New Hampshire Opioid Prescribing Advisory Council (OPAC) Monthly Meeting Minutes

Meeting Date:

May 13, 2019, 8–11 AM

Action Items:

#	Description	Owner	Status	Target Due Date	Status/ Resolution
1	Council access to secure data environment (HAE)	Chris Teixeira	Open	5/13/19	In process. Council members need to sign HAE rules of behavior (ROB) form
					(hard copy ROB provided to Council members 5/13; Chris will also email soft copy to Council members)
2	Council member bios	Council	Open	ASAP	Council members to email to Chris
3	Change to Bylaw Sec. 6.3 to allow Council members to designate a substitute	Council/ Governor	Closed Governor approved	ASAP	Awaiting decision of the Governor (3/11) 9:15 AM Motion to accept bylaw change (Lucy), Second (Kathy). Motion passed by affirmative majority vote
4	Change to Bylaw Sec. 3 to remove reference to federal members	Council/ Governor	Closed Governor approved	ASAP	Awaiting decision of the Governor (3/11) 9:20 Motion to accept bylaw change (Helen), Second (Michelle). Motion passed by affirmative majority vote

#	Description	Owner	Status	Target Due Date	Status/ Resolution
5	Council members provided with HAE Security and Privacy Awareness Training Course	Chris Teixeira	Open	ASAP	Chris to email to Council members
6	Timeline of federal/state policies that affect PCF data	Chris Teixeira	Open	ASAP	Chris to email to Council members
7	Determine new date for June meeting	Dave Mara/Council	Open	ASAP	Dave to send Doodle poll to members
8	PCF question subcommittee to schedule a meeting	Dave Mara/ Subcommittee	Open	ASAP	In process

Key Decisions:

Decision to be made	Assigned to	Due date	Final Decision	Date of Decision	Who finally made the decision
Approval of April meeting minutes	Council	5/13/19	Minutes Approved	5/13/19	Council: 8:12 AM Motion to accept minutes (Mary Ann), Second by (Bob). Motion passed by roll call vote.
Creation of subcommittee to further review PCF questions/data	Council	5/13/19	Approved by Council	5/13/19	Council: (5/13) 10:40 Motion to create subcommittee to discuss PCF questions further and report back to Council (Michelle), Second (Alex). Motion passed unanimously by roll call vote.

Agenda:

- Welcome and call to order
- Vote to approve minutes from April 2019 meeting
- Discuss potential conflicts with upcoming meeting dates related to vacations etc.
- Review action items
- Discuss Performance Characterization Framework (PCF) questions
- Presentation and discussion about clinician cycling
- Next steps
- Closing remarks and adjourn

Discussion:

Call to Order

Dave Mara called the meeting to order at 8:10 AM. Dave asked for a roll call of persons attending/participating by phone.

Administrative Details and Logistics

Dave asked Council members to review the minutes of the April meetings. With no comments or questions raised during the review, Dave asked for a motion to approve the minutes; at 8:12 AM, Mary Ann made the motion and Bob seconded. Motion passed by majority affirmative vote.

Dave asked Council members re: attendance plans or plans to send substitutes for the next few meetings; since four members indicated they would not be able to attend the next meeting, scheduled for June 10, a new date/time will need to be chosen.

Dave noted that the Governor approved the bylaw changes voted by the Council to allow members to select a designee (who has full voting powers), and to approve the Council's name change to the Opioid Prescribing Advisory Council (OPAC). He also noted that Bob Quinn was formally approved as a member.

Review Action Items

Dave reminded members to complete and send their bios so they can be put on the OPAC website. Chris Teixeira then reviewed the Holistic Analytics Environment (HAE) Rules of Behavior (ROB) document, which was provided as a hard copy handout. Members need to read and sign the ROB document before they can be granted access to the PCF data dashboard. Chris said he would email the training document and a soft copy of the ROB document to members. Once members have HAE access, they will be able to review PCF data between meetings and then discuss with the entire Council during meetings.

Review of Performance Characterization Framework Questions

At 8:30 AM, Chris began a review of the PCF questions. Each question was reviewed separately, and Council members had the opportunity to ask questions and make comments on each one. Chris made notes on Council member changes/comments for each question. Dave and Chris noted that Council members can delete or change questions that seem confusing or overly complex. Dave noted that Council members will ultimately determine which questions will be used and that the Council will have as many meetings as needed to discuss the questions; he also suggested that a subcommittee could be formed to meet and discuss the questions further and then report back to the entire Council.

The discussion of the questions resulted in some changes/comments that apply overall:

- Council members felt most of the question rationales need to be revised or deleted; there was concern among members that many of the rationales predict conclusions to be drawn from the data or make assumptions re: criminal behavior/intent. Lucy noted that the value of research is undermined if potential conclusions are raised before the data has been reviewed. Chris noted that the rationales were developed early in the project, before the OPAC was formed and before the data was reviewed, and that they were designed to apply to all states. Council members nonetheless felt the PCF question rationales should be revised to reflect what is important for New Hampshire and the OPAC. Chris said that MITRE will review all the rationales to remove assumptions/conclusions/timelines and uncited references to research.
- Questions will be revised so it is clear the term *prescriptions* refers to prescriptions filled vs. prescriptions written.

