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

Meeting Date:

November 4, 2019, 9–11 AM

Action Items:

#	Description	Owner	Status	Target Due Date	Status/ Resolution
1	Upload PowerPoint slides from meetings to PCF site for member access	Chris Teixeira	Closed	ASAP	Completed
2	Resend link and instructions for accessing and using the PCF	Chris Teixeira	Closed	ASAP	Completed
3	Send revised MITRE final report to Dave	Chris Teixeira	Open	11/08/19	In process
4	OPAC Report to Governor	Council	Open	11/30/19	In process; Council members to send Dave recommendations for item to include in report; Dave to ask Governor for extension to 12/13/19

Key Decisions:

Decision to be made	Assigned to	Due date	Final Decision	Date of Decision	Who finally made the decision
Approval of October meeting minutes	Council	11/4/19	Minutes Approved	11/4/19	Council: 9:07 AM Motion to accept minutes (David S.), second by (Michael B.). Motion passed by acclamation.

Agenda:

- Welcome and call to order
- Vote to approve minutes from October 2019 meeting
- Review of action items
- Presentation: MITRE Final Summary Report
- Discussion: OPAC November Report to the Governor next steps

- Closing remarks and adjourn; set meeting date for December

Call to Order

Dave Mara called the meeting to order at 9:05 AM.

Administrative Details and Logistics

Dave asked committee members to review the October meeting minutes. He then asked if there were any changes or additions. Hearing none, at 9:07 he asked for a motion to approve the minutes; David Strang moved and Michael Bullek seconded; the motion passed unanimously. Dave also distributed copies of MITRE's summary report.

MITRE report to New Hampshire

At 9:10, Chris Teixeira presented slides that summarized MITRE's work with New Hampshire during the past year. He noted that the Council had seen most of the information before, and that both the presentation and the report show aggregate result, not details. There is data that goes with the slides (10-15 pp for each) that OPAC members can view.

Discussion items and questions raised during the presentation included:

- Kathy Bizarro-Thunberg noted that the data does not include all Medicare/Medicaid/private insurance claims, but instead represents a sample and the report needs to accurately represent that. She also noted the slides don't mention the potential for false positives but should include a caution for readers who might be unaware of that aspect of the data.
- In the discussion of clinician cycling, Chris noted there may be legitimate reasons for some of what appears to be cycling. MITRE tried to eliminate practitioners who work in the same practice or same locations to reduce false positives. He also noted some provider practice information may not have been updated. Alex Casale noted the report should include the thresholds used to determine whether providers were included in the clinician cycling and prescriber of last resort analyses.
- Jonathan Ballard asked whether the data looked at demographics, and whether there were particular populations of subscribers (e.g., Medicaid) who would benefit from education.
- Bob Quinn asked about the total number of opioid prescriptions that were written over the time period covered by the data, and whether there was any way to know from the data whether a patient requested an opioid.
- Bill Goodman noted that practitioners who appear to be prescribers of last resort may in fact not be, e.g., a patient's condition may have warranted that the first doctor seen should have prescribed an opioid, or disease progression could have resulted in an opioid being prescribed later in the sequence of providers visited. Chris noted that specialties were taken into account to try to capture some of these issues. Alex noted the report should include a caveat.
- Helen Hanks noted that OPAC has seen this information before and should look more deeply into it to determine what to look at in the future – e.g., maybe education is needed for some, maybe more investigation is needed to find problems, etc. The report is just a start.

- Dave asked Bill whether medical records cross different medical systems in NH. Bill explained that a physician would hopefully ask for enough information, obtain records from other medical systems, look at the PDMP, etc., but that there is no record exchange/crossover in NH.
- Helen asked about possible gender bias in the data analysis, specifically related to the examples of pancreatic cancer vs. prostate cancer used in the clinician practice normalization discussion, and whether there is gender bias around pain in general, who asks for pain medication, etc. Chris said the data wasn't sorted by gender but could be.
- Dave asked how NH would use the clinician practice normalization data. Chris noted it was informative for practitioners to see where they fit relative to their peers. The PDMP also has taken a stab at this, but this analysis further refined the information. The data could also go to the task force for review to determine if anything is missing or not accounted for, but not necessarily for action. Anne Wood asked if the information could also be used to define underprescribing. Mary Greene noted the data also takes into account disease states re: doses/amounts/habits.
- Alex asked if the data analysis "crosswalked" categories to find doctors who appeared in multiple categories. Chris said it had. He noted that no individual prescriber intersected all six categories, but there was a subset of roughly 30 prescribers who did overlap in multiple categories.
- Dave asked if it was possible to trace backwards the steps that led to an overdose. There was discussion about providing pattern of life information to state death and substance abuse committees. Additionally, a discussion on whether it was possible to determine from the data how many people who overdosed had been in the correctional system. An example was given of how Rhode Island did this and started providing medication assisted treatment (MAT) in prisons. MAT information is part of a prisoner's medical record and thus not public, but corrections can report summary information to show larger patterns. Bill noted studies that show persons released from prison have very high rates of death from overdose.
- Chris noted that opioid naïve and the transitions between states don't have clear definitions, and that MITRE used the claims data to create definitions for the analysis. There was also discussion about how recovery is defined, how patients in recovery move between states, and the concept of recovery as a lifelong condition.
- Chris provided information about analysis that was done on the claims data to determine whether it could be used to define or measure a lock-in program, other information that might be needed, and recommendations related to lock-in programs.
- In the discussion of various types of actions that could be taken going forward, it was noted that prescriber education is very important. Individual prescribers shouldn't feel like they are being "picked on" or improperly targeted. The report also needs to include appropriate caveats related to limitations of the claims data.
- There were comments about how New Hampshire's definition for doctor shopping is outdated and needs to be changed. Bob noted that doctor shopping seems to have

