HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and other Drugs

ComTask Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, October 24, 2019 Meeting Minutes		
	Participants: Molly Rossignol, Ann Branen, Krystal Sieradzki, Regina Flynn, Jenny O'Higgins, Carol Furlong, Susan Latham, Lindy Keller, Seddon Savage, Rebecca Sky, Kate Frey, Cynthia Cohen, Janet Thomas, Jenny O'Higgins, Gregory Smola, Anna Ghosh **On the Phone**: Peter Mason, Kerry Nolte	
Agenda Item	**Discussion**	**Action Steps**
Welcome and Introductions	• Minutes approved.	
Telehealth for Medication Assisted Treatment (MAT)	• Current telehealth statute o Excludes ability to provide MAT. There has been outreach from private companies that want to initiate MAT online using telehealth. Would like perspective from healthcare to inform telehealth services to ensure quality. The focus is on all medications for addiction, but likely, it will focus less on methadone. o There is an e-prescribing movement for opioids in NH and legislation around that. o Need a clear description of telemedicine that would open up to MAT. Comments/Questions • What is the value for rural areas? Can everything be conducted online? Does there have to be any face-to-face time? • Rep. Marsh's bill says the treatment has to originate with face-to-face. • Look at waiting lists. Include factors such as transportation barriers (even in rural areas.) • Most literature has explored the positive outcomes. • Should talk to Mark Publicker in Maine about Kaden. • There is value in seeing patients face to face. • Some behavioral health providers see telehealth as an opportunity because they would like to leave a particular organization. • Third party payers are going to start dictating what they need. • How does this differ from being "remote" on the phone with clients? • Benefit: in NH, many do not have access to addiction specialists. This offers a way for providers to refer people to specialized care.	• Paul Del Giudice confirmed by Molly Rossignol • Seddon to follow up with Bert Fichman • Next meeting: Paul Del Giudice, Mark Publicker and Corneliu Stanciu. 20 minutes from each Paul, Mark and then discussion with Cornel. **Invite speakers for next meeting on December 5, 8:30am-11:30am** • **Have a longer legislative update to accompany regular meeting on December 19, 9am-10:30am.**

	• Ryan Haight Act of 2008 requires one face-to-face contact every 24 months with the prescriber. • A potential model might include consultation with a specialist who is remote. • How would pill counts and urine drug screening work? How to follow guidelines/best practices? • This is a way to address shortages. • Joshua Lee did a study that shows that actually people are doing okay with minimal contact. • It actually could offer more contact than patients currently receive. • Bert Fichman is working with TeleCrossroads medical startup. Peter Mason is going to meet with them. • Corneliu Stanciu might also have good information. Advises new prescribers to see patients face to face first. • Could follow model of other telemedicine where shadow with an experienced provider using telemedicine <u>Concerns</u> • Undercutting quality of care and impact on primary care practices. • Perpetuating stigma – people who don't want to show up in group settings. • Group settings and face-to-face settings can tell you a lot more than UDS about the client based on body language, pupil dilation, nodding off, etc. o The platform that is being considered in NH does have software to read body language. • Being driven by making money • Machine learning and machine translation: there has been caution about using this in healthcare. • One in-person visit will extend to primary care as well. However, this is the case already happening in primary care. o Federal law already requires a face-to-face. Therefore, this will not be less restrictive. o There are conveniences. o The face-to-face builds the relationship, trust. o The one visit does not seem sufficient.	

	• Worry about conversations to pre-regulate. Kiosk model of having an originating site works for some medical conditions but many do not have the scope to make this happen. Could be beneficial for rural residents. Also, people who go to work full time and want to balance a productive life. Having barriers, such as must meet X number of times. There is evidence that clients do not need as much face-to-face time to have positive outcomes. Do not make restrictions before knowing what best practices are. • Do we want siloed systems to treat diabetes, heart disease, etc.? The carve outs and specialty clinics might silo. For example, Kaden and other entrepreneurial organizations that only provide care for OUD. • Integrated MAT is actually not happening on the ground. Example: what happens when, in a place like Berlin, a client has a negative experience with the one provider? Usually the MAT practices are separate anyway. Therefore, we will not be losing this for the most part. However, given the push to integrate, it could veer away. • Although said to be great for rural areas, how is this going to work for those without sufficient technology including internet bandwidth and telephone? Will there be enough access for those at lower economic status? • Concern about a newly waivered buprenorphine prescriber starting out their practice with telemedicine.	
Legislative Updates	• Hospital Association is working with Medical Society to decrease restrictions to MAT • Want to look at money related to drug settlement. Fear that it will be similar to tobacco settlement where we never actually see the money. o Discussion that a trust might be set up. Need to be clear on what that trust is and who sets it up. Governor's Commission might offer representation to the body that manages the trust. • There will be another bill from Rep. Tom Loughman regarding prescription take backs at pharmacies. Pharmacies have been hesitant. Would follow the Washington State model where the drug companies pay for it but pharmacies host. This covers any drug. • New Futures is working on bills with the Medical Society and Hospital Association. Looking at one on drug policy. • Looking at Medicaid waiver for kindergarten readiness. Providers hitting certain	

