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

Meeting Date:

July 8, 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 before August 12 meeting.
2	Council member bios	Council	Open	ASAP	Council members to email to Dave.
3	Council members provided with *HAE Security and Privacy Awareness Training Course*	Chris Teixeira	Complete	Complete	Chris emailed Council members
4	Timeline of federal/state policies that affect PCF data	Chris Teixeira	Complete	Complete	Chris emailed Council members and provided hard copy
5	Follow-up with NH Insurance Dept. re: low match rate in data of office visits vs opioid prescriptions written	Chris Teixeira	Open	ASAP	In process
6	PCF question subcommittee meeting	Dave Mara	Open	Open	In process; Dave will schedule for July
7	"Homework" discussion points	Council	Open	Open	In process; Council members to prepare discussion points

Key Decisions:

Decision to be made	Assigned to	Due date	Final Decision	Date of Decision	Who finally made the decision
Approval of June meeting minutes	Council	7/8/19	Minutes Approved	7/8/19	Council: 9:06 AM Motion to accept minutes (Michael), second by (Lucy). Motion passed unanimously.

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Opioid Prescribing Advisory Council

Agenda:

- Welcome and call to order
- Vote to approve minutes from June 2019 meeting
- Discussion of potential conflicts with upcoming meeting dates related to vacations, etc.
- Review of action items
- Presentation/discussion on Clinicians Who Aid and Abet Doctor Shopping
- Discussion: Barriers to Clinician Cycling and Prescribers of Last Resort
- Update on June data sharing meeting
- Completed Rules of Behavior
- Closing remarks and adjourn

Call to Order

Dave Mara called the meeting to order at 9:02 AM.

Administrative Details and Logistics

Dave asked Council members to review the minutes of the June meeting. With no comments or questions raised during the review, Dave asked for a motion to approve the minutes; at 9:06 AM, Michael Auerbach made the motion and Lucy seconded. Motion passed unanimously.

Dave discussed with Council members attendance plans and/or known conflicts for the next two meetings.

Review Action Items

Dave reminded members to complete and send their bios so they can be added to the OPAC website. He also asked members who have not already done so to complete the Holistic Analytics Environment (HAE) Rules of Behavior (ROB); a completed ROB is needed for members to be able to access the PCF data dashboard document.

Chris Teixeira sent members the *HAE Security and Privacy Awareness Training Course* and the timeline of federal/state policies.

Dave noted that he would like to call a meeting of the PCF subcommittee in July to review edits and changes to the PCF questions before finalizing them and report back to the full OPAC at the August meeting. Chris said that MITRE would send members draft versions of the updated PCF dashboard and a Word document of the questions for review.

Several members had questions about the timeline of federal/state policies. Jim noted that it would be helpful to include statute numbers as well as names, and Bob commented it might be easier to find information if the timeline was organized by year; Chris said MITRE can revise the timeline if needed.

Presentation/discussion: Doctors Who Aid and Abet Doctor Shopping

At 9:15, Chris described data from 2015-2017 that MITRE analyzed showing overlapping opioid prescriptions for the same patient written by different doctors. The analysis excluded cancer and hospice patients and was agnostic to whether the patient had also had a doctor visit. This led to a

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discussion about why and how opioids could be prescribed without a doctor visit; Chris noted that about 40-50% of the prescription data didn't have matching information related to a doctor visit. Although some of the missing visit information is likely due to missing data elements or is for valid reasons (e.g., prescribing rules changed during the time covered by the data), the consensus was that 40-50% of prescriptions without a matching visit was problematic. Chris provided some further details on how MITRE linked the information in the two datasets and agreed to follow up with the NH Insurance Department to further discuss the issues with the match rate.

There was also discussion about:

- The differences between patient cycling and doctor shopping;
- Whether MITRE could combine the information on patient cycling and doctor shopping;
- The need to update the NH law that defines doctor shopping;
- The observation that doctor shopping seems to have lessened, likely due to changes in prescribing guidelines, so cycling may be more important to focus on; and
- What is a reasonable number of days for prescription overlap, and legitimate reasons for overlap (e.g., insurance rules, chronic pain management, vacation/travel requests).

