

New Mexico: A State's Experience

Implementation, Maintenance, and Evaluation

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There are no conflicts of interest to disclose.

Outline

- ▶ Background
- ▶ New Mexico Pain Management CME Requirements
- ▶ Indian Health Service CME Requirements
- ▶ Project ECHO Pain and Opioid Management
- ▶ New Mexico: A Case Study

New Mexico- Prescription Opioid and Heroin Overdose

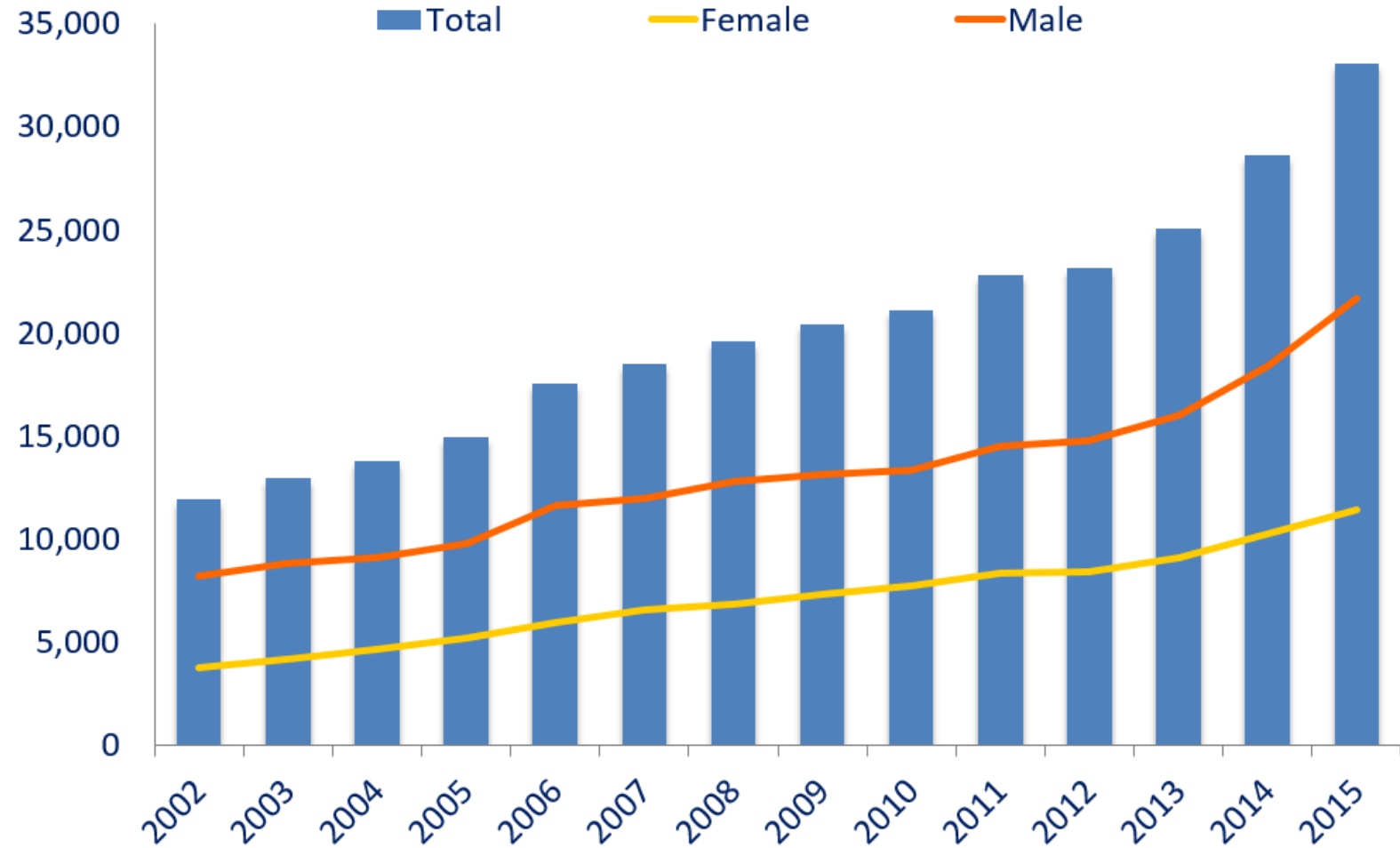
- Historically, one of the highest rates of opioid deaths in the U.S.
- 2015- #8 for opioid-related overdose deaths (11% reduction from 2014)
- Diversity includes: Hispanics and American Indians-with 29 pueblos and much of the Navajo Nation
- Many deaths combined with alcohol and other illicit drugs, such as cocaine and methamphetamine
- NM is one of only a few states that require both and opioid education. Most states have exemptions for some clinicians.