decreased since the PDMP was instituted, and that there are fewer interactions between doctors and the pharmacists embedded in law enforcement departments. He wondered if doctors don't know whether they can call law enforcement, what information they can share, etc. Mike Bullek said the pharmacy board gets some of those calls. He noted that the pharmacy board uses PDMP data for internal investigations but can't pass the information to law enforcement. He also noted that although doctor shopping appears to have decreased, there is a growing issue related to early refills. Bob noted that there needs to be a means or better ways to communicate amongst the various groups and stakeholders.

- There was also discussion about limitations in sharing various types of data (all payer claims data, the PDMP, etc.) and data sharing limitations between different organizations (pharmacy board, law enforcement, etc.).

OPAC Report to Governor

At 10:40, Dave moved the meeting onto a discussion of the report OPAC needs to prepare for the Governor. He noted that OPAC can use some of the information in MITRE's report, but that each committee member needs to decide what to use from the report and what new information is needed. Dave is willing to summarize what members send him and compile it into a draft report to send out for review, but he noted the Committee will need to meet to discuss and approve the information.

A meeting was tentatively scheduled for November 26, 8-10 AM. There was also discussion of extending the report's deadline, in case quorum can't be met for the November 26 meeting and the report needs to be discussed at the next regular OPAC meeting, scheduled for December 9. Dave asked for a motion to extend the report deadline to December 13; Mike B. moved and Alex seconded, and the motion passed unanimously.

Dave noted members also need to decide on continuation of the OPAC moving forward, transition of and where to house the data from MITRE, how to develop a framework for the data and use it in the future, and the lack of access to other data sets and its impact.

Kathy said she feels it is very important for OPAC going forward to continue to focus on making recommendations, influencing policy, and developing educational material. Bill suggested creating an information vehicle for providers – not to point fingers at them, but instead to point out resources and ask for their input. Bob noted that the drug crisis has moved from opioids to methamphetamines and poly drug use. Several members noted that New Hampshire should look at creating a state-specific scheduled drug list. It was also suggested that OPAC could provide free content for an educational module for continuing medical education (CME) credits with NH-pertinent information.

Kathy asked how many practitioners were referred to the program integrity task force, and asked what the task force was going to do with the information, since that isn't described in the report. Sean Gill said that a program integrity task force hadn't really been stood up. MITRE has been working with DHHS, and the Medicaid program integrity unit got some data from MITRE in July. Karen Carleton has looked at the intersection of the analytical models and came up with 23 NPIs that she needs to delve into further, which is very time-consuming. Sean explained the process, including what information Karen does and does not have access to. He said that no

provider names from the OPAC data have been turned over to the program integrity unit, and that no referrals for Medicaid provider fraud have happened yet. Kathy noted that the information in the report about the program integrity task force sounds punitive and it should make clear that this type of action is not actually happening.

Next Steps

Committee members should send Dave input for the report. He will prepare a draft and send it to members for review, but they will need to meet to discuss and approve it. Given the tight timeline, Dave will ask the Governor for an extension of the report deadline to December 13.

Adjournment

Dave called for a motion to adjourn; Alex moved and Kathy seconded; all members voted aye. The meeting adjourned at 11:08 AM.

Next Meeting Date, Time, and Location:

- Special meeting tentatively scheduled for November 26, 8-10 AM
- Next regular meeting scheduled for December 9, 9-11 AM.

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
☒	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
☒	Andrew Chalsma NH Department of Health and Human Services	andrew.chalsma@dhhs.nh.gov
☒	Maryann Cooper, PharmD NH Pharmacists Association	maryann.cooper@mcphs.edu

In Attendance	Name	Email
☒	Sean Gill, Senior Assistant Attorney General, designee of NH Attorney General Gordon MacDonald	Sean.Gill@doj.nh.gov
☒	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
☒	Maureen Mustard, designee of Tyler Brannen, NH Insurance Department	Maureen.Mustard@ins.nh.gov tyler.brannen@ins.nh.gov
☒	Robert Quinn Commissioner, NH Department of Safety	Robert.Quinn@dos.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
☒	David Strang, MD NH PDMP Advisory Council	davidstrangmd@yahoo.com
☒	Jennifer A. Weigand NH Healthy Families/Centene	jennifer.a.weigand@centene.com

Persons appearing before the Council:

☒	Chris Teixeira, MITRE	cteixeira@mitre.org
☒	Mary Greene, CMS	Mary.Greene1@cms.hhs.gov
☒	Anne Wood, CMS	Anne.Wood@cms.hhs.gov