



MEMBERS PRESENT

Dr. Shant Garabedian, Osteopathic Board, Chairperson
Mr. Robert White, Committee on Physician Assistants, Vice Chairperson
Dr. Bhekumuzi Khumalo, Podiatry Board
Ms. Nancy Anness, Board of Nursing
Dr. Marlin Blane, Board of Pharmacy
Dr. Joseph Britton, Board of Dentistry
Dr. Sarah Spidel, Board of Veterinary Medicine

STAFF PRESENT

Dr. Pete Phillips, Director of Controlled Substance Monitoring Database
Mr. Ashley Fine, Attorney, Office of General Counsel
Ms. Tracy Bacchus, Administrative Assistant

MEMBERS ABSENT

Mr. James Diaz-Barriga, Board of Medical Examiners Public Member
Dr. Deborah Christiansen, Board of Medical Examiners
Dr. Zachary McCarty, Board of Optometry
Mr. Jake Bynum, Board of Pharmacy Public Member

The Controlled Substance Monitoring Database (CSMD) Committee convened on Tuesday, February 11, 2025, in the Iris Room, 665 Mainstream, Nashville, TN. Dr. Shant Garabedian 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 108 as of January 2025
- PMC Inspections and Complaints, CY2024
 - 62 total inspections were completed
 - 42 biennial inspections
 - 15 new application inspections
 - 5 renewal inspections
- Overprescribing Complaints (as of January 6, 2025)
 - Thirty-three (33) complaints are pending first review:
 - APRN: 14
 - MD: 12
 - DO: 4
 - PA: 2
 - DPM: 1
- There are six (6) complaints pending second review:
 - APRN: 2
 - MD: 4
- Twenty-one (21) complaints are being investigated:
 - APRN: 7
 - MD: 11
 - DO: 1

- PA: 2
- There are no open overprescribing complaints for dentists, optometrists, or veterinarians.
- Overprescribing Complaints CY 2024
 - 114 Complaints were reviewed
 - Closed with no violation: 62
 - Closed with insufficient evidence: 25
 - Closed with a Letter of Concern: 5
 - Closed with a Letter of Warning: 7
 - Closed to the Office of General Counsel: 15
 - Eight (8) additional licensees were administratively disciplined under TCA 63-1-170

Office of General Counsel – Ashley Fine

- Ms. Fine read the Conflict-of-Interest Policy and Open Meeting Act
- New Rule - 1145-01-.07 Calculation of Morphine Milligram Equivalent Dose (MMED)
- Reported prescribing cases for January 2024 through December 2024
 - Twenty BME cases
 - Two Board of Dentistry cases
 - One hundred Twenty-Four Nursing cases
 - Seven Osteopathic Board cases
 - Twelve Pharmacy cases
 - One Physician Assistant case
 - One Podiatric Board case
 - One Veterinary Board case

Medications for Opioid Use Disorder (MOUD) – Wesley Geminn, Pharm.D., BCPP

- Objectives
 - Compare and contrast recent drug trends and MOUD utilization
 - Understand recent legislative updates related to MOUD
 - Understand the multiple factors that impact buprenorphine access and proposed solutions
- Overdose Deaths in 2022
 - 107,941
 - 296 per day
 - 13 per hour
 - Non-fatal Overdoses in TN
 - In 2022, there were 26,211 all drug overdose hospital discharges among TN residents.
 - 6,473 (24.7%) were inpatient stays
 - 19,738 (75.3%) were outpatient visits
- DSM-5-TR –Opioid Use Disorder Diagnostic Criteria
 - A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
 - Opioids are often taken in larger amounts or over a longer period than was intended.
 - There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
 - A great deal of time is spent in activities necessary to obtain the opioid, use the

