Governor's Commission on AOD Opioid Task Force

Healthcare Sector Work Group Meeting
Offices of the NH Hospital Association, Airport Rd, Concord
Thursday, July 23, 2015

Minutes

Present: Seddon Savage, Jack Wozmak, Tom Barnes, Julie Hazellfeld, Lindy Keller, Polly Morris, Peter Mason, Adrian Thomas, Lisa Muré, Natalie Neilson, Sarah Blodgett, Janet Monahan, Pat Tilley, Susan Latham, Laurie Harding, Melissa Silvey, and Susan Laverack on phone-in.

Note actions requiring follow-up or monitoring by this work group are starred. ***

Introductions were made around the table.

Minutes of the prior meeting were reviewed and approved.

Healthcare strategy map reviewed and revised
The healthcare strategy map which functions as the strategic plan for the work group was reviewed with respect to new inclusions

- It was agreed that an important role for the work group is to serve as a resource for education, advice and knowledge on health aspects of substance issues to different interest groups
    - Target groups identified include: school/youth programs, legal and justice systems, business and industry. legislature
- The treatment section was revised, dividing it into psychosocial and medication assisted therapies (MAT), under MAT was included expand access to buprenorphine, methadone, and naltrexone.

Need to make public more aware of activities addressing opioids
There was discussion about how much is actually going on in the State in terms of addressing the opioid epidemic and how little the public is being made aware of these activities resulting in understandable concern that no one is addressing the issue

- It was noted that much covered by the media are drug busts, overdoses and deaths and that the media may be unaware or interested in covering what is being done to address opioid challenges.
- Adrian has been interviewed by WBIN-TV on pain and prescribing issues and has been floating the idea of a panel or set of interviews to discuss current strategies addressing opioid misuse in the State.
    - The group agreed such a project would be helpful
    - Members can be contacted for participation and can opt out if they choose.
    - State employees will need to contact the Public Information Office (PIO).
    - BDAS employees would go through Joe Harding or Jaime Powers
    - ***Adrian will discuss further with his contacts at the station.
- Online postings. The Healthcare Work Group (and the Opioid Task Force and other Governors Commission Task Force) are public entities, meetings are open to public attendance and the work products could be posted online.

- Options for posting sites were discussed and it was agreed that the Centers of Excellence website was most immediately viable.
- It was suggested that an online opportunity for public input also be created.
- ***Actions:
  - Approval will be sought from BDAS for posting at COE as COE falls under that agency
  - COE will take leadership for gathering postings which will include mission statements, strategic plans, agendas and minutes.
  - A press release to let the public and media know about the postings was suggested.

Healthcare Work Group to become Task Force

At a recent reorganization meeting to review the organization of various Govenors Commission on AOD task forces, it was agreed that the Healthcare Work Group should become at Task Force of the Governor's Commission rather than continuing as a sub-group of Opioid Task Force. This will be formalized at next GC meeting. Rationale includes:

- Some issues the Work Group addresses, such as SBIRT and integration of substance care into the general healthcare system, cut across diverse substances, not limited to opioids
- Other substance issues such as Cannabis availability for clinical treatment and issues of decriminalization and legalization need interprofessional healthcare input.
- Consistent attentions needs to be brought to Medicaid expansion. Evey program and strategy needs to be linked back to assuring maintenance of this.

Discussion of naloxone prescribing implementation

As recommended at the last Work Group meeting, a smaller group convened to focus on implementation naloxone prescribing implementation. This included representatives of a number of pharmacy chains in the State and was highly productive. Salient highlights that meeting include:

- Review of recently passed legislation which
  - Permits prescribing to persons concerned about a person at risk of overdose (not only to the person at risk of overdose)
  - Provides criminal, civil & professional liability protections to prescribers, dispensers, & administors of naloxone
- A need for legal clarification of several provisions of the bill was discussed. The AGs office will explore and provide statutory interpretation at the next naloxone meeting. Issues include:
  - Meaning of "standing order" in the context of the bill. Standing orders usually occur in the context of a clinician relationship with a specific patient. Does it mean here that a prescriber can provide a standing order for a class of persons (eg those at risk for opioid overdose) and that pharmacist can then dispense at his or her discretion to individuals in this class?.
    - In most states that have pharmacy dispensing of naloxone this is facilitated by a collaborative practice act that provides pharmacists broad responsibilities under prescription by a prescriber.. In New Hampshire we have a very narrow collaborative practice. Does the standing order provision accomplish the same thing?
  - Opinion regarding whether or not a provider-patient is necessary for prescribing or whether clinicians can prescribed to persons with whom they have no other clinical relationship. .

