



# HEALTHCARE TASK FORCE

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

Task Force Co-Chairs: Seddon Savage & Lindy Keller

Thursday, November 30, 2017

Minutes

**Present:** Seddon Savage, Dan Potenza, Alison Piersall, Mary Bidgood Wilson, Joe Shuemaker, Julie Hazel Felch, Kate Frey, Anna Gosh, Tom Barnes, Rebecca Sky, Regina Flynn, Dr. Peter Mason, Laurie Harding

**On Phone:** Susan Latham

## I. Minutes

- The October minutes were approved

## II. October Follow Up

- Methamphetamine/stimulant use
  - o Seddon will follow up with Molly about a one-pager for providers
  - o Randy at BDAS will be working with Annette on some methamphetamine information
    - The task force can disseminate and provide input if necessary
- The Harm Reduction Conference will take place on January 18 at the Police Standards Center
  - o Exhibits will be available free to non-profits
  - o Topics will be principles of harm reduction, reducing opioid overdose deaths, innovations in MAT implementation, engaging law enforcement/safety/EMS in harm reduction, etc.
    - Seddon asked the group for suggestions to engage with law enforcement:
      - Kate suggested working with the police association, Beth, and Officer Shagoury
      - Eric Adams could speak to naloxone potentially, Chief Goldstein, Chief Nado with the drug courts, Chief John Drury (Farmington)
      - Discussion of providing naloxone or similar medications out of corrections. Dan will send Seddon some names to represent the corrections department
      - Seddon will reach out to these partners
  - o Seddon will send the link to registration
- AcuCare Discussion - Deferred; will be touched upon when Lindy is next able to attend
- Post rehab cocktail; Patients are leaving 28 SUD programs on a host of medications including: clonidine, toradol, gabapentin, Seroquel, trazadone, hydroxyzine, and other anti-depressants. People who are smoking are coming in with albuterol inhalers.
  - o There is not primary care physician following the patients, so they stay on these meds and aren't evaluated on level of appropriateness
  - o Peter would like to engage the Providers Association to bring discussions of how to do something about the issue if enough providers are seeing it.
    - In order to identify the scope of the problem, it may begin by reaching out to medical directors at 28 day programs and talking to ASAM and seeing if they're seeing it as a common problem and have any standards/guidelines
    - This may require provider education: what do you do when you get a patient on this cocktail – how do you respond?
    - Seddon and Dan will look into guidelines from AAAP and other national organizations on this issue

- We will revisit after looking into these guidelines
  - There is a need to improve the communication between behavioral health providers and providers. The group brainstormed opportunities for this communication:
    - Invite representatives from the Providers Association to Health Care Task Force
      - Sarah Freeman is the ED of the Providers Association; representing organizations
      - Diane Pepin is the ED of NHADACA; representing individual providers
    - Laurie and Peter will invite Annette Escalante to our next meeting
    - Susan will talk to the Treatment Task Force about a potential joint meeting between our two task forces.

### III. DMI data and Medical Examiners Data

- Deaths will likely trend down for 2017

### IV. Education on Substance Use Disorder Burnout and Stigma

- All seven IDNs are working on stigma, burnout, and education on SUD. They are beginning to engage more professionals that are developing modules to educate about SUD disorders and stigma.
  - Kerry at UNH, Antioch, and Seddon are all working on modules for their respective IDN
    - Seddon and Peter Mason will discuss the modules for Region 6
  - Susan could provide the group an update on what is happening in Region 3 next month
- The AHECs will be the repository of calendars and trainings in an effort to eliminate redundancy
- In addition, the IDN Work Force groups are looking to integrate behavioral health on the issues of: recruitment; retention; education; and training.

### V. Review of priorities

- SBIRT (Screening, Brief Intervention, Referral to Treatment)
  - All of the IDNs have to do a B1 project on integration, part of that is an evidence based standardized screening
    - Those that are participating in the B1 project have to engage with this
    - Most of the primary care practices aren't doing it
  - The great SBIRT work that's been done has been done separately from the IDNs
  - SBIRT Billing Issue
    - FQHCs cannot bill separately for SBIRT; however Anthem has created some guidance
    - Jim will revisit the issue with Julie to try to validate what's going on and have another discussion about it
    - The group will revisit in the January meeting
- SUD/MAT/referrals
  - There is large discomfort and concern about doing these bridge to treatment programs
    - There are about 7 programs in the state trying different models
  - Jim can help facilitate a strong presentation with the ER association board on the evidence of the benefits of these practices – Gale D'Onifrio could give this presentation
    - Jim can follow up with Seddon about beginning this presentation
    - Laurie will ask the president of the New Hampshire Emergency Medicine Nurses Association to call Jim
  - Seddon will send a link for December 15 DHMC rounds with Sarah Wakeman
    - Jim will disseminate this link through the Medical Society

### VI. Opioid Prescribing Revisited

- Is there any legislation moving forward on this topic?

- Marty drafted a memo outlining both sides and discouraged action getting tougher on opioids
- Seddon shared prescribing guidelines (for chronic use) developed by the Medical Society. The group reviewed.
  - The statement about when opioids are indicated is very good
  - **The group agreed to revisit these guidelines in the next few months to update, before promoting wide dissemination**
    - Updates will include clear guidelines about what is legally required
  - There may be potential to integrate these guidelines in EMR systems
- There was an LSR filed regarding giving the medical examiner access to the PDMP
- The governor's office wants to endorse risk assessment tools for opioid prescribing - VenoBio and VIBIA. It is a screening tool for opioids and other substances that has been into a digital platform. If the State wants to use this, they have to have it approved by the board of medicine
  - The governor's office sent Jim some studies. It will get on the Board of Medicine's agenda to review

#### **VII. Other**

- There is a Harm Reduction Coalition meeting on December 18 around midday in the Manchester/Concord area
- There is a project in the Seacoast Area about Outpatient Detox (providing comfort meds, providing case management) for those that can't get into treatment beds
  - It should focus on all substances but it will have an opioid focus
  - **Seddon will connect with Kevin Irwin about this project**

**Next Meeting**  
**Thursday, January 25, 2018**  
**9:00am-10:30am**  
**NH Hospital Association, 125 Airport Road, Concord**  
**Call In: 719-394-0264, (PIN: 18841)**