



HEALTHCARE TASK FORCE

Governor's Commission on Alcohol and other Drugs

Task Force Co-Chairs: Seddon Savage and Lindy Keller

Thursday, September 24, 2020

Meeting Minutes

Members: Seddon Savage, Lindy Keller, Jake Berry, Julie Hazell-Felch, Peter Mason, Molly Rossignol, Janet Thomas, Gerald Hevern
Absent: Mary Bidgood-Wilson, Kathy Bizarro-Thunberg, Cynthia Cohen, Regina Flynn, Laurie Harding, Kerry Nolte, Jim Potter, Krystal Sieradzki
Public: Jessie Daigneault, Anna Ghosh, Paul Kiernan, Ann Branen, Joseph Harding, Peter Ames, Gus Crothers, Daniel Andrus, Ryan Landry, Kerran Vigroux, Teddy Rosenbluth, Polly Morris, Kristine Stoddard

Agenda Item	Discussion	Action Steps
Welcome and Introductions	<ul style="list-style-type: none"> Task Force members and public members provided brief introductions. 	
Meeting Minutes	<ul style="list-style-type: none"> Seddon Savage, Lindy Keller, Jake Berry, Julie Hazell-Felch, Peter Mason, Molly Rossignol, and Janet Thomas reviewed the meeting minutes and did not have changes. There were not enough Task Force members to meet the quorum needed to approve August's meeting minutes. 	<ul style="list-style-type: none"> August minutes will be reviewed at the next meeting. Task Force chairs will review and recommend updates to the membership list.
Telehealth Outcomes Discussion <i>Peter Mason and Dr. Gus Crothers</i>	<p>Dr. Gus Crothers presented Groups Recover Together's data outcomes on telehealth services and its effectiveness for OUD MAT.</p> <ul style="list-style-type: none"> Groups provides outpatient services for OUD patients at 60 sites throughout 9 states. Models are built around evidence-based, cost effective interventions and holistic models. Services include group and individual counseling, crisis hotlines, naloxone, and peer recovery services. Physical office space is designed to feel less like an outpatient healthcare facility and is meant to be destigmatizing. This feature is not available now as offices are currently closed due to the pandemic. Since COVID-19, Groups has been providing telehealth services. The amount of patients have increased by 1,500 through telehealth. Groups currently serves over 6,000 patients weekly. A case-controlled cohort study to compare telehealth services to in person services (control group) was conducted. <ul style="list-style-type: none"> Data from the control cohort was reviewed from September 28, 2019 through February 29, 2020 and data from telehealth services were reviewed from March 30th 2020 through August 31st 2020. 	

	<ul style="list-style-type: none"> ○ Attendance has been identical for both telehealth and control cohorts at 83%. This will be reviewed and followed out for 6 month retention. ○ Providing telehealth only services has made it challenging to collect urine toxicology tests. ● A survey was conducted in May to determine patient preferences for telemedicine: <ul style="list-style-type: none"> ○ 1300 were surveyed about their experiences with the digital only model. ○ 87% joined via mobile phone, 90% using video, 87% feel supported via telehealth. Findings show 32% prefer the digital model, and 11% cannot wait to get back to the office. ○ Discussed potential for hybrid model (telemedicine and in-person services) to meet patients where they are at with their treatment. ● Groups supports telemedicine and recommends policies that support delivery of OUD care. Telemedicine improves availability of rapid-access treatment. ● While NH HB 1623 is a step forward, it still places restrictions on the originating site for patients. Gus recommends having the originating site allowed to be a patient’s home, while holding providers accountable to standards of care. ● Discussion and Questions: <ul style="list-style-type: none"> ○ The mean length of retention is 12 months. A majority of patient discharges are “drop-outs”. ○ Peter Mason suggests including a “step down” approach for patients who are stable to reduce in-person services to every other week to help with retention and prevent inconvenience, which is being piloted in Maine and New Hampshire. ○ A question was asked if Groups track social determinants of health and specific insurances. Groups currently does not accept Medicare, but accepts commercial, Medicaid or self-pay options. Data is captured during intake for social determinants of health. Groups is currently working to improve and track data to become more structured. ○ A question was asked about whether a majority of patients attend their appointments from home and if there have been changes in engagement or participation between "stay at home orders" to returning to school and employment. Most patients are at home during their appointments, with some in their cars or shelters. 	
<p>Governor’s Commission Funding Recommendations</p>	<p>Governor’s Commission second round of funding in October:</p> <ul style="list-style-type: none"> ● The Governor’s Commission has allocated \$1.2 million in funding for the Task Forces to make recommendations upon. ● Molly Rossignol and Ann Branen met to discuss and drafted a document for care coordination which they presented. Outcomes of care coordination show retention in treatment and linkage 	<ul style="list-style-type: none"> ● Molly Rossignol and Ann Branen will develop a summary for care coordination and funding for inpatient and outpatient

