

The Drug Overdose Epidemic in Northeast Ohio – Our Community’s Action Plan Revisited



RECOVERY RESOURCES
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In late 2013, many of Northeast Ohio’s leading institutions gathered for a daylong summit in an effort to find solutions to the region’s heroin epidemic. A Community Action Plan was formulated over the over the course of multiple planning meetings and finalized after the summit. The purpose of the document was to serve as a master plan as we moved forward as a community. The Action Plan was divided into four categories: Education and Prevention; Healthcare Policy; Law Enforcement; and Treatment.

The group that formulated the Action Plan continued to meet every other month as part of what became to be known as the U.S. Attorney’s Heroin and Opioid Task Force. Those categories eventually morphed into four subcommittees: Education and Prevention; Healthcare Policy and Treatment; Law Enforcement; and Data and Analytics.

On Sept. 6, 2018, the group reconvened to update the Community Action Plan.

The reasons are numerous. Many parts of the 2013 Action Plan have been achieved. Some were not. Still other goals changed slightly based on experience. The nature of the problem changed as well: fentanyl caused an unprecedented surge in overdoses. Heroin overdoses declined. Cocaine overdoses increased. The public became more aware of the scope of the problem. Controversy over the use of Narcan largely went away. Illegal narcotics were more readily available online. The list goes on.

What follows is an effort to update the Community Action Plan to reflect the realities of 2018. This document is very much a working draft and not written in stone. Some of these items are immediately actionable while others will take time. And not every agency that helped developed this plan is in complete agreement with every item contained. The hope is this Action Plan will serve as a roadmap and tie together various ongoing efforts working toward the same goal – preventing people from becoming addicted to drugs, removing the stigma around addiction, helping treat people who have become addicted, choking off the supply and demand for drugs in the community, and working collaboratively to make our region healthier, safer and stronger.

This Action Plan was developed based upon input from representatives of the following agencies and organizations: the United States Attorney’s Office, the Cleveland Clinic, the MetroHealth System, University Hospitals, St. Vincent Charity Hospital, the Cuyahoga County Executive’s Office, the Cuyahoga County Medical Examiner’s Office, the Northeast Ohio Hospital Opioid Consortium, the Center for Health Affairs, the ADAMHS Board of Cuyahoga County, Recovery Resources, the Cuyahoga County Board of Health, the Cuyahoga County Prosecutor’s Office, the Academy of Medicine of Cleveland and Northern Ohio, the Cleveland Division of Police, the Drug Enforcement Administration, the Federal Bureau of Investigation, Cuyahoga County Common Pleas Court, Case Western Reserve University, Cleveland State University, the VA Medical Center, the Ohio Attorney General’s Office, the Cuyahoga County Sheriff’s Department, the West Shore Enforcement Bureau, the State of Ohio Board of Pharmacy and others.

EDUCATION AND PREVENTION SUBCOMMITTEE
DRAFT ACTION PLAN

I. WORKFORCE ENGAGEMENT

- Work to develop partnerships with Northeast Ohio employers, modeled after best practice programs
- Continue to partner with the Building Trades Council and other labor unions to discuss the dangers of self-medicating and opioid abuse
- Educate employers and unions about addiction and the recovery process
- Conduct/support a job fair for those in recovery

II. DIVERSE AUDIENCES, PROGRAMMING AND PARTNERS

- Partner with religious communities for community meetings and possible shared message opportunities in which all participating organizations identify high-impact opportunities to discuss the epidemic
- Provide training for religious leaders
- Establish partnerships with local colleges and universities
- Conduct/support early intervention campaigns across all age groups using both traditional and innovative approaches
- Customize programming in a way that acknowledges that the drug epidemics vary across different geographic areas and among different demographics

III. SPEAKERS

- Develop and maintain a list of vetted, qualified speakers to discuss various aspects of the opioid/drug abuse epidemic
- Have an organization facilitate the creation and upkeep of a list of speakers as well as the distribution of speaker contact info.

