Essentia's response to the opioid crisis

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Nov. 16, 2016

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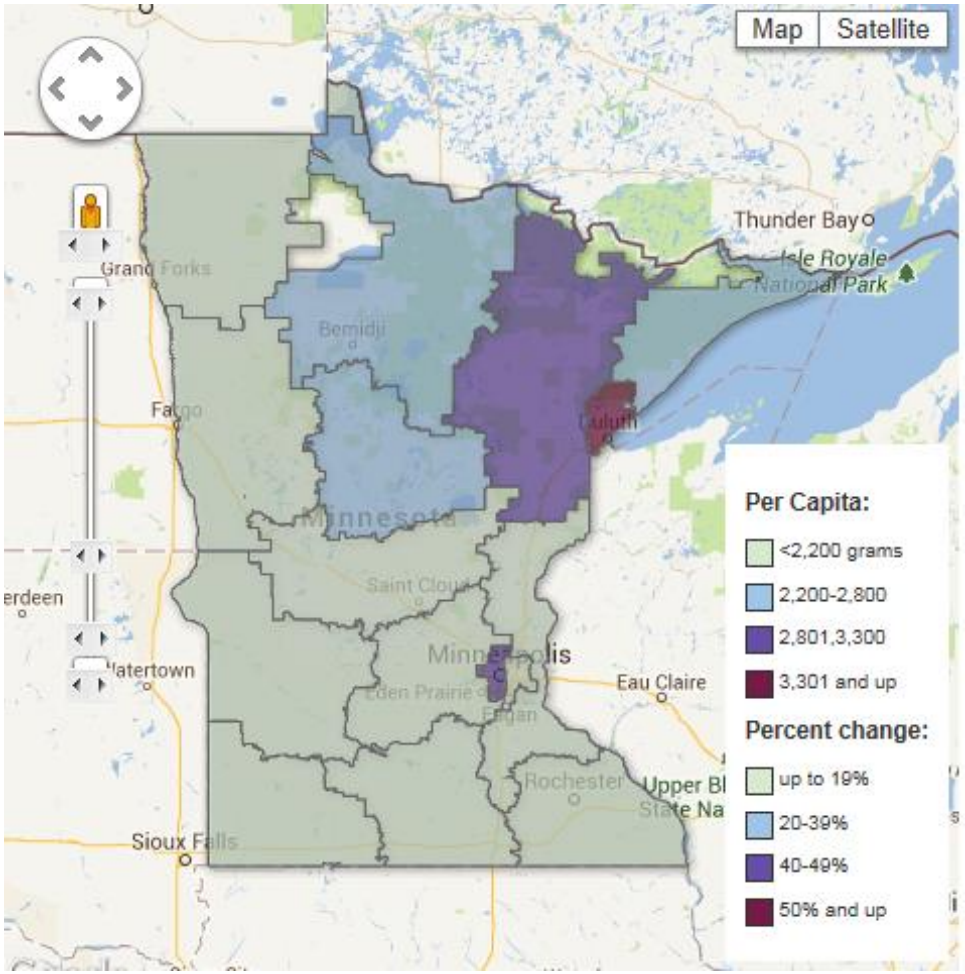
Per capita opioid use

2005

Map shows grams per 10,000 people of prescriptions for painkiller opioids, such as oxycodone, hydrocodone, codeine, morphine.



Source: Drug Enforcement Administration; Pioneer Press, *Prescription opiates and heroin in Minnesota*

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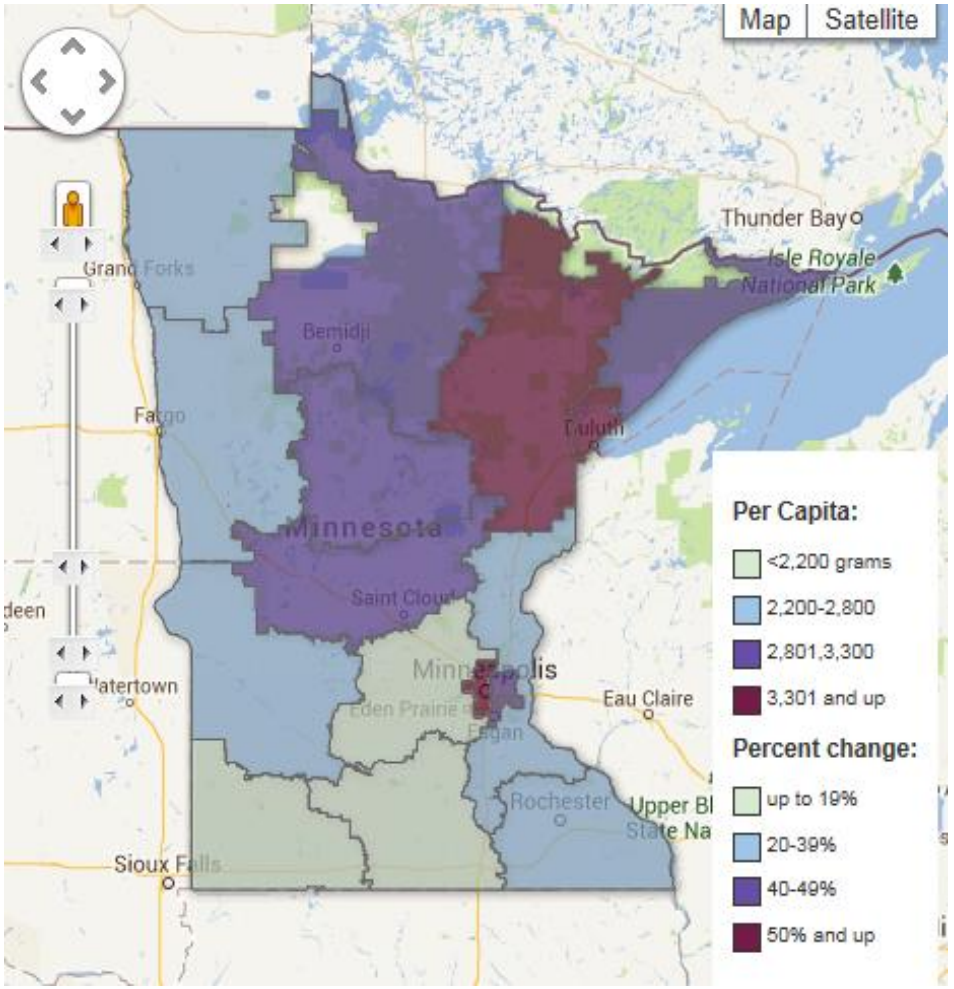
Per capita opioid use

2011

Map shows grams per 10,000 people of prescriptions for painkiller opioids, such as oxycodone, hydrocodone, codeine, morphine.



Source: Drug Enforcement Administration; Pioneer Press, *Prescription opiates and heroin in Minnesota*

