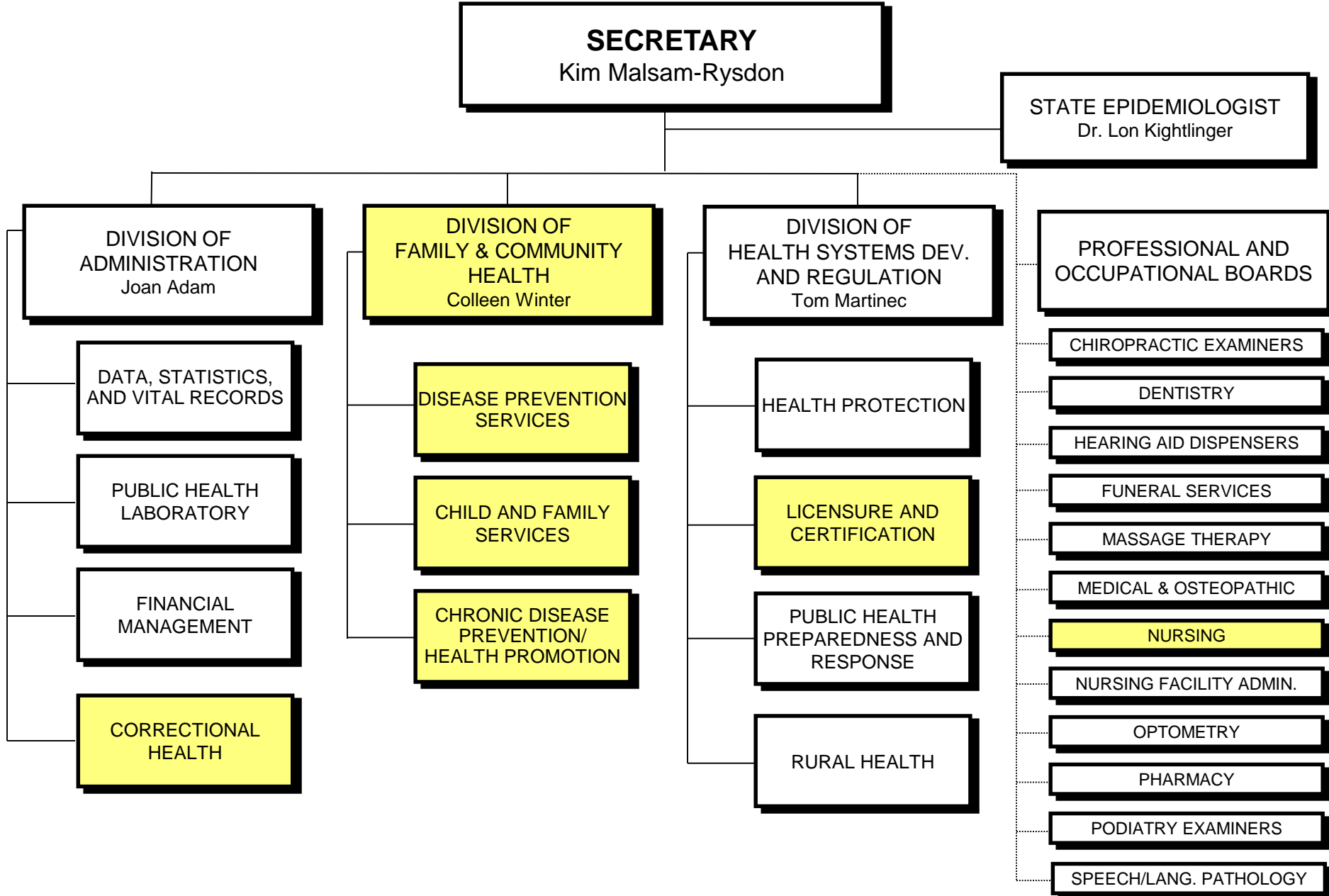

South Dakota Department of Health

**Presentation to South Dakota Nurses
Association**

February 6, 2017

SOUTH DAKOTA DEPARTMENT OF HEALTH



Strategic PLAN



Vision **Healthy** People
Healthy Communities
Healthy South Dakota

Mission To promote, protect and improve the health of every South Dakotan

Guiding Principles

- Serve** with integrity
- Eliminate** health disparities
- Demonstrate** leadership and accountability
- Focus** on prevention and outcomes
- Leverage** partnerships
- Promote** innovation

