

Association of State and Territorial Health Officials (ASTHO)

Strategy Session on Prescription Drug Misuse and Abuse

Prepared by:



TSI CONSULTING PARTNERS, INC.

August 13-14, 2013

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Meeting Summary: August 13-14, 2013

INTRODUCTION

Paul Jarris, MD, MBA, Executive Director of ASTHO, welcomed participants to the session and thanked them for their participation. His opening remarks included the following points.

- ASTHO often calls together thought leaders to advise state health officials and their partners on issues of concern.
- ASTHO now has established annual presidential challenges to focus attention on key public health issues impacting states, state health officials and their partners.
- One example of a presidential challenge is focusing on infant mortality and morbidity in cooperation with the March of Dimes. This initiative achieved significant health outcomes. For example, in Oklahoma the presidential challenge led to an 81% reduction in pre-term births.
- The Presidential Challenge of Prescription Drug Misuse and Abuse will focus on a comprehensive approach to the epidemic.

Terry Cline, PhD, President-Elect of ASTHO, thanked participants for their participation in the meeting and provided the following introduction to the Presidential Challenge on Prescription Drug Misuse and Abuse.

- Prescription drug misuse, abuse and overdose account for 600-700 deaths per year in Oklahoma alone.
- This is more than the number of traffic fatalities in the state.
- This is the reason I have selected this issue as the presidential challenge which will be announced at the ASTHO annual meeting in September of 2013.
- The significant expertise gathered around the table is doing great work every day to address this issue.
- Unfortunately, sometimes the federal, state and public private partnerships work in silos.
- The presidential challenge offers an opportunity to bring the pieces together into a more comprehensive approach that includes:
 - Prevention and education
 - Surveillance and monitoring, including Prescription Drug Monitoring Programs (PDMPs)
 - Diversion control, law enforcement and licensure
 - Treatment and recovery
- There is no silver bullet to address the issue.
- But, we are only as strong as our weakest link.
- As a result, a comprehensive approach is critical to pull it all together and coordinate our efforts.

- Although ASTHO launches a presidential challenge each year, the efforts to address the issue are ongoing.
- Our goal is to ensure that each presidential challenge is sustainable and leads to lasting, measurable health improvements.
- The purpose of this session is to develop a strategic map to guide our efforts in working together as partners to address this challenge.

Dr. Cline invited Tim Fallon of TSI CONSULTING PARTNERS to facilitate the session. Mr. Fallon provided an overview of strategic effectiveness—an organization’s ability to set the right goals and consistently achieve them.



Organizations with high strategic effectiveness:

- Quickly formulate a “good enough” strategic plan.
- Move immediately to implementation—letting implementation teach them the ways that the strategy is on target and ways it needs to be improved.
- Review progress on implementation regularly with honesty and candor.
- Make needed adjustments based on what is working, what isn’t, and how the world has changed.
- Focus on results, not activities.

Mr. Fallon invited participants to introduce themselves. After the introductions, the following state health officials provided an overview of efforts in their states to address prescription drug misuse and abuse.

- Harry Chen, MD, Commissioner of Health for the Vermont Department of Health
- Theodore Wymyslo, MD, Director of Health, Ohio Department of Health
- John Dreyzehner, MD, MPH, FACOEM, Commissioner, Tennessee Department of Health

After the presentations by the state health officials, the following federal partners provided highlights of their agencies’ efforts to address prescription drug misuse and abuse.

- René Hanna, Senior Policy Advisor, Office of National Drug Control Policy
- Jennifer Fan, PharmD, JD, Division of Workplace Programs, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration (SAMHSA)

- Gaya Dowling, PhD, Branch Chief, Science Policy Branch, Office of Science Policy and Communications, National Institute on Drug Abuse at the National Institutes of Health
- Christopher Traver, Senior Policy Advisor, Bureau of Justice Assistance, U.S. Department of Justice
- Christopher Jones, PharmD, MPH, Centers for Disease Control and Prevention
(This presentation occurred on the second day of the meeting.)

