Governor's Task Force on Drug Overdose

Department of BHDDH Room # 126
14 Harrington Rd Cranston, RI 02920

Friday, September 19, 2014 10:00 – 11:00 AM

MINUTES

Director Stenning called the meeting to order.

A. OVERDOSE PREVENTION - (Peter Ragosta):

1) **How to maximize the usage of the PMP (Prescription Monitoring Program)**

- **Engage more practitioners and pharmacists to enroll -**

The Department has stream-lined the process for enrollment for physicians/practitioners by having licensees check off the box when they register for their controlled substance registration. As a result of that, we have realized approximately a 50% increase in PMP registration. We are currently up to approximately 2,600 subscribers now registered with the PMP and that represents 35% of those with a controlled substance registration. Pharmacists are now required legislatively to inform prescribers within 24 hours when they are refused to fill a controlled substance prescription. This will enhance the communication regarding misuse/abuse. The Board of Pharmacy has proposed new regulations to allow physicians and designated pharmacists to check the PMP before prescribing or dispensing an opioid. We have also proposed regulations to shorten the PMP reporting time to within 72 hours of dispensing a controlled substance. This will allow more real-time information. Currently it is 30 days.

We have a SAMSHA grant that is going to allow us to partner with three organizations – a hospital, a primary care physician's practice and a community pharmacy. The idea of this is to integrate the PMP and an electronic health record into their operating systems. It will move along with a one-button access. The idea is to advance work flow – to reduce the task of getting into the PMP.

- **Dr. Fine has signed a MOU (Memorandum of Understanding) with the National Association Board(s) of Pharmacy.**

They have an inner-connect and that will allow Rhode Island to start exchanging information with 26 other states. The NEPD is also working to get as many states on this exchange as possible.

2) Meaningful analytics of PMP data

The Department is able to send physicians and pharmacists unsolicited reports of potential overuse and misuse of controlled substances. One of the issues is the vast majority of prescribers do not check the PMP. Currently it is 1 in 10 that check the PMP. The good news is that PMP utilization did reach its highest level in 2014. We are getting better.

We are also able to collect data on some controlled substance usage. We can identify patients going to multiple prescribers or pharmacies. We are also able to look at the trends in stimulant use and pain reliever use. We had some data from 2004-2014 that indicated stimulant prescriptions are on the rise and there is actually a downward trend in pain reliever medications. PMP data has also told us that Benzodiazepines and Valium (drugs along those lines) are frequently used by abusers in combination with opioids and muscle relaxers. We can also identify those trends and see the prescribers that are making those three drugs.

The PMP is also telling us that there are about 5 doses of Benzodiazepines, more than 3 doses of opioid pain medications, and more than 1 dose of prescription stimulant dispensed for every Rhode Islander every month of this year.

We strongly believe that increased utilization by practitioners and pharmacists will definitely enhance the downward trend.

3) Education of Health Care providers - Andrea Bagnall Degos

We have been performing activities to educate law enforcement, healthcare providers and the general public. The Department of Health was given a $100,000.00 Grant from the Delprete Foundation. Over the last couple of months we have been working with BHDDH, Anchor Recovery, and The Providence Center to work on those three areas. In law enforcement education, we developed some brochures to be used by first responders that explain how to use Narcan and also explained how to get someone on-scene directly to treatment and recovery. These brochures have been distributed to all local police departments, mayors, town administrators, all state police. Tool kits were mailed out about a month ago with information about Narcan training as well as the brochures.

In terms of healthcare education, there have been a series of six public health grand rounds for providers. The first one was held on September 4th at the Health Department, and was well received. Traci Green came and discussed the epidemiology of drug overdose and addiction. We had Ian Knowles from RICAREs come to share his recovery story. The goal is to get healthcare providers to understand the face of recovery and how they can work with people in the recovery community to get people into treatment. The next session will be held October 9, 2014, on SBIRT and how providers can use it in their office. Becky Boss will present the Bridgemark recovery program. A program on academic detailing is also being planned.