- Common Misconception with MAT
- Purpose of Medications for OUD
 - Allow reestablishment of homeostasis of the reward pathways in the brain away from substances
 - Restore emotional and decision-making capacities
 - Control symptoms of opioid withdrawal (agonists)
 - Suppress opioid cravings
 - Block the reinforcing effects of ongoing opioid use
 - Promote and facilitate patient engagement in recovery-oriented activities
 - Coupled with behavioral interventions
 - Enhance the salience of natural, healthy rewards
 - Reduce stress reactivity and negative emotional state
 - Improve self-regulation
 - Increase avoidance of relapse triggers
- National Academies of Sciences, Engineering, and Medicine
<https://nap.nationalacademies.org/catalog/25310/medications-for-opioid-use-disorder-save-lives>
- How do I find a MOUD provider <https://www.tn.gov/behavioral-health/licensing/find-a-licensed-facility-or-service.html>
- Office Based Opioid Treatment (OBOTs) in Tennessee as of January 17, 2025
 - 191 Licenses
 - 115 Licensees
 - 191 Sites
- Opioid Treatment Program (OTPs) in Tennessee as of January 17, 2025
 - 7 in East
 - 7 in Middle
 - 8 in West
- As of 7/2024, TN has approximately 1,960 active **prescribers of buprenorphine**, per the CSMD
- As of 01/2025, TN has approximately 1,960 active patients receiving methadone at an OTP, per the CSMD
- Barriers Identified by Roundtable Participants
 - Stigma
 - Patient Barriers
 - Classification in the Same Category as Other Opioids
 - Fear of Violating Rules
 - Pharmacies Losing Money on Every Prescription
- NABP –PhARM-OUd Executive Summary
 - Recommendation 1 | Maintenance pharmacotherapy with buprenorphine
 - Pharmacists should maintain a sufficient supply of buprenorphine in their pharmacies and be willing to dispense buprenorphine to patients with OUD. Declining to dispense buprenorphine can lead to interruptions in OUD treatment, force patients into withdrawal, and increase risk of recurrent opioid use, and death.
 - Recommendation 2 | Potential indicators of misuse or diversion and prescription drug monitoring programs

- Pharmacists should use their state’s prescription drug monitoring program (PDMP), where operational and available, to make informed buprenorphine dispensing decisions. The information in the PDMP profile should be used as a supplement, rather than as a substitute for clinical judgement when reviewing a buprenorphine prescription.
- Recommendation 3 | Early refills
 - Occasional requests to refill buprenorphine early are unlikely to indicate misuse of buprenorphine but may instead indicate that a patient has been asked to change their dose, lost or damaged a dosage unit, or is attempting to refill their medication in advance of a change in residence or insurance benefits. Before making a dispensing decision, pharmacists should discuss the context of the request with the patient, contact the prescriber, and document their rationale for dispensing or declining the prescription
- Recommendation 4 | Telehealth
 - Pharmacists should dispense buprenorphine prescriptions issued by virtual health, or telehealth, prescribers if the prescription is legitimate, and the pharmacist can fulfill their corresponding responsibility
- Recommendation 5 | Buprenorphine mono-product
 - Current clinical evidence supports the efficacy of buprenorphine mono-product for the treatment of OUD
- Recommendation 6 | Optimizing the safety and effectiveness of buprenorphine pharmacotherapy
 - Pharmacists and pharmacy technicians should do the following to optimize the quality of care for persons prescribed buprenorphine:
 - Pharmacists should counsel patients on buprenorphine potential adverse effects and encourage patients to report adverse events if they emerge.
 - Pharmacists should offer to dispense naloxone to patients prescribed buprenorphine for management of OUD.
 - As with any medication, pharmacists should educate patients about the dangers of certain drug combinations (particularly full opioid agonists, benzodiazepines, and sedative hypnotics) and risks associated with alcohol use while taking buprenorphine.
 - Pharmacists should provide counseling on the safe storage and disposal of buprenorphine products.
 - Pharmacy technicians can provide valuable support to the process of care. Where not otherwise prohibited by state law, technicians can improve the efficiency of care by extracting information from prescription monitoring programs, contacting prescribers, reminding patients to refill their prescriptions, and assisting with reimbursement issues.
- Recommendation 7 | Care Coordination and prescriber communication
 - Pharmacists can meet the comprehensive care needs of their patients and prevent interruptions in pharmacotherapy for OUD by doing the following:
 - Extending the same level of medication therapy management, immunization, and point-of-care testing services to patients with OUD as they do to other patients.

