



Caring For ME Leadership Meeting
Wednesday, 07.12.17; 9:00 am - 10:00 pm
Location: virtual via zoom: <https://zoom.us/j/363389261>

Attendees: Lizzy White, Amy Belisle, Kayla Cole, Lisa Tuttle, Larry Clifford, Ashleigh Hart, Lisa Harvey-McPherson, Ann Marie Day, Stephanie Nichols, Ruda Kadnoff, Michelle Ayotte, Rhonda Selvin, Mary Beth Hassett, Ruth Hassin, Susan Kring, Steve Diaz, Katie Rosigana, Lindsay Smith, Elisabeth Fowlie-Mock, Marie Arnberg, Kate Chichester,

Topics	Notes	Actions/Decisions
Welcome & Introductions	<ul style="list-style-type: none"> Review of agenda Review of background of the group- aligning work across the state to bring in folks that have information to share 	<ul style="list-style-type: none">
Utilizing alternative methods for pain, acupuncture and Bill LD185	<ul style="list-style-type: none"> Marie Arnberg, L.Ac., Practices in Verona Island, and Ashleigh Hart, L.Ac., Practices in Ellsworth Bill LD185 An Act To Establish a Pilot Project for Medicaid Reimbursement for Acupuncture Treatment of Substance Abuse Disorders https://legislature.maine.gov/legis/bills/bills_128th/billtexts/HP014101.asp MMA is also doing work to collect resources with Elizabeth Fowlie-Mock for alternative methods for pain management <p>Marie Arnberg</p> <ul style="list-style-type: none"> LD 185 is an act to establish a pilot project for Medicaid reimbursement for acupuncture treatment for substance abuse disorder- population with diagnosis of alcohol abuse disorder and co-dependencies disorders Waiting for CMS waiver to be approved and working with state to design the study. The pilot will last for two years. As acupuncturists this is a new field for us to work in so we welcome any feedback or your experience in managing pain and addiction Waiting for data from DHHS to establish baseline for the study This work is to be cost neutral or provide cost savings for MC This work is to be performed by a licensed acupuncturist NADA protocol- protocol to help detox- simple and standardized and does not produce side effects Has been proven as a relapse prevention tool, reduces stress, used by 	<ul style="list-style-type: none">

	<p>populations in drug abuse as well as trauma</p> <ul style="list-style-type: none"> • Used in prisons, refugee camps, mental health, PTSD, veterans • Reduction in depression, anxiety, insomnia, and chronic pain • Can lead to cost savings due to fewer hospitalizations • Research on NADA is hopeful but inconclusive as there are no sponsors or funding from pharma companies- providers are the greatest champion for NADA protocol. In Marie’s experience, in the 4 clinics in Maine in the past 9 years they have administered this protocol 10,000 times. • Ongoing treatment, should be used daily for an active withdrawal patient • Can be done in large groups, simple to administer <p>Mary Beth Hassett</p> <ul style="list-style-type: none"> • Acupuncturist that practices in Freeport- Update from around the nation • Vermont had bill pass last year for chronic pain as an alternative to opioid prescription (\$437,000 budget) • This study did not use the Nada protocol • 157 patients enrolled • Acupuncturist performing treatments could perform any treatment necessary to treat chronic pain • Working with Society for Acupuncture Research – data will be coming out later this year • In Oregon, Medicaid covers acupuncture and in Ohio new legislation is to include more conditions for those on Medicaid that can receive acupuncture treatment <p>Questions</p> <ul style="list-style-type: none"> • We get many referrals for chronic pain and are seeing good results, but the largest barrier is the lack of insurance that will cover these treatments. The cost for treatment is as low as a typical co-pay if they do have insurance that covers treatment. Mary Beth Hassett- In our practice we do bill out about 40-50% of treatments to private insurance. Depends on the Health Insurance plan as to if the private insurer will cover; If it’s a patient with a workers comp issue, it is covered 100% • Maine General has 4 or 5 staff offering acupuncture treatment and a few more staff are training on these treatments; difficult to get 	
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	commercial reimbursement.	
<p>Update on MaineCare Opioid Health Homes Rules</p>	<p>Michelle Ayotte, MHRTC, Behavioral Health Homes, Program Coordinator, Value-Based Purchasing, DHHS, MaineCare Services</p> <ul style="list-style-type: none"> • Final rule making went into effect as of July 10th • DHHS took provider feedback and incorporated that into changes • Changes and update throughout the rule that Michelle encourages people to review • The three major changes are: removed requirement for providers to have a substance abuse license, removed requirement for the CCS to be on staff, modified requirement so that CADC or higher can fill the role for counseling services and care coordination • There are 4 Opioid Health Homes in Maine. Opioid health homes has a rolling application right now so providers can enroll when they feel their agency is ready to do so and there is no cap. <p>Questions</p> <ul style="list-style-type: none"> • Do you anticipate that as you get more sites that come on you will revisit the rules annually or every 6 months? Haven't heard that there will be a scheduled review of the rules, but as this is rolled out and situations come up the rules could certainly be revisited. • How many Opioid Health Homes will be approved? MaineCare does not have a cap on the number of MaineCare members that can be served and no cap on the number of providers either. Watching the number of applicants, but lower than anticipated at this point. • How many have been approved so far? Right now there are 4 approved and numerous ones in various stages of the application/approval process. • Do you know as the Opioid Health Homes are approved how many are being connected with SAMSA for coverage of patients without insurance? Every opioid health home so far has been connected with SAMSA if they are going to serve uninsured population. It's a team approach. SAMSA is involved throughout the application process with the providers • Is there a list of the approved Opioid Health Homes? Not listed on the MaineCare website, but will look at adding. • How will Opioid Health Homes interact with Behavioral Health Homes? Of 4 health homes so far there is not one that has a MaineCare 	<ul style="list-style-type: none"> • Will send Amy the list of Opioid Health Homes to send out to the group • Will send Maine Care core standards to Amy to share with group • Will send SAMSA measures for Amy to send to the group