Strategic Plan



GOAL 1
Improve the quality, accessibility, and effective use of healthcare



GOAL 2
Support life-long health for South Dakotans



GOAL 3
Prepare for, respond to, and prevent public health threats



GOAL 4
Develop and strengthen strategic partnerships to improve public health



GOAL 5
Maximize the effectiveness and strengthen infrastructure of the Department of Health

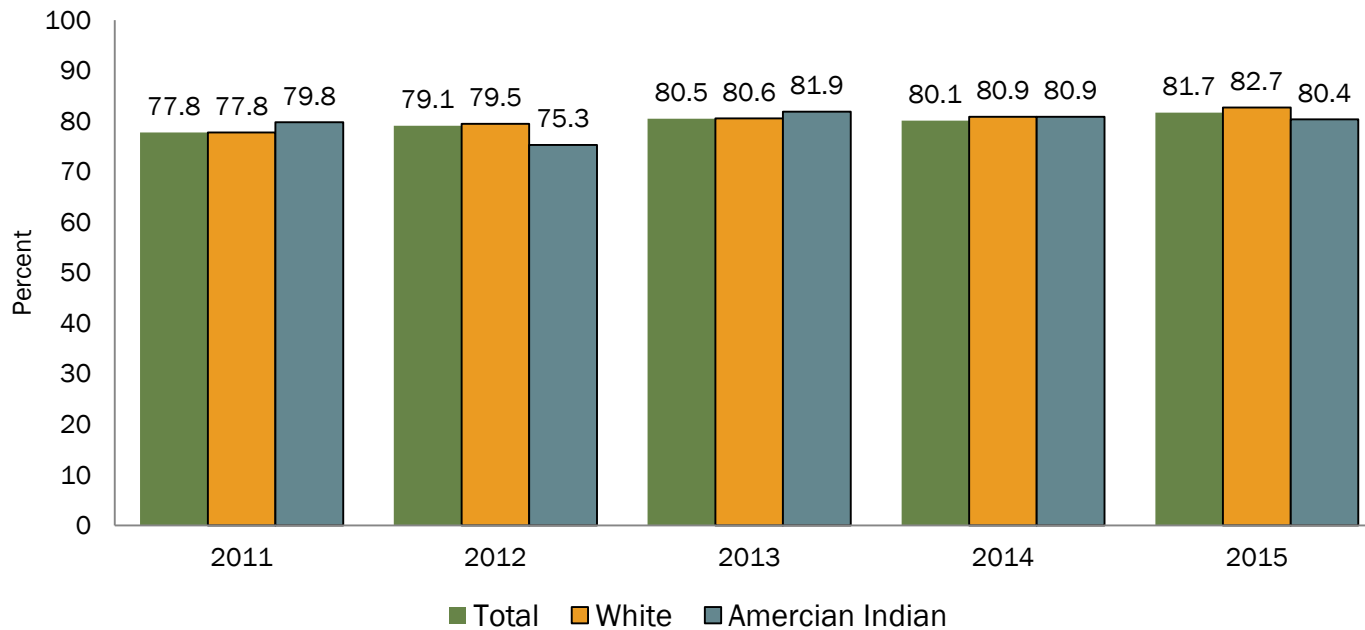
More information about the DOH Strategic Plan can be found at <http://doh.sd.gov/strategicplan/>

