



Kent County Opioid Task Force Meeting
Thursday, May 12, 2022
12:00 – 1:30 PM

Attendance: Amber Hubbell, Kent ISD; Vicki Makley, Priority Health; Laura Luchies, Nate Phillips, Adam Ritsema, Emmajean Spoelman, Jamison Van Andel, DataWise Consulting; Nirali Bora, Joann Hoganson, Rachel Jantz, Olivia Pina, Kent County Health Department; Catherine Kelly, Steve Alsum, Grand Rapids Red Project; Jenn Brower, Sanford House; Joe Abram, KCSO; Jayne Courts, Daniel Roper, Trinity Health; Madeline VanLoon, SpartanNash & Ferris State College of Pharmacy; Susan DeVuyst-Miller, Heather Rork, Ferris State College of Pharmacy; Scott Jaworski, Alkermes; Erica Bradley, Jason Storm, Cherry Health; Lisa Hoekstra, Nottawaseppi Huron Band of the Potawatomi; Ross Buitendorp, Network 180; Kristl Smith, Spectrum Health

- **Naloxone Standing Order Evaluation Toolkit** - Laura Luchies, DataWise Consulting
 - Description: The naloxone standing order allows people to obtain naloxone at participating pharmacies without a prescription (two-thirds of pharmacies are enrolled)
 - Goal of evaluation: Identify weaknesses, strengths, opportunities for improvement
 - Interviews and focus groups completed in summer 2020
 - 11 key informant interviews; 5 online focus groups with 29 participants
 - Identify indicators of success (pharmacy involvement; pharmacist awareness & stigma; public awareness & stigma; naloxone prescriptions filled through standing order; naloxone kept on hand; overdose reversals; overdose death)
 - Flowchart
 - Pharmacy enrollment, trainings, and PSAs; awareness and stigma; naloxone recommended or requested; naloxone distributed; potential overdose; naloxone administered; overdose reversal; post-overdose care; end goal
 - Evaluation tools (one-page infographics are currently being reviewed by MDHHS)
 - Stakeholder survey (170 participants from KCOTF listserv)
 - Areas of greatest impact: dispensing naloxone through standing order; pharmacist training and awareness; opioid overdose reversals
 - Areas of least impact: public awareness; stigma among pharmacists; public stigma
 - Greatest barriers: lack of public education and awareness; public and pharmacist stigma; inadequate post overdose care
 - Community survey (655 participants)
 - Public awareness: familiar with naloxone (85%); aware naloxone is available without a prescription (66%); can recognize signs of an opioid overdose (61%); can administer naloxone (60%)
 - 83% agree that naloxone should be available to everyone
 - 27% would not feel comfortable asking for naloxone at a pharmacy
 - 1 in 10 respondents keep naloxone on hand in their everyday life (many respondents work in healthcare or have prior knowledge of naloxone due recruitment methods)
 - Pharmacist survey (700 participants)
 - 93% had naloxone training in past 5 years

