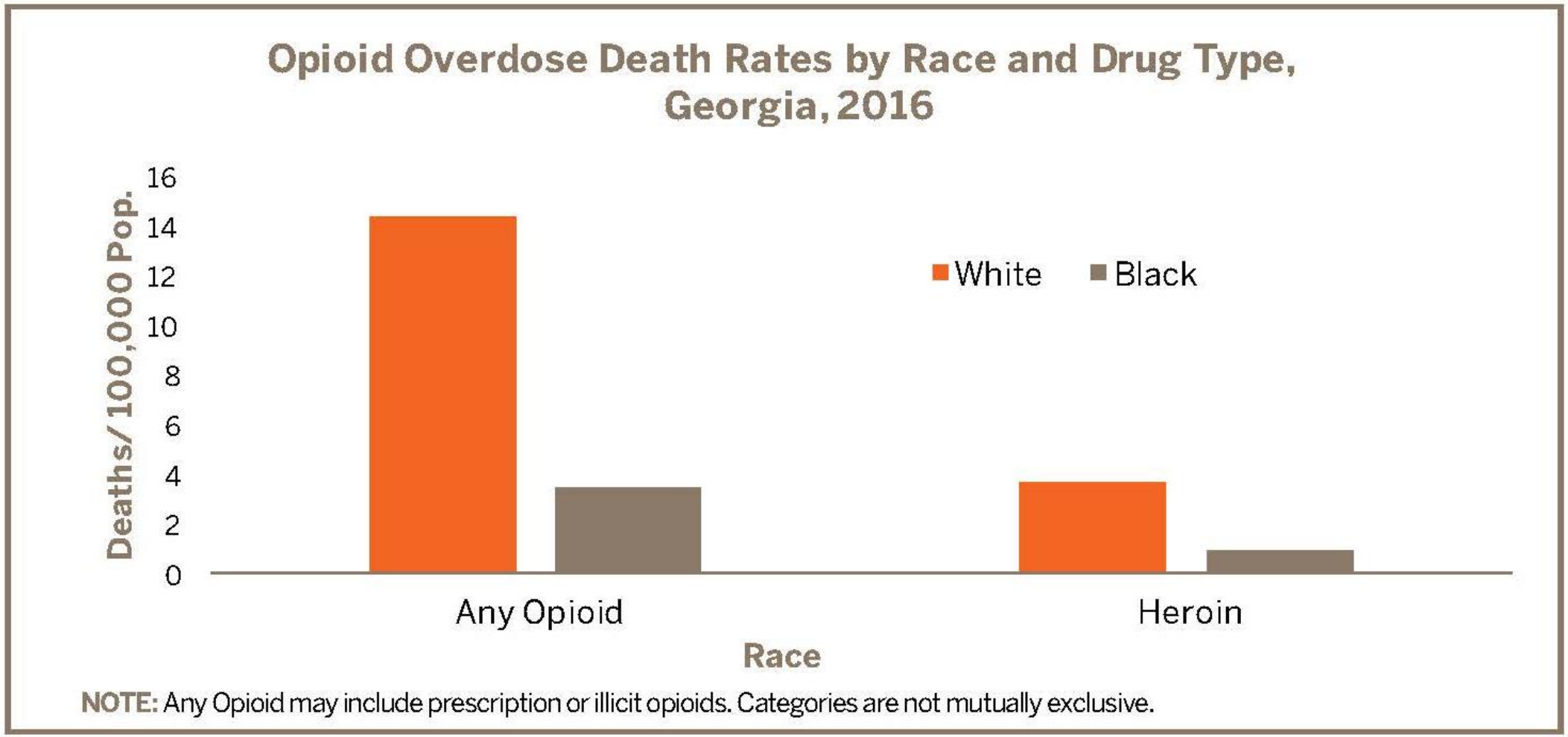


Surveillance Data Sources

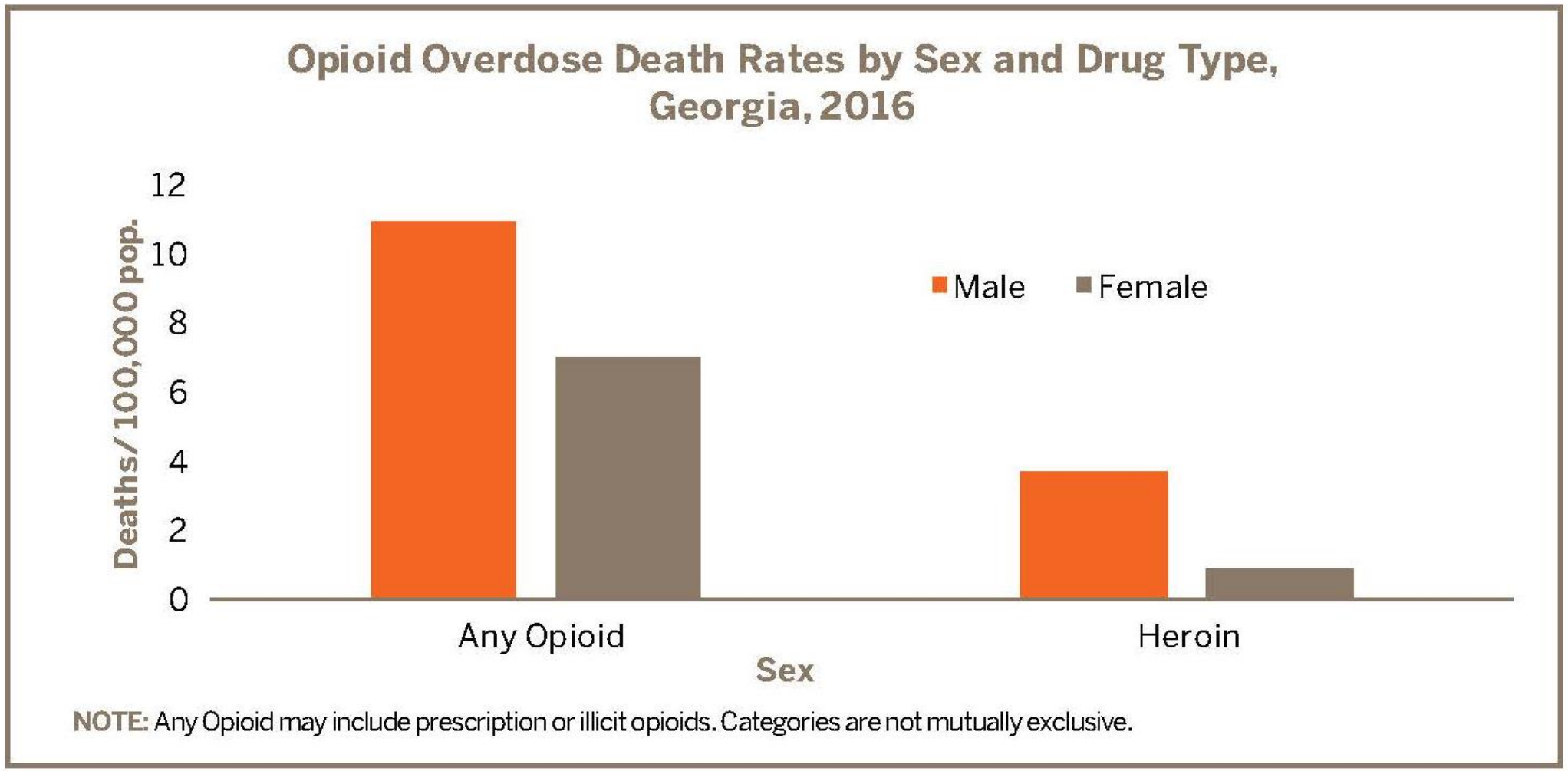
- Hospital and Emergency Department (ED) discharge data
  - ICD10 coded and received quarterly from all GA hospitals
- Syndromic surveillance
  - Daily feed of ED visits and EMS trip reports used to rapidly identify clusters and trends
- NAS reports
- PDMP data
- Death Certificates
  - Working with ME/Cs and Vital Record to improve timeliness of reporting through the electronic vital records system
- Enhanced death reporting
  - Detailed information including ME/C reports and toxicology
- Crime lab drug seizure data