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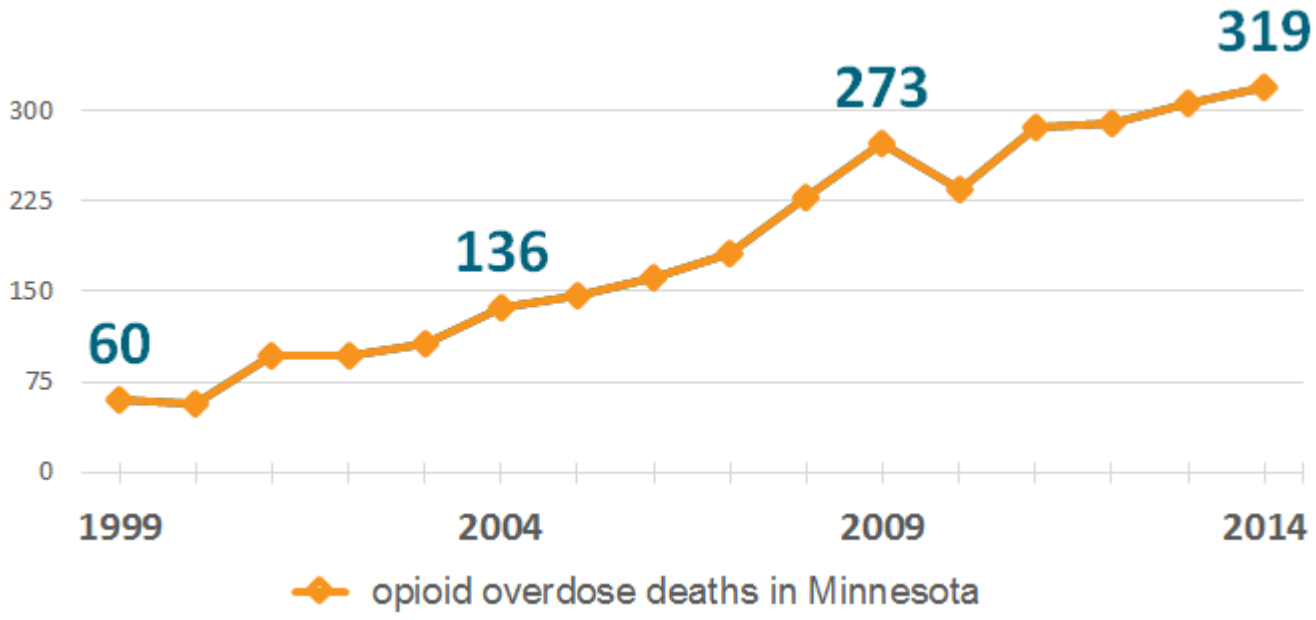
Sobering statistics

The number of people who have died from opioid overdoses in Minnesota rose more than 500 percent from 1999 to 2014.



Source: Minnesota Public Radio; Centers for Disease Control and Prevention

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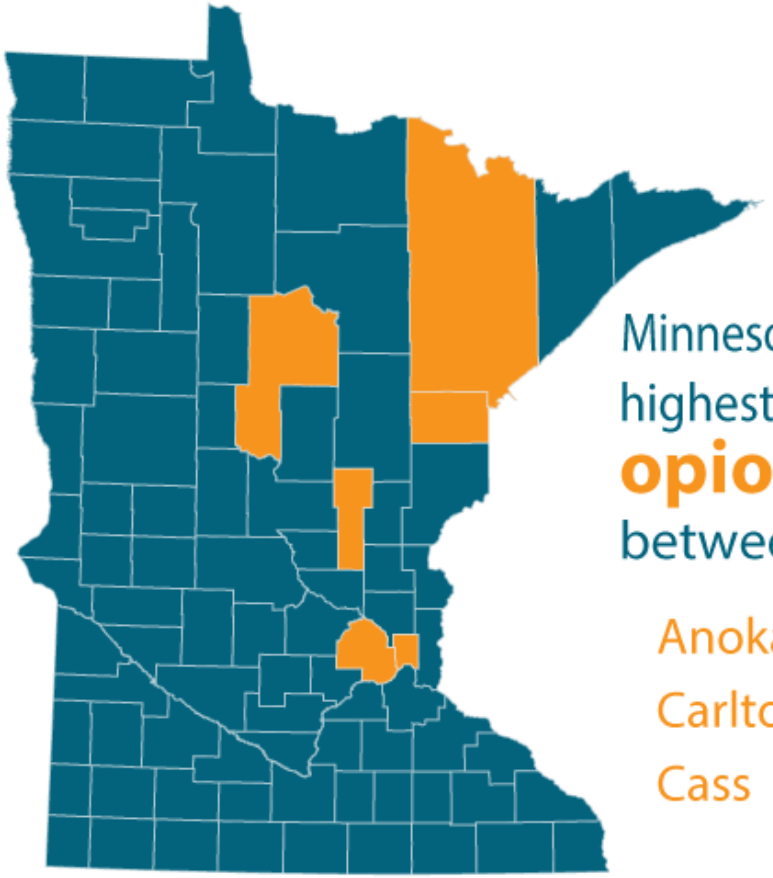
Sobering statistics



Minnesota counties with the highest rates of death from **opioid overdose** between 1999 and 2014

Anoka	Hennepin
Carlton	Mille Lacs
Cass	St. Louis

Source: Minnesota Public Radio; Centers for Disease Control and Prevention

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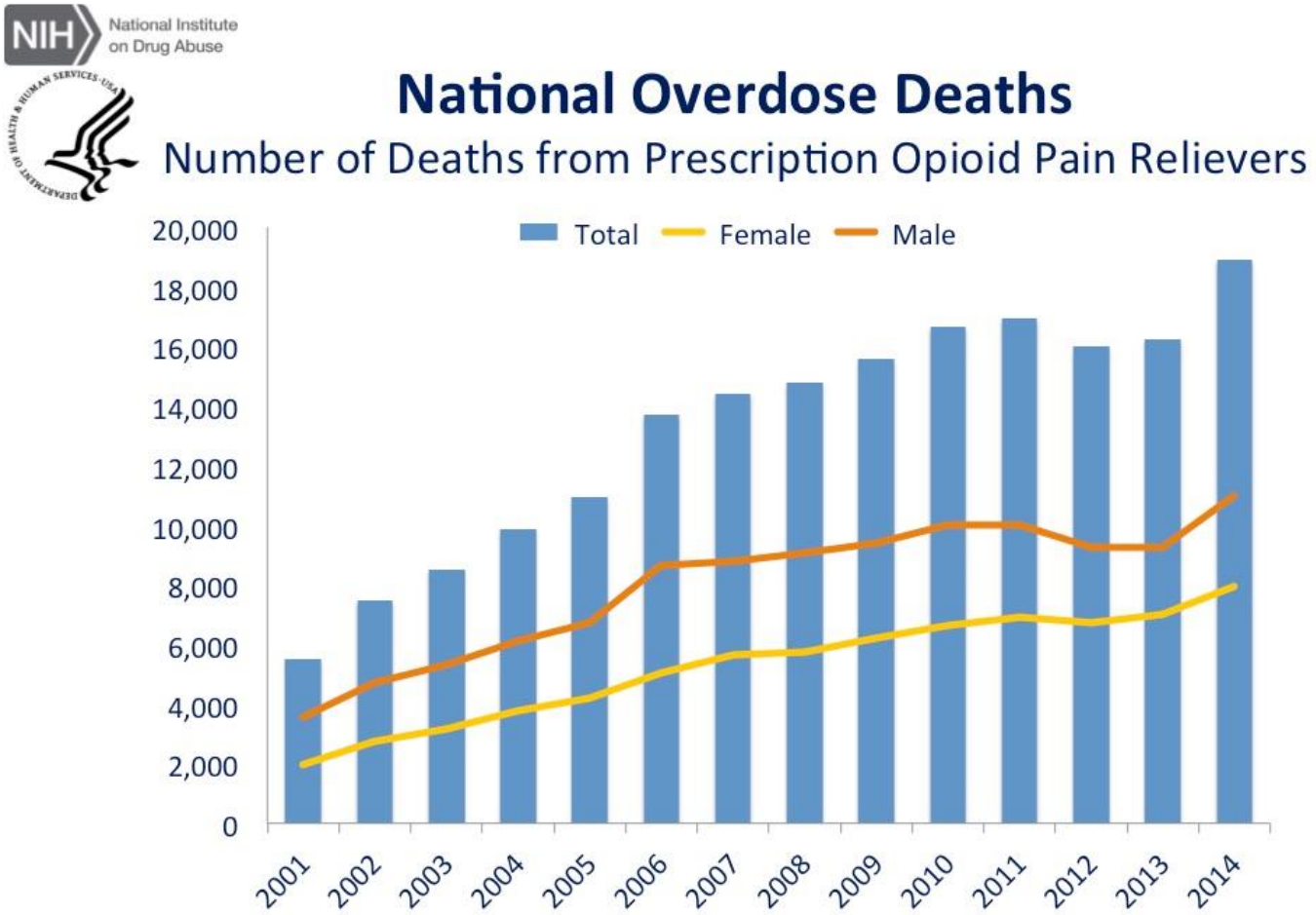
A dangerous trend



Source: National Center for Health Statistics, CDC Wonder

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The transition to heroin

An addiction to powerful opioid painkillers that she needed at first for digestive pain — but later just needed — hijacked the promise of a 26-year-old champion swimmer and dancer whose life goal was to study nursing or radiology and care for others.

