



CommStat 08/31/17

your life
does not get better
by **CHANCE**
it gets *better by*
CHANGE





VERMONT PRESCRIPTION MONITORING SYSTEM

QUARTERLY REPORT 2ND QUARTER 2017

Caveats

- ❑ VPMS is a clinical tool
- ❑ Includes only VT licensed pharmacies
- ❑ Hubs (OTP) are not included – 42 CFR Part 2
- ❑ Report is based on patient residence, not the prescriber or pharmacy location
- ❑ Use number of prescriptions information with caution – it is not a full indication of how much is prescribed
- ❑ Trends are shown in the annual report rather than quarterly reports

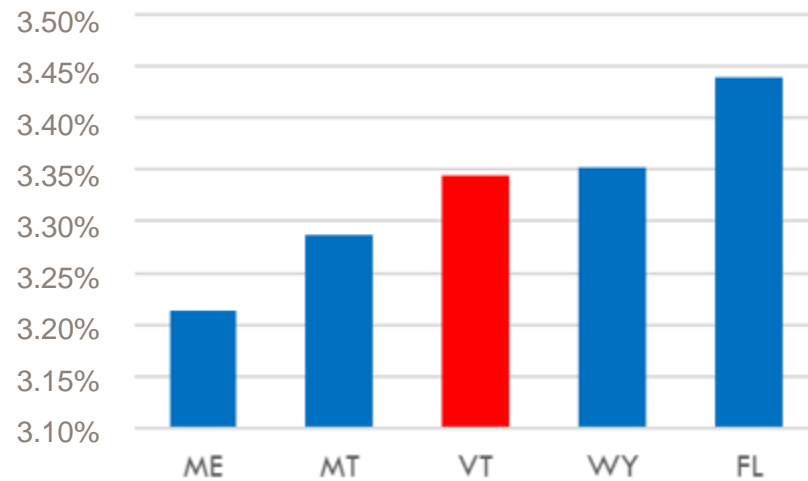
Definitions

- Morphine Milligram Equivalent (MME) – the amount of morphine equivalent to the strength of opioid dose prescribed. Allows comparison between types and strengths of opioids.
 - 50 MME/day is equivalent to:
 - 10 tablets of hydrocodone/ acetaminophen 5/300
 - 2 tablets of oxycodone sustained-release 15 mg
 - <3 tablets of methadone 5 mg
 - Rate per 100 Residents – allows a comparison between dissimilar sized entities.

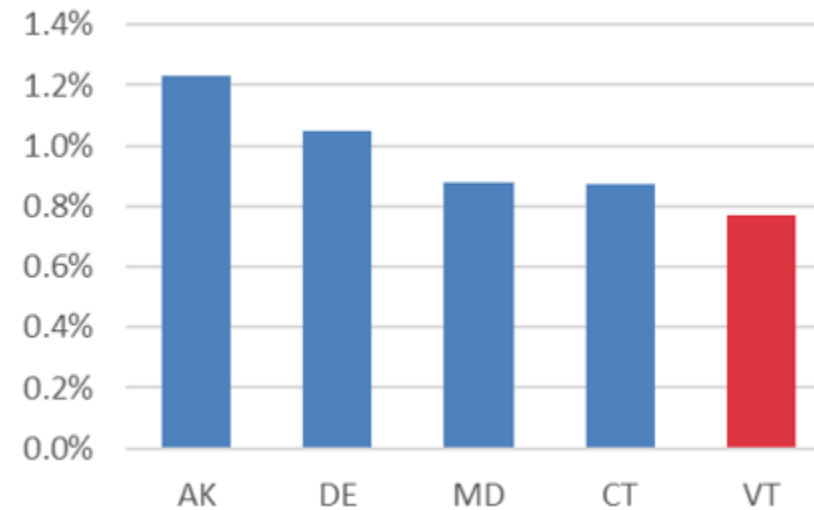
County	Population	Opioid Analgesic Rx	Rate Per 100
Chittenden	161,382	20,578	12.8
Grand Isle	6,861	1,494	21.8

Vermont is in the bottom 5 states for non-medical use of pain relievers and the top 5 for heroin use

Non Medical Use of Prescription Pain Relievers Age 12+ (NSDUH* 2013/2014)

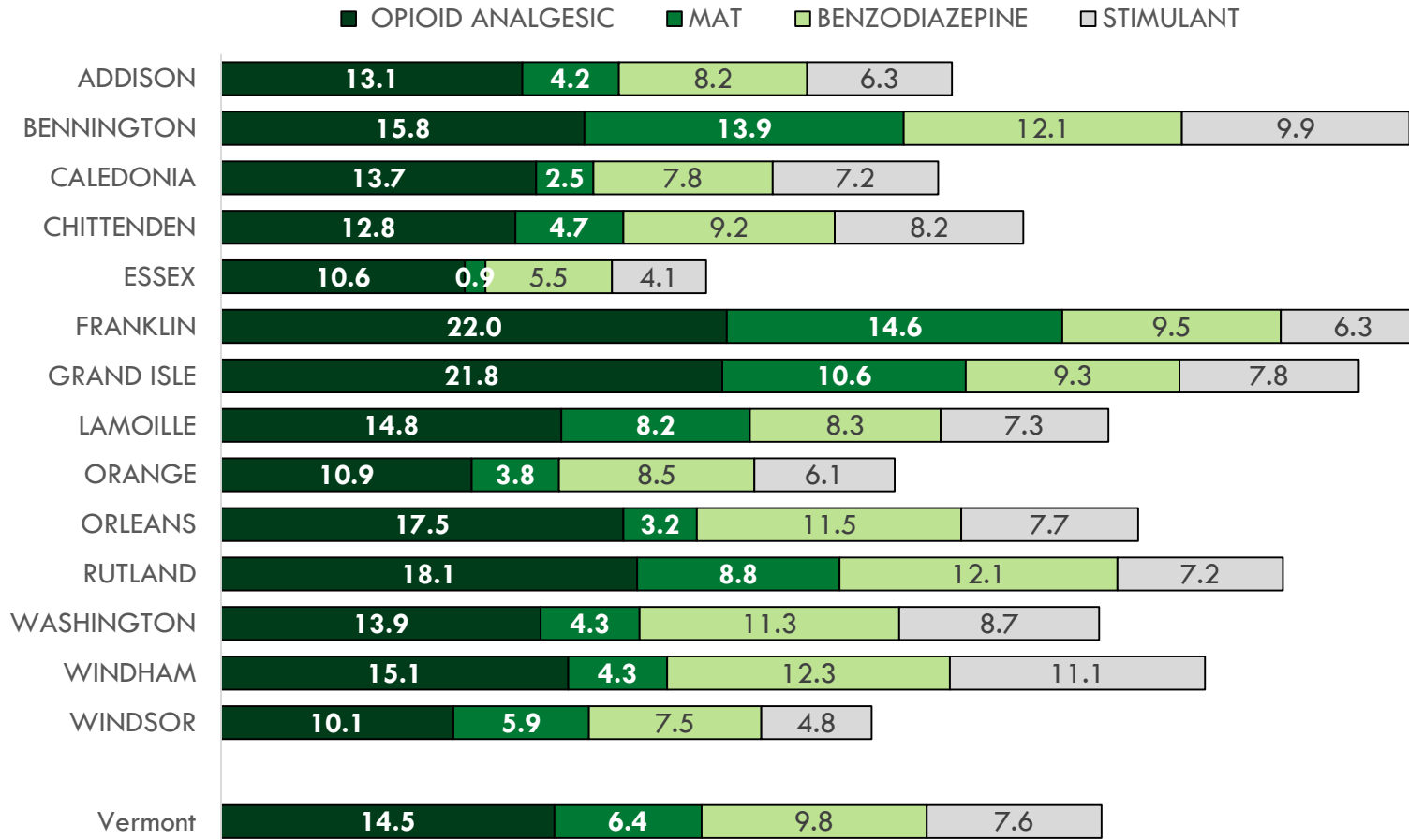


Heroin Use Age 12+ (NSDUH* 2014/2015)



*National Survey on Drug Use and Health

Rate of Prescriptions Per 100 Residents by Drug Class During the Quarter



Opioid Analgesic: Opioid for pain relief
 MAT: Buprenorphine to treat opioid use disorders

Benzodiazepine: Sedative for anxiety, insomnia, & other conditions
 Stimulants: Medication to increase alertness, attention, energy