SETTING FUTURE DIRECTION ON PRESCRIPTION DRUG MISUSE AND ABUSE

Participants used the strategic mapping process to set the future direction for the Presidential Challenge on Prescription Drug Misuse and Abuse.

Central Challenge and Strategic Priorities

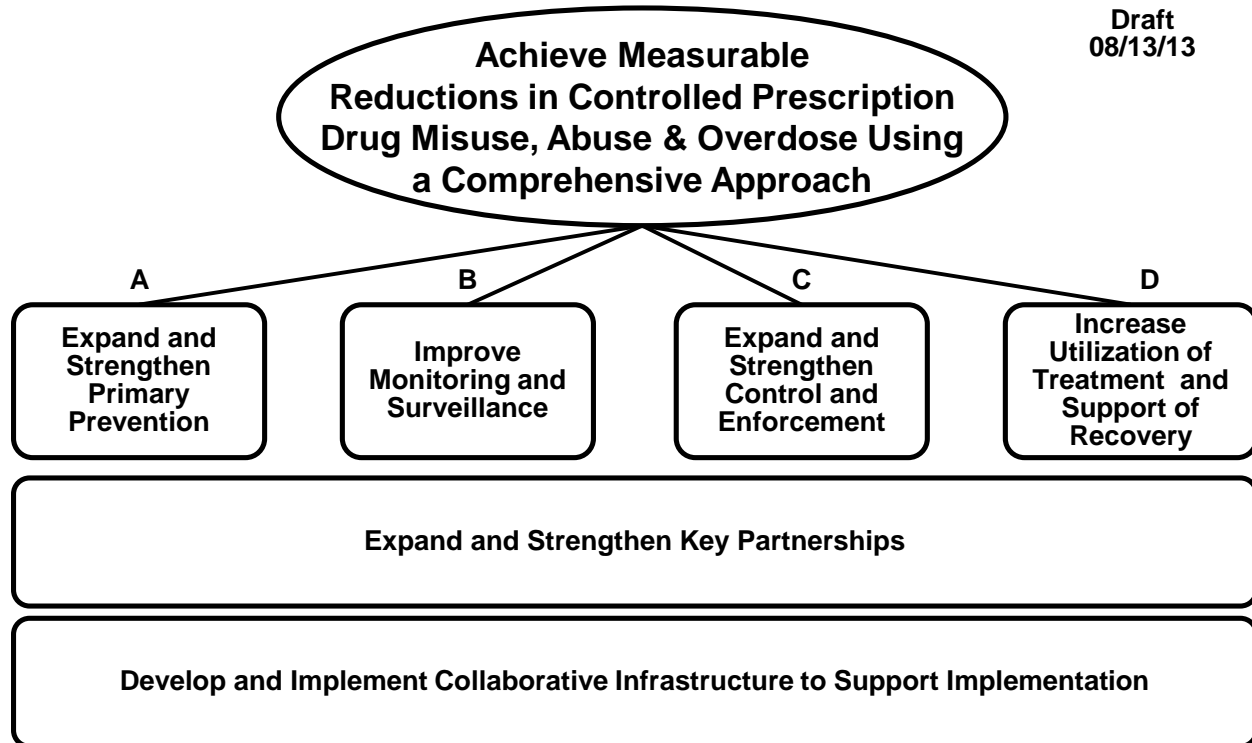
Based on the input from the state health officials and federal partners during the presentations, Tim Fallon presented a “first draft” of a possible central challenge and strategic priorities for the Strategic Map for Presidential Challenge on Prescription Drug Misuse and Abuse. He used a one-page graphic representation of a strategic map to explain the following concepts related to the central challenge and strategic priorities.

