## Overview of Grants to Address Opioid Crisis, Division of Public Health

<table>
<thead>
<tr>
<th>Grant Name</th>
<th>Funding Source</th>
<th>Amount</th>
<th>Term</th>
<th>Focus</th>
<th>Location/Counties</th>
<th>Status Report (July 20, 2018)</th>
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<tbody>
<tr>
<td><strong>Opioid Harm Prevention Program (OHPP)</strong></td>
<td>CDC</td>
<td>$939,000/year*</td>
<td>4 years (September 2015-August 2019)</td>
<td>Health Care Systems:</td>
<td>Multifaceted, multidisciplinary approach through implementation of primary prevention strategies in three key areas: 1. Enhance and maximize state Prescription Drug Monitoring Program (PDMP). 2. Implement community or insurer/health system interventions aimed at improving prescribing practices. 3. Evaluation of policy. 4. Develop and implement rapid response projects targeting women of reproductive age.</td>
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<td><strong>Prescription Drug Overdose: Prevention for States (PDO:PfS)</strong></td>
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<td>$876,000/Year</td>
<td>3 years September 2016-August 2019</td>
<td>County and tribal partners:</td>
<td>Prescription Drug Monitoring Program:</td>
<td>1. Ten health care organizations integrated ePDMP with electronic health records 2. System developments have begun to increase capabilities for health care organization medical coordinators to monitor prescribing practices. 3. Over 6,000 users responded to survey, which are currently being analyzed and used for further improvements to system. 4. Plans to promote system upgrades based on surveys have begun.</td>
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<td><strong>Supplemental PDO:PfS</strong></td>
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<td>$752,000/year</td>
<td>2 years September 2017-August 2019</td>
<td>ProHealth Care</td>
<td>2. Community or insurer/health system interventions:</td>
<td>1. ED opioid pathway project continues to evaluate the effectiveness of this provider education model. Evaluation of program has begun. 2. ProHealth system has integrated EHR records and 45 providers have been trained on the Wisconsin Medical Society’s 30 CME opioid module. 3. Seven health care organizations from across state are setting the stage (EHR system changes and setting up referral mechanisms), have begun or will shortly begin academic detailing (provider education) within their health care systems. Topics covered include: reducing opioid prescribing in acute settings (ED or urgent care) and in primary care; addressing treatment of dental pain in acute settings; stigma and reporting requirements for pregnant women with opioid use disorder; screening and encouragement to sign up for waiver training to prescribe buprenorphine; and co-prescribing of naloxone with those prescribed opioids.</td>
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<td><strong>Expansion Supplemental PDO:PfS</strong></td>
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1. **Prescription Drug Monitoring Program:**
   - Ten health care organizations integrated ePDMP with electronic health records
   - System developments have begun to increase capabilities for health care organization medical coordinators to monitor prescribing practices.
   - Over 6,000 users responded to survey, which are currently being analyzed and used for further improvements to system.
   - Plans to promote system upgrades based on surveys have begun.

2. **Community or insurer/health system interventions:**
   - ED opioid pathway project continues to evaluate the effectiveness of this provider education model. Evaluation of program has begun.
   - ProHealth system has integrated EHR records and 45 providers have been trained on the Wisconsin Medical Society’s 30 CME opioid module.
   - Seven health care organizations from across state are setting the stage (EHR system changes and setting up referral mechanisms), have begun or will shortly begin academic detailing (provider education) within their health care systems. Topics covered include: reducing opioid prescribing in acute settings (ED or urgent care) and in primary care; addressing treatment of dental pain in acute settings; stigma and reporting requirements for pregnant women with opioid use disorder; screening and encouragement to sign up for waiver training to prescribe buprenorphine; and co-prescribing of naloxone with those prescribed opioids.
     - One highlight is academic detailing on stigma with clinic staff. The detailing resulted in increased knowledge about stigma and more compassionate attitudes and behaviors toward pregnant women with opioid use disorder. An evidence-based stigma booklet has been developed and is being used in the training.
   - Five sites are actively conducting overdose fatality reviews (OFRs) in order to better understand the circumstances surrounding an overdose death and inform prevention efforts among multisector stakeholders. Two new sites will begin training on process and data collection, and will conduct a local OFR before Aug. 31.
   - Provide technical assistance designed to increase the capacity of local health departments and tribal health centers to utilize data to assess local context, inform programming and evaluation, and enhance community partnerships.
     - Awarded more than $77,000 to nine local health departments that promote local opioid harm prevention activities. Projects run through Aug. 31, 2018.
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- Webinar series and news briefs for capacity building have begun.
- Several DHS staff attended a meeting convened by Great Lakes Inter-Tribal EpiCenter (GLITEC) to discuss linking state opioids mortality and morbidity data relative to American Indians residing in Minnesota, Wisconsin, Michigan, and the City of Chicago. The plan is to determine common definitions of population and opioid burden to be shared by the states, enabling GLITEC to analyzed results on a regional basis.
  - An additional outcome of the meeting is that DHS will be providing Wisconsin Tribal communities with opioid incidence and prevalence data specific to their communities for use in applying for upcoming SAMHSA funding.

