



Imagine better health.SM

Morrison County Opioid Program



Opioid Abuse

A call to action



What caught our attention in our community?

- On call narcotic refills
- Emergency room visits
- Overdoses in the community
- Police concerns



Opioid Abuse

A real solution



Community issues require community solutions.

In 2014, the Morrison County Prescription Drug Task Force formed.

Opioid Abuse

A real solution.

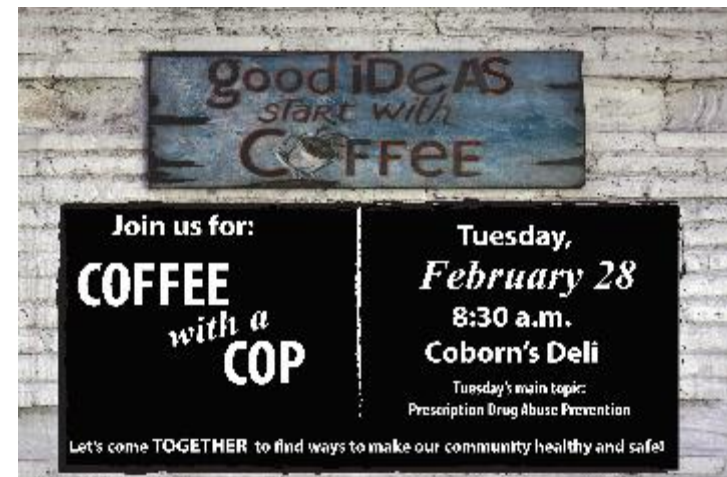


Opioid Abuse

A real solution.

Prescription Drug Task Force functions:

- Community education
- Drug take-back events
- Community forums
- Coffee with a Cop
- Information sharing



Opioid Abuse

A real solution.

In 2015, a Controlled Substance Care Team (CSCT) was formed within our primary care clinic.



SIM (State Innovation Model) grant received for \$360,000 helped fund efforts.

Initial goals:

- Avoid early refills
- Encourage doctors to sign up for Prescription Drug Monitoring Program (PDMP)
- Review patient charts
- Ensure urine screens and pill counts completed
- Support providers by establishing care plans for all patients on controlled substances

Early workflow development:

- One physician
- RN
- Administrator

A social worker and Medical Home physician were added in an effort to address all the patient's needs.

Getting into the “program”

- Provider or nurse referral
- Drug refill issues (RN reviews)
- Police information
- Pharmacy concerns
- Slowly working the “list”

Initial Evaluation

Begins with patient meeting with the Nurse Care Coordinator and/or Social Worker.

Information Gathering

- Past medication history
- Substance abuse history
- Drug-related convictions
- PMP
- Family history
- Pharmacy review (if necessary)
- Review of appropriate dosing
- Facebook
- Mental health concerns
- Medication interaction
- ER visits
- Work history
- Diagnosis for medication

Opioid Abuse

A real solution.

Weekly meetings began to review patient cases one at a time.

S	
M	
T	Care team meeting
W	
T	
F	
S	

www.100pannes.com

Entrance Form

Reviewed at weekly meetings by physicians.

Review includes:

- Previous work-ups
- Scans
- Referrals to occupational therapy, physical therapy, or pain clinics

MD Recommendations

CSCT REVIEW

Dr. _____ Date: _____

The CSCT has reviewed the following patient:

Patient Name: _____ DOB: _____ MRN: _____

Diagnosis: _____

Medication Agreement/Care plan signed: Y/N, Date: _____

Anxiety: Y/N, Depression: Y/N, Mental Health issues: Y/N, _____

Mental Health Provider/Therapist: _____

Current Medications of Concern:

- _____
- _____
- _____
- _____

Images Reviewed: Y/N _____

Other Modalities attempted: _____

UDAS in past year: Y/N, Date of most recent UDAS: _____

UDAS Findings:

- _____
- _____
- _____

Pill Counts: _____

PMP Reviewed: Y/N, Findings: _____

Social History: _____

Social Needs identified: _____

Recommendations: _____

Scanned in EMR: Y/N

Signed: _____

Recommendations

- Formulated based on review
- Reviewed with primary provider

Components of recommendations

- Dose reductions
- Further work-up or updated work-up
- Discontinuation of other medication due to risks (benzodiazepines)
- Physical therapy or occupational therapy
- Taper if medical condition doesn't warrant pain medication
- Discontinued if obvious diversion

Outcomes

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A real solution.

