**Meeting to discuss clinic closure 1/28/19**

Attendees: Von Wrighten, Laura Edison, Bruce Jeffries, Bianca Anderson, Nick Heaghney, Katie Curtis, Stephanie Gitukui

* Discussed needs for current clinic closure. Dr. is a DATA Waived psychiatrist who writes a fair amount of Suboxone prescriptions. Patients will likely need a new MAT provider, but there may be other opioid dependent patients as well.
* The following tasks may be necessary:

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| --- | --- | --- | --- |
| **Task** | **Details** | **Who will do this** | **Questions/Challenges** |
| Determine what kind of information is needed prior to event to prepare | What can DEA/LE share? Request data, may include patient # and characteristics, type of prescriptions (aggregate data), county, characteristics of the clinic | **DEA can reach out to GPH and put the team on alert as to pending clinic take down** | **Operational Security/officer safety/concerns about relationships with the medical community** |
| Identify patients and prescription needs | Obtain records from PDMP or the provider once the shutdown occurs. | DPH or health district?  DBHDD?  DCH?  **DEA- will have this information** | Can we use PDMP data for this purpose?  Determine who will do this task. |
| Create a letter to the provider and patients | Draft letter to provider and sample letter to patients in suspension packet that encourages provider to notify patients as soon as possible about license suspension/restriction and reminds provider of his/her requirement to provide medical records. | DPH or health district?  DBHDD? |  |
| Determine resources needed based on patient population | Determine if we need to identify area MAT providers, pain clinics, other resources that can accommodate these patients | ? | Determination made based on patient population |
| Reach out to area providers to determine capacity to take new patients | Reach out to area MAT providers, pain clinics, other resources to determine if they can accommodate these patients | ?  HPP, EPR, District, DBHDD, DCH |  |
| Contact insurance providers to instruct them to reach out to patients for continuation of care | Work with insurance commissioner/DCH/private insurance to asks them to identify affected patients using their claims data, risk stratify these patients based on opioid dosages and co-morbid conditions, and provide case management services as needed. | DCH, health commissioner?  Who will contact them? |  |
| Alert area providers | Alert EDs, EMS, pharmacies, other? |  |  |
| Contact patients | Contact patients to provide resources. May include information about contacting insurance, provider that can take patients in their area based on their health needs |  |  |
| Monitor patients | Use PDMP to monitor if patients are receiving care after the closure |  | Can we do this? |

**Pain Clinic Closures**

Pain clinics serve many chronic pain patients that are dependent on opioid and benzodiazepine medications. In the event of a closure, local clinic may not be able to absorb displaced patients, and insurance coverage may prevent access to care for others. Lack of access to these medications can lead to a recurrence of pain and potentially life-threatening drug withdrawal. Increased scrutiny of prescribing practices has identified inappropriate prescribing and led to more frequent pain clinic closures around the country.

In other state responses public health has served as the coordinating organization. Examples of Public Health responsibilities may include:

* Determine level of urgency [Controlled Dangerous Substance license status, facility status, patient population].
* Patient identification, communication and support:
  + Obtain list of patients and current medications from provider, PDMP, or insurance companies/commissioner. Identify high-risk patients [intrathecal pain pumps, high dose opioids, etc.].
  + Draft letter to provider and sample letter to patients in suspension packet that encourages provider to notify patients as soon as possible about license suspension/restriction and reminds provider of his/her requirement to provide medical records.
  + Establish communications with patients [by phone, call-in number, or direct patient contact].
  + Provide patients with resource guidance and lists [primary care, pain management clinics, MAT programs].
  + Post information on their web sites with resources for displaced patients.
  + Monitor patients using surveillance data to ensure they were able to access care.
* Alert healthcare partners:
  + Alert pharmacies to incident and urgency to provide prescription continuity.
  + Alert ER and primary care providers about the action and encourages them to assist with managing displaced patients.
* Coordinate with other agencies:
  + May work with insurance commissioner/DCH/private insurance to asks them to identify affected patients using their claims data, risk stratify these patients based on opioid dosages and co-morbid conditions, and provide case management services as needed.
  + DBHDD to facilitate MAT if needed.
  + Working in collaboration with local healthcare leaders, compiles a list of all the pain specialty clinics in the area and surveys them regarding their capacity.