

# Track 2

***TREATMENT OPTIONS AND THIRD PARTY PAYERS***

***Track 2 Progress Update – Dr. Stephanie Woodard***

# Overview of Partners

**University of Nevada School of Medicine**

**CASAT (Center for Application of Substance Abuse Technologies)**

**Nevada Division of Health Care Financing and Policy (DHFCP)**

**Nevada Division of Public and Behavioral Health**

**Community-Based Organizations**

**Southern Nevada Health District**

**Hospitals (Emergency Rooms)**

**Nevada Department of Corrections**

**Local Law Enforcement, Local Jails**

**University of Nevada, Las Vegas**

# Milestones Completed Since Last Meeting

## Access to Treatment

- Nevada's Integrated Opioid Treatment and Recovery Centers (IOTRCs) – subawards executed February 2018.
- New Division Criteria were developed and approved.
- Neonatal Abstinence Syndrome Project established.
- Year 2 RFA to increase spoke services created.

## Sustainability

- DHCFP met with CMS to discuss opportunities to sustain efforts through Medicaid (1115 waiver).
- Bundled rate for Medicaid also explored.

## Education and Outreach

- Education and outreach regarding the Good Samaritan Law and naloxone overdose education were provided at venues across the state.
- AB474 education/training events were continued.
- Community-Based Organization distribution of naloxone established.

## Planning

- A needs assessment and strategic plan were developed to guide the work of the State Targeted Response (STR) grant.
- Prescriber Training Needs Assessment to guide training development was conducted.

# Naloxone Distribution

## Through IOTRCs

- 195 kits

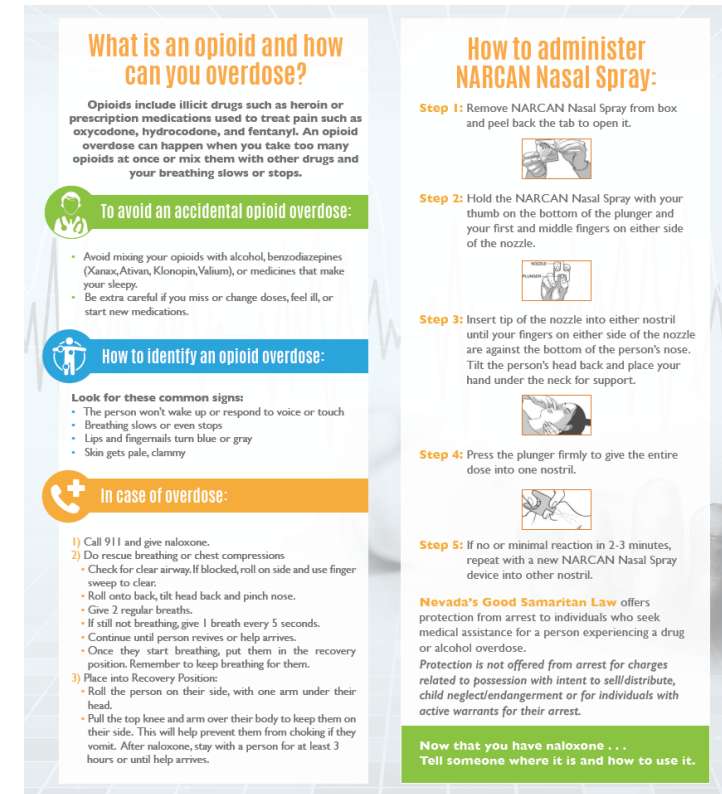
## To Law Enforcement

- 1,009 kits across 22 agencies



**Opioid Safety**  
and how to use naloxone

The poster features a photograph of a doctor's hands writing on a clipboard with a stethoscope on a desk in the foreground. At the bottom, there are logos for Opioid Use Reduction (OUR), the Nevada State Board of Health (NSBH), and the number 365 (prescribe365.nv.gov).



**What is an opioid and how can you overdose?**  
Opioids include illicit drugs such as heroin or prescription medications used to treat pain such as oxycodone, hydrocodone, and fentanyl. An opioid overdose can happen when you take too many opioids at once or mix them with other drugs and your breathing slows or stops.

