

MEMBERS PRESENT

Dr. Sarah Spidel, Board of Veterinary Medicine Dr. Bhekumuzi Khumalo, Podiatry Board Mr. Robert White, Committee on Physician Assistants, Vice Chairperson Mr. Jake Bynum, Board of Pharmacy Public Member Ms. Sheryl Wright, Board of Nursing

STAFF PRESENT

Dr. Pete Phillips, Director of Controlled Substance Monitoring Database

Mr. Justin Harleman, Attorney, Office of General Counsel

Ms. Tracy Bacchus, Administrative Assistant

Ms. Robert West, Office of Investigation

MEMBERS ABSENT

Mr. James Diaz-Barriga, Board of Medical Examiners Public Member

- Dr. Adam Rodgers, Board of Pharmacy
- Dr. Robert Caldwell, Board of Dentistry

Dr. Shant Garabedian, Osteopathic Board, Chairperson

Dr. John McGraw, Board of Medical Examiners

Dr. James Venable, Board of Optometry

The Controlled Substance Monitoring Database (CSMD) Committee convened on Tuesday, August 29, 2023, in the Iris Room, 665 Mainstream, Nashville, TN. Mr. White called the meeting to order at 10:00 a.m. and the members introduced themselves.

Office of Investigations (OIV) Update – Dorsey Luther

- Heat map showing the pain clinics in Tennessee 113 as of May 2023
- In 2022, 105 total inspections were completed
 - o 55 biennial inspections
 - 41 new application inspections
 - 9 re-inspections
- In 2023, 28 total inspections were completed
 - 10 biennial inspections
 - o 12 new application inspections
 - o 6 re-inspections
- Pain Management Clinic Complaints
 - o 12 Complaint from
- Overprescribing Complaints CY 2022
 - o 192 Complaints closed
 - \circ Closed with no violation: 41
 - o Closed with insufficient evidence: 39
 - Closed with a Letter of Concern: 9
 - Closed with a Letter of Warning: 27



- o Closed to the Office of General Counsel: 76
- Five (5) complaints are pending first review:
 - o MD: 2
 - APRN: 1
 - PMC: 1
- Fourteen (14) complaints are being investigated:
 - o APRN: 3
 - PA: 2
 - o MD: 8
 - PMC: 1
- Four (5) cases are pending second review:
 - o APRN: 2
 - o PA: 1
 - o MD: 1
- Nine (9) cases are pending third party action:
 - o DO: 1
 - o MD: 6
 - o PA: 1
 - o RN: 1
- There are no open overprescribing complaints for dentists, podiatrists, optometrists, or veterinarians.
- Overprescribing Complaints CY 2023
 - o 80 Complaints closed
 - \circ Closed with no violation: 31
 - o Closed with insufficient evidence: 17
 - Closed with a Letter of Warning: 12
 - \circ $\$ Closed to the Office of General Counsel: 20

Office of TennCare Update – Victor Wu and Andrei Dumitrescu

- Review of TennCare CSMD agreement
- Update of data sharing progress with Managed Care Organizations (MCOs)
- Data Privacy and Compliance Review
 - The partnership began with discussions in 2017 about the significant number of TennCare members that suffer from substance use disorder and are in need of counseling, care, and support
 - The Mission is to increase the quality of patient care by giving healthcare organizations timely and accurate information to identify and deploy resources to patients who are obtaining controlled substances and may be



either suffering from or at risk for substance use disorders.