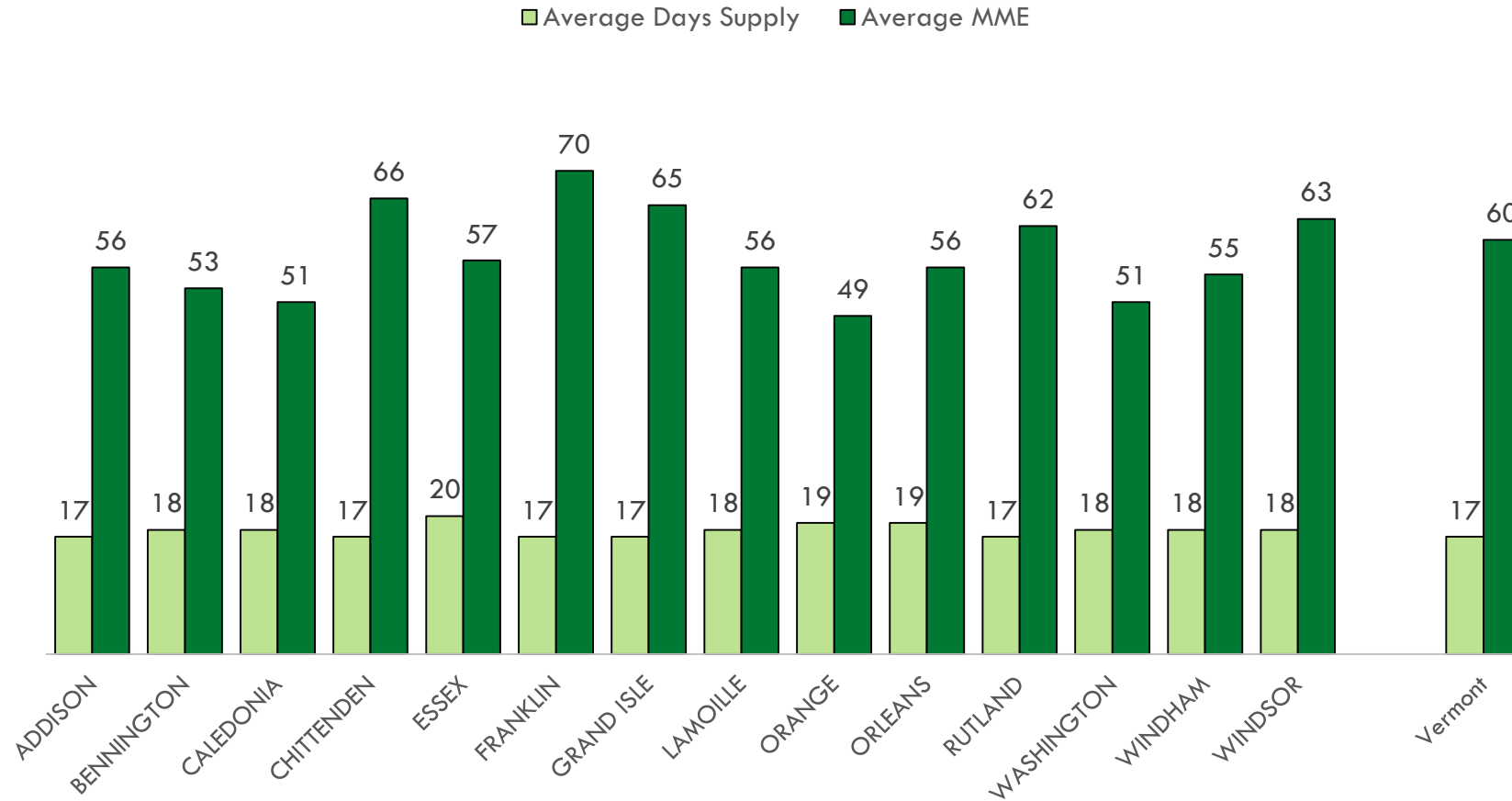
Percent of Population Receiving At Least One Prescription in Drug Class During the Quarter

	OPIOID ANALGESIC	MAT	BENZODIAZEPINE	STIMULANT
ADDISON	5%	1%	4%	2%
BENNINGTON	7%	1%	6%	3%
CALEDONIA	6%	0%	4%	2%
CHITTENDEN	5%	1%	5%	3%
ESSEX	4%	0%	3%	1%
FRANKLIN	7%	1%	4%	2%
GRAND ISLE	8%	1%	5%	2%
LAMOILLE	6%	1%	4%	3%
ORANGE	5%	1%	4%	2%
ORLEANS	7%	0%	6%	3%
RUTLAND	7%	1%	6%	2%
WASHINGTON	6%	1%	5%	3%
WINDHAM	6%	1%	6%	4%
WINDSOR	4%	1%	3%	2%
Vermont	6%	1%	5%	3%

Opioid Analgesic: Opioid for pain relief
 MAT: Buprenorphine to treat opioid use disorders

Benzodiazepine: Sedative for anxiety, insomnia, & other conditions
 Stimulants: Medication to increase alertness, attention, energy

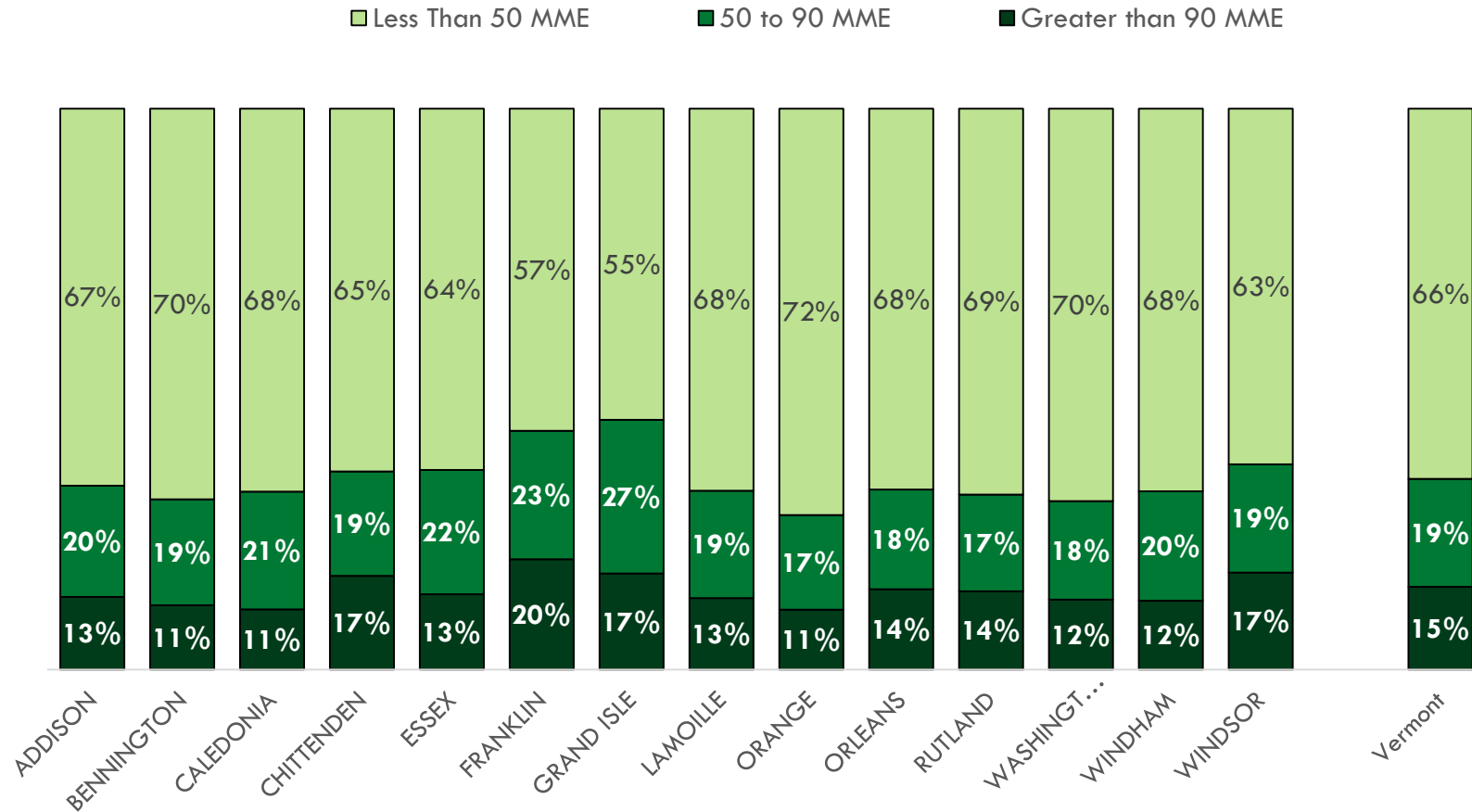
Average Days' Supply and Daily Morphine Milligram Equivalent (MME) for Opioid Analgesics



Morphine Milligram Equivalent (MME) – the amount of morphine an opioid dose is equal to when prescribed, often used as a gauge of the abuse and overdose potential of the amount of opioid that is being given at a particular time*

Days Supply – the estimated number of days that the medication will last

Proportion of Opioid Analgesic Prescriptions in Daily Morphine Milligram Equivalent (MME) Categories



Although there is not a single dosage threshold below which overdose risk is eliminated, holding dosages <50 MME/day is associated with a reduction in risk for fatal overdose than at higher prescribed dosages. Most experts also agreed that opioid dosages should not be increased to ≥90 MME/day without careful justification based on diagnosis and on individualized assessment of benefits and risks. (CDC Guideline for Prescribing Opioids for Chronic Pain)