New Mexico Drug Overdose Deaths

Year	Number of Overdose Deaths
2008	513
2009	428
2010	468
2011	521
2012	486
2013	449
2014	536* (111 deaths due to methamphetamine)
2105	491

National Overdose Deaths

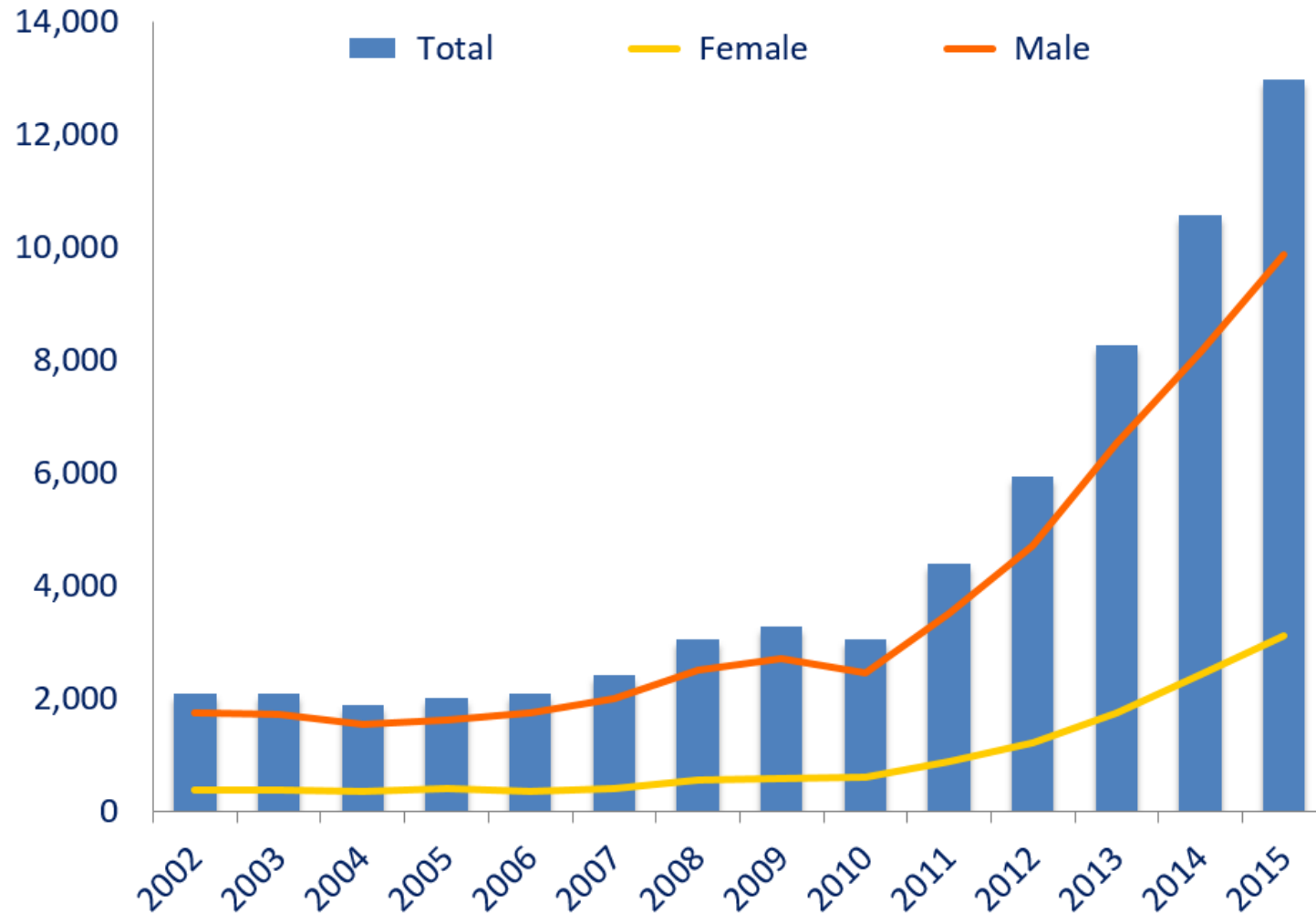
Number of Deaths from Opioid Drugs



Source: National Center for Health Statistics, CDC Wonder

National Overdose Deaths

Number of Deaths from Heroin



Source: National Center for Health Statistics, CDC Wonder

Mandated CME in New Mexico

- ▶ NM 2012 (SB 215) - Mandated Continuing Education specific to Pain and Opioid Substance Use Disorder for ***all clinicians with prescriptive authority***
- ▶ *All Clinical Licensing Boards were authorized to promulgate their own guidelines, however all boards followed the New Mexico Medical Board's immediate requirement*

Mandated CME in New Mexico

- ▶ The New Mexico Medical Board (NMAC 16.10.14) initially required 5 CME hours (within 20 months) with a Medical Board audit of 100% of licensees. All subsequent renewals require attestation of CME completion with a 10% audit.
- ▶ NMAC 16.10.14 triennial requirements include five hours CME specific to pain and addiction as part of 75 CME hours total