3. Evaluation of Policy:
   - Evaluation of Statewide Standing Order for Naloxone has begun. Interviews have been started with a dozen more scheduled over the next month. Virtual focus groups with pharmacists will take place mid-August. This information will be used for promotional campaigns.
   - Public facing promotional campaign, which will include videos and social media, is in the planning stages. Complementary campaign targeting pharmacists is being planned by Pharmacy Society of Wisconsin.

4. Rapid Response Project: Identify and implement innovative projects to expand on existing work or areas of need – Women and Opioids
   - Utilizing information from surveys of women with lived experience, provider and patient education materials have been developed to prevent opioid-exposed pregnancies. Findings from surveys and plans for educational tools were presented virtually and at meetings.
   - Site selected for pilot site for comprehensive care model, based on criteria identified in the needs assessment of pregnant and postpartum women with opioid use disorder (OUD).
   - A quality improvement tool is currently being developed with input from a variety of stakeholders.
   - A situation analysis of women affected by opioids in the Bad River community includes a primary prevention component (survey and educational materials development including video production) and interviews of pregnant and postpartum women with identified opioid use disorder. Bad River interviews and focus groups with mothers with OUD and key informants are taking place in July and August.
   - Pregnancy2Recovery model has received seven referrals; participants are currently active and working with coaches. Partnerships have been developed to recruit more women who could benefit from this project. Clinic staff was educated on stigma, recovery coaches were interviewed to evaluate progress.
   - African American study on opioid harm: Three community conversations have taken place.
Interviews with key informants are being conducted July-August. Literature review and quantitative data analysis are also being done to understand the unique impacts of opioid harm on African American communities and to develop community-led responses that are contextually and culturally relevant. Discussion with PHMDC about this study and potential collaborations taking place on July 27.

**Strategy 1: Nonfatal overdoses**
- Provided data for the data call on July 15th (for the first quarter of 2018)
- Last reported data:
  - EMS 18Q1: 1,153 opioid overdoses (up 6% from last quarter), 345 heroin overdoses (up 17% from last quarter)
  - Suspected ED 2018Q1: 467 opioid overdoses (down 11% from last quarter), 220 heroin overdoses (same from last quarter)
  - It looks like 2018Q2 is increasing though, for both opioids in general and heroin.
- RPA for the ImageTrend DataMart (EMS data) has been signed by the Governor and so we can move forward with the PO. We should have the data feed set up by the end of August
- Next steps:
  - Finish up the validation of the syndromic ED data by comparing it to the hospital discharge data
  - Examine our case definitions to see if they need to be refined
  - CDC has requested that we work on creating our 4th indicator in ESSENCE (any IV drug use and opioid use)

**Strategy 2: Fatal overdoses**
- Examination of July 2016-June 2017 data (have a poster for the Epi Open House on this data)
  - 791 fatal opioid overdoses (66% male, 45% 35-54 years, 79% NH White)
  - According to toxicology data:
    - 41% had only opioids as the cause of death
    - 26% had opioids and benzodiazepines
    - 24% had opioids and stimulants
    - Most common opioid found as cause of death was heroin (52%); 38% had fentanyl
- Next steps:
  - Answer the next data call (August 31, 2018)
  - Continue working with the analytic files and develop an analysis plan
  - Update the linked analytic file (death certificates, SUDORS, hospitalizations, and PDMP)

**Strategy 3: Dissemination**
- We are analyzing opioid web traffic with Google Analytics:
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| PDO:PfS Expansion Supplement + ESOOS Supplement (Implemente d by OHPP and OHI) | CDC | $530,000 with contribution s from PDO:PfS and ESOOS Supplement | 1 year September 2017-August 2018 | More comprehensive and timely toxicology death data | Statewide | • Screening and analysis equipment, for more timely and comprehensive toxicology data, was installed at the Wisconsin State Laboratory of Hygiene (WSLH). Media visited the site in mid-July to ask about this equipment.  
• Development is underway for electronic toxicology data reporting system between Wisconsin State Lab of Hygiene and Department of Health Services.  
• The second meeting of the coroners and medical examiners (C/ME) user group took place; eight C/MEs from across state attended to discuss electronic transmittal of toxicology results from WSLH. Discussions have begun around creating and disseminating materials for use at death scene investigations. |

- 217 views of WISH opioid deaths module (down from May)  
- 142 views of WISH opioid hospitalizations module (down from May)  
- We generally see a decrease in views across all our web pages during the summer  

- We are working on a county-level monthly report of suspected opioid overdoses from ambulance data (in collaboration with OPEHC) and it is currently being reviewed by EIA. We hope the first report will be going out in August. Also, the first report will be on the regional level since we are working out how to automate it before we tackle all counties.  
- Next steps:  
  - Send out the monthly report to regional health officers and local health departments  
  - Develop quarterly and annual reports  

**Supplemental Funding: Electronic reporting of WSLH toxicology**  
- The second C/ME User Group meeting was held. Counties seemed open to the idea of DHS receiving toxicology results, with some concerns about legality issues.  
- Business requirements are being written up for IAS approval  

**Supplemental Funding: WSLH training**  
- Trainings for CMEs are happening, very positive feedback.

**Grant Functions**  
- DPH was awarded the third year of funding for the full amount  

[www.dhs.wisconsin.gov/opioids](http://www.dhs.wisconsin.gov/opioids)