

Prevention for States Awardee Meeting

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New Mexico Department of Health

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Drug Overdose Death Rates by Census Tract Poverty Level* New Mexico, 2009-2013



*Poverty level is the percentage of persons of all ages in the decedent's census tract living at or below 100% of Poverty. Drug Overdose deaths are defined by ICD 10: X40-X44, X60-X64, X85, Y10-Y14. Rates have been age-adjusted to the standard U.S. 2000 population.

Source: NM Vital Records and Health Statistics, U.S. Bureau of the Census, American Community Survey

NM Licensing Board Regulations



Background

- ❑ **7 Licensing Boards regulating controlled substance prescribers**
 - Medical
 - Nursing
 - Osteopathy
 - Dental
 - Optometry
 - Podiatry
 - Certified Nurse Midwifery
- ❑ **Most prescribing and almost all deaths associated with the first 3**

Legislative History

- ❑ **Nursing and Medical Boards had pain management regulations prior to 2012**
 - PMP check requirements not included
- ❑ **2012 Legislation**
 - Mandatory PMP Use (failed)
 - Opioid Prescribing Limits (failed)
 - Pain Relief Act Revision (passed)
- ❑ **Pain Relief Act Revision required pain management regulations for all 7 boards**
 - Required mandatory continuing education
 - Established Governor's Advisory Council

2012-2013 Regulations

- ❑ **Nursing and CNM rules similar**
 - Strongest with respect to PMP
- ❑ **The other 4 boards followed the medical board rules**
- ❑ **Advisory Council just established so did not really coordinate process**
- ❑ **7 boards followed own processes**

2016 Regulations

- ❑ **Because of PMP law passed February 2016 all 7 boards must revise pain management rules by January 2017**
- ❑ **Only required to require PMP checks for opioids**
- ❑ **Advisory Council established common language workgroup to include all 7 boards**
 - At second meeting last week group agreed to expand PMP checks to all controlled substances
 - Also included all CDC opioid prescribing guideline summary statements
 - Did not provide recommendation on length of acute pain opioid Rx

Conclusions/Recommendations

- ❑ **Maturation of Advisory Council allowed for group process around 2016 regulation revisions**
- ❑ **Legislation around one aspect of the regulations may lead to update of all aspects**
 - If they are “opened up” for one item might as well address more
- ❑ **Legacy of Pain as 5th Vital Sign**
 - Pain Relief Act still points to American Geriatric Society or American Pain Society guidelines as basis for pain management
- ❑ **State with multiple licensing boards needs unifying mechanism like law or Advisory Council**
- ❑ **CDC opioid prescribing guideline good foundation**