Outcomes

#1

In 2014, the #1
Emergency Department
diagnosis was
therapeutic drug
monitoring



As of Nov. 2015,
Emergency Department
diagnosis for
therapeutic drug
monitoring is no longer
on the Top 20 list

↓ #20

Outcomes

324 patients had opioids, benzodiazepines, or stimulants discontinued by a Controlled Substance Care Team Intervention.

These patient tapers account for

370,000 fewer pills/units prescribed in a year.

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A real solution

Outcomes

- 324 Total Tapered Patients (narcotics, stimulants or Benzo.)
 - Average decrease= 30,869 units/month no longer prescribed
 - Approx. \$7/pill = \$2.6 million per year
- Reasons for Tapers:
 - Dose too high
 - Diverting
 - No Diagnosis/Reason for medications
 - “Other” – urine drug screen results, self medicating, etc.
- Patient Needs/Support Referrals
 - 2016: 146
 - So far in 2017: 210

Opioid Abuse

A real solution.

Change in physician culture is slow and ongoing

- Unexpected urine testing
- Overdoses and overdose deaths
- Police information
- CDC guideline information
- Pending state guidelines
- State Board interest in this issue

Opioid Abuse

MAT



Our Buprenorphine Program

Success thus far:

- Total considered for program= 52
- Total enrolled= 50
- Currently Active= 26
- Inactive= 24

Buprenorphine Program

Defining success

- Time
- Employment
- Repaired relationships

County Jail Buprenorphine Program

The issue: interrupted buprenorphine treatment

The solution: collaboration

- Assembling a team
- Developing protocols to continue buprenorphine
- Considering new starts

Emergency Room Initiative

Goal: Point of care intervention

- Interact with overdose patients or patients in withdrawal
- Flyer with control substance care team number
- Referral process for buprenorphine treatment

Our Story: Minnesota Hospital Association Innovation in Patient Care



Our Story: American Hospital Association NOVA Award



**Awards do not save lives, but...
they draw attention to the issue.**

Opioid Abuse

A real solution.

- Community presentations
- Legislation to clone the program
- ECHO program

Savings So Far

- Our Clinic
 - 324 Total Tapered Patients (narcotics, stimulants or Benzo.)
 - Average decrease= 30,869 units/month no longer prescribed
 - Approx. \$7/pill = \$2.6 million per year

- Community with One Nurse (No Funding)
 - Yearly total of pills decreased: 111,552 pills
 - Approx. \$7/pill = \$780,864 saved

Potential Minimal Saving

- If we had 7 communities like this:
 - Yearly total of pills decreased: 780,864 pills
 - Approx. \$7/pill = \$5,466,048 saved

