Working Group to Address the Opioid Crisis in the Commonwealth
March 9, 2015
Location: 21th Floor, 1 Ashburton Place, Boston MA
Time: 4 p.m. to 6 p.m.

Minutes

Members present: Marylou Sudders, Secretary of the Executive Office of Health and Human Services; Chris Barry-Smith, Attorney General's Office; George Bell, General Catalyst Partners; Monica Bharel, MD, MPH, Commissioner of the Department of Public Health; Mayor Bill Carpenter, Mayor of Brockton; Colleen Labelle BSN, RN-BC, CARN, Program Director of the State Technical Assistance Treatment Expansion Office Based Opioid Treatment with Buprenorphine (STATE OBOT B) program at Boston Medical Center; Alan Ingram, Ed.D., Deputy Commissioner, Massachusetts Department of Elementary and Secondary Education; Judy Lawler, Probation Officer, Chelsea District Drug Court; Joseph D. McDonald, Sheriff, Plymouth County; John McGahan, The Gavin Foundation; Fred Newton, President & CEO of Hope House, Inc.; Robert Roose, MD, MPH, Chief Medical Officer of Addiction Services at the Sisters of Providence Health System; Cindy Steinberg, National Director of Policy & Advocacy, U.S. Pain Foundation; Steve Tolman, President, Massachusetts AFL-CIO; and Sarah Wakeman, MD, Medical Director, Substance Use Disorders, Center for Community Health Improvement, Division of General Medicine, Department of Medicine, Massachusetts General Hospital; Honorable Rosemary Minehan, First Justice, Plymouth District Court attending for the Honorable Paula M. Carey; Ray Tamasi, President and Chief Executive Officer, Gosnold on Cape Cod.

The following staff were present at the meeting to answer the questions of the working group: Deborah Allwes, Department of Public Health; Hilary Jacobs, Bureau of Substance Abuse Services; Lydie Ultimo, Bureau of Substance Abuse Services; Joanna Lydgate, Attorney General's Office; Rachelle Mecier, Massachusetts Hospital Association; Sarah (Gordon) Chiaramida, Massachusetts Association of Health Plans; Courtney Cunningham, Massachusetts Association of Health Plans.

Workgroup chair **Marylou Sudders** called the meeting to order at 4:02 p.m.

Discussion:
Dr. Monica Bharel, presented a broad overview of DPH's Substance Abuse Services and the Prescription Monitoring Program. *Document submitted to the group by Dr. Bharel, titled Opioid Task Force, is posted on the working group's website.*

Dr. Bharel outlined prevention, intervention, treatment, and recovery efforts of DPH. In terms of prevention, Dr. Bharel suggested that we should support targeted prevention across the lifespan, add more resources for data analysis and evaluation of prevention services, and explore new methods of

education and outreach such as texting or peer-to-peer. On the intervention front, Dr. Bharel proposed reimbursement for Screening and Brief Intervention (SBIRT) and for naloxone rescue kits, dedication of resources for outreach and engagement to active users who are not seeking treatment and populations at high risk for relapse and overdose, and expansion of statewide evidence-based intervention and support for families in crisis. In terms of treatment, Dr. Bharel suggested we have a seamless transition and multiple entry points between different levels of care, using MAT approaches in every level of care for continuous engagement in care, integrating primary health and mental health and substance abuse care, clarifying current system capacity and needs assessment, and developing a capacity for treatment on demand. Dr. Bharel noted that deaths from opiate abuse are just the tip of the iceberg – we must have greater access to Recovery Support Centers in more communities across the Commonwealth; integrate primary health, mental health and substance abuse care; and implement life-skills training to build the capacity of individuals in recovery to join the workforce. Dr. Bharel indicated the PMP should be made to be more effective: the current statute requires pharmacies to submit data once every ten days – but daily reporting would be more effective, the work flow capacity must be improved, and Massachusetts should start sharing data with neighboring states to reduce drug abuse and misuse.

Dr. Bharel stressed the importance of expanding intervention efforts in the Commonwealth, most notably by making the Overdose Education and Naloxone (Narcan) Distribution Program (OEND) more available to more communities in need. The PMP, which raised many questions at the last meeting, currently has auto-enrollment in place, so all providers should be in the system in the near future. Dr. Bharel noted that prevention was the cornerstone of what DPH does to combat substance abuse. After Dr. Bharel provided an overview of services provided by DPH, a discussion took place. ***Steve Tolman*** indicated that we are in great need of improving the navigation of the treatment system, too many people get lost in the system and give up on treatment. The ***Honorable Rosemary Minehan*** indicated that we need more section 35 beds. She indicated that when DPH does not have a bed the only options are to release the individual to the parking lot, the emergency room or the department of corrections. Judge Minehan highlighted that when DPH does not have a bed and individuals need to be transported to the hospital costs are shifted to the local level. Judge Minehan asked how many section 35 beds exist in the system. The ***Bureau of Substance Abuse Services*** responded that there were currently 90 beds for females and 108 for males. ***George Bell*** asked BSAS what are a few things that can make an immediate difference and reduce overdose deaths. ***Dr. Monica Bharel*** indicated that we can increase access to Narcan in the community and we can provide better access to treatment, so individuals can receive treatment on demand. Dr. Bharel further noted that we may want to look at the Washington state model's results in the latest issue of American Journal of Public Health; Washington State was able to significantly reduce the number of overdoses and hospital visits after 3 years. ***Ray Tamasi*** asked a question about capacity in the residential system and highlighted that we should consider that 83% of Detox admissions have multiple admissions, 53% more than 5 admits.