- Implementing collaborative practice agreements that could potentially enable pharmacists to monitor buprenorphine pharmacotherapy, provide supportive care, and potentially create opportunities to bill for cognitive services provided.
 - Promoting adherence to treatment for OUD by being willing and able to refer patients in treatment to local primary care, mental health, and peer support providers upon patient request.
 - If a pharmacist needs to clarify a buprenorphine prescription for whatever reason, they should make every effort to promptly contact the prescriber through direct communication via phone, email, or pager rather than fax while following state and federal privacy rules.
 - If pharmacists cannot promptly reach a prescriber to renew or clarify a buprenorphine prescription, they should consider dispensing a partial quantity of the prescription to prevent interruptions in care.
- Recommendation 8 | Stigma toward persons with OUD
 - Pharmacists, pharmacy technicians, and all pharmacy staff should approach persons living with OUD with empathy, compassion, and support, recognizing and addressing how their biases may impact their ability to provide care and make appropriate, patient-centered decisions.
- Recommendation 9 | Employer oversight
 - Pharmacy policies for buprenorphine dispensing should prioritize flexibility, allowing individuals pharmacists to exercise their professional judgement when deciding whether to dispense prescription buprenorphine.
- Section III: Ongoing Treatment
 - Pharmacists are crucial for ensuring safe and appropriate access to buprenorphine. Pharmacists and staff should be knowledgeable of buprenorphine in the treatment of OUD, using resources made available by APhA, ASHP, AAPP, or SAMHSA, for example.
 - Non-compounding and non-veterinarian community pharmacies that primarily dispense prescriptions for human patients, including other controlled substances, should make reasonable efforts to keep buprenorphine-containing products in stock.
 - Pharmacists shall attempt to collaborate with prescribers to resolve any concerns, such as distance from the provider, dose, or combination prescribing, before refusing to fill the prescription. For example, telehealth is increasing in prevalence, is a viable option for some patients, and may explain why some patients may be a considerable distance from their providers.
 - Pharmacists should consider collaborating with the provider to gain insight into the patient's treatment plan in an effort to assist the patient in meeting their therapeutic goals. Some patients may not feel comfortable sharing the treatment plan in its entirety due to potentially sensitive information, therefore having the treatment plan should not preclude access to medication. Collaboration between the pharmacist, patient, and provider should be attempted to determine what can and will be shared to allow the pharmacist to actively participate and facilitate the patient's recovery and progress toward their therapeutic goals.
 - Pharmacists should also offer other healthcare services, such as vaccinations, disease screening, and providing resources, as appropriate.
- State Legislative Updates
 - Nurse Practitioners (NPs) and Physician Assistants (PAs) prescribing Buprenorphine

- NPs and PAs may only prescribe buprenorphine in certain clinical settings (licensed OBOTs, FQHCs/CMHCs, and teaching hospitals). Other limitations exist, such as maximum daily dose, number of patients treated at a time, and must accept TennCare.
 - Buprenorphine Prescribing and Telehealth
 - The prescribing of buprenorphine products by telehealth may only be conducted by a practitioner that is contracted with TennCare’s BE-SMART network or on behalf of an OBOT, FQHC/CMHC, or a hospital.
 - Methadone Reporting to the CSMD
 - Recent changes to federal privacy laws permit the reporting of methadone and buprenorphine dispensing to state PDMPs if required by the state. The Tennessee Department of Health has been authorized to promulgate rules to require OTPs to report controlled substance dispensing to the CSMD and will be required when those rules are effective.
 - Possession of Xylazine
 - Except for veterinary use, it is a Class A misdemeanor to knowingly possess xylazine and Class C felony to knowingly manufacture, deliver, or sell xylazine, or to knowingly possess xylazine with intent to manufacture, deliver, or sell xylazine.
- Federal legislative updates
 - Waiver Elimination (Mainstreaming Addiction Treatment (MAT) Act) Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removed the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications for OUD. Formerly known as the DATA waiver, or X-waiver.
 - Revision of 42 CFR Part 8
 - This final rule modifies, and updates certain provisions of regulations related to Opioid Treatment Program (OTP) accreditation, certification, and standards for the treatment of opioid use disorder with medications for OUD in OTPs.
- 3-Day Rule
 - Practitioners may dispense up to a 3-day supply of a controlled substance to a person for the purpose of initiating maintenance treatment or detoxification while arrangements are being made for referral for treatment. Such emergency treatment may not be renewed or extended.
- MOTAA?
 - The proposed Modernizing Opioid Treatment Access Act would allow extended telehealth flexibilities for initiating MOUD and allow practitioners at an OTP and other certain qualified practitioners to prescribe methadone for addiction to be filled at community pharmacies.
- Just Announced
 - Buprenorphine and Telehealth Rules
 - The DEA has recently announced the final rules for prescribing buprenorphine through telehealth. Buprenorphine may be prescribed by means of telehealth, including audio-only, for up to 6 months without an in-person examination or unless the practitioner meets the definition of “practice of telemedicine” as defined in 21 U.S.C. 802(54).