	<p>member yet. Not sure of the answer to this because the uninsured don't typically get behavioral Health Homes services as well. MaineCare members are not eligible to receive treatment from both health homes at one time, but can enroll in primary health home and use fee for service to cover the secondary program if needed.</p> <ul style="list-style-type: none"> • What are the differences/requirements in serving uninsured vs MaineCare members? It's not an option to serve just the uninsured. Needs to serve MaineCare members as well. Have to complete a separate tracking form for SAMSA as they are tracking different measures, but no difference in the way services are received. If they have an uninsured member SAMSA requires the Opioid Health Home to help that member apply for MaineCare. • How much money is available from SAMSA for the uninsured? They have 166 slots for the uninsured at this time. Each provider that comes in gets 8 of the slots and will review if there is a need for more based on case load. • Could you share with us a list of the measures you are asking providers to collect for Opioid Health Homes and the SAMSA measures as well? They are actually core standards and they are in the application. 10 core standards around risk stratification of members, population risk, enhanced access, etc. • Is it straightforward for a patient to figure out the health home process? It's not always cut and dry as to what the primary affliction may be to determine the primary health home vs the fee for service health home. Also, not easy to switch primary and secondary health home due to billing and duplication. Education is provided around this to providers as they go through the application process. 	
<p>Update on Legislative Task Force</p>	<ul style="list-style-type: none"> • The next meeting of the legislative task force is Wednesday August 16th • Treatment, law enforcement, and prevention harm reduction groups will meet next week. First time meeting individually as opposed to in the larger, 16-member group. • Carol Kelly created survey that will be sent to all task force members to rate the recommendations about the ease of implementation and impact 	<ul style="list-style-type: none"> •
<p>Update on Pharmacy-Provider Meetings- Stephanie Nichols</p>	<ul style="list-style-type: none"> • Next monthly meeting is 8/10 at 1 pm 	<ul style="list-style-type: none"> •

	<ul style="list-style-type: none"> • FAQ was released from the Maine Board of Pharmacy • Opioid FAQ and Electronic Prescribing FAQ released from DHHS • Will cover these FAQs on the call • Task force is now connected to US Senator Angus King’s office- able to provide answers to questions around federal resources and laws around the opioid epidemic • Still looking for new members, reach out to Stephanie Nichols if interested • CCSME 8/10 webinar at noon that will focus on training and education of modern pharmacist, strategies to incorporate pharmacist into health care team 	
<p>Partner Updates</p>	<p>Question for Group- Has anyone created an updated patient handout that explains the implementation of the law?</p> <ul style="list-style-type: none"> • If anyone has materials for this please send to Amy <p>Partner Updates</p> <ul style="list-style-type: none"> • EMMC prepared handout for CMOs for the laws passed this session and what it means • Anne Marie Day- QIO is having webinar on August 22 at noon about incorporating pharmacist into the care continuum- will send info to Amy • Next MEHAF addiction care meeting is Sept 13th • Muskie school is doing evaluation of the addiction care grants • Maine General- focus is on providing MAT using similar model as Midcoast to have PCPs in central hub for induction • Lisa Tuttle- Harvard Pilgrim Health Care Grant-had great response to support around compassionate tapering using monthly video call sessions. Will begin in September and will be continued through the end of May. Working to finalize the participation and will reach upwards of 20 or more practices across the state. • Kate- CCSME- X-waiver training is no cost for people to join and can complete online portion after attending the full day training on Aug 11th. Also, a conference is being offered by Greater Portland Health Center with Health Resources Administration and MMA on Sept 13th. Registration is on CCSME website for this training. • September 13, 2017: Greater Portland Health, MMA, and CCSME will be co-hosting a summit at USM in Portland on Opioid and Other 	<ul style="list-style-type: none"> • Lisa will send EMMC handout to Amy • Anne Marie Day will send webinar information to Amy • Kate will send registration information to Amy • Susan will send MMA registration links to Amy

	<p>Substance Use Disorders: Embracing Substance Use Treatment and Recovery in Primary Care – A Community Approach</p> <ul style="list-style-type: none"> • MMA- Doing 3 webinars with Maine Quality Counts that will highlight 6 of the MICIS training modules in October and December. 	
Meeting wrap-up	<ul style="list-style-type: none"> • Summary of action items • Topics for next meeting • No meeting in September due to MEHAF and CCSME meeting on Sept 13th • Two in-person Caring for ME meetings will be Nov. 8 and March 14th from 9-12 at the MMA 	

Upcoming Meetings: If you have topics to add the agenda, please email Amy Belisle abelisle@mainequalitycounts.org

- Caring for ME Leadership Meeting: Thursday, October 12, 2017: 9-10 via zoom: Mary Jean Mork and Billing and Coding for MAT – Discussion about what is happening in your system (note change to Thur instead of 10/11 due to MMA/MHMC conference)
- Caring for ME Leadership Meeting in person: Wednesday, November 8, 2017: 9-12 at the MMA