DOH Dashboards

Access to Preventive Care

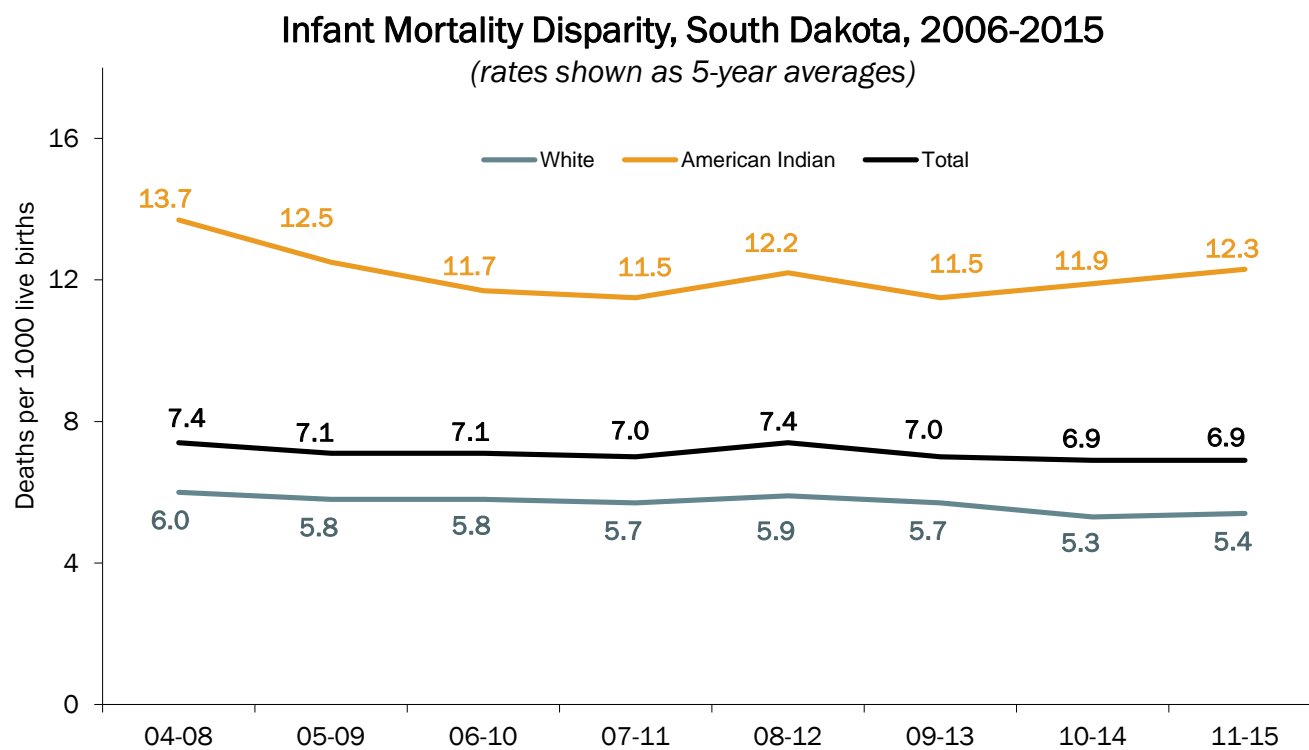
- ▶ Increase the percent of South Dakota adults who have visited a doctor for a routine check-up within the past 2 years from 80.1% in 2014 to 90% by 2020

Percent of Adults Who Visited a Doctor for a Routine Check-up in the Past 2 Years