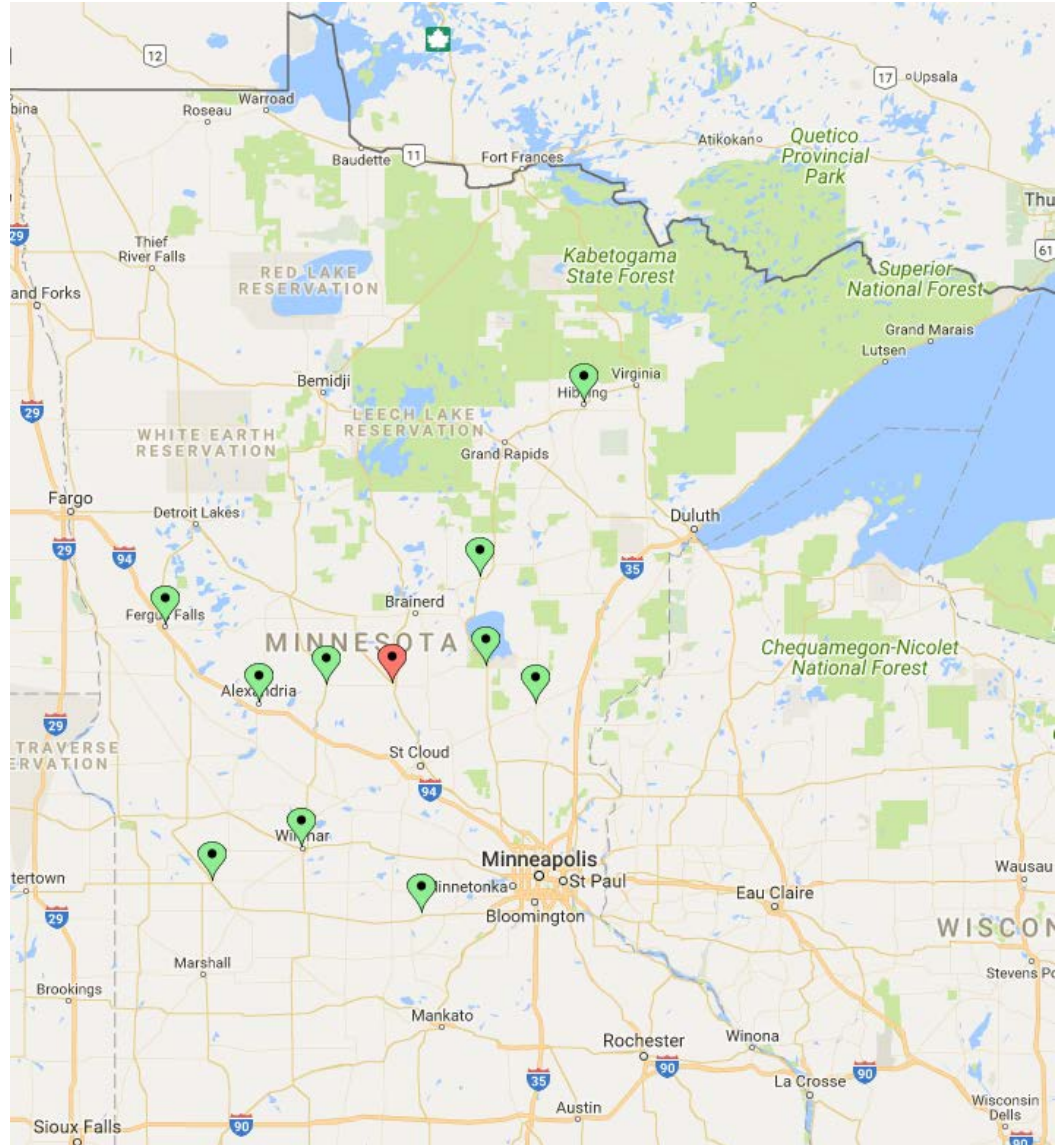
ECHO Model



ECHO HUB: Little Falls, MN



Potential ECHO SPOKES



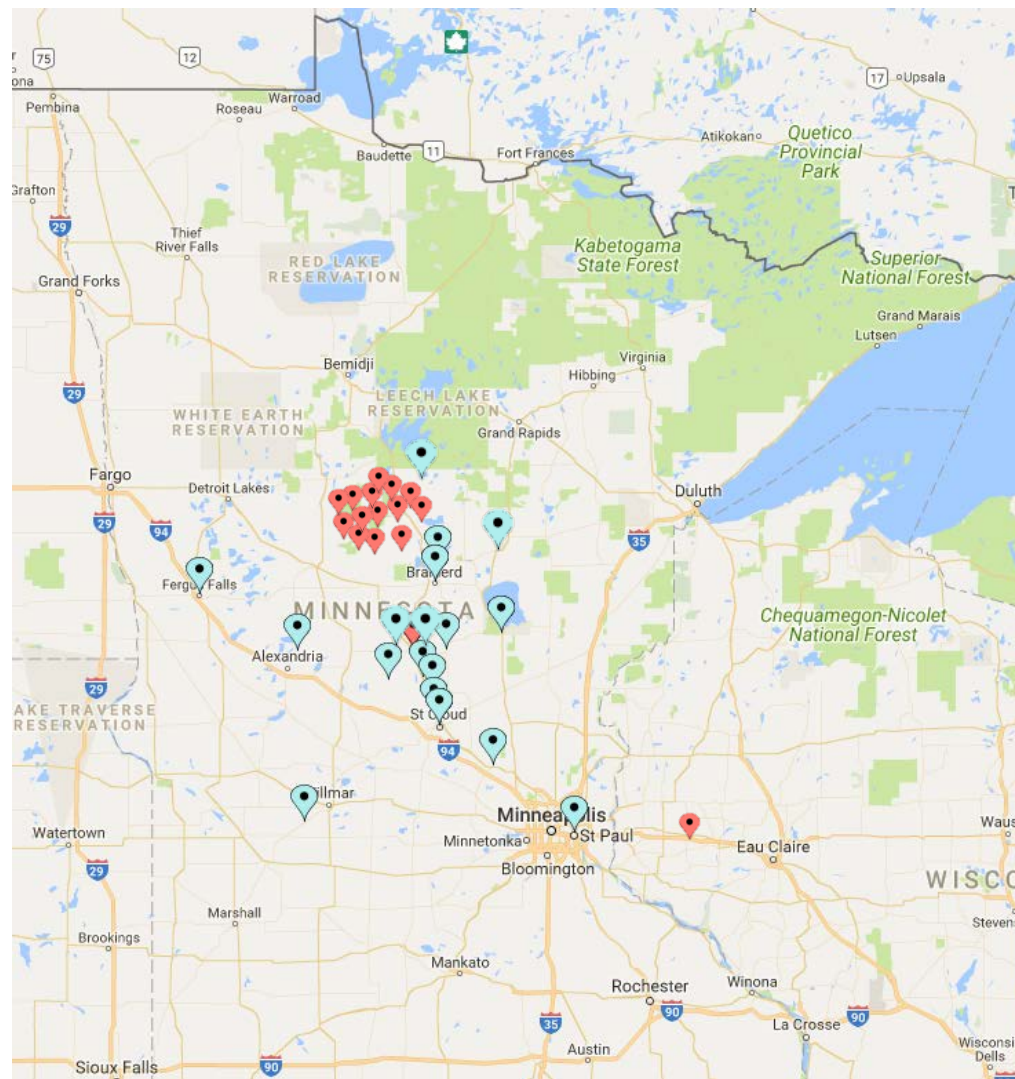
Active Patients on Suboxone




Little Falls, MN- 17 patients




Big Lake, MN
Brainerd, MN- 2 patients
Carlos, MN
Fergus Falls, MN
Merrifield, MN
Onamia, MN- 2 patients
Pierz, MN
Raymond, MN
Rice, MN
Royalton, MN
St. Cloud, MN- 3 patients
St. Paul, MN
Sartell, MN
Upsala, MN