- 67% recommended naloxone to a patient filling an opioid prescription
- 45% recommended naloxone to a patient who may be using illegal opioids
- 33% had ever dispensed naloxone under the Michigan standing order
- 31% believe those who use illicit opioids take more from society than they give
- 13% believe naloxone accessibility enables illicit drug use
- 11% would rather not care for people with OUD in their practice
- 80% average of items measuring awareness of standing order
- 77% average of items measuring awareness of opioid overdose and naloxone administration
- Pharmacy secret caller study (101 pharmacies, 65 enrolled in standing order; this method more closely reflects what community members would experience when calling a pharmacy)
 - 88% of callers reported positive treatment from pharmacy staff members
 - 58/65 pharmacies had naloxone available and in stock
 - 48/65 pharmacies said caller could get naloxone without a prescription
 - 44/65 pharmacies did not make other inaccurate statements about requirements
 - 44% of community-based pharmacies had accessible naloxone
- Scorecard
 - Pharmacy involvement: 67.2/100 points
 - Pharmacist awareness and stigma: 76.1/100 points
 - Public awareness and stigma: 74.6/100 points
 - Naloxone prescriptions: 64.4 per 100,000 residents
 - Naloxone kept on hand: 11.3 per 100 residents
 - Overdose reversals: unknown; difficult number to determine
 - Overdose deaths: 17.7 per 100,000 (State of Michigan)
- Website: <https://www.wereadatawise.com/our-work/naloxone>
- **Prevention Updates** - Amber Hubbell, Kent ISD
 - Subcommittee is aiming to provide prevention education to 4th and 5th grades in neighborhoods with high frequencies of overdose; hoping to build off current lessons building awareness and safety
 - Kent ISD is also working with Western Michigan University in Promise Neighborhood area
 - Looking to engage parents in those communities as well
 - Currently pulling resources through ISD and health department to see where we have overlap and that is age-appropriate for these students
 - Question: Who will be doing the education?
 - Answer: Teachers trained in Michigan Model for Health; KCHD health educators; graduate assistants
- **Intervention Updates** - Steve Alsum, Grand Rapids Red Project; Dr. Jayne Courts, Trinity Health
 - Each of us comes to this field with our own background and perspective; a strength of the KCOTF
 - There are significant barriers to being able to effectively address this issue, which is seen in the lack of progress made as a society
 - Subcommittee is planning to organize a presentation to give to some of the professional colleges in town (e.g., medical school, public health, social work, etc.)
 - Present the students with the problem and difficulties in addressing these issues and inviting the students to participate in a dialogue to help us problem solve
 - Currently developing an elevator pitch is to bring it to various colleges and universities
 - Then develop the slide deck
 - We will have a team of 8-10 presenters, present in pairs to have individuals with 2 different perspectives
 - Ask presenters to bring the feedback back to the subcommittee to further address the opioid epidemic that maybe we haven't tried

- I Can Narcan – bring along naloxone kits to presentations as well to continue dialogue and improve naloxone distribution at the same time
- Interest:
 - Susan DeVuyst-Miller – Ferris State College of Pharmacy
 - Amber Hubbell – GVSU Public Health
 - Catherine Kelly – Grand Rapids Red Project
 - Vicki Makley will follow up with GVSU
- Timeline:
 - Have presentation ready to go in September to coincide with fall semester
- Laura Luchies and Jayne Courts will be in touch about including naloxone standing order information in presentation
- **Treatment & Recovery Updates** - Ross Buitendorp, Network 180
 - Focus: few providers within primary care that have an x-waiver and even fewer that are prescribing (initial focus was one system, but are expanding that to include UMH-W, Trinity Health, and Spectrum)
 - Reaching out to Michigan Opioid Partnership and Michigan Opioid Collaborative
 - Gap analysis – why can't we get more primary care doctors using their x-waiver (e.g., need more behavioral health support; perceived time requirements; fee-for-service model; incentives not aligned; access to substance use disorder treatment)
 - Currently identifying metrics – how many doctors in Kent County are x-waivered and how many are currently prescribing to increase the number on a county-wide basis (not going after individual doctors)
 - Getting together a group of doctors to determine how we can support primary care
 - Article featuring Dr. Poland about SAMHSA site being obsolete: https://www.news-journal.com/national-addiction-treatment-locator-has-outdated-data-and-other-critical-flaws/article_3f548bcb-19d8-55a7-bcc2-1750fef9af1b.html
 - Recovery coaches at Red Project would also utilize a list of currently prescribing providers
- **Leadership Updates** - Rachel Jantz, Kent County Health Dept.
 - Seeking to enhance health system alignment, sharing best practices
 - Making sure we are using the network visualization resource (<https://kumu.io/datavise/csr1418-network-map>)
 - Ensure we are keeping track of available grants and initiatives locally
 - Received COSSAP grant – going to be starting on that grant soon
 - Drug overdose anomalous event communication with state and local communication partnership – presenting on this at the Michigan Premier Public Health Conference in June with Rita Seith (MDHHS)
 - Overdose fatality review – mock fatality review taking place in June
- **Kent County Data Report** - Rachel Jantz, Kent County Health Dept.
 - 2021 data are complete: 84 opioid-related overdose deaths
 - Fentanyl present in 90% of opioid overdose deaths
 - 100% of heroin overdoses include fentanyl
 - 88% of methamphetamine overdoses include fentanyl
 - 66% of cocaine overdoses include fentanyl
 - Cocaine present in 38% of opioid overdose deaths

Upcoming Meetings

Prevention Subcommittee	Thursday, June 16, 11:00AM-12:00PM
Intervention Subcommittee	Thursday, June 16, 12:00-1:00PM
Treatment & Recovery Subcommittee	Friday, May 20, 12:00-1:00PM