IV. COMMUNITY AND MEDIA AWARENESS

- Continue to provide updates to the media and make speakers available
- Continue to provide information about harm-reduction strategies and combat misunderstandings or false narratives
- Continue to develop messages focused beyond just opioids but instead focused on overcoming the stigma of addiction
- Communicate that the epidemic is evolving, including the emergence of different drugs, problems and solutions
- Discuss addiction as a disease, not a moral failing

V. ADVANCING AND SUPPORTING EFFECTIVE PROGRAMS

- Work with remaining communities that have not done so to install a pill drop box in their police station, with a goal of 100 percent participation

- Continue to publicize National Drug Take Back Day(s) in the spring and fall
- Support the expansion of fentanyl test strip programs
- Support Naloxone distribution, including in homes
- Support distribution of drug disposal bags
- Support other emerging programs that are proven effective
- Support and publicize platforms that update the public, in real time, about what treatment services are available

Note: Education of medical community will be addressed by the Healthcare Policy and Treatment Subcommittee

**OPIOIDS AND NARCOTICS TASK FORCE– LAW ENFORCEMENT
SUBCOMMITTEE**

DRAFT COMMUNITY ACTION PLAN

I. INTERDICTION

- Federal, state and local law enforcement will continue to work together to reduce the supply of opioids, cocaine, methamphetamine and other illicit narcotics
- Prosecutors will seek long prison sentences, as appropriate, for drug traffickers who seek to profit from Ohio's drug epidemic
- Use traditional narcotics investigative techniques to exploit data and evidence obtained from overdose victims and drug users to identify drug traffickers in local neighborhoods as well as larger networks of out-of-district and international suppliers
- Based on broad usage of intelligence-sharing platforms (e.g. CaseExplorer), coordinated law enforcement efforts will continue to pinpoint larger networks of traffickers
- Strengthen structures and relationships so law enforcement will be nimble enough to address the next drug crisis before it becomes an epidemic
 - Assistant U.S. Attorneys assigned as liaison to every county prosecutor's office and various narcotics task forces, including local law enforcement task forces, in the district.
 - In areas of the greatest need, the U.S. Attorney's Office will establish as SAUSA program and, on a case-by-case basis, assign AUSAs to serve as designated special prosecutors on local matters
- Recognize the nature of drug trafficking has somewhat changed and continue to dedicate investigative resources to online/dark net drug trafficking
 - Develop cyber-capable AUSA in OCDETF unit to investigate and prosecute dark net and cryptocurrency cases
- Utilize new and improved technology at U.S. Postal to interdict unprecedented amount of drugs being shipped via U.S. mail and other carriers
- Through HIDTA, OCDETF and USAO, provide additional funding to the Cuyahoga County Medical Examiner's Office to pay for drug testing being done in relation to federal cases
 - Also seek to utilize emerging technologies, such as fentanyl test strips
- Utilize the new Strike Force to improve collaboration, de-confliction and data sharing among FBI, DEA, HSI, USPIS Cleveland Police, Cuyahoga County Sheriff and others.
- Fully implement Operation SOS in Lorain County to:
 - reduce drug trafficking there
 - determine if it is a viable model for other counties
- Seek Investment Review Board support for expanded CellBrite program for use in local law enforcement investigations

- Continue to utilize Heroin-Involved Death Investigation Teams to investigate fatal overdoses and, when appropriate, seek manslaughter (state) or death-specification (federal) charges

II. PILL DIVERSION

- DEA Tactical Diversion Squad will continue to coordinate efforts with federal and state partners, including medical and dental boards, to remain vigilant
- U.S. Attorney's Office Diversion Working Group will bring together drug and white collar prosecutors, civil attorneys, attorneys in branch offices and community outreach workers to:
 - Initiate cases based on ACUMEN Medicare Fraud analysis
 - Provide leads on outlier prescribers to investigators
 - Use all criminal, civil and regulator remedies to pursue negligent or intentional diversion of prescription controlled substances by prescribers or dispensers
 - In appropriate cases, seek restraining orders to preclude physicians from prescribing controlled substances
- Continue to encourage police departments that have not done so to install pill drop boxes
- Continue to promote National Drug Take Back Day twice a year through public awareness and media opportunities.

