HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and Drug Abuse, Prevention, Intervention, Treatment & Recovery

Task Force Co-Chairs: Seddon Savage & Lindy Keller

Thursday, August 23, 2017

Minutes

Present: Julie Hazell-Felch, Rebecca Sky, Kerry Nolte, Carol Furlong, Seddon Savage, Amy Pepin, Peter Ames, Melissa Silvey, Ann Branen, Gerald Hevern, Allison Piersall, Regina Flynn, Molly Rossignal, Yashira Pepin

I. Minutes

- There will be a change in process for minutes moving forward, for this reason July minutes will be sent out via email and voted on at the next meeting.

II. DMI Data

- Is the large proportion of overdose deaths among those 50+ a typical finding or does this look different?
  - This has been a trend, the perception is that this is a young person's problem but that's not the whole story.
  - The finding is calculated per 10,000 by county, but it is not adjusted by percentage of the population in different age groups, which could skew the finding.
  - Regina will work to clarify this finding, and potentially touch based with Kimberly at DMI or the Medical Examiner's Office.
- The low rate of death's in Sullivan County per 10,000 is surprising, but Opioid ED visits in this county are higher – what is happening there?
  - Is there a difference among information from border counties?
  - Amy will flag this for the data TF to look into – is there a trend of significant change?
- The Pie Charts can be difficult to read across pages because age categories are different colors on different pages.
  - Amy will pass this onto Kimberly as something that could be changed for clarity
- Melissa shared that some pages of the report include PDF links to look at data with greater detail.
- Methamphetamine use is increasing; this and cocaine may be coming forward
  - This is being monitored by the state; information and guidance should be coming out from DHHS.
  - What are our collaborating partners seeing? What are the best practices?
    - There are limited best practices and there is no MAT for methamphetamine
    - Next month the Task Force will review literature/best practices that are health care specific (from CDC, ASAM, HHS, SAMSHA)
      - Molly will reach out to her list-servs and bring ASAM materials
      - Seddon will bring materials from the CDC
    - What information should we give to providers? What should we do emergently?

III. Harm Reduction Efforts

- The Harm Reduction Coalition has officially launched their website (http://harmreduction.org/connect-locally/new-hampshire/)
- The needle exchange on the Seacoast is in the process of being registered with the State.
- Kerry will add the Health Care TF members to an email list for information about the Harm Reduction Coalition.

    - Seddon suggested that the Opioid Task Force also be added to this list.
- Seddon will forward the upcoming events from the Harm Reduction Coalition to the group.
- There will be a larger event in November to jump start the coalition and its membership.
- The Coalition will co-sponsor the Harm Reduction Conference (November 30) at DHMC
    - This event may be moved to Concord at the law enforcement training facility for December 7 or 8
    - Seddon will send a Save the Date for this event when it is confirmed.
- Dean has been working on a harm reduction companion piece to Kerry's document.
    - Kerry will send this piece to the group for review along with the final draft of her healthcare provider harm reduction strategy report.
    - Rebecca will bring Kerry's document to a meeting on September 8th with the Emergency Departments
- Kerry will bring a final draft of her harm reduction report to the Governor's Commission meeting; it should be approved at this meeting.
    - If it is approved, the Governor's Commission seal will be added before broad dissemination.
    - Seddon will email Tym about getting this on the Agenda; Kerry will plan to attend the meeting
- Kerry request recommendations/protocols from the group about the use of comfort medications in primary care to support someone going through withdrawal at home before they start MAT.
    - Anyone with these protocols should send to Kerry (Ann will send hers to Kerry)
    - This group could potentially make an informational sheet for patients both for when they're receiving comfort medications from a physician and when they're getting medications over the counter.
- It was noted that physicians can administer (not prescribe or dispense) buprenorphine without a waiver for 3 days while they arrange treatment for the patient.
    - The other instance when non-waivered physicians can prescribe buprenorphine is when a patient is hospitalized for a diagnosis other than opioid addiction, such as in the event of a trauma or acute illness, by a doctor or nurse with a DEA license.

IV. State Template Priorities

- Seddon reviewed the priorities that the task force had previously identified.
    - There are cross cutting issues across these priorities (stigma, discrimination)
- There was a discussion about materials/trainings to address stigma in the healthcare settings
    - Materials should reflect who a person is and what setting they are working in.
    - The focus of these trainings should include "it is OK to feel burnt out by this crisis" and what you can do about it
    - It is important for people to have a safe space to talk and think through things
        - Ann and Molly have developed an opportunity for professionals to come together once a month and talk through difficult cases
            - People are in very different places and are not always sure what they can be doing.
            - It is important to remind them that there are small things that can be done to meet people where they're at and these can change how we feel about patients and families
            - Most frequently, providers express a feeling of helplessness
            - Ann distributed a sign up email list for people looking for more information on her program.

- We have to give people tools (e.g., Mental Health First Aid) to empower them so they feel less helpless
- Melissa will share the PowerPoints from the RN trainings done at her organization
- The group could draw some material from Lindy's addiction trainings (they have been evaluated) and possibly create a shorter version to help educate professionals
- It can be helpful to bring the recovery community members into settings to help change staff perception.
- The six strategies under discussion were summarized:
    - Create processing spaces for groups that experience burnout
    - Providing education and facts on addiction and behavioral health issues through presentations
        - Incorporate an interactive session as part of the training
    - Model recovery through engagement of recovering people in health care settings
    - Empower people with skills to address difficult behaviors
    - Utilize a targeted and limited model of change to demonstrate change is possible.
- Is it possible to create a training that addresses all of this?
- Champions will float to the top that have a willingness to learn more, that is who should be focused on.
- This type of training could help people with their CMEs and CNEs and particularly help them meet the 3 hours of opioid/addiction related CME/CNE required in NH.
- Developing a package of materials may speak to a grant opportunity
    - The Charitable Foundation could be a funder for this; it is worth calling Tym to discuss it.
    - Insurers could also be potential funders (WellSense, etc.)
    - The Hospital Association could be a good home for the grant
    - Kerry will convene a group to discuss the goals, potential partners, and process of this work to begin to explore the potential for a grant. Seddon, Rebecca, and someone from the northeast node will be a part of this group.
- The work could be introduced at the Hospital Association Annual meeting

V. Other

- Seddon will add all Healthcare TF members to the mailing list for the Northeast Node
- In next month's agenda, there will be time for people to share information about what's going on at their organizations.

Next Meeting
Thursday, September 28, 2017
9:00am-10:30am
NH Hospital Association, 125 Airport Road, Concord
Call In: 719-394-0264, (PIN: 18841)