**To avoid an accidental opioid overdose:**

- Avoid mixing your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

**How to identify an opioid overdose:**

**Look for these common signs:**

- The person won't wake up or respond to voice or touch
- Breathing slows or even stops
- Lips and fingernails turn blue or gray
- Skin gets pale, clammy

**In case of overdose:**

- 1) Call 911 and give naloxone.
- 2) Do rescue breathing or chest compressions
  - Check for clear airway. If blocked, roll on side and use finger sweep to clear.
  - Roll onto back, tilt head back and pinch nose.
  - Give 2 regular breaths.
  - If still not breathing, give 1 breath every 5 seconds.
  - Continue until person revives or help arrives.
  - Once they start breathing, put them in the recovery position. Remember to keep breathing for them.
- 3) Place into Recovery Position:
  - Place the person on their side, with one arm under their head.
  - Pull the top knee and arm over their body to keep them on their side. This will help prevent them from choking if they vomit. After naloxone, stay with a person for at least 3 hours or until help arrives.

**How to administer NARCAN Nasal Spray:**

**Step 1:** Remove NARCAN Nasal Spray from box and peel back the tab to open it.

**Step 2:** Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

**Step 3:** Insert tip of the nozzle into either nostril until your fingers on either side of the nozzle are against the bottom of the person's nose. Tilt the person's head back and place your hand under the neck for support.

**Step 4:** Press the plunger firmly to give the entire dose into one nostril.

**Step 5:** If no or minimal reaction in 2-3 minutes, repeat with a new NARCAN Nasal Spray device into other nostril.

**Nevada's Good Samaritan Law** offers protection from arrest to individuals who seek medical assistance for a person experiencing a drug or alcohol overdose. Protection is not offered from arrest for charges related to possession with intent to sell/distribute, child neglect/endangerment or for individuals with active warrants for their arrest.

**Now that you have naloxone . . . Tell someone where it is and how to use it.**

# AB474 Resources

- [Prescribe365.nv.gov](http://Prescribe365.nv.gov)
  - Patient Brochure
  - Provider Pocket Card
  - Provider Office Posters

**BEFORE PRESCRIBING**

**Before Prescribing a Controlled Substance for the Treatment of Pain, the Practitioner Must Evaluate for the Following Where Applicable:**

- Whether the controlled substance (CS) for the treatment of pain, if previously prescribed, is working as intended and as expected to treat the Patient's (pt's) symptoms;
- Whether there is reason to believe that the pt is not using the CS for the treatment of pain as prescribed or is diverting for use by another person;
- Whether the pt's PMP report indicates that the pt is using the CS for the treatment of pain inappropriately or is using other CS for the treatment of pain not prescribed and unbeknownst to the practitioner;
- Whether the pt has a history of substance abuse and whether there is reason to believe that the pt is currently misusing or is addicted to the CS for the treatment of pain;
- Whether there is reason to believe that the pt is using other drugs (including alcohol or illicit) that may interact negatively with the CS for the treatment of pain prescribed;
- The number of early refill attempts or number of times the pt claimed that the CS for the treatment of pain had been lost or stolen;
- Whether blood or urine tests indicate inappropriate use of the CS or the presence of unauthorized CS in the pt's system;
- Any major change in the pt's health that would affect the medical appropriateness of the CS for the treatment of pain.

**INITIAL PRESCRIPTION**

**Initial Prescription of a Controlled Substance for the Treatment of Pain**

*Before writing an initial prescription for a CS, each practitioner must:*

- Have a bona fide relationship with the pt;
- Establish a preliminary diagnosis and a treatment plan;
- Perform a *Patient Risk Assessment* (see adjacent);
- Obtain and personally review the pt's PMP report;
- Discuss non-opioid treatment options with the pt;
- If the practitioner decides to write an initial prescription:
  - It must be for ≤ 14-day supply if treating acute pain;
  - It must not be for > 90 MME daily for an opiate naïve pt; AND
  - An Informed Consent (see adjacent) must be completed by the pt.

**Patient Risk Assessment**

- Obtain and review the pt's medical history/records; and
- Conduct a physical examination of the patient and assess their mental health, their risk of abuse, dependence, and addiction.