Number of Prescriptions in Each Drug Class During the Quarter

	OPIOID ANALGESIC	MAT	BENZODIAZEPINE	STIMULANT
ADDISON	4,837	1,541	3,041	2,321
BENNINGTON	5,748	5,052	4,398	3,599
CALEDONIA	4,212	759	2,408	2,202
CHITTENDEN	20,578	7,638	14,897	13,191
ESSEX	652	53	342	252
FRANKLIN	10,729	7,126	4,627	3,064
GRAND ISLE	1,494	725	638	533
LAMOILLE	3,746	2,063	2,090	1,850
ORANGE	3,144	1,102	2,446	1,758
ORLEANS	4,735	878	3,113	2,083
RUTLAND	10,805	5,278	7,250	4,317
WASHINGTON	8,139	2,499	6,621	5,091
WINDHAM	6,550	1,873	5,315	4,830
WINDSOR	5,613	3,287	4,180	2,676
Vermont	90,996	39,885	61,373	47,779

Opioid Analgesic: Opioid for pain relief
 MAT: Buprenorphine to treat opioid use disorders

Benzodiazepine: Sedative for anxiety, insomnia, & other conditions
 Stimulants: Medication to increase alertness, attention, energy

Feedback on Quarter 1

Please complete the survey on the usefulness of the **Quarter 1** VPMS Report. Feedback is encouraged and will inform future quarterly reports.

<http://www.surveygizmo.com/s3/3807746/VPMS-Quarter-1-Report-Usefulness-Survey>

Contact VPMS

- ▣ Programmatic questions can be directed to the program manager, Hannah Hauser at:

Hannah.Hauser@vermont.gov

or

(802) 652-4147

- ▣ Data-related questions can be directed to the program analyst, Lela Kretzer at:

Lela.Kretzer@vermont.gov

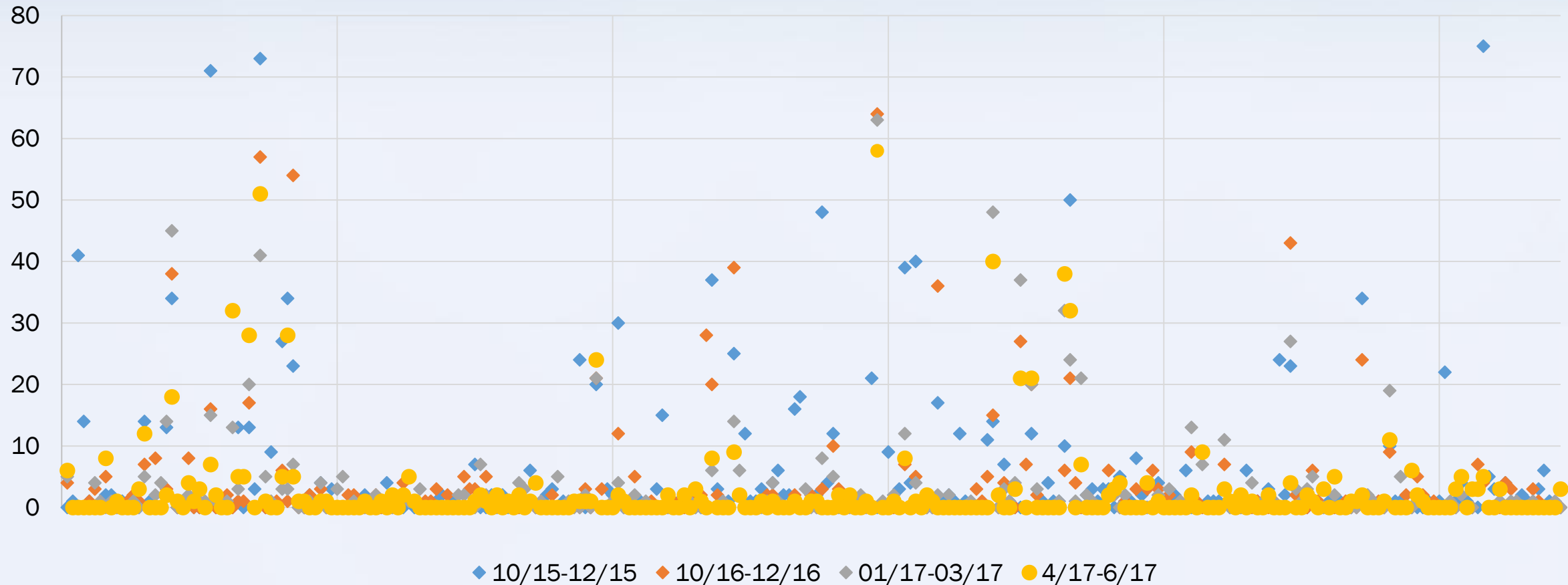
or

(802) 863-6354

UVM MC Opioid Prescription Levels



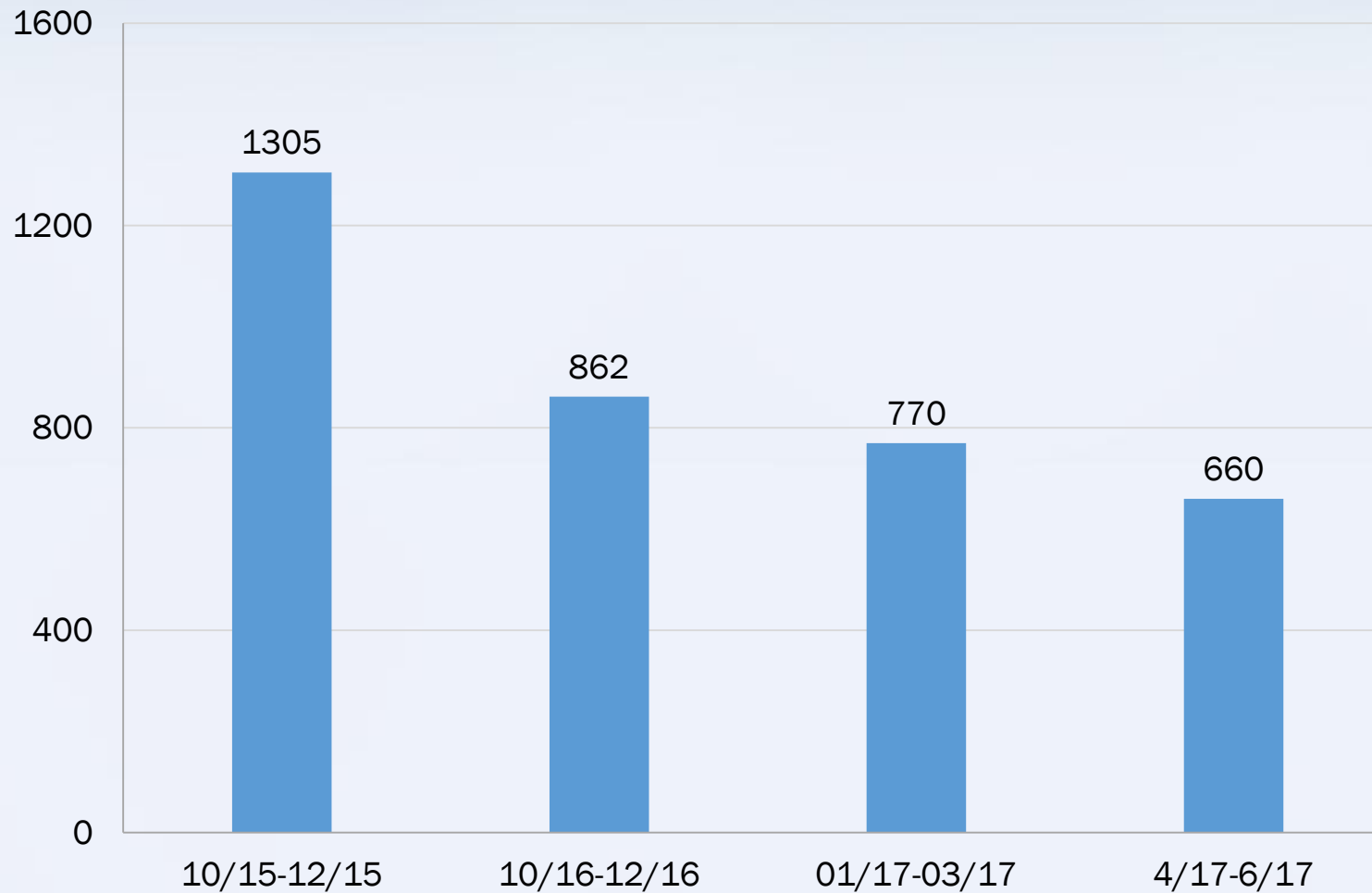
Number of Opioid Prescriptions >50 Pills Per UVM MC Prescriber



