

Governor's Overdose Prevention and Intervention Task Force Meeting Minutes

May 11, 2016, Department of Administration

Task Force Members Present or represented:

- A.T. Wall, DOC
- Anya Wallack, Medicaid
- Brian Sullivan, RI Police Chief Association
- Dr. Gary Bubly, Emergency Department representative
- Dr. James McDonald, RI Board of Medical Licensure and Discipline
- Dr. Kathleen Hittner, OHIC
- Dr. Nicole Alexander-Scott, DOH, Maria Montanaro, BHDDH
- Ed D'Arezzo, Medical Examiner's Office
- Erin McDonough, MRC/DMAT
- George O'Toole, The Providence Center
- Jane Hayward, RI Health Center Association
- Jason Rhodes, DOH Emergency Medical Services
- Jef Bratberg, URI College of Pharmacy
- Mike Rizzi, CODAC, Harm Reduction Representative
- Nancy DeNuccio, Substance Abuse Prevention
- Steven O'Donnell, RI State Police
- Susan Jacobsen, Thundermist
- The Honorable David Bennett, RI House of Representatives
- The Honorable Josh Miller, RI State Senate Dr. Matthew Collins BCBS
- Thomas Davis, CVS Health
- David Spencer, Substance Use, Mental Health Leadership Council

Director Montanaro welcomed everyone and introduced Governor Gina Raimondo. The Governor thanked everyone in the room for their hard work. She emphasized that to affect the drug overdose epidemic; Rhode Island needs to move an entire system, not just implement a single intervention. She highlighted the need for a statewide, collaborative, multi-agency effort. She stated the action plan presented at today's meeting is a 'Call to Action' to do more and to do more now, as this is an urgent public health issue. The Governor introduced Secretary Elizabeth Roberts.

Secretary Roberts thanked the Governor for making this epidemic a priority. She emphasized that she is fully committed to ensuring that the Overdose Action Plan presented today will become a reality.

Dr. Alexander Scott presented the Rhode Island Overdose Prevention and Intervention Task Force Action Plan. She started with presenting the data. Prescription drug deaths have begun to level, but illicit overdose deaths have increased. Fentanyl deaths have increased 15-fold since 2012. The strategic plan includes all four of the complimentary strategies. She talked about the Prevention strategy, which includes the promotion of safer and more responsible prescribing of opioids, specifically focusing on the co-prescription of benzos and opioids. Director Montanaro presented the Rescue strategy, which focuses on securing a sustainable supply of naloxone, especially for high risk populations. She went on to present the Recovery

Strategy. Rhode Island has a national model for peer recovery coaches. \$ 1.5 million from the Governor's Medicaid budget will pay for the expansion of peer recovery coaches, in the Emergency Department and other settings. Director Montanaro presented the treatment strategy, which commits \$2.5 million to expand Medication Assisted Treatment (MAT), especially in the Department of Corrections. She said there are several pieces of legislation relevant to drug overdose prevention and asked for support as bills move forward in the general assembly.

Director Montanaro presented the Strategic Action Plan Metrics that are extremely important in the management and evaluation of the strategies. She emphasized that this is a living plan and it will evolve as we begin implementation.

Dr. Alexander Scott presented on the Treatment Strategy, the plan that focuses on increasing the number of providers that are licensed to prescribe buprenorphine (RI has 100; we need 400-700). The Centers of Excellence will support providers by providing a place for patients to be initiated on MAT and then again to be stabilized if ever necessary. Patients referred by data-waivered providers who have patients in their practice already on Buprenorphine can utilize the Centers of Excellence to provide the necessary SUD treatment services. Centers of Excellence will also offer peer recovery coaches and behavioral health services.

Jason Rhodes, Chief of Statewide EMS, presented next. He stated in 2015, RI EMS responded to 2,466 calls for substance or drug abuse (unknown if they are opioid-related). Naloxone is the fifth most administered medication by RI EMS. Every licensed EMS vehicle must carry at least 10 mgs of naloxone. Chief Rhodes announced that state EMS will release an advisory notice today to all municipal EMS advising EMTs to notify peer recovery coaches on the way to the emergency department for potential overdose patients. This is an idea that was suggested at a previous Task Force meeting. Additionally, EMS will track that the call was made in their new electronic data collection form, including how quantity and type of administered.

A member of the public asked if there was centralized tracking of for law enforcement naloxone reversals. Anecdotally, there have been over 20 in the past year. This is data that can be captured in 48-hour emergency department opioid overdose reporting system. Dr. Alexander Scott emphasized the importance of emergency department compliance with this reporting regulation.

Dr. Alexander Scott presented on the proposed Emergency Department standards for discharge of drug overdose patients. She reviewed the history. Senator Miller introduced legislation in 2014 requiring all hospitals to develop a comprehensive discharge plan. RIDOH/BHDDH developed model guidelines and distributed to all facilities, including a Recovery Planning Tool Card. The foundation of the guidelines require hospitals and other facilities to provide education to patient, a point of contact for follow-up, identify primary care providers, and secure clinically appropriate follow-up treatment.

Senator Miller spoke to the next steps. A new expanded bill will be heard (with ten other relevant bills). The new bill adds requiring and documenting patient consent for securing treatment/recovery services and contacting a point of contact, the one time administration of MAT, and encourages the early contact of a recovery coach. He also recommended that RIDOH put the standards into regulation to add a more thorough component. Dr. Alexander-Scott encouraged feedback on the current ED discharge standard, which was developed with

stakeholder and BHDDH input. Based on additional feedback, RIDOH will draft standards, ask for public comment, and finalize standards. Dr. Alexander -Scoot asked for any additional public comment.

Dr. Collins recommended addressing patient that have multiple visits to the ED with an overdose. Director Montanaro responded by emphasizing the importance of engagement from all stakeholders. She said there was a productive meeting with Lifespan Executive Leadership to discuss the idea of co-locating Centers of Excellence at ED that would create a system of coordinated care. The Director also stated that there is a need to develop payment systems that encourage a system-wide view that incentivize payers. The primary care community has expressed challenges in terms of how to engage in this effort. Dr. Rich emphasized the need to encourage treatment wherever possible. Mike Rizzi commented that the need to engage and re-engage patients struggling with addiction is expected. Dr. Bubly mentioned that the current ED electronic health record systems do not overlap. If a patient goes to a different ED, the new ED cannot see that. It is imperative to take advantage of health technology. Senator Miller said we should be open to new ideas to connect people to treatment, for example a behavioral health specialist. Traci Cohen applauded the discharge planning bill and the recovery tool and asked about the evaluation plan. She also suggested that the Task Force focus on the obligation to screen all patients for substance use disorder. Director Montanaro responded that patient screening is an opportunity for the Health Care Plans to support as reimbursable service (evidence-based). A member of public asked about if prescribing guidelines are for patients with chronic care. Dr. Alexander Scott responded that the guidelines focus on acute pain and make exceptions for chronic pain. Dr. Bubly asked about intent of potentially holding patients. This is currently voluntary and will be worked out by end of year with an opportunity for public comment.

Dr. Alexander Scott thanked everyone for attending. She asked that the public contact Emily Limoges with additional suggestions for ED standards.