	<p>to services.</p> <ul style="list-style-type: none"> ○ Needs for NH include workforce recruitment (incentivized systems), a foundation for building care coordination (i.e. “boot camps”, free Boston Medical Center courses, opportunities for shadowing and mentoring, community learning, ECHOs), and to continue any grant funding through NH sources with a care coordination fund. ○ A discussion was held around the need to incentivize systems, training and modules. <ul style="list-style-type: none"> ● Julie Hazell-Felch provided reimbursement rates for recovery support services: <table border="0" data-bbox="394 459 1218 634"> <tr> <td>Individual Recovery Support</td> <td>T1012</td> <td>15 minutes</td> <td>\$24.19</td> </tr> <tr> <td>Group Recovery Support</td> <td>T1012-HQ</td> <td>15 minutes</td> <td>\$9.47</td> </tr> <tr> <td>Individual Peer Recovery Support</td> <td>H0038</td> <td>15 minutes</td> <td>\$24.19</td> </tr> <tr> <td>Group Peer Recovery Support</td> <td>H0038-HQ</td> <td>15 minutes</td> <td>\$9.47</td> </tr> <tr> <td>Continuous Recovery Monitoring</td> <td>H0006</td> <td>15 minutes</td> <td>\$9.47</td> </tr> </table> ● Jake Berry and Kristine Stoddard considered developing a summary for the loan repayment program but deferred for this round of funding. <ul style="list-style-type: none"> ○ A discussion was held to replicate language from NH HB 4. Funding for HB 4 was for SUD, which allocated \$750K in three counties. ○ The loan repayment program would include career ladder training for professionals obtaining their license. ● Kate Frey and Seddon Savage presented a summary proposal for a campaign to address harmful alcohol use which has increased during COVID-19. <ul style="list-style-type: none"> ○ Many states liberalized alcohol use, which is the greatest cause of morbidity and mortality. There has been a significant increase in use due to COVID-19. ○ The summary proposes a four prong approach: <ol style="list-style-type: none"> 1. Increase SBIRT-R 2. Increase provider and public awareness of treatment 3. Public awareness campaign on safe alcohol use 4. Legislative advocacy ○ The request would be for no more than \$250K for messaging through healthcare professional organizations. ○ This summary will highlight the importance of screening interventions in harmful alcohol use, value of brief advice, pharmacologic intervention, psychosocial therapies, provide graphics and disseminate information. ● The Task Force discussed which would be the highest priorities for funding recommendations: <ul style="list-style-type: none"> ○ Some members advocated for care coordination. However, some also noted the high cost 	Individual Recovery Support	T1012	15 minutes	\$24.19	Group Recovery Support	T1012-HQ	15 minutes	\$9.47	Individual Peer Recovery Support	H0038	15 minutes	\$24.19	Group Peer Recovery Support	H0038-HQ	15 minutes	\$9.47	Continuous Recovery Monitoring	H0006	15 minutes	\$9.47	<p>settings.</p> <ul style="list-style-type: none"> ● Task Force members will indicate their top priority to bring to the Governor’s Commission meeting in October.
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	<p>associated and lack of sustainability through a one-time funding mechanism.</p> <ul style="list-style-type: none"> ○ It was suggested that rather than providing direct support for care coordination, the proposal be re drafted to aim at funding a “think tank” to develop and recommend sustainable strategies to optimize care coordination. ○ Polly Morris suggested a potential alcohol campaign might engage organizations currently working on messaging around alcohol, such as peer recovery support services. ○ The Task Force narrowed down to two priorities to advocate for: alcohol campaign to target professionals in the field and care coordination. <ul style="list-style-type: none"> ● Recommendations will be reviewed at the Governor’s Commission October meeting. Awards would be provided in 3-4 months. ● These 1-2 page proposals will be finalized and distributed to the Task Force by email. The Task Force will indicate their top priority via Google poll. ● The next Governor’s Commission funding opportunity will be held in February 2021. 	
Legislative & Policy Updates	<ul style="list-style-type: none"> ● Jake Berry shared the last budget signed into law for Medicaid reimbursement. The second one is scheduled for January 2021. There is concern the reimbursement increase will not go into effect and stressed the importance of advocating for this increase. 	
Other news and sector updates	<ul style="list-style-type: none"> ● None 	

Next Meeting: October 22, 2020, 9am-10:30am (Virtual Only)

Zoom Information: <https://jsi.zoom.us/j/130590059?pwd=eGs2ZmZFNEpvS0ZoR3FDUVFBUI4UT09>

Call-In Information: +1-646-558-8656; **Meeting ID:** 130 590 059; **Password:** 241570