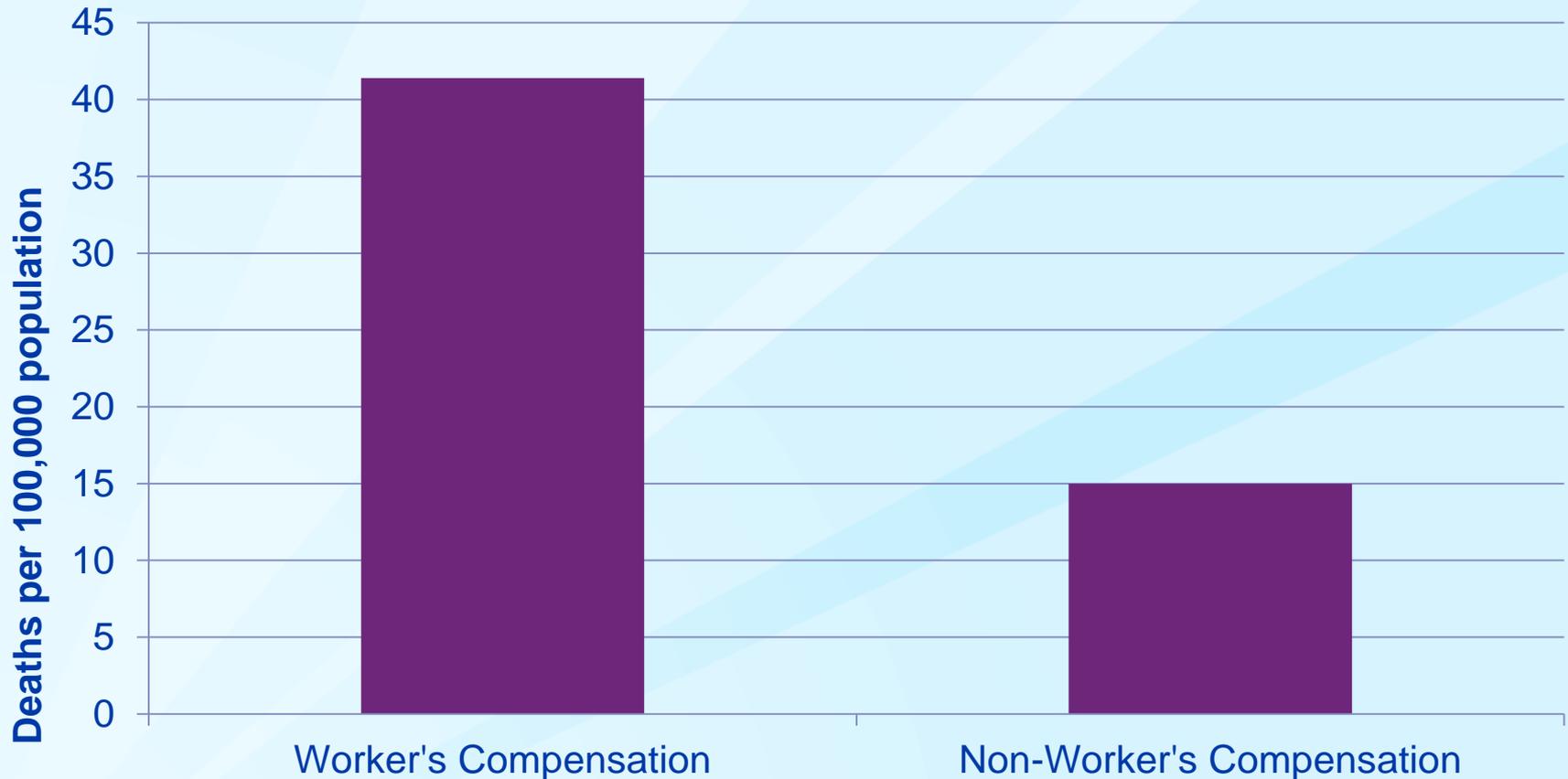
Collaborations with NM Worker's Compensation



Background

- ❑ **Collaboration with Workers' Compensation Administration (WCA) in 2011**
- ❑ **Used 2007-2010 WCA claims and 2008-2010 mortality data to determine prescription opioid overdose death rates for WCA claimants, ages 15-64, and non-WCA persons**
- ❑ **WCA expressed interest in changing policy and providing education to their providers regarding the risk of overdose death among their patients**

Prescription Opioid Drug Overdose Death Rates by WCA Claimant Status, 15-64 Year Olds, NM, 2008-2010



Drug overdose deaths: Office of Medical Investigator (OMI), University of New Mexico

Population: Geospatial and Population Studies (GPS), Institute for Applied Research Services, University of New Mexico

Worker's Comp. population: Worker's Compensation Administration

Current Collaboration With WCA

- ❑ Goal of intervention: reduce dangerous prescribing practices in the WCA population by involving providers in enacting prescribing regulation and to track dangerous prescribing patterns within the WCA
- ❑ WCA does not currently use a drug formulary
 - The informal guideline used is “reasonable and necessary”.
 - They are exploring using a drug formulary

Current Collaboration With WCA

□ Current Status

- Meeting with WCA to plan next steps
- Drafted new data sharing agreement
- Reviewing best practices and lessons learned from other states including Washington and Texas

Current Collaboration With WCA

- Sub-activity #1: Implement WCA regulations that move WCA provider opioid prescribing towards alignment with guidelines
 - The WCA hearing process for new regulations begins in late summer so we are planning with that in mind
 - The current licensing board regulation revisions might be helpful to WCA

Current Collaboration With WCA

- Sub-activity #2: Design, evaluate and apply metrics for inappropriate prescribing and high-risk patient behaviors for WCA using WCA data
 - Provider report cards for WCA providers about WCA patients

Possible WCA Metrics

- **Quantitative data – pre and post regulation change**
 - PMP checks
 - Absent PMP checks when required by rule
 - Overlapping opioid Rxs
 - Overlapping opioid and benzodiazepine Rxs
 - High dose
 - Multiple prescriber/pharmacy
 - M (morphine) ME and V (valium) ME
 - Drug overdose deaths

Conclusions/Recommendations

- ❑ **Joint data linkage project with WCA several years ago established relationship**
- ❑ **New WCA regulation process this summer is a huge opportunity**
- ❑ **States interested in WCA collaboration may want to try data linkage as an ice breaker**
 - Also could explore WCA regulations and opportunities for revision

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