

Opioid Prescribing Advisory Council

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

Meeting Date:

August 12, 2019, 9–11 AM

Action Items:

#	Description	Owner	Status	Target Due Date	Status/Resolution
1	Council access to secure data environment (HAE)	Chris Teixeira	Complete	Complete	All Council members have signed HAE rules of behavior (ROB) form
2	Council member bios	Council	Complete	Complete	All Council member bios received.
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	In process	August 22	Meeting scheduled for August 22
7	"Homework" discussion points	Council	Closed	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 July meeting minutes	Council	8/12/19	Minutes Approved	8/12/19	Council: 9:10 AM Motion to accept minutes (Kathy), second by (Jennifer). Motion passed by roll call vote.

Agenda:

- Welcome and call to order
- Vote to approve minutes from July 2019 meeting
- Discussion of potential conflicts with upcoming meeting dates related to vacations, etc.
- Review of action items

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- Presentation/discussion: Clinician Practice Normalization
- Dashboard demonstration
- Next steps
- Closing remarks and adjourn

Call to Order

Jonathan Ballard (filling in for Dave Mara) called the meeting to order at 9:05 AM. He welcomed new member David Strang, who attended by phone.

Administrative Details and Logistics

Johnathan asked Council members to review the minutes of the July meeting. With no comments or questions raised during the review, Jonathan asked for a motion to approve the minutes; at 9:10 AM, Kathy Bizarro-Thunberg moved and Jennifer Weigand seconded. A roll call vote was taken; all in attendance voted aye except William Goodman, who did not attend the July meeting and thus abstained (Michael Auerbach, Lucy Hodder, Alex Casale, and Tyler Brannen arrived after the vote was taken).

Jonathan discussed with Council members attendance plans and/or known conflicts for the next two meetings, which after discussion were scheduled for September 9 and October 7.

Review Action Items

Jonathan reminded members there was an open action item to set up a meeting of the Technical Subcommittee. Chris Teixeira noted that the purpose of the subcommittee was to review the PCF questions in more detail or go deeper into areas of the data that have been discussed in previous meetings. William suggested incorporating a “deeper dive” into the September 9 meeting rather than scheduling a separate meeting.

Michael Bullek moved and Kathy seconded to schedule a separate meeting. All in attendance voted aye except for Michelle Ricco Jonas, Richard Barth, and William Goodman, who voted nay (Michael Auerbach and Lucy Hodder arrived after the vote was taken). The PCF subcommittee meeting was scheduled for August 22, 3:30–5:00 PM.

Presentation/discussion: Clinician Practice Normalization

At 9:20, Chris presented information on how MITRE analyzed the data to identify a community practice for prescribing opioids. MITRE used information about individual health encounters to model the total amount of opioids prescribed as a result of each encounter. These predicted amounts (in MMEs) were compared to actual amounts prescribed to help identify clinicians who over- or under-prescribe. He also explained the context used to compare prescribers, and what kinds of data were excluded.

There were questions and comments about the value of including data on patients who were not prescribed an opioid. Chris noted that this issue is especially significant in dentistry, since dentists are prescribing opioids much less frequently. Sean Gill asked about the intended audience and use of the information; Chris noted there are multiple uses for the data, including where doctors’ prescribing practices fall in relation to their peers, and identifying doctors who might be consistently over- or under-prescribing for the Program Integrity Task Force. Michelle

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noted that the PDMP does have a practice prescriber report that shows physicians prescribing practices within their specialty, so there is some overlap between MITRE's data and the PDMP. Bob Quinn noted that there are no national standards or guidelines for prescribers to use as a basis for comparison.

Lucy Hodder noted that because this type of information has not been shared before, it is helpful as a learning tool. Richard Barth noted that MITRE's data could be compared with the guidelines that do exist to see how well the guidelines are being followed, and to help show if prescribing exceptions are valid. Kathy commented that since this type of information is new to most prescribers, it is important that OPAC use it as a learning tool rather than being regulatory focused. Chris commented that informing doctors about how they compare with their peers would be a good next step.

Chris reviewed the specific features of each health encounter that were used to help validate whether MITRE's model can predict how much opioids a patient would receive or a physician would prescribe, and presented some details on how well the model performed. William noted that it would be helpful to include data on patients with the same diagnoses who were not prescribed an opioid, to create a more accurate picture of a physician's whole day. Alex Casale noted that how often a doctor prescribes opioids is also important, in addition to how much they prescribe.

Chris asked members about state or federal laws, policies, or procedures that either act as barriers or need to be created to promote sharing this information, i.e., between agencies and clinicians. Lucy Hodder asked if the group could see the new MCO contract for Medicaid; Jennifer Weigand and Jonathan Ballard said they could present it at another meeting.

Other items discussed included:

- Best practices and guidelines promulgated by national boards and medical groups (e.g., ADA) could be used to frame norms for doses and frequency and could be tested against actual practices.
- Investigating outliers can be very revealing.
- Policy can help drive what analyses are done in the future.
- The first question often asked now is whether to prescribe an opioid or an alternative, since there is more interest in alternatives.
- There are resource issues in NH re: who can produce this kind of analysis regularly to promote learning and influence behavior and guidelines. Who would own this process?
- The PDMP has begun to send prescribers alerts about patients who see more than three prescribers or visit more than three pharmacies.
- There are information barriers re: 42 CFR Part 2, and certain kinds of data NH can't collect.
- MAT should be counted differently, especially since MAT is being promoted.
- The reduced number of dental prescribers creates a siloing effect.
- There are many issues around toxicology screening: rationale, requirements, expense, doctor-patient relationship, etc.