“Ultimately she is the victim of opiate overprescribing,” said her mother, Shelly Elkington, of Montevideo, Minn., “and that is what brought her into a world that she had no business being in, with criminals who had violent backgrounds.”

Source: Families haunted by opioid deaths seek answers, change; by Jeremy Olson, Star Tribune, Jan. 25, 2016

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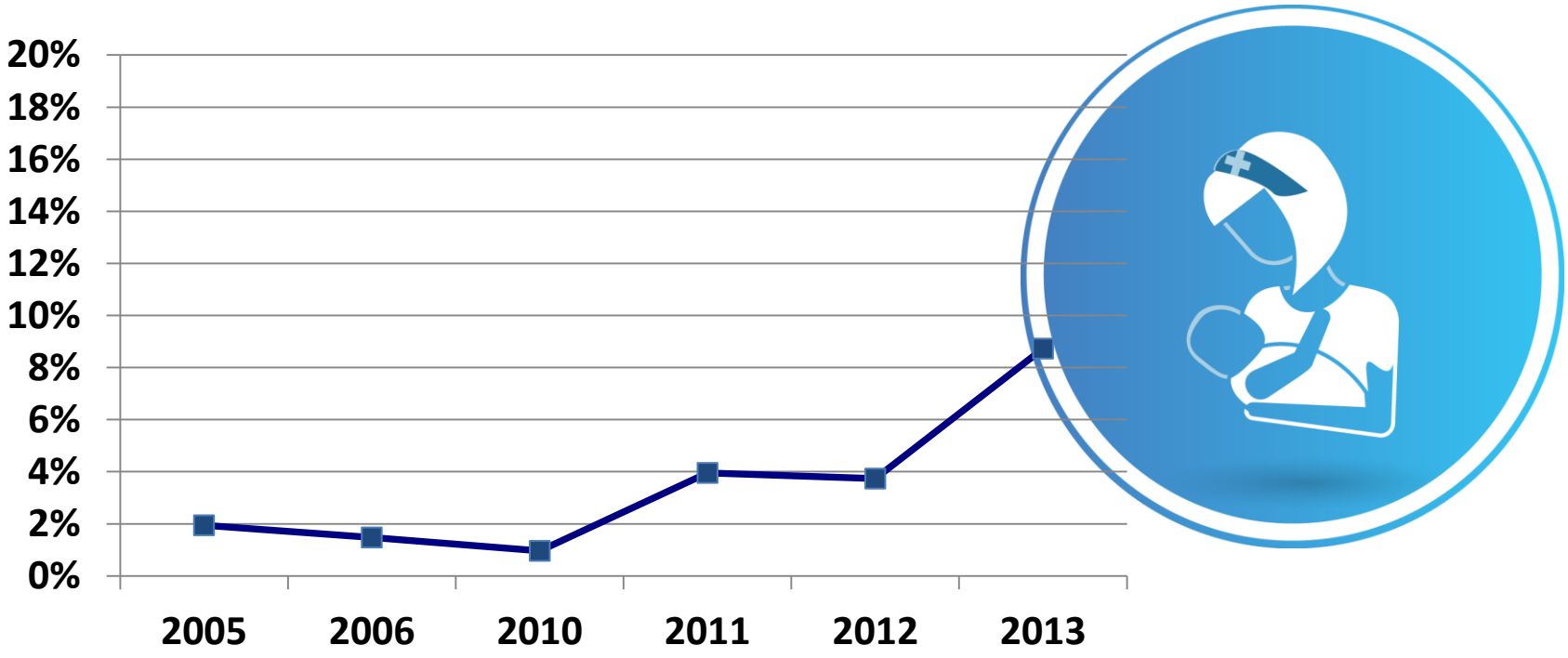
Impact on our tiniest patients

Percentage of Duluth NICU patients **born suffering from opioid withdrawal** with a diagnosis of “Neonatal Abstinence Syndrome” or NAS



Source: Essentia Health-St. Mary’s Medical Center NICU admission diagnosis - NAS

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CDC recommendations 2012

CDC: Opioids are ineffective for some chronic conditions.

- **Low back pain**
  (without a patho-anatomic diagnosis)
- **Headache**
- **Fibromyalgia**

Source: Ballantyne, Presentation to CDC, October 24, 2012

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CDC recommendations 2016

CDC targets primary care providers: They account for **50%** of prescription opioids dispensed.

- Opioids are not the first-line or routine therapy for chronic pain.
- Establish and measure goals for pain and function.
- When opioids are started, prescribe them at the lowest possible dose.

Source: Centers for Disease Control and Prevention

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Letter from the Surgeon General

UNITED STATES SURGEON GENERAL
Vivek H. Murthy, M.D., M.B.A.

August 2016

Dear Colleague,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own parents whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly two million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. **Please take the pledge at www.TurnTheTideRx.org.** Together, we will build a national movement of clinicians to do three things.

First, we will educate ourselves to treat pain safely and effectively. A good place to start is the enclosed pocket card with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because health care is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

Thank you for your leadership.

Vivek Murthy

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Taking on Opioids: Essentia's Approach

ACO-01

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Purpose of new Standard of Care

- Provide **safe and effective** patient care
- Help **prevent diversion and abuse** of opioid medications for a safe community

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First steps to manage COAT population

2008-2010

- Implemented Treatment Agreements including urine drug screenings and pill counts
- Refills given only at visit
- Developed metrics to monitor up-to-date Treatment Agreements

Issues

- *Did not address inappropriate COAT prescribing*
- *Inconsistent management/monitoring of patients*

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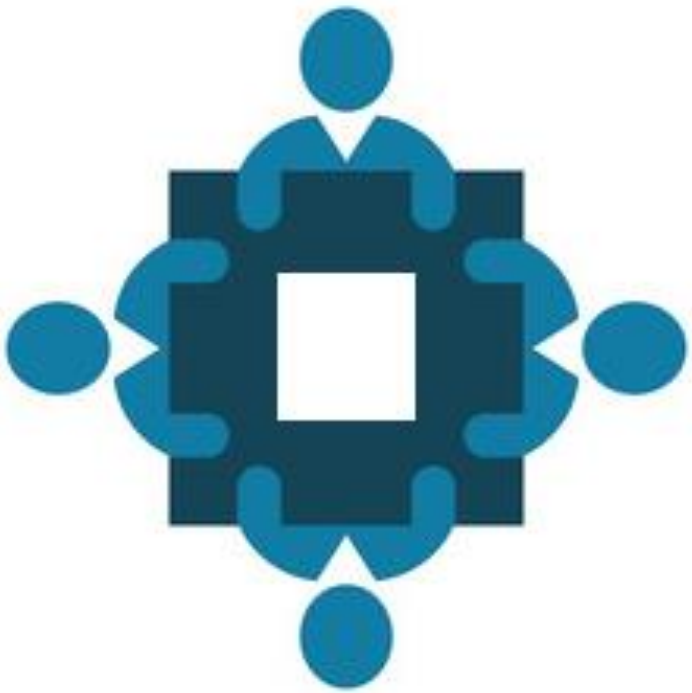
Progressive efforts

2013-2015

- Convened summit to develop Essentia's **Guiding Principles for COAT**
- Served as a cornerstone for all future COAT efforts



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Essentia Guiding Principles for COAT

- **Essentia Health supports the *use of evidence-based guidelines* and best practice standards for pain management.**
- **We recognize that opioids are *not effective for the long-term treatment of chronic non-cancer pain* and may also have public health consequences.**
- **Chronic opioid treatment is *not indicated for frequent headache, non-specific low back pain and fibromyalgia*.**
- **We recognize that long-term chronic opioid use leads to *severe side effects,* which may include: *hyperalgesia, hypogonadism, dependence, addiction, osteoporosis, fatigue, somnolence and cognitive dysfunction.***
- **The use of *long-acting* opioids for chronic pain can lead to additional harm and is discouraged.**
- **For patients where opioids are indicated we *endorse the limit of 90 mg daily* morphine dose equivalents (MDE).**
- **Patients also *on benzodiazepines should not exceed 50 MDE/day.***
- **The *unanimity of provider adherence to Essentia opioid prescribing best practices* is critical to patient safety and community health.**

Source: http://jamanetwork.com/journals/jama/fullarticle/2528212

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Progressive efforts

2013-2015

- Education of providers and staff
- Develop and implement new processes and tools to assess and manage COAT patients

FRIDAY MORNING GRAND ROUNDS

Learning Series:

Pain, Prescribing, & Neonatal Abstinence Syndrome (NAS)

St. Mary's Medical Center auditorium | 7-8 a.m.