UVM MC Opioid Prescription Levels



Number of Opioid Prescriptions >50 Pills Per 3 Month Period

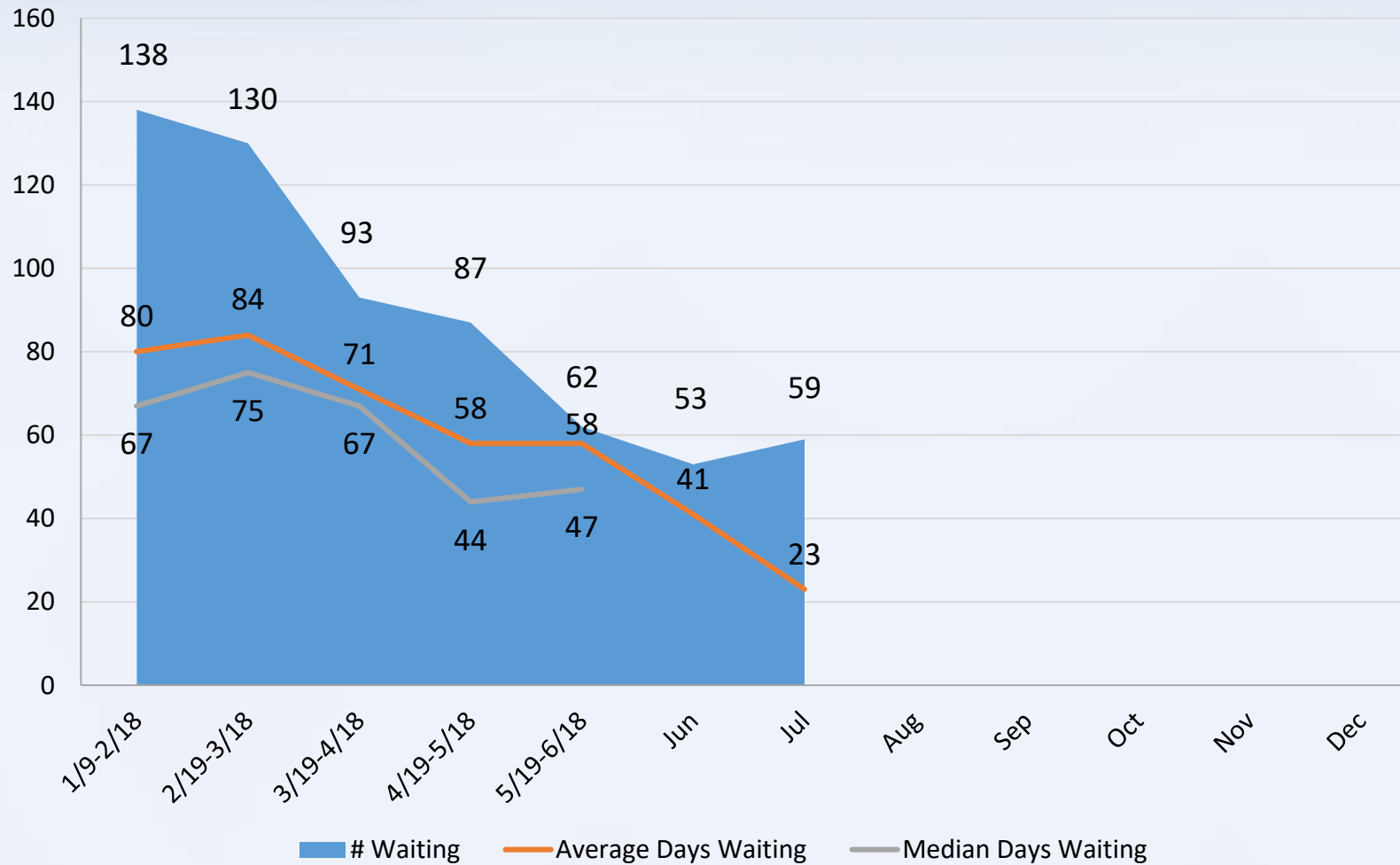


Data Source: UVM Medical Center

Chittenden Hub Active Waitlist



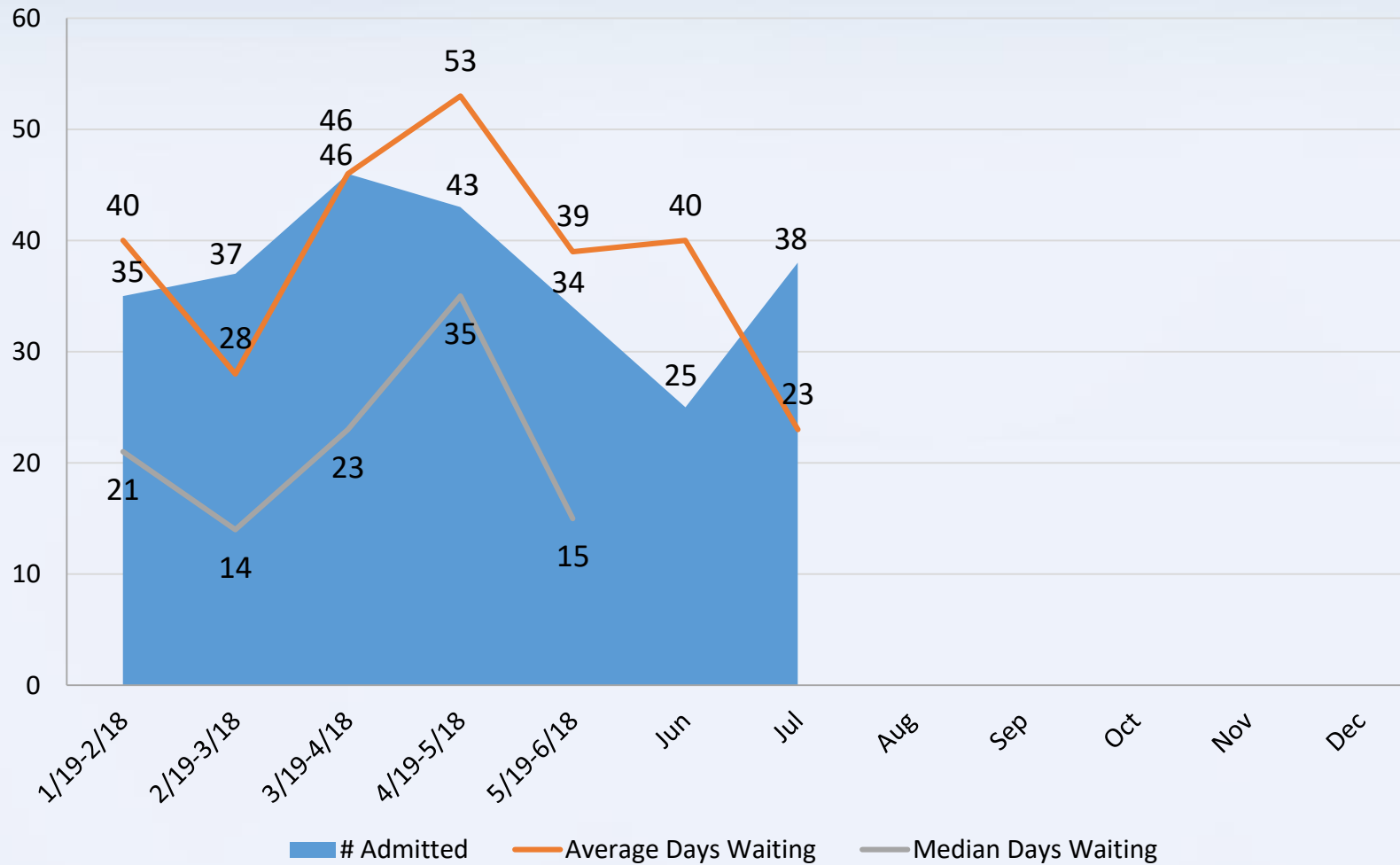
Chittenden Hub Active Waitlist # and Avg Wait Days



