



# HEALTHCARE TASK FORCE

## Governor's Commission on Alcohol and other Drugs

ComTask Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, August 22, 2019

### Meeting Minutes

**Participants:** Lindy Keller, Seddon Savage, Gerard Hevern, Anna Ghosh, Alyssa Carlisle, Jake Berry, Kathy Bizarro-Thunberg, Angela T. Jones, Rachel Eichenbaum, Julie Hazell-Felch  
**On the Phone:** Andrea Meier, Regina Flynn, Kerry Nolte

Agenda Item	Discussion	Action Steps
Welcome and Introductions	<ul style="list-style-type: none"> <li>Correction needed on the 7/25/19 meeting minutes. On page 3, it was stated that, "The Governor's Commission has been providing rental assistance." This should be revised to state, "The Governor's Commission approved funding for rental assistance."</li> </ul>	<ul style="list-style-type: none"> <li>Meeting minutes will be revised.</li> </ul>
Legislative/Policy Updates	<ul style="list-style-type: none"> <li><a href="#">HB 359 Red Sticker bill</a> <ul style="list-style-type: none"> <li>Passed and signed.</li> <li>Now <i>orange</i> sticker.</li> </ul> </li> <li><a href="#">SB 308 Healthcare Workforce bill</a> <ul style="list-style-type: none"> <li>Passed by both the Senate and House, but vetoed by the Governor (e.g., telemedicine, streamlining of background checks).</li> </ul> </li> <li><a href="#">HB 692</a> <ul style="list-style-type: none"> <li>Expands Medicaid to provide coverage for dental care. Passed and signed.</li> </ul> </li> <li><a href="#">SB 5</a> <ul style="list-style-type: none"> <li>Vetoed.</li> </ul> </li> <li><a href="#">SB 100</a> <ul style="list-style-type: none"> <li>Vetoed. House version of bill was retained</li> </ul> </li> <li>The budget is still the outstanding item.           <ul style="list-style-type: none"> <li>Reason for veto of SB 308 is reportedly that Governor would like to have control over more targeted increases and preferred to do this through the budget.</li> <li>Task Force supported SB 308 as did 50 other healthcare organizations/partners and wants to encourage the budget to incorporate the changes that this bill would have made. To that end, Seddon was encouraged to make a statement on behalf of the Healthcare Task Force in support of the substance of SB308 being incorporated into</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Seddon Savage to share the flyer that is included with opioid prescriptions.</li> </ul>

	<p>the budget at the 8/23/19 Governors Commission meeting. Decided to state that it is significant and important to have across the board funding and the coalition of 50 organizations supported this. Should stress the need to support the entire inter-connected system.</p>	
<p>Presentation form the North Country Taskforce: Wellness &amp; Resilience in the Face of Addiction  - Angela Thomas Jones</p>	<ul style="list-style-type: none"> <li>• Angela Thomas Jones provided background about the development of the <a href="#">Opioid Response Network</a> and shared a video of her presentation "<a href="#">Valuing Self Care</a>" from The Granite State News Collaborative's first community engagement event <i>Solutions from the Frontlines: A Community Behavioral Health Conversation</i>. <ul style="list-style-type: none"> <li>○ Presentation focused on the need to support healthcare professionals and prevent provider burnout. Angela described seeing first-hand provider burnout/stress and resulting mental health problems. Angela also described her own personal experience with declines in mental health due to stress. There is work that needs to be done to increase provider resilience and minimize compassion fatigue. There is a need for an organizational-level commitment, beyond just providers supporting providers. <ul style="list-style-type: none"> <li>▪ Survey was completed of around 200 providers from northern New Hampshire. Approximately 98% met the standard for being "at risk" for provider burnout/work-related stress. The two primary reasons reported for holding back from expressing these issues was that it could lead to reduced performance reviews or job termination. Survey of Coos County providers also showed that there are not enough practitioners to meet the MH/SUD need. Task force was formed to create work groups on areas such as public safety and administrative/legislative leadership.</li> </ul> </li> </ul> </li> <li>• Peer Collaboration groups are a mechanism for managing compassion fatigue. However, there is currently not a list of peer-collaboration groups that are easy for providers to access. There are no standards around these groups either.</li> <li>• As a part of the NHADACA Ethics Committee, Angela worked to submit a commitment statement to the National Academy of Medicine (NAM), Action Collaborative on Clinician Commitment to Well-Being and Resilience. Shared <a href="#">the website for submitting commitment statements</a>. The Resource Toolkit for the Clinician Well-Being Knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Task Force will revisit this topic at future meetings.</li> </ul>

	<p>Hub can be found <a href="#">here</a>.</p> <ul style="list-style-type: none"> <li>• Angela recommended this paper from Health Affairs: <a href="#">Making The Case For The Chief Wellness Officer In America’s Health Systems: A Call To Action</a>.</li> </ul>	
<p>Follow up on Pain Management Discussion</p>	<ul style="list-style-type: none"> <li>• Several questions on the topic of pain management were introduced by the Task Force: <ul style="list-style-type: none"> <li>○ What more needs to be done to achieve balance in pain management? <ul style="list-style-type: none"> <li>• Institutions (e.g., hospitals) need to provide chronic pain and addiction services. Prevention of chronic pain symptoms begin with management of post-operative medication and treatment. Need to generate this idea for boards of organizations and then at corporate levels.</li> </ul> </li> <li>○ Is pain management important? <ul style="list-style-type: none"> <li>• It is important for outcomes (e.g., decreased hospitalizations).</li> <li>• Pain management for those with SUD is important because pain can be a trigger.</li> <li>• Needs identified: <ul style="list-style-type: none"> <li>○ More training for anesthesiologists (Pain management is often handled by nurse practitioners)</li> <li>○ More training around physical pain AND emotional pain</li> <li>○ In general, more education for patients around self-management</li> <li>○ More understanding of pain management amongst all provider types (e.g., primary care, mental health), not just palliative care. The answer is not just “opioids or no opioids.”</li> <li>○ Conversations around self-efficacy and self-management of pain and discussion with patients prior to treatment about how pain will be managed.</li> </ul> </li> </ul> </li> </ul> </li> <li>○ Politics and policies affect pain management strategies and way providers see</li> </ul>	<ul style="list-style-type: none"> <li>• Task Force noted that this should be a re-occurring topic at meetings.</li> <li>• Seddon will create a 1-page sheet about this discussion and share it with the Task Force.</li> </ul>

	patients and patients see providers. Example : the ability of pharmacists to choose not to fill prescriptions if they believe the dose is too high.	
Organizational Updates and Group Sharing	<ul style="list-style-type: none"> <li>o No events or updates were shared.</li> </ul>	

**Next Meeting: Thursday, September 26<sup>th</sup> 9:00 AM – 10:30 AM**

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