Purpose: Address issues related to opioid prescription for chronic noncancer pain, the associated epidemic of nonmedical use of opioids in the community, and strategies to decrease the routine use of opioids as the main treatment for chronic pain.

The intended audience is all health care teams and leaders.

2014 Schedule

January 10
Reducing Opioid Use in Patients with Chronic Noncancer Pain
Visiting Professor: Jane C. Ballantyne, MB BS
Penn Pain Medicine Center
Philadelphia, Pennsylvania

January 17
Neonatal Abstinence Syndrome (NAS) Part 2: Neonatology Perspective
Christina Falgier, MD
Essentia Health
Duluth, Minnesota

January 24
21st Century Perspective: Addiction Medicine
Mark Willenbring, MD
Alltyr, St. Paul, Minnesota

January 31
Multidisciplinary Pain Management
Miles Belgrade, MD
Fairview Pain Management Center
Minneapolis, Minnesota

February 7
Neonatal Abstinence Syndrome (NAS) – Part 5: Maternal/Perinatal Perspective
Mary Bray, MD,
OB/Gyn, Gynecological Surgery
Essentia Health, East region

February 14
HealthPartners' Pain Management Program
Arthur Wineman, MD
HealthPartners, Bloomington, Minnesota

February 21
Opioid Addiction
Charlie Reznikoff, MD
Hennepin County Medical Center
Minneapolis, Minnesota

February 28 - **Panel Discussion**

Brian Konowalchuk, MD · Faris Keeling, MD · Ihyimwa Igwe, MD · Christina Falgier, MD · Joe Blanco, MD

Videoconference and MOVI are available for Essentia Health regional sites. All sites dial to 19912 (Grand Marais dial to 81912). **New!** Access live streaming video by typing videorecorder in the web address of an Essentia Health networked computer. Contact the CME Office at 218.786.4764 or CMEOffice3@essentiahealth.org for more information.

This activity has been approved for *AMA PRA Category 1 Credit™*

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Creating a system-wide approach

2015

- Reviewed prescribing practices
- Developed new Standard of Care
- Utilized EHR tools and support departments

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COAT initiative goal #1

Minimize number of new chronic pain patients started on COAT.

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What we did

Changing prescribing habits

- Educate primary care staff and physicians/advanced practitioners so they understand the opioid crisis and why we need to change
- Leadership presentations to provider groups

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COAT initiative goal #2

Reduce diversion and abuse of opioids prescribed by Essentia physicians and advanced practitioners.

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What we did

Tighten monitoring

- Tightened language in Treatment Agreements
- Refills only at scheduled visits (chronic and acute)
- Require at least one annual urine drug screening; pill counts and PMP checks at each pain visit

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COAT initiative goal #3

Taper patients off high doses, and taper willing patients off opioids where therapy is inappropriate for diagnosis.

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What we did

Work with current COAT patients

- Educate patients about the risk of long-term opiate use
  - Shared understanding, shared decision-making
- Patient-reported pain assessment and depression/anxiety screen at every pain visit
- Increased length of annual COAT assessment for more patient education and discussion

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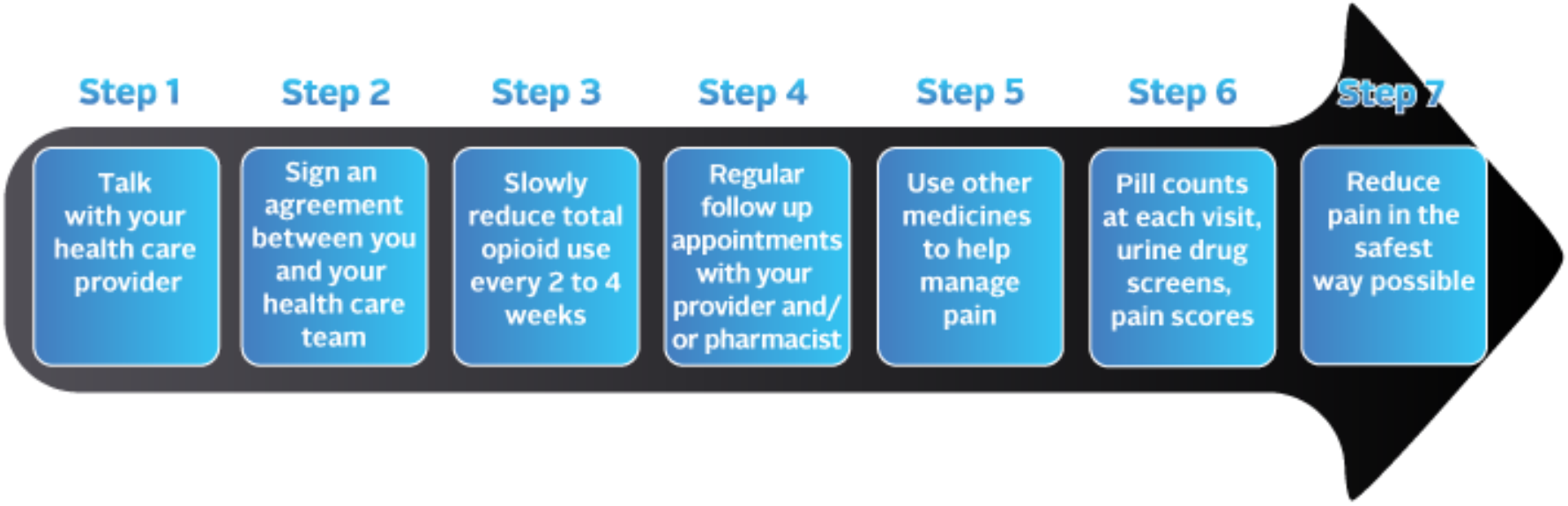
Patient Education