- The terms *physician/provider/prescriber* are used interchangeably, but all will be normalized to the term *prescriber*.
- The term *opioid friendly* will be removed, since the Council decided in a previous meeting to exclude that term.
- The term *collusion* was also discussed at length, with some members commenting that what may appear to be collusion could be due to other circumstances, such as lack of coordination between healthcare providers. Anne Wood of CMS mentioned that unintentional collusion could be driven by patients being able to find prescribers to cycle through.
- Council members also feel the term *doctor shopping* may imply conclusions that are inappropriate relative to patients who see multiple prescribers/receive multiple prescriptions.
- The morphine equivalent dose (MED) cutoff value for defining high dose/low dose opioids should be changed from 90 MED/day to 100 MED/day, to match the definition in New Hampshire law.

The discussion of the PCF questions was completed at 10:35.

Dave Mara reiterated the idea of forming a subcommittee to review the PCF questions further, together with the data once it is available. Dave said the subcommittee should have five members, although all Council members can attend. He noted that attendance by phone is not allowed. Dave, Michelle, William, Mary Ann, and Jim volunteered for the subcommittee. Alex noted it would be helpful to email the members not in attendance to see if any of them would like to join the subcommittee.

At 10:45, Michelle moved and Alex seconded to create a subcommittee whose purpose is to discuss the PCF questions without the need for a quorum and then bring the results of those discussions to the larger group. Dave Mara asked for a roll call vote on the motion, which was taken; the motion was unanimously approved.

Clinician Cycling Overview and Discussion

At 10:50, Chris began the discussion of clinician cycling. Because the meeting was nearly over, Chris opted to present a quick overview of the topic and postpone covering the details to another meeting. He provided a basic definition of clinician cycling, i.e., patients using a recurring sequence or group of providers to receive opioid prescriptions. There was a brief discussion of how there can be legitimate reasons for what appears to be clinician cycling, e.g., pain doctors who "switch off" treating patients. Overlapping prescriptions is an area of special concern, although members noted it could be due to issues such as providers not understanding what other prescriptions a patient received or what other providers the patient was seeing. Alex noted that in his work, he has seen groups of patients who join together as a way to circumvent issues related to the Prescription Drug Monitoring Program and then share the medications they obtain.

Task Force Update

At 11:05, Dave asked for an update on the Program Integrity Task Force. Sean said the task force is still in the formative stage, and invitations were sent out to a small group, including some OPAC members, for an initial discussion about the concept for the task force. Dave noted that

the task force's focus will be primarily on education and training and not solely on law enforcement. The task force will follow up on the OPAC's policy recommendations and take them to the next level. Some Council members asked why the entire OPAC wouldn't be part of the task force. Dave said that while the task force's emphasis is on non-punitive actions, there may be some issues that involve detailed data about specific individuals that would require some OPAC members to be excluded. He said that once the task force gets off the ground, it will keep OPAC up to date on its efforts with a report at every meeting.

Next Steps

- Council members need to complete bios.
- Dave Mara will send a scheduling poll to Council members to determine date and time for June meeting.
- PCF questions subcommittee to set up a time to meet.

Adjournment

• The meeting adjourned at 11:16 AM.

Next Meeting Date, Time, and Location:

• Next regular meeting scheduled for June 10 to be rescheduled; date/time TBD; Office of Professional Licensure and Certification, 121 South Fruit St., Concord, NH.

Council Members:

In Attendance	Name	Email
\boxtimes	David Mara, Esq,	David.Mara@nh.gov
	NH Governor's Advisor on Addiction	
	and Behavioral Health	
	Michael P. Auerbach	mauerbach@nhds.org
	NH Dental Society	
	Jonathan Ballard, MD, MPH, MPhil	jonathan.ballard@dhhs.nh.gov
	NH Department of Health and Human	
	Services	
\boxtimes	Richard J. Barth, Jr., MD,	Richard.J.Barth@hitchcock.org
	Dartmouth-Hitchcock Medical Center	
\boxtimes	Bob Quinn	Robert.Quinn@dos.nh.gov
	NH Department of Safety	
	Kathy A. Bizarro-Thunberg, MBA,	kbizarro@nhha.org
	NH Hospital Association	
\boxtimes	Tyler Brannen	tyler.brannen@ins.nh.gov
	NH Insurance Department	

In Attendance	Name	Email
	Michael Bullek NH Board of Pharmacy	michael.bullek@oplc.nh.gov
	Alex Casale NH Judicial Branch	Acasale@courts.state.nh.us
	Maryann Cooper, PharmD NH Pharmacists Association	maryann.cooper@mcphs.edu
	Gilbert J. Fanciullo,* MD NH Board of Medicine	gfanciullo51@gmail.com
	William Goodman, MD, MPH, FCCP Catholic Medical Center	william.goodman@cmc-nh.org
	Helen E. Hanks, MM NH Department of Corrections	Helen.Hanks@doc.nh.gov
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	Sean Gill, Senior Assistant Attorney General, designee of NH Attorney General Gordon MacDonald	
	Jennifer J. Patterson, Esq NH Insurance Department	jennifer.patterson@ins.nh.gov
	James G. Potter NH Medical Society	James.Potter@nhms.org
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	Jay Schnitzer, MD, PhD VP, Chief Technology Officer MITRE	jschnitzer@mitre.org
	Jennifer A. Weigand NH Healthy Families/Centene	jennifer.a.weigand@centene.com

Persons appearing before the Council:

\boxtimes	Chris Teixeira, MITRE	cteixeira@mitre.org
	Anne Wood,* CMS	Anne.Wood@cms.hhs.gov

^{*}Indicates participant attended or presenter appeared by phone or VTC due to prior arrangement and Council approval.