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

Meeting Date:

June 18, 2019, 9–11 AM

Action Items:

#	Description	Owner	Status	Target Due Date	Status/ Resolution
1	Council access to secure data environment (HAE)	Chris Teixeira	Open	ASAP	In process; Council members need to sign HAE rules of behavior (ROB) form. (MITRE provided hard copy forms and can provide soft copies to Council members as needed)
2	Council member bios	Council	Open	ASAP	Council members to email to Chris
3	Council members provided with *HAE Security and Privacy Awareness Training Course*	Chris Teixeira	Open	ASAP	Chris to email to Council members
4	Timeline of federal/state policies that affect PCF data	Chris Teixeira	Open	ASAP	Chris to email to Council members
5	PCF question subcommittee meeting	Dave Mara	Open	ASAP	In process; will be scheduled once Council has reviewed edits/ changes to PCF questions
6	Meeting invite for July	Dave Mara	Open	ASAP	In process; invite will be sent soon to ensure enough members can attend on 7/8
7	"Homework" discussion points for next meeting	Council	Open	7/8	In process; Council members to prepare discussion points

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Opioid Prescribing Advisory Council

Key Decisions:

Decision to be made	Assigned to	Due date	Final Decision	Date of Decision	Who finally made the decision
Approval of May meeting minutes	Council	6/18/19	Minutes Approved	6/18/19	Council: 9:13 AM Motion to accept minutes (Jonathan), second by (Bob). Motion passed by majority affirmative vote.

Agenda:

- Welcome and call to order
- Vote to approve minutes from May 2019 meeting
- Discussion of potential conflicts with upcoming meeting dates related to vacations, etc.
- Review of action items
- Presentation/discussion on Clinician Cycling
- Presentation/discussion on Prescribers of Last Resort
- Data sharing policy discussion
- Task Force update
- Closing remarks and adjourn

Call to Order

Dave Mara called the meeting to order at 9:10 AM.

Administrative Details and Logistics

Dave asked Council members to review the minutes of the May meeting. With no comments or questions raised during the review, Dave asked for a motion to approve the minutes; at 9:13 AM, Jonathan made the motion and Bob seconded. Motion passed by majority affirmative vote.

Dave asked Council members re: attendance plans and/or known conflicts for the next meeting. One member indicated they could not attend the next meeting. Dave said he will send an early invite for the July 8 meeting to ensure enough members are available.

Review Action Items

Dave reminded members to complete and send their bios so they can be put on the OPAC website, and to complete the Holistic Analytics Environment (HAE) Rules of Behavior (ROB) for access to the PCF data dashboard document. Chris will resend members the *HAE Security and Privacy Awareness Training Course* and the timeline of federal/state policies. Dave noted that the PCF subcommittee won't be formed/meet until members have had the opportunity to review edits and changes to the PCF questions. Chris noted that the edits are still being reviewed, and that additional changes are being made to the questions related to the ability to calculate some of them and the data refresh MITRE is due to receive from NH DHHS.

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Discussion

Presentation/discussion on Clinician Cycling

At 9:18 AM, Chris presented information on clinician cycling, i.e., when patients cycle between visits to a pair of doctors with some regularity. There may be legitimate reasons for cycling, and doctors may be unaware of anomalous behavior. Chris explained that MITRE excluded cancer, hospice, and OUD/SUD patients. Members noted it might be helpful to look separately at the numbers for SUD/OUD patients because of issues related to drug diversion and because OUD patients are a high-risk population.

Questions and discussion included ICD codes and how they were used to filter the data, whether/how the data accounted for doses/changes in doses, how medical specialties were determined, and what information was included on medically assisted treatments. Chris noted the fundamental question is when the line is crossed from normal to abnormal behavior. Kathy noted there is not yet enough clear information to define cut-off points.

There was also discussion about:

- Doctors who don't use the PDMP and therefore may not realize cycling occurs
- That some of the data in the PDMP may be hard to follow on its own without additional time spent on analysis by physicians
- That pharmacies aren't required to use the PDMP
- That NH allows patients to fill prescriptions from any state
- The need to develop a best practice for coordinating care of such patients and deciding which physician should be responsible for the prescribing of schedule II drugs.

Chris asked members to develop discussion points for next month related to 1) specific NH and/or federal laws, policies, or procedures that act as barriers to prevent clinician cycling behavior, and 2) laws, policies, or procedures that need to be created to remove barriers to simplify the prevention of clinician cycling behavior.