Minutes

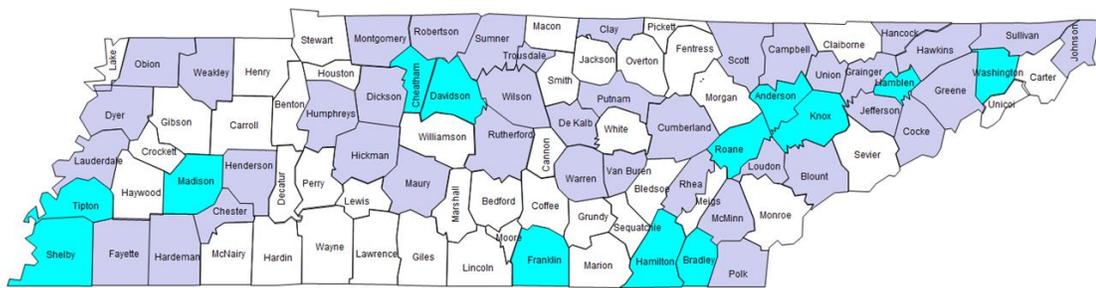
Dr. Garabedian asked if everyone had read the minutes of the meeting on February 24, 2024, and if so, could the committee have a motion to approve the minutes.

- Dr. Bhekumuzi Khumalo made the motion to accept the minutes from the February 24, 2024, and Mr. Robert White seconded the motion.
- Motion carried to approve the CSMD minutes

Comprehensive Approaches to Substance Use Prevention – Anthony Jackson

- Many factors influence a person’s chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors and strengthening protective factors
 - Substance Abuse and Mental Health Services Administration
- Which population should be the focus of prevention?
 - Half of all lifetime cases of mental and substance use disorders begin by age 14, and three-fourths begin by age 24.
 - By reducing the number of youth who use alcohol, drugs, and tobacco, we can reduce the number of individuals with chronic substance use disorders in society
 - People usually make decisions about substance use (alcohol, drugs, and tobacco) before the age of 18, and 18 – 25-year-olds have the highest rate of use.
 - Because perception of risk decreases with age, prevention efforts targeting children from elementary to middle school are most effective.
- Prevention and Continuum of Care
 - **Indicated Prevention:** Targets individuals who have exhibited behaviors
 - **Selective Prevention:** Target individuals who have a higher –than-average vulnerability to a behavioral condition
 - **Universal Prevention:** Prevent or reduce the vulnerability of developing behavioral health conditions
 - **Promotion strategies:** creating environmental conditions for behavioral health
- Programs for Universal Populations: Coalitions Overview
 - **Coalitions** are partnerships of the many sectors of a community which gather together collaboratively to solve the community’s problems and guide the community’s future.
 - **Substance Use Prevention Coalitions (SUPCs)** work to prevent dependence and addiction to harmful and potentially lethal substances such as prescription drugs, alcohol, and tobacco, using the Strategic Prevention Framework (SPF).
- Coalitions: Program Goals
 - Coordinate the implementation of substance misuse prevention environmental strategies within the Grantee’s communities to address
 - Underage and Binge drinking
 - Tobacco use
 - Non-medical prescription drug use and opioid use
 - Marijuana use
 - Stimulant use
 - Coalitions: County Served
 - 48 funded county coalitions
 - 3 new coalitions in FY2023
 - Wilson County
 - Cannon County

- Greene County
 - Resources
 - TN Redline
 - TN Together
 - Substance Use Prevention Coalitions: <https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html>
 - Regional Overdose Prevention Specialists: <https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/anti-drug-coalition.html>
 - Pharmaceutical Take Back Boxes near you: <https://tdeonline.tn.gov/rxtakeback/>
- Tennessee Prevention Network: Program Goals
 - Delay the onset of substance use and substance use disorder
 - Reduce illegal use of substances
 - Reduce the prevalence of negative consequences associated with substances
 - Selective and Indicated Populations
 - Primary Prevention Focus
- Tennessee Prevention Network: Counties Served