Steps for a successful taper



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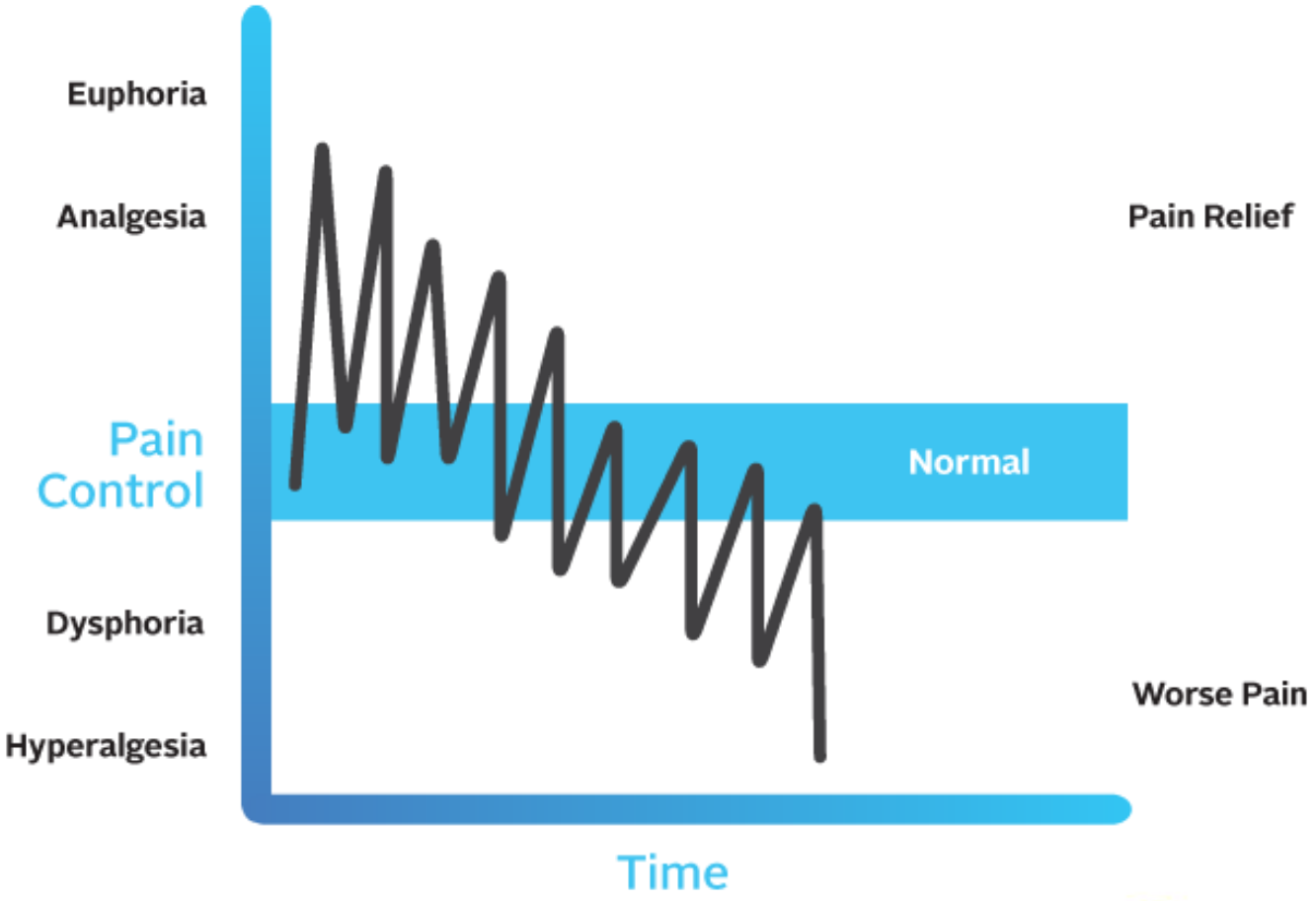
Progression of opioid dependence



Source: Ballantyne, Jane, Essentia Health Friday Grand Rounds, Jan. 10, 2014

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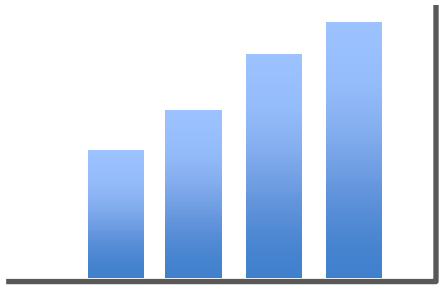
Developing standard processes

Data reports used to:

- Identify COAT population
- Monitor adoption of new protocols
- Measure if goals are being met
  - Reduction in new COAT patients
  - Overall reduction in COAT patients



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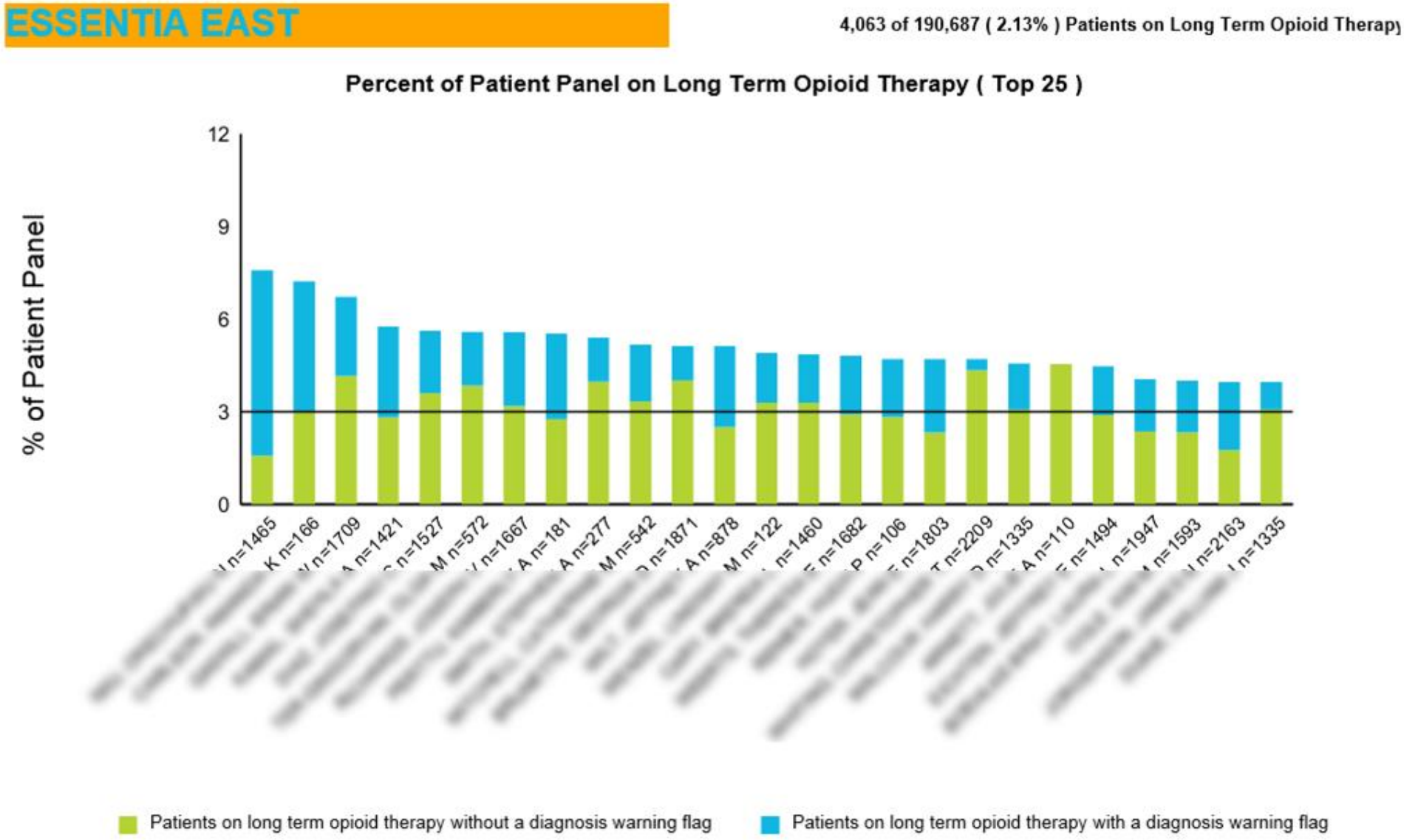
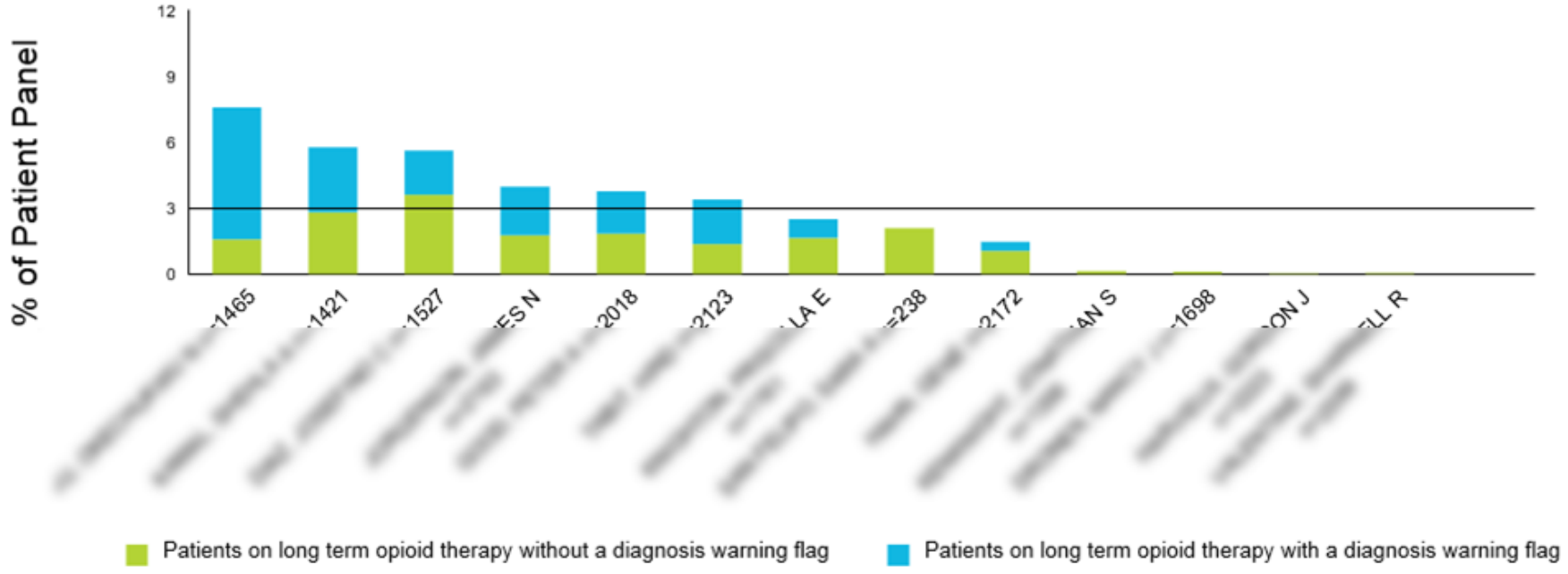
A case for transparency