New Mexico Pain and Safe Opioid Prescribing Trainings

Treating Chronic Pain and Addiction in the Southwest: Addressing Best Practices and Current Regulations

This course will provide a separate dentistry specific plenary track.

These courses are approved by all New Mexico licensing boards to fulfill the requirements specific to pain and addiction. Clinicians in neighboring states of AZ, CO, TX and UT are welcome to attend.

Presented by:



SCHOOL of MEDICINE

UNM Pain Consultation & Treatment Center
Department of Neurosurgery

University of New Mexico Pain Courses

Topics include:

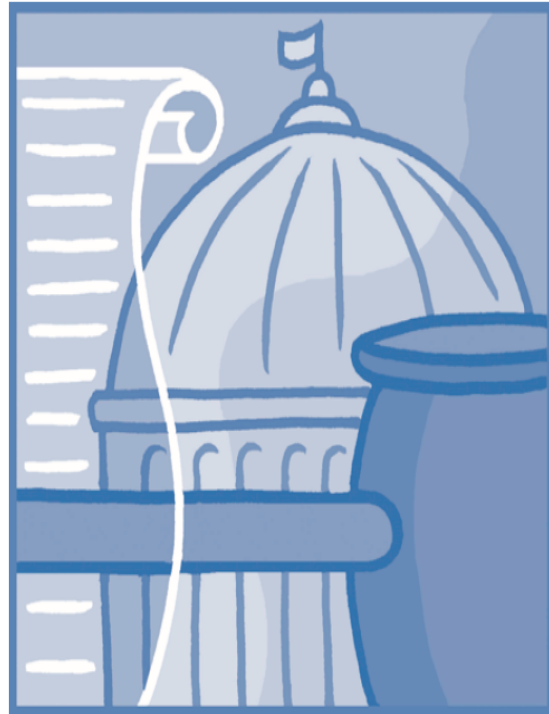
- ▶ Overview of opioid overdose crisis statewide and nationally
- ▶ Use of non-opioid medications (and other non-pharmacological treatments) for pain management
- ▶ Identification of patients at risk for opioid substance use disorder, misuse, and diversion
- ▶ Pediatric and adolescent pain management
- ▶ Federal and State laws pertaining to controlled substances and PDMP
- ▶ Naloxone as a harm reduction measure; co-prescribing to high risk patients