- Home Office Locations
- Covered County

FY 2024: 7,000+ individuals served in 45 Counties

- Regional Overdose Prevention Specialists
 - 24 ROPS cover 13 Regional divisions across the State
- Harm Reduction
 - ROPS have distributed more than 915,000 units of naloxone across the state of Tennessee since October 2017
 - Naloxone has saved more than 106,990 lives in Tennessee since 2017

State Unintentional Drug Overdose Reporting System (SUDORS) – Jessica Korona

- SUDORS collects information on all unintentional & undetermined fatal drug overdose in TN
 - Part of the OD2A-S Grant funded by CDC
 - We abstract autopsies, death certificates, toxicology reports, reports of investigation, & CSMD data
 - Collect over 600 variables for each case
- We have collected data for all drugs starting in 2019
- SUDORS is part of CDC’s National Violent Death Reporting System (NVDRS)
- We share undetermined drug overdose cases with the TN NVDRS team which is part of the Office

of the State Chief Medical Examiner (OSCME)

- Unintentional or undetermined drug overdose death in TN regardless of residence location or injury location
 - ICD-10 poisoning overdose code (X40-X44, Y10-Y14, T36-T50) OR cause of death text indicating the underlying cause of death was due to an acute drug overdose
 - Definition of drug: “any chemical compound that is chiefly used by or administered to humans or animals as an aid in the diagnosis, treatment, or prevention of disease or injury, for the relief of pain or suffering, to control or improve any physiologic or pathologic condition, or for the feeling it causes.”
 - SUDORS data is collected in 6 months periods from January -June and July-December & submitted every 6 months
- Overview of the numbers for 2023 Finalize Data
 - From January 2019 - December 2023, 16,184 individuals died of an unintentional or undetermined drug overdose in TN according to our SUDORS data
 - Deaths decreased 4.1% from 2022 to 2023 & are expected to decrease again in 2024
 - Illicit opioids & stimulants accounted for the highest proportions of death 77.6% & 66.7% respectively
 - Fentanyl was the substance that occurred the most frequently on toxicology reports in 2023 with 76.2% of all deaths positive for fentanyl on toxicology
- Number of SUDORS Cases in TN in 2023 is 3,648
- Number of SUDORS Cases in TN by submission period January-June 2024 is 1,399
- Percent of Decedents with a Drug Related Arrest in the Year Prior to Death Among SUDORS Decedents in TN in 2023 is 5.7%
- Percent of Decedents with a Nonfatal Overdose in the Year Prior to Death Among SUDORS Decedents in TN, 2023 is 19.3%
- Key Takeaways
 - Illicit fentanyl is responsible for the majority of drug overdose deaths
 - Increases in age-adjusted rates for Black individuals is of particular concern
 - Number of SUDORS cases has finally started to decrease after continual significant increases every year since 2020
 - Naloxone administration rose by 16.7% from 2022 to 2023
 - Linking SUDORS data to CSMD, hospital discharge, & arrest data will continue to be imperative for understanding potential opportunities for treatment of substance use disorder

Assessing non-medical use of Prescription Drugs through Linkage of State Unintentional Drug Overdose Reporting System Data and Controlled Substance Monitoring Program Data in Tennessee, 2019-2022

- Established in 2018
 - Provide structure to the departmental overdose prevention and response
 - Coordinate grant-funded activities and reporting
 - Expand and strengthen partnerships
 - 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
 - East HIA: Knox, Cocke, Jefferson, Roane, & Sevier
 - NE HIA: All counties
 - SE HIA: All counties
- High Impact Area Projects
 - East
 - Substance Use Prevention Multidisciplinary Taskforce
 - Overdose Monitoring and Response Plan
 - Prevention activities
 - Navigate patients to receive care and social services
 - ED SUD initiated treatment and social services
 - Syringes Services Program expansion
 - Treatment access and navigation in correctional facilities
 - Pre-trial diversion program
 - Middle
 - Substance Use Prevention Multidisciplinary Taskforce
 - Overdose Monitoring and Response Plan
 - Prevention activities
 - West
 - Substance Use Prevention Multidisciplinary Taskforce
 - Overdose Monitoring and Response Plan
 - Prevention activities
 - 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
 - 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