- The oval at the top of the strategic map is the central challenge.
 - It is the focal point for strategy.
 - It focuses on what the organization needs to do in the next three years to support its mission.
- The central challenge is supported by some number of strategic priorities.
 - Strategic priorities are the few critical things we must do in order to meet our central challenge.
 - The number of strategic priorities can vary, but is never fewer than three or more than six.
- There are two tests of a strategic priority:
 - Is each priority *necessary* to meet the central challenge?
 - Are the strategic priorities taken together *sufficient* to meet the challenge?

After discussion and revision, the group agreed to the following version central challenge and strategic priorities was “good enough” to begin work to develop strategic objectives for the map.

ASTHO Prescription Drug Misuse and Abuse Strategic Map: 2013 - 2015

Draft
08/13/13



Strategic Mapping

In order to develop a strategic map for the Presidential Challenge on Prescription Drug Misuse and Abuse, participants worked in small groups to identify objectives that support each strategic priority. A summary of the small group work follows:

STRATEGIC PRIORITY A: EXPAND AND STRENGTHEN PRIMARY PREVENTION

- Increase public awareness.
 - About prescription drug abuse, misuse and overdose
 - NAS and other health outcomes
 - Including box warnings on high risk medications
- Provide consumer and health care professional education.
 - Appropriate management of pain
 - Appropriate prescription practices (by prescriber context)
 - Use surveillance: PDMP-based provider prescription comparisons.
 - Identification of patients at risk; how to talk to and monitor patients
 - Appropriate use/safeguarding/disposal of meds
 - Overdose prevention
 - Reduce risk.
- Implement evidence-based community interventions.
 - Focus on high risk communities (identify and intervene).

- Target overdose prevention.
- Provide interventions to increase life skills among teens.

STRATEGIC PRIORITY B: IMPROVE MONITORING AND SURVEILLANCE

- Optimize effectiveness of PDMP.
 - Assure data submission to PDMPs by pharmacies is timely and seamless – at the time of dispensing, daily or at most weekly.
 - Assure quality of data.
 - Support universal use of PDMP data by prescribers and by pharmacists using discretion.
 - Integrate PDMP data with EHR and HIE so that data is integral to health care professionals' work flow.
 - Establish/maintain interstate sharing of PDMP data between states.
 - Produce and distribute proactive, unsolicited reports.
 - Share de-identified data with public health and substance abuse service agencies in every state for epidemiological and other analyses.
 - Use data to assist substance abuse prevention agencies and treatment programs.
 - Provide data for surveillance in control and enforcement.
- Develop, implement, link and evaluate other data sources.
 - Poison control centers
 - Vital records
 - National Survey on Data Use and Health (NSDUH) – request state specific reports
 - Drug Abuse Warning Network (DAWN), emergency department visits or similar state report
 - Drug abuse inpatient hospitalizations – state collected reports
 - DAWN medical examiner data or similar state report
 - Treatment Episode Data Set (TEDS) or similar state reports
 - Automation of Reports and Consolidated Orders System (ARCOS)
 - Behavioral Risk Factor Surveillance Survey (BRFSS)
 - Youth Risk Behavior Survey
 - Other state data sets

STRATEGIC PRIORITY C: EXPAND AND STRENGTHEN CONTROL AND ENFORCEMENT

- Education and training on control and enforcement activities
- Improve collaboration between public health and law enforcement.
- Define and implement regulatory framework for oversight of pain clinics.
- Standardize and strengthen licensure board oversight of practitioners.
- Utilize drug court/drug offender probation programs.

STRATEGIC PRIORITY D: INCREASE UTILIZATION OF TREATMENT AND SUPPORT OF RECOVERY

- Public and private partners fund the full spectrum of evidence-based care, treatment and recovery support.
- SBIRT training and funding for health care practitioners

- Sufficient and trained drug and alcohol workforce
- Normalize the disease of addiction (anti-stigma).
- Powerfully present the business case (cost/benefit) for treatment and recovery support.

