

Governor's Task Force on Drug Overdose

**Department of Health (DOH) & Department of Behavioral Healthcare,
Developmental Disabilities & Hospitals (BHDDH)**

**Meeting Held at RI Department of Health, Beck Conference Room
3 Capitol Hill, Providence, RI 02908**

Tuesday, January 12, 2015 10:00 – 11:00 AM

MINUTES

Michael Fine, MD, Director of Health welcomed the group and asked attendees to introduce themselves. In attendance were:

1. James McDonald, MD, Executive Director HEALTH
2. Peter Ragosta, Chief Administrative Officer, Board of Pharmacy, HEALTH
3. Linda Mahoney, Administrator BHDDH
4. Kim Sande, Professional Service Coordinator, DCYF
5. Paula Dominguez, Representing Senate President Teresa Paiva-Weed
6. Col. Steven O'Donnell, Superintendent of State Police
7. Jane Hayward, CEO & President of RI Health Center Association
8. Donna Policastro, RNP, Executive Director of RI State Nurses Association
9. Dr. Achyut Kamat, Director, RI Medical Society
10. Michael Souza, Acting President, Hospital Association of RI
11. Tracey Cohen, MD, Medical Director Blue Cross/Blue Shield of RI
12. David Spencer, MBA, Executive Director DATA of RI
13. Nancy DeNuccio, chairperson, RI Substance Abuse Prevention Association
14. Scott Campbell, Pharmacy Compliance, HEALTH
15. Eric Beane, Deputy Chief of Staff, Governor's Office
16. Amy Moses, Deputy Counsel, Governor's Office
17. Abby Swinton, Policy Advisor, Governor's Office
18. Andrea Bagnall-Degos, HEALTH Public Health Communications
19. Jan Shedd, Team Lead, Health Promotion & Wellness, HEALTH

Prescription Drug Monitoring Program

Peter Ragosta, RPh., Chief Administrative Officer, Board of Pharmacy gave an update on the Prescription-Drug Monitoring Program (PDMP). He reported that 31 states are now part of the NABP Prescription Monitoring Program Interconnect (PMPI) that allows for inter-state PMP data sharing. RI is actively connected with Connecticut - who is also a part of the NABP PMPI. Massachusetts uses a different data hub called RxCheck which currently prevents RI and MA to share data. NABP PMPI is working with RxCheck to get the hubs to talk to one another. The goal is to get all 50 states sharing PMP data with each other. RI has a SAMHSA grant to pilot the integration of the Prescription Monitoring Program (PMP) and the Electronic Health Record (EHR) into the computer operating systems of a retail pharmacy, a hospital emergency department, and a primary care medical practice. Optimum Technologies is the PMP vendor for RI and is working on launching the connection for this grant. Peter Ragosta will be traveling to Maryland on 1/22/15 to give SAMHSA an update on the progress of this pilot project. The PMP is identifying high risk providers and is sending unsolicited reports to them indicating that their patient is going to multiple pharmacies and

multiple doctors. Pharmacists will be receiving unsolicited reports as well. The Board of Medical Licensure and the Board of Pharmacy will be able to use the data for a number of purposes including discipline. Dr. McDonald is monitoring high risk prescribers. Peter reported that although numbers of providers with Controlled Substance Registrations (CSR) using the PMP were up, a bill will be heard February 9 that will require checking the PMP before prescribing. The Department would also like to draft regulations that would require pharmacists to check the PMP before dispensing an opioid/opiate to a patient. Dr. Fine expressed the need to build capacity for information management to analyze the data, break data down by provider type and look for common denominators among overdose deaths.

BHDDH Update

Linda Mahoney, Administrator for BHDDH, reported that January 23, 2015 at 10:30 AM in BHDDH Room 126, she is convening a meeting of emergency room peers, ED medical providers and Opioid Treatment providers to address the identified gap in accessing timely medical assisted treatment appointments. "If someone enters the ED for an overdose on Friday they may not ever make it to their MAT appointment on Thursday. We need to sit down and find a way to make this happen," she stated. Ms. Mahoney also mentioned that patients are reporting a positive change in the culture of treatment after an overdose in the emergency room, which is directly related to having peers helping individuals recover after an overdose. Reports from survivors reflect finding a more sensitive approach from all ED staff, and finding treatment of addiction more as a disease.

There was discussion around the need for medical assisted treatment (MAT) options in emergency departments. Dr. Fine expressed a need for discussions with emergency department doctors to determine their comfort levels with prescribing methadone or buprenorphine, and how practices can align with laws.

There was also discussion of the greater risk of overdose for persons who have had already had an overdose episode. There is evidence that multiple overdoses indicate a far more progressive form of the disease of addiction. Case Management of addiction to assist peers should be considered.

Linda Mahoney assisted Dr. Fine and Dr. McDonald with a letter to all RI hospitals urging them to make peer coaches available in every emergency rooms. The hope is to find more funds to support peers in EDs everyday instead of just on weekends. Dr. Fine requested that the next Task Force meeting focus on developing a Case Management model that starts in the emergency department and smoothly bridges the gap between ED and treatment. Ms. Mahoney is hoping to compare data from the Medical Examiner's Office with recent ACI releases to find more ways to prevent relapses as well as encourage recovery.

Addiction is a Disease, Recovery is Possible Media Campaign

Andrea Bagnall-Degos, Chief, HEALTH Center for Public Health Communications, reported on a media campaign funded with a grant from the DelPrete Foundation to destigmatize and connect addicts to recovery. The campaign, launched in January 2015, uses bus cards, posters, television, radio and a website (RecoveryRI.gov) to showcase stories of addicts who have recovered and to connect addicts and families with 211 and BHDDH services.

Updates/Issues

Bill # 5047 was filed last week to require middle and high schools to maintain a supply of opioid antagonist and allow teachers and other school employees to administer Narcan without liability. There are other bills being considered, so Dr. Fine requested that David Heckman, the HEALTH Chief of Program Development, Policy and Legislation attend the next Task Force meeting to talk about related bills.

There was a request to focus the March meeting on “take back” programs, as there are protocols that need to be clarified and communicated so that local police can use state police facilities to dispose of drugs, at no cost.

Respectfully submitted,

Jan Shedd, DOH

Linda Mahoney, BHDDH

**NEXT MEETING - MONDAY, FEBRUARY 9, 2015, 10:00 AM, Room #126
RI DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL
DISABILITIES & HOSPITALS, 14 Harrington Road, Cranston RI 02920.**