Thursday, April 26, 2018

Minutes

Present: Peter Mason, Cynthia Kohen, Adelaide Murray, Sarah Freedman, Julie Hazel Felch, Alison Piersal, Peter Ames, Mary Bidgood Wilson, Laurie Harding, Jeanne Ryer, Seddon Savage, Anna Ghosh, Regina Flynn, Molly Rossignol, Kerry Nolte, Ann Brannen **On Phone:** Andrea Meier, Susan Latham, Jim Potter, Sarah Lord

I. **Minutes**
   - The March minutes were approved.

II. **Northern New England ECHO Project Overview, presented by Jeanne Ryer**
   - Jeanne Ryer explained the Citizens Health Initiative and its associated projects
   - The Practice Transformation Network is a CMS funded project to provide information and training on the triple aim, (or the quadruple aim if you include patient/provider satisfaction). It is within Vermont, NH, and Maine.
     - The Behavioral Health Integration Learning Collaborative reaches about 168 practices, almost 1,000 practitioners - The practices they work with, touch more than half a million of NH residents
     - The Collaborative is a case based distance learning model that utilizes telehealth for improved learning to treat people with complex conditions in their own communities
       1. Focuses on education and capacity
       2. Services have not yet been billed for
       3. Utilizes a hub and spoke model
       4. Constructed around interdisciplinary teams when possible
       5. Can access from any technology (phone, tablet, etc.) and utilizes file sharing
     - The multidisciplinary team provides a brief didactic presentation, a participant from the spoke model presents a case that has been approved and scrubbed of any PHI. The case is discussed and summarized and notes are sent out
     - Jeanne reviewed the evidence base for the ECHO model
   - The first Tele-ECHO session launched in February related to continuity of care for babies exposed to substance use during the perinatal period
     - The sessions are limited to 25-30 practices in order to build a rapport and relationships - registration filled up very quickly across the three states
     - There was a question about the limit on practices – it is difficult to balance because the number is limited to facilitate relationship building however we don't want to keep people away from the services they need.
   - Jeanne shared the early evaluation results from their ECHO presentations
   - The ECHO model can be utilized for many topics (including MAT), it can be used when where are long wait times for common and complex conditions
   - The goal is to try to build a community of practice so participants feel connected to the faculty but also to each other
   - Molly shared limitations faced by Concord Hospital when considering joining the Collaborative
     - Buy-in from senior leadership
     - Data gathering requirements
       1. Evaluation data to send to ECHO

2. Jeanne will look in to patient data requirements, as the group does not want that to be a barrier
    - Molly suggested sharing bullet points that include what the provider will need to do
- Developing an ECHO program takes between $150,000 and $250,000 for a year
    - There is an economy of scale, with more topics and more sessions – this functions until you've maxed out your staff, and then you need more staff
    - You can have an ECHO on a range of topics for about 2 million a year
- There is the need for increased buy-in from leadership. There should be incentive for providers to keep patients in their communities with this learning

III. Legislative Update:

- MAT Oversight Bill (1102) has passed through the Senate, has been caught up in DSH payment issues with Senate Finance. The bill may be essentially dead.
- Medicaid Expansion – came out of the House largely unscathed, full floor vote May 2 or 3
- Hospitals will fund alcohol fund at $10 million a year, will fill Medicaid Expansion money
- Money for treatment facilities from BDAS has decreased – concern about program sustainability
- SB46, Community Mental Health system for SUD providers (waiting in committee). Would allow:
    - Department to contract with organizations to have the oversight that community mental health centers have and better support each community
    - There was concern that this may further the silos that already exist; perhaps it would be better to start with a merger of the boards at licensing
- Medical Marijuana is still out there, there is a committee is still studying it very seriously that includes Abby Shockley from BDAS and other folks. Molly will forward them articles of interest
    - There is a YouTube video called MarijuanaX that discusses the Colorado experience

IV. **Naloxone Discussion**

- Kerry shared preliminary results from the survey she conducted related to law enforcement carrying naloxone. The top reasons that police choose not to carry naloxone include:
    - EMS response time
    - Not their duty to carry
    - Barrier of training requirements (CPR for professional rescuer training)
    - Safety concerns
- About 17% of the officers represented in this survey are carrying Narcan – that is the highest possible estimate
- The Police Academy no longer does basic first aid and CPR so pairing this training with naloxone certification was a way to get the training back in. However, some officers were already CPR certified and then were made to do "CPR for professional rescuer" which is a different training
- Safety has also not had incidences of times when police needed Narcan because EMS didn't get there in time – they may need to hear anecdotes of these incidences
- The conversation will continue with the Opioid Task Force where Safety, EMS, and AGs office are present

V. PostRehab Cocktail

- Peter will continue to try to reach out to his contact and the conversation will be deferred.
- Lindy may have an update to provide next meeting as well from conversations with the Treatment Task F.

VI. Methamphetamine Document

- All of the groups have disseminated, Seddon will make sure it gets up to the Medical Society website.
- Hospitals may need additional information

Next Meeting: May 24, 2018, 9:00 – 10:30 am. 125 Airport Rd. Concord.
Call In: 719-394-0264 (PIN: 18841)

VII. Opioid Task Force Medication Card

- The idea is that the yellow card will be placed in pharmacy bags to alert people that the medication they're receiving is an opioid.
- The group will review the card and discuss at the next meeting.

VIII. Stigma Education Efforts:

- At Lakes Region General Hospital, there was a one hour stigma training done for all the nursing staff (presented by, Marge Kearns (Pharmacist, VP) Corey Gately (MLADC) and Daisy Pierce) – even though it was mandatory, it received fantastic feedback. Peter and Kerry have reached out to them; they want to roll it out to IDN partner organizations.
    - Peter and Kerry will try to share a curriculum that they receive from this group
    - There was a 20 minute presentation and 20 minutes to discuss instances
- Susan Latham shared a two pager from the National Alliance of Advocates for Buprenorphine treatment that focused more on language; Susan will circulate to the group

IX. Other:

- A question was raised about those in Halfway Houses being unable to access MAT; the opioid task force is working on many issues related to justice involve individuals and will discuss.
- NHADACA, Providers Associates, and White Birch are putting on the integrated conference from December 10 and 11, it will be at the Downtown Manchester Hotel. The Provider's Association will be sending requests for training soon, please pass along ideas for training to Sarah.
- There are 43 registrants for the MAT course tomorrow that Molly is leading and there is 35 registrants for the Dartmouth training on May 25

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