Infant Mortality

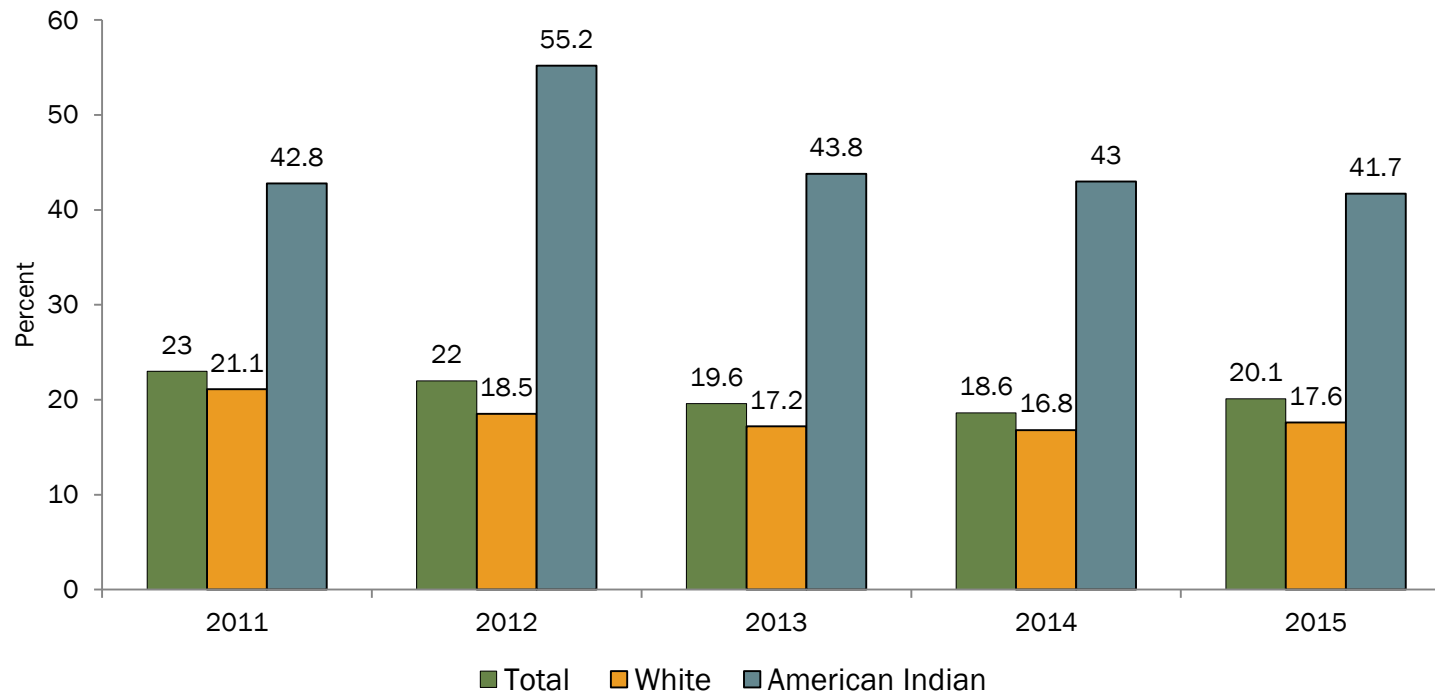
- ▶ Reduce the 5-year infant mortality rate from 6.9 per 1,000 births in 2010-2014 to 6.0 by 2020



Smoking

- ▶ Reduce the percentage of adults that currently smoke from 18.6% in 2014 to 14.5% by 2020