Chittenden Hub Admission List

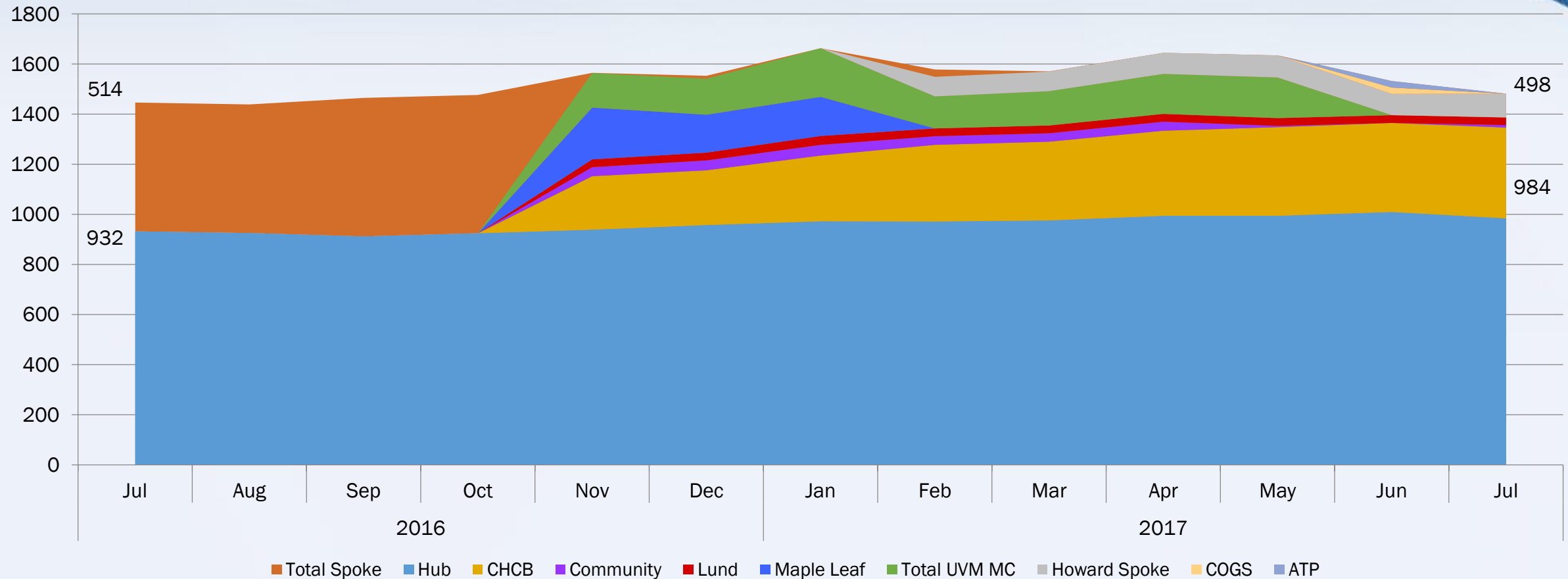


Chittenden Hub Admission List # and Avg Wait Days





Number of People Treated in Hub & Spokes



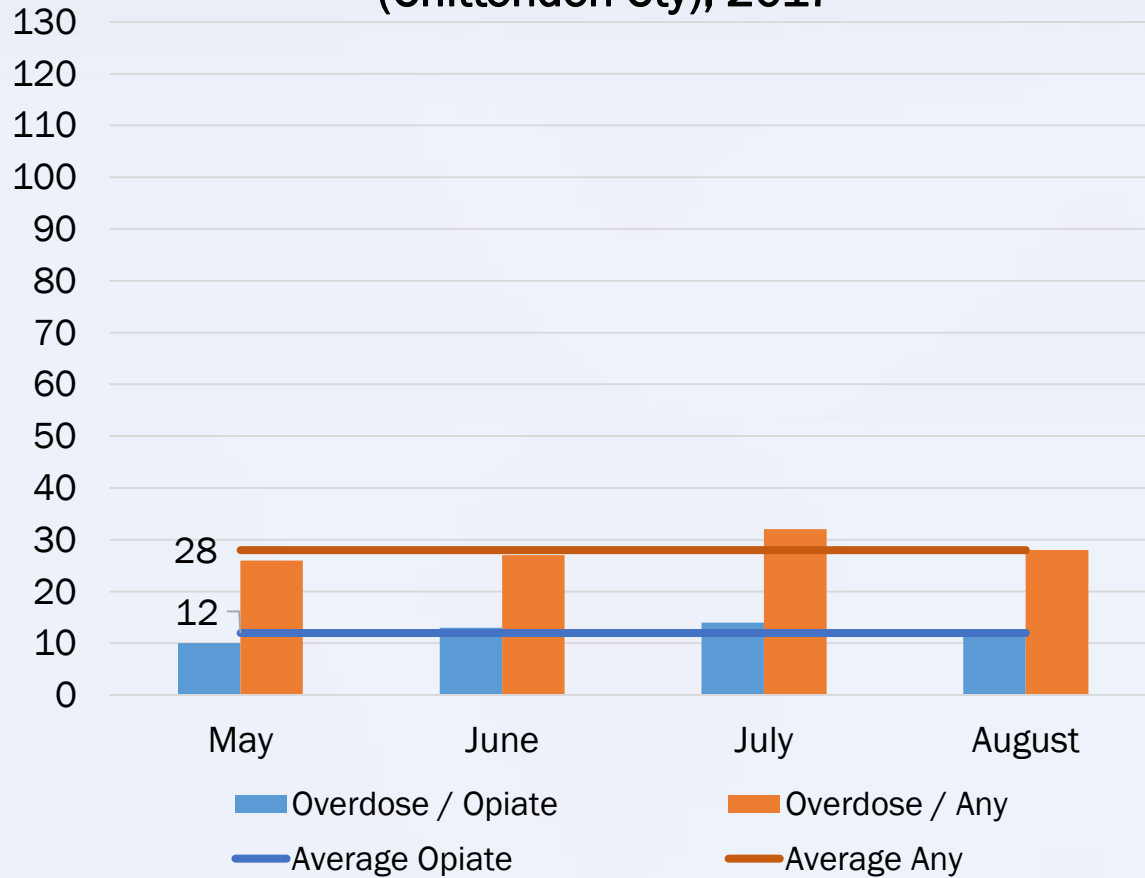
Data Source: [Vermont Department of Health](http://www.vermont.gov) and Opioid Care Alliance of Chittenden County

* Last reported value, not updated for month of May

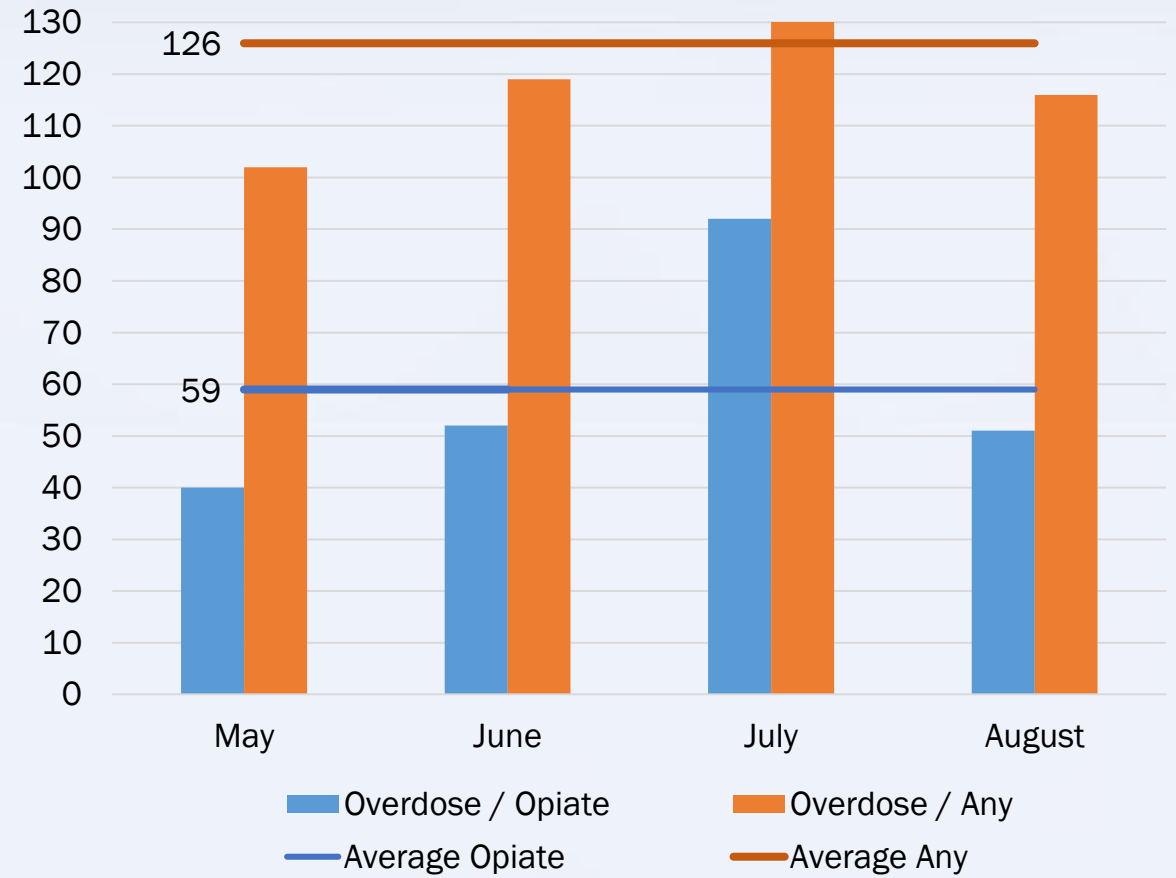


EMS Overdose Incident Responses

Monthly EMS Incidents with Primary Provider Impression of "Overdose / ..." in District 03 (Chittenden Cty), 2017