- Dataset & Linkage
 - We conducted a statewide cross-sectional study using 2019-2022 data from the State Unintentional Drug Overdose Reporting System (SUDORS) for Tennessee
 - We linked SUDORS data to Controlled Substances Monitoring Program Database (CSMD) using a deterministic method based on first name, last name, date of birth, & social security number when available
 - Limited analysis to SUDORS cases with toxicology who were Tennessee residents & had any prescription dating back to 2012
- Non-medical Use Definition
 - We looked at prescription history for opioids, stimulants, benzodiazepines, & gabapentin
 - Non-medical use = when a substance is present on toxicology but no active prescription at the time of death
 - Active Rx = days supply left when comparing date of death & date filled
 - Used descriptive statistics to compare prescription information to substances on toxicology & breakdown by demographic factors
- Substances on Toxicology matched to CSMD

Opioid	Benzodiazepine	Gabapentin	Stimulants
Codeine	Alprazolam	Gabapentin	Amphetamine
Dihydrocodeine	Chlordiazepoxide		Phentermine
Morphine	Clobazam		Methylphenidate
Meperidine	Clonazepam		
Hydromorphone	Diazepam		
Hydrocodone	Flurazepam		
Oxymorphone	Lorazepam		
Oxycodone	Midazolam		
Tramadol	Oxazepam		
	Temazepam		
	Triazolam		

- Prevalence of Nonmedical Prescription Drug Use 2019-2022, n=7281

- Overall, prevalence was 33.3%
- Nonmedical opioid use: 17.4%
- Nonmedical benzodiazepine use: 16.7%
- Nonmedical gabapentin use: 6.0%
- Nonmedical stimulant use: 2.1%
- Other Characteristics of Decedents with Nonmedical Use
 - A higher proportion of nonmedical stimulant decedents had college or more than college education
 - Most decedents had a history of substance use disorder for all categories
 - Over 60% of decedents in each nonmedical use category had fentanyl on toxicology
 - Decedents engaging in nonmedical use had slightly higher proportions of mental health conditions
 - Treatment for substance use disorder was highest for nonmedical benzodiazepine & nonmedical gabapentin categories (13%)
- Future Directions
 - While most fatal drug overdoses in Tennessee are attributed to illicit substances, prescription substances are still prevalent in toxicology in overdoses involving both illicit & prescription substances
 - There is continuing importance of prescription drug monitoring programs & assessing patient history prior to prescriptions
 - Continued importance of studying drug diversion & ways to prevent it
 - Continued support for education campaigns for people to only use medication prescribed to them & to utilize drug take back & disposal programs when no longer taking a medication

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
 - Timeline of the TDH TennCare Data Partnership
 - Quarter 3 20147

- TDH and TennCare Executive Leadership teams identify
- CSMD Committee Approved Agreement
 - A.3. The CSMD Committee...has designated TennCare and its MCCs...as permitted recipients...
 - A.4 CSMD data shall be used to improve the TennCare program, increase the quality of care to TennCare members and support decision making processes for providers and prescribers.
 - A.4 The MCCs receive the information from TennCare in order to:
 - Increase patient engagement and improve access to clinical service delivery
 - Improve data analytics to determine population and individual member level patterns of high risk opioid use
 - Strengthen predictive analytics
 - Monitor and improve quality of care provided
- TennCare and TDH Renewed Interagency Agreement in January 2025 to continue sharing of CSMD Data under the same parameters as previously instructed by CSMD Committee
- CSMD Data Security Review
 - Health transmits CSMD data to TennCare
 - TennCare transmits CSMD data to MCCs
 - MCCs store CSMD data isolated from other data
 - 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