III. DATA

- Use HIDTA as a clearinghouse for de-confliction and data collection, with an emphasis on using data to inform strategies and resource allocation
- Share law enforcement data as appropriate with other community partners (obviously not to the detriment of ongoing investigations)
- Continue to encourage, through training, funding and other means, data-driven policing and regular meetings between federal, state and local crime analysts
- Use DOJ grant opportunities to strengthen data collection and analysis

IV. SUPPORT SERVICES

- Law enforcement continues to support treatment and drug courts for drug users who would benefit
- As appropriate, municipalities are encouraged to consider establishing Quick Response Teams or Safe Passages programs
- Law enforcement will continue to work with area schools, churches, community groups, PTAs, media and others to warn about the dangers of drug abuse
- Area municipalities are encouraged to equip their police officers with Narcan

V. EXISTING CHALLENGES

- Identify challenges to effectively investigating and prosecuting opioid-related offenses, including:
 - Insufficient resources to staff response to non-fatal overdoses
 - Many departments lack sufficient capacity for crime intelligence analysis
 - The heavy burden placed on labs and the ongoing delays in obtaining lab results
 - Poor coordination of data sharing between law enforcement and health/treatment agencies due to HIPAA or state privacy laws
 - No complete data-based assessment of outcomes associated with overdose fatality prosecutions to weigh efficacy of these resource-driven initiatives (Continue to support ongoing CWRU study)
- Proposed Issue 1 and its potential to limit/preclude prosecutions of fentanyl dealers

DATA & ANALYTICS SUBCOMMITTEE

DRAFT ACTION SUPPORT PLAN

A. WHAT IS TO COME NEXT?

Can data provide a Comprehensive, Community Wide Coordinated Response in Real Time?

- I. Grant Initiatives
 - Academic / Public)
 - Private / Non-Profit Initiatives
- II. Data sharing across platforms and disciplines
 - Data Sharing Models (Warehouse vs. Federated)
 - Barriers to overcome (Legislative vs. Bureaucratic)
- III. Data mining (old data)
 - Data uses? Purposes for each discipline (Education, Treatment, Law Enforcement)
 - Data Needs - Future trends, predictive modeling
 - What is missing? Who is missing?

B. DATA CONSIDERATIONS

TIME FRAMES (BOTH IMPLEMENTATION AND DATA AVAILABILITY)

IMMEDIATE

INTERMEDIATE

LONG TERM

LEVEL

LOCAL

STATE

FEDERAL

EXPENSE

NO COST

LITTLE LOW COST

HIGH COST

THEMES

ADAPTABILITY

DIVERSITY

SHARABILITY

SECTORS

TREATMENT

LAW ENFORCEMENT/PROSECUTION

MEDICAL/MORTALITY

ACCESSABILITY

PUBLIC

PRIVATE BUT SHARABLE FOR OFFICIAL
USE

PROPRIETARY/CONFIDENTIAL

NORTHEAST OHIO HOSPITAL OPIOID CONSORTIUM

GOAL & OBJECTIVES **E** EDUCATION **D** DATA **P** POLICY **CP** COMMUNITY PARTNERSHIP

COMMUNICATION



GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
DEVELOP CONSORTIUM COLLABORATIVE WEBSITE	E D	QTR II 2018	Develop collaborative, interactive SharePoint website to communicate with members, share best practices, and easily disseminate updates, information and data.	QTR II 2018	COMPLETE
DEVELOP CO-BRANDED PROGRAM VIDEO	E	QTR IV 2018	Create brief informational video featuring Consortium member hospitals and highlighting collaborative approaches to address the opioid crisis.	QTR IV 2018	NOT STARTED

EDUCATION AND PATIENT MANAGEMENT

GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
CREATE COMPREHENSIVE EDUCATION PROGRAM FOR NURSES AND FRONTLINE STAFF	D	QTR II 2018	<p>Nursing education program:</p> <ul style="list-style-type: none"> Form education subcommittee comprised of hospital nurse leaders. Survey and analyze existing educational practices and resources across Consortium hospitals. Explore certification options. 	QTR II 2018	COMPLETE
	E	QTR II 2018	<p>Obtain, review and integrate content for a standardized nurse education program for use across the continuum of care (e.g., emergency department, acute care, and ambulatory care). Topics will include:</p> <ul style="list-style-type: none"> The disease of addiction and its physiology Opioid risk tools and withdrawal assessments; Utilization of AUDIT-C and CAGE-AID screening tools and SBIRT model (Screen, Brief Intervention, Referral to Treatment) Communicating with and treating patients with Substance Use Disorder (SUD); Managing patients with medical complexities and co-occurring SUD; Managing patients with difficult behaviors as well as, family and visitors.; Pain management and addiction certifications (see Prevention); Education program to include contact hours/CEUs. 	QTR III 2018	IN PROGRESS
	E	QTR IV 2018	Utilize nurse education program to create scope appropriate education program for frontline staff and medical assistants.	QTR IV 2018	NOT STARTED
	E	QTR I 2019	Utilize nurse education program to create scope appropriate education program for ambulatory care providers.	QTR II 2019	NOT STARTED
	E	QTR III 2018	<ul style="list-style-type: none"> Develop evaluation criteria and measure outcomes through pre-and-post surveys for nurses, medical assistants, frontline staff and ambulatory care staff. Track and measure completion of the education program with a target of 100% of employees. Identify impact on practice change, address remaining gaps, revise and continue. 	QTR III 2019	NOT STARTED