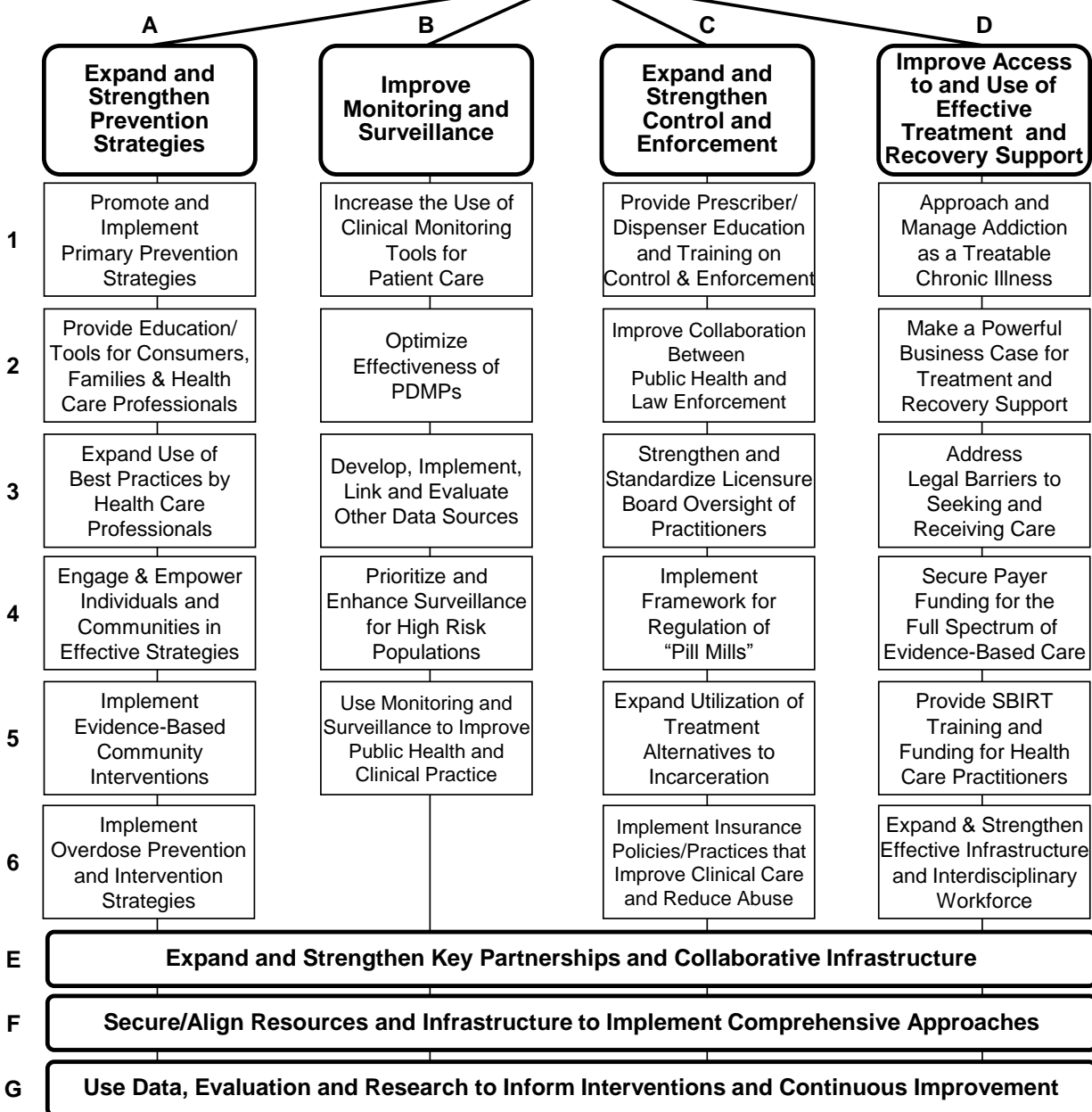
Strategic Map for Prescription Drug Misuse and Abuse

Based on the above input and extensive discussion that followed, the group developed the strategic map on the following page to guide the efforts of state health officials and their partners during the next three years.

