

2017-2020 Governor's Commission Plan

Healthcare Task Force State Plan Recommendations Template

PRIORITY AREA 1: Incorporate routine Screening Brief Intervention, Referral for Treatment & Support of Recovery (SBIRT-R) into high yield practice settings (e.g. Primary Care, Ob Gyn, Adolescent Medicine, ER, Psychiatry, Mental Health providers)			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE ROLES (STRATEGIES)	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
1. Increase awareness of SUD treatment resources: access points, crisis line, 211, nhtreatment.org	<i>a. Collaborate with stakeholders on awareness campaign</i>	<i>Treatment</i>	<i>NH Med Soc, NHNPA, NHNA, MGMA, NHHA, Drug Free NH?, MH counselors, BH Associations & Orgs, CMHC associations</i>
2. Increase access to SBIRT-R resources & training for practicing clinicians	<i>a. Learn about current initiatives b. Clarify that SBIRT doesn't stop at screening c. Identify & circulate online resources d. Work with stakeholders to make training/practice change available e. Support development of clinical recovery support materials</i>	<i>Prevention</i>	<i>Current SBIRT initiatives (CHI, DH, Adolescent, CHCs), NHNPA, NHMS, same as above.</i>
3. Include SBIRT training in undergraduate and graduate professional education programs	<i>a. Invite AHEC pilot leaders for discussion on sustainability b. Determine next steps for sustainability</i>		<i>AHEC inter-professional training pilot, Healthcare professional education organization.</i>
3. Insurers to incentivize SBIRT: clarify billing codes, incentive universal pay, payment options and enhance as needed etc	<i>a. Engage reps from third party payors in discussion b. Engage BHTF of the Insurance Department</i>		<i>Behavioral Health TF of Insurance Dept. Third party insurers</i>

PRIORITY AREA 2: Initiate SUD treatment, including MAT & referral to psychosocial treatment in settings where persons with substance use disorders are often in withdrawal and/or distress (eg Emergency Rooms, inpatient settings such as infectious disease, cardiology or cardiothoracic surgery, hospitalist care, etc)

RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE ROLE (STRATEGIES)	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
1. Define the need (prevalence of withdrawal) in different settings and associated costs	<i>a. Review Elliot report on expense of one unit for one year of secondary impact b. Engage D & E c. Gather data from our own systems if possible</i>	<i>Data & Evaluation</i>	<i>NHHA Elliot hospital and others</i>
2. Raise awareness of: - Need - MAT/withdrawal tx improves retention in care & behavior - Legal exemptions permit MAT without waiver in some settings	<i>a. Engage with health organizations on campaign to raise awareness</i>	<i>Treatment Opioid</i>	<i>NHMS, NHNPA, NHHA, NHNA, Cardiology, ID, Hospitalist, Cardiothoracic, Emergency associations</i>
3. Identify waived and experienced clinicians to provide support for OAT	<i>a. Oversee and monitor b. Encourage inclusion in MD, PA & ARNP surveys</i>		<i>NNESAM, SAMHSA NHMS, NHNPA</i>
4. Provide strategic support for practice change for -Initiation of medication -Engagement with psychosocial services -Seamless referral to treatment	<i>a. Identify champion organization to lead clinical practice change b. Encourage budgetary support for practice change initiative grants</i>	<i>Treatment Opioid</i>	<i>NHHA NHMS, NHNPA, BiState, NHHA</i>
5. Create awareness: while immediate need is most often opioids, MAT and/or withdrawal management may be important for EtOH, cannabis, benzos and others	<i>a. Champion broader awareness of role of medication assisted treatment in diverse SUDs.</i>	<i>Treatment</i>	
6. Work with recovery community and SUD counselors to increase acceptance of and referral for MAT	<i>a. Engage with others to support these effort. b. Monitor progress</i>	<i>Recovery</i>	

PRIORITY AREA 3: Develop & launch a campaign to end stigma and discrimination within healthcare systems and healthcare professional education.

RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
1. Encourage a track within DFNH anti-stigma and anti-discrimination campaign directed at Healthcare systems	<p><i>a. Identify key messages for healthcare providers and staff</i></p> <p><i>b. Identify communications venues of greatest value for HC staff</i></p>	Recovery TF Treatment	Drug-Free NH, Recovery organizations, NHHA, NHNPA, NHMS NHNA
2. Encourage those who are ready to share their stories -Health care personnel -Patients in recovery	<p><i>a. Support awareness among colleagues & patients of the power of recovery narratives</i></p>	Recovery TF	Recovery community
3. Address compassion fatigue in healthcare settings a. Identify high risk settings for fatigue b. Tailored messaging c. Self care campaign d. Discussion ops for debrief	<p><i>a. Review initiatives that address compassion fatigue</i> -Debriefings -eg FACE UP program -Balant groups</p> <p><i>b. Brainstorm strategies to address in NH systems</i></p>		NHMS, NHNPA Specialty organizations NHNA
4. Increase accountability of providers in taking of the whole persons with respect to SUDS and pain in line with other medical disorders.	<p><i>a. Support expectations that SUDs will routinely be addressed in all settings</i></p> <p><i>b. Consider adoption of quality of care measures</i></p> <p><i>b. Identify and address unintended negative consequences of guidelines related to substance use and pain</i></p>		NHMS, NHNPA, NHNA, NHHA

