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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Overdose Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>513</td>
</tr>
<tr>
<td>2009</td>
<td>428</td>
</tr>
<tr>
<td>2010</td>
<td>468</td>
</tr>
<tr>
<td>2011</td>
<td>521</td>
</tr>
<tr>
<td>2012</td>
<td>486</td>
</tr>
<tr>
<td>2013</td>
<td>449</td>
</tr>
<tr>
<td>2014</td>
<td>536* (111 deaths due to methamphetamine)</td>
</tr>
<tr>
<td>2015</td>
<td>491</td>
</tr>
</tbody>
</table>
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
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:
UNM 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
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. Comerzì, 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, Eugène Koshkin, MD,
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.

Note. CNM = certified nurse-midwife; DDS = doctor of dental surgery; NP = nurse practitioner; PA = physician assistant.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Precourse Mean</th>
<th>Postcourse Mean</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Mean (SD)</td>
<td>Student t</td>
</tr>
<tr>
<td>Knowledge Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test score (10 possible)</td>
<td>7.04</td>
<td>8.78</td>
<td>1075</td>
</tr>
<tr>
<td>Percent score (100% possible)</td>
<td>70.4</td>
<td>87.8</td>
<td>1075</td>
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<tr>
<td>Self-Efficacy Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall rating (7 possible)</td>
<td>4.56</td>
<td>5.47</td>
<td>1073</td>
</tr>
<tr>
<td>Percent rating (100% possible)</td>
<td>65.2</td>
<td>78.1</td>
<td>1073</td>
</tr>
<tr>
<td>KnowPain-12 Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall rating (6 possible)</td>
<td>4.23</td>
<td>4.66</td>
<td>1052</td>
</tr>
<tr>
<td>Percent rating (100% possible)</td>
<td>70.5</td>
<td>77.8</td>
<td>1052</td>
</tr>
</tbody>
</table>

*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>
<thead>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 January-June</td>
<td>748 518</td>
<td>835 798 584</td>
<td>1117</td>
<td>330 192</td>
<td>208 790 533</td>
</tr>
<tr>
<td>2008 July-December</td>
<td>748 716</td>
<td>838 432 412</td>
<td>1120</td>
<td>334 092</td>
<td>215 025 059</td>
</tr>
<tr>
<td>2009 January-June</td>
<td>782 970</td>
<td>872 458 043</td>
<td>1114</td>
<td>352 051</td>
<td>230 144 820</td>
</tr>
<tr>
<td>2009 July-December</td>
<td>783 379</td>
<td>920 667 804</td>
<td>1175</td>
<td>355 856</td>
<td>234 702 614</td>
</tr>
<tr>
<td>2010 January-June</td>
<td>803 663</td>
<td>980 218 843</td>
<td>1220</td>
<td>366 773</td>
<td>247 186 367</td>
</tr>
<tr>
<td>2010 July-December</td>
<td>778 050</td>
<td>985 578 313</td>
<td>1267</td>
<td>351 687</td>
<td>243 520 952</td>
</tr>
<tr>
<td>2011 January-June</td>
<td>809 523</td>
<td>972 977 485</td>
<td>1202</td>
<td>355 233</td>
<td>247 584 917</td>
</tr>
<tr>
<td>2011 July-December</td>
<td>880 838</td>
<td>1 039 292 508</td>
<td>1180</td>
<td>380 106</td>
<td>263 125 880</td>
</tr>
<tr>
<td>2012 January-June</td>
<td>863 768</td>
<td>998 153 444</td>
<td>1156</td>
<td>365 219</td>
<td>252 794 005</td>
</tr>
<tr>
<td>2012 July-December</td>
<td>886 416</td>
<td>969 522 667</td>
<td>1094</td>
<td>362 415</td>
<td>250 480 873</td>
</tr>
<tr>
<td>2013 January-June</td>
<td>896 925</td>
<td>926 180 808</td>
<td>1033</td>
<td>358 570</td>
<td>229 931 101</td>
</tr>
</tbody>
</table>

*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, Suchal Bhatt, MD, Nina Greenberg, MS, Julie Griffin Salvador, PhD, George C. Connerly, 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>
<thead>
<tr>
<th>Survey Measure</th>
<th>Precourse Mean</th>
<th>Postcourse Mean</th>
<th>Difference in Means (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall (max 12)</td>
<td>8.16</td>
<td>10.04</td>
<td>1.88 (2.05)</td>
</tr>
<tr>
<td>Score (max 100%)</td>
<td>68.04</td>
<td>83.73</td>
<td>15.69 (17.09)</td>
</tr>
<tr>
<td><strong>Self-efficacy:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall (max 6)</td>
<td>3.70</td>
<td>4.41</td>
<td>0.71 (0.81)</td>
</tr>
<tr>
<td>Score (max 100%)</td>
<td>61.71</td>
<td>73.61</td>
<td>11.90 (13.43)</td>
</tr>
<tr>
<td><strong>KnowPain-12:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall (max 6)</td>
<td>3.53</td>
<td>3.79</td>
<td>0.26 (0.55)</td>
</tr>
<tr>
<td>Score (max 100%)</td>
<td>58.90</td>
<td>63.19</td>
<td>4.29 (9.25)</td>
</tr>
</tbody>
</table>

*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
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!