Innovative Ways to Fund Harm Reduction Services – New Mexico

Laine M. Snow, MSW
HIV Service Program Manager
New Mexico Department of Health
History and Importance of Harm Reduction

➢ New Mexico Sero-prevalence study 1994-1997 (Samuel, 2001)* which included 1003 individuals who inject
  ➢ 0.5% HIV positive
  ➢ 61% hepatitis B positive
  ➢ 82% hepatitis C positive

➢ 2001-2011: highest rate of overdose deaths (unintentional) in the US (CDC, MMWR 2002-2012)
  ➢ 2015: NM is now ranked 8th in the US (CDC, 2017)
  ➢ Prescription medication and heroin are increased factors
  ➢ 1994-2003: 73% Increase in alcohol/illicit substance co-intoxication deaths (NMDOH 2004)

➢ The fastest increase in HCV is among individuals injecting who are under 30 (NMDOH 2016)

Harm Reduction and Hepatitis C Virus (HCV)

“...we estimate that use of the syringe exchange would have led to a 61% reduction in hepatitis B and a 65% reduction in hepatitis C among local injection drug users.”


Source: Dr. Kimberly Page, UNM: *Hepatitis C Virus (HCV) in New Mexico: Statewide Comprehensive Plan and Profile of the Epidemic* 2016, New Mexico Hepatitis C Coalition, 2016, p. 8
## Syringe Service Program Data

*from enrollments/re-enrollments for Syringe Services*

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>2013</th>
<th>2016 (est)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syringes Distributed</td>
<td>3,485,263</td>
<td>6,786,408</td>
</tr>
<tr>
<td>Syringes Collected</td>
<td>3,368,894</td>
<td>6,627,980</td>
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<tr>
<td>Collection Rate (not including drop-boxes)</td>
<td>96.66%</td>
<td>97.67%</td>
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<tr>
<td>New participants (unduplicated)</td>
<td>2,690</td>
<td>4,019 (may have duplication)</td>
</tr>
<tr>
<td>Participants re-enrolled (unduplicated)</td>
<td>4,066</td>
<td>4,988 (may have duplication)</td>
</tr>
<tr>
<td>Proportion not sharing (self-report)</td>
<td>86.4%</td>
<td>Not collected</td>
</tr>
</tbody>
</table>
New Syringe Service Program Regulation

➢ In December 2016, new SSP Regulations were implemented:
   ➢ Increased flexibility of staff to provide services and syringes based on need, and not arbitrary restrictions (removed syringe limits)
   ➢ Reduced barriers with streamlined enrollment and reporting practices

➢ Reduced time for enrollment from approximately 15 minutes to 3-5 minutes
   ➢ Staff time savings of 10-12 minutes per enrollment

➢ Based on the enrollments and re-enrollment interviews conducted in 2016:
   ➢ 9,006 enrollments and re-enrollments conducted;
   ➢ New process would have saved an estimated 1,501 to 1,801 staffing hours, or .72 - .87 FTE
Total Drug Overdose Death Rates by County, NM 2011-2015 and the US 2015

*Rates are per 100,000 and age-adjusted to the US 2000 standard population

Data is as of December 2016 – thank you to NMDOH Epidemiology and Response Division
The number of successful reversals reported in CY 2015 was almost one-third (31.3%) of the total number of people enrolled in the program.
Naloxone Distribution in NM

➢ 2001 - the first state to allow legal distribution and administration of naloxone by 3rd parties

➢ In 2016, new legislation introduced to expand access to naloxone
  ➢ HB 277 – sponsor: Representative Terry H. McMillan, M.D.
  ➢ SB 262 – sponsor: Senator Richard C. Martinez
  ➢ The bills passed all committees and both chambers without a single dissenting vote, and were amended to include an emergency clause to take effect immediately upon the Governor’s signature
  ➢ They were signed into law on March 4th, 2016 by Governor Susanna Martinez
Important Changes

➢ Registered OPEs (Overdose Prevention and Education Programs) can obtain, store, and distribute naloxone

➢ Any Licensed Prescriber can write a standing order for individuals or programs to obtain, store, and distribute naloxone

➢ Non-clinicians can distribute naloxone (under standing order)

➢ Pharmacies:
   ➢ Under a statewide standing order – can distribute naloxone to anyone who requests or needs it
   ➢ Can sell (or give) naloxone to registered programs – even if the program does not have a pharmacy license
Who can carry, use, & distribute naloxone?