	measures.
	• There is a prevention coalition working on addressing vaping. Ended up with 19 as purchase age of tobacco, might move to age 21. There is a lot of discussion on flavored products ban.
	• Got vape stores licensed and regulated.
	  o HB680 looks at taxing of products. Need to watch how these are implemented.
	• Workforce: final budget has increase in rates. Unclear whether or not the table of folks are going to be proposing new increases or in a new legislative session.
	• Nurse Practitioner Association is following a bill proposed by Marsh in response to national movement from nurse anesthetists to use "anesthesiologists". The former is more easily understood by patients. Does not change role, but just can refer to themselves as anesthesiologists. Marsh proposed terms that are not allowed to be used by nurses, including general practitioner and other terms associated with a medical doctor. Opens up the Nurse Practice Act.
	  o Concerned about practice restrictions. Kerry Nolte can provide more background to those interested. Concern that nurses have not represented themselves as physicians but with this change could lead to role restrictions.	

Pain Management	• There is a group working in the state working to find a balance on opioid prescribing for pain and managing addiction. Kathy Bizarro been attending these meetings. Have been focusing on e-prescribing in order to reduce stigma of opioid prescriptions.	
Stigma in 12 Step programs with MAT	• Some people from the 12-step community feel that being on MAT is not real recovery. • This issue is similar to experience of people who used drugs other than alcohol going to AA and feeling stigmatized. • It depends on the group. Some have a problem with MAT and others do not. • Manchester just started a 12-step MAT-friendly group at Hope for NH. • Peer recovery system in NH honors all pathways to recovery including MAT. • In peer recovery supports community (NA, SMART Recovery) people often become religious to *their* pathway to recovery. Has gotten better over the last decade but still there. • Granite Recovery says they do not support MAT. This organization is for profit but covered by NH Healthy Families.	• To be discussed further during December 19 meeting.

	• This issue also pits organizations against each other. • The criminal justice system also has strong feelings about preferring one medication to another. • The prison system has started initiating naltrexone. Some are looking at incorporating other forms of addiction medication. Moving in the right direction with positive leadership. • Gary Mendell of Shatterproof is outspoken about the evidence based care of MAT. • Some clients feel that AA is more welcoming than NA. Some have also heard the reverse. • Criminal justice system, AA, NA, Granite Recovery, DCYF (opening up more but there has been judgement about medications) and most residential programs do not accept clients on methadone because they cannot support it. Therefore, patients wait months to withdraw from methadone before getting residential care. • Messaging should be to meet people where they are at (not necessarily MAT specifically because 10 years from now it might be a different context).	
	• Kerry Nolte, Harm Reduction Coalition: barriers at pharmacies where they are refusing to fill Suboxone prescription. Looking at pharmacy education. Also community education at libraries to educate library staff. • Upcoming Conference: Northern New England Society of Addiction Medicine 9th Annual Scientific Conference & Business Meeting o Approved by ASAM for 5.5 hours of Category I CME o November 8 & 9, 2019 (Friday evening, all day Saturday), Wolfeboro Inn, Wolfeboro, NH	• Harm Reduction Coalition can provide 1-hour trainings with CEUs. If you have ideas for topics, let Kerry Nolte know.

Next Meetings:
December 5, 2019 8:30am-11:30am
December 19, 2019 9am-10:30am

Call-In Information: 646 558 8656 Meeting ID: 912 945 3548 https://jsi.zoom.us/j/9129453548