New Hampshire Opioid Overprescribing and Misuse Project Advisory Council (OOMPAC) – Monthly Meeting Minutes

Meeting Date:

February 11, 2019 – 9 - 11 a.m.

Action Items:

#	Description	Owner	Status	Target Due Date	Status / Resolution
1	Council access to secure data environment	C. Teixeira	Open	3/11/19	In process. Council members first need to provide valid ID
2	Guide on Opioid brands/Drug classes	Maryann	Open	TBD	Will work on a guide for the Council to use as reference
3	Council to choose a preferred method of electronic communication	Council	Open	3/11/19	Determine the easiest means of communication for the council that abides by the NH Right-to-Know Law.

Final Decisions:

Decision to be made	Assigned to	Due date	Impact	Final Decision	Date of Decision	Who finally made the decision
Approval of January 10 meeting minutes	Council	2/11/19		Minutes Approved	2/11/29	9:21am Motion to accept minutes (Michelle), Second by (Kathy) Motion passes by affirmative majority vote.

Agenda:

- Review of RSA 91A and importance of work to the public
- OOMPAC meeting call to order; introduction of new council members
- Overview of Holistic Analytics Environment (HAE) and access requirements
- Relevant terms and definitions

- Performance Characteristic Framework (PCF) core questions
- CDC vs. CMS opioid prescribing guidelines
- Next steps

Discussion:

Before the OOMPAC meeting was called to order, Attorney Jon Lavallee, Counsel to the OOMPAC, N.H. Department of Justice, briefed the council on RSA 91-A, New Hampshire's Right-to-Know Law, in a non-meeting session between the Council and its attorney-advisor beginning at 8:59 a.m.

Call to Order

- Meeting called to order at 9:18 am by Dave Mara, proceeded by a roll call, and asking the council members to go around the table and introduce themselves for the benefit of the new members.

Administrative Details and Logistics

- Dave Mara asked council members to review the minutes of the January 10 meeting. With no comments or questions raised during the review, Dave asked for a motion to approve the minutes: At 9:21 am Michelle Ricco Jonas made the motion and Kathy Bizarro-Thunberg seconded. Motion passes by majority affirmative vote.
- Chris Teixeira asked council members to review their email addresses and notify Dave Mara of any changes or corrections.

Overview of the HAE

- Chris Teixeira briefly described the Holistic Analytics Environment (HAE), MITRE's secure portal for accessing the New Hampshire data on opioid prescribing and use. Each council member will need to be given access to the HAE. Chris described the procedures that will be used to grant members access to the HAE and encouraged each member to review the access documents with their own legal counsel. He also discussed the need to protect the data on the HAE by not sharing, copying, or screen-capturing it. He reminded the council that all data on the HAE is aggregated, in accordance with MITRE's agreement with New Hampshire not to disclose sensitive information. Council members will use data on the HAE to help inform decisions and develop policies.

Relevant Terms and Definitions

Chris Teixeira presented a set of terms and definitions and discussed the need for the council to level-set what certain things mean. Terms discussed included morphine equivalent dose (MED), morphine milligram equivalent (MME), opioid friendly, opioid naive, substance use disorder/opioid use disorder, and travel envelope. Comments and questions discussed included:

- MED and MME are important concepts for the council, but they can be difficult to calculate for specific drugs; Centers for Medicare & Medicaid Services and Centers for Disease Control each publish guidelines, but they don't necessarily agree.

- The terms opiate (drug derived from opium) and opioid (drug with opiate properties but not derived from opium) mean different things; for this effort, opioid is the preferred term.
- Opioid friendly is a controversial term; it can mean different things, and it can have negative connotations. Chris Teixeira explained that MITRE is using the term to try to characterize prescribers who are known for prescribing opioids, without implying a positive or negative connotation. Several council members stated that the term is not commonly used, and others felt its associations tend to be generally negative. The overall sentiment was that perhaps use of this term should be avoided because it can be misinterpreted.
- Opioid naive has no standard definition; the 6-month timeframe for defining it is commonly used but is not a standard.
- Outlier is a term that could be used to describe prescribers who overprescribe opioids within their specialty, although Chris Teixeira notes that outlier has a special meaning within statistics, and that the data analysis may contain multiple definitions of outliers.
- Substance Use Disorder (SUD) includes substances other than opioids, such as alcohol, amphetamines, etc. SUD includes the subcategory Opioid Use Disorder (OUD). Chris Teixeira noted that the New Hampshire data, which spans a 13-year period, includes both ICD-9 and ICD-10 codes, and that the ICD-10 codes do a better job of identifying OUD in patients.
- Travel envelope includes ZIP codes for prescribers, pharmacies, and patients, but not physical addresses. Because many New Hampshire residents live in rural areas, the definition allows for convenience issues, e.g., traveling longer distances to a pharmacy, or filling prescriptions out of state.

