



Meeting Minutes

Treatment, Health Systems, and Research Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment

October 24, 2023, Approved

Attendees:

James Becker (co-chair), Jorge Cortina, Emma Eggleston (co-chair), Angela Gray, Michael Kilkenny (co-chair), Leigh Levine, Rebecca Roth

Opening:

Dr. James Becker (co-chair) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Treatment, Health Systems, and Research Subcommittee. The meeting was called to order on Friday, October 27, 2023 and was conducted by Zoom conference. A quorum was present to approve September meeting minutes. Angela made the motion for approval and Rebecca seconded the motion. The purpose of the meeting was to review 2023 Quarter 3 KPI progress and identify top three priority areas for the 2024 State Plan.

Agenda:

Quarter 3 KPI Progress

Goal 1

- Strategy 6: The challenge lies in establishing measurable indicators. Dr. Cortina highlights the omission of recognition for the states, including West Virginia, that have successfully reduced fatal overdoses over the years. This achievement should be acknowledged. Another positive aspect is the progress in distributing Narcan, but the issue of pharmacies refusing to fill Narcan and suboxone prescriptions is leading to overdoses. Dr. Levine is aware of the Valley Health Community Center, which offers suboxone to non-patients. Angela mentioned having a list of pharmacies in the eastern panhandle experiencing this problem, and she will scan and share the list. She plans to forward it to Brian Gallagher, who is actively addressing this challenge.
- Strategy 6, KPI 1: Dr. Becker believes that more progress has been made than the 20% benchmark. During the Appalachian Addiction conference, he engaged with numerous practitioners who expressed a strong commitment to the co-location of services in their practices. Dr. Becker proposes the idea of creating a survey to distribute to all the individuals who attended the Appalachian Conference, in order to advance progress. Rebecca suggests examining year-to-year Medicaid data and assessing the growth of services. Dr. Becker mentions that Keith King is responsible for this and will request a data extraction for analysis.

Goal 2

- Strategy 1: Dr. Becker highlights the challenges in obtaining Medicaid authorization for medications related to these diseases and emphasizes the efforts made by county health departments in addressing this issue. He expresses the need for more data to substantiate the reported percentages. Dr. Kilkenny points out that the Cabell-Huntington Health Department has data indicating a significant increase in screening and testing for infectious diseases, and the group needs to assess the status in other counties. Dr. Becker mentions that all patients enrolling in ProACT, where he works, are screened, but the actual enrollment in treatment declines. He

believes that the 10% target for these KPIs is underestimated, a sentiment shared by Dr. Levine. Angela suggests the possibility of generating a report from the state lab, organized by counties, to track testing and its changes, highlighting the significant decline in Berkeley. Dr. Becker also discusses his conversation with Dr. Christiansen and their interest in finding ways to gather data on testing and treatment enrollment. Rebecca brings up the 1115 SUD Waiver and its potential to facilitate a more integrated approach to HIV and Hep C screening, education, and treatment, providing a potential data pathway for measurement.

- Strategy 1, KPI 5: Dr. Becker raises the historical issue of obtaining Medicaid coverage for Hep C treatment, which depends on factors such as primary care or specialist requests and patient sobriety. Vicky Cunningham, the Director of Pharmacy, advocates for greater accessibility to Hep C treatment under Medicaid and anticipates an improvement in the numbers with her involvement.
- Strategy 1, KPI 4: To measure this aspect, the group examines data from primary care clinics over the years. Dr. Eggleston notes that there has been a threefold increase in knowledge about PrEP for providers in recent years. Dr. Levine explains that lifting the requirement for specialist care has significantly boosted access to PrEP, allowing primary care to administer it without a specialist's order and with rapid treatment availability. Dr. Eggleston mentions that she can collaborate with local FQHC and her family medicine clinic, which exclusively provides Hep C treatment, to extract data from EPIC and Dr. Levine's Valley Health HER system to understand changes in their landscape. Dr. Koester is tasked with determining the data that can be extracted to quantify these changes.
- Dr. Becker proposes the idea of convening a dedicated meeting to delve into this goal and suggests inviting Dr. Christiansen to participate in the discussion.

Goal 3

- Strategy 1, KPI 1: A gap analysis has not been conducted, and there are currently no plans to initiate one.
- Strategy 1, KPI 2: While there isn't a comprehensive strategic plan in place, there is a fair amount of telehealth activity related to SUD treatment. Many are implementing aspects of telehealth in managing SUD. Dr. Levine agrees that her patients have shown positive outcomes with telehealth for SUD. Rebecca mentions that staffing remains a challenge in her area. Questions arise about the duration of Medicaid coverage, and Rebecca is actively working on identifying what is or isn't being extended. Elements of a strategic plan are gradually coming together through practical experience. It is recommended to adjust KPI progress to a range of 10-15%.
- Strategy 1, KPI 4: Dr. Becker notes that the annual Appalachian Addiction Conference effectively captures data relevant to this KPI and provides a valuable platform for discussing the clinical needs of providers and clinicians. KPI progress should be adjusted to reflect this, approaching 50%.
- Strategy 1, KPI 5: The KPI progress should be adjusted from 0%.
- Strategy 1, KPI 6: One model of care that promotes recovery and integrates SUD within healthcare delivery has been endorsed. The KPI progress should be adjusted from 0% to 100%. Subcommittee members are aware of multiple models that fit this description, notably the program at WVU led by Dr. Barry.
- Strategy 1, KPI 8: Dr. Cortina mentioned that Shatterproof is no longer meeting with them but expresses a desire to reach out to understand the utilization of their website.
- Strategy 4, KPI 1: Dr. Becker notes that this is being actively pursued daily and weekly in his location, with significant efforts directed toward reducing bias and stigma. However, capturing data related to these efforts remains uncertain. KPI progress should be adjusted from 0%. Dr. Kilkenny points out that students from Marshall rotating through health departments become better educated each year.

Town Hall Meetings and Looking Ahead to 2024

- Carly has distributed the Town Hall Meeting Report to the subcommittee, encouraging them to carefully examine their respective sections of the plan's comments and the emerging themes section. They are asked to bring their insights back to the November meeting for consideration

when establishing priorities for the 2024 planning.

Additional Discussion

- Dr. Cortina mentioned that Sarah Winchester from Atlas had sent an email last month, indicating that they will be resuming their meetings, and they will be able to make progress on mapping initiatives.

Next Steps:

- Angela will circulate a list of pharmacies encountering challenges with suboxone shortages.
- Dr. Becker will contact Keith King to request data related to Medicaid co-location services.
- Dr. Eggleston and Dr. Levine will extract data from their clinics to analyze screening numbers.
- Dr. Becker will organize a subcommittee meeting with Dr. Christiansen to discuss screening.
- Dr. Koester and Carly will convene meetings with subcommittee members to accurately refine KPI percentages to align with actual progress.

Adjournment:

Dr. Becker closed the meeting by thanking all subcommittee members for their attendance. The subcommittee will meet again in November.