ASTHO Prescription Drug Misuse and Abuse Strategic Map: 2013 - 2015

Draft
08/13/13

**Achieve Measurable
Reductions in Controlled Prescription
Drug Misuse, Abuse & Overdose Using
a Comprehensive Approach**



Discussion of the strategic map included the following points.

- The central challenge, “Achieve measurable reductions in controlled prescription drug misuse, abuse and overdose using a comprehensive approach:”
 - Recognizes the extent and significance of the problem – in many states, deaths from overdoses exceed deaths from traffic accidents
 - Emphasizes achieving measurable reductions in misuse, abuse and overdose
 - Stresses the critical importance of using a comprehensive approach in addressing the problem – as captured in the strategic priorities that support the central challenge
 - Focuses on “controlled prescription drugs”
 - Stressing a broader approach than opiates and opioids, including benzodiazepines and amphetamines
 - Recognizes specific drugs of choice change and evolve over time – creating a moving target
 - Includes emphasis on both prescribers and dispensers
 - Recognizes the need for balance to ensure access to these drugs for people with appropriate medical needs
- Strategic Priority A, “Expand and strengthen prevention strategies:”
 - Focuses on prevention as a critical element in a comprehensive approach
 - Stresses primary prevention while recognizing that prevention strategies also need to encompass secondary and tertiary prevention
 - Emphasizes the need to engage health care professionals, consumers, families and communities in effective prevention strategies
- Strategic Priority B, “Improve monitoring and surveillance:”
 - Focuses on monitoring and surveillance as the second key element of a comprehensive approach
 - Emphasizes the importance of effective monitoring and surveillance in tracking the epidemic and prioritizing intervention strategies
 - Focuses on the critical importance of Prescription Drug Monitoring Programs (PDMPs) in effective monitoring and surveillance
- Strategic Priority C, “Expand and strengthen control and enforcement:”
 - Focuses on control and enforcement as the third key element of a comprehensive approach
 - Recognizes the critical partnership between public health and law enforcement in order to effectively integrate treatment strategies and enforcement strategies; we need to integrate “treat” and “bust” strategies
 - Emphasizes the importance of regulation, licensure and treatment alternatives in balancing these approaches
- Strategic Priority D, “Improve access to and use of effective treatment and recovery support:”
 - Focuses on treatment and recovery support as the fourth essential element of a comprehensive approach
 - Stresses the importance of reducing the stigma of addiction in order to approach it as a treatable chronic illness

- Emphasizes the critical alignment of payers, health care practitioners and an interdisciplinary workforce in supporting effective treatment and recovery support
- The strategic map includes three cross-cutting strategic priorities: E, F, and G.
- In strategic map logic, a cross-cutting strategic priority:
 - Is placed at the bottom of the strategic map to show that it is foundational to the strategy
 - Spans the map from left to right to demonstrate that efforts to achieve the cross-cutting priority will be embedded in the efforts to implement all the other strategic priorities on the map
 - No plan to implement the other strategic priorities will be considered complete unless it includes emphasis on the cross-cutting priority.
- Cross-cutting Strategic Priority E, “Expand and strengthen key partnerships and collaborative infrastructure:”
 - Emphasizes moving beyond “silo-based” approaches to focus on collaboration among a wide range of partners working together to carrying out aligned, comprehensive efforts
 - Stresses developing the infrastructure necessary for partners to work collaboratively to implement the strategic map.
- Cross-cutting Strategic Priority F, “Secure/align resources and infrastructure to implement comprehensive approaches:”
 - Focuses on the importance of securing adequate resources – human, financial, technological, structural, etc. – in support of comprehensive approaches
 - Stresses the importance of creating and utilizing the right infrastructure to support comprehensive approaches
 - Includes capitalizing on opportunities to leverage our efforts and work smarter.
- Cross-cutting Strategic Priority G, “Use data, evaluation and research to inform interventions and continuous improvement:”
 - Stresses the critical importance of data, evaluation and research in prioritizing intervention strategies and ensuring their effectiveness and efficiency
 - Emphasizes the importance of using data, evaluation and research to continuously improve comprehensive approaches and optimize responses to the epidemic

