

**Implementation Task Force
NH State Strategy on Prescription Drug Abuse**

Healthcare Sector Work Group Meeting
Offices of the NH Hospital Association, Airport Rd, Concord
Thursday, February 26, 2015

Minutes

Present: Stacy Allard, Liz Clark, Joe Harding, Julie Hazell-Felch, Michelle Ricco-Jonas, Lindy Keller, Susan Latham, Polly Morris, Amy Pepin, Melissa Silvey, and Seddon Savage.

Lindy Keller introduced herself and stated that she is the chair for today's meeting. Introductions were made around the table.

Lindy proposed approving the minutes.

- Under the NH PDMP there is one correction "registration is mandated (page 2 #3).
- Minutes approved with noted corrections.

Brief Updates:

- SBIRT
 1. There are two stages to this. A number of Community Health Centers put in proposals to be early adopters of this.
 2. They have finally gotten to see their contracts.
 3. Hopefully they will be on the March G&C agenda.
 4. They got funding for very specific proposals to do SBIRT in the Community Health Centers.
 5. Very diverse set of proposals.
 6. All the proposals were accepted. There are five of them that will go in effect once approved.
 7. The DPHS contract with the Community Health Centers has added SBIRT in their contracts for SFY16 and SFY 17.
 8. BDAS added additional money to those contracts specifically geared toward SBIRT. There are two pieces.
 - One is for infrastructure and development.
 - One is for actually paying for those services.
 9. Those funded in SFY 15 we don't expect they will be able to meet everything they had proposed because the time ended up being much shorter.
 - We gave them additional money for SFY for 16 for infrastructure so they could finish out the work they had proposed and go even further if they want to.
 10. Our expectation is that services will begin being delivered in SFY 16.

11. There is a conference call on Tuesday at 9:00 am with the Community Health Centers that will have both Public Health and BDAS on the call for further discussion and questions.
12. Charitable Foundation's Youth SBIRT Initiative the RFP is currently open for a second cohort.
 - Actively soliciting applicants.
 - Spread the word on the availability on this application.
 - This is for 12 to 22 year olds.
 - Sinda to send out email to all workgroup members with more information.

- CHANGES TO TREATMENT LOCATOR

1. Some folks had problems with being able to sort in a way as useful as it could be.
2. These issues have been relayed to CFEX and they are currently working on it.
3. The specific issue was that people weren't able to sort as well as they wanted to and were getting way too many flags in one area.
4. You now need to pick a particular level of care.
5. The new sorting mechanism will enable you to sort for particular populations and also by insurance.
6. Will be done by the end of this week or early next week.
7. This is an awesome resource especially for emergency rooms.

- LEGISLATION UPDATE

1. HB 271 – relative to possession and administration of an opioid antagonist for opioid-related overdoses.
 - This could make naloxone more readily available to families, agencies and friends, perhaps by direct prescription or standing prescription.
 - Should this bill pass how do we go about implementing it.
 - We need to discuss implementation before this bill passes.
 - Has not been given a senate hearing yet.
2. SB 31 – relative to the controlled drug prescription health and safety program. This bill makes certain changes to the controlled drug prescription health and safety program, including clarifying the registration process and confidentiality procedure.
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 - This has passed the House but still need to pass the Senate.
3. HB 2 - Office of Professional Licensure – all boards will be combined under one. If passed there will be one executive director, division directors, business administration overseer, medical division director which will oversee the 24 medical boards, and one that will oversee the technical boards. There will still be the boards but the staff will work under this new state agency.

- NH NALOXONE IMPLEMENTATION
 1. Governor convened a taskforce on naloxone.
 2. Overdose deaths have been rising yearly.
 3. Lots of challenges on how to make it more available.
 4. Families are interested in being able to use it.
 5. The cost is about \$8 an atomizer.
 6. We really need to be looking at assertive community response teams and how recovery support workers play into that.
 - People are not necessarily getting treatment after naloxone use.
 - We need response teams similar to mental health emergency response teams.
 - Enroll the person in the HPP immediately to get them Medicaid and use the NH Treatment locator to locate options for them and then there should be a follow-up case manager piece.
 - Right now resource cards are being passed out with information but we need more than that.
 7. People do not necessarily go to the emergency room.
 - Very expensive.
 - Once they go to the emergency room and they are uninsured they write those costs off so emergency rooms don't necessarily want that model yet unless it is billable.
 8. The taskforce has discussed how important it is for the overdose clients to go to the emergency rooms.
 9. Joe will pass on to the Naloxone Taskforce the importance of coming up with implementation before the SB271 passes.
 - Has not been given a senate hearing yet.
 10. Melissa Silvey will also speak with the Head of the Medical Society to pass on this group's recommending that implementation needs to be considered.