Presentation/discussion on Prescribers of Last Resort

At 10:10, Chris presented information on prescribers of last resort, which occurs when patients seek opioid prescriptions from multiple physicians until they find one who will prescribe. Chris noted there are various reasons why a prescriber may be a "prescriber of last resort" – e.g., they may be more compassionate and a better listener, or they may be quicker than their peers to prescribe.

Chris explained how ICD codes were analyzed to determine "medically similar" visits, how some common ICD codes (e.g., diabetes) were removed to reduce false positives, and how temporal proximity was analyzed to help determine if visits were for the same issue. Chris noted that the behavior appears across many different specialties, with no single specialty standing out. This analysis also excluded cancer, hospice, and OUD/SUD patients. Bob commented that other drugs are becoming more of an issue, such as fentanyl and methamphetamine, and Chris said this analysis could be applied to those types of drugs as well.

Chris asked members to develop discussion points for next month related to 1) specific NH and/or federal laws, policies, or procedures that act as barriers to prevent prescriber of last resort

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behavior, and 2) laws, policies, or procedures that need to be created to remove barriers to simplify the prevention of prescriber of last resort behavior.

Discussion of Data Sharing Policy

At 10:38, Dave initiated a discussion on data sharing policy. Topics discussed included restrictions on sharing data between departments, legislated privacy restrictions, PDMP ideas to improve data sharing, and NH senator Giuda's committee with PDMP and DHHS that will meet in September to develop data sharing policies. Several members noted that de-identifying data is likely key to increased sharing. There was also discussion of the need for increased funding and better technology. Michelle noted that PDMP has found some funding and has convened a subcommittee with NH DHHS that will meet later this month.

Other topics included the need to balance privacy issues with the need for law enforcement's access to data, the criminal justice system's desire to know whether their programs that are providing increased medical care and treatments to inmates are effective, and the need for data on drugs of concern beyond opioids, such as benzodiazepines, methamphetamine, etc. Most members agreed that increased data sharing would occur incrementally, that public health and law enforcement goals should remain on separate tracks, and that legislative changes would likely be needed to expand access to data.

Task Force Update

At 11:02, Dave asked for an update on the Program Integrity Task Force. Sean explained there was an initial meeting last month to discuss formulating a model for the Task Force. He explained that the Task Force will not have separate authority from the OPAC, but instead would provide a clearinghouse/sorting process for information of interest. That would be followed by discussion about who would act on the information.

There was also discussion of the Task Force collecting information on limitations related to resources, technology, and data sharing that OPAC could help to mitigate by advocating for change, and there were questions about who would analyze data gathered and overlaps between OPAC, the Task Force, and the PDMP. Dave mentioned that the initial Task Force meeting resulted in a flow chart that will be revised and shared with OPAC. Michelle noted it will be important to define relevant thresholds and explain these to the regulatory boards before implementation to get their feedback and buy-in.

At 11:12, Dave asked if the phone attendees had any questions or comments; there were none. He also asked if there were questions or comments from any other persons in attendance; there were none.

Next Steps

- Council members need to complete bios and sign up for HAE access.
- Dave Mara will send an invite to Council members for the July meeting.

Adjournment

- The meeting adjourned at 11:15 AM.

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Opioid Prescribing Advisory Council

Next Meeting Date, Time, and Location:

- Next regular meeting scheduled for July 8, 9-11 AM. Location TBD.

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
☒	Bob Quinn NH Department of Safety	Robert.Quinn@dos.nh.gov
☒	Kathy A. Bizarro-Thunberg, MBA, FACHE NH Hospital Association	kbizarro@nhha.org
☒	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
☐	Lucy Hodder, Esq UNH School of Law	Lucy.Hodder@unh.edu
☒	Sean Gill, Senior Assistant Attorney General, designee of NH Attorney General Gordon MacDonald	Sean.Gill@doj.nh.gov

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In Attendance	Name	Email
☒	Maureen Mustard, designee of Jennifer J. Patterson, Esq NH Insurance Department	jennifer.patterson@ins.nh.gov
☒	James G. Potter NH Medical Society	James.Potter@nhms.org
☒	Michelle R. Ricco Jonas, MA, CPM NH Prescription Drug Monitoring Program	Michelle.riccojonas@oplc.nh.gov
☐	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:

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

*Indicates participant attended or presenter appeared by phone or VTC by prior arrangement and with Council approval.

Others in Attendance:

David Strang, MD, attended as a guest of Kathy A. Bizarro-Thunberg.