**Informed Consent**

*The practitioner must obtain informed written consent after discussing the following with the pt:*

- The potential risks and benefits of using the CS;
- The proper use, storage, disposal of the CS;
- The treatment plan and possible alternative treatment options;
- Risk of CS exposure to a fetus of a childbearing age woman;
- If the CS is an opioid, the availability of an opioid antagonist; AND
- If the pt is an unemancipated minor, the risks that the minor will abuse, misuse, or divert the CS and ways to detect those issues.

**prescribe 365**

**A new law for Nevadans**

**Start the conversation**

**Know your options**

**Participate in your treatment plan**

**Locate resources**

[prescribe365.nv.gov](http://prescribe365.nv.gov)

## A New Law for Nevadans

During the 2017 session of the Nevada Legislature, Governor Brian Sandoval sponsored the Prescription Drug Abuse Prevention Act (AB474). The new law, effective January 1, 2018, was developed to ensure patients have opportunities to discuss their treatment options with their providers. The new law also provides steps providers must take to reduce risks related to use of certain medications and inform patients about their treatment, risks and benefits of the medications, alternative options for treating their pain, and the providers' policies for prescribing controlled substances for pain management.

## Start the Conversation

- Every pain medication, including controlled substances, has different benefits and risks in the treatment of symptoms.
- Before taking prescription pain medications, explore alternative means for the treatment of pain with your provider.
- When taking medications, certain reactions or side effects, including sleepiness or sedation, constipation, nausea, itching, allergic reactions, problems with thinking clearly, slowing of reactions, or slowing of breathing can occur.
- When taking medications, it may not be safe to drive a car, operate machinery, or take care of other people.
- Taking controlled substances for the treatment of pain, may result in becoming physically dependent on them.
- Controlled substances should be stored in a secure place and out of the reach of children and other family members. Safely dispose of unused medications.
- Refills of prescription pain medications should be discussed with a provider.
- Due to the risk of possible overdose resulting from use of controlled substances, the opioid overdose antidote naloxone (Narcan®) is now available without a prescription. Naloxone (Narcan®) can be obtained from a pharmacist.
- Women: Tell your prescriber if you are pregnant or thinking about getting pregnant. The risks to a fetus of chronic exposure to controlled substances during pregnancy, include, without limitation, the risks of fetal dependency on the controlled substance and neonatal abstinence syndrome.

Opioids are powerful drugs, not without risk. Begin a conversation with your provider about alternatives to opiates for pain management. Through a close examination of your needs, you and your doctor/provider can have an informed conversation about alternative options available. Working together, the two of you can choose the best method of pain control and treatment.

# Ongoing Action Items

- Regular Executive Team Meetings and STR Core Team Meetings to provide status on the STR grant and also help to coordinate other activities across tracks.
- Training for community-based organizations (CBOs) that will distribute naloxone.
- Training for CBOs for overdose and naloxone, e.g. health districts, jails, detox facilities, first responders, etc.
- Regular communication and coordination between DHCFP and DPBH to support sustainability and accessibility.
- Collection of survey of Medicaid data to support waiver application process and reimbursement.

# Ongoing Action Items

- Assessment of feasibility of CMS / Medicaid waiver (1115) process.
- Development and review of project plans of IOTRCs to align with newly created Division Criteria.
- Implementation of Mobile Recovery Outreach Teams through IOTRCs.
- Support and promote pain management and Medication-Assisted Treatment (MAT) clinics through Project ECHO.
- Implementation of neonatal abstinence syndrome (NAS) screening, counseling and supportive services
- Evaluation to answer and understand effectiveness Nevada's model (IOTRCs).
- Working on STR Continuation Application including Priorities.

# Challenges, Issues, or Barriers

## State Systems

Navigating varying departments/divisions and policies

## Relationship Development

Developing collaborations takes time

## Communication

Number of “moving parts” and partners can make communication and planning difficult



# Priorities for Next Quarter

1. Increase the number of community-based organizations that will be distribution sites for naloxone

2. Develop an implementation plan for Naloxone Virtual Dispensary

3. Release Year 2 RFA and select recipients

4. Establish foundation for submission of 1115 Demonstration Waiver

5. Establish access to MAT in Tribal communities