STATUS COLOR KEY **RED** (serious issues/delays requiring immediate action) **YELLOW** (potential for serious issues requiring corrective action) **GREEN** (on track)

EDUCATION AND PATIENT MANAGEMENT (continued)










GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
EXPAND AVAILABILITY OF PATIENT AND PUBLIC EDUCATION RESOURCES	E	QTR II 2018	<ul style="list-style-type: none"> Assess current educational resources for patients and general public. Collect and review existing patient education content including Narcan resources (see Harm Reduction). Utilize Deaths Avoided with Naloxone (DAWN) materials. Distribute resources for increased accessibility. 	QTR IV 2018	IN PROGRESS
		QTR I 2019	<ul style="list-style-type: none"> Collect, assess, and synthesize current provider education resources, content and initiatives to create a standardized program for non-physician providers, including APRNs and PAs. Disseminate content/toolkit. Assess and compile educational program materials targeted to Primary Care Physicians (PCPs), including managing patients with medical complexities and co-occurring SUD, managing patients with difficult behaviors, and managing families and visitors. Disseminate content/toolkit. 	QTR II 2019	NOT STARTED
DEVELOP HIGH-LEVEL PROVIDER EDUCATION	E	QTR II 2019	All residency training programs within Consortium hospitals (General practice, internal medicine, OB-GYN, Peds and psychiatry) to include at least one physician faculty member certified to provide MAT in every outpatient site that trains residents or medical students.	QTR III 2019	NOT STARTED

HARM REDUCTION







GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
INCREASE TO ACCESS AND USE OF NASAL NARCAN	E	QTR II 2018	<ul style="list-style-type: none"> Assess current nasal Narcan availability in inpatient and outpatient departments. Assess availability of Narcan in hospital retail pharmacies. Assess availability of Narcan in emergency departments (EDs). 	QTR IV 2018	NOT STARTED
		QTR III 2018	Develop and disseminate educational and resource toolkits for staff distribution to patients and families, including: <ul style="list-style-type: none"> Nasal Narcan frequently asked questions. Where/how to acquire nasal Narcan. Information on treatment options for the disease of addiction. Destigmatiz addiction (addiction as a disease, etc.) Incorporate existing DAWN materials. 	QTR I 2019	IN PROGRESS
		QTR III 2018	Create comprehensive menu for providing nasal Narcan to patients at all stages in the continuum of care with the goal of increasing the amount of primary care physicians prescribing nasal Narcan. Menu to include: <ul style="list-style-type: none"> Guidelines to identify at-risk patients and recommendations for prescribing nasal Narcan. Physician talking points for at-risk patients. Educational resources providers can distribute to patients and families. 	QTR II 2019	NOT STARTED
	D	QTR IV 2018	Assess feasibility and potential to expand availability of nasal Narcan take-home kits in emergency departments	QTR I 2019	NOT STARTED
		QTR IV 2018	Assess feasibility and potential to expand availability of nasal Narcan take-home kits in hospital retail pharmacies.	QTR I 2019	NOT STARTED