The Prescription Drug Monitoring Program (PDMP) was discussed next. Michelle noted that the PDMP will be sending alerts to doctors when a patient has seen three or more providers or filled prescriptions at three or more pharmacies. Other topics discussed included:

- Although the PDMP is not required to check on prescriptions written in other states, it does and continues to add states (e.g., Arizona and Florida) to its list.
- The person (or pre-approved designee) who writes a prescription is required to check the PDMP; upgrades to the PDMP will enable checking whether this was done.
- Pharmacists are not required to check the PDMP, but those who do find it helpful. There was consensus that it would be good to promote policies that require pharmacists to check the PDMP.
- Different reasons that pharmacists turn down prescriptions were discussed, such as refilling a prescription too early. Turndowns are not reported. Whether or not pharmacists should be required to report turndowns was contemplated.
- It would be beneficial to link the PDMP and electronic health records (EHRs), and for doctors to be able to create notes about prescription changes that pharmacists could access (e.g., to explain a second prescription to better treat a patient's chronic pain).
- It would be beneficial to phase out of paper prescriptions, which are still common and are easier to forge than electronic prescriptions.
- Promoting policies that require patients to show ID when filling prescriptions could be helpful both as a deterrent to false prescriptions, as well as to capture useful data in the PDMP.
- Cash payments for prescriptions aren't captured in the claims data. There are some legitimate reasons why this occurs, such as the prescription isn't covered, or a person

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doesn't have insurance. Other issues related to how healthcare is paid for (e.g., providing Narcan over the counter changes how its paid for) were also discussed.

- SAMHSA is looking at the restriction in 42CFR Part2 that doesn't allow SUD/OUD data to be shared.
- New drugs (e.g., "bath salts") that aren't scheduled, and that federal laws and testing components have a hard time keeping up with came up in the discussion; Jonathan noted public health laws can help deal with these types of drugs.

Chris asked members to continue to develop discussion points related to 1) specific NH and/or federal laws, policies, or procedures that act as barriers to preventing doctor shopping/clinician cycling/clinicians who aid and abet doctor shopping behavior, and 2) laws, policies, or procedures that need to be created to remove barriers to simplify the prevention of doctor shopping/clinician cycling/clinicians who aid and abet doctor shopping behavior.

There was also a discussion related to the need for physicians and other medical staff to be more knowledgeable about addictions and how to treat patients with addiction disorders, educational resources that have been/are being created to address this issue, the need to adjust expectations related to realistic timeframes for treating addiction disorders, and efforts being made to move addictions treatment to primary care from specialty settings, both to de-stigmatize these conditions and treat other health issues in these patients (i.e., a "whole patient" view).

Discussion of June Data Sharing Meeting

At 10:40, Dave asked Michelle for an update on the June data sharing meeting. She said the meeting discussed who should be able to see data, timelines, and NH Senator Giuda's upcoming summit on PDMP data sharing in September.

She also asked members to consider and discuss an idea to expand the existing third-party, trusted process for scrubbing data to help create a comprehensive, state-wide approach to data sharing vs. a department-by-department "patch" approach. Many issues would need to be investigated, including linking patient IDs, consolidating data sets, protecting patient privacy, and ensuring that no new avenues were inadvertently created to potentially re-identify data. Other data sources in addition to the PDMP could be included. Members generally agreed that it would be good public policy to promote data linkages, and that such linkages should be part of the larger public health mission. Michelle said those interested in attending the September data sharing summit to discuss these issues further should contact Senator Giuda.

Next Steps

- Council members need to complete bios and complete their ROBs for HAE access.
- Dave will send an email to schedule the PCF subcommittee meeting.

Adjournment

- The meeting adjourned at 10:55 AM.

Next Meeting Date, Time, and Location:

- Next regular meeting scheduled for August 12, 9-11 AM.

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Opioid Prescribing Advisory Council

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
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☒	James G. Potter NH Medical Society	James.Potter@nhms.org

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In Attendance	Name	Email
☒	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

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

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