

Draft Minutes
MSSNY'S Addiction and Psychiatric Medicine Committee
Friday, April 17, 2015
8:30 a.m. – 10:00 a.m.
Via Web conference and Teleconference

Present

Frank Dowling, MD, Commissioner
Glenn Martin, MD
Edmond Amyot, MD, Chair
Lyn Hohmann, MD
Katherine McCarthy, MD
Marvin Rabinowitz, MD
Jeffrey Selzer, MD
Darvin Varon, MD
Norman Wetterau, MD

Excused

Sheila Blume, MD
Russell Denea, MD

MSSNY Staff

Pat Clancy, VP, Public Health &
Education

Absent

C. Deborah Cross, MD
Jose David, MD
Stephen Hermele, MD
Ammar Kassem El Sara, MD
Tzvi Furer, MD
James Kelleher, MD

- 1 **1) Welcome/Introductions:** The meeting was called to order.
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3 **2) Adoption of Minutes:** January 23, 2015 adopted as written.
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5 **3) Presentation by Hillary Kunins, Asst. Commissioner, NYS DOH and Mental Hygiene:**
6 DOH is promoting a new phone app called Opioid Calc. Prescribing patterns were associated
7 with higher rates of overdose. Staten Island had very high rates of high dose prescribing. The
8 opioid calc converts whatever opioid into a morphine equivalent dose and if the dose of all the
9 medications the person is taking is higher than a 100 or being prescribed the physician will get a
10 warning. The app can be downloaded and is available for both iPhones and Androids. The
11 committee agreed that this app sounds like it would be very useful.
12
13 Ms. Kunins stated that the DOH will be visiting about 1000 practitioners in the Bronx.
14 The city has an interest in promoting access and availability of office based treatment for opioid
15 use with the qualification "high quality" by well-trained people. NYS DOH just released a
16 publication aimed at health care providers. A consultant was hired who is a practicing internist
17 who prescribes buprenorphine to help a small healthcare network in the city get their doctors
18 trained and then be available to help ambulatory sights begin to initiate buprenorphine
19 prescribing. Ms. Kunins stated that she is very open to ideas and/or partnerships in providing
20 access. There needs to be systems of care that are appealing to younger people with opioid
21 problems.
22
23 **4) Possible YAR Conference:** The report connects medicine with other groups. The intent of
24 the paper was to focus on youth that are at risk of substance, alcohol and various other types of
25 abuse. It was suggested that the committee develop some type of conference and invite other
26 organizations, take a look at the report and ask a series of questions (e.g. Where things are? How
27 can medicine be involved? Etc.) The outcome would be knowledge and possibly doing some

1 things together. There is potential funding for this conference. It was recommended that DOH
2 also get involved in the project. Dr. Hohmann agreed to work on this along Dr. Wetterau and Ms.
3 Clancy. It was stated that the audience that would be targeted would be MSSNY's Public Health
4 committees, the NYS Department of Health, some of the leadership from State Academy of
5 Family Physicians, NYSAM, and NYS Psychiatric Association along with a few other people.

6
7 **5) Final Medical Marijuana Regulations:** The state has assessed the public comments that
8 have been made on the regulations. There were concerns about federal requirements and
9 prosecution. The biggest concern was what conditions medical marijuana can be used for. It was
10 stated that the conditions may be extended at a later date. The regulations are final. They will
11 now begin to identify entities to develop marijuana in New York State.

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13 **6) Review and Input into 2015 Marijuana Resolutions:**

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15 • Resolution 164 ó It was stated that legislation will help for things to be less dependent on
16 whose president/attorney general. The committee supports this resolution.
17 • Resolution 165 ó The committee supports the core concept of the resolution however, it
18 was stated that there is concern about implementation.
19 • Resolution 166 ó The committee opposes this resolution

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21 **7) Multi-Specialty and State Task Force on Opioid Use in the United States:** They are
22 proposing to have a series of recommendations that every state and every medical specialty
23 will sign on to. The initial meeting was last fall. There will be a consensus statement on the
24 task force recommendation of recommendations. The task force hopes to have the
25 recommendation's presented at the AMA Interim meeting.

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27 **8) Adjournment – Next Meeting September 18, 2015**