

Illinois Opioid Crisis Response Advisory Council Meeting

September 21, 2020

MEETING MINUTES

IDHS/SUPR Director Danielle Kirby welcomed the group.

IDHS/SUPR Updates

Director Kirby gave the following updates:

- IDHS/SUPR received new State Opioid Response (SOR) funding from SAMHSA. SOR-II is a \$36.7 million award that will enhance and expand existing SOR-funded projects as well as new projects. SOR-II projects will include services for people with OUD and those with stimulant use disorder. The project year will begin on September 30th; a second year of funding is contingent on federal appropriations. The no-cost extension for the current SOR projects was granted by SAMHSA, allowing these projects to continue for a third year.
- IDHS/SUPR convened a meeting of Cook County stakeholders to discuss strategies to address the recent increase in opioid overdoses. This meeting is part of SUPR's ongoing commitment to address overdose spikes in racial and ethnic minority communities. A second meeting of the Cook County group will be held on October 22nd from 1-3 PM. Contact Sue Pickett at spickett@ahpnet.com or James Kowalsky at James.Kowalsky@illinois.gov if you are interested in attending this meeting.
- Dr. Seth Eisenberg, former IDHS/SUPR Medical Director, passed away earlier this month. IDHS/SUPR will issue a formal statement recognizing Dr. Eisenberg's work in the coming weeks.
- David T. Jones, Commissioner of Behavioral Health and Intellectual disability Services for the city of Philadelphia, will become the new IDHS/SUPR Director on October 19th. Director Kirby will remain at IDHS/SUPR as the Chief of Staff.

Department of Healthcare and Family Services (HFS) Update

Dr. Arvind Goyal, Medical Director, gave the following updates:

- HFS's Opioid Use Disorder Withdrawal Management Subcommittee developed recommendations last year and is now seeking feedback for improving access to care and MAR for individuals receiving detox services. Go to <https://www.illinois.gov/hfs/About/BoardsandCommisions/MAC/access/Pages/RecommendationsPage.aspx> to review the recommendations. Please send suggestions for implementation of these recommendations, and other comments to Dr. Goyal at Arvind.Goyal@illinois.gov by October 1st.

Governor's Opioid Overdose Prevention and Recovery Steering Committee (SC) Update

Sherie Arriazola Martinez, the Council's representative member on the Governor's Opioid Overdose Prevention and Recovery Steering Committee, gave the following updates:

- The Steering Committee met on September 17th. The SC reviewed recent opioid overdose data and discussed the urgent need to address disparities in these overdose spikes. The Opioid Social Equity committee's social equity definition was presented and discussed by the SC. Director Kirby gave a presentation on IDHS/SUPR initiatives to address disparities, including the Overdose Prevention Site project, media campaigns to reach people of color who use drugs, and continuing to involve community stakeholders in helping to determine the most impactful interventions and practices. The SC also discussed the timeline for developing the 2020 Statewide Opioid Action Plan (SOAP). The next SC meeting is October 14th. SC meeting agendas and minutes will be posted on the Council's website.

Statewide Opioid Action Plan (SOAP) Development

Dr. Sue Pickett, Deputy Director for Research & Evaluation, Advocates for Human Potential Inc., gave the following updates on the development of the 2020 SOAP:

- Council Committees developed their respective recommendations for the SOAP. These recommendations will be finalized and submitted to the SC for review at the end of the month. The Committee Chairs met in early September to review common, i.e., cross-committee recommendations. Committee members will be asked to review and give feedback on recommendations. If you are not a Committee member and would like to review the recommendations, please contact Dr. Pickett at spickett@ahpnet.com
- The Implementation Report is being updated and will be released for SC and Council review in October. The updated Implementation Report will serve as the process evaluation for the 2017 SOAP. Process evaluation results will be used to inform the development of the 2020 SOAP.
- Next steps: The SC will review and give feedback on Committee recommendations; this feedback will be shared with the Council. Committees may be asked to further refine recommendations based on SC and Council feedback. The initial draft of the 2020 SOAP will be completed in November; the final draft will be completed and submitted to the Governor's Office by the end of December.