- The Prescription Safety Act at TCA 53-10-304
- On September 14, 2019, 5-year *Interagency Agreement amendment* between TDH and TennCare to share CSMD data was signed and executed
- TennCare and its partner Managed Care Contractors (MCCs) have developed use cases in accordance with the outlined agreement
- TennCare is currently in the 4th year of the agreement and has deeply integrated the CSMD into member and provider quality strategies
- CSMD Data Security Review
 - Health transmits CSMD data to TennCare
 - TennCare transmits CSMD data to MCCs
 - o MCCs store CSMD data isolated from other data
 - o MCCs access & integrate CSMD data
- TennCare and the MCCs have a strict protocol in place if a security breach was detected
 - TennCare requires immediate notification of ANY potential security or privacy incident, not just confirmed breaches.
 - MCC agreements require cooperation towards breach resolution and have strict non-compliance penalties.
- Primary Prevention limit opioid exposure to prevent progression to chronic opioid use
 - Implemented rule in January 2018 placing dosage and day coverage allowances on opioid prescriptions for naïve and acute users.
 - Increased prior authorization requirements for all opioid refills.
 - Continued support of nonpharmacological pain management and clinical services, such as physical therapy.
 - Supported TN Together legislation and educational opportunities for providers and members
- Secondary Prevention early detection and intervention to reduce impact of opioid misuse
 - Partnering with Tennessee Department of Health to better integrate the Controlled Substance Monitoring Database (CSMD).
 - Developed MCO strategy to proactively engage women of childbearing age using opioids based on data and clinical risk. The MCOs have performed thousands of outreaches to women of childbearing age over the past year. This is an ongoing effort by all MCOs.
 - Implemented stateside quality improvement initiatives focused on increasing access to vLARCs (Voluntary Long-Acting Reversible Contraception)
- Tertiary Prevention
 - o Increased outreach to chronic opioid users to refer to treatment and



prevent overdoses.

- Each MCO established a medication assisted treatment (MAT) provider network to broaden access to high quality treatment for opioid/substance use disorder. (referred to as the BESMART Program).
- \circ $\;$ Enhanced care coordination services available for members in treatment $\;$
- Aligned chronic opioid user morphine milligram equivalents dosage allowances with CDC chronic pain guidelines.

MCO Population Health Programs

Specific Opioid-Based Improvements Include:			
	Comprehensive risk strategy developed with integration of CSMD data	•	In 2021, over 43,000 members stratified for risk due to opioids alone, and another 65,000+ members stratified for complex and chronic needs, including opioid use
~	Opioid-specific care management programs designed and implemented by MCOs	•	Between 6,500 and 9,100 members served by BESMART program on a monthly basis in 2021
**	Integration of opioid issues with social risk factors for member engagement strategies	•	Over 49,000 members across all three MCOs have been screened for social risk factors in 2021
	Pharmacy lock-in program designed to limit opioid access for high-risk individuals	•	~1,500 individuals per month served through a pharmacy lock-in to help support therapeutic relationship
ř	MCO algorithms integrate opioid use data to identify high-risk women of childbearing age	•	In 2021, MCOs have been able to identify over 100,000 women through their history of opioid or MAT use
	All MCO care management staff have been trained on identifying risks and communicating about opioid use disorder	•	Over 250 care managers, pharmacists, nurses, and peer recovery specialists at the health plans support OUD needs for members



NAS Rates in TennCare



Tennessee is the only state to report continuous decreases in rates of neonatal abstinence syndrome (NAS) births from 2016 – 2022.

• What is BESMART?

ΤN

- Buprenorphine
- o Enhanced
- Supportive
- o Medication
- o Assisted
- Recovery and
- o Treatment
- A specialized provider network focused on contracting with high quality medication assisted treatment (MAT) providers to provide comprehensive care to TennCare members with opioid use disorder (OUD)
 - Launched in January of 2019 as the BMAT or Enhanced MAT program and rebranded to BESMART in 2021

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- BESMART is only for prescribing buprenorphine—there are separate Program Descriptions for Naltrexone and Methadone
- Providers must attest to the BESMART Program Description to be in the program and receive the benefits
- The Managed Care Organizations (MCOs) determine the providers in their BESMART networks

Office of General Counsel – Justin Harleman

• <u>Public Chapter 29</u> passed and signed by the Governor March 10, 2023; extends CSMD program through June 30, 2027.