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TREATMENT





GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS	
INCREASE USE OF MEDICATION ASSISTED TREATMENT (MAT)	 	QTR IV 2018	<ul style="list-style-type: none"> Survey prescribers (MDs, APRNs, PAs) from member hospitals to determine waiver prevalence. Survey prescribers to identify barriers to prescribing MAT. Develop provider educational platform on benefits of MAT, including buprenorphine. Expand MAT training in residency programs (see Education and Patient Management) Incorporate ECHO (Extension for Community Healthcare Outcomes) model. Increase use of MAT by 100%. 	QTR II 2019	NOT STARTED	
		QTR IV 2018		QTR I 2019	NOT STARTED	
EXPAND USE OF ADDICTION CONSULTATION SERVICES		QTR I 2019	Assess availability of addiction consultation services and explore expansion opportunities within hospital environment. 100% of Consortium hospitals will refer high risk SUD patients to addiction consultation services for evaluation and follow-up	QTR III 2019	NOT STARTED	
		QTR III 2018		QTR I 2019	NOT STARTED	
LINK PATIENTS TO OPIOID TREATMENT PROGRAMS (OTPs)	  	QTR III 2018	Expand hospital use of peer support programs: <ul style="list-style-type: none"> Assess current utilization and reimbursement. Explore Ascent program (ADAMHS Board). Explore feasibility of expanding education programs and certification. 	QTR I 2019	NOT STARTED	
		QTR II 2018			QTR III 2018	IN PROGRESS
		QTR II 2018			TBD	IN PROGRESS
EXPAND OPIOID TREATMENT PROGRAM (OTP) OPTIONS		QTR II & III 2018	Assess government and non-government insurance coverage for detoxification and treatment (heroin and opioid), identify reimbursement gaps, and develop opportunities for OTP growth. Explore availability and barriers to hospital detox and treatment services.	QTR III 2018	NOT STARTED	
		QTR III 2019		Create or expand telehealth solutions that includes SUD treatment.	QTR I 2020	NOT STARTED

PREVENTION



GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS	
IMPROVING PRESCRIBING PRACTICES WITHIN EACH HOSPITAL SYSTEM	 	QTR II 2018	*Contingent upon development of OHA benchmarks and data sets; further dissect this complex goal, develop process measures and create an implementation plan for the objectives described below. Revisit status of OHA data project in QTR III 2018. Develop and share quality prescriber peer review and identify outliers. Provide educational opportunities to help prescribers fully incorporate state and federal opioid prescribing guidelines. Identify, examine and compare coordinated care plans among hospitals systems and provide resources to assist with patients in coordinated care programs. Review and implement Ohio Medical Board/Center for Disease Control guidelines for acute and chronic pain management and ensure hospitals use internal controls to monitor compliance.	TBD*	ON HOLD	
		ONGOING			ONGOING	IN PROGRESS
		ONGOING			ONGOING	IN PROGRESS
		QTR II 2018			QTR III 2018	IN PROGRESS
		ONGOING			ONGOING	IN PROGRESS

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PREVENTION (continued)

GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
IMPROVE PAIN MANAGEMENT PRACTICES		QTR IV 2018	Identify availability, utilization and expansion of alternative/holistic pain management techniques and SUD treatment modalities.	QTR II 2019	NOT STARTED
	 	QTR II 2018	Explore creation of pain management nurse champions through certification programs in pain management, alternative/holistic pain management techniques and SUD treatment modalities.	QTR IV 2018	IN PROGRESS
		QTR II 2018	Assess government and non-government insurance coverage for alternative/holistic pain management modalities to identify gaps and opportunities for program and reimbursement changes.	TBD	IN PROGRESS

DATA

GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
DEVELOP DATA SET TO MEASURE IMPACT AND IMPROVE OUTCOMES		QTR II 2018	Provide comprehensive collection of secondary data sets (e.g., OHA, and Cuyahoga County Medical Examiner) to Consortium members through SharePoint site.	QTR II 2018	COMPLETE / ONGOING
		QTR III 2018	Explore feasibility of collecting aggregated regional hospital prescribing data from OHA to demonstrate changes in prescribing practices and identify opportunities for improvement. *Dependent on OHA data collection and data sharing agreements.	QTR II 2019	NOT STARTED