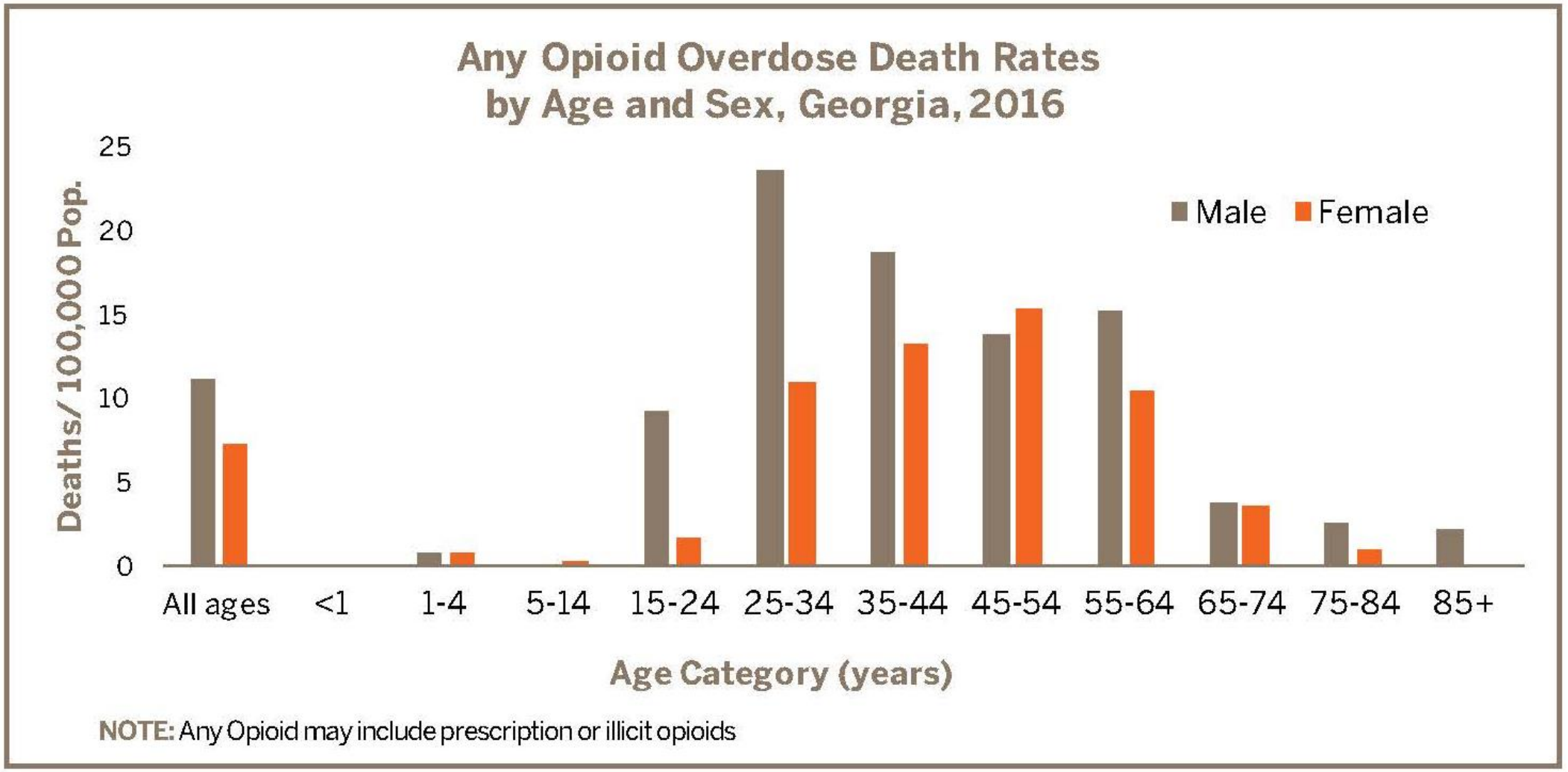
- From 2010 to 2016, the number of opioid-involved overdose deaths increased by 117%, from 426 to 929 deaths
- Beginning in 2013, illicit opioids (e.g., heroin and fentanyl), drove the sharp increase in opioid-involved overdose deaths
- In 2016 fentanyl-involved deaths (199) approached heroin-involved deaths (231)



