

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

Meeting Date:

October 7, 2019, 9–11 AM

Action Items:

#	Description	Owner	Status	Target Due Date	Status/Resolution
1	Share MITRE report with OPAC	Chris Teixeira	Open	11/4/19	In process
2	Develop OPAC Report to Governor	Council	Open	11/30/19	In process
3	Determine revised OPAC focus/charter/goals	Council	Open	11/30/19	In process
4	MITRE and DHHS to meet re: PCF transition	Chris Teixeira/ Andrew Chalsma	Open	11/4/19	In process

Key Decisions:

Decision to be made	Assigned to	Due date	Final Decision	Date of Decision	Who finally made the decision
Approval of September meeting minutes	Council	10/7/19	Minutes Approved	10/7/19	Council: 9:07 AM Motion to accept minutes (Michael Bullek), second by (David). Motion passed by acclamation.

Agenda:

- Welcome and call to order
- Vote to approve meeting minutes from September 2019 meeting
- Update from CMS on MITRE contract status
- Advisory Council report discussion
- Closing remarks and adjourn

Call to Order

Dave Mara called the meeting to order at 9:07 AM. Roll call attendance was taken. Michael Auerbach and Lucy Hodder attended by phone.

Vote to Approve Meeting Minutes

At 9:08, Dave asked Council members to review the minutes of the September meeting. With no comments or questions raised during the review, Dave asked for a motion to approve the minutes; Michael Bullek moved and David Strang seconded. Approval was by roll call vote; all members present voted to approve except Michael Auerbach, who abstained.

Update from CMS on MITRE Contract Status

Dave noted that MITRE's contract with CMS has been extended, and he asked Anne Wood from CMS if she would like to address the group.

Anne said CMS is pleased to continue to have the opportunity to work with NH, and she thanked the OPAC and MITRE for such diligent work re: the all payer/all claims data received from NH, the analytics MITRE provided, and the formation of the program integrity task force (PITF). She also noted that the focus of MITRE's efforts will shift this year to installing and operationalizing the Performance Characterization Framework (PCF) in NH. She said CMS will support these efforts with training, documentation, and support of both the OPAC and PITF. She emphasized the importance of ensuring that the output offers value-added for NH. She also noted that HHS and other federal partners are looking holistically at funding streams, policy, etc. to help NH move forward with its goals and help the state address the opioid crisis in a data-driven way. CMS will also be sharing and expanding this work for other states, looking at drugs beyond opioids (e.g., stimulants), and evaluating treatments and their effectiveness. She said CMS hopes to attend some OPAC meetings in person.

Dave noted that OPAC's role will be crucial given that the PCF will now be owned by NH, and that OPAC will need to work with MITRE and CMS to determine where the PCF will be housed, how it will be used, and what the best results are for its use.

Bob Quinn noted that methamphetamine is likely the next crisis, and that there are growing problems with bath salts and Spice in certain parts of the state. He asked whether OPAC can use the same analytics developed for the opioid crisis, so that the state is not caught off-guard for the next crisis. Dave mentioned a recent prescription drug conference noted that stimulant prescriptions are on the rise, similar to the increase in prescriptions seen early in the opioids crisis, and that crystal meth has moved from being a home-grown to a multibillion-dollar enterprise, with large quantities of high potency drug coming from Mexico.

Alex Casale said that in his work with the courts, he sees people with opioid addictions who progress to also using methamphetamine and designer drugs like bath salts. Jim Potter noted that some states don't see that link, with emerging issues being driven by other behaviors, such as high-dose nicotine/vaping.

Michael Auerbach and Bob noted that doctor shopping in the state seems to have lessened, which David Strang noted may be evidence that the Prescription Drug Monitoring Program (PDMP) is working. Michael Bullek noted that the pharmacy board can't pass cases on to law enforcement (e.g., diversion) due to restrictions in the PDMP, and that changes are needed. Dave noted that Senator Giuda's recent data summit discussed amending the PDMP to prevent this inability to share data.

Opioid Prescribing Advisory Council

Discussion followed related to what other data sources could be used/integrated with the PCF and NH Department of Health and Human Services (DHHS) data (e.g., treatment data, cash payments for prescriptions, etc.) to help show where trends are, and what issues related to data sharing/privacy concerns/statutes prevent the use and sharing of certain types of data. Sean Gill asked if a consent form about overdose deaths could be developed for next of kin as a way to get pattern of life information to help prevent future deaths (e.g., how was the person introduced to drugs – via a prescription? illicit use only?). In addition, voluntary surveys of people in treatment could provide data on treatment effectiveness and illegal drug use. Jim Potter noted that a lot of the information Kentucky has come from surveys.

Lucy Hodder noted that proposed changes to federal rules may allow NH to enhance PDMP data. She also noted that the NH public safety department's fusion/information analysis center has more capacity than other agencies in NH to collect data. Dave Mara noted that when the Fatality Review board looked at how other states were gathering data, it was due to legislative changes; e.g., Delaware had privacy concerns, but got some legislation passed, and did an initial report. It might be helpful to put before the NH legislature examples from other states to show there are ways to keep information confidential and still obtain data.

Dave feels there is a lot of momentum and publicity now, so it would be helpful to get these issues in front of the legislature soon. Kathy Bizarro-Thunberg expressed concern that it might be too early to work on legislation, and that changes to the PDMP are narrow in scope and might not help OPAC soon. She suggested that over the next few months OPAC could review both existing and new data sources, including resources not thought of yet, and evaluate which are possible through the Attorney General's office, which require legislation, etc.