A case for transparency

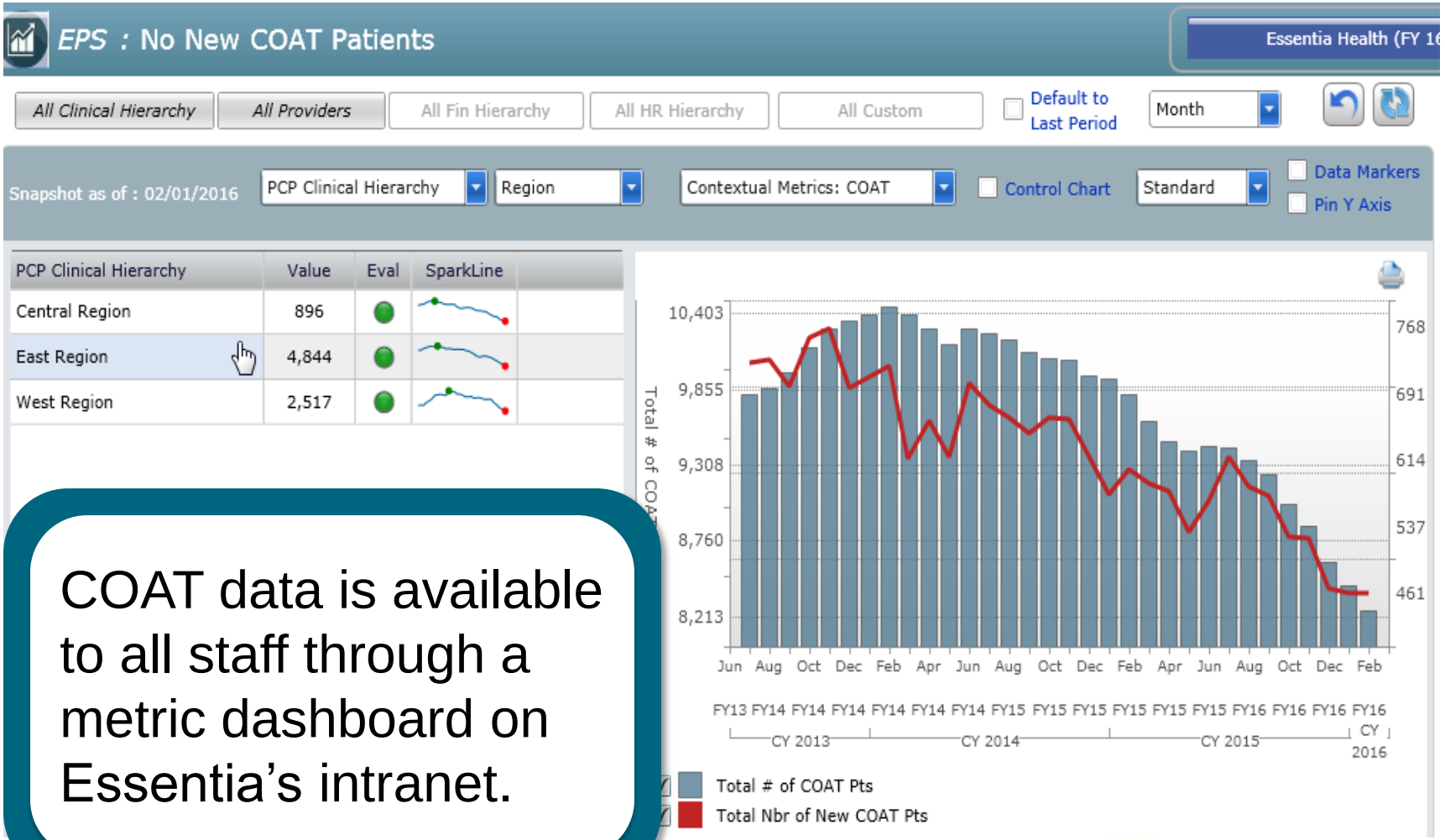
EH-DULUTH CLINIC 1ST ST

589 of 33,011 (1.78%) Patients on Long Term Opioid Therap



	Panel Size	Long Term Opioid Therapy		Dx Flag		ED Overdose		Opioid Agreement	
[redacted]	10	1	10.00%	0	0.00%	0	0.00%	1	100.00%
[redacted]	1,465	111	7.58%	88	79.28%	1	0.90%	71	63.96%
[redacted]	1,421	82	5.77%	42	51.22%	1	1.22%	65	79.27%
[redacted]	1,527	86	5.63%	31	36.05%	2	2.33%	62	72.09%
[redacted]	2,163	86	3.98%	48	55.81%	0	0.00%	67	77.91%
[redacted]	2,018	76	3.77%	39	51.32%	0	0.00%	55	72.37%
[redacted]	27	1	3.70%	0	0.00%	0	0.00%	1	100.00%
[redacted]	2,123	72	3.39%	43	59.72%	1	1.39%	54	75.00%

Sharing and tracking data



COAT data is available to all staff through a metric dashboard on Essentia's intranet.

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Staff training for new care processes

- Education included:
  - Reason for changes
  - How to use tools in EHR
  - How to have conversations with patients
  - Tapering protocols

- In fall 2015, more than 90% of primary care physicians and APs completed 5 hours of training.
- Primary care staff completed 4 hours of training.

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Implementing new COAT protocols

Fall 2015: New COAT Standard of Care rolled out in primary care system-wide.