Strategic Priority A, “Expand and strengthen prevention strategies,” is supported by the following objectives.

- Strategic Objective A-1, “Promote and implement primary prevention strategies:”
 - Recognizes the full spectrum of prevention: primary, secondary and tertiary
 - Prioritizes primary prevention to reduce inappropriate demand for controlled prescription drugs
- Strategic Objective A-2, “Provide education/tools for consumers, families and health care professionals:”
 - Emphasizes that prevention strategies need to result in significant and sustainable behavioral change

- Recognizes that education is necessary but – by itself – insufficient to accomplish those behavioral changes
- Emphasizes the importance of a broad range of prevention strategies – including creating and implementing tools that help health care professionals, consumers and families make/support the needed behavioral changes
- Strategic Objective A-3, “Expand use of best practices by health care professionals:”
 - Focuses on identifying best practices and expanding their effective use by health care professionals
 - Emphasizes that those best practices include engaging consumers in prevention efforts through assessment, consultation and other clinical and public health practices
- Strategic Objective A-4, “Engage and empower individuals and communities in effective strategies:”
 - Focuses on the need for broad participation by patients, consumers, families and communities in carrying out prevention strategies
 - Stresses the importance of engagement and empowerment in ensuring the effectiveness and sustainability of prevention efforts
- Strategic Objective A-5, “Implement evidence-based community interventions:”
 - Focuses on the critical importance of community-based prevention strategies
 - Recognizes that too often community interventions are well intended but lack the necessary evidence-base to achieve success
 - Stresses ensuring community-based interventions are evidence-based
- Strategic Objective A-6, “Implement overdose prevention and intervention strategies:”
 - Emphasizes the importance of prevention strategies that encompass overdose prevention and intervention
 - Includes the effective use of naloxone in avoiding death

Strategic Priority B, “Improve monitoring and surveillance,” is supported by the following objectives.

- Strategic Objective B-1, “Increase the use of clinical monitoring tools for patient care:”
 - Focuses on ensuring monitoring efforts include clinical data
 - Stresses the importance of using that data to guide and improve clinical care
- Strategic Objective B-2, “Optimize effectiveness of Prescription Drug Monitoring Programs (PDMPs):”
 - Focuses on the importance of PDMPs as a surveillance, clinical, regulatory and evaluation tool
 - Emphasizes using PDMPs to target and implement appropriate intervention strategies
 - Stresses the need to ensure that PDMPs support effective interstate data sharing and utilization
- Strategic Objective B-3, “Develop, implement, link and evaluate other data sources,” focuses on the appropriate integration of data sources in order to support effective monitoring and surveillance.

- Strategic Objective B-4, “Prioritize and enhance surveillance for high risk populations:”
 - Emphasizes the importance of surveillance in identifying high risk patients and providers
 - Stresses the effective use of surveillance in guiding effective intervention strategies that address those high risk populations
- Strategic Objective B-5, “Use monitoring and surveillance to improve public health and clinical practice:”
 - Focuses on translating the results of monitoring and surveillance into improved practice
 - Stresses clinical practice, public health practice and the coordination of those approaches and practitioners in responding to the epidemic

Strategic Priority C, “Expand and strengthen control and enforcement,” is supported by the following objectives.

