Governor's Commission on AOD Opioid Task Force

Healthcare Sector Work Group Meeting
Offices of the NH Hospital Association, Airport Rd, Concord
Thursday, August 27, 2015

Minutes

Present: Seddon Savage, Jack Wozmak, Tom Barnes, Peter Mason, Adrian Thomas, Lisa Muré, Laurie Harding, Janet Monahan, Melissa Silvey, Mary Bidgood Wilson, Kathy Bizarro, Carol Furlong, Amy Pepin, Joe Harding, Molly Rossignol, and Sarah Blodgett

Introductions were made around the table.

Minutes of the prior meeting were reviewed and approved. It was noted that Melissa Silvey was at the last meeting but not listed as attending. The minutes will be amended to reflect that.

- Recommendation that was made about hearing in the media that nothing is being done to address the problem of the opioid epidemic.
- A few things are going to happen under the leadership of this group:
    - Center for Excellence is going to take some actions.
    - Posting at their web page the minutes of all the Governor's Commission Task Forces. This will also include the agendas, mission statements and the strategic plan.
    - Go to http://www.nhcenterforexcellence.org/governors-commission
      At the bottom, on the right hand side you will see "Governor's Commission" and there will be choices under "Task Forces" and also under "Workgroups".
    - The State of New Hampshire's page with the Governor Commission information only lists the meetings for the full task force.
      http://www.dhhs.nh.gov/dcbcs/bdas/commission.htm
    - This page could have a link to the Center for Excellence web page for the Governor's Commission.
    - The Medical Society has a web page on substance use issues that could also contain the link to the Center for Excellence Governor's Commission page.
    - There should also be a link on the Nurse Practioners' and Nursing Association.
    - There also was a conversation that there be a way to get comments from the public so they can get a message to the committee/taskforce/workgroup.
        - The comments would have to be monitored.
        - Seddon suggested that they email to the workgroup/taskforce or various people on it so they can reply if necessary.
    - Need to have someone from the Board of Mental Health or the Guild on this workgroup.
    - NHADACA is already a part of this group.
    - Also part of the discussion in getting information to the public is NH 1 News will be filming to use in segments in a one hour special addressing opioid addiction. This will air sometime in October or November.
    - We are going to have a chance to get Medicaid expansion in the next year so we need to be doing something politically as a committee.
    - 6,000 people within the expanded Medicaid population are getting substance abuse treatment now that will be cut if that goes away.

- Governor visit at Goodwin.
    - There was a round table discussion with physicians.
    - The Governor wanted to discuss Medicaid expansion.
    - If this doesn't get passed then we need to reach out to the area legislators.
    - Goodwin went on to say that they went from a 40% uninsured rate to 29% (and that is since November).
    - Goodwin brought to the Governors' attention that they brought forward a comprehensive Naloxone plan and only one or two strategies was pushed: one of them was law enforcement getting certified to distribute and administer Naloxone
    - The Goodwin discussion also came across a rule change that needs to happen. The EMS, whether private, public, etc. can administer Naloxone but they cannot give out kits.
    - As a point of distribution and education, rules are being written for Board of Pharmacy and EMS.
    - Talking points need to be developed to address a whole system problem and not cater only to law enforcement.
    - The Community based side of this issue needs to be conveyed to the Governor. We need more doctors, mental health and dual diagnosis from our ED Departments to speak to this.
    - It feels as if the talking points are not being developed to a whole system of care. It seems to cater to law enforcement.
    - Clearly there has to be a balanced message including healthcare as well as safety.
    - Most people encounter the medical system at some point.
- Posting Information on the work we are doing.
    - Our minutes really need to reflect what is happening here.
    - We need to make them more concise.
    - We will try to get the minutes out earlier so people can read them thoroughly.
    - This group should have an official "Mission" statement. Essentially our mission and goals.
    - This is the draft: "The mission of the Healthcare Taskforce is to engage healthcare personnel and health systems in New Hampshire in preventing substance-related harm and effectively addressing substance misuse."
        - We could put substance use rather than misuse but we really do not address substance use.
        - Is there a difference between abuse and misuse? Abuse is a stigmatized word. Abuse suggests real pathology. With misuse you do not fall into the clinical category of addiction. "Misuse" is anything that is veering in to a way that can cause harm.
    - Specific Goals: 1. Healthcare providers and clinical staff will recognize substance and addiction-related issues as important health issues and understand the relevance to their patients and their practice. 2. Healthcare providers will engage in the substance education, screening, intervention, treatment or referral for treatment, and recovery support in way appropriate to their specialty and practice setting. 3. Collaboration between addiction specialists and general healthcare systems will be seamless and consistent.
        - In goal 1 addiction related issues as important health issues was used as we are not dealing with gambling and sexual addictions here.
        - In goal 1 the use of "healthcare providers and clinical staff" should be "Healthcare professionals" which would cover both.