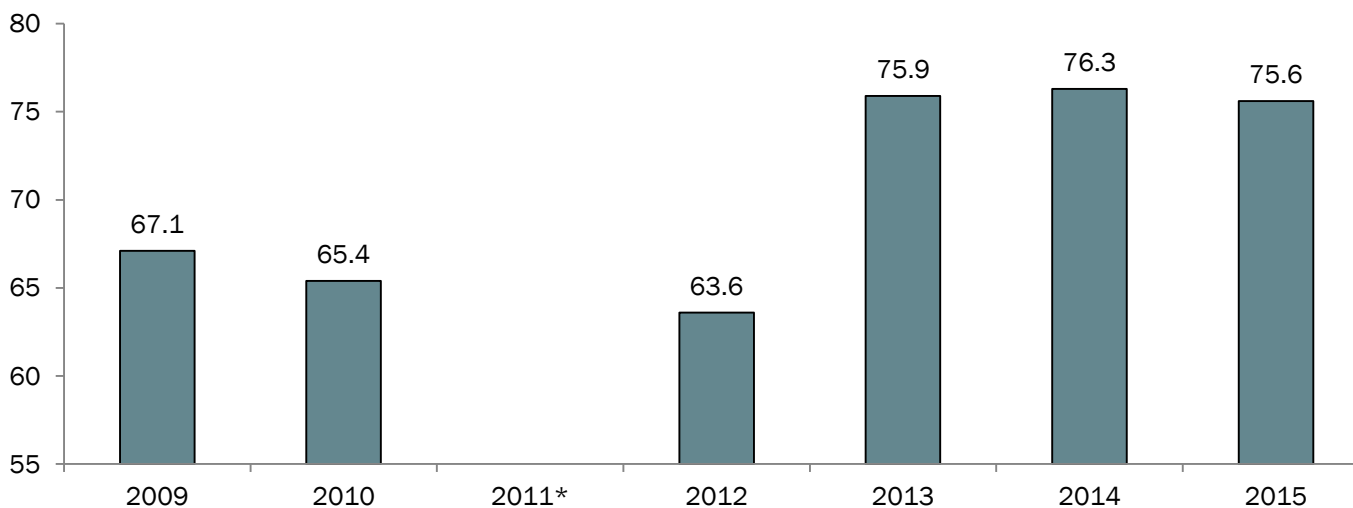
Adult Smoking Prevalence, 2011-2015



Childhood Immunization

- ▶ Increase the percent of children aged 19-35 months who receive recommended vaccinations from 76.3% in 2014 to 80% by 2020

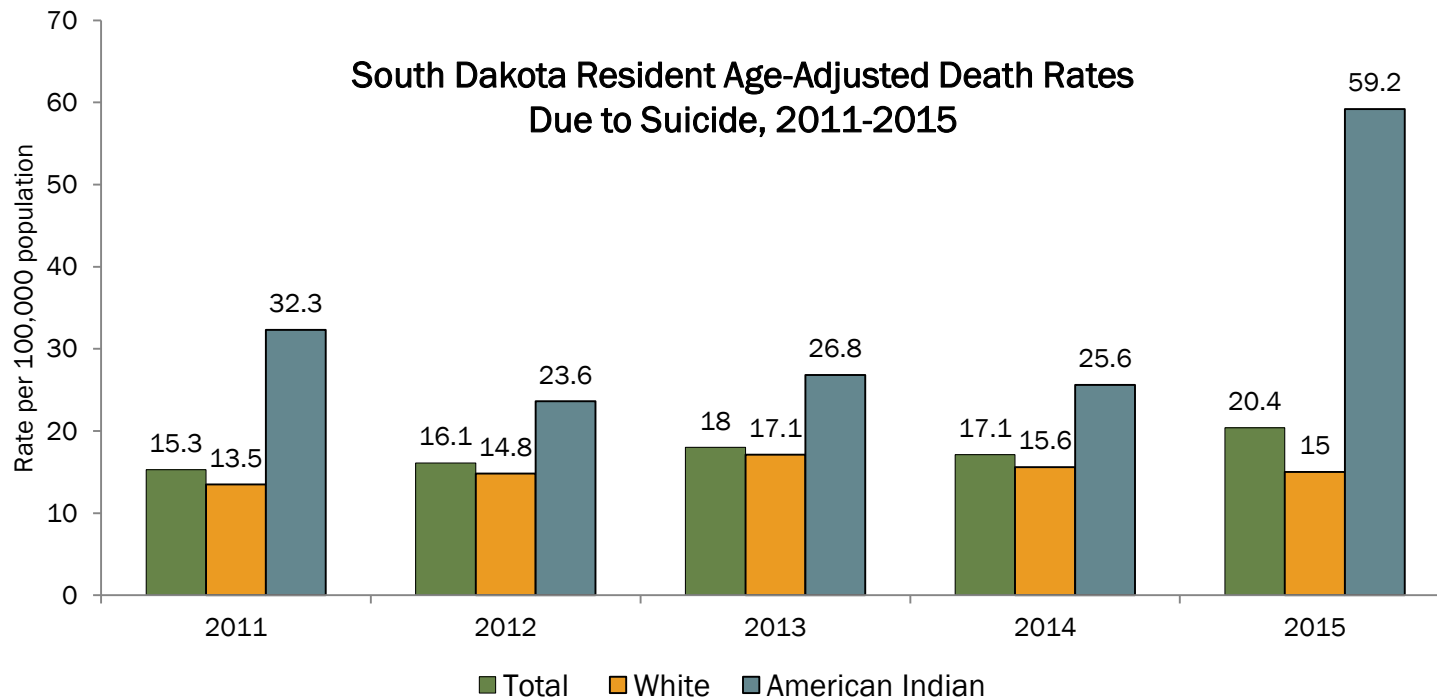
Percent of children aged 19-35 months who receive recommended vaccinations, 2009-2015