- Strategic Objective C-1, “Provide prescriber/dispenser education and training on control and enforcement:”
 - Focuses on practices that prescribers and dispensers can use with their patients to increase effective control
 - Includes building cooperative partnerships across treatment and enforcement to improve control and enforcement
- Strategic Objective C-2, “Improve collaboration between public health and law enforcement:”
 - Emphasizes that a comprehensive approach requires an effective partnership among professionals in both arenas
 - Stresses moving beyond an either/or approach of “treat” or “bust” – urging effective coordination across both areas of expertise and responsibility to increase the effectiveness of control and enforcement
- Strategic Objective C-3, “Strengthen and standardize licensure board oversight of practitioners:”
 - Recognizes the importance of licensure board oversight as a critical control and enforcement strategy
 - Stresses the importance of using surveillance and monitoring to guide oversight practices
 - Encourages sharing of best practices in practitioner oversight among boards within and across jurisdictions
- Strategic Objective C-4, “Implement a framework for regulation of ‘pill mills:””
 - Recognizes that in most jurisdictions so called “pill mills” escape or circumvent regulation
 - Focuses on creating and implementing an appropriate regulatory framework for “cash-for-drugs” pill mills
 - Stresses the importance of ensuring this framework for regulation does not inhibit access to these controlled prescription drugs for medically appropriate uses

- Strategic Objective C-5, “Expand utilization of treatment alternatives to incarceration:”
 - Recognizes that too often incarceration becomes a substitute for effective treatment
 - Stresses effective utilization of alternatives to incarceration that are more effective in treatment and recovery support
 - Emphasizes that even when incarceration may be necessary, it needs to be integrated with effective treatment and recovery support
- Strategic Objective C-6, “Implement insurance policies/practices that improve clinical care and reduce abuse:”
 - Recognizes the power of payers in effective control and enforcement strategies
 - Stresses aligning payer policies and practices with effective control and enforcement

Strategic Priority D, “Improve access to and use of effective treatment and recovery support,” is supported by the following objectives.

- Strategic Objective D-1, “Approach and manage addiction as a treatable chronic illness:”
 - Recognizes that addiction can stigmatize people, creating an “us and them” approach that inhibits effective treatment and recovery support
 - Emphasizes the importance of viewing addiction as a treatable chronic illness
 - Stresses approaching and managing addiction in that way improves access to and use of effective treatment and recovery support
- Strategic Objective D-2, “Make a powerful business case for treatment and recovery support:”
 - Focuses on the importance of using effective cost/benefit analysis to demonstrate the return on investment of effective treatment and recovery support
 - Stresses using that business case to align funding and other resources in support of expanding access to and effective use of treatment and recovery support
- Strategic Objective D-3, “Address legal barriers to seeking and receiving care:”
 - Emphasizes that criminalizing addictive behavior and other legal practices can function as a barrier to effective treatment and recovery support
 - Stresses proactive efforts to remove those barriers in order to align legal frameworks in support of effective treatment and recovery support
- Strategic Objective D-4, “Secure payer funding for the full spectrum of evidence-based care:”
 - Focuses on aligning payer practices in support of effective treatment and recovery support
 - Recognizes the need for payers to support the full range of effective treatment options
 - Stresses the importance of using the business case’s cost/benefit analysis to increase alignment of payer policies and practices

- Strategic Objective D-5, “Provide SBIRT training and funding for health care practitioners:”
 - Recognizes SBIRT (Screening, Brief Intervention and Referral to Treatment) as an effective approach for early intervention and the delivery of treatment services
 - Focuses on the importance of providing SBIRT training for a wide range of health care practitioners
 - Stresses the importance of securing the necessary funding to provide that training
- Strategic Objective D-6, “Expand and strengthen effective infrastructure and an interdisciplinary workforce:”
 - Focuses on the importance of recruiting, training, developing and retaining the interdisciplinary workforce necessary to provide effective treatment and recovery support
 - Emphasizes ensuring that the necessary infrastructure for treatment and recovery support is in place and accessible
 - Emphasizes the critical role of state health officials in expanding and strengthening:
 - The treatment and recovery workforce
 - The infrastructure for treatment and recovery in their states

IMPLEMENTATION PLANNING

Setting Implementation Priorities

The group prioritized the efforts to implement the strategic map during the next 12 months using two different approaches. First, it surveyed each person’s thinking on the allocation of the organization’s time and energy that should be devoted to each column of the map during the next 12 months. (100 points represents all the resources that will be spent on implementation.) A summary of each person’s input follows.

