



HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and other Drugs

ComTask Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, September 26, 2019

Meeting Minutes

Participants: Hannah Lessels, Anna Ghosh, Seddon Savage, Carol Furlong, Rebecca Sky, Kristine Stoddard, Amelia Keane, Peter Ames, Anne Branen, Regina Flynn, Jake Berry, Cynthia Cohen, Julie Hazell-Felch, Krystal Sieradzki,
On the Phone: Peter Mason, Jim Potter, Kerry Nolte

Agenda Item	Discussion	Action Steps
Welcome and Introductions	<ul style="list-style-type: none"> • August Minutes approved. 	<ul style="list-style-type: none"> • Hannah will post minutes from August.
Legislative/Policy Updates	<ul style="list-style-type: none"> • Budget: tobacco purchase age raised to 19 pending governor's signature. <ul style="list-style-type: none"> ○ There will be pending legislation for 21; 19 was a compromise to get it in the budget. • Budget: <ul style="list-style-type: none"> ○ On Sunday, the legislation and governor announced they came to a deal that included the 3.1% per year Medicaid reimbursement rate increase across the board to all providers. This does not go into effect until January. This equates to about \$60 million a year which results in a loss of about \$24 million overall. We hope to maintain if not increase these next legislative session. ○ Included \$6.5 million (\$3.25/year) for the state loan repayment program for certain types of clinicians working in underserved areas. We think this will fund around 200 clinicians. It might be fewer because of the continuing resolution. ○ Other parts of the workforce expansion: telehealth, automated background checks, requirement to report geographic area for clinicians. ○ Background checks: signed into law, but it was not clear how the checks need to be done. There is not money specifically allocated for this, so it may take a while to implement. • Marijuana bill <ul style="list-style-type: none"> ○ Not much has been done yet. Rep. Cushing introduced another bill about commercialization. ○ Has the group that was exploring legalization been continuing their work to look at conditions under which there would not be strong opposition: THC limits, no 	<ul style="list-style-type: none"> • Marijuana conversation will continue when the New Futures group reconvenes.

	<p>commercial advertising, etc.?</p> <ul style="list-style-type: none"> • Marijuana advocates have been strident about a loosely defined bill. • A strongly regulatory model does not seem to exist in other states yet. ○ The main concern continues to be vaping products. Legalization tends to include allowing THC in vaping products. The current situation with vaping products puts state in a good position to oppose commercialization. ○ Many of the legislators who were involved in the last bill were not interested in discussing a compromise bill. ○ Discussion about under what conditions legalization would not harm the public health: <ul style="list-style-type: none"> • Some officials seem to think that there is a middle ground. • This will be a topic of conversation for the New Futures Marijuana group. Time and place are TBD. • A highly regulated bill might push business to other states. • Incorporating perspectives of people who use marijuana will be helpful. • Vaping/combustible products still pose a threat to health regardless of the effects of THC. • Jake Berry to let the Task Force know when a group is re-convened to discuss an “acceptable” bill • Seddon distributed the safety card to be inserted into the bag with filled opioid prescriptions. The law does not state that the card needs to be orange to match the sticker. The group expressed that this makes the warning label less clear, yet it may also prevent diversion. 	
<p>Debrief of last month’s Provider Wellness Discussion</p>	<ul style="list-style-type: none"> • Last month Angela Thomas Jones present to the Task Force on Provider Wellness and Compassion Fatigue. • Education, culture, recognizing signs and proactively sharing resources are helpful strategies. • This month, there was an awareness day specifically recognizing provider suicide. • New England Alliance for Health meeting next Monday: this will be a prominent topic. • The providers in NH have peer collaboration groups. Hours of peer collaboration participation is required for certain behavioral health licensure. These often serve as 	<ul style="list-style-type: none"> • Seddon Savage will reach out to Sally Garhart to come speak to the Task Force. • Carol Furlong will look into having someone from the Providers Association come present.

