

PERU and TAC Testimony
The Center for Rural Pennsylvania
October 26, 2017

A. Introductions and Thank You for the Opportunity

Good morning, my name is Dr. Jan Pringle. I am founder and Director of the Performance Evaluation Research Unit (PERU) at the University of Pittsburgh, School of Pharmacy. This morning, I am joined by my colleague, Dr. Lynn Mirigian, the Project Director for the Pennsylvania Opioid Overdose Reduction Technical Assistance Center (TAC) at PERU.

I want to thank Senator Yaw, our host, and The Center for Rural Pennsylvania for the opportunity to testify here before you today.

B. Description of PERU and the TAC

As mentioned, I founded and lead PERU at the University of Pittsburgh, School of Pharmacy. I am an epidemiologist by training, with extensive experience in health services research. My area of expertise is health services research and organizational health, especially as it relates to healthcare innovation implementation. I have conducted for over 25 years numerous health services research studies and program evaluation efforts involving (but not limited to): screening, brief intervention and referral to treatment (SBIRT), innovative addiction treatment approaches, chronic disease intervention and prevention models, medication adherence interventions, and patient access to care improvement efforts. I have also developed a systems transformation framework for assessing organizational health and guiding systems transformation, which has been used with the Veterans Health Administration, primary care practices, and Integrated Care practices, among other health care sites and entities. Throughout my career, I have secured over \$140 million in grants from a variety of sources, and I have developed healthcare policy research and briefs that have been used to inform policy development at both the state and federal level. Currently, PERU conducts research and oversees implementation of projects in four areas: SBIRT, medication adherence, organizational health, and opioid use disorder/overdoses.

My colleague, Dr. Lynn Mirigian has a PhD in biochemistry in a graduate partnership program with the National Institutes of Health and University of Texas Medical Branch. Dr. Mirigian has also worked as a clinical practice and science policy manager, publishing manager of the Journal of Bone and Mineral Research and has extensive experience in task force and committee management.

The Pennsylvania Opioid Overdose Reduction Technical Assistance Center (TAC) provides technical assistance to Pennsylvania counties as they build collaborative coalitions, bridging public health and public safety, to reduce overdose in their community. The TAC was established in 2016 to be a resource and technical assistance center for all counties in Pennsylvania and their efforts to prevent overdose deaths. The TAC was founded with the Vision of reducing Pennsylvania to zero overdoses. The mission of the TAC is to be the first ever resource and technical assistance hub for all counties within the Commonwealth of Pennsylvania (and we can find no other examples of such a technical assistance center anywhere in the country) and will assist counties and communities in planning, developing, implementing, and sustaining community-based initiatives for reducing overdose throughout Pennsylvania. The Center is located within PERU and is funded by the Pennsylvania Commission on Crime and Delinquency.

C. Overview of the TAC's work

The TAC is currently providing assistance to 41 counties across the Commonwealth. Counties span from newly developed coalitions to organizations that have been meeting since 2004. The TAC utilizes an Implementation Framework to guide counties throughout their coalition development process, the Framework operates using the following stages: (1) Assess the current situation of the county; (2) Build the capacity of the county; (3) Develop a strategic plan to guide activities and direction of the group over the next three years; (4) Implement interventions outlined in the strategic plan; (5) Assist counties in evaluating processes and outcomes of the coalition and the implemented initiatives; and, (6) Sustain efforts.

The TAC utilizes a specific process to aid counties in data collection and analysis. The process begins with the collection and standardization of data that is collected by county coalitions. Following standardization, the TAC performs detailed analysis, including mapping, that is disseminated to the coalition. The TAC works with county coalitions to utilize this data to inform decisions on programming and implementation. Additionally, the TAC will assist counties to build data sharing systems between public health and public safety. Currently, the TAC has assisted in collecting and analyzing the following data sets:

- Overdose death data;
- Pennsylvania Prescription Drug Monitoring Program (PDMP);
- 911 call data;
- EMS data;
- National Forensic Laboratory Information System (NFLIS) data;
- Law enforcement naloxone administration data;
- Drug and alcohol assessment data;
- Emergency department data;
- Drug and alcohol treatment data;
- Center of Excellence referral data; and
- Trojan Horse data.

Additionally, the TAC maintains the *OverdosefreePA*, a state of the art website that houses information related to overdose, as well as overdose death data that is collected from county coroners and medical examiners across the state. *OverdosefreePA* was established in 2014, with funding from the Pennsylvania Commission on Crime and Delinquency, with the goal of increasing community awareness and knowledge of overdose and overdose prevention strategies and support initiatives aimed at decreasing drug overdoses and deaths.