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- It is difficult to stay one step ahead of new drugs and multi-drug use (e.g., opioids with benzodiazepines). And it often takes two years for the federal government to assign a schedule to a new drug

Dashboard Demonstration

At 10:30, Jonathan noted that because the dashboard demonstration would include proprietary information, the meeting would need to enter into a closed, non-public session. J.D. Lavalley explained the basis in law for a closed session, and the requirements for entering into a non-public session. Jonathan asked for a motion for the meeting to enter into a non-public session; William Goodman moved and Alex Casale seconded. A roll call vote was taken, with all members voting aye. All phone attendees were disconnected; David Strang re-dialed in to attend the non-public session. Minutes were taken for the non-public session, which are contained in a separate document. At 10:51, Michael Auerbach moved and Alex Casale seconded to end the closed portion of the meeting and restart the public session; a roll call vote was taken, with all members voting aye.

Chris explained that OPAC could use the PCF dashboard to help understand the impact of individual policies or events on opioid prescribing. He noted that the questions have been revised based on OPAC feedback and for other issues such as nuances of language or to fit with the data, but that most of the changes were minor. There are now 52 questions, and the Council will get another review copy of them. Chris also noted there would be regular rollouts with updates going forward. Once MITRE's contract ends in September, the dashboard will remain live for OPAC use, but no new data will be added, and the dashboard will be transferred to an as-yet undefined group in NH.

Next Steps

Several council members asked questions about MITRE's final report on the project and OPAC's role in reviewing it. Chris explained that MITRE has a separate contract with NH to report to the Governor about what MITRE did and recommendations for going forward. He said the report will not include OPAC recommendations, and that OPAC will likely need to prepare its own report for the governor, which OPAC will need to discuss. Chris noted that OPAC's role is to make policy recommendations to the Governor regarding opioid prescribing; Jonathan read the purpose of the committee from the Governor's Executive Order.

Dawn Stapleton explained that MITRE's report will not recommend how policy should be developed in NH, but is more of a procedural document and will include information, how-tos, templates, etc., that other states could use to develop a similar effort. There was also discussion about the intended term of OPAC; some members were unsure if OPAC would continue beyond MITRE's involvement, and if so, for how long. It was suggested that at the October meeting, the group could make recommendations regarding data sharing and discuss wrap-up vs. continuation.

Adjournment

- Jonathan called for a motion to adjourn; Alex moved and Mary Ann seconded; a roll call vote was taken and all members voted aye. The meeting adjourned at 11:02 AM.

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Next Meeting Date, Time, and Location:

- Next regular meeting scheduled for September 9, 9-11 AM.

Council Members:

In Attendance	Name	Email
<input type="checkbox"/>	David Mara, Esq, NH Governor's Advisor on Addiction and Behavioral Health	David.Mara@nh.gov
<input checked="" type="checkbox"/>	Michael P. Auerbach NH Dental Society	mauerbach@nhds.org
<input checked="" type="checkbox"/>	Jonathan Ballard, MD, MPH, MPhil NH Department of Health and Human Services	jonathan.ballard@dhhs.nh.gov
<input checked="" type="checkbox"/>	Richard J. Barth, Jr., MD, Dartmouth-Hitchcock Medical Center	Richard.J.Barth@hitchcock.org
<input checked="" type="checkbox"/>	Bob Quinn NH Department of Safety	Robert.Quinn@dos.nh.gov
<input checked="" type="checkbox"/>	Kathy A. Bizarro-Thunberg, MBA, FACHE NH Hospital Association	kbizarro@nhha.org
<input checked="" type="checkbox"/>	Michael Bullek NH Board of Pharmacy	michael.bullek@oplc.nh.gov
<input checked="" type="checkbox"/>	Alex Casale NH Judicial Branch	Acasale@courts.state.nh.us
<input checked="" type="checkbox"/>	Maryann Cooper, PharmD NH Pharmacists Association	maryann.cooper@mcphs.edu
<input checked="" type="checkbox"/>	William Goodman, MD, MPH, FCCP Catholic Medical Center	william.goodman@cmc-nh.org
<input type="checkbox"/>	Helen E. Hanks, MM NH Department of Corrections	Helen.Hanks@doc.nh.gov
<input checked="" type="checkbox"/>	Lucy Hodder, Esq UNH School of Law	Lucy.Hodder@unh.edu
<input checked="" type="checkbox"/>	Sean Gill, Senior Assistant Attorney General, designee of NH Attorney General Gordon MacDonald	Sean.Gill@doj.nh.gov
<input checked="" type="checkbox"/>	Tyler Brannen, designee of Jennifer J. Patterson, Esq NH Insurance Department	jennifer.patterson@ins.nh.gov

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In Attendance	Name	Email
<input type="checkbox"/>	James G. Potter NH Medical Society	James.Potter@nhms.org
<input checked="" type="checkbox"/>	Michelle R. Ricco Jonas, MA, CPM NH Prescription Drug Monitoring Program	Michelle.riccojonas@oplc.nh.gov
<input type="checkbox"/>	Jay Schnitzer, MD, PhD VP, Chief Technology Officer MITRE	jschnitzer@mitre.org
<input checked="" type="checkbox"/>	David Strang, MD* NH PDMP Advisory Council	davidstrangmd@yahoo.com
<input checked="" type="checkbox"/>	Jennifer A. Weigand NH Healthy Families/Centene	jennifer.a.weigand@centene.com

Persons appearing before the Council:

<input checked="" type="checkbox"/>	Chris Teixeira, MITRE	cteixeira@mitre.org
<input checked="" type="checkbox"/>	J.D. Lavalley, NH Attorney General's office	Jon.Lavalley@doj.nh.gov
<input checked="" type="checkbox"/>	Dawn Stapleton, MITRE	dstapleton@mitre.org

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