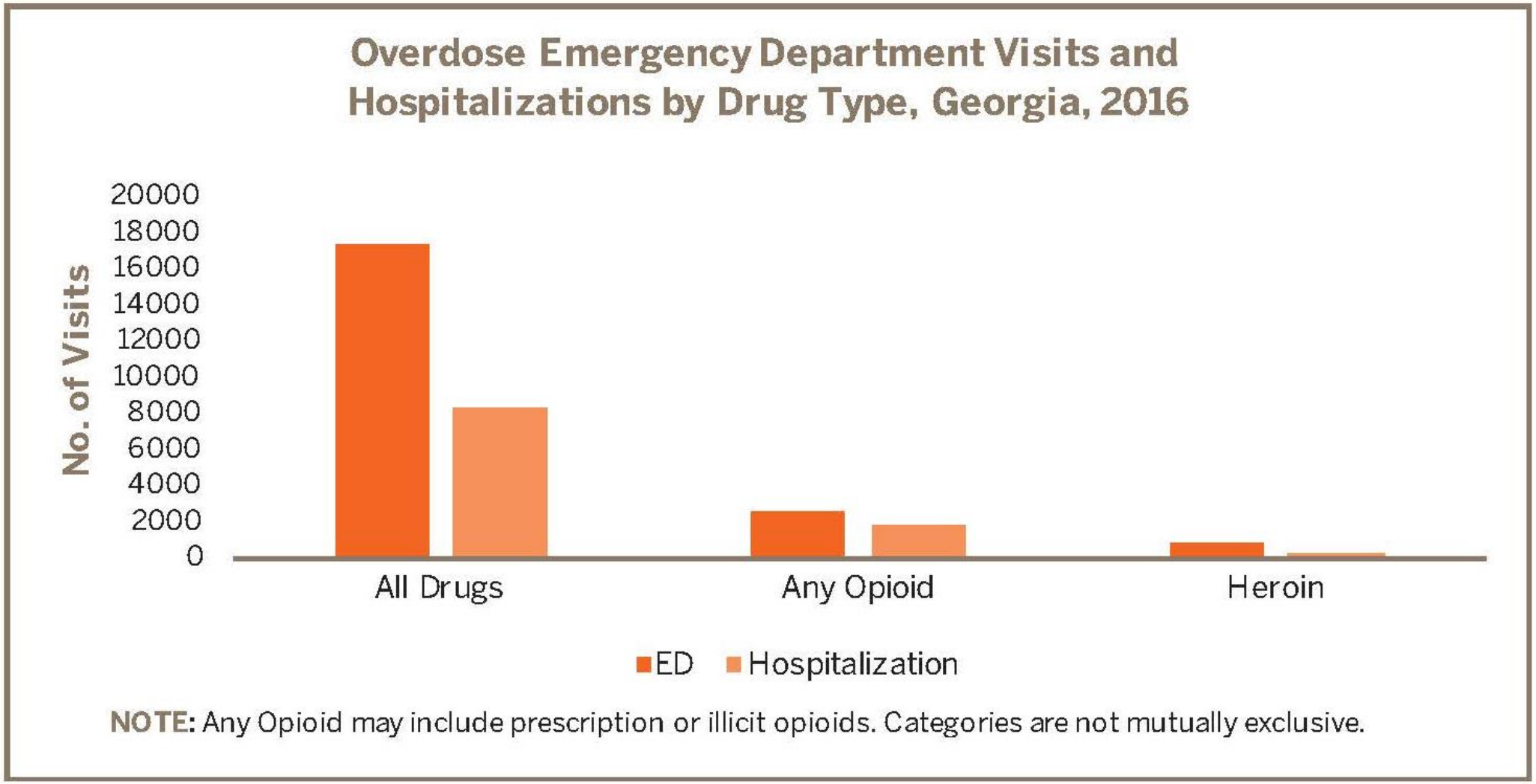
Whites were 4.2 times more likely to die from an opioid-involved overdose than Blacks



Males were 1.6 times more likely to die from any opioid-involved overdose, and 4.1 times more likely to die from a heroin-involved overdose than females