PRIORITY AREA 4: Expand harm reduction interventions.			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
1. Development of needle/syringe exchange programs	<p><i>a. Provide statement of support to Governor's Commission for inclusion in the State Plan</i></p> <p><i>b. Emphasize in messaging individual & community health benefits to reduce misconceptions and stigma</i></p> <p><i>C. Encourage & support development within</i></p> <ul style="list-style-type: none"> - healthcare settings - community settings 	<p><i>Prevention</i></p> <p><i>Opioid</i></p> <p><i>Recovery</i></p>	<p><i>Community prevention network</i></p> <p><i>NHHA</i></p>
2. Study of the efficacy, advisability, and feasibility of supervised injection sites for IV opioid users	<p><i>a. Gather and share information on current practices & outcomes</i></p> <p><i>b. Work with stakeholders to develop clear positions</i></p> <p><i>c. Proceed as indicated based on a and b.</i></p>	<p><i>-Opioid</i></p> <p><i>-Data & Evaluation</i></p> <p><i>-Recovery</i></p>	<p><i>-Law enforcement</i></p> <p><i>-Everybody.</i></p>
3. Harm reduction messaging to users	<p><i>a. Collaborate with ongoing campaigns to develop and/or adopt clear, consistent and effective harm reduction messaging to users</i></p> <p><i>b. Support messaging to users that helps cultivate self-worth</i></p> <p><i>c. Disseminate through our TF members and colleagues venues</i></p>	<p><i>-Recovery</i></p> <p><i>-Opioid</i></p>	<p><i>-DHHS</i></p> <p><i>-Partnership for Drugfree NH</i></p> <p><i>-Regional public health networks</i></p> <p><i>-HIV Group</i></p> <p><i>-NHHA, NHMS, NHNPA, NHNA</i></p> <p><i>-Media outlets</i></p>
4. Engage healthcare professionals in routinely discussing harm reduction strategies with their patients who use drugs.	<p><i>a. Support development of support for healthcare providers (ie Kerry's document)</i></p> <p><i>b. Include discharge planning</i></p>		<i>As above</i>

ADDITIONAL RECOMMENDATIONS FOR OTHER TASK FORCES
1. Strongly support Opioid TF in addressing the SUD treatment needs of persons at all levels of the justice system including SBIRT and MAT and harm reduction.
2. Stigma should be addressed as an overarching priority in the State plan and in all Task Force Priorities.
3.
4.
5.

OBSERVATIONS	SUPPORTING DATA S
Most clinicians do not screen for substance misuse & SUD; outcomes improve when they do	CASA report 2000???
ERs and Hospital in NH report patients frequently leave treatment due to craving and/or withdrawal. Also have irritable & sometimes belligerent behaviors	Anecdotal reports.
Patients with behavioral health issues including SUDs report feeling stigmatized in healthcare settings, sometimes avoid getting care as a result	Am J Public Health , 2016; 106(10):1643-1648 Mental illness stigma and public health practice
Hepatitis C and HIV transmission continue to occur in part related to IVDU. Needle exchange programs reduce HIV and Hep C transmission.	https://www.cdc.gov https://www.dhhs.nh.gov
Overdose deaths go down when users have access to supervised injection sites	http://www.drugpolicy.org/s

2016 opioid related emergency room visits are highest in Strafford County at 76.67. Visits were not as high in Sullivan and Grafton counties.	Drug Monitoring Initiative 2016 Overview Report
Of the 6,084 ER visits in 2016, 494 were reported as "out-of-state". These visits were highest in July, August, and September which may indicate that these were tourists rather than students.	Drug Monitoring Initiative 2016 Overview Report
Heroin and prescription opioid treatment admissions increased by 28% from 2015 to 2016.	Drug Monitoring Initiative 2016 Overview Report
New Hampshire has some of the highest rates of substance misuse by young adults in the country.	National Survey on Drug Use and Health (NSDUH)

NH ranks in the top eleven in the country for past 30-day marijuana use by young adults 18-25 years of age.	National Survey on Drug Use and Health (NSDUH)
For all substances, youth use was ranked in the top eight states with relatively high rates of alcohol and non-medical opiate use.	National Survey on Drug Use and Health (NSDUH)
A downward trend is seen with alcohol use from 2004 to 2010.	Treatment Episode Data Set (TEDS)
A consistent rise in prescription opioids is observed through 2010 and then stabilizes.	Treatment Episode Data Set (TEDS)
Heroin begins to increase in 2010 with more treatment admissions than alcohol.	Treatment Episode Data Set (TEDS)
Opiates far surpass alcohol as primary diagnosis.	Treatment Episode Data Set (TEDS)
Methamphetamines appear to be negligible.	Treatment Episode Data Set (TEDS)
Cocaine is trending downward but field reports indicate an increase over the last two years.	Treatment Episode Data Set (TEDS)