Governor's Commission on AOD Opioid Task Force

Healthcare Sector Work Group Meeting
Offices of the NH Hospital Association, Airport Rd, Concord
Thursday, May 28, 2015

Minutes

Present: Seddon Savage, Julie Hazellfeld, Adrian Thomas, Peter Mason, Lindy Keller, Stacy Allard, Tricia Tilley, Rekha Sreedhara, Melissa Silvey, Sarah Blodgett and Susan Laverack participated by phone.

Seddon welcomed everyone and opened the meeting and requested introductions around the table.

Seddon requested folks to look over the minutes. Minutes were approved with one noted edit. Peter Mason was not listed as attending when he was in attendance.

1. Status of SBIRT grants & programs.
    - Five area health centers put in proposals and were funded at the rate they requested.
    - Expected six months to implement their plans but by the time it got through G&C they had three months. In the last week and a half we have spoken with all of them and we are extremely pleased at how far along they are. Our expectation was that they would actually not complete what we had in the contract because it should have been six months and it was half of that.
    - All of them are at least half way where they should have been.
    - Most of them are probably going to complete everything they were going to do in six month in three.
    - They are doing it right and very well.
    - When you look at who the five, are most of them already have HERSA Grants or have been involved in the Adolescent SBIRT.
    - All the applicants are CHC's or Healthcare for the Homeless. Harbor Homes in Nashua; Health First Family Care Centers in Franklin and Laconia; Families First in Portsmouth; Manchester Community Health Center; and Goodwin.
        - The Healthcare for the Homeless has its own FQHC status.
        - These are all for adults and pregnant women.
        - This is state funding funneling some federal funds.
        - The Community Health Centers that have contracts with Public Health are getting ready to renew their Public Health Contracts for the Primary Care Services that they provide and we added funding into those contracts for SFY16 & 17 for SBIRT development funds.

- They are all on target to get approved. They have a separate budget just for SBIRT and it is all going to be billed through Public Health.
- The funding will cover infrastructure development and implementation.
- The ones that are currently under contract their funding was all for development. We put additional money in the 16-17 contracts for development since their time was so short.
- The billing and coding need to be worked on.
- The Center for Excellence will be providing technical assistance.
- Key point person for BDAS is Lindy Keller

2. Status of the MAT grant (Medicated Assisted Treatment)
   - There is a SAMHSA grant that we have applied for. If we get it, it will go into effect Oct. 1, 2015.
   - We anticipate we will know sometime around August if we get it.
   - It is designed for expansion of medication assisted treatment.
   - It involves having at least two locations in the state that evidence high rates of opioid use disorders.
   - The locations had to be identified in the application.
   - We did identify four locations.
     - Harbor Homes – program is based in the addiction treatment facility.
     - Manchester Community Health Center
     - Goodwin
     - Health First
   - We wanted both urban and rural models. These four are pilot locations and, if there are good outcomes, they would become model practices that could be replicated in other places.
   - The majority of the grant money goes out to those clinics. There is a small amount that stays with the state to administer and technical assistance.
   - SAMHSA is on a fast track. If you get the grant you have to be serving patients within two months.
   - If BDAS does not get it we will just move forward with some other monies and try to figure out how to get this happening anyway.
   - We have identified some federal money that has been set aside for some time for infrastructure development. There is some for SBIRT and some for medication assisted treatment.
     - It shouldn't really require money to do this as this is a mainstream medical practice it is just encouraging to do it.
     - Goodwin has 40% uninsured and that is even with the Affordable Care Act and HPP. So 40% who is paying for that coordination of that service? The physician is not a case manager and you need in order to really replicate a suboxone treatment with intensive outpatient feature you have to have strong case management.
     - Whether BDAS gets the grant or not we'll use some of the money we already give them.

- *Comment was made that the term MAT suggests pharmacologic therapies are ancillary not core treatments. For opioid addiction pharmacologic therapies should be viewed as core treatment. Calling it medication <u>assisted</u> treatment when it is core treatment really reinforces the view that most people do fine without it but if you need it it's there. We know the relapse rates are up to 95% without medications.*