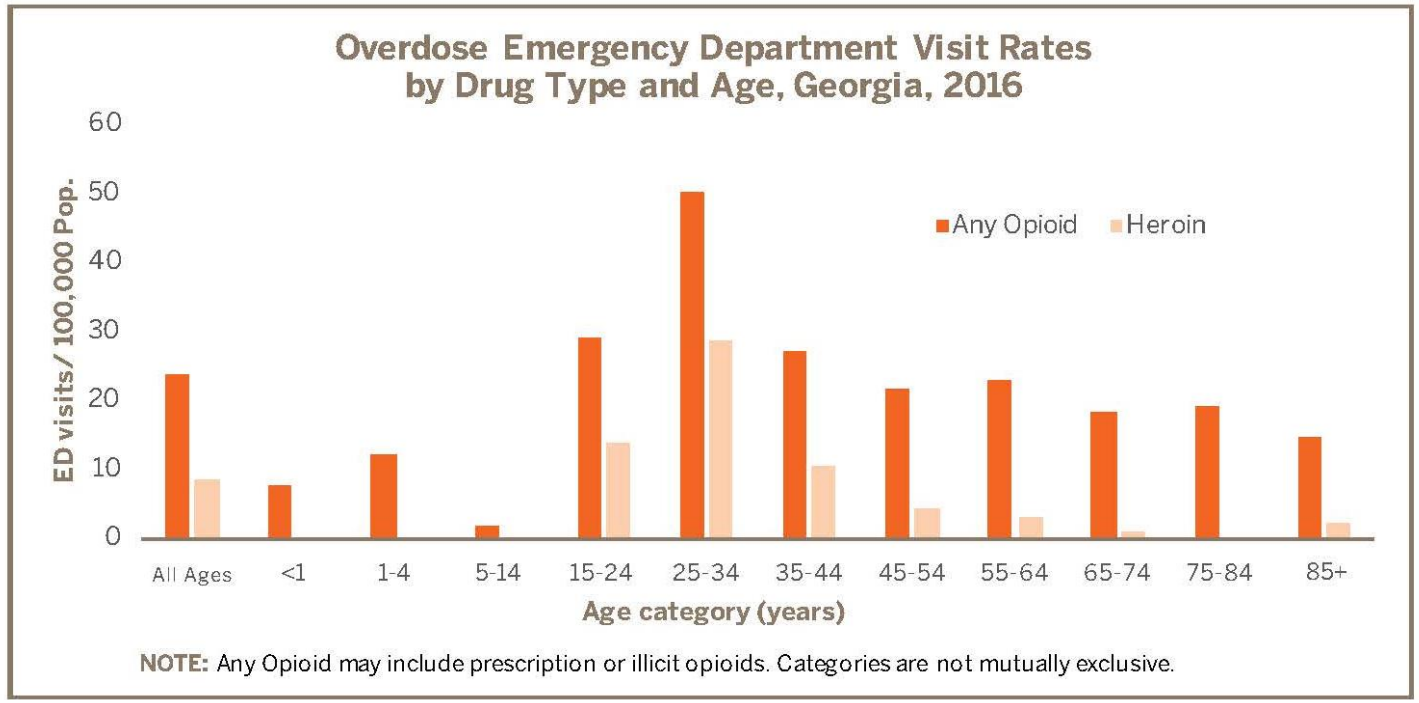


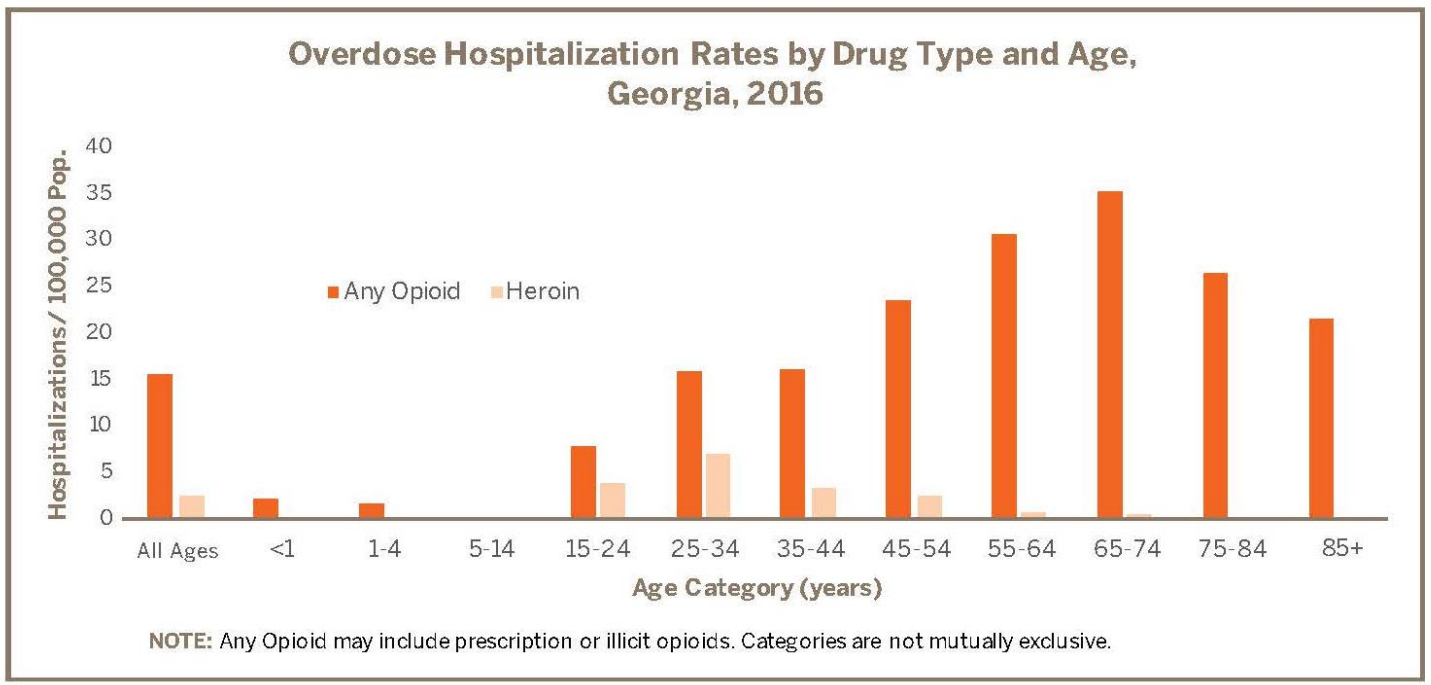
Males aged 25-34 years died from an opioid-involved overdose more frequently than persons of any other age category, and were 2.1 times more likely to die from an overdose than females of the same age



In 2016 there were:

- 2,435 opioid-involved ED visits, and 929 hospitalizations
- 849 heroin-involved ED visits, and 251 hospitalizations