University of New Mexico Pain and Safe Opioid Prescribing Trainings

- Available to all clinicians in New Mexico and surrounding states
- Minimal course fee
- 5 hour courses offered on Saturday mornings throughout New Mexico
- Traditional didactics and interactive, breakout sessions with vignettes
- Voluntary IRB study included in all courses, not tied to obtaining CME
- Study examined the pre-post changes in clinician knowledge, self-efficacy and attitudes

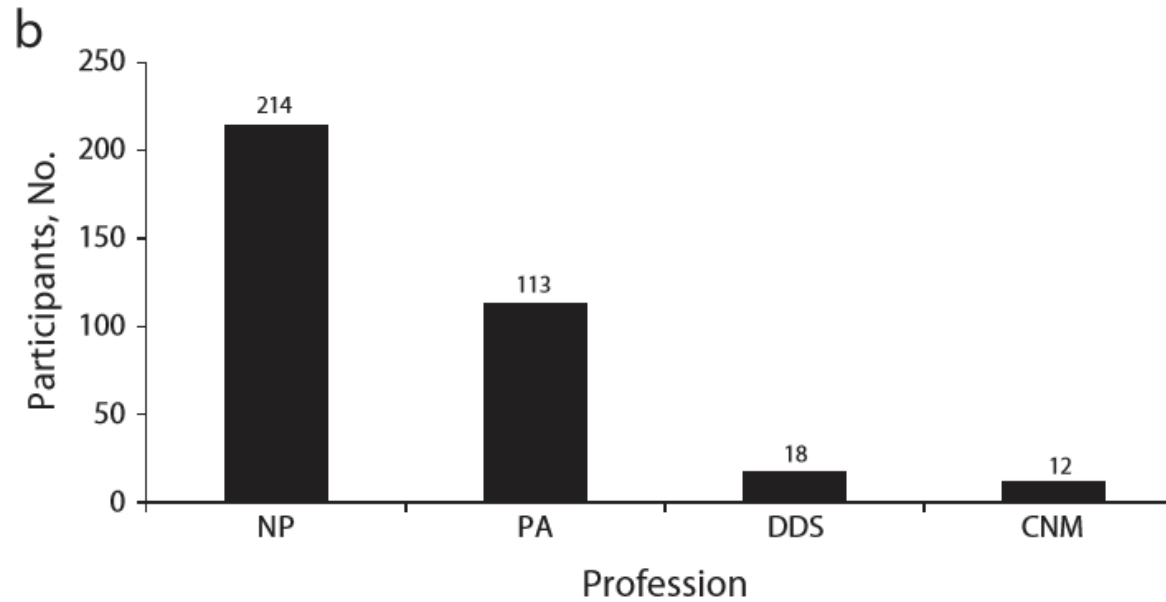
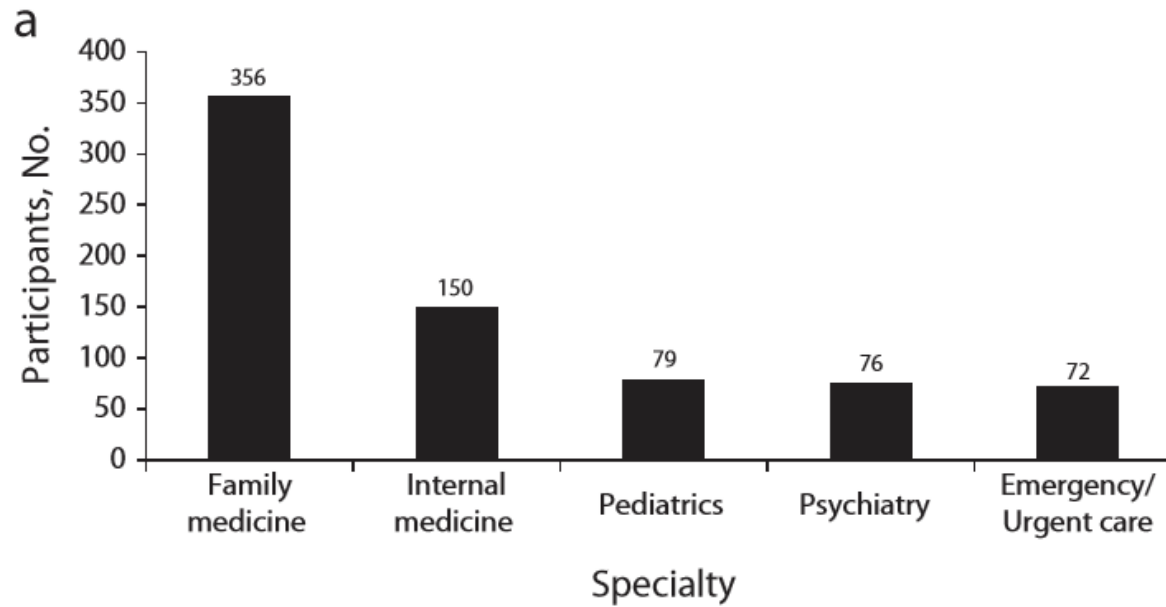
GOVERNMENT, LAW, AND PUBLIC HEALTH PRACTICE