In terms of public education, a campaign is being developed to target two audiences - those suffering from addiction and their loved ones. A number of focus groups have met to develop this campaign. Two groups of each – users and the families of users were used for the focus groups. What was learned is that messaging needs to be hopeful and inspirational and that real life success stories of Rhode Islanders who are in long-term recovery would be most effective. The programs developed from this information will be tested next week. Bus advertising, television commercials, and large posters will be used in this campaign.

B. Overdose Interventions

1) Naloxone Availability in RI - Michelle McKenzie

The goal of Naloxone distribution is really community saturation. In order for it to be successful to save lives, it needs to be in the hands of the people who need it. The people who are at highest risk are being reached. In March, BHDDH started working with all their treatment providers and doing distribution out of residential and detox facilities. The individuals in these facilities are among those at highest risk. The report back so far is that has been very little use of the Naloxone that was purchased by BHDDH because the treatment facilities are able to buy the Naloxone from the pharmacies using insurance. This implies that there is long-term sustainability. The emergency rooms of Kent County Hospital, Newport Hospital, Miriam Hospital, and Rhode Island Hospital have been doing distribution for the last few weeks. Recovery coaches assist on the weekends. The sustainability of this effort is not as great because the individual hospitals must sustain this effort. The Collaborative Practice Agreement has been adopted and in use by Walgreen's since 2013. CVS came on in August. Walgreen's has distributed several hundred kits of Naloxone. For those with the initiative to go to a pharmacy and have either insurance or funds, this is a most sustainable effort. Law enforcement does not distribute but carries Naloxone. The Department of Corrections has Naloxone on site and has actually used it. They do not distribute. People who leave incarceration and have an opioid addiction are at very high risk of overdose. There is currently no program or funding for that to happen. PONI has distributed over 500 kits this year. It is funded completely by donations and is therefore not sustainable. The "biggest bang for your buck" will be the places known to have individuals with the highest risk – out of the ACI, out of treatment facilities, at needle exchanges, etc. Our biggest efforts must be addressing sustainability.

2) Prescribing Issues in E.D. - Jennifer Andrade-Koziol

Most of this was discussed in Michelle McKenzie's presentation, primarily need to look for a way to sustain naloxone distribution in Emergency Departments.

3) Recovery Coaches in E.D. - Holly Fitting

This is an idea that has been started from scratch. The Anchor Recovery Center is providing recovery coaching to hospitals from Friday night through Monday morning. So far, calls have been received from Kent County Hospital and Rhode Island Hospital. Miriam Hospital has not contacted Anchor yet. The biggest issue is the learning curve. Another barrier is that the assistance is only provided for the weekends. Some calls have been received outside the hours of operation. A handout was provided providing the actual specific numbers of calls received at the participating hospitals and their resolution. All callers were contacted afterward by Telephone Recovery Support. Efforts have been made to work with Newport Hospital, Landmark, Memorial and

Roger Williams Hospital as well. The goal is to have it 24-7 not just on weekends. Using peers raises the issue of liability with hospitals as well.

C. Overdose Treatment and Recovery

1) Physician Consult Program: Bridgemark 781-2700 - Rebecca Boss

Feedback from physicians advised that many physicians don't know what to do when their patients have substance abuse disorders or perhaps are misusing their opiate prescriptions. They don't know how to connect someone to treatment and they feel that perhaps there are barriers in accessing that. One of our providers actually stepped up to the plate to say that if a physician has an individual that they are concerned with in terms of their potential misuse of opiates, immediate access is offered to them for an assessment by a licensed chemical dependency professional - Bridgemark's Physician Consult Program. They receive referrals from physicians and offer suggestions:

- **Patient goes directly to a "physician consult" directly from the physician's office OR an LCPD goes to the doctor's office for immediate evaluation**
- **Patient is in a doctor's office and doctor calls Bridgemark requesting priority scheduling for the patient**
- **Physician calls Bridgemark to schedule an opiate use assessment within three (3) business days and the assessment is sent to the physician upon completion.**
- **Physician contacts Bridgemark to schedule an assessment/physician consult to be conducted at the time of the patient's next scheduled physician office visit.**

Bridgemark is also able to offer customized scheduling outside of its normal business hours or at alternate locations for people with unique scheduling and/or privacy needs.

This information is posted on the Department of Health website and it will provide information on the Bridgemark's Physician Consult Program. Physicians can call Bridgemark directly at 781-2700.