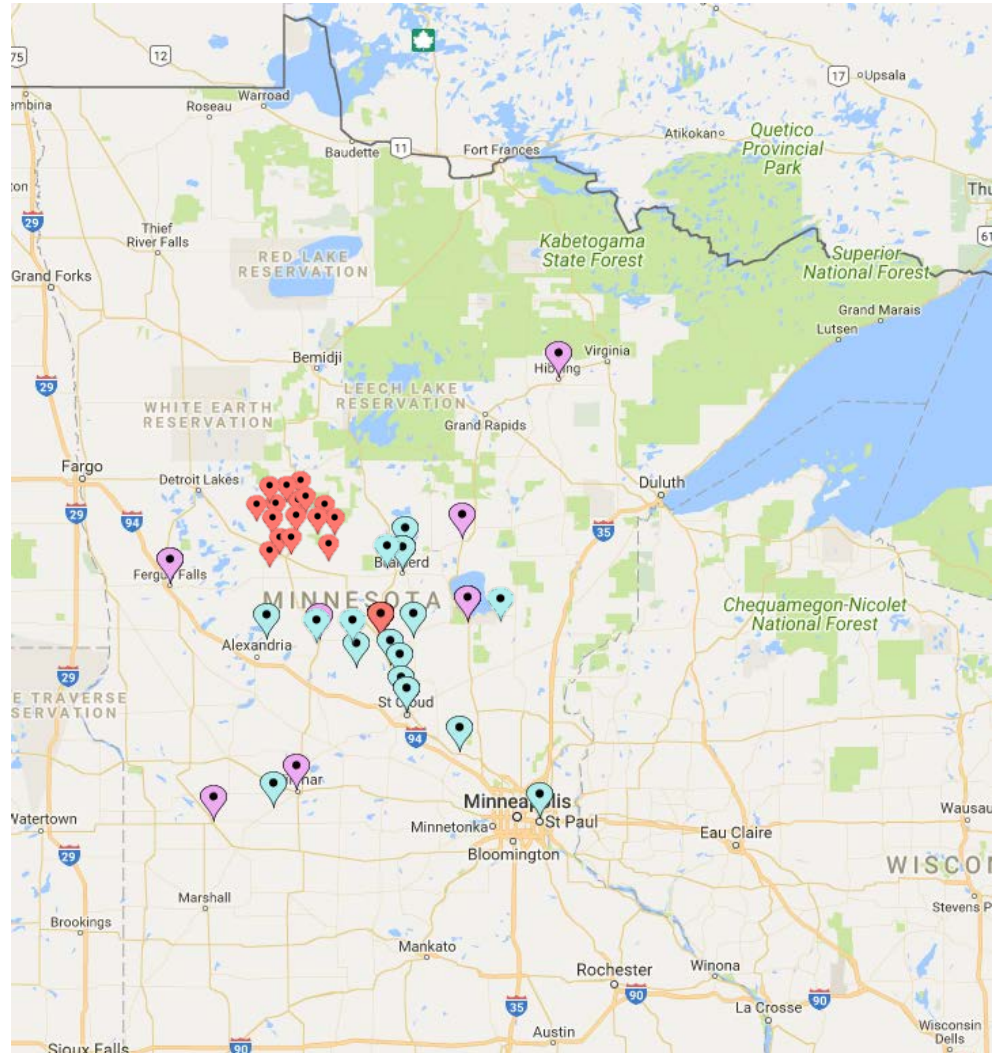


Combined Map

 ECHO HUB/Patients on Suboxone
Little Falls, MN

 Patients on Suboxone

 Potential Legislative
Communities



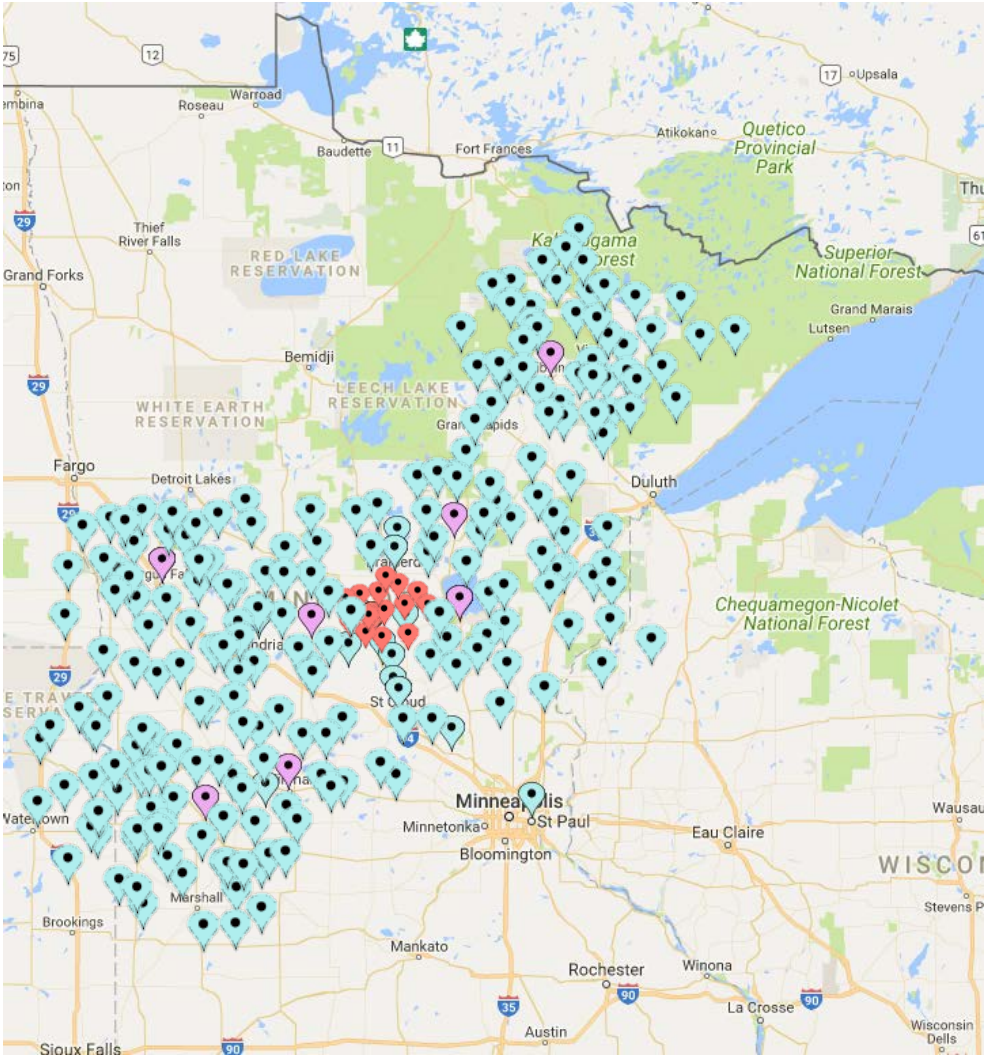
Suboxone Use Goal



Roughly 35 patients per ECHO SPOKE



Potential Legislative Communities





CHI St. Gabriel's Health

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THANK YOU!

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