The Public Health Crises of Chronic Pain and Addiction

Rules and Values: A Coordinated Regulatory and Educational Approach to the Public Health Crises of Chronic Pain and Addiction

Joanna G. Katzman, MD, MSPH, George D. Comerchi, MD, Michael Landen, MD, MPH, Larry Loring, RPh, Steven M. Jenkusky, MD, MA, Sanjeev Arora, MD, Summers Kalishman, PhD, Lisa Marr, MD, Chris Camarata, MD, Daniel Duhigg, DO, MBA, Jennifer Dillow, MD, Eugene Koshkin, MD,



Note. CNM = certified nurse-midwife; DDS = doctor of dental surgery; NP = nurse practitioner; PA = physician assistant.

FIGURE 2—Most represented University of New Mexico Pain Center Course participants by (a) physician specialty (n = 733) and (b) profession for nonphysician clinicians (n = 357): November 3, 2012–May 18, 2013.

TABLE 1—Chronic Pain 1-Day Survey Summary: New Mexico, November 3, 2012–May 18, 2013

Measure	Precourse Mean	Postcourse Mean	Difference				
			No.	Mean (SD)	Student <i>t</i>	<i>P</i>	Effect Size (d)
Knowledge Survey							
Test score (10 possible)	7.04	8.78	1075	1.74 (1.68)	34.01	< .001	1.04
Percent score (100% possible)	70.4	87.8	1075	17.4 (16.8)	34.01	< .001	1.04
Self-Efficacy Survey							
Overall rating (7 possible)	4.56	5.47	1073	0.91 (0.85)	34.80	< .001	1.06
Percent rating (100% possible)	65.2	78.1	1073	12.9 (12.2)	34.80	< .001	1.06
KnowPain-12 Survey							
Overall rating (6 possible)	4.23	4.66	1052	0.44 (0.39)	35.63	< .001	1.10
Percent rating (100% possible)	70.5	77.8	1052	7.3 (6.6)	35.63	< .001	1.10

Note. Overall rating: tests for significance. Scores were adjusted to be unidirectional for the overall analysis, with the higher number being the ideal direction of improvement.

TABLE 2—Prescriptions of Opioid Analgesics and Benzodiazepines: New Mexico Prescription Monitoring Program Data, 2008–2013

Time Period	Opioid Prescriptions Filled, No.	Total MME of Opioids Dispensed, No.	Opioid MME per Prescription, No.	Benzodiazepine Prescriptions Filled, No.	Total VME of Benzodiazepines Dispensed, No.
2008 January–June	748 518	835 798 584	1117	330 192	208 790 533
2008 July–December	748 716	838 432 412	1120	334 092	215 025 059
2009 January–June	782 970	872 458 043	1114	352 051	230 144 820
2009 July–December	783 379	920 667 804	1175	355 856	234 702 614
2010 January–June	803 663	980 218 843	1220	366 773	247 186 367
2010 July–December	778 050	985 578 313	1267	351 687	243 520 952
2011 January–June	809 523	972 977 485	1202	355 233	247 584 917
2011 July–December	880 838	1 039 292,508	1180	380 106	263 125 880
2012 January–June	863 768	998 153 444	1156	365 219	252 794 005
2012 July–December	886 416	969 522 667	1094	362 415	250 480 873
2013 January–June	896 925	926 180 808	1033	358 570	229 931 101

Note. MME = morphine milligram equivalents; VME = Valium milligram equivalents.