        - In goal 3 change “addiction specialists” to “professionals in addictive disorders.”
        - In goal 3 change “general healthcare systems” to a “general healthcare community.”
    - Comprehensive Strategic Plan – the plan is very specific. It actually talks about schools and youth programs, legal and justice systems, business and industry, legislature and other politicians.
- Naloxone
    - There was a discussion at the Naloxone Committee about creating a uniform message. The Naloxone Bill that has passed allows clinicians to prescribe to patients, non-patients, end users, friends and family.
    - We have gotten an interpretation from the Attorney General’s office that the Board of Medicine is writing rules that support the broad intent of the law.
    - Implementation is hard. People are not used to writing for naloxone. Prescribers do not know the dosage to write for. They can write for the correct dose but do not write a prescription for the delivery system (injector or nasal atomizer).
    - The most difficult part is documentation of writing the script and for who and the confidentiality laws. The confusion comes if the prescription is not for an actual patient but family, friend, etc. We discussed just saying “pharmacy documentation of dispensing of the Naloxone shall constitute sufficient documentation.”
    - We are trying to simplify the process for prescribers who wish to make Naloxone available.
    - We are hoping to develop a uniform sheet or series of sheet that could be made available that will do two things:
        - Make prescriptions easy and correct so pharmacists can understand what physicians have written for.
        - Brief education to teach how to use the Naloxone.
        - Melissa is working on something for Strafford County and has tweaked something that was posted on “Prescribing to Prevent” http://prescribetoprevent.org/ and made it specific to the type of Naloxone that is being made available which is nasal atomizer. The medical group at the last meeting felt it was important to also have IM available.
        - There are two examples for instructions. One is for IM syringe and the other for nasal. The Strafford County region will mass distribute these to primary care offices. They will be sent the Microsoft Publisher document which your own logo and practice information can be added. These are about messaging to the physician.
        - These really should go to all the ER’s.
        - The actual prescription is on the left and the messaging on the right. The problem is many times the pharmacist cannot read the doctor’s name so normally it is preprinted on the prescription and on this it is hand written.
        - They also created an “Overdose Rescue Kit” brochure which also can be personalized. The title “What to do in the event of an overdose” should be changed to “In the event of an overdose call 911” . The “Symptoms of an overdose” should be changed to “Signs of an overdose: ” “Body is very limp” should be changed to “body is limp.” “Face is very pale or clammy” should be changed to “Face is pale or clammy.” “Fingernails and lips turn blue or dark purple” should read “Blue or dark purple fingernails and lips.” “Breathing is slow and shallow, erratic or is stopped” should instead read “Breathing is slow or stopped.” “Pulse is low, erratic, or not there at

all" should read "Pulse is slow or stopped." "Vomiting" should be taken out. "Choking sounds, or a snore-like gurgling noise" should instead be "Snore-like gurgling". "Loss of consciousness" can be removed entirely. "Unresponsive to outside stimuli" should read "Not responsive, can't wake up." The symptoms should go at the bottom. It should read "In the event of an overdose call 911", then 1. Call 911. 2. Rescue breathing. 3. Give Naloxone. Then "How to Give Nasal Spray Naloxone." The signs of an overdose should come after that.

- For the bottom pictures. Lisa Mure' will make the "Call 911" much larger.
- For the Prescription side (left side) instead of patient name it should read "name of person receiving the script."
- In "How to Give Nasal Spray Naloxone" step 6 which states" if no reaction in 2-5 minutes, give the second dose," should have more emphasis.
- It also should include the statement that the Naloxone will not hurt the person even if they are not having an overdose.
- The Center for Excellence will be doing the work on the handout. Once done it will go to Sarah Blodgett, Board of Medicine. The Medical Society will post it. The regional networks. It will go to all clinics, ERs, every Guild.
- The finished product will be reviewed before going public.
- We do need the auto injection handout done also.