*2011 data not available due to insufficient sample size

Suicide

- ▶ Reduce the suicide age-adjusted death rate for South Dakota from 17.1 per 100,000 in 2014 to 12.6 per 100,000 by 2020



Prescription Opioid Abuse/Misuse

South Dakota Opioid Data

- ▶ South Dakota ranked 2rd lowest in the nation for age-adjusted rate of drug overdose deaths (e.g., prescription drugs/opioids, illicit drugs) per 100,000 in both 2015 (and 3rd lowest in 2013 and 2014) (*MMWR/Dec 30, 2016*)
 - ▶ 2015 – 8.4 (65 deaths) (U.S. rate – 16.3)
 - ▶ 2014 – 7.8 (63 deaths) (U.S. rate – 14.7)
 - ▶ 2013 – 6.9 (55 deaths) (U.S. rate – 13.8)
- ▶ South Dakota drug poisoning death rate per 100,000 (2010-2014) was 7.8 (U.S. rate – 14.7) (45th in nation) (*CDC NVSS Multiple Cause of Death File, 2010-2014*)
- ▶ South Dakota has the 7th lowest number of opioid painkiller prescriptions per 100 people in 2012 at 66.5 vs. 82.5 for the U.S. (*IMS, National Prescription Audit, 2012*)

South Dakota Prescription Drug Monitoring Program

- ▶ Prescription drug monitoring programs (PDMPs) are designed to help improve prescribing, inform clinical practice, and protect patients at risk for opioid abuse
- ▶ SD PDMP established in 2010 (SDCL 34-20E) and operations began in March 2012
- ▶ A key benchmark for PDMPs is increasing the number of prescribers with controlled substance registrations enrolled
- ▶ Dispensers/Prescribers with controlled substance registrations enrolled in PDMP (November 2016)
 - ▶ Pharmacists – 86%
 - ▶ Physicians – 26%
 - ▶ Physician Assistants – 59%
 - ▶ Nurse Practitioners – 49%
 - ▶ Dentists – 22%

Key Factors to Increase Use of PDMP

- ▶ Increasing PDMP Enrollment – require prescribers who possess a controlled substance registration from the DOH to be enrolled in PDMP (*proposed by SB 1*)
- ▶ Access by Delegates – allows delegate to run reports on patients for prescribers (*permitted in SD*)
- ▶ Integration into Electronic Health Records (EHRs) – increasing use of PDMP by prescribers is best accomplished by imbedding PDMP into workflow allowing one click access (*Avera integration complete; currently working with Sanford; SB 1 will facilitate process*)
- ▶ Submission of Data – increasing frequency of submission to PDMP increases accuracy/usefulness of data (*proposed by SB 1*)
- ▶ Prescriber Education/Monitoring – PDMP provides unsolicited reports to prescribers/pharmacies about their patients who obtain prescriptions from 4 or more prescribers at 4 or more pharmacies in 30 day; this allows prescribers to identify potential abusers