SUPPORT Act Demonstration Project to Increase Substance Use Provider Capacity

Danielle Begeske, Southern Illinois Healthcare (SIH), Dr. Natasha Dolgin, Cook County Health/Northwestern, Fanta Saidou, SIH, and Dr. Juleigh Nowinski-Konchak, Cook County Health, gave the following presentation (see attached handouts).

- HFS received an 18-month planning grant from the Centers for Medicare & Medicaid Services (CMS) to support a comprehensive needs assessment and additional activities to develop the state's infrastructure to expand provider capacity to deliver SUD treatment and recovery services for Medicaid members in Illinois. HFS partnered with Cook County Health and SIH on collecting qualitative data for this project. UIC is conducting the quantitative data needs assessment.
- The team collected input from Council members and other experts via letters, community forums, listening sessions and individual phone meetings. Input was collected from 260 individuals statewide. Qualitative data has been compiled into a report that focuses on the six areas: 1) treatment initiation, retention and recovery, 2) supportive services, 3) harm reduction and health promotion, 4) special populations, 5) health equity and 6) policy and legislation.
- Each focus area describes specific challenges and includes recommendations for addressing these challenges and increasing provider capacity. Recent successes, such as an increase in the number of DATA-waivered physicians and expanded telehealth services also are included. Feedback may be sent to Danielle Begeske at danielle.begeske@sih.net by October 1st. The final report will be distributed by email by end of October or early November.
- Discussion
 - It was suggested that this report could serve as a resource for developing the 2020 SOAP.
 - CMS recently released guidelines for the next phase of this project (funding states to implement recommendations). Updates on the proposal that will be submitted later this year will be shared with the Council.

PMP website enhancements and MyPMP

Sarah Pointer, PharmD, Clinical Director, IL Prescription Monitoring Program (PMP) gave the following presentation on PMPnow and myPMP (see attached handouts).

- The PMP is an electronic tool that collects information on controlled substance prescriptions, schedules II, III, IV and V. The mission of the PMP is to enhance a prescriber's and dispenser's capacity to review a patient's prescription history for therapeutic and clinical reasons and to assist in the effective treatment of patients seeking medical care.
- Several enhancements have been made to the PMP website. It now has the capability to track prescribing and dispensing of opioids in Illinois using the patient's name and date of birth; prescribers can obtain a list of all prescriptions a patient has filled at a retail pharmacy over the last 12 months. The website also enables providers to look at CDC indicators for high-risk opiate usage, including multiple provider episodes, taking high dosages of opioids, overlapping opioid prescriptions, overlapping benzo/opioids prescriptions, and the usage of long-acting opioids in previously opioid naive patients.
- MyPMP is a new analytical tool to help prescribers better evaluate their own prescribing activity. MyPMP consolidates prescribing and patient information, giving prescribers an overall summary of their prescribing habits and identifying patients that are at risk who could benefit from early intervention. This tool alerts prescribers when a patient they have prescribed to meets any of the following criteria: doctor shopping, high doses of opioids, overlapping opioids, co-prescribed opioids with benzodiazepines, inappropriate use of a long-acting opioid and previous opioid overdose treated by EMS.
- Public Act 100-0861 increased accessibility to the PMP by expanding the flexibility for providers to designate access to the PMP on their behalf. The technical infrastructure to enroll and give access to designees is available on the updated website.
- Public Act 100-0564 requires that by 2021 the PMP shall interface with Electronic Health Records (EHR) systems and shall include the integration of pharmacy records with the PMP to enhance transfer of information.
- Currently, there are 744 healthcare organizations connected to PMPnow, the PMP's automated EHR connection service, with 10,907 individual connection points (hospitals, physician practices, local health departments, etc.). PMPnow queries have increased exponentially in proportion to the increase in PMPnow connections.
- The number of patients with multiple providers (a possible indicator of drug diversion) has been steadily declining since 2017.

October Council Meeting

The next Council meeting will be Monday, October 19, 2020 from 1-3 PM. This will be a virtual meeting. The meeting agenda and information on how to connect to the meeting will be sent out to the Council closer to the meeting date. Minutes from prior meetings can be found at:

<https://www.dhs.state.il.us/page.aspx?item=97186> .