



HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and other Drugs

ComTask Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, March 26, 2020

Meeting Minutes

Participants: Seddon Savage, Jessie Daigneault, Adriana Lopera, Lindy Keller, Peter Mason, Ann Branen, Rekha Sreedhara, Kate Frey, Janet Thomas, Peter Ames, Regina Flynn, Molly Rossignol, Colleen Dowling, Vahan Manukyan, Susan Latham, Kristine Stoddard, Joseph Harding, Dan Andrus, Jake Berry, Jenny O'Higgins

Agenda Item	Discussion	Action Steps
<p>Welcome and Introductions</p>	<ul style="list-style-type: none"> • Task force members shared brief updates on how they have been managing the pandemic through their organizations. • BDAS shared that contracts are being reviewed and changed as needed. • Community Health Institute/JSI staff are now working remotely and have been moving the meetings they support to virtual platforms. Meeting discussions are incorporating response to COVID-19 as relevant. They have an emergency preparedness team working with DHHS throughout the pandemic. They are in the process of creating a handout with telehealth considerations around treating substance use disorders in the context of COVID-19. • The Region 1 IDN is providing telehealth services while only providing in-person services for emergencies. The biggest challenge has been to ensure people have access to telehealth and meeting the needs to provide mental health services. • New Futures' office is closed and all staff are working remotely. They are currently in the process of shifting policy priorities, working with providers and stakeholders to determine top priorities. • Bi-State is working to change statutes and policies that hinder health centers from providing telehealth services. • Foundation for Healthy Communities' programs are currently on hold. They are actively working to ensure communities are being taken care of. • Granite State Healthcare Coalition Emergency Preparedness is working with healthcare organizations and managing PPE. Challenges have included facilitating a conversation on addressing current needs, including shelters in place and providing guidance towards medical billing services. They are currently working to manage capability for testing. • Citizens Health Initiative at UNH is working remotely and continuing to implement projects. The ECHO for MAT through UNH's nursing department received over 100 participants, discussing telehealth and medicine. Citizens Health Initiative has been lending out telehealth 	<ul style="list-style-type: none"> • February minutes will be reviewed during the next meeting.

	<p>medicine robots to CMHCs and jails.</p> <ul style="list-style-type: none"> • TeleCrossroads is providing behavioral mental health therapy via telehealth services. Providers are experienced with telehealth services. One of the biggest challenges has been conducting urine screening. They have been providing flexibility of appointments through booking single and group sessions, provide availability during the weekends, and waiving in-person intake. • NH Healthy Families can provide resources and assistance due to job and insurance loss. All services are provided remotely except for distribution of Vivitrol. • DHHS is reviewing claims data for specific indicators to determine how this impacts clients and organizations. 211 line and Doorways services are available. • MCOs are looking into ways to get phones out to individuals who do not have them and address child services and food security. • OTP in Hudson is open every day except for Sundays, beginning March 29th. They are currently providing take home bottles and intake services. They are moving to telephonic counseling services with counselors. Major challenges have included staffing, social distancing in the waiting room, and meeting PPE needs. • Dartmouth-Hitchcock is focused on being prepared to provide strong telehealth services. They are currently developing a resource page of clinical resources. • Syringe Service Program in Manchester is continuing to provide services to participants on Sundays from 2pm-4pm. They have received guidelines from the New Hampshire Harm Reduction Coalition. They have procedures that include social distancing, providing naloxone, and sharing information with participants regarding safety and well-being during the COVID-19 outbreak. They have been providing additional supplies in an attempt to provide services due to obstacles participants may be experiencing. As of Sunday, the other Syringe Service Programs are continuing services in Keene, Nashua, Claremont and the Seacoast. They are encouraging participants to call or text the program in their area if they are in need of supplies, naloxone, or if they have questions. • The task force agreed to hold review of February meeting minutes until the next meeting. 	
<p>Caring for people with SUD during COVID-19-rapid transition to telehealth</p>	<ul style="list-style-type: none"> • A question was raised about whether NH providers can provide MAT and telehealth services to patients who reside in other states. Currently, this policy has not changed. • The task force reviewed a draft document of NH SUD guidelines during the COVID-19 state of emergency. These guidelines are in place only throughout the state until emergency federal and state policies are rescinded. • This document does not focus on Opioid Treatment Programs (OTPs). The Center for Excellence/CHI has a similar document which covers OTPs. The document is divided by 	<ul style="list-style-type: none"> • Seddon and Rekha will review and compare drafts of the NH SUD guidelines during the COVID-19 state of emergency to finalize document. • Seddon is checking with the Board of Pharmacy for