Performance Characterization Framework Core Questions

Chris Teixeira described that the goal of this effort is to bring about the intended consequences – analyzing and measuring opioid prescribing habits to influence and measure the results of policy changes – but also to avoid unintended consequences. Because opioid fatalities are a lagging indicator of the opioid crisis, MITRE looked at best practices across state/public/private efforts, and then created definitions and metrics to apply to the claims data from New Hampshire. The PCF, which will be used to help to create and analyze policies to evaluate whether and how they are working, is addressing six core questions:

- Prevalence of opioid prescribing
- Volume of opioids prescribed
- Indications/procedures for which opioids are prescribed, including coding/reimbursement
- Patients receiving and filling opioid prescriptions
- Brands and formulations of opioids prescribed
- Opioid dispensing and related behaviors

Over the next few months, the objective is to have an ongoing conversation about how to measure these. Once council members gain access to the HAE, they will be able to use a PCF

dashboard that can filter the data via different attributes. These attributes can be changed over time as further discussion reveals whether or not they add value.

Council members began an in-depth discussion of the PCF core questions.

Comments and questions related to the first core question, the prevalence of opioid prescribing, included:

- May see SUD years in making before there is an opioid prescription. Could be indirect misuse or improper prescribing if there was a risk assessment and the patient was not screened out.
- Another goal is to understand the influence of opioid tolerance, i.e., do prescribed amounts increase over time, which may or may not be abnormal depending on the patient's condition.
- When looking at changes in prescribing practices, is MITRE also looking for other drugs that may rise as a result? Chris Teixeira explained that MITRE is compiling a list of federal/state/commercial "events" (e.g., a drug company report that Oxycontin was not addictive, which resulted in increased prescribing of Oxycontin) to show how certain events can drive prescribing behavior. Although the focus is on opioids, some other classes of drugs may also be looked at if the Council deems it appropriate.
- Can a "cheat sheet" be developed for opioid names/content, or at least a guide related to opioid classes, for the council's nonphysician members? Chris Teixeira explained there are roughly 20,000 opioid formulations, but agreed to look into creating some kind of guide. Maryann offered help from student interns and/or use of the New Hampshire preferred formulary to help develop information on the 6-10 major types of opioid classes.
- Can the data track diversions of opioid prescriptions/sold prescriptions/much higher dose levels relative to previous use? For example, some patients might have more tolerance than expected due to use of street drugs. Chris Teixeira explained that machine learning is being applied to help define normal/abnormal levels in the data. ICD codes can be used to determine patients who have SUD/OUD, although the codes may underreport because there is some stigma around applying them to patients. Standalone prescriptions for buprenorphine may indicate OUD, but this is complicated because buprenorphine is both a prescribed opioid and a treatment for OUD.
- Are cancer patients being excluded from the analysis? Chris Teixeira explained that they aren't being excluded, but the dashboard will allow council members a filter that can remove cancer/hospice patients. This led to further discussion of how not all cancer patients have pain that would require opioids, and how opioid use in cancer patients can create addicts and increase diversion/stealing of prescriptions.
- The scope of prescribing being looked at includes not just prescriptions written by physicians, but also those written by physician's assistants, nurse practitioners, and dentists. This led to a discussion of diversion of veterinary prescriptions, which are an issue of concern but out of scope for this effort since they aren't included in the data.

- There are gaps in the data, and mismatches that require assumptions to be made. MITRE is working with the New Hampshire insurance department to vet its assumptions and will provide lists/reports/code to New Hampshire at the end of the project for New Hampshire to use and adjust going forward.