FOCAL AREA	LEVEL	INITIATE	OBJECTIVE	STATUS
TREATMENT	L S F	QTR II 2018	Enhance access to MAT and lessen regulations regarding suboxone prescribing.	IN PROGRESS
	S F	QTR II 2018	Maintain insurance coverage, including Medicaid expansion.	ONGOING
	S F	QTR II 2018	Increase patient limits for buprenorphine prescribing.	IN PROGRESS
TREATMENT	F	QTR III 2018	Incentivize MAT prescriber education by increasing Medicare reimbursement under the Merit-based Incentive Payment (MIPS) System.	NOT STARTED
	F	QTR II 2018	Amend 42 CFR Part 2 to align with the Health Insurance Portability and Accountability Act (HIPAA).	IN PROGRESS
	F	QTR II 2018	Pass H.R. 5197, which directs HHS to conduct a demonstration program to test alternative pain management protocols specific to emergency departments.	IN PROGRESS
OTHER TREATMENT CONSIDERATIONS	S F	QTR II 2018	Require all public and private insurers to cover all treatment types (including, but not limited to: detoxification, inpatient treatment, outpatient treatment, medication-assisted treatment, and residential treatment).	ONGOING
	S F	QTR II 2018	Dedicate additional resources for treatment beds, including sober living and transitional housing.	ONGOING
	S F	QTR III 2018	Eliminate prior authorization for MAT for both Medicare and Medicaid enrollees.	IN PROGRESS
REIMBURSEMENT	F	QTR III 2018	Eliminate 190-day lifetime cap for Medicare inpatient psychiatric hospital reimbursement.	NOT STARTED
	S F	QTR II 2018	Expand reimbursement for treatment alternatives to opioids for pain.	IN PROGRESS
	S F	QTR II 2018	Eliminate the IMD exclusion and begin reimbursing providers for delivering treatment to Medicaid enrollees.	IN PROGRESS
OTHER REIMBURSEMENT CONSIDERATIONS	S F	QTR II 2018	Realign incentives: opioids are currently a cheaper alternative for both providers and patients than most over-the-counter pain relievers and less expensive than enrolling patients into therapy to address addiction.	IN PROGRESS
	S F	QTR II 2018	Encourage ODM to reimburse for hospital peer support programs.	COMPLETE
	F	QTR II 2018	Invest in Prescription Drug Monitoring Programs (PDPMs) to encourage greater information sharing between providers.	IN PROGRESS
PRESCRIBING, DATA TRACKING AND EHR UTILIZATION	S F	QTR II 2018	Improve interoperability between providers and PDPMs in different states.	IN PROGRESS
	S F	QTR II 2018	Incentivize industry-wide electronic prior authorization and make available to healthcare providers at point-of-care in EHRs.	IN PROGRESS
	F	QTR III 2018	Authorize physicians to prescribe more than a three-day supply of suboxone in the emergency department.	NOT STARTED

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OTHER CONSIDERATIONS	S	QTR III 2018	Eliminate prior authorization requirements for naloxone take home kits and require all insurers to cover kits.	IN PROGRESS
	S F	QTR III 2018	Provide additional funding for naloxone to lessen the burden on municipalities.	IN PROGRESS
	F	QTR III 2018	Support changes to HIPAA which allow for hospitals to report non-fatal overdoses to law enforcement.	NOT STARTED
	F	QTR II 2018	Eliminate patient satisfaction surveys that include questions about pain.	IN PROGRESS
	S	QTR II 2018	Maintain Ohio's limits on opioid prescribing (7 days); oppose efforts to shorten beyond Ohio's limit.	IN PROGRESS
EDUCATION	F	QTR II 2018	Revisit quality measures: Complete multi-stakeholder evaluation of pay-for-reporting programs to evaluate forthcoming pain management questions as revised in HCAHPS and Inpatient Quality Reporting Program reports.	IN PROGRESS
	S F	QTR II 2018	Keep in mind legitimate uses for opioids for patients with severe chronic conditions – avoid burdensome requirements to refill small-dose prescriptions frequently.	IN PROGRESS
	S	QTR III 2018	Consider use of regional and/or statewide Health Information Exchange (HIE).	NOT STARTED
	F	QTR II 2018	Support HHS' development of a national curriculum and standard of care for opioid prescribers, <u>as outlined in the President's commission report</u> .	IN PROGRESS
	F	QTR III 2018	Support prescriber education through medical and dental school.	NOT STARTED
EDUCATION	F	QTR III 2018	Support prescriber education as continuing medical education.	NOT STARTED
	L S	QTR III 2018	Invest in education regarding safe prescribing guidelines for both providers and patients.	NOT STARTED

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