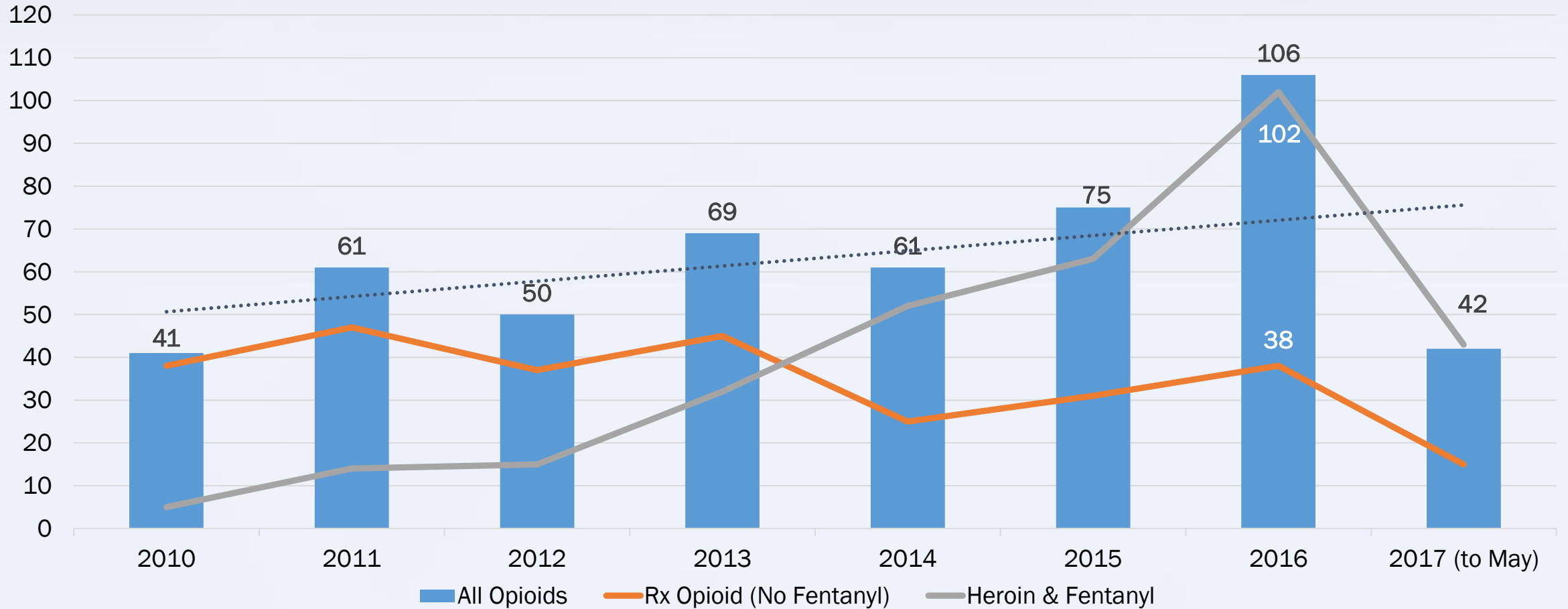
Monthly EMS Incidents with Primary Provider Impression of "Overdose / ..." in VT, 2017



VT Opioid-Related Accidental Fatal OD



Number of Accidental Fatal Overdoses Involving Opioids in Vermont by Opioid Type

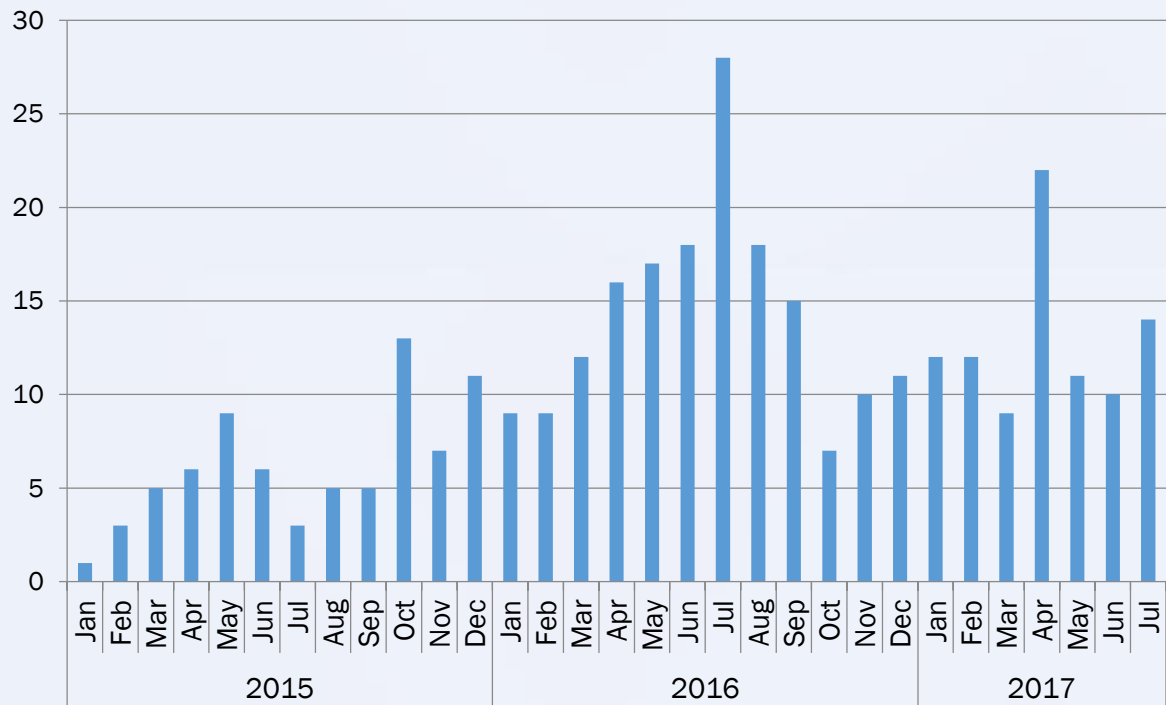


Data Source: [Vermont Department of Health](#)

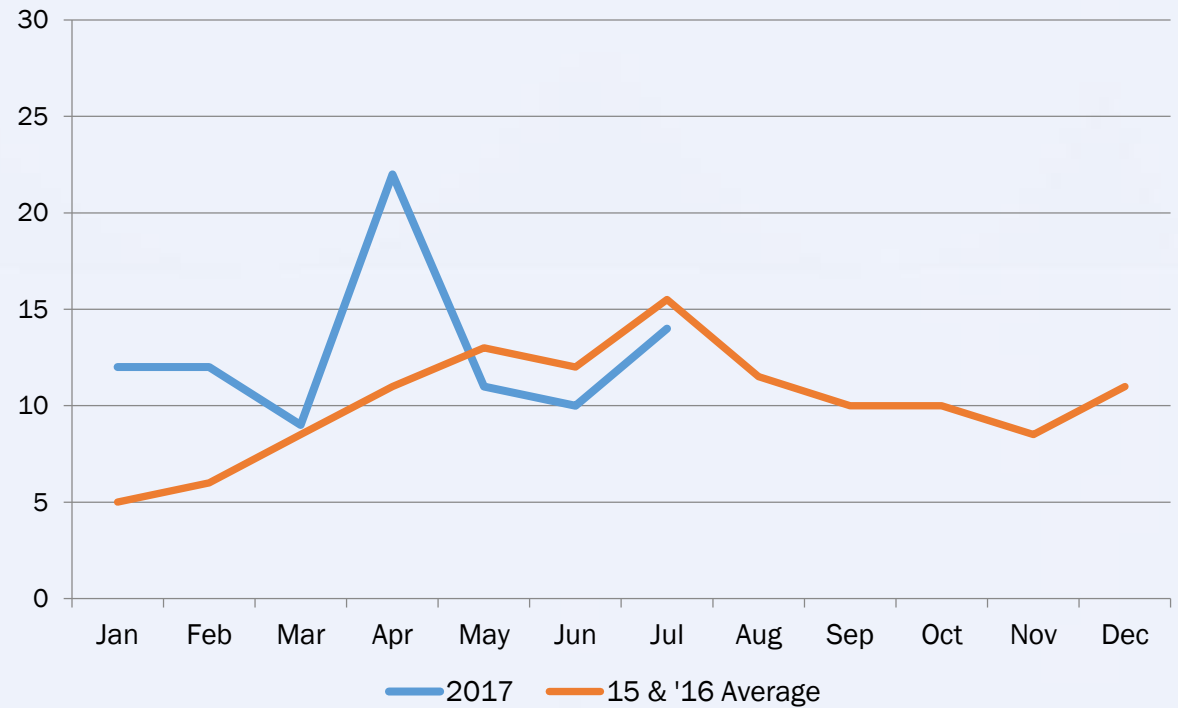


UVM MC Opioid Related ED Visits

Monthly UVM Medical Center ED Encounters Coded as "Opioid OD" & "Opioid Poisoning"