- **Anyone** can carry or possess or use naloxone
- **Anyone** can distribute naloxone under standing orders from a licensed prescriber

Reduced documentation:
- minimal medical records (patient-doctor relationship is **not** required)
- medication label **only** requires:
  - patient name;
  - program contact information; and,
  - the language “Use as directed”

Locations such as shelters, drop-in facilities, schools, community centers, and meal sites can have naloxone available for emergency use (without registering as an OPE)

- Law enforcement agencies can obtain, carry, and use naloxone under a statewide standing order issued through the NMDOH, or, through a standing order from their own Licensed Prescriber

- NMDOH Overdose Prevention and Naloxone Training takes 20 minutes or less
Nasal Naloxone Device Change

➢ The previous device
  ➢ Cost: $32-34 each
  ➢ Each person received:
    ➢ A box including:
      ➢ The syringe barrel (no needle); and,
      ➢ Medicine vial (the naloxone)
    ➢ A nasal atomizer in a separate package
  ➢ Must be assembled to administer – this takes time, and adds the potential for human error

➢ The new device
  ➢ Cost: $37.50 each – Public Interest Pricing
  ➢ All-in-one, no assembly required to administer
Program Revenue

- Medicaid began to reimburse for naloxone medication AND education delivered by clinicians or nurses in 2013.
- New Mexico Department of Health (NMDOH) is a centralized health department directly providing services at Public Health Offices (PHO) in each county.
- NMDOH has agreements with all Medicaid managed care organizations (MCO). This allows billing for family planning, STD, overdose prevention and similar visits.
- NMDOH does NOT have agreements to allow billing of private insurers. Those visits are “written off”.
- In FY16, the program received approximately $150,000 in Medicaid reimbursement with the previous (assembly) device. Since new legislation passed, some dispensing at PHOs has shifted to staff who are not clinicians or nurses. Revenue declined to roughly $90,000 for FY17.
Impact of Health Systems and Legislative Changes on Program Revenue

➢ Third party reimbursement (including Medicaid) is not currently allowed if the naloxone is purchased at the Public Interest Pricing (PIP).
  ➢ Wholesale is approximately $145/2 doses – PIP is $75/2 doses
  ➢ Reduced medical record requirements results in fewer patients determined to eligible for Medicaid billing

➢ Savings - Nursing time reduction:
  ➢ Session/paperwork time previously: 60-70 minutes
  ➢ Session/paperwork time now: 15-20 minutes
  ➢ Saves approximately 1,000 hours reduced nursing time (1/2 FTE)
  ➢ Non-clinicians can also distribute now – reducing nursing time even more
Important Considerations

➢ Billing of Medicaid and/or private insurance is potentially a significant funding source. Non-clinician distribution means trade-off of increased access for potential reduction in billing and revenue.

➢ Non-clinician and non-prescription distribution significantly reduces staff burden and paperwork.

➢ Expanding distribution options reduces barriers for clients. More staff can distribute, meaning that service is available in more locations and greater hours, particularly during nursing shortage.

➢ Increasing federal and local funding for overdose prevention means that public health “doesn’t have to do it all”. We can be the safety net for clients unlikely to access through the health care system including private pharmacies.
For more information

- Dominick Zurlo
  Hepatitis and Harm Reduction Program Manager
  Dominick.Zurlo@state.nm.us

- Andrew Gans
  HIV, STD and Hepatitis Section Manager
  andrew.gans@state.nm.us