	<p>peer support for wellness and resiliency.</p> <ul style="list-style-type: none"> • Balint groups: meet to talk about difficult patient cases, how they feel, etc. • Support groups for providers were identified as a need. • Face Up (Framing Addiction Care Effectively) served as a support group for providers based out of Concord Hospital (not sure if operating any longer.) • IDN has been looking at this issue and found that integrated care results in more retention and less burnout. One of the reasons people burn out is that they feel helpless to the issues of social determinants and systems of care. When these systems are integrated with other supports, there are more clear pathways for dealing with problems and therefore more joy in practice and less burnout. • The prospect of burnout has prevented people from joining the healthcare workforce as well. • The Governor’s Commission has funding for the task forces to do work. If we have a specific idea to address this issue, we may be able to ask for funding. • Clinician social media sites/groups online can be another way to reach this population. These tend to be a mix of clinical information and peer support. These environments can sometimes be an easier place for people to share. • Sally Garhart who runs the NH Professionals Health Program (covers many disciplines) has many different resources. Some of the information might be on their website. • Should the Task Force have a role in promoting/starting groups like this? <ul style="list-style-type: none"> ○ The Task Force could talk about how to begin one of these groups. • NH Providers Association does workshops on compassion fatigue. 	
Pain Management Discussion	<ul style="list-style-type: none"> • Seddon shared the key points document and the letter to DHHS from the PDMP and the office of licensure. • Since there is a group working on this issue in the state, this may not need to be an area of focus for the Task Force. • Jim Potter is involved in this group and can update the task force. 	<ul style="list-style-type: none"> • Jim Potter will update the task force about pain management, please let him know if you are interested in getting involved. • Monitoring this group will be added to the inventory.
Update	<ul style="list-style-type: none"> • Seddon presented the overall strategies document. 	<ul style="list-style-type: none"> • Christine Stoddard will send

<p>Strategies list and consider priorities</p>	<ul style="list-style-type: none"> ○ The group reviewed the left column of “Roles for Healthcare”. ● Reimbursement for SUD: need to find out exactly where the rates are not sufficient. Start with the state plan amendment. <ul style="list-style-type: none"> ○ MAT CoP will focus on this later in the year. ● There is an MAT enhanced rate for Medicaid, but this would not affect FQHCs. ● SBIRT: now more prominent across the state. There was concern that if there were nowhere to send clients, why would we screen them? Number of waived physicians has been rising, but clinicians do not want to overwhelm the MAT resources in the state. There still has not been a significant increase in other treatment facilities outside of MAT. ● Urgent care centers are now doing MAT. ● Centers for Medicare and Medicaid Services (CMS) is looking at covering methadone. ● Add: CHCs and behavioral health. Look at co-located vs. integrated. Also, add inpatient settings: how much integration is there? ● MAT: 650 new buprenorphine providers over the last 3 years. ● Pharmacy distribution of naloxone: Doorways website has a map of this. ● Insurance fraud issue for naloxone? Some pharmacists have expressed concern about fraud. ● Needle/syringe exchanges have been a priority area for the Opioid Task Force. ● There is an LNR designed to create opportunities for syringe takeback. Tom Loughman is working on this. ● Capital Area Public Health Network is distributing lock boxes and locked bags. 	<p>an article about MAT in urgent care.</p> <ul style="list-style-type: none"> ● ER and Urgent care will be added to the left column of the strategies document. ● Rebecca Sky will send survey information about rapid MAT induction in ERs to CHI to update the inventory. ● Regina Flynn will send an article about Medicare CMS and Methadone. ● Rebecca Sky will send information about using behavioral economics to promote waived clinicians to begin prescribing.
<p>Organizational Updates and Group Sharing</p>	<ul style="list-style-type: none"> ● Discussion on methadone and people who are incarcerated/the role of Medicaid. ● Syringe Services: this is a priority of the Opioid Task Force. ● The Police Chief and Fire Chief of Rochester said they had seen a significant decrease in overdose deaths since Syringe Service Programs came into the area. Kerry Nolte will follow up about this when she has analyzed the data from the Medical Examiners Office and BDAS about state distributed naloxone. This will not include pharmacy distribution, but impressions seem to be that this number is low. ● Seddon suggested that the task force reports out from individual member’s organizations. 	<ul style="list-style-type: none"> ● Reporting from member organizations will be added to agenda on a quarterly basis beginning next meeting. ● Please send any issues about barriers to licensure to Christine Stoddard.

Next Meeting: Thursday, October 24th 9:00 AM – 10:30 AM
Call-In Information: 646 558 8656 Meeting ID: 912 945 3548