

**NCMS Opioid Task Force Meeting
October 3, 2019 2:30 – 4:30 pm
Marriott Crabtree Valley – Raleigh**

Members Present:

Janelle Stewart	Franklin Walker	David Henderson
Elyse Powell	Dan McKearney	John Rusher
Amanda Khalil	Emily Adams	Ed Whitesides
Sue Ann Forrest	Kristen Spaduzzi	Brent Haislip
Lynette Tolson	Robin Huffmann	Joe Jordan
John Reynolds	Melanie Phelps	

I John Reynolds called the meeting to order and welcomed members, guests and staff. All meeting participants introduced themselves.

Dr. Reynolds praised current efforts with MAT training and stated specifically there are two questions he want to walk out of today's meeting having discussed 1) what's our increase in MAT training among physicians; and 2) what percentage of those that get the MAT training are using it? Review of Committee Charter and previous meeting's minutes were approved.

II Franklin Walker went over updates of Project OBOT with discussion of pilot locations successes including the recently published report to BCBSNC sponsor and updated 1-pager of the report's highlights. Reviewed current business with Labcorp, Mako and other labs to lower the lab costs from about \$242 to \$45 particularly for self-pay; independent pharmacy network for patients to be able to get between 30-50% reduction in the cost of medications. Currently those discounts are only existing in pilot areas but getting ready to move this out on a statewide basis to all independent pharmacies - working on putting that out in the next month. Also, plans to be doing outreach to as many waiver trained providers outside of the pilot, going back and delivering these discount cards so they can give those to their self-pay patients. Went over the Telehealth component of Project OBOT and its success particularly in Karen Smith's pilot location; also how this can increase abilities to increase utilization with waiver trained providers. New updates - outreach from David Henderson and the Medical Board, Dr. Robin Jordan with UNC – plans to work closely with them to help identify as many waiver trained providers and increase their capacities. Brief discussion regarding attending's having to be on-site or not for residents to be doing suboxone – this is an issue that needs to be worked on; midlevel and supervising physician issue discussed briefly as well. Lastly touched on drug courts and judge concerns with treating drug addiction with another drug and how use of MAT has proven to be "gold standard" for treatment.

III Emily Adams provided NCAPA update – in NC supervising physician must have MAT in order for PA to provide MAT, in discussion with DHHS and received guidance from Medical Board towards expansion and possible federal law changes, research still currently underway. Duke PA program is training all graduates with MAT.

IV David Henderson provided update from Medical Board – supportive of MAT and forward momentum in addressing this crisis. Spoke on concerns with non-MAT trained supervising physicians and MAT waived PA (and/or possibly NP's) with optional solution of using a separate MAT waiver trained supervisor specific to those services and implications/challenges that may contain including payments and legalities.

Number of prescriptions have been going down; doctors' awareness of risks (with both licenses and patients) on opioid prescribing has increased. Options of pre-op non-opioid medications (gram Tylenol) and cost concerns surrounding that. Went over proposed changes for Controlled Substance CME requirements for physicians and PA's with waiver training and non-opioid treatment options education with possibility of going into effect April 2020. Updated CME presentations available on their website that will satisfy the 3-hr requirement. Reviewed goals with reporting criteria, proposed changes to CSRS report criteria with new Report D; remedial actions to include education and coaching with goals towards change (academic detailing) pilot project with MAHEC. Establishment of MAT landing page on NCMB site.

V Sue Ann Forrest provided Legislative updates – STOP ACT requirement of e-prescribing; HOPE ACT passed, gave investigators/law enforcement access to CSRS data when an active investigation is underway with that person being required to be HIPAA trained; Death by Distribution bill filed and passed this year with note that this is not intended to go after prescribers acting appropriately within the STOP ACT; HB325 Opioid Response Act passed – removed state ban to use state funds for needle exchange programs; Opioid Opt-Out Treatment bill (did NOT pass); also another bill that did NOT pass was for requiring insurance to pay for non-opioid treatment as first-line treatment – still needs further education and work

VI Elyse Powell presented OPDAAC organizational updates including – Opioid Action Plan and advancement of those strategies – dispensing and overdose ED visits have decreased, buprenorphine dispensing has increased, uninsured/Medicaid beneficiaries receiving OUD treatments increased; continued goal of reducing expected opioid overdose deaths by 20% by 2021 – Opioid Action Plan 2.0 includes this goal and addition of prevention of next wave of the epidemic via addressing upstream causes, reducing stigma, connections to care (i.e. justice-involved populations) and non-opioid pain treatments, continued MAT training in residency programs, EMS-based induction, etc.

VII Franklin Walker and John Reynolds asked for input on value of meeting and it was agreed upon to continue this Committee – if there are any topics that anyone would like to specifically review towards next meeting please submit (IE barrier and challenges). Meeting was adjourned.

Post-meeting communications

1. **Is CME credit offered for the MAT waiver course?** If the training is being sponsored by an organization that is accredited to provide CME (i.e. MAHEC, AAPA, etc.), then yes. Programs looking to offer the waiver training are encouraged to coordinate with their local AHECs to provide CME.
2. **Are there any resources for prescribers new to seeing patients with OUD/prescribing buprenorphine?** MAHEC has a very comprehensive that was just released today 🙏 Here is the link: <https://mahec.net/innovation-and-research/substance-use/mat-training> Also, Providers

Clinical Support System (PCSS) has a list of resources
here:<https://pcssnow.org/resources/clinical-tools/>