At each pain visit:
(at least four per year)

- PMP checked
- Assess for risk of abuse, treatment efficacy, depression and anxiety
- Patient education on risks and alternatives
- Offer to help patients taper if ready

Annually:

- Treatment agreement signed
- Random UDS (may be more frequent)

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Taking on Opioids: Our Progress

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COAT patient volumes

April 2016

Essentia-wide	# of patients	% of patients
Total	9,069	2.75%

October 2016

Essentia-wide	# of patients	% of patients
Total	7,525	2.17%

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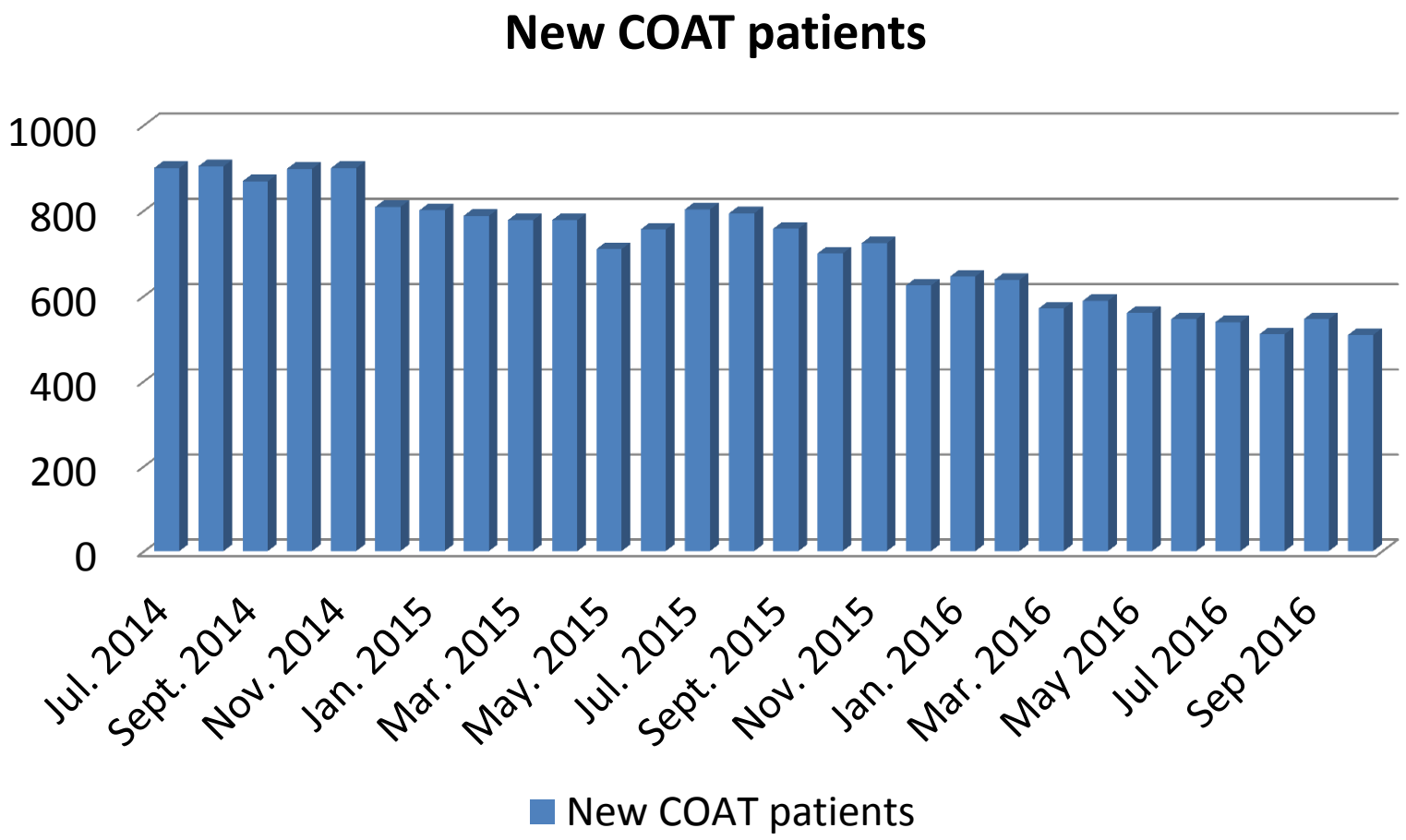
Goal #1: Reducing new COAT patients



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Goal #1: Reducing new COAT patients

July 2014 → Oct 2016

44% fewer new COAT patients started on therapy each month

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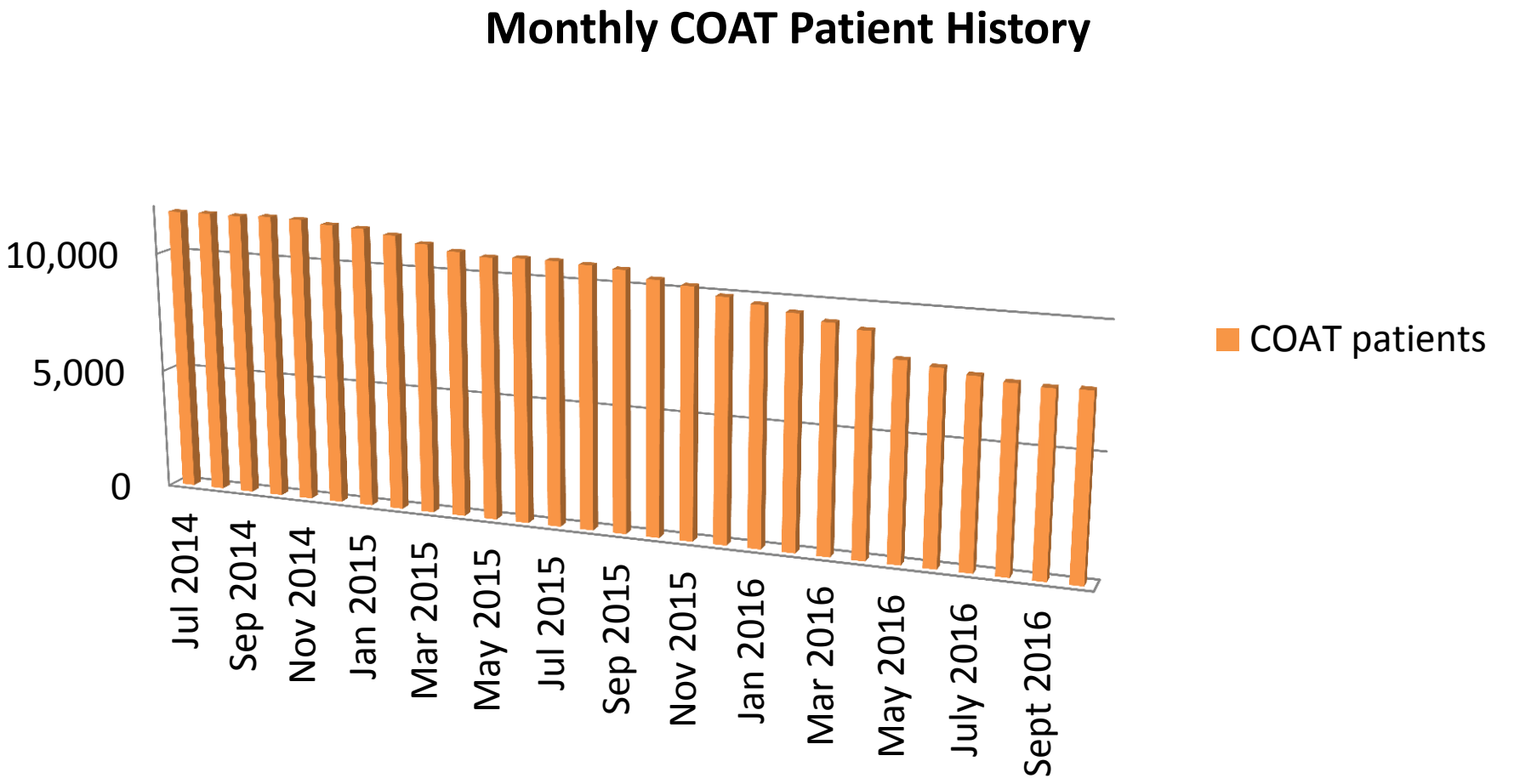
Goal #3: Reducing all patients on COAT



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Goal #3: Reducing all patients on COAT