Dr. Robert Roose led a discussion about articles he shared with the working group.
Documents submitted to the group by Dr. Roose include:
http://captus.samhsa.gov/sites/default/files/capt_resource/opiod_resources.mel_.12_19_14.pdf
http://pdmpexcellence.org/content/pdmp-best-practices
http://legislature.vermont.gov/assets/Legislative-Reports/Opioid-system-effectiveness-1.14.15.pdf
http://www.healthvermont.gov/adap/documents/HUBSPOKEBriefingDocV122112.pdf
http://www.massmed.org/Continuing-Education-and-Events/Event-Information/?code=ED415/010&utm_source=Real%20Magnet&utm_medium=Email&utm_campaign=69176472
http://captus.samhsa.gov/sites/default/files/capt_resource/opioid_logic_models.fin__0.pdf

Dr. Robert Roose focused on expanding the capacity for Medicated Assisted Treatments (MATs) with methadone or buprenorphine (suboxone), and indicated that integration with medical and mental health is essential to support long-term improved outcomes and wellness. The ***Honorable Rosemary Minahan*** noted that suboxone has hit the black market hard and she continues to see diversion in her courts too frequently. ***Dr. Sarah Wakeman*** indicated we can decrease diversion by increasing access to treatment – people use suboxone to not get sick and overdose. ***Dr. Robert Roose*** indicated perhaps we should look to Vermont's Hub & Spoke Treatment Model, a model which developed in 2012 and implemented in 2013. Early evidence has shown signs of improvement. The model could be effective implementing "regional assessment centers" in places like Western Massachusetts or the South Shore where there are gaps. Dr. Roose also suggested we should connect assessment and treatment centers more. There was a discussion about Naltrexone, Dr. Roose noted that the Vermont Model was built on buprenorphine and methadone.

There was a brief discussion about the huffington post article sent to the group by Colleen Labelle:
http://projects.huffingtonpost.com/dying-to-be-free-heroin-treatment

Dr. Sarah Wakeman led a discussion about articles she shared with the working group.
Documents submitted to the group by Dr. Wakeman include:
New England Journal of Medicine: "Trends in Opioid Analgesic Abuse and Mortality in the United States"
http://www.nejm.org/doi/full/10.1056/NEJMp1402780
http://paperzz.com/doc/3780675/joint-letter-to-nga-on-harm-reduction-and-treatment
http://www.who.int/substance_abuse/publications/opioid_overdose.pdf?ua=1

Dr. Wakeman focused the discussion on how to reduce opioid overdose fatalities. Dr. Wakeman noted that the most effective way to reduce death is to increase access to MAT treatment, citing Baltimore and France as successful models to look into. Dr. Wakeman, cited a New England Journal of Medicine (NEJM) article, which reported that we are seeing a decrease in rates of opioid analgesic abuse but are also seeing an increase in heroin-related mortality. Dr. Wakeman encouraged the group to review the letter to all U.S. governors from the American Medical Association (AMA) and numerous other

organizations, urging governors to take three steps to tackle the overdose epidemic: increased access to naloxone, Good Samaritan laws, and increased access to MATs. She also noted that the World Health Organization (WHO) began an opioid task force/working group in 2013. ***Steve Tolman*** indicated that we need to strive for abstinence and focus less on MAT. ***Dr. Wakeman*** highlighted that addiction is a chronic brain disease and we need to focus on individualized treatment for each patient. Dr. Wakeman noted that not all patients are the same – for example if a patient's blood pressure was 220, she would probably recommend medication along with a change of lifestyle, however, if a patient's blood pressure was slightly elevated, she would focus more on diet. Similarly, Dr. Wakeman noted that treating addiction can't be a singular approach; while abstinence may work for one patient MAT may be necessary for another. ***Ray Tamasi*** highlighted that MAT needs to be complemented by community supports – counseling alone is not enough. ***George Bell*** indicated there needs to be a clear distinction between short and long term solutions, especially in regards to patient treatment. ***Dr. Sarah Wakeman*** indicated that the opioid overdose epidemic is like the HIV crisis, where the short-term plan was to reduce and combat deaths, and the longer-term plan was to promote prevention and reduce the stigma attached to it.