Indian Health Service Pain and Safe Opioid Prescribing

Indian Health Service Pain and Addiction “Essential Trainings”

- ▶ The Indian Health Service began ECHO Pain/Addiction July 2013
- ▶ The IHS began “Essential Trainings” in Pain and Addiction for **all prescribing clinicians in their Federal agency**
- ▶ From January 2015 – present, IHS requires 5 hours of pain and addiction training via adobe connect format
- ▶ Educational Content almost identical to UNM/New Mexico blueprint
- * **Over 2,931 clinicians have taken the training**
- * **10,000+ no-cost CMEs have been awarded.**

Evaluation of American Indian Health Service Training in Pain Management and Opioid Substance Use Disorder

Joanna G. Katzman, MD, MSPH, Chris Fore, PhD, Snehal Bhatt, MD, Nina Greenberg, MS, Julie Griffin Salvador, PhD, George C. Comerci, MD, Christopher Camarata, MD, Lisa Marr, MD, Rebecca Monette, BS, Sanjeev Arora, MD, MACP, Andrea Bradford, MSc, Denise Taylor, MD, Jenny Dillow, MD, and Susan Karol, MD

We examined the benefits of a collaboration between the Indian Health Service and an academic medical center to address the high rates of unintentional drug overdose in American Indians/Alaska Natives.

In January 2015, the Indian Health Service became the first federal agency to mandate training in pain and opioid substance use disorder for all prescribing clinicians. More than 1300 Indian Health Service clinicians were trained in 7 possible 5-hour courses specific to pain and addiction.

We noted positive changes in pre- and postcourse knowledge, self-efficacy, and attitudes as well as thematic responses showing the trainings to be comprehensive, interactive, and convenient. (*Am J Public Health*. Published online ahead of print May 19, 2016: e1–e3. doi:10.2105/AJPH.2016.303193)

Human Services tasked with providing health care to AI/AN. In January 2015, IHS deployed 5-hour pain and addiction training.

These virtual educational sessions, sponsored in collaboration with the IHS Telebehavioral Center of Excellence, were grounded on the mandated State of New Mexico continuing medical education training initiated in 2012.⁵

facilitators of the IHS Pain and Addiction TeleECHO Clinic as well as faculty from the University of New Mexico Pain Center and ECHO (Extension for Community Healthcare Outcomes) Pain. Clinicians received 5 hours of no-cost continuing medical education and continuing education credits.

Didactics included the following: “Overview of Public Health Crises of Pain and Drug Overdose Deaths.” “Safe Opioid

Participation in IHS Pain and Addiction “Essential Trainings”

Clinicians from **28 states** participated.

The most robust participation included the following states:

- ▶ Arizona (251)
- ▶ New Mexico (154)
- ▶ Minnesota (128)
- ▶ Oklahoma (103)

TABLE 1—US Indian Health Service Training in Pain Management and Opioid Substance Use Disorder—Pre–Post Knowledge, Self-Efficacy, and Attitudes: Indian Health Service Telebehavioral Center of Excellence Virtual Training, January–June 2015

Survey: Measure	Precourse Mean	Postcourse Mean	Difference in Means (SD)
Knowledge:			
Overall (max 12)	8.16	10.04	1.88 (2.05)
Score (max 100%)	68.04	83.73	15.69 (17.09)
Self-efficacy:			
Overall (max 6)	3.70	4.41	0.71 (0.81)
Score (max 100%)	61.71	73.61	11.90 (13.43)
KnowPain-12:			
Overall (max 6)	3.53	3.79	0.26 (0.55)
Score (max 100%)	58.90	63.19	4.29 (9.25)

Note. The sample size was n = 1079.



