



Hennepin Health

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PIP: Reducing Chronic Opioid Use

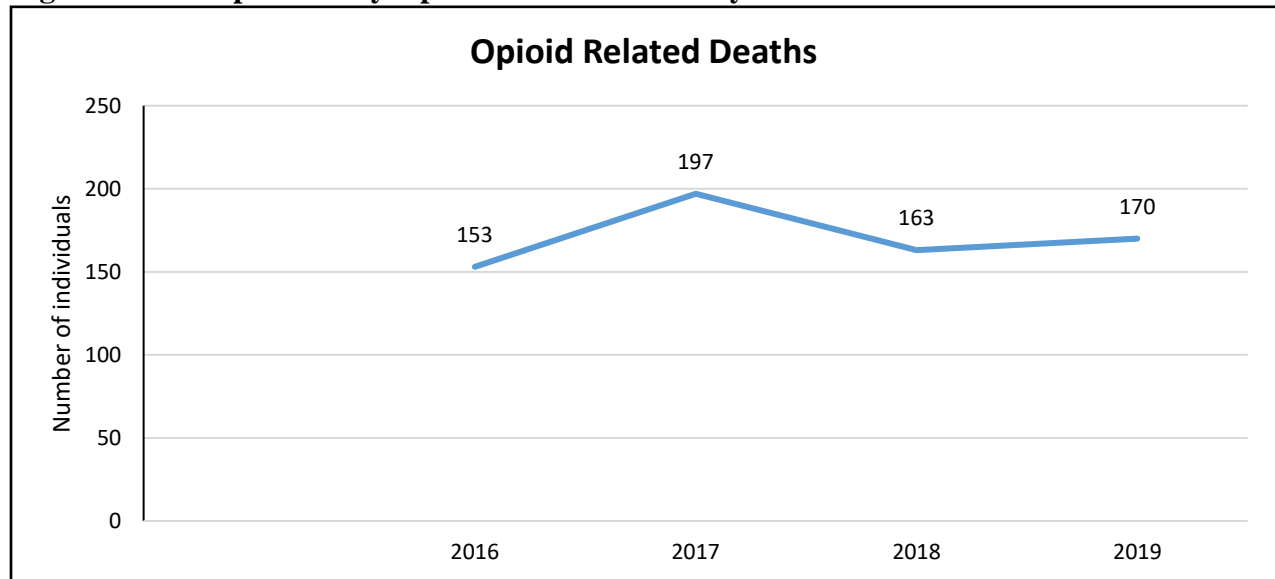
Description

The Minnesota Department of Human Services (DHS) Prepaid Medical Assistance Program (PMAP)/MinnesotaCare (MNCare) and Special Needs BasicCare (SNBC) contracts require Managed Care Organizations (MCOs) to conduct Performance Improvement Projects (PIPs). These PIPs are designed to achieve, through ongoing measurements and interventions sustained over time, significant improvements in clinical care and non-clinical care areas which are expected to have a favorable effect on health outcomes and member satisfaction. Projects must meet DHS and Centers for Medicare and Medicaid Services (CMS) requirements.

Since 2010, as the opioid problem has come to the attention of the medical community and the public, clinical guidance has been slowly disseminated from a variety of sources including the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC). In addition, state legislatures have issued directives to address the issue. Much of the early guidance was focused on managing chronic opioid use.

Hennepin County has not been immune from the opioid crisis/epidemic impact as evidenced in the Graph 1. In 2016, there were 153 opioid related deaths, representing a 39 percent increase from 2015. In Hennepin County, 2017 was a record year with 197 opioid-related deaths. One hundred seventy opioid-related deaths were recorded in 2019.

Figure 1: Hennepin County Opioid Related Deaths by Year



In response, the Hennepin County Sheriff's Office launched a drug abuse prevention campaign called #NOverdose in 2016. Hennepin County began the Opioid Initiative Project in 2017. An Opioid Coordinator was hired to lead this project in 2018. The Hennepin Health Chief Medical Officer (CMO) was involved when this project started in 2017. The Hennepin County Opioid Initiative Project includes three pillars: primary prevention, response, treatment and recovery.

In 2014, the Institute for Clinical Systems Improvement (ICSI) published the acute pain assessment and opioid prescribing protocol. ICSI added guidelines around non-opioid treatment approaches and opioid management in 2016. In 2016, the Minnesota Opioid Prescribing Work Group published an initial draft of the acute and post-acute prescribing guidance.

Process and Documentation

Hennepin Health collaborates with other Minnesota Health Plans including Blue Plus, HealthPartners, Itasca Medical Care (IMCare), Medica, PrimeWest, South Country Health Alliance (SCHA) and UCare, collectively known as the “Collaborative”, in the development and implementation of this PIP as it will impact all Minnesota Medicaid Health Care Programs (MHCP) members. At the time this proposal was submitted, the baseline rates for 2017 dates of service were not available. Baseline rates as provided from DHS are included in this report and New Chronic User (NCU) reduction goals are included based on that data.

