

**Governor's Commission on AOD
Healthcare Task Force**

Offices of the NH Hospital Association, Airport Rd, Concord, NH
Thursday, March 24, 2016

Present:

Gene Harkless, Chair of Department of Nursing University of New Hampshire
Mary Bidgood-Wilson, NH Nurse Practitioner Association
Carol Furlong, Harbor Homes
Courtney Gray, NH Providers Association
Tom Barnes, Pinewood Professionals
Julie Hazell-Felch-Manchester Community Health Center
Cheryl Pacapelli, New Futures Community Engagement Director
Janet Monahan, NH Medical Society
Lindy Keller, NH DHHS Bureau of Drug and Alcohol Services
Molly Rossignol, Addiction Physician Concord Hospital
Adrian Thomas, NH Spine Institute
Seddon Savage, Pain Medicine & Addiction Medicine
Laurie Harding, NH Commission on the Primary Care Workforce – Call-in
Peter Mason, Family Practice and Suboxone Provider – Call-in

Seddon opened the meeting and introductions were done around the table.

February minutes reviewed and approved with one amendment.

- Healthcare Taskforce Strategy
 - We reviewed our strategies are and our priorities
 - Categories
 - Best Practices in opioid prescribing for pain.
 - Screen, intervene and refer – SBIRT.
 - Supporting Recovery.
 - Specific treatment strategies.
 - Prescribing and dispensing of Naloxone.
 - Post-clinical supply reduction.
 - We added: community education and workforce development. We will discuss these at a later date.
 - We should add “stigma” reduction. Stigma didn’t seem to fall under any of the other categories.
 - Possibly put under Education
 - It is also provider education and person with diseases education.
 - There is a new campaign “The Five Signs Campaign” and should go under Community Education. <http://www.changedirection.org/> The idea is that people become aware of key signs such as personality changes, or less energy and support them in finding care. Relevant in both mental health and substance use.

- It is a campaign with which we might want to engage.
- Update on Opioid Prescribing Rules.
 - The Board of Medicine adopted an initial proposal that was the work of several individuals.
 - There is a public meeting on April 6, 2016 at 3:30 pm.
 - If you are unable to attend the hearing you can submit written comments to Sarah Blodgett at sarah.blodgett@nh.gov
 - So far Board has only received two comments.
 - The Healthcare Providers didn't have many concerns.
 - Concord, D-H and many other systems have integrated requirements into the medical records.
 - Hoping to integrate a button that goes right link to the PDMP from EMR's.
 - A subcommittee to advise on the various drug screening tests that are available would be helpful.
 - Needs to factual data. We need to know pricing, etc.
 - Needs to include what different labs include.
 - The subcommittee shall consist of: Molly, Seddon and Peter Mason can provide some of the Medicare reimbursement rates; Adrian Thomas can provide what several commercial providers charge. Janet will organize.
 - The Board of Optometry and the Board of Podiatry also adopted the same initial rule proposals.
 - Everybody is at different stages in the process but working with the materials that have been put together.
 - Are there any patient advocacy groups that we can reach out to to understand the impact of the rules on them?
 - May take time before the effect of the rules are felt.
 - There is a blog that speaks to concerns about opioid prescribing restrictions. Jeffrey Fudin is a pharmacist in New York. <http://paindr.com/>
 - CDC is coming out with guidelines for primary care physicians regarding opioid for chronic pain <http://www.cdc.gov/media/modules/dpk/2016/dpk-pod/rr6501e1er-ebook.pdf>
 - Molly will be sending in her ten points that are from the rules.
 - We will read the CDC guidelines with the crosswalk of the Board of Medicine's guidelines at the next meeting.
- Senate Bills
 - Senate Bill 523 sponsored by Senator Sanborn on controlled drug prescription health and safety program, establishing a commission to study requiring controlled drugs and controlled drug analogs to be sold in tamper-proof form. <http://www.gencourt.state.nh.us/legislation/2016/sb523.html>
Contains a lot of things that the joint task force rejected. What is left has to deal with treatment agreements and other things that are already covered in
 - HB 1423 - rulemaking for prescribing controlled drugs. http://gencourt.state.nh.us/lsr_search/billText.aspx?id=850&type=4. It is going to House Health for a hearing on Tuesday at 11:00 am. This would be putting the treatment agreement in statute.

- Recovery Support Opportunities – presentation by Cheryl Pacapelli
 - NH is in the process of developing a Recovery Coach Academy. The model is based on the Recovery Coach Academy at CCAR (Connecticut Community for Addiction Recovery).
 - That model is 30 hours of training. There is a Training of Trainers component also.
 - This is a peer based model. Peer based and ally based .
 - Family members, firemen, and EMT’s all want to be trained in this.
 - The demand for this is high. Now doing one training a month.
 - 111 people in the Recovery Coach Academy.
 - A recent survey looked at what folks were doing after they were trained and sixty of the 111 that responded to this survey have gone on to get Certified Recovery Support Worker (CRSW’s) training.
 - There is a program in Cheshire County called the “Cherry Program” funded as a pilot through the Governor’s Commission.
 - Establishes an assessment center with a 24/7 answering service when someone is not on duty that folks can call to make an appointment for assessment in one place.
 - If someone shows up at the ER for alcohol, opioids, or for whatever substance use disorder, they will be asked if they want to talk to a recovery coach.
 - If they do someone will be there within the hour.
 - If someone is incapacitated they will wait until they are medically stable and then ask the question.
 - In the hospital ER the charge nurse is going to take care of all this. She will call the hotline. They typically are there within an hour.
 - This also allows the people who have had their training to work towards their CRSW as they will be supervised when they come to the hospital.
 - In Dover they just trained twenty-eight people to be Recovery Coaches who are going to be doing a similar model through Dover Police Department and Portsmouth Hospital.
 - Claremont also had a training though no program developed yet.
 - Manchester at CMC (Catholic Medical Center) is training people in a different model. Sent a survey to respond to but have not heard back yet.
- Recovery Support Discussion
 - Bringing Recovery Supports to Scale Technical Assistance Center Services – BRSSTACS. It is a national TA contract that SAMHSA has to help states to get their recovery support work up to scale.
 - The State of New Hampshire released a RFA (Request for Applications) for a facilitating organization that will help Recovery Community Organizations (RCOs) meet set standards and develop their capacity to provide Peer Recovery Support Services.
 - Organizations will have to follow a certain set of standards and this will allow them to bill for services.
 - The RFA’s have been returned and scored and a determination has been made.
 - This will help to provide the standards that can be measured. It includes things like getting the organizations accredited to a national standard.
 - This includes certification of the workers.

- Independent Recovery Coaches are not part of the plan. They need to be supervised by a MLADC or LADC to get their hours.
 - CCAR Training is 30 hours.
 - Fourteen hours of ethics.
 - HIV and suicide prevention they train six hours in each.
 - IC&RC Standard requires 450 hours of supervised experience.
- To be certified as a CRSW in this state you need 46 hours of training, which includes 14 hours of ethics; 6 hours HIV; 6 hours suicide prevention; 30 hours in the academy which will put folks over the 46 hours.
- The Guidance Document on Best Practices: Key Components for Delivering Community-Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire is now posted on the web site for the Bureau.
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/matguidancedoc.pdf>
 - We need to know how many we should get printed.

***The next meeting is April 28, 2016
at the NH Hospital Association, 9:00 am to 10:30 am***