A	B	C	D
30	20	10	40
40	20	10	30
30	25	25	20
20	45	20	15
50	0	0	50
30	10	10	50
30	20	10	40
35	15	30	20
25	40	25	10
20	50	15	15

A	B	C	D
30	20	10	40
30	25	25	20
30	15	25	30
30	30	20	20
40	10	40	10
30	20	20	30
30	30	20	20
30	20	10	40
20	20	10	50
30	20	20	30
30	25	15	30
20	30	30	20
25	15	37.5	22.5
50	15	10	25
40	20	15	25
775	560	462.5	702.5

Next, the group surveyed perceptions of which objectives on the map are the most important to emphasize during the next 12 months. Each person was given five votes, and a summary of the “straw vote” is depicted in the table below.

	A	B	C	D
1	5	1	2	9
2	10	17	5	5
3	9	1	6	2
4	2	0	2	8
5	5	6	6	5
6	11	X	7	1

These “straw polls” will provide guidance on the most important things for the state health officials and their partners to focus on as they proceed with implementation planning.

Identifying Tracks of Work

Tim Fallon introduced the group to the concept of a “track of work.”

- A track of work is a single map objective or a group of related objectives that involve the same or similar effort.
- Tracks of work are a means of getting organized for implementation.
- Organizations generally focus on no more than three to five tracks in a 12-month implementation period.

Participants agreed that the following tracks of work should receive primary emphasis during the next 12 months.

PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)

- Strategic Objective B-2: Optimize effectiveness of PDMPs.
- Strategic Objective C-2: Improve collaboration between public health and law enforcement.

OVERDOSE STRATEGIES

- Strategic Objective A-6: Implement overdose prevention and intervention strategies.

EDUCATION AND BEST PRACTICES

- Strategic Objective A-2: Provide education/tools for consumers, families and health care professionals.
- Strategic Objective A-3: Expand use of best practices by health care professionals.
- Strategic Objective C-1: Provide prescriber/dispenser education and training on control and enforcement.

CHRONIC ILLNESS

- Strategic Objective D-1: Approach and manage addiction as a treatable chronic illness.

PAYER FUNDING

- Strategic Objective C-6: Implement insurance policies/practices that improve clinical care and reduce abuse.
- Strategic Objective D-4: Secure payer funding for the full spectrum of evidence-based care.

PILL MILLS

- Strategic Objective C-4: Implement framework for regulation of “pill mills.”

NEXT STEPS

At the conclusion of the meeting, participants identified the following next steps.

- TSI will provide the following documents to Sharon Moffatt and Leslie Erdelack at ASTHO for distribution to session participants:
 - The final version of the strategic map
 - The meeting summary for the strategic planning session
- Terry Cline will launch the Presidential Challenge on Prescription Drug Misuse and Abuse at the ASTHO Annual Meeting in September.

- Meeting participants will communicate the results of the strategic planning session within their respective organizations to build support and alignment for collaborative efforts.
- ASTHO will organize a convening conference call for meeting participants early October to:
 - Assess the response of partner organizations providing support for key aspects of the strategic map.
 - Assess interest in launching/continuing collaborative efforts to implement key aspects of the strategic map.
 - Explore the possibility of ongoing collaborative efforts to address the epidemic.
- Participants with materials, tools and other resources to share with meeting participants should provide them to Leslie Erdelack (lerdelack@astho.org).