

Governor's Commission on AOD
Healthcare Task Force

Offices of the NH Hospital Association, Airport Rd, Concord, NH
Thursday, June 23, 2016

Present:

Kathy Bizarro-Thunberg, NH Hospital Association
James Vara, NH Governor's Office
Tom Barnes, PMC Medical Group
Bert Fichman, DHMC Pain Management
Carol Furlong, Harbor Homes Partnership for Successful Living
Adrian Thomas, NH Neurospine Institute
Peter Mason, Family Practice suboxone provider
Laurie Harding, NH Commission on the Primary Care Workforce
Molly Rossignol, Concord Hospital
Jim Potter, NH Medical Society
Pat Tilley, NH DHHS Division of Public Health Services
Amy Pepin, CHI
Lindy Keller, Bureau of Drug and Alcohol Services
Julie Hazell-Felch-Manchester Community Health Center
Seddon Savage, Pain Medicine and Addiction Medicine
were made around the table.

Medicaid and MAT issues:

There was a concern that Medicaid is currently serving as a barrier to Medicated Assisted Treatment (MAT). Impressions:

- Medicaid apparently only pays for suboxone and in one program the patient has to pay \$65 a week for the therapy.
- Medicaid reimbursement is low
 - Providers note that if they take Medicaid they would have to increase the self-pay rate.
 - Medicaid does not pay for psychosocial treatment and requires preauthorization for medication. You can lose clients in the process.
 - Some may not have jobs and/or are pretty destitute and to have to pay for a \$12 strip or if they are on two strips \$24 a day.
 - They have to do self-pay for a period of time before the preauthorization kicks in they cannot do it.
- Medicaid has a number of different programs. Depending on which one you are on the prior authorization process is really cumbersome. Can take as long as a week or more.
- Didn't we pass legislation this year that took away preauthorization for first episode addiction treatment?
 - It depends on the level of care.
 - People are preauthorized for a period of time.
 - There are two bills left that have not come to the Governor's desk yet that should solve some of these problems

- Once legislation is passed operationalizing it within insurance companies and particularly within the MCOs has been a slow process.
- How should we follow up on this?
 - Governors office reports this will no longer be a problem with implementation of new legislation.
 - ***We will revisit it next meeting
 - Kate Frey will be able to keep us updated.

Introduction of James Vara

The Governor's Advisor on Addiction and Behavioral Health, formerly called Senior Director for Substance Misuse and Behavioral Health for the Governor's Office, works directly with the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery.

- Responsibilities include: coordinating state resources; working with state agencies to ensure quality delivery of services; identifying barriers to and gaps in New Hampshire's system of care; recommending strategies to address those barriers and gaps; and coordinating the state's comprehensive approach to support law enforcement and strengthen prevention, treatment and recovery efforts.
- As the head of the Drug Prosecution Unit at the Department of Justice James
 - led the State's prosecution efforts in drug cases.
 - Represented the Attorney General on the Drug Task Force,
 - Co-chaired the Opioid Task Force
 - Helped develop the bipartisan legislation that was signed earlier this year to crack down on fentanyl.
- Currently working on a coordinated State response to current opioid challenges. Components include:
 - Inventorying what has been done in the last 6-12 months.
 - DHHS within the last six has designated \$14 million dollars related to substance use disorders. Crisis hotline; treatment locator etc.
 - All working toward building an infrastructure.
 - Current actions
 - Parity, SB 533 (signed very shortly), https://legiscan.com/NH/text/SB533/id/1318461/New_Hampshire-2016-SB533-Introduced.html;
 - \$2 ½ million dollars will go to prevention, recovery and treatment;
 - \$500,000 directly to peer recovery; \$2 million towards housing.
 - Identify and address gaps. Will take time, but working on identifying and closing the gaps. Identified gaps include:
 - Treatment availability. Will the beds and treatment slots be there for people who call the hotline? Expanding but need to know numbers.
 - Workforce.
 - Need for data
 - Legislature requests data to justify budget requests as we go into budget planning.
 - Data is one of the major gaps we need to fill.