Colleen Labelle led a discussion based on documents she submitted to the working group.
Documents submitted to the group by Ms. Labelle include:
http://www.amjmed.com/article/S0002-9343(14)00770-0/fulltext
http://www.nachc.com/client/documents/Collaborative%20Care%20OBOT%20Arch%20Intern%20Med%20FINAL.pdf
http://content.healthaffairs.org/content/30/8/1425.full.html
http://www.dbhds.virginia.gov/library/document-library/osas-revive-nasadad-opioid-fact-sheet-feb-2015.pdf
http://store.samhsa.gov/product/Medicaid-Coverage-and-Financing-of-Medications-to-Treat-Alcohol-and-Opioid-Use-Disorders/SMA14-4854
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2658719/
http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/8003.pdf
http://www.anchorrecovery.org/?page_id=24
https://www.ncjrs.gov/ondcppubs/publications/enforce/hidta2001/ny-nj-fs.html
http://randyhuntcpa.blogspot.com/2013/09/addiction-and-crime-way-
http://randyhuntcpa.blogspot.com/2013/09/addiction-and-crime-way-forward.html
http://projects.huffingtonpost.com/dying-to-be-free-heroin-treatment
http://www.huffingtonpost.com/2015/02/05/drug-courts-suboxone_n_6625864.html

Colleen Labelle referenced the "Stop Talking Dirty" article, written by Dr. Sarah Wakeman, which indicated that we must remove the stigma associated with substance abuse disorders in order to help solve the problem. Ms. Labelle also discussed the articles about Rhode Island's methods of combating substance abuse. She highlighted Rhode Island's recovery coaches program, which places recovery

coaches into emergency room settings to meet people, support, and intervene – a minimal investment of people that can often connect with the individual personally and help move them to a next step. Ms. Labelle discussed the Texas model - Texas significantly reduced its prison population by mandating treatment for nonviolent offenders, drug court offenders, and for individuals with probation violations.

Chris Barry-Smith from the Attorney General's office led a discussion about ongoing initiatives in the AG's office, and he indicated this issue is the AG's top priority. Mr. Barry-Smith noted the AG is focusing on three main issues in regards to substance abuse: 1) civil enforcement, 2) criminal enforcement and 3) access to insurance.

Ray Tamasi *submitted documents to the work group, which include:*
http://www.scaoda.state.wi.us/docs/main/SCAODAHeroinReportFinal063014.pdf
www.towardtheheart.com/naloxone/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3057720/

George Bell *submitted a document to the work group:*
http://www.nytimes.com/2015/03/02/opinion/painkiller-abuses-and-ignorance.html

Cindy Steinberg *also submitted a document to the work group:*
"Massachusetts Pain Initiative (MassPI) Recommendations for Joint Policy Workgroup Report" (posted on the working group's website)

Massachusetts Association of Health Plans (MAHP)'s **Courtney Cunningham** and **Sarah Gordon Chiaramida** presented on MAHP's policy brief, **Opioid Addiction Treatment: Evidence-Based Medicine, Policy, and Practice**
http://www.mahp.com/unify-files/MAHPOnPoint_March2015_Opioid.pdf
MAHP highlighted their primary recommendations: 1) ensure that all patients have access to the full range of services - BSAS programs licensed to treat opioid addiction should be required to provide access to all forms of MAT; programs that do not offer the full range of MAT must be required to coordinate care with other facilities; 2) Improve care coordination; 3) Address integration of Behavioral Health and substance abuse treatment with primary care; and 4) common set of guidelines - State agencies, private-sector associations, and professional organizations should require providers to adopt and utilize opioid addiction treatment guidelines that are evidence-based and nationally recognized; there should be state-based accreditation standards for treatment facilities licensed by BSAS.
Colleen Labelle, referencing MAHP's recent announcement that all their plans will cover methadone by July 1, asked what the plan is for co-payments . . . noting that if a co-payment is required everyday patients will not be able to afford the treatment.

Rachelle Mecier of the Massachusetts Hospital Association (MHA) presented on MHA's Guidelines for Emergency Department Opioid Management, which all hospital CEOs support. The plan is for all hospitals to adopt these standards in the ED.
https://www.mhalink.org/AM/Template.cfm?Section=Newsroom&Template=/CM/ContentDisplay.cfm&ContentID=49021

Secretary Sudders asked the group to think about how to structure the working group to be effective

The schedule for the listening tour is as follows:

- March 10, 2015, Location: Quinsigamond Community College in Worcester, MA
  Time: 4pm – 6 pm
- March 19, 2015, Location: Greenfield Community College in Greenfield, MA Time: 4pm – 6pm
- March 26, 2015, Location: Memorial Hall in Plymouth, MA Time 4pm – 6pm
- April 2, 2015 – Boston, Gardner Auditorium 3pm to 5pm

The schedule for the working group over the next 3 months is as follows:

- March 9, 2015, 4pm – 6pm, 21st Floor, 1 Ashburton
- March 16, 2015, 4pm – 6pm, 21st Floor, 1 Ashburton
- April 1, 2015, 4pm – 6pm, 21st Floor, 1 Ashburton
- April 13, 2015, 4pm – 6pm, 21st Floor, 1 Ashburton
- May 1, 2015, 9:30 am – 11:30 am, 21st Floor, 1 Ashburton
- May 11, 2015, 4pm – 6pm, 21st Floor, 1 Ashburton
- May 18, 2015, 9:30am – 11:30 am, 21st Floor, 1 Ashburton