DOH Grant to Address Opioid/ Prescription Drug Abuse



- ▶ Prescription Drug Overdose: Data-Driven Prevention Initiative (DOH)
 - ▶ 3-year grant ~ \$250,000 per year
 - ▶ Enhance efforts to identify prescription opioid abuse/misuse and overdose events in SD
- ▶ Planning Strategy
 - ▶ Conduct needs assessment of potential data sources, key stakeholders, and gaps (*currently being developed*)
 - ▶ Develop strategic plan to address identified needs and strengthen state's capacity to prevent misuse and abuse of opioids (*will include strategies, person(s) responsible, timelines, and key benchmarks*)
- ▶ Data Strategy
 - ▶ Enhance and integrate current surveillance efforts for more accurate, timely data
 - ▶ Includes death certificates, PDMP, hospital discharge data, Medicaid, 3rd party payers, etc.
- ▶ <http://doh.sd.gov/news/Opioid.aspx>

2017 Legislation

2017 DOH Legislation

- ▶ **SB 47 - An Act to revise and repeal certain provisions regarding dental corporations.**
Streamlines the registration process for dental corporations. Brought by the SD Board of Dentistry.
- ▶ **SB 48 - An Act to provide for the certification of emergency medical responders.**
Allows the DOH to recognize and certify the emergency medical responder (EMR) level of EMS provider.
- ▶ **SB 49 - An Act to license and regulate freestanding emergency medical care facilities.**
Creates a licensure category for freestanding emergency medical care facilities to ensure they provide the same quality of care required by hospital-based ERs.
- ▶ **HB 1040 - An Act to license and regulate community living homes.**
Creates a licensure category for community living homes to ensure they provide safe and quality accommodations and services.

2017 DOH Legislation

- ▶ **HB 1041 - An Act to place certain substances on the controlled substances schedules and to declare an emergency.**

Updates South Dakota's controlled substance statute to be consistent with federal DEA scheduling actions that have occurred since the last legislative session.
- ▶ **HB 1042 - An Act to make an appropriation to reimburse certain health care professionals who have complied with the requirements of the recruitment assistance program or the rural health care facility recruitment assistance program and to declare an emergency.**

Appropriates \$550,581 to reimburse 4 physicians, 1 PA, and 4 NPs who will be fulfilling their agreements for the Recruitment Assistance Program in FY 18 and \$292,500 to reimburse 42 eligible healthcare professionals who have complied with the requirements of the Rural Healthcare Facility Recruitment Assistance Program in FY 18.
- ▶ **HB 1044 - An Act to revise certain provisions regarding wholesale drug distributors, to provide for licensure and regulation of outsourcing facilities for certain drugs, and to establish a fee for licensure of outsourcing facilities.**

Updates the Wholesale Drug Distributor Act (SDCL 36-11A) and provides for separate licensure for third party logistics providers and outsourcing facilities. Brought by the SD Board of Pharmacy.

Bills Supported by DOH

- ▶ SB 1 – Revises certain provisions of the prescription drug monitoring program.
- ▶ SB 6 – Revises the review process to determine the need for additional nursing facilities or nursing facility beds and requires a report to the Legislature.
- ▶ SB 57 – Authorized the operation of a nursing home facility in Eagle Butte, SD
- ▶ SB 61 – Updates, revises and repeals certain provisions relating to nurse practitioners and nurse midwives.
- ▶ HB 1082 – Grants limited immunity from arrest and prosecution for certain related offenses to persons who assist certain persons in need of emergency assistance who are themselves in need of emergency assistance.

Bills Opposed by DOH

- ▶ SB 5 – Allows for the redistribution of unused nursing facility bed capacity.
- ▶ HB 1002 – Requires the DOH and DSS to make an annual report to the Legislature regarding the condition of long-term care in SD.
- ▶ HB 1004 – Establishes a program to assist nursing and assisted living facilities in recruiting certain health care professionals.

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