Project ECHO Pain and Opioid Management

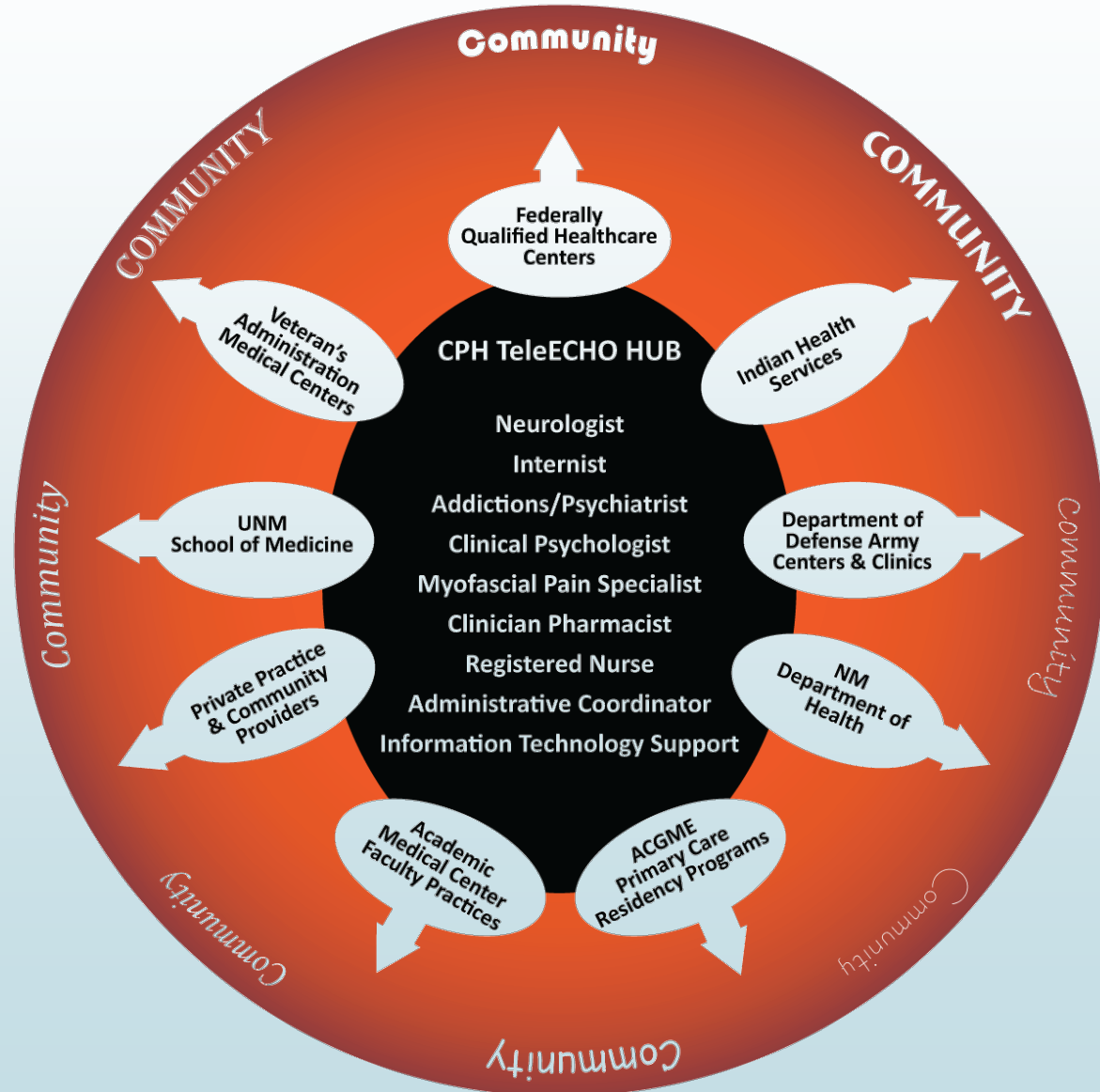
Clinician to Clinician Education via videotechnology providing No-Cost Continuing Medical Education while offering didactics and Case Based Learning

Project ECHO Pain and Opioid Management

- ▶ Education of primary care providers and other allied health professionals
 - ▶ Weekly teleECHO program is delivered through Zoom- a videoconferencing platform
 - ▶ Curriculum- didactics and demonstrations that build upon each other
 - ▶ Case-based learning
 - ▶ Workplace learning
 - ▶ Mini-residency, 2-day trainings
 - ▶ No cost CME
 - ▶ **Pain and Safe Opioid Management Curriculum is offered many times throughout the year and fulfills the New Mexico requirements for CME**