- How do you show data that medically assisted treatment works? How do you get people there that are willing to come and testify about it?
- This response will only be related to opioids. The true importance of that is:
 - Public crisis that we are in;
 - Have a captive audience who is willing to listen
 - First phase will be done by the end of next week at least in terms for our level, then it will go through the governor's office.
 - Anticipate there will be something very public within the next 2-3 weeks.
- Response is only focused on what state government is doing through the Governor's leadership
- Report will not articulate everything that is happening in the state but rather state policy changes through legislation, not trying to quantify scope or provide data which would suggest change or scope.
- This will be presented to the Governors Commission as a small piece of what the Governor's Commission does.
- The Governor's Commission Strategic Plan which is a much broader document will also be in develop this fall.
 - The Commission's plan is always the plan for the state and not the State's plan.
 - It is not just about state government investment it is about what is going on in the state, what we should do, and what all of us together do.
- The various Task Forces, including this one will be contributing to that document.
- We need more physicians that can prescribe suboxone or naltrexone. We need more medically assisted treatment and we will outline that.

Opioid Misuse Comprehensive Approach *(see handout)*

- The Opioid Taskforce is working on a comprehensive strategic plan to address opioid misuse to contribute to the Governors Commission State plan.
 - Identifies roles for diverse sectors in addressing the opioid crisis from the public, churches, pharmacists, clinicians, payers, harm reduction strategies, business and industry and others.
 - Members of the Opioid TF are identifying current activities and opportunities in their domains
 - One domain is clinical practice and that is the area this TF focuses on, what the healthcare system can do.
 - Ideally will become a map of everything that is going on in the state.
 - Eg How many buprenorphine companies are there? Methadone maintenance clinics? Where are there screening and brief intervention being done? It is not happening in all settings but it is happening in some. We are just trying to get a sense of any initiatives.
 - We will ask Health TF members to look over the Healthcare Strategies and let us help identify what is going on in terms of each item (eg initiatives pilots, programs) in your systems or the systems that you touch.
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Change Direction campaign (see handout)

- The Five Signs-Change Direction campaign was launched about three weeks ago at the statehouse.
 - There hasn't been a fully coordinated follow-up. Is anybody else system doing anything? Elliott, Dartmouth, is doing something. The Hospital Association has been pushing it out there. This is the version that we edited.
- D-H revised the poster to include resources, seemed the awareness needed to be linked to advice for action:
 - Engage with the person.
 - Connect, reach out, inspire, offer hope, and be persistent.
 - Talk to your healthcare provider.
 - Help with substance issues: www.nhtreatment.org or 844-711-HELP.
 - Help with mental health issues: www.naminh.org or XXXX. In the Upper Valley www.uvmentalhealth.org
- The posters are ready to go, pending approval of the national organization and can be posted anywhere.

Follow-up of the Elliot presentation by Meghan Bastion on inpatient interventions.

- The group reaffirmed interest in dissemination of the principles of the Elliot program
- Will encourage her to present at a Hospital Association Medical Directors meeting.

Coordination of MAT Trainings

- BDAS is in the process of completing a contract with an association that will work much as the facilitating organization for the Peer Recovery Support Services to help get MAT up and running in primary care practices associated with hospital networks. Supported with funding through PCSS-MAT.
 - It is expected to be on the July G&C agenda.
 - There will be a significant amount of money to get that up and running.
 - The funding is to provide the infrastructure not to provide the services.
- Will be doing a similar contract to get it in to mental health centers and also into the community health centers.
- NHMS is planning MAT trainings in the fall and also has been working with PCSS_MAT
- BDAS and NHMS will coordinate efforts

Urine Drug Screening

- InFormation on the updated Heit and Gourlay UDT resource was mentioned. Proabbly the most comprehensive and clear resource available.
- Implementation is challenging because of variability in differe companies panels, need to know exactly what is being ordered

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