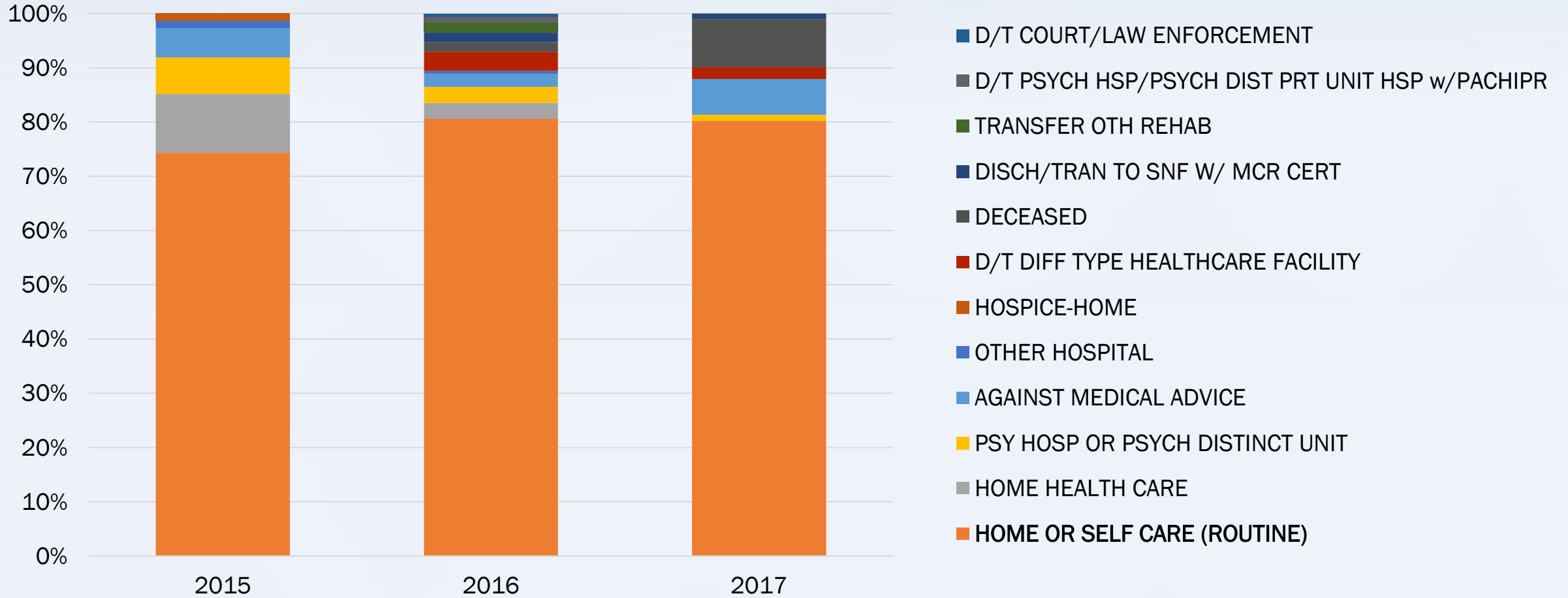
Average Monthly UVM Medical Center Opioid-Coded ED Encounters





UVM MC Opioid Related ED Visits

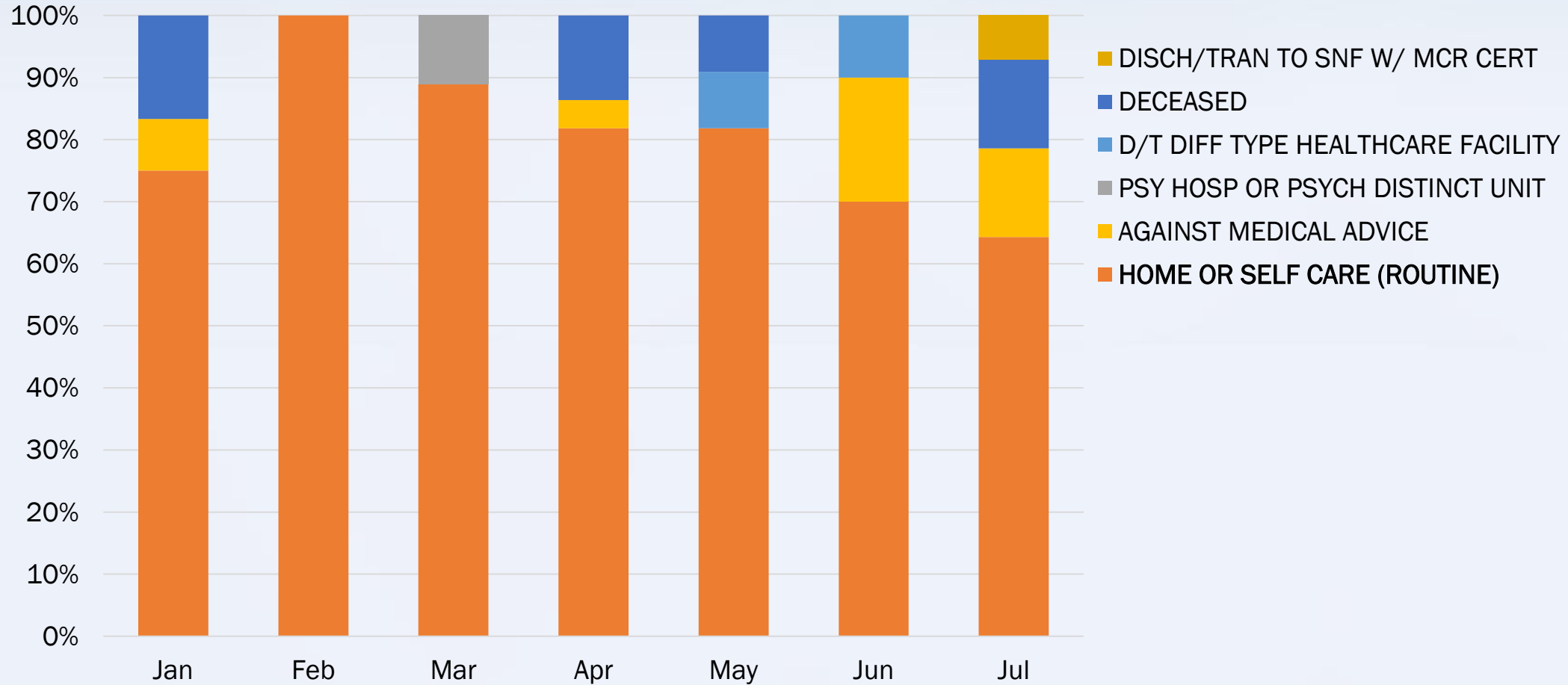
Discharge Disposition of UVM MC ED Encounters
With DX Code "Opioid OD/ Poisoning", by Year