July 2014 → Oct 2016

33.7% fewer COAT patients

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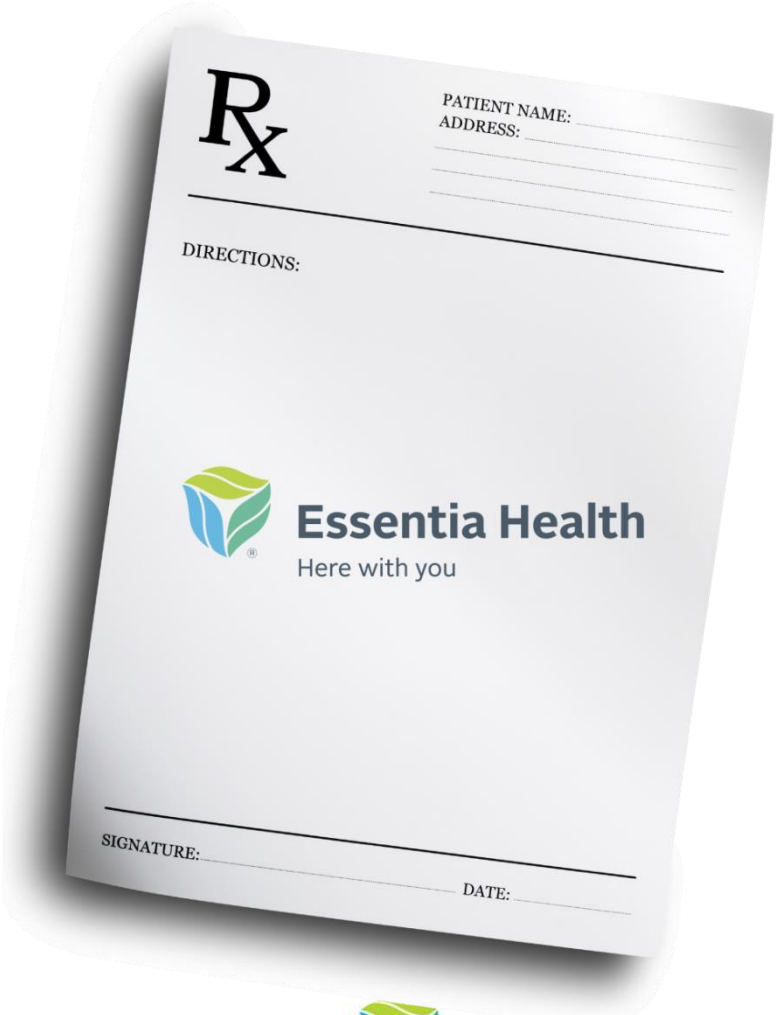
How much did Essentia prescribe?

270,000,000 mg
morphine equivalent units (MEUs)

2014 Essentia Health prescriptions



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How much does Essentia prescribe?

132,890,000 mg
morphine equivalent units (MEUs)

Jan.–Sept. 2016
Essentia Health
prescriptions

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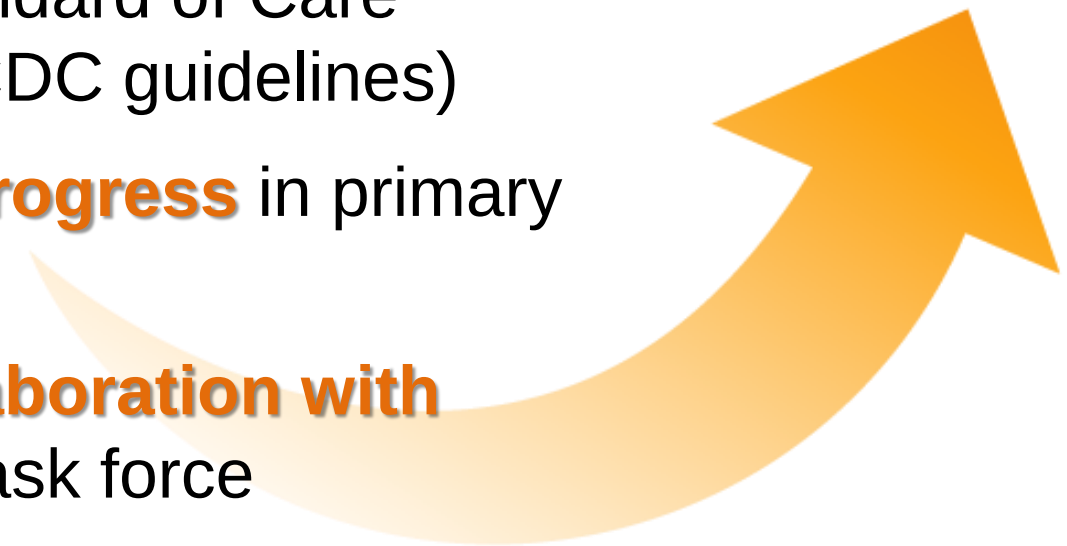
Looking ahead

- Continuous **quality improvements** for COAT Standard of Care (incorporate CDC guidelines)
- **Monitoring progress** in primary care
- Ongoing **collaboration with community** task force
- Partnering with community **addiction treatment** programs



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Community coalitions

- Began monthly meetings October 2015
- Share best practices, ideas and information
- Created joint news release
- Includes law enforcement and dentistry representatives
- Community education efforts

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Community coalitions

FY17: Specialty care

Goal: Adopt COAT Standard of Care in non-primary care specialty sections

Expectations:

- All Essentia patients on COAT will be managed to the COAT Standard of Care.
- The prescribing physician/AP is accountable for managing patients.
- Patients are not sent to their PCP for management of COAT unless a collaborative partnership has been established between the specialist and PCP.

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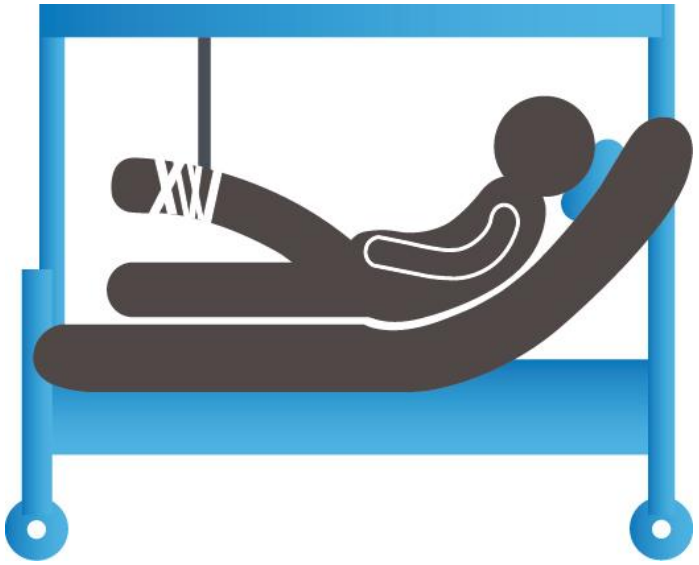
FY 17: Acute pain management

Post-Surgical Prescribing:

- Developing post-surgical prescribing guidelines (including interface with primary care)
- Educate/train staff
- Monitor implementation



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FY17: Acute pain management

ED Setting:

- Developed prescribing guidelines for **patients on COAT**
- Developed prescribing guidelines for patients presenting with **acute pain**
- Educate/train staff
- Monitor implementation

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Addiction summit

Presentations to educate on:

- Nature of addiction
- Diagnosing Opioid Use Disorder (OUD)
- Effective treatment models for OUD including MAT

Discussion of collaboration and partnership models with local treatment programs

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Addiction principles

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related chemistry
- Our responsibility to address and treat
- We will treat every patient with dignity and respect
- We will create, train and educate multidisciplinary teams
- We will screen all COAT patients for OUD
- We will screen all COAT patients who fail the requirements of their opioid agreements
- We will support and create effective models for OUD treatment
- We will seek out and partner with our communities in this work

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New collaborations for addiction

- Have developed new processes and Standard of Care for **COAT**
- Now we are developing new processes and Standard of Care for **addiction**

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Putting the pieces together

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Thank You
&
Discussion

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Contact Information

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