	<p>medicine for addiction, privacy policies, and clinical issues.</p> <ul style="list-style-type: none"> • Under prescribing policies, prescriptions for medication do not require in-person visits but can be prescribed based on a telehealth visit. • A discussion was held regarding platforms and media used for telehealth and in-person evaluation. Office of Civil Rights (OCR) specifies what platforms can be specifically used. Task force agreed with this statement and criteria. • There was a difference between state and federal policy regarding communication methods for telehealth. Federal policy overrides state policy for ongoing treatment with a push for two-way communication. It has been challenging to communicate with DEA for clarification regarding SAMHSA guidance. Each OTP provides their own interpretation while still requiring audio/visual components. • Prescriptions including controlled Schedule II-V may be issued electronically, by calling in to a pharmacy or by written prescription according to DEA. Typically in NH, Schedule II medications cannot be called in unless it is an emergency. Therefore, not all pharmacies are allowing this during this emergency, with NH law being more restrictive. • NH clinicians may legally prescribe buprenorphine or other controlled substance based on a telemedicine interaction only for patients who reside in the State in which they are practicing. This depends on the state the patient resides in. Waiting to hear what VT, MA and ME determine as to whether they are permitting this service to out of state patients. • Physicians licensed and in good standing in other states can practice medicine in NH with evidence of licensure and standing presented to OPLC, however status of controlled substance prescribing per DEA is unclear. Normally physicians need to be registered in the state of practice. Guidelines, however are unclear. The task force agreed to keep this statement in the document the way it is. • All prescriptions must be generated in the course of usual professional practice for a legitimate medical purpose. The task force agreed to leave this statement the way it is. • Under CFR 42 confidentiality rules, individuals need to sign an authorization to participate in telehealth. However, this can be waived if patients cannot be reached. Further review is needed to determine if this is covered during an emergency. • The task force considered shortening HIPAA privacy rules section drafted in the document. • OCR will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Task force members agreed to keep this section as is. 	<p>guidance around controlled schedule II-V prescriptions.</p>
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	<ul style="list-style-type: none"> • Providers may use popular applications that allow for video chats to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. The task force discussed adding a caveat that some health systems are more restrictive for telehealth services and utilize more secure applications. The task force discussed adding a note “providers should check with their own health systems for HIPAA compliant and secure telehealth platforms.” • NH Medicaid telehealth fact sheet states HIPAA compliance provides specific guidance as to which platforms are acceptable and which are not. DHHS also can provide specific language. • A question was asked about Zoom compliance and if there is a security difference between general Zoom vs Zoom for Healthcare. Can a general Zoom account be used for health related options during an emergency? Further research is needed to confirm Zoom compliance. • Third party reimbursement for telehealth services in NH must be no less than that for comparable traditional in person services. A question was asked if insurance is providing guidance to carriers and where to direct questions. Further research is needed to determine who to refer these requests to. • Under Clinical Care Considerations for dosing and frequency, the task force discussed adding a refill option for Schedule III medications to reduce the risk of exposure for patient to come back in for another script. Patients can receive up to 3 refills. It is not recommended to allow for more than a 4-month supply of medications. • Discussion entailed adding language regarding need to increase amount of naloxone to the dosing section. • A discussion was held to include guidance initial planning be conducted regarding how often patients should be seen for prescriptions and recommendation requirements for telehealth. Right now, telehealth services have been provided on a case by case basis. Some protocols are different and require patients for once a week services. A caveat could be added to the document indicating that knowing current stressors may reduce stability among patients. • Under drug testing considerations, a discussion was held regarding how to manage oral swabs, which is not an immediate point of care. The task force agreed to leave this item as is on the document. • Under psychosocial recovery supports, Seddon asked task force members to send any additional resources so they can be added to the document. A discussion was held to have patients be directed the recovery center instead of handing them too many resources. 	
Other Legislative &	<ul style="list-style-type: none"> • Governor's Commission approved funds to develop SUD services, including MAT for 	

Policy Updates	hospitalized patients based on the HCTF's investment recommendation. Funds are expected to be placed in an amended contract.	
Patterns of Opioids Since the Pandemic	<ul style="list-style-type: none"> • Appledore Medical Group in Portsmouth asked if a reduction in number of overdoses during the pandemic has been seen. • Seddon shared she participated in a webinar and one of the speakers noted that COVID could be driving disruptions to the street opioid supply. This might change patterns of drug use and possibly drive some patients into treatment. 	
Other business	<ul style="list-style-type: none"> • None 	

Next Meeting: April 23, 2020, 9am-10:30am (Virtual Only)

Zoom Information: <https://jsi.zoom.us/j/130590059?pwd=eGs2ZmZFNEpvS0ZoR3FDUVFBUIId4UT09>

Call-In Information: +1-646-558-8656

Meeting ID: 130 590 059; **Password:** 241570