

Governor's Overdose Prevention and Intervention Task Force Meeting Minutes
February 10, 2016, Department of Administration

Task Force Members Present or represented:

- A.T. Wall, DOC
- Jef Bratberg, URI College of Pharmacy
- Anya Wallack, Medicaid
- Colonel Steven O'Donnell, State Police
- Dr. Alexander-Scott, RI DOH
- Dr. James McDonald, RI Board of Medical Licensure and Discipline
- Dr. Kathleen Hittner, OHIC
- Dr. Matthew Collins, BCBS
- Ed D'Arezzo, RIDOH Medical Examiner Office
- Erin McDonough, MRC/DMAT
- Jamia McDonald, EOHHS Chief Strategy for DCYF
- Jane Hayward, RI Health Center Association
- Jason Rhodes, DOH Emergency Medical Services
- Maria Montanaro, BHDDH
- Michelle McKenzie, RICARES
- Mike Rizzi, CODAC, Harm Reduction Representative
- Nancy DeNuccio, Substance Abuse Prevention
- Peter Ragosta, RI Board of Pharmacy
- Taino Palermo, Commission on Health Equity and Advocacy Rep.
- The Honorable Joshua Miller, Senate
- Tommy Joyce, The Providence Center

Dr. Alexander Scott welcomed everyone to the meeting. Dr. McCance-Katz presented on the Centers of Excellence. She explained that opioid-use disorders are different from other substance use disorders in that there are three FDA-approved medication-assisted treatment (MAT) methods that are safe and effective: buprenorphine, naltrexone, and methadone. The Centers of Excellence will increase and improve the prescribing of MAT in RI by providing training and support for prescribers. For patients, the Centers of Excellence will increase the number of MAT programs available and improve the delivery other support services.

The Treatment Workgroup is working to identify funding for the Centers of Excellence through an enhanced rate; they are working with Medicaid and other payer sources. Several of RI's Opioid Treatment Programs would like to become Centers of Excellence, but there is currently not a mechanism for them to purchase buprenorphine. Director Montanaro recommended that the Treatment Workgroup collaborate with pharmacy, insurance, and other partners to identify inventory management strategies, work through payment/operational issues, and determine if institutional pricing is feasible. The Workgroup meets every Friday. Mike Rizzi emphasized that a patient biopsychosocial assessment upon admission is crucial to determine the best medication for each individual. Dr. Collins said that there is interest among the payers and they would like to identify the best claim code to pay for buprenorphine and work through other barriers as soon as possible.

Becky Boss of BHDDH presented for the Treatment Workgroup. They are addressing the lag-time to get into treatment, developing standards for Centers of Excellence applications, and establishing insurance rates. BHDDH is working closely with the Department of Corrections (DOC) to deliver MAT to inmates during their stay and before release. There is support for this in the Governor's budget. Dr. Rich pointed out this is a radical departure from the norm. Michelle McKenzie inquired about the naltrexone pilot in the DOC; the pilot will connect to the Centers of Excellence once they are established. Dr. McDonald confirmed that patients that are prescribed buprenorphine can be tracked in the PDMP to improve evaluation efforts.

Jenn Koziol of DOH presented for the Naloxone Workgroup. Their goal is naloxone as standard of care. They are seeking a private donation to create a sustainable fund for naloxone to high-risk populations, including DOC, street outreach, OTPs, EDs, and treatment facilities. RI State Police will provide naloxone to all first responders. The Clinton Foundation has offered a one-time donation of naloxone to all public high schools. The Workgroup encourages insurers to bundle naloxone into ED, OTP, and Treatment rates. Dr. Collins asked if physicians can dispense naloxone in the ED. Peter Ragosta confirmed that there is regulation that allows for dispensing; payment is the current issue. Director Montanaro suggested a conference call with payers to discuss feasibility. The Naloxone Workgroup is also supporting legislation that requires insurers to pay for naloxone prescribed to third parties (IE families and friends).

Peter Ragosta of DOH presented for the Prevention Workgroup. They are rolling out a Prescription Drug Monitoring Program (PDMP) enforcement plan with a goal to have all prescribers registered by May 1. The new PDMP platform will launch soon and include enhancements to encourage responsible prescribing. The group is also working to reduce the supply of prescription opioids through prescriber/pharmacist education. Captain Coffey asked about patients who threaten/blackmail their prescribers. Director Montanaro suggested the RI DOH include appropriate response in their outreach efforts.

Jennifer Carroll presented a data summary from qualitative interviews with active drug users; 84% have witnessed an overdose. Her research demonstrates that the majority (67%) of patients seeking buprenorphine were unsuccessful. This was true for those who have a primary care doctor and those who do not. She also learned that barriers to MAT include long waitlists, misunderstanding around dosing, personal desire to avoid going to a clinic, and a culture of 'self-care' and 'gifting' buprenorphine, which may be challenging to undo.

The Recovery Workgroup update and the Dashboard update were tabled for the next Task Force meeting.