- 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).
- Enhanced care coordination services available for members in treatment
- Aligned chronic opioid user morphine milligram equivalents dosage allowances with CDC chronic pain guidelines.
- 2019 Initial CSMD Use Cases
 - Clinical Use Cases to Date
 - Engaging women of childbearing age with opioid use
 - ARPO Opioid Response
 - Initial Population Health Stratification
 - MAT Network Development
 - Pharmacy Lock-In
- 2020 CSMD Use Cases
 - Support building TennCare high-quality MAT Provider Network
 - Engaging women of childbearing age with opioid use
 - Population Health Stratification
 - MAT quality metrics for provider education
 - Providing case managers with key prescription information
 - Internal dashboards to track overall opioid utilization including benzodiazepines & stimulants
- 2020 CSMD Use Cases
 - The CSMD is Integrated into TennCare's Opioid Strategy
 - Internal Quality Dashboards
 - Cash Pay Analyses
 - BESMART Program
 - Women of Childbearing Age (WCBA) Algorithm
 - BESMART Quality Reports
 - Dental Opioid Strategy
 - Population Health & Case Management
 - PBM Lock-In & Member Quality Initiatives
- What is BESMART?
 - Buprenorphine
 - Enhanced
 - Supportive
 - Medication
 - Assisted
 - Recovery and
 - 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)
 - There are currently more than 400 contracted BESMART providers across all three MCO's

- Launched in January of 2019 as the BMAT or Enhanced MAT program and rebranded to BESMART in 2021
- 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

CSMD Director’s Report – Dr. Pete Phillips

- Key Analytical Findings 2017-2024
 - Morphine Milligram Equivalents (MME) prescribed and dispensed to patients in TN has decreased by 54.2%.
 - Number of potential doctor shoppers has decreased by 79%.
 - Number of opioid prescriptions for pain has decreased by 43.1%.
- Key Highlights for the CSMD in 2024
 - The total number of controlled substance prescriptions reported to the CSMD plateaued in 2024.
 - The total number of patient requests increased by 31% from 2023.
 - Despite the increase, the response time for searches in the CSMD was less than one second (if the request did not include data from another state).
 - The total number of patient reports increased by 11.8% from 2023.
 - Number of Gateway integrations (in production) has increased by 44.3%.
- Number of Active Registrants in the CSMD, 2017-2024

Year	Registrants	Change (%)
2017	47,294	-
2018	50,991	7.8
2019	54,642	7.2
2020	58,379	6.8
2021	61,390	5.2
2022	64,717	5.4
2023	66,226	2.3
2024	68,154	2.9

 - *VA registrants were included.
- Potential Doctor and Pharmacy Shoppers have decreased by 79% since 2017
- Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD, 2017-2024
- Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD by the Class of Controlled Substances, 2017-2024
- Number of Stimulant Prescriptions Dispensed Among TN Patients and Reported to the CSMD by Age Group, 2017-2024
- Number of Benzodiazepine Prescriptions Dispensed Among TN Patients and Reported to the CSMD by Age Group, 2017-2024
- MME of Opioids Dispensed Among TN Patients and Reported to the CSMD, 2017-2024
- Number of Phentermine Prescriptions Dispensed Among TN Patients and Reported to the CSMD, 2017-2024
- Top 10 Most Frequently Prescribed Controlled Substances Reported to the CSMD, for 2024

Name of Drug	Number of RX	Percent (%)
Gabapentin	2130299	19.1%
Hydrocodone	1797911	16.1%
Oxycodone	1593457	14.3%
Amphetamine	1204704	10.8%
Alprazolam	1090012	9.8%
Buprenorphine	900231	8.1%
Tramadol	667399	6.0%
Zolpidem	662960	5.9%
Clonazepam	607638	5.4%
Phentermine	493936	4.4%
* Not including the prescriptions reported from VA pharmacies. Products were identified based on a combination of CDC document and RedBook file.		

- Interstate Data Sharing 2024
 - TN shares with 32 states
 - TN shares with MD via PMPi and RxCheck
 - Dr. Sarah Spidel made the motion to approve the 2025 CSMD Legislative Report with minor changes, Dr. Shant Garabedian second the motion;
 - Motion carried to approve the 2025 CSMD Legislative Report with minor changes
 - Election for Chair and Vice Chair of the CSMD Committee
 - Dr. Bhekumuzi Khumalo nominated Dr. Marlin Blaine as the Chair of the CSMD Committee, and Robert White seconded the motion,
 - Motion carried for Dr. Marlin Blaine as the Chair of the CSMD Committee.
 - Dr. Sarah Spidel nominated Robert White as the Vice-Chair of the CSMD Committee, and Dr. Marlin Blaine seconded the motion,
 - Motion carried for Robert White as the Vice-Chair of the CSMD Committee
 - Dr. Khumalo made the motion to adjourn, and Dr. Sarah Spidel second;
 - Motion carried to adjourn
- The meeting adjourned at 1:40 p.m.