

Perinatal Substance Exposure Task Force

Agenda: January 28, 2015

Welcome and Introductions

Welcome new members and guests

Review minutes from September meeting

FASD Poster Campaign

Update and review image

Next Steps: set date for subcommittee meeting, review membership

Task Force perspective

Provider Forum Follow Up

What went well and what fell short?

Next steps:

Ongoing communication with all participants

Formation of work groups:

1. Methadone Dosing Group

Potential Areas of Focus:

We identified a persistence of fundamental differences in philosophies about high-dose versus low-dose methadone therapy during pregnancy and limited evidence based quality research upon which to base "Best Practices."

-We currently have significant dosing differences between the practices in our state. These prescribing practices have been consistent for several years.

-Do we have significant differences in outcome?

-Can this be studied retrospectively?

-How does this relate to the review currently being conducted by NH Medicaid?

-“More skills is better than more pills” (?)

-“The phenomenon of rapid and extensive metabolism (of methadone) that emerges in pregnancy,” is a clinical concern that has been brought to my attention by one of our methadone providers and I feel deserves our attention.

The article in the January 16th issue of The Journal of Addiction Medicine by John McCarthy, et al, shines a light on this.

Potential group members: Dr. Bill Edwards (Pedi), Dr. Todd Mandell (Addiction), Dr. Ben Nordstrom (Addiction), George Neyarapally (Pharmacy), Dr. Peter Heyl (Obstetrics), James Vara (Attorney General's office), Jaimie Powers (BDAS), Diane St.Onge (Treatment), John Blowen, APRN (Treatment)

2. Development of local “consortiums”/Provider communication

Potential Areas of Focus:

-Develop 42 CFR compliant releases and make them available statewide.

-Keep patients included in communications whenever possible

-Augment/Facilitate communications with use of technology

-Augment the NH Locator website with information about consortiums and with video tours of the clinics/practices and walk potential patients through the intake experience.

-Involve the primary care physician and base our plans on the “medical home” model

- Create a blog (password protected) to enable providers to continue the conversation and share information about what is working.
- Be careful to only ask for what you need when it comes to patient information.
- Reevaluate the need to have the child's records be labeled with the history of methadone therapy in pregnancy.

Potential Group Members: Jacqui Abikoff (Treatment/Practice Management), Susan Latham (Treatment), Rebecca Richards (Patient Perspective/Treatment), Vicki Flanagan (Statewide outreach), Dr. Laura Frye (Family Doctor), and others

3. Patient Support

Potential Areas of Focus:

- Help patients relearn how to make good decisions for themselves.
- “NAVIGATORS” or “CHAMPIONS”
- Model behaviors for patients (make the call with the patient)
- Connect the patient with postnatal care providers before they deliver
- Regional coordinators
- Work with home visitors
- Family support groups

Potential Group Members: Stephanie Savard (FIT), Susan McKeown (family support), Lindsey Flynn (social services), others

Colorado's Maternal Mortality Data

Other Business

Adjourn

NEXT MEETING MARCH 25th, 2015
29 HAZEN DRIVE, CONCORD, ROOM 310
2PM to 4PM

PERINATAL SUBSTANCE EXPOSURE TASK FORCE

January 28, 2015 – 2:00PM-3:30PM

Minutes

Attendees:

In-Person: Rebecca Ewing, Tricia Tilley, Susan Vermette, David Laflamme, George Neyarapally, William Edwards, Lisa Mure, Doris Lots, Michelle Loria, Rekha Sreedhara, Vicki Flanagan, Franco Casagrande, Lisa Bryson, Bonny Whalen (phone), Nancy-Jackson-Reno, Donna Proulx, Gary Kaufmann, Jill Fournier, Linda Cenhar, Roxanne Tahmosh

Phone: Linda Parker, Jaime Parker

I. Review of Minutes

- Minutes were approved.

II. Business

- **Poster Campaign**

- o The March of Dimes is willing to provide \$2,000 towards a poster campaign. One of the posters from the NOFAS campaign will be used. The language will be edited to include “Healthy Mothers Need Everyone’s Support”. The group agreed that the message should be a population–based message since affluent women are using as well and should focus on alcohol versus narcotics to gain more reach. DHHS and March of Dimes logos will be included. 8x11 and 11x17 versions will be prepared. A QR code will be included to refer to the drugfree.org site. Copies of brochures and posters will be sent to the Clerk’s Office.

- Group Lead: Linda Cenhar
- Members: Nancy-Jackson Reno, Lisa Bryson
- Meeting Schedule: February

- **Provider Forum**

- o The Provider Forum held on January 14, 2015 was attended by 127 providers. Three main areas of focus were identified to improve care. Each area of focus will consist of its own workgroup.

1. Best Practice in Methadone Dosing

Group Lead: Gary Kaufmann/George Neyarapally

Proposed Members: Daisy Goodman, William Edwards, Ben Nordstrom, LADC, Recovery Perspective (Amy Gagnon?), Methadone Clinic representative, NEPQUIN

Proposed Tasks:

- Conduct literature and peer reviews related to dosing, models for compliant consents, and provider communication.

- Utilize data obtained from the Medicaid office to identify the problems with dosing

- Talk to programs to better understand dosing regimens

- Prepare consensus statement for NH

2. *Communication between members of the Care Teams*

Group Lead: Jacqui Abikoff

Proposed Members: NH lawyers, recovery perspective, CHC practice manager, hospital, primary care, methadone clinic

Proposed Tasks:

- Review sample consents

- Develop specific template for NH

- Prepare HIPAA/42 CFR, Part 2 statement

3. *Patient Support through pregnancy, delivery and beyond*

Group Lead: Rekha Sreedhara

Proposed Members: Rebecca Richards, Karen Frarie (for Stephanie Savard), Susan McKeown, Lindsey Flynn, MCO's, Eileen Mullen, Dierdre Dunn, early supports and services

Proposed Tasks:

- Determine tasks to work on during first meeting

- Mortality Data

- A maternal mortality fact sheet from Colorado was reviewed. This state put together some tools to target maternal mortality. MCH indicates that federal TA money could be used to have CO come speak. Some of the data shared within the CO fact sheet is reflected within a report MCH prepares annually. It was also discussed to consider looking at regional data to get a better understanding and could also look at PDMP to see what is being prescribed.

Next Meeting:

Wednesday, March 25th, 2015 – 2:00PM-4:00PM

29 Hazen Drive, Room TBD