- NH PDMP
 1. Official name is "New Hampshire Controlled Drug Prescription Health and Safety Program."
 - RSA 318-B 31-38
 - http://www.nh.gov/pharmacy/prescription-monitoring/pmp_statute.htm
 - Passed as SB 286
 - 49th state to have a prescription drug monitoring program.
 2. The program is:
 - Web-based data system that contains information on controlled prescription medications dispensed by licensed retail pharmacies and other dispensers.
 - It supports legitimate medical use of controlled substances while limiting drug abuse and diversion.
 - It is intended to help prescribers avoid drug interactions, identify possible substance abuse disorders and drug seeking behavior.
 - All program information shall remain confidential.
 3. The NH PDMP will notify:

- The appropriate regulatory board, prescriber and dispenser if there is reasonable cause of violation of law or breach of professional standards.
 - Practitioners and dispensers of persons who may be obtaining prescriptions in a manner that represent misuse or abuse of controlled substances.
4. NH PDMP collects prescription information.
 - Patient identification: name, address, DOB & gender.
 - Prescriber information.
 - Pharmacy information.
 - Drug information: name, type, strength.
 - Quantity & date dispensed.
 - Days' supply.
 - Source of payment.
 5. NH Dispensers
 - Pharmacies registered as dispensers with the NH PDMP on August 25, 2014.
 - Pharmacies began to upload data into the NH PDMP on September 2, 2014.
 - Phase One did not include: veterinarians, hospitals w/o community pharmacies and any independent provider dispensers of controlled substances.
 - Phase Two – Data Uploading
 - September 15, 2014 Non-pharmacy dispensers began to upload data into the NH PDMP.
 - Phase Two included veterinarians, hospitals w/o community pharmacies and any independent provider dispensers of controlled substances.
 - On Oct. 15, 2014 two e-mails explaining that you were pre-registered and containing a user name and temporary password was sent out with instructions to finalize registration.
 - On Oct. 16, 2014 registration email alerts went out to all NH licensed providers and pharmacists with information on how to register with the NH PDMP.
 - The registration allows them access to the NH PDMP control history information for their patients.
 - Registered prescribers/dispensers are using the system at about 98% to 100%.
 6. Uses by Prescribers/Pharmacists
 - Prescription history of a current or new patient; misuse or addiction, multiple prescriber/dispensers, drug interactions or other potential harm, compliance with pain contracts.
 - Practitioner prescribing history: fraudulent scripts, and monitor patients compliance with Rx directions.
 - NH PDMP can provide valuable information in the assessment of how to treat the patient.
 7. Uses by Boards/Licensing Agencies
 - Meeting standards of care.
 - Improving the prescribing & dispensing of controlled drugs.
 - Monitoring compliance of prescribers currently on probation.
 - Monitoring compliance of dispensers reporting information to the PDMP.
 8. SB 31 is a technical change to the prescription drug monitoring statute.
 - Help clarify the dispenser/prescriber
 - Language needed to be cleaned up

- A hospital pharmacy or a doctor in the emergency that dispenses less than 48 hour supply of Schedule 2 through 4 would not have to upload that information.
- <http://www.gencourt.state.nh.us/legislation/2015/SB0031.html>

For further information on registering or other questions please call 1-855-353-9903 or email them at nhpmp-info@hidinc.com

- Heroin Summit
 1. April 10, 2015 – 9:30 am to 4:00 pm.
 2. Wentworth Douglas Hospital, Garrison Wing Conference Rooms, 789 Central Avenue, Dover, NH.
 3. Free of charge.
 4. RSVP to info@onevoicenh.org
- Health Protection Program Phase 2: new intensive services coming on line on 3/1/15

The next meeting is M arch 26, 2015 from 9:00 am to 10:30 am at the Offices of the NH Hospital Association, Airport Road, Concord, NH.