



Meeting Name	Leader / Facilitator	Note Taker / Chat	Time Keeper
QIO Opioid Special Innovation Projects Advisory Board Meeting	Dr. Benjamin Druss/ Mike Crooks	Kandi Givner	Dr. Adrienne Mims
Date	Start Time	End Time	Location
January 24, 2017	1:00pm	2:30pm	WebEx/Conference Call

Meeting Purpose / Objectives: Provide guidance and oversight in the two opioid SIP to maximize impact, avoid pitfalls, coordinate with ongoing opioid stakeholder activity, and spread project successes.

Meeting Outcome: Increased Board Members understanding of project scope, goals, timeline and strategies. Gathered initial impressions and plan for continuing advisory role during two-year project.

Meeting Attendance:

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| <input checked="" type="checkbox"/> Dr. Benjamin Druss | <input type="checkbox"/> Liza Chapman | <input checked="" type="checkbox"/> Kimberly Rask | <input checked="" type="checkbox"/> Kandi Givner |
| <input checked="" type="checkbox"/> Chris Budnick | <input checked="" type="checkbox"/> Dr. Patrice Harris | <input checked="" type="checkbox"/> Wendy Tiegreen | <input checked="" type="checkbox"/> Mike Crooks |
| <input checked="" type="checkbox"/> Dallas Gay | <input checked="" type="checkbox"/> Dr. Susan Kansagra | <input checked="" type="checkbox"/> Dr. Crick Watkins | <input checked="" type="checkbox"/> Tod Citron |
| <input checked="" type="checkbox"/> Claudia Hamilton | <input checked="" type="checkbox"/> Christiana Nunemacher | <input checked="" type="checkbox"/> Linda Kluge | <input type="checkbox"/> Jackie Brown |
| | | | <input checked="" type="checkbox"/> Jennifer Massey |

Board Member Spotlight:

- Dr. Patricia Harris- shares about Atlanta Journal article response regarding the medical community and their over-prescribing behavior. The media has capitalized on the term “opioids.” Options are revolving and a deeper dive into alternative methods must be explored. Dr. Harris also shares that treatment and specific prescriptions such as physical therapy; acupuncture etc. and should also consider those who are not upper/middle class citizens and those with no insurance.
- Dallas Gay- reports in 2016 over 42,000 people have died from opioid deaths. There is a dedicated website, www.Opioidoverdoseprevention.com This website provides video training for initial overdose response for the public and law enforcement to an overdose, a downloadable checklist to be used at the scene of the overdose and when contacting 911. The site also gives amnesty guide, how to buy naloxone, and first aid techniques. 3 steps- to save a life
- Dr. Susan Kansagra provided update from the Opioid Commission Final Report sharing a broad range of recommendations that was discussed towards prevention and treatment from a national level.
- Board members engage with suggestions and ideas that are implantation from naloxone training for First-Aid responders, Peer- Support Specialist alongside EMT, and model discharging treatment plans. Board discussion:
 - treatment begins with the initial contact not only at discharge
 - changing the attitude and language behind what is treatment - it is a behavior that has to be adopted and exercised.
 - that standards have always been a goal number and we really need to think about the induction in the Emergency room department. “People need to leave with a connection to treatment; we need to change the attitude and language.”
 - we learned a lot on the psychiatric side for on the benefits Peer Support Specialist serve with the peer following them out the door. A single treatment intervention is not the only



enforcement. Treatment needs to continue with other and recovery support and behavioral support treatment options.

Board Input/Review

- Dr. Druss- provides background on the effectiveness of Peer Support Specialist and leaves the Board with questions including 1) What are your thoughts about the population Medicare recipients who have a more than 60 day opioid prescriptions, who also have a mental health condition and the integration of peer support specialist? 2) Who is our population, and how can learn from the peer work that has been successful? 3) How do we make this program successful?
- Dr. Kim Rask- provided breakdown of mental health diagnosis, long-term opioid diagnosis, and both mental health and opioid diagnosis for beneficiaries in both Georgia and North Carolina (see slide 16)
 - Question: Can we look at the specific Medicare claims for each individual in this category?
 - Answer: Certain permission from CMS would have to be provided, yet it is possible.
 - Question: Where is the data for the 65 and up populations and the peer experience
 - Answer: This information is not available at the time however Wendy Tiegreen offers to locate some information.

Project Updates

- Mental Health and Opioids- Kandi Givner informs Board of the recruitment efforts at Redmond Regional Medical Center and New Hanover's Behavioral Health Facility, Coastal Horizons. Kandi also shares all Northwest Georgia hospitals have been contacted and sent recruitment material, pending response.
- Opioid Safety at the Pharmacy - Mike Crooks provides the Board with a recruitment update for both North Carolina and Georgia. In addition, Coaching Calls will be on February 28, 2018 with 30 minute, pre-recorded calls to provide more flexibility for pharmacy staff. An update on naloxone dispensing in North Carolina and Georgia was given for the year 2016. Mike also advised the Board of education materials to be shared for review and input. Mike also discussed the barriers and challenges naloxone brings in regards to consumer request, supply and demand, reimbursement, and the patient relationship sensitivity with pharmacist and physicians.

Next Steps

- Advisory Board Meeting Feedback Survey and Minutes to be sent by 1/31
- Next meetings will be held on April 25 2:00-3:30PM and July 25, 2018 (Tentative).2:00-3:30PM
- Today's presentation and minutes, as well as resource links referenced today will be posted to Alliant Quality Opioid Safety page by 2/7
- A Board Update will be sent in mid-March