

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

Task Force Members Present or represented:

A.T. Wall, DOC
Anya Wallack, Medicaid
Donna Policastro, RI Nurses Association
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
Jason Rhodes, DOH Emergency Medical Services
Jef Bratberg, URI College of Pharmacy
Michelle McKenzie, RICARES
Mike Rizzi, CODAC, Harm Reduction Representative
Nancy DeNuccio, Substance Abuse Prevention
Peter Ragosta, RI Board of Pharmacy
Rebecca Boss, BHDDH
Susan Jacobsen, Health Equity Zones
The Honorable Josh Miller, RI State Senate
The Honorable Peter Kilmartin, Attorney General

Dr. Alexander Scott welcomed everyone and introduced Dr. McCance-Katz, representing BHDDH on behalf of Director Boss. She announced the start of a new project. In collaboration with the American Medical Association (AMA) and the Rhode Island Medical Society (RIMS), a prescriber toolkit will be developed that will include vital tools and resources to help providers address pain management and substance use disorders (SUDs). Representatives from AMA and RIMS are here today to sign the memorandum of agreement to launch this project.

Dr. McCance-Katz presented on the development of the web-based toolbox to assist providers in decision-making regarding opioid use. This is important because there is no standardized training on pain management and the treatment of SUDs. The goal is to create a single place providers can go to for a user-friendly, evidence-based toolbox. The Rhode Island specific toolkit will include guidance on the PDMP, best practices for treating acute and chronic pain, data on prescribing patterns, resources on how to screen patients for SUD, treatment options, and resources on overdose prevention education (naloxone prescription, safe storage and disposal, etc). The hope is that this project will become a model for other states.

She introduced Dr. Patrice Harris from the American Medical Association. Dr. Harris presented on the magnitude of the overdose epidemic. She commended the leadership in Rhode Island, including the legislature, for their efforts in overdose prevention. Rhode Island was chosen because of our level of harm and the commitment of the provider

community. Dr. Alexander-Scott signed the MOU with Dr. McCance-Katz, Dr. Harris, and a representative from Rhode Island Medical Society.

Michelle McKenzie asked about the recommendation around the co-prescription of naloxone; will it be opt out (which could increase stigma) or be normalized for all opioid patients. Mike Rizzi brought up the issue of stigma versus discrimination. If prescribers do not discriminate, patients will not feel stigmatized. Traci Cohen brought up the issue of stigma associated with class, behavioral health, and history of trauma. We need to be deliberate about addressing this in our work and with the Toolkit project.

Lynn Arditti asked how much the SAMHSA grant was for to fund the toolkit development. The toolkit is part of a larger grant program through SAMHSA and many stakeholders are involved; there is not a dollar figure attached.

Dr. Rich emphasized the goal to expand capacity of medication-assisted treatment (MAT), specifically buprenorphine, in Rhode Island. Can the AMA help bring more attention to this need? RI has about 20,000 people with substance use disorder and not nearly enough MAT prescribers to serve them. Dr. Harris agreed and said AMA is asking prescribers start prescribing MAT to their existing populations. Dr. Alexander Scott brought up the work BHDDH is doing with medical schools to incorporate SUD training and potentially Data-waiver training into medical school curriculum; it would be great to have AMA support on this. Mary Dwyer announced CARA legislation that will allow advanced practice nurse practitioners and physician assistants to prescribe. We are waiting SAMHSA specific guidance. Free online training is available.

Peter Ragosta presented a Prescription Drug Monitoring Program (PDMP) update. One hundred percent registration has been achieved through an enforcement plan that included letters to prescribers and the auto-registration legislation. The next point of focus will be on utilization; currently 24% of prescribers are using the PDMP. RIDOH will send a prescriber profile to the top 500 prescribers of opioids and unsolicited reports to any prescriber that has a patient who has been to 5+ pharmacies and/or 5+ prescribers in six months. An outreach coordinator will go to offices of the top 200 prescribers to provide education. Additionally, the RI PDMP will connect to Massachusetts later this month.

Dr. McDonald presented on opioid prescribing in Rhode Island, which has decreased over the past few years. He shared some screen shots from the PDMP to give the Task Force a sense of what prescribers see in the database. Nancy Denuccio asked what a patient should expect. It depends on the prescriber, some run patient reports in morning and some run in real time with the patient. Dr. Harris commented that she liked how prescribers can look up their own history, which is a critical tool for doctors to verify their DEA number is not compromised. Senator Miller asked what other gaps there are in terms of legislation. Dr. McDonald responded that E-prescribing is a good way for prescribers to avoid fraud. Single-sign on is our big push now (which requires funding).

Dr. Alexander Scott introduced Dr. Ogera and Dr. Goldschmidt from the Medical Examiner Office to give an update on drug overdose deaths. Dr. Goldschmidt presented 2016 data compared to 2015 data, which has stayed relatively stable for the first six months of the year. He then presented on deaths that involved fentanyl, which continue to be a problem. Illicit drug deaths make up the majority of deaths in recent months.

He then introduced Brian Volphe and Tom Chadornet from the Fusion Center who gave an update on fentanyl in RI. They emphasized the potency of fentanyl. Illicit fentanyl can be found in powder and pill form. They demonstrated common routes of fentanyl into US (all from China); a lot is coming through the mail. They highlighted the profits that dealers are making from fentanyl, which can be millions of dollars. A lethal dose of fentanyl is 2 mg. A member of the public asked about data around if people are actively seeking fentanyl. Her data shows the users are not seeking fentanyl. She recommended we invite active users to the Task Force meeting to get their input on strategies.

Linda Mahoney, from BHDDH, presented on the Rhode Island Hope and Recovery Line 942-STOP or 942-7867, funded by Dan DelPrete Family Foundation, which went live June 22. All staff answering the phone are at minimum Licensed Chemical Dependency Clinicians. The goal in the next 30 days is to raise the funds to hire an additional staff member to move the line fulltime to the Leadership Counsel. BHDDH would like expand to 24 hours day, bi-lingual services, peer recovery coach connections, and eventually funding to create emergency walk in centers throughout RI. Linda shared the fentanyl awareness and education cards the Task Force is trying to get out to the community for harm reduction. The Line has received 47 calls in 40 days from both men and women; most callers are referred to treatment programs and other callers have been family members. She announced International Overdose Awareness Day is on August 31 and the Rally for Recovery is September 17. The meeting was adjourned.