- <u>Public Chapter 188</u> extends legislation enacted in 2018 to preserve opioid prescription limitation for acute care, the definition of cancer treatment which is define six months after the end of cancer treatment, and exception for informed consent.
- <u>Public Chapter 300</u> involves public comments at these committees and board meetings. This law requires a period of public comments, and it does authorize the government entity to place reasonable restrictions on the period for public comment. <u>Public Chapter 316</u> requires board/committee members to serve their term, and until a replacement is appointed.
- Reported prescribing cases for September 2021 through January 2022
 - Four BME cases
 - Two Board of Dentistry cases
 - Twelve Pharmacy case
 - o One Physician Assistant case

High Impact Area Program – Kristin Zak

- Established in 2018
 - o Provide structure to the departmental overdose prevention and response
 - Coordinate grant-funded activities and reporting
 - Expand and strengthen partnerships
 - o Manage and oversee overdose prevention and response activities
- Overdose Data to Action (OD2A) Grant Overview
 - Funded by CDC
 - Managed by the Overdose Response Coordination Office (ORCO)
 - 4-year cycle (2019–2023)
 - The two priorities
 - Data inform action
 - Develop local capacity in departments of health
- The High Impact Area Program
 - West HIA: Shelby
 - Middle HIA: Davidson, Montgomery, Cheatham, Rutherford, Wilson and Dickson
 - o East HIA: Knox, Cocke, Jefferson, Roane, & Sevier
 - NE HIA: All counties
 - SE HIA: All counties
- High Impact Area Projects
- East
 - o Substance Use Prevention Multidisciplinary Taskforce
 - Overdose Monitoring and Response Plan
 - Prevention activities
 - Navigate patients to receive care and social services
 - o ED SUD initiated treatment and social services
 - Syringes Services Program expansion
 - o Treatment access and navigation in correctional facilities
 - Pre-trial diversion program



- Middle
 - o Substance Use Prevention Multidisciplinary Taskforce
 - Overdose Monitoring and Response Plan
 - Prevention activities
- West
 - o Substance Use Prevention Multidisciplinary Taskforce
 - Overdose Monitoring and Response Plan
 - Prevention activities
 - o Navigate patients to receive care and social services
 - Syringes Services Program expansion
- Northeast
 - Substance Use Prevention Multidisciplinary Taskforce
 - Overdose Monitoring and Response Plan
 - Treatment access and navigation in correctional facilities
 - Pre-trial diversion program
- South
 - o Substance Use Prevention Multidisciplinary Taskforce
 - Overdose Monitoring and Response Plan
 - Prevention activities
 - ED SUD initiated treatment and social services
- Substance Use Prevention Education
 - Social media campaigns (address stigma, raise awareness and encourage people to look for help)
 - University campaigns
 - SMART Recovery
 - Life Skills trainings
 - TV, radio and billboard ads
- Substance Use Early Diagnosis
 - SUD screening in different spaces. No wrong door policy
 - Health departments
 - Hospitals
 - Homeless facilities
 - Community organizations
 - EMS agencies
 - Law enforcement
 - o Community-based organizations
 - o Etc.
- Substance Use Linkage to Treatment Public Safety
 - Pre-arrest or pre-trial programs
 - Divert patients with SUD away from further prosecution, jail or sentencing while responding more effectively to the drug addiction epidemic
 - Corrections



- Navigation and MOUD access
- Overdose death 12.7X first 2 weeks
- First cause of death former incarcerated
- Management of Complications Harm Reduction
 - Overdose Monitoring and Response plans
 - Co-response models
 - first responders and public health experts respond together after a drug overdose
 - Naloxone distribution and Drug Testing
 - Expanding Syringe Services Programs
- Quiztime is funded by Vanderbilt University, and you could enrolled to get CME credits:
 - A novel education program, developed by Vanderbilt University Medical Center and accessed through any mobile device, with an opportunity to earn CME credits at the completion of opioid education courses.
 - Courses include:
 - Opioid Fundamentals: General Knowledge
 - Perinatal and Neonatal Care
 - Behavioral Health
 - Opioid Misuse in Adolescent Populations
 - Opioid Misuse in Geriatric Populations
 - Preventing Opioid Deaths & Overdoses
 - Emergency Department Management of Patients with Opioid Use Disorder
 - Tennessee Opioid Prescribing Laws
 - Essentials for Providers and Dispensers
 - Go to preventopioiddeaths.org/ to enroll!

The meeting adjourned at 11:44 a.m.