There was also discussion related to prescriptions paid for in cash, which aren't captured in the PDMP. Is the percentage of these prescriptions rising? Are these prescriptions mostly for opioids? Are there issues related to chronic vs. acute pain? Michael Bullek noted a need to dive deeper into the prescription filling process; for example, buprenorphine is becoming a big issue in pharmacies. There are also issues related to pharmacists filling prescriptions early, but the pharmacy board has no real teeth to do anything about this. They can forward information to other boards and can talk directly with pharmacists, but can't pass information to law enforcement.

Advisory Council Report Discussion

Dave moved to the topic of the OPAC report due to the Governor on November 30. He said the report will summarize OPAC's activities and recommendations. Dave noted that the minutes can be used to summarize activities, and that it would be helpful to review MITRE's report to help develop OPAC's report. He said OPAC should also develop recommendations to add to the report, outline the concerns that are also shared by other boards, and then discuss how OPAC will use the PCF moving forward to incorporate it into current data systems, get additional data to analyze, etc.

Dave asked Andrew Chalsma to describe his work at DHHS. Andrew said that as DHHS director of analytics, his work involves integrating data sets, and developing hardware and software infrastructure. He said that DHHS has made big strides in the last year. They have spent the past six months integrating data sets such as grant-funded treatment programs (which are typically vendor-owned and have typically been hard to access), vital records data (which was often only

used for one-time links in the past), and claims data. He said the goal DHHS is working toward is to create one big data environment, and then create a high-level dashboard for display as well as a public dashboard. Other agencies can see and use the data as well.

Kathy recommended that OPAC develop a policy statement – like the PDMP, which has a public health vs. law enforcement focus – and an overarching statement and objectives to help focus where to put resources. Dave noted that OPAC’s mission has already changed somewhat. Lucy noted that in developing policy, OPAC needs to know what the outside environment is and be consistent with where NH wants to go with policy. Data is needed for both public health and public safety issues to get ahead of the next crisis coming up, so that all hands will be on deck to stop it.

Michael Bullek noted that multiple organizations have their own investigative processes and don’t necessarily talk with one another – e.g., pharmacy board, Medicaid, state police, etc. He wondered if there is a way to convene these organizations to get commonality and to look at more than just data, but also at the processes involved in how data comes about and investigative processes. Bob read from RSA 651-1/F and noted that the intelligence analysis center deconflicts to ensure two organizations aren’t investigating the same things.

Dave asked that MITRE work with DHHS to help determine what data NH has, and how to integrate and use the PCF. Chris Teixeira noted that MITRE’s code is open source to keep costs lower and allow for integration; he said the “how” isn’t hard, but who has access, how to grant access rights, and how to adapt and update the data are more complex. Jay Schnitzer added that several questions are important for OPAC and DHHS to consider up front: 1) what questions is OPAC trying to ask? 2) does the PCF have the right analytics? 3) does DHHS have the right data? and 4) does DHHS/OPAC have the right permissions. Andrew noted that it’s important to know what questions need to be answered, and what needs to be done/changed to answer them. David noted that linkages with all data sets aren’t needed to answer all questions; some only need parts of the data.

Anne asked whether OPAC should start thinking about its guiding principles and goals re: future looking issues before November 30. Dave said he sees that as a somewhat separate effort due to the timeline for the OPAC report. After the report is delivered, then OPAC can look at the executive order and bylaws to determine changes that need to be made to OPAC’s focus going forward. Dave will also talk to J.D. Lavalley in the Attorney General’s office to make sure statutes are being followed.

Next Steps/Action Items

- Dave asked that MITRE and DHHS meet to discuss how to house/integrate/use the PCF.
- Dave asked that MITRE present its report at the November meeting so that OPAC members can ask questions and then decide what information in MITRE’s report might influence OPAC’s report.
- OPAC needs to work on policy recommendations and suggested legislative changes, and then create and issue a draft report.
- After the report is issued, Dave will meet with the Governor to ask about changing the group’s name to reflect expanding its focus beyond opioids, and to amend the executive order as needed.

Opioid Prescribing Advisory Council

Adjournment

- At 10:25, Dave asked if there were other comments from members on the phone or new topics for discussion; hearing none, he called for a motion to adjourn; Jim moved and Bob seconded; in a roll call vote, all members voted aye. The meeting adjourned at 10:27 AM.

Next Meeting Date, Time, and Location:

- Next regular meeting scheduled for November 4, 9-11 AM.

Council Members:

In Attendance	Name	Email
<input checked="" 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"/>	Andrew Chalsma, designee of Jonathan Ballard, MD, MPH, MPhil NH Department of Health and Human Services	andrew.chalsma@dhhs.nh.gov jonathan.ballard@dhhs.nh.gov
<input 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@oplcr.nh.gov
<input checked="" type="checkbox"/>	Alicia Guzman, designee of Alex Casale Alex Casale, NH Judicial Branch	Acasale@courts.state.nh.us
<input type="checkbox"/>	Maryann Cooper, PharmD NH Pharmacists Association	maryann.cooper@mcphs.edu
<input 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

Opioid Prescribing Advisory Council

In Attendance	Name	Email
<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"/>	Maureen Mustard, designee of Tyler Brannen, designee of Jennifer J. Patterson, Esq NH Insurance Department	Maureen.Mustard@ins.nh.gov tyler.brannen@ins.nh.gov jennifer.patterson@ins.nh.gov
<input checked="" type="checkbox"/>	James G. Potter NH Medical Society	James.Potter@nhms.org
<input type="checkbox"/>	Michelle R. Ricco Jonas, MA, CPM NH Prescription Drug Monitoring Program	Michelle.riccojonas@oplcr.nh.gov
<input checked="" 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"/>	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.