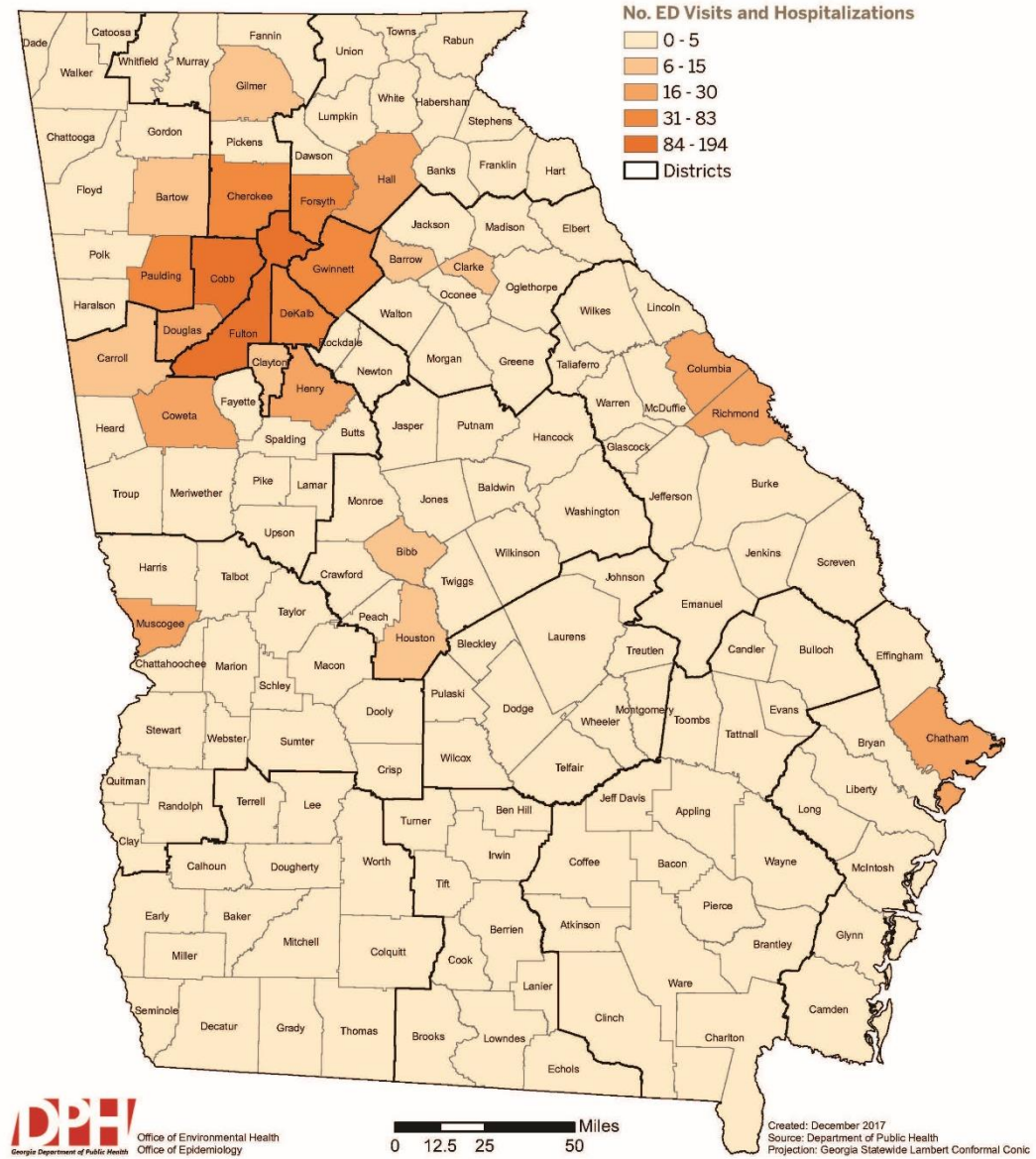




- Persons aged 25-34 years were more likely to visit an ED because of an opioid-involved overdose than persons of other age categories
- Yet persons aged 65-74 years were most likely to be hospitalized because of an opioid-involved overdose
- Heroin-involved overdoses occurred most frequently among persons aged 25-34 years, and were very uncommon among older persons

