

**Governor's Overdose Prevention and Intervention Task Force Meeting Minutes**  
June 8, 2016, Department of Administration

**Task Force Members Present or represented:**

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

Dr. Alexander Scott welcomed everyone. She announced that today is Director's Montanaro's final day with the Task Force. Director Montanaro thanked everyone for the experience and said she will continue to support the important work of the Task Force.

Dr. Alexios Carayannopoulos presented an overview of the Rhode Island Hospital Comprehensive Spine Center that opened in May 2015. The Center offers a variety of services in one location to improve access to care and patient outcomes. He described his center's model for pain management, which is a collaborative, team-based, multi-disciplinary approach that uses multiple options for treating pain including medical, rehabilitation, psychological, interventional, alternative, and surgical. He stated that there is evidence that a combination of options works to reduce pain, better than individual options by themselves. His practice regularly and consistently measures patient pain, they treat pain as a brain disease (each patient is different), and they teach coping skills to improve patient self-efficacy. The practice was founded in response to a critical clinical deficiency, they have created a comprehensive, multidisciplinary spine center to treat all types of pain, and currently they are open to collaboration and expansion. He asked for questions.

Mike Rizzi asked if the practice had the supply to meet the demand? Dr. Carayannopoulos replied there is a shortage of pain management care in Rhode Island. They would like to expand responsibly and they are looking to collaborate with the Task Force. Someone asked will one exposure to opioids get you hooked? He responded that each brain is different and responds differently.

Nancy Denuccio asked how do you treat someone who is in recovery from addiction. He said that they treat pain comprehensively using opioid alternatives; but also address the behavioral component of addiction.

Someone asked do you use buprenorphine? The answer was not for initial therapy (there are better options) but sometimes they will convert to it later.

Senator Miller asked do you have issues for payment? And how do you address this funding gap, especially for alternative pain therapies? Dr. Carayannopoulos replied that they have a grant-funded acupuncturist on staff and working directly with insurance providers to advocate for reimbursement. They would like to work with RIDOH and the Task Force to improve.

Someone asked if pain management alternatives are evidence-based? He said they have a long history of effectiveness. He also emphasized that spinal/surgical procedures do not have great science behind them.

Someone asked why there is not a chiropractor on staff? He said his practice is working on making this happen, but there are barriers. They currently actively refer to chiropractors.

Deb Florio, the Deputy Medicaid Director, Executive Office of Health and Human Services presented on Medicaid's alternative pain management program. She began by describing the Medicaid Community of Care model, which was born out of increasing Emergency Room (ER) costs. The Communities of Care Model is available to patients with 4 or more ER visits in a year. Key findings from the program demonstrate a reduction in costs and ER use. They learned this population had a lot of chronic pain; therefore they developed alternative pain management therapies for eligible members, including massage, acupuncture, and chiropractic services. Less than a quarter of patients referred to alternative pain management therapies engaged in the services (2013-2015). Barriers identified were transportation and language. Evaluation shows that it is difficult to keep members engaged and there is need to for additional interventions, but patient satisfaction for participating patients is high. This is still a work in progress; Medicaid is determining how to target this program to the right people. She then asked for questions.

Someone referenced a larger study in Illinois that found tremendous reduction in medication use and patient satisfaction. Someone made the comment that the model will only work if alternative services are provided on site and services are reimbursed.

Director Montanaro said as we go forward, evaluation will be essential, not only in terms of cost, but also measuring number of opioid prescriptions.

Someone asked how did Medicaid address behavioral health components? That piece was well established in existing health plan.

Dr. Alexander Scott highlighted how critical this topic is for the Task Force. It is crucial that we have alternative options in place for patients before opioids are prescribed.

Insurers, legislators, providers are all essential to keep conversation going and she welcomes input on how to advance.

Kathy Kushner and David Heckman presented on recent legislative activities relevant to opioids. Bills include \$2.5 million for medication assisted treatment (MAT) in the ACI and \$1.5 million for Medicaid, limits on opioid prescribing, comprehensive discharge planning, expanding insurance coverage requirements, certifying recovery housing, funding recovery high schools, and PDMP enhancements, such as adding schedule V

drugs and allowing electronic health record vendors access to the PDMP to allow for single sign on. The budget goes to floor next Wednesday to be voted on. The bills are the focal points of the administration. The bills have moved at different degrees through the committees. They emphasized that everything needs and deserves support from the Task Force and community.

Senator Miller asked for support for the comprehensive discharge planning bill and suggested that discussion happen with insurers and hospitals to promote the bills.

Dr. Alexander Scott opened up for public comment. Someone suggested taking into account undiagnosed childhood trauma when treating pain. Representative Bennet asked how you get buy in from surgeons to send patients to chiropractors/acupuncturists.

Education is needed around the continuum of care. There was a question about the typical timeframe for addressing patient pain. The answer was there is not one protocol, it is dependent on the individual patient.

Dr. Alexander Scott thanked everyone for attending and adjourned the meeting.