Concept of "Force Multiplication" via Hub/Spokes



Project ECHO Opioids and Addiction Module Satisfies NM opiate pain management mandates

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 10 MEDICINE AND SURGERY PRACTITIONERS
PART 14 MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

16.10.14.1 **ISSUING AGENCY:** New Mexico Medical Board, hereafter called the board.
[16.10.14.1 NMAC - N, 1/20/03; A, 4/3/05]

16.10.14.2 **SCOPE:** This part applies to all New Mexico medical board licensees who hold a federal drug enforcement administration registration.
[16.10.14.2 NMAC - N, 1/20/03; A, 9/28/12]

16.10.14.3 **STATUTORY AUTHORITY:** These rules are promulgated pursuant to and in accordance with the Medical Practice Act, Sections 61-6-1 through 61-6-35 NMSA 1978 and the Pain Relief Act, Sections 24-2D-1 NMSA through 24-2D-6.
[16.10.14.3 NMAC - N, 1/20/03; A, 9/28/12]

16.10.14.4 **DURATION:** Permanent
[16.10.14.4 NMAC - N, 1/20/03]

16.10.14.5 **EFFECTIVE DATE:** January 20, 2003, unless a later date is cited at the end of a section.
[16.10.14.5 NMAC - N, 1/20/03]

16.10.14.6 **OBJECTIVE:** It is the position of the board that practitioners have an obligation to treat chronic pain and that a wide variety of medicines including controlled substances and other drugs may be prescribed for that purpose. When such medicines and drugs are used, they should be prescribed in adequate doses and for appropriate lengths of time after a thorough medical evaluation has been completed.
[16.10.14.6 NMAC - N, 1/20/03; A, 4/3/05]

16.10.14.7 **DEFINITIONS:**
A. "Addiction" is a neurobehavioral syndrome with genetic and environmental influences that results

MODULE 2: Opioids and Addictions

OPIOID INDICATIONS AND USE

CHRONIC OPIOID TREATMENT : MEDICAL CONCERNS

CHRONIC OPIOID TREATMENT: BEHAVIORAL CONCERNS

ADDICTIONS AND CHRONIC PAIN

NON-OPIOID CHRONIC PAIN MEDICATIONS

ECHO Pain and Opioid Management: Replication in North America

- ▶ University of Washington (Tele-Pain)
- ▶ Veteran's Administration (SCAN-ECHO)
- ▶ Community Health Centers (CT, AZ, CA)
- ▶ Army Pain ECHO / Navy Pain ECHO
- ▶ Canada Pain and Addictions – in progress (Ontario)
- ▶ IHS National Center for TeleBehavioral Health (Pain and Addictions)
- ▶ UC Davis ECHO Pain
- ▶ University of Missouri
- ▶ University of Kansas

Recent New Mexico Legislation

State of New Mexico- Legislative Actions

- ▶ Legislation Passed- March 2016
 - ▶ PDMP usage upon initial prescription (if more than 4 days) and every 3 months thereafter
 - ▶ Naloxone Standing Order- making Naloxone available *without* a prescription for those who need it
- ▶ Legislation Passed- April 2017
 - ▶ House Bill 370 requiring Naloxone be carried by all law enforcement officers
 - ▶ Take-home naloxone distributed at all Medication Assisted Treatment Facilities
 - ▶ Take-home Naloxone given to inmates being released who suffer from OUD

New Mexico- A Case Study

- **Mandatory CME requirements** on chronic pain and opioid management (2012 legislation)
- **Mandatory PDMP monitoring** requirements (2016 legislation)
- **Mandatory Naloxone carrying for law enforcement**, for all OTP programs and for all inmates with OUD upon release from prison (2016 legislation)
- **Good Samaritan Law** (2007)
- Wide Use of naloxone in community
- Educational campaigns for public and providers
- Improving access to MAT
- Engaging providers

Thank you!