- Questions
    - A question arose whether the pharmacist has reviewed the prescription side and that a retail pharmacy will take it?
        - Yes.
    - On the prescription side it tells the pharmacist to call 1-800-788-7999. What is that?
        - Used to confirm what the model number is. It is for the atomizer part.
    - What did the language in the original law state in terms of a log.
        - There is no requirement.
    - Do we need a DA number on it?
        - No. You do not need to do that because it is going to a multitude of providers.
    - Has the nursing board been made aware of this?
        - They have been communicated with but do not know the status of what they are doing.
        - Mary will be checking on this.
    - Board of Pharmacy has sent in some changes for the rules. The changes will be made and then sent to the group.
        - Rules have to go to the Board in October.
    - Who signs off on this?
        - Doris Lotz has been named the Medical Director for the State of New Hampshire Health and Human Services.
        - If this was signed off on as a standing order there would be no need for this as folks could just go to the pharmacy and get it.
    - Once this is done should it go out to 3rd party payers?
        - The Governor's office will be writing a letter to 3rd party payers, physicians, pharmacies, all the appropriate people.

- Update
    - The ad hoc taskforce is focusing on educating prescribers and access to Naloxone through prescriptions.
    - On the state side on the passage of HB271 they have come up with a plan, Public Health, Drug and Alcohol Services, and Emergency Services Unit working with the Bureau of Emergency Medical Services at the Department of Safety, to put a process in place to purchase a significant quantity of Naloxone kits which will include 2 doses, the nasal applicator and the kit has a bag with instructions on it which are consistent to what we are working on.
    - The first order of 740 kits has been received. There are 4 more, in a quantity of 1,000 will be delivered throughout the next month. Total order is 4, 740 kits. The cost is $60 a kit with 2 doses. Along with that the idea is we will make these available to EMS that has received training . Some have expressed interest in being certified through the Bureau of Emergency Medical Services such as some of the Police Departments. It will also be made available to local health and social service organizations that they can then make available. We have had conference calls with the Community Health Centers as most of them have expressed interest although some have declined as they have good response times in their areas. We will be providing them with a significant quantity and they will be participating in the trainings with the Bureau Emergency Medical Services. There will be 5 regional trainings that will include the Community Health Centers. There will be up to 100 MRC which are Medical Reserve Core and MMRS's (Metro Medical Response Systems) . We are only training those that have medical credentials. The training is a "Training of Trainer" model so they can then provide trainings at the community level.
        - This is not going to EMS as they are already trained and have it.
        - This is going to police departments that are expressing interest and just being trained.
        - Part of this whole plan is there 15 trainings already planned in the state. Epping Fire Department; Concord, Bethlehem, Keene, etc. These are for law enforcement and it includes CPR, AED, First Aid and Narcon Programs that expressed interest in using Naloxone.
        - The Bureau of Emergency Medical Services is doing five regional trainings that will include the MRCs, and MMRSs. This is a Training of Trainer model and this is going to happen in Manchester, Seacoast, Southwest, Central (which will be at the Fire Academy), and the North Country.
        - The MRCs and MMRSs are a contingency volunteer group under the Regional Public Health Networks that are recruited for Emergency Preparedness efforts.
        - The idea is that the Community Health Centers will distribute kits to those who have had training, who in turn can make the kits available to their patients.
        - The other thing about the standing order is we are trying to get a standing order for XYZ organization to distribute these kits to their patients and clients. Can the standing order be put in place so that the same organization could distribute the kit with a brief training to somebody walking in off the street.
        - Is there a standing order where an organization could have a local event where they would do a simple training, with the MRCs doing the training and distribute the kits right at the event.

- We are working with Ann Rice of the Attorney General's office to answer these questions.
- This is a complimentary piece to prescriptions being given and filled at a pharmacy.
- It appears the Attorney Generals' office will support this.
- The AG's office has stated that we can anticipate a doctor writing a prescription to a pharmacy chain that can be distributed.

Healthcare Sector Workgroup Name Change

- Is scheduled to be a taskforce rather than a sub workgroup tomorrow at the full Governor's Commission meeting.
- If the Governor's Commission approves this group will move from being a Workgroup which is a sub taskforce of the Opioid Taskforce, to a Taskforce of the Governor's Commission.
- The reason is we keep addressing issues such as screening and brief intervention which are normally about opioids but also alcohol and marijuana. We have medical marijuana which needs to be addressed.
- It will be easy to update the link at the Center for Excellence when it happens.

Next meeting September 24, 2015