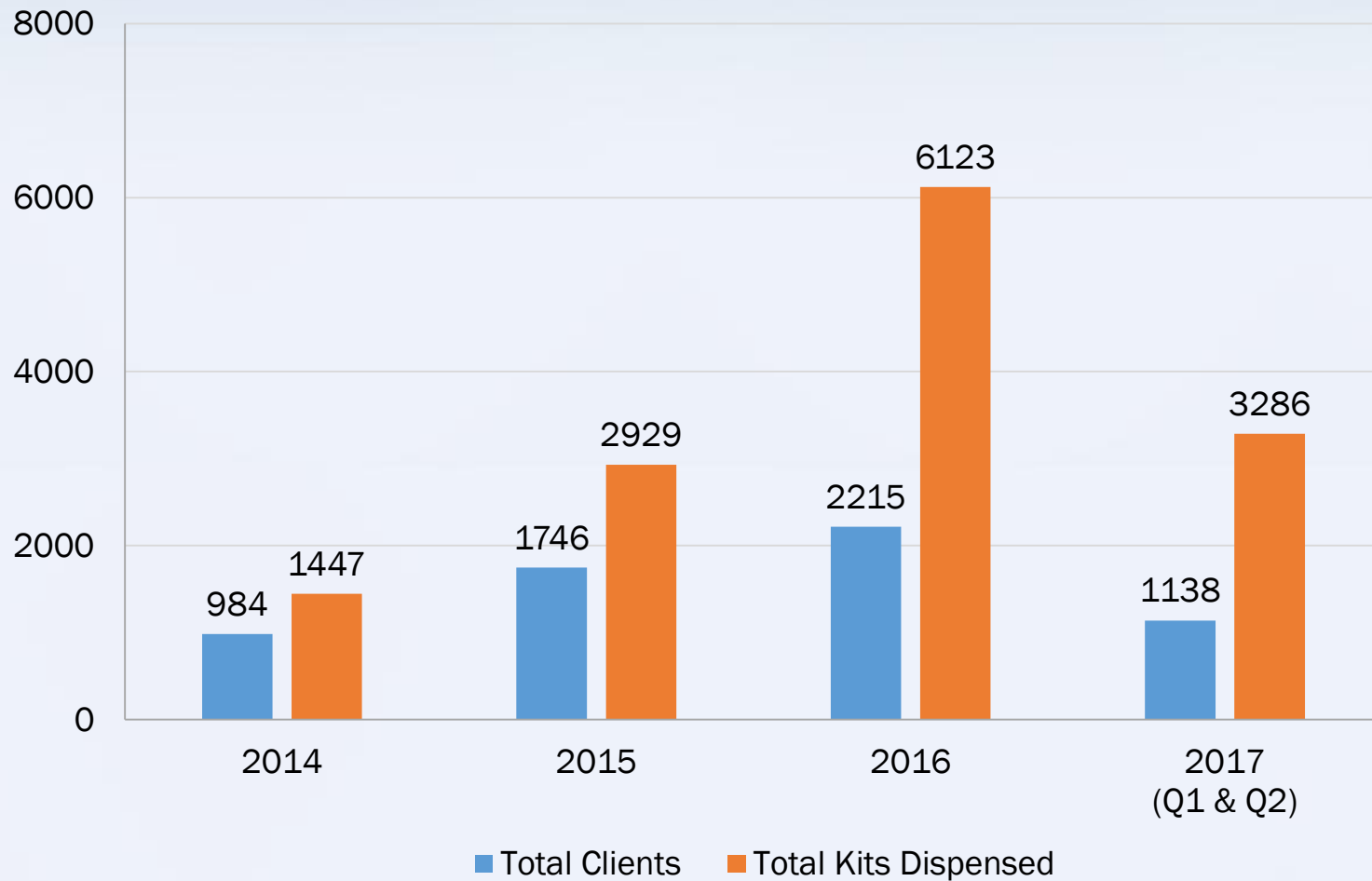
UVM MC Opioid Related ED Visits

2017 Discharge Disposition of UVM MC ED Encounters
With DX Code "Opioid OD/ Poisoning", by Month



UVM MC Opioid Prescription Levels

Total Number of Clients and Kits Distributed by OOPRP per Year



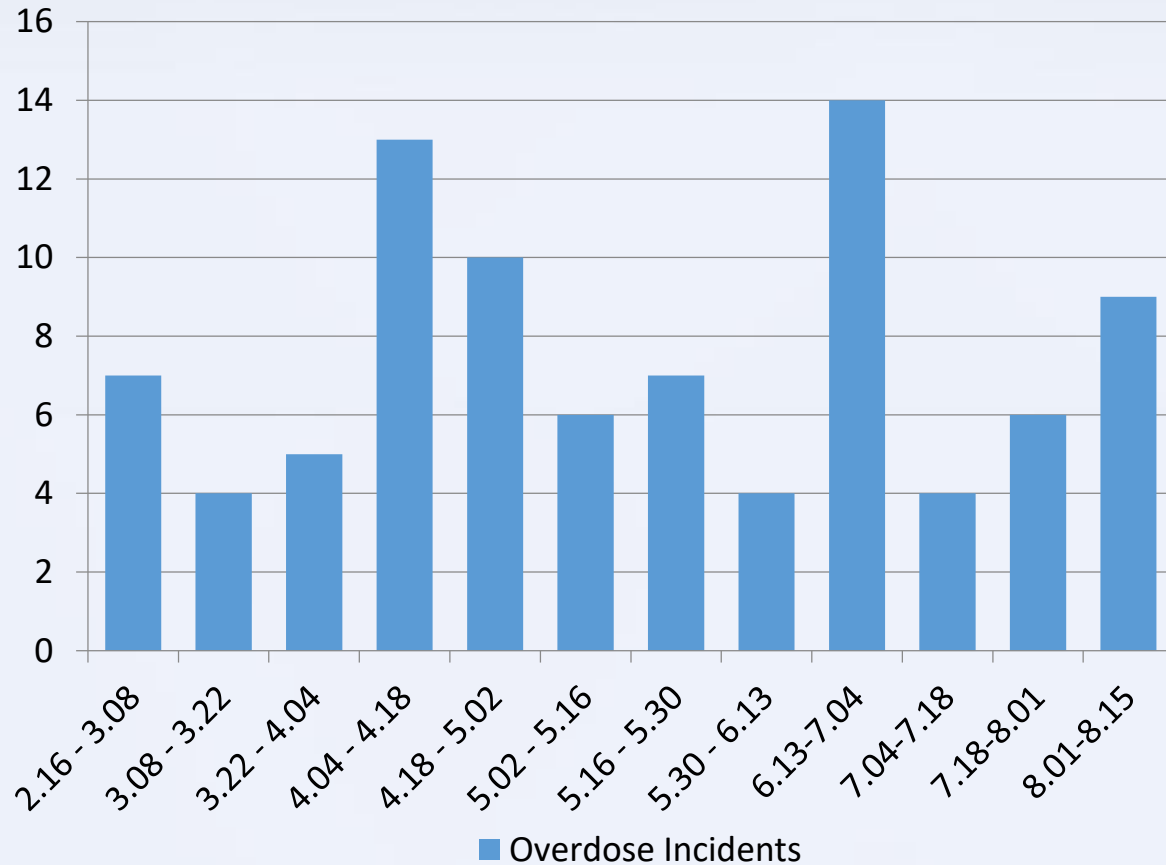
Initial 2018 Legislative Considerations

- 1. Follow up on 2017 H468 / MAT in prison**
 1. Consistent 120d application across VT facilities
 2. Consistent transition protocol
 3. Consider operational changes as well – integrate DOC rep into triage team?
- 2. Enable Medicaid to be utilized for out-of-State treatment options when supported by ASAM level assessment**
- 3. Expand infrastructure for chronic mental health , addiction and co-occurring diagnosis'**
- 4. Explore means to extend treatment regimes, perhaps including by sentencing guidelines (i.e., 21 days of treatment may not be impactful)**
- 5. Documenting sobriety to change or shorten sentencing**
- 6. Insurance industry incentives regarding pain management alternatives such as acupuncture, reiki, massage therapy etc...**
- 7. Enhancing Prevention Infrastructure**



SubStat Opioid OD Incidents

Opioid-Related "Overdose" Calls Responded to by BPD, CPD, SBPD, MPD, EPD & WPD per SubStat Period



25

Non-Fatal Opioid-Related Overdose Incidents Among SubStat Partners Since July 1st

3

Fatal Opioid-Related Overdose Incidents Among SubStat Partners Since July 1st

Chittenden County Opioid Alliance

Locally and nationally, opioid use disorder has increased to epidemic levels. In 2015, more than 52,000 drug overdose deaths occurred in the United States, over 63% of which involving an opioid. Also in 2015, opioid-related overdoses in Vermont eclipsed car crash fatalities by 31 percent. On average, 91 Americans die every day from an opioid overdose. The social and economic costs of substance use disorder reach into every corner of our community.

In January 2016, a group of state and community partners recognized that multiple uncoordinated efforts existed to address the complex causes and effects of the opioid epidemic. By organizing those efforts using a Collective Impact framework and shared agenda, the partners began collaborating more effectively and formed the Chittenden County Opioid Alliance (CCOA). The CCOA is comprised of committed partners from many sectors including businesses, non-profit agencies, government, and community members. The CCOA envisions a substance use disorder prevention, treatment and recovery system of care that is timely, coordinated and comprehensive.

Alliance members have divided into Action Teams with goals that reflect their specific expertise: Treatment Access and Recovery Supports; Community-level Prevention; Workforce Development and CommStat (data driven coordination of law enforcement and human service agencies). Data is aggregated across partners, as well as through the work of the Action Teams. This dashboard serves to keep community members informed about the progress being made by the Alliance, as well as the climate of opioid use in Chittenden County.

You can read more about the Alliance on the [CCOA website](#).



Key Indicators

	Key Indicators	The Public are Informed About the Climate of Opioid Use in Chittenden County	Time Period	Actual Value	Current Trend
-	G				
+	I	Number of Accidental Opioid Overdose Fatalities in Chittenden County	2017	12	↘ 1
+	I	Number of Opioid Overdose Incidents Responded to by District 03 (Chittenden Cty) EMS	Jul 2017	14	↗ 2
+	I	Number of Opioid-Related Emergency Department Visits at UVM Medical Center	Jun 2017	9	↘ 2
+	I	Average Number of Individuals on the Chittenden County Hub Wait List	Q2 2017	90	↘ 4
+	I	Average Time Spent on the Chittenden County Hub Wait List by Individuals	Jun 2017	58 Days	→ 1
+	I	Number of Medicaid Beneficiaries Treated by Spoke Providers in Chittenden County	May 2017	534	↗ 1

<http://www.ecosproject.com/chittenden-county-opioid-alliance/scorecard-and-outcomes>

Next CommStat Meeting



- 9/28 (Thursday) 8:30-11:00 AM
- Contois Auditorium