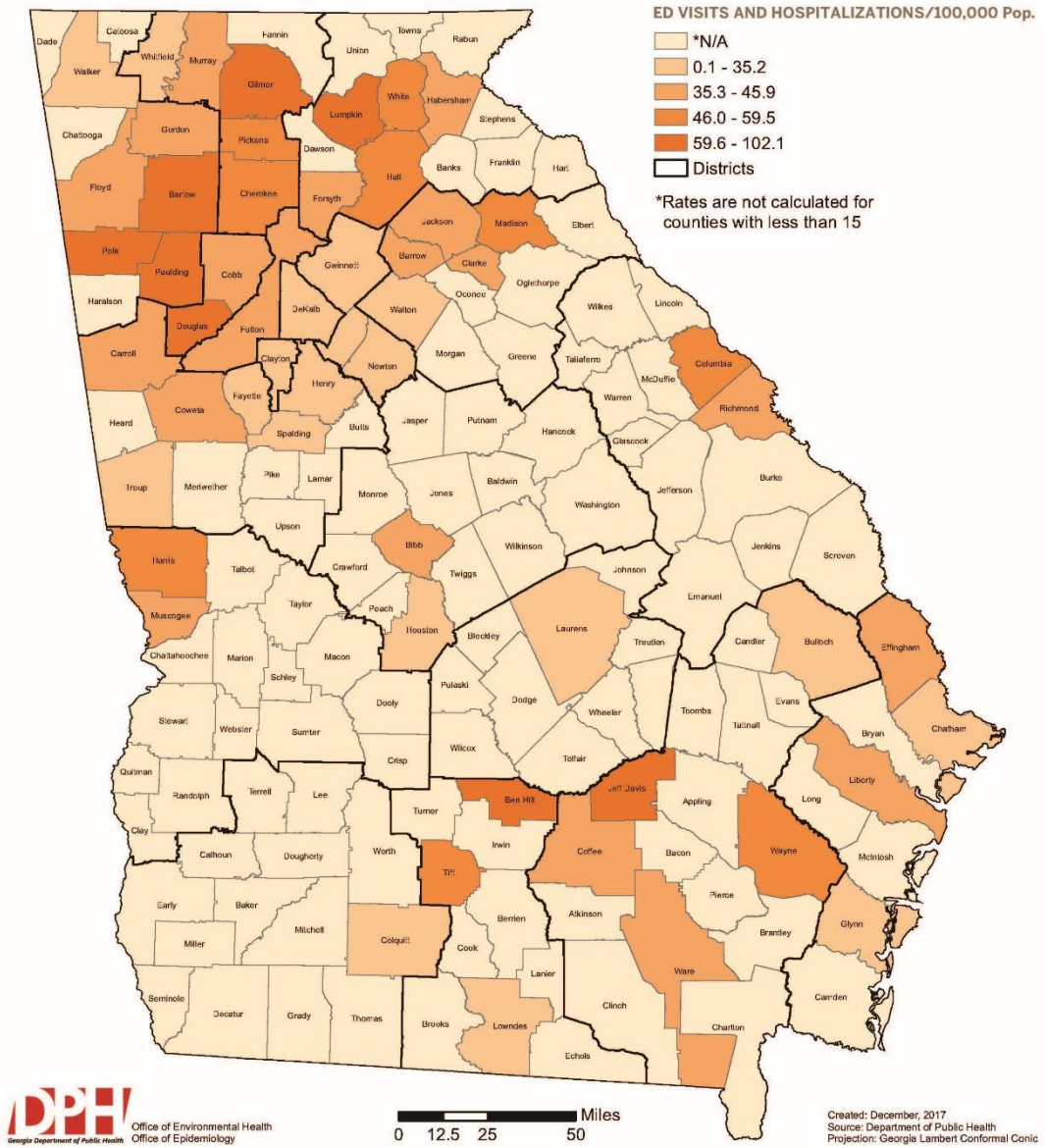
HEROIN-INVOLVED OVERDOSE

Emergency Department Visits and Hospitalizations by County, Georgia, 2016

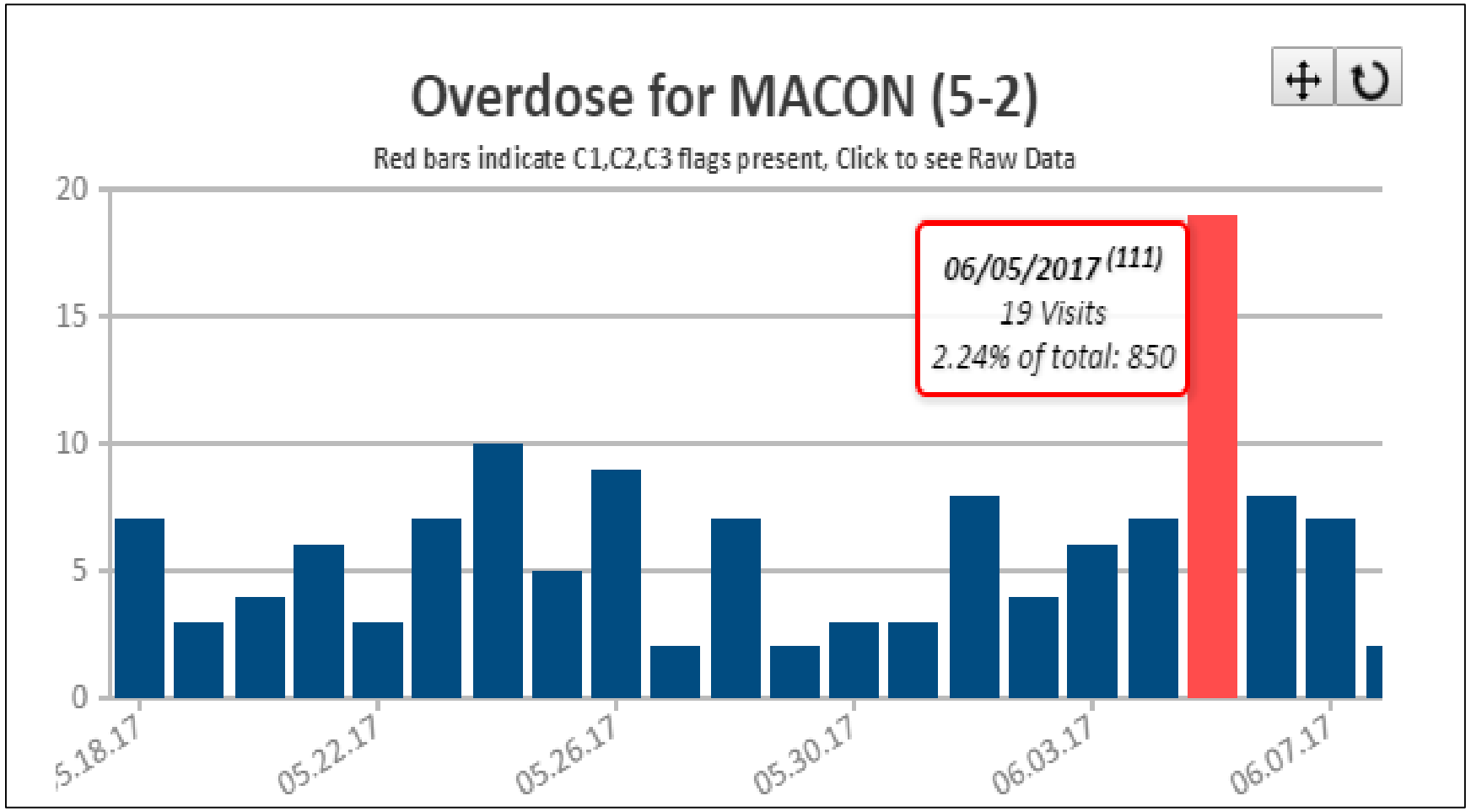


ANY OPIOID-INVOLVED OVERDOSE

Emergency Department Visit and Hospitalization Rate by County, Georgia, 2016



Counterfeit Percocet Overdose Cluster Syndromic Surveillance



Thank You

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Statewide Opioid Strategic Planning Meeting

Board of Public Health/Sheila Pierce, PDMP Director/Jan. 9, 2018

Meeting Overview

- Meeting hosted by:

- GA Attorney General's Office
- DBHDD
- DCH
- DPH

- Attendees:

- 199 participants
- 19 facilitators
- 6 GSU law students
- 2 state senators

Meeting Overview

- Tennessee presentation on the development, implementation and monitoring of their strategic plan, and lessons learned
- Work group sessions
  - Georgia's response to the opioid epidemic will be successful if**…**

Treatment and Recovery

- Increase access to treatment and recovery programs
- End stigma and discrimination related to addictive diseases
- Educate public and private sectors about treatment and recovery options

Control and Enforcement

- Improve communication between physicians, pharmacists, and law enforcement
- Reduce the supply of opioids on the street
- Increase and improve training and education for everyone

Data and Surveillance

- Improve data sharing and determine who has what data, what are they doing with it and what are the gaps
- Assessing data gaps
- Determine how to present and distribute data appropriately for different partners

PDMP

- Connect death data with PDMP
- Identify outlier prescribers and dispensers
- Data sharing and interoperability between states, providers and identify funding to accomplish

Prevention Education

- Increase resources that support the identification of root causes and correlations of abuse and addiction as well as substance abuse prevention programs. How is data gathered being used?
- Adopt best practices to educate the full health care industry on substance abuse prevention and the opioid crisis (hospitals, dentists, physicians, med schools, etc.)
- Increase community awareness in the nature of opioid misuse

•Questions?

- Sheila Pierce
- Director, Prescription Drug Monitoring Program
- Georgia Department of Public Health
- sheila.pierce@dph.ga.gov

Closing Comments

Cynthia Mercer, M.D., Board Chair

Georgia Department of Public Health

The next Board of Public Health meeting is scheduled for Tuesday, February 13, 2018 @ 1 P.M.

To be added to the notification list for upcoming meetings,
e-mail: huriyyah.lewis@dph.ga.gov