    - Can a clinician write a prescription for numerous dose units of naloxone with intent for the person to whom the prescription is written to disseminated publicly to many other persons?
- The need for the Board of Medicine to develop administrative rules governing prescribing was discussed.
    - Notes this will take time to go through the rules process, therefore there was discussion of whether immediate change and posting of new board policies can serve to support prescribing in the mean time
    - Licensees need some security knowing that the Board is not going to be seeking discipline for prescribing under various scenarios and guidance on adequate documentation.
    - Board will draft sample rules and policies to present at the next naloxone meeting.
    - Will link policies to NH Medical Society and other entities website once approved.
- Pharmacy issues
    - Pharmacies clarified that with the first request, stock will be ordered and replaced as needed. This challenge should take care of itself automatically as people present prescriptions.
    - There has been confusion regarding need to write for naloxone and a delivery system. Naloxone group is working of information from prescribers and education for the public.
- Insurance and financial issues related to naloxone
    - NH Medicaid does cover naloxone prescriptions to covered persons: ie If the end user is on Medicaid but the persons requesting the prescription is not, the prescription will not be covered. It will be covered if the requester is on Medicaid.
    - There is irregular coverage by third parties.
    - Prescriptions for IM or intranasal naloxone are $30-50, for FDA approved auto-injector the price is more than $500.
    - The naloxone is one prescription and the method of dosing is another prescription so two presciptions are needed. There has been confusion about this. A template for physicians will be developed to explain this..
- Distribution to non-insured persons without financial means for self-pay
    - BDAS is actively looking at channels for distribution through diverse medical and non-medical systems
    - Distributed naloxone to be funded through existing funds
- Education of persons receiving naloxone
    - It was noted that in most states this occurs at the level of the pharmacies.
    - Agreed it should be happening in prescriber offices as well.
    - Development of a statewide education sheet for prescribers and patients will be reviewed at the next naloxone work group meeting. Targeting revisions.
- Prescriber awareness campaign
    - The Governors Office, potentially in collaboration with the Board of Medicine and Board of Pharmacy, will send a letter to prescribers discussing specifics of the provisions of the new law (once clarified by the AGs office and BOM) and encouraging prescribers to prescribe it.
- Public awareness campaign
    - CHI/COE is currently working on a media campaign with BDAS,that has media contact that do public awareness campaigns.
    - Emergency messaging will include: naloxone is available; information on the "Good Samaritan" law; the New Hampshire Treatment Locator.

- Nurse practitioners need to be engaged in prescribing
    - If they have prescribing authority for opioids they have prescribing authority for naloxone.
    - ***Work group needs more formal nursing input.
        - Sarah will be in contact with Denise Nies
        - Janet will be in contact with Mary Bidgood Wilson who is the Executive Director for the New Hampshire Nurse Practioner's Association.
    - School nurse association rep is no longer able to attend and emergency nurses association representation able to attend irregularly.
    - ***It was agreed the Board of Dentistry should also be engaged both in the work group and naloxone groups.
    - Should Board of veterinary medicine be represented? They also have the power and opportunity to issue prescriptions.
    - All professional with prescribing authority need to register with prescription drug monitoring so it makes sense to reach out to them.
- There was discussion of how to engage methadone maintenance clinics, buprenorphine prescribers and pain clinics in naloxone prescribing
    - ***Bureau of Drug and Alcohol Services has oversight of methadone clinics and can disseminate messaging to them.
        - Medical Directors at these clinics have limited ability to make policy and would have to go to their Board of Directors and owners.
    - ***Buprenorphine providers and pain clinics will need different strategies.
        - Discussion about messaging is ongoing in the pain community and among buprenorphine providers

Good Samaritan Bill

- The naloxone bill provides protection from liability to people who prescribe, dispense or administer naloxone in good faith with reasonable skill.
- HB 270, the "Good Samaritan law" provides a different type of immunity.
    - http://www.gencourt.state.nh.us/legislation/2015/HB0270.html
    - Immunity from arrest or prosecution from possession or use from illegal substances if you are calling 911 to help.
- ***Public awareness campaign will include this information.

Prescribing in particular opioid treatment context

Discussion Prescribing for Acute Pain

- Four goals
    - Check the PDMP
    - Prescribing the optimum amount of medication to deter too many unused medication.
    - Disposal of unused medication.
    - Lock boxes
- ***We will put this first on the agenda for the next meeting.

Brief Updates

- ***Incentivizing prescribers to address SUDs in their practices.
    - Next steps
        - There is general agreement SBIRT would probably be the priority behavior to incentivize.
    - Medicaid managed care reps need to discuss in their meetings

    - Could we develop global contact language that could be implemented in hospital-based practices?
    - This group or the Medical Society would be a good source for language.
    - Transition to the health insurance marketplace
        - Five commercial carriers in the new marketplace.
        - Plans already submitted but there is some room for them to change them.
    - Possibly have the Governor's Commission invite the 5 carriers to their meeting and present the story of what is happening in New Hampshire.
    - Can we measure and incentivize SUD services with them.
    - Bears further discussion, next meeting.
- SBIRT grants are underway.
- MAT grant is still an unknown.

Next Meeting

- Often we cancel in August but we will have the meeting as scheduled due to the volume of activities we are working on.

Next meeting August 27, 2015