Dave Mara suggested the group move on to a discussion of the second core question, the volume of opioids prescribed. Chris Teixeira explained that the goals are to identify doses, number of pills dispensed, refills, etc., and he asked council members to ask questions to ensure MITRE captures the information that is most important to them. He explained that MITRE will provide information via the HAE on its assumptions, metrics, etc.

Comments and questions included:

- A discussion of whether drugs will be broken out by type, and how certain pockets of prescribing, such as in corrections facilities, aren't included in the data. This led to a discussion about combining data sets. Chris Teixeira explained that the issue of how to bring in other data sets, and how to deidentify other data sets, is a complex topic that requires a separate discussion. For now, it would be best to determine what the council and New Hampshire need first, and then explore if other data needs to be gathered.
- Council members discussed New Hampshire's goal of reducing opioid-related fatalities, as well as goals related to the larger impact of opioids, including reducing SUD/OUD, and determining correlations with employment rates, suicide rates, and rates of depression and anxiety.
- No measures exist now in New Hampshire to know what patients do with opioid prescriptions.
- Patients can obtain prescriptions out of state and fill them in New Hampshire.
- Other important information to consider includes linking to others who are at risk – e.g., information from methadone clinics, medical examiners (i.e., fentanyl deaths, emerging drugs such as stimulants), emergency room visits, ambulance calls, effects of increased Narcan availability, etc.

Differences in Opioid Prescribing Guidelines

- Chris Teixeira showed slides comparing CMS, CDC, and New Hampshire prescribing guidance for opioid naive patients, and explained how there is no "golden rule" of policy or law for how to prescribe opioids or measure overprescribing. He noted that MITRE has developed a "compromise" between the CMS, CDC, and New Hampshire versions to create data analysis tools for the council. This led to a discussion among members about the terms acute and chronic pain vs. opioid naive and the need to be careful of how such terms are defined, and a discussion about cancer pain vs. terminal pain relative to opioid prescribing.

Next Steps

- Council members need to produce a valid government-issued ID to begin the process for accessing the HAE. Members also need to decide if they prefer to continue to receive communications via email or would be open to trying an alternate communications

platform, such as Slack or a website, that meets New Hampshire's Right-to-Know guidance and can be made open to the public.

- Dave Mara asked council members to contact him with agenda items, feedback, and suggested additional topics for discussion.

Adjournment

- The meeting was adjourned at 11:00 am by Dave Mara.

Next Meeting Date, Time, and Location:

- Monday, March 11, 9-11 AM; Office of Professional Licensure and Certification, 121 South Fruit St., Concord, NH.

Council Members:

In Attendance	Name	Email
☒	David Mara, Esq, NH Governor's Advisor on Addiction and Behavioral Health	David.Mara@nh.gov
☐	Michael P. Auerbach NH Dental Society	mauerbach@nhds.org
☒	Jonathan Ballard, MD, MPH, MPhil NH Department of Health and Human Services	jonathan.ballard@dhhs.nh.gov
☒	Richard J. Barth, Jr., MD, Dartmouth-Hitchcock Medical Center	Richard.J.Barth@hitchcock.org
☒	John Barthelmes NH Department of Safety Bob Quinn, Assistant Commissioner attended on behalf of the Commissioner who is retiring.	John.Barthelmes@dos.nh.gov
☒	Kathy A. Bizarro-Thunberg, MBA, FACHE NH Hospital Association	kbizarro@nhha.org
☐	Tyler Brannen NH Insurance Department	tyler.brannen@ins.nh.gov
☒	Michael Bullek NH Board of Pharmacy	michael.bullek@oplc.nh.gov
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☒	Maryann Cooper, PharmD	maryann.cooper@mcphs.edu

In Attendance	Name	Email
	NH Pharmacists Association	
☒	Gilbert J. Fanciullo, MD NH Board of Medicine	gfanciullo51@gmail.com
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☐	Jay Schnitzer, MD, PhD VP, Chief Technology Officer MITRE	jschnitzer@mitre.org
New Member		
☒	Jennifer A. Weigand Centene	jennifer.a.weigand@centene.com
Persons Appearing before the Council		
☒	Chris Teixeira, MITRE	cteixeira@mitre.org
Other Known Attendees		
☒	Dawn Stapleton	dstapleton@mitre.org
☒	Claudette Bishop	cbishop@mitre.org
☒	Matt Boyas	mboyas@mitre.org