OverdoseFreePA partners with coroners and medical examiners throughout the state to assist in the standardization of overdose deaths. Coroners provide demographic information and associated toxicology. Toxicology reports are standardized using a protocol developed by the Allegheny County Medical Examiner, Dr. Karl Williams, which pairs drugs with their metabolites in order to see which drugs were most likely consumed prior to death. The standardization allows for assessment of cross county trends and trends over time. We are also unaware of any other resource in any other state or nationally like *OverdoseFreePA* that provides standardized overdose death data (and other local data and resources).

The TAC also worked with the DEA to analyze and prepare the report. This report was very well received by the DEA and other public safety stakeholders across the country, and is being considered a model from which other state DEA reports covering overdose deaths could be developed.

D. What has the TAC accomplished

As stated previously, the TAC has engaged with 41 counties across the Commonwealth to reduce overdose deaths. The TAC has assisted counties to develop data driven strategic plans. In 2017, the TAC assisted 18 county coalitions to develop strategic plans. Each county strategic plan is tailored to the unique needs of the county, is data driven and evidence based. Resulting from the strategic plans, the TAC has assisted in the implementation of 146 evidence-based programs across 24 counties that have completed a strategic plan or have received funding from PCCD. On average, each of these counties have implemented approximately six new evidence-based programs. The programs are guided by an Implementation Guide that helps the counties learn how to plan and implement a program so it follows what the science says is effective and is likely to have the greatest impact.

Technical assistance provided by the TAC also includes the planning, development, and implementation of workshops and trainings. Since July 1, 2017, the TAC has provided 34 trainings to various counties; trainings include (but are not limited to): Addictions 101, stigma reduction, data collection and analysis, overdose prevention and harm reduction, prescribing practices and the Prescription Drug Monitoring Program (PDMP), and county coalition development.

Additionally, the TAC has assisted in the planning, development, and implementation of three regional workshops, with over 600 attendees and a 97% satisfaction rate.

The TAC often takes on the role of facilitator for county coalitions. Just in the past 3 months, the TAC facilitated 31 coalition meetings. To measure effectiveness, evaluations of TAC coalition meetings began the week of September 6th, 2017, and thus far we have received evaluations from 20 counties, which are analyzed and reviewed on a weekly basis. Evaluation responses for TAC coalition meetings are as follows:

- 95% of participants agree their meeting was effective in moving the coalition towards its intended goals.
- 92% of participants agree the content of the meeting was relevant to their role in the coalition.
- 92% of participants agree the speakers or presenters were knowledgeable and engaging.
- 94% of participants agree the TAC is important and valuable to efforts of their coalition.
- 91% of participants agree that as a result of their meeting, their coalition identified a goal to work on for the next meeting.

A highlight of the comments received in response to the TAC's facilitation have included:

- 'University of Pittsburgh' was able to assist the task force in synthesizing a great deal of data into wide pathways of direction. As the process continues, these pathways will get further defined into quantifiable objectives.
- I appreciate the role in assisting with data, that would be very overwhelming to us.
- Great enthusiasm and willingness to help us!
- It is awesome to have help for our coalition. We appreciate all that you do.

- Couldn't do it without the TAC; with the TAC it has become action oriented and not just talking – thank you.

E. What Have We Learned

It has become clear to the TAC that certain common factors appear to exist in those counties that are seeing a stabilizing trend in overdose deaths. These counties have coalitions/Task Forces/efforts that involve strong, collaborative leadership that bridges public safety and public health and strong, supportive relationships with county executives (or Commissioners). Leadership in these counties appears to value quick, effective implementation of many activities, which they identify in their strategic plans with a goal of implementing the programs so they reaching as close to 100% of the relevant target population as possible. The leadership within the counties that appear to be slowing or stopping the rise in overdoses also have more strictly adhered to the Systems Transformational Framework used by the TAC. This means they have followed guidelines that the TAC provides to them on how to best conduct their coalition/Task Force meetings so there is optimal local buy in, collaboration and continuous learning and how to implement their programs so they have the greatest intended impact. Additionally, these counties see value in collaboration between state and federal entities (DOH, DHS, PCCD, DDAP, PACDAA, DEA, Pennsylvania Coroner's Association District Attorney's, US Attorney, and others) and accept these relationships as necessary to continue to drive change and institutionalize appropriate lessons learned.

F. Conclusions

Given our progress towards reducing overdose deaths, it is our intention to continue the work of the TAC to expand to all counties in the Commonwealth of Pennsylvania, while serving as a model and providing a framework that other states can follow. We believe that it is imperative to infuse the principles of the Systems Transformational Framework within all state entities working with counties across the Commonwealth.

While some counties are seeing success in reducing overdose, it is necessary to provide incentives to counties to speed up their activities and implement lessons learned to continue to grow their impact and improve over time. We must also further enhance collaborations with state and federal entities to ensure optimal coordination of effort and continuous integration of emerging processes that have been proven effective.

Thank you for your time.