

**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, March 26, 2015

Minutes

Present: Seddon Savage, Lindy Keller, Susan Latham, Amy Pepin, Polly Morris, Stacy Allard, Joe Harding, Tom Barnes, Lisa Muré, Annette Escalante, Peter Mason, Jean Proehl, Katy Burchett, Jannell Levine, Liz Clark, Christine Weber, George Neyaranally and Susan Laverack participated by phone.

Seddon Savage opened the meeting and went over the agenda. She had forgotten that there were additional people coming at 10:00 to discuss a grant on MAT. The meeting today will end at 10:00 am rather than it's normal 10:30 am end time. Introductions were then done around the table.

There was a quick review of the minutes. The minutes were accepted.

Introduce map of healthcare sector strategies to reduce opioid misuse

This group is considered a sub-group of the Governor's Commission on Alcohol and Other Drug Opioid Taskforce. To that end we ideally are making recommendations to the Opioid Taskforce on what the priorities are for healthcare providers in the healthcare system in the state to address opioid issues. On an annual basis we should review strategies, add new ones and see where we are at with respect as a state to the different priorities. Everybody should take a look at the handout "Strategies for the Healthcare Sector to Reduce Opioid-Related Harm." Look over the left hand column and see if there is anything we are missing. Over time as we discuss these different things, and some are on the agenda today, we can look at the two columns "active" and "opportunities" and see if we are addressing the "Roles of Healthcare." Examples for best practices were put on the document.

1. Prescribing for pain.
2. Monitoring program.
3. Numerous educational offerings.
4. Website with clinical tools.
5. PDMP – should they pass an online exam?

Look at the list and see if there is anything major on it?

Brief Updates:

- **SBIRT Grant & Programs**
 1. The 2015 SBIRT Grants got through G&C this week.
 2. This is the final step in accessing them.
 3. There are five Community Health Centers to begin the development in 2015.
 4. They only have half as much time as they wrote the proposal for. We built in extra money for 2016 so they will have enough time to do the work.
 5. The DHHS contracts unit should be notify them soon.
 6. We are in the process of reviewing the budgets for the Community Health Centers in their new contracts for 2016 & 2017 which was given additional funding to develop and provide service to SBIRT.
 7. Should be done in the appropriate time frame so it can start in the beginning of 2016. (7-1-15)
- **Youth SBIRT Grant**
 1. The Charitable Foundation SBIRT Initiative has an open RFP.
 2. It is very open to flexibility around participation.
 3. Health Centers that served clients between the ages of 12 to 22 are eligible.
 4. The grant does not provide direct infrastructure support.
 5. The grant provides all training and technical assistance, reimbursement for staff time to participate in such training.
 6. Can provide funding for whatever modifications need to be made to the electronic medical records.
 7. Thought as one-time expenses not ongoing expenses.
 8. The grant offers up to 2 years of funding.
 9. Centers will have a sustainable process in place that will continue after grant funding.
 10. You have to be non-profit to apply.
 11. The grant is from the Charitable Foundation in concert with the Conrad Hilton Foundation.
 12. Working closely with Boston's Children Hospital and Dartmouth Hitchcock OB/GYN.
- **Seddon has been writing SBIRT-R meaning recovery**
 1. It is important to follow a patient's recovery.
 2. Some folks are doing SBIRT-FU – meaning follow-up.
- **NALOXONE**
 1. There are two bills before the legislature: one supporting law enforcement getting certified to administer naloxone.
 2. The other is to support clinicians prescribing naloxone to family and friends of people who have opioid addictions.
 3. The next step is encouraging and educating the doctors to talk about it and to offer to prescribe it.
 4. We will need a strategy.

- A one page educational flyer to doctors to distribute to families and patients.
 - Methadone, buprenorphine, suboxone clients and families should all have naloxone available to them.
 - Naloxone Pharmaceutical folks said they are priced very similar to epi-pens.
 - They have about a two year shelf life span.
 - Seddon will be speaking to the methadone clinics about the barriers to using naloxone in the clinics.
 - We need to instruct people on when to administer and how to administer.
 - The bill has passed the House and is on its way to the Senate.

- Heroin Summit
 1. April 10, 2015
 2. They have full attendance at this time – 236 registered.
 3. There is a legislative breakfast from 7:30 am to 9:00 am.
 4. There is still space at the legislative breakfast.

- Taking Action to Reduce Opioid-Related Harm May 7, 2015.
 1. Opioids in the corrections system.
 2. The goal of this conference is to reflect all the things we reflect around this table and the Opioid Task Force table as a way of saying this is what we are working on now.
 3. We will be asking the question “what more is there that we need to be doing?”
 4. We are using some of the SBIRT people for a meeting two weeks before this.
 5. We are looking for a good SBIRT speaker.
 6. We are also looking at getting people into treatment.
 - SBIRT
 - Drug Courts
 - Diversion Programs

The next meeting is April 23, 2015 from 9:00 am to 10:30 am at the Offices of the NH Hospital Association, Airport Road, Concord, NH.