3. Need to grow MAT and SBIRT from the Community Health System into the General Medical population. How do we convene providers to educate them and get them interested in it?
    - Once CHC have fully adopted this group will work on a clear strategy to disseminate.
    - The Medical Society Annual Conference on Addiction is happening in November
        - there could be a companion 4 hour training on buprenorphine to be paired with online 4 hour training for certification.
        - There is an existing model that is a 8 hour training where half of it could be online and half in person.
    - Many barriers to adoption by PCPs
        - EMR's and meaningful use challenging PCPs, reducing available time
        - Case management is needed and most of the practices cannot afford case management.
        - Population is very difficult to deal with and disruptive to the practices. Their perception is that it is a problem.
        - Biases and stigma.
        - These patients take up a lion share of the time and time is not what they have.
    - Possible approaches to overcoming the barriers.
        - More people die from overdose than diabetes in their practice. How do you reconcile this?
        - Less likely to get an entire group of primary care physicians willing to take this on versus getting designated in the primary care group as being the person that does it.
        - Create incentives for providers to address substance issues.
    - Would be helpful to have someone from the third party payer system on this taskforce to discuss incentives and other issues
        - Every one of them is different. Who would we ask
        - Wellsense Health, Families First contracts with Simpatico and Beacon. Beacon is the subcontractor that handles the Medicaid Managed Care.
        - Medicaid patients with a substance use disorder services are contracted by a third party. They do not contract with Anthem.

- HPP Oversight Group could be a good source of information, discussion on incentives
  - Rekha and Joe go to this meeting. Rekha will ask at next meeting what they are doing to incentivize addressing of SUDs and who contacts for discussion might be.

4. Conferences/meetings update
   - Opioid Related Harm Conference early May
     - Well attended.
     - Good conversations.
     - There were no physicians this year.
   - Winnipesaukee Regional Summit on Substance Misuse
     - June 3, 2015.
     - It is filled.
   - New Hampshire Heroin Summit
     - Filled in two days.
     - There were physicians, primary care folks
     - Legislative breakfast.
     - Went well
5. Updates on Legislation.
   - The Naloxone Bill that will permit prescribing to families and friends is now on the Governor's desk to be signed.
   - Only some of the recommendations of the Naloxone Workgroup were included but key ones
   - Peter Mason has had discussion with his suboxone patients about Naloxone. He has tried to prescribe nasal naloxone and there is not a single pharmacy in the Upper Valley that carries it.
     - Naloxone is made by particular organizations.
     - Physicians are asking if it is illegal to prescribe.
     - Seddon suggested to go to http://prescribetoprevent.org/
   - We need to get the word out: will work on strategy in this group
6. Pending Legislation
   - Telemedicine prescribing of controlled substances in association with a telemedicine visit.
     - Some of the Community Mental Health Centers are having provider patient appointments by telephone and/or by video and prescribing controlled substances in association with these.
   - Arguments on both sides
     - Legislature concerned due to perceptive of over prescribing opioids, stimulants etc.
     - Louisiana was trying to prevent addiction psychiatrists from prescribing with telemedicine and ASAM wrote a letter supporting telemedicine for prescribing because it expands capacity for addiction treatment.
   - Trying to find a balanced solution

- Carve-out for Community Mental Health Centers to allow certain psychiatrists working in them telemedicine CS prescribe.
    - Need for ADHD meds in North Country one issue.
        - There is study out of Vermont about prescribing levels for ADHD meds for Medicaid recipients in Vermont.
        - New Hampshire is the highest proportion of ADHD meds especially in the Medicaid population.
        - It is a problem as we always come up with all the indicators for quality health care. Then we come up high on ADHD meds, etc.
        - It really is a use for the North Country but there are not that many children there. So the question is it a problem of too much care?
- SAMHSA certified addiction tx centers requesting as well.
- Should certified psychiatrists be allowed to do it? Addiction psychiatrists? Addiction medicine physicians? Others
- Project Echo is a project that does pain management and they do excellent care of patients in pain management via telemedicine but they do it in collaboration with primary care doctor.
- The Board was initially against prescribing but the Mental Health Centers came and made a compelling argument about their overwhelming need for these patients.
- Seddon will send around a copy of the bill for deeper consideration

7. Treatment Locator dissemination initiative
    - Went out to all the ER's and Community Health Centers.
    - Servicelink resource centers have been contacted.
        - Rekha called as a secret caller and staff had no idea and were not knowledgeable about treatment options either. There was one manager that was aware of it.
    - The packets have been sent out to ER's and CHC's.
    - Rekha talked to Joy Potter of the Medical Society said that they could potentially get a table at their annual meeting as they have some allotments for free tables which are in place.
    - American College of Emergency Physicians had a meeting on May 4, 2015 and materials were distributed there.
    - Family Practice is meeting this weekend and it would be really good to have items there. Rekha should get a hold of Katrina Watson.

The next meeting is June 25, 2015 at 9:00 am.