2) Medicated Assisted Treatment - Rebecca Boss

The most effective and most evidence-based approach to dealing with opiate dependency has been medicated assisted treatment. A bed is not necessarily the answer but their access to medicated assisted treatment, which is the more appropriate treatment. There is no one right road to recovery for everyone; however this is the most effective and most evidence-based approach to dealing with opiate dependency. Both methadone and suboxone, though different in their effect and impact, are proven to be successful in treating opiate dependence. There is still stigma regarding medicated assisted treatment. There is not one path to recovery. It is important that personal judgment not get in the way of someone having an opportunity for recovery.

Efforts are being made to reduce the quantity of the drugs available as well as reduce the number of times they may be inappropriately used and/or prescribed.

Every effort is being made to make sure that naloxone is available. More discussion is about hope, resilience, and inspiration.

3) Hope Forum October 1, 2014 at 7:00 P.M.
St Paul's Church, Wickford, RI - Director Stenning

The next overdose forum is scheduled for October 1, 2014 at 7:00 P.M. There will be several speakers who are currently in recovery and addressing the journey both as individuals and as family members. David Spencer is helping us with a challenge that has been given to all treatment providers – that they sign off on a certification for the Hope for Recovery program that basically says they guarantee within 48 hours that they will do an intake of any individual referred to them as well as a follow-up first appointment. At that forum, there will be a list of every single agency that has signed that form. At the end of the forum a torch and candle processional will be held down near the water in Wickford.

At the Rally for Recovery last Saturday, a goal of 1,000,000 million days of recovery was announced. That goal has been reached and a new goal of 2,000,00 days of recovery in Rhode Island has been created.

Dr. Fine interjected that there have been 153 deaths so far this year in Rhode Island. By the end of September the total deaths will be close to matching the entire year of 2012. There is still a very serious problem. There are still approximately 10-15 deaths per month. 118,000 Rhode Islanders were scheduled 2-3 prescription medications in July. This number dropped about ½% in August. Those prescription numbers as well as the doctors making those prescriptions are to be closely scrutinized. Approximately 1/5 of prescriptions are being checked on PMP. 80% of the people who get addicted started on prescription drugs so this focus is relevant to reducing all drug addictions.

On October 2, 2014, Woonsocket is having their own forum on overdose prevention.

In Georgia, a pamphlet has been developed that is being handed out in pharmacies, doctors' offices, etc., discussing prescriptions, storage of medication, proper disposal of medications, commonly used medications that are abused, and a host of other issues. The question was raised if Rhode Island could pursue something fashioned after Georgia's legislation.

Bob from R.I. Dental inquired if Bridgemark would be responsive to dental professionals as well. Dr. Fine confirmed the Bridgemark number has been included in each publication of Healthcare Connections and will continue to do so.

There continues to be a need for a number of multi-disciplinary narcotic chronic pain treatment centers. In the experience of the primary care community, when patients come to see a primary care provider and they have pain and discomfort, physicians want to help. They only have a few minutes based on what is allowed in the health insurance world so they find themselves going to opioids because it is what they can actually do. Chronic pain is hard to address. Rhode Island and the United States are reasonably lacking in chronic pain treatment centers because there is no business model under the current fee for services. This may be something else that requires further discussion.

Proposing legislation could lead to impacting the areas discussed today.

Massachusetts has an effective support group of families having either a drug or alcohol person in the family, there are 13 chapters in Massachusetts called "Learn to Cope". Last night the first meeting was held in Rhode Island partnering with them and there was a good attendance. This support group is free and opens many discussions around relevant issues to the family of those with an addiction.

Dr. Fine requested that, if possible, the next several dates for these meetings be provided as soon as possible to accommodate scheduling for those attending. Becky advised that these dates "were being worked on" and would be provided as soon as possible. The location for these meetings will rotate each month alternately between DOH and BHDDH.

Director Stenning concluded the meeting.

Respectfully submitted,

Linda E. Harr

THE NEXT MEETING WILL BE HELD ON Wednesday, October 29, 2014
AT THE RI DEPARTMENT OF HEALTH
Director's Conference Room 401
10:30 to 11:30 AM