The 2018-2020 Reducing Chronic Opioid Use PIP goal is to decrease the rate/number of PMAP, MNCare, SNBC, Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) members that are new chronic users of opioid pain relievers. DHS has identified 45 days of opioid use as a critical timeline for patients as continued use beyond 45 days can result in long-term/chronic use or addiction. This project will work to decrease the number of PMAP, MNCare, SNBC, MSHO and MSC+ members who reach that 45-day threshold.

The NCU measure was developed to identify a clinically useful outcome measure that supports quality improvement efforts in preventing chronic opioid use. Limiting initial use of opioids to prevent chronic use and addiction has become more of a focus of efforts and is the goal of the NCU measure and this project. The stated interventions for this project include strategies to educate clinicians and other prescribers, care coordinators and others working in the community, MCO members and the public about issues related to opioids, options for alternative pain treatment and safe disposal practices to minimize diversion.

Analysis

To ensure alignment of interventions with data results, the interventions described below will be limited to calendar year 2019 and includes the most recent available data from DHS.

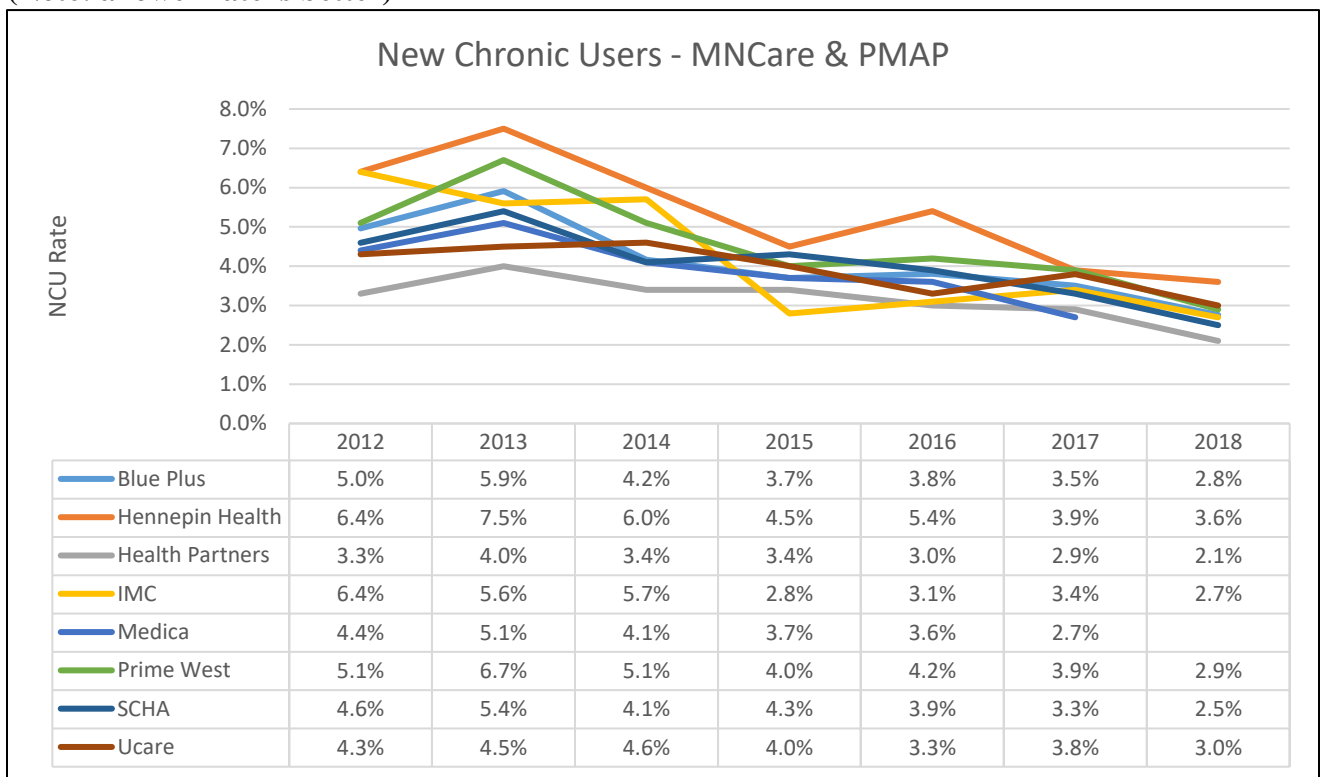
Summary of activities completed in 2019:

- Updated and promoted the Opioid Provider Toolkit
- Developed and promoted webinars for providers on topics related to opioids, as described below
- Administered the opioid prescribing limit of 90 maximum morphine equivalents (MME) per day with a seven-day maximum for Hennepin Health members
- Promoted and distributed an opioid brochure for use by all participating MCOs
- Provided training to internal care coordinators conducting telephonic outreach calls to SNBC members that filled opioid prescriptions

- Attended the Minnesota Community Measurement (MNCM) annual conference which included a presentation about how providers are limiting opioid prescriptions to patients
- Attended weekly Echo web-based presentation related to opioids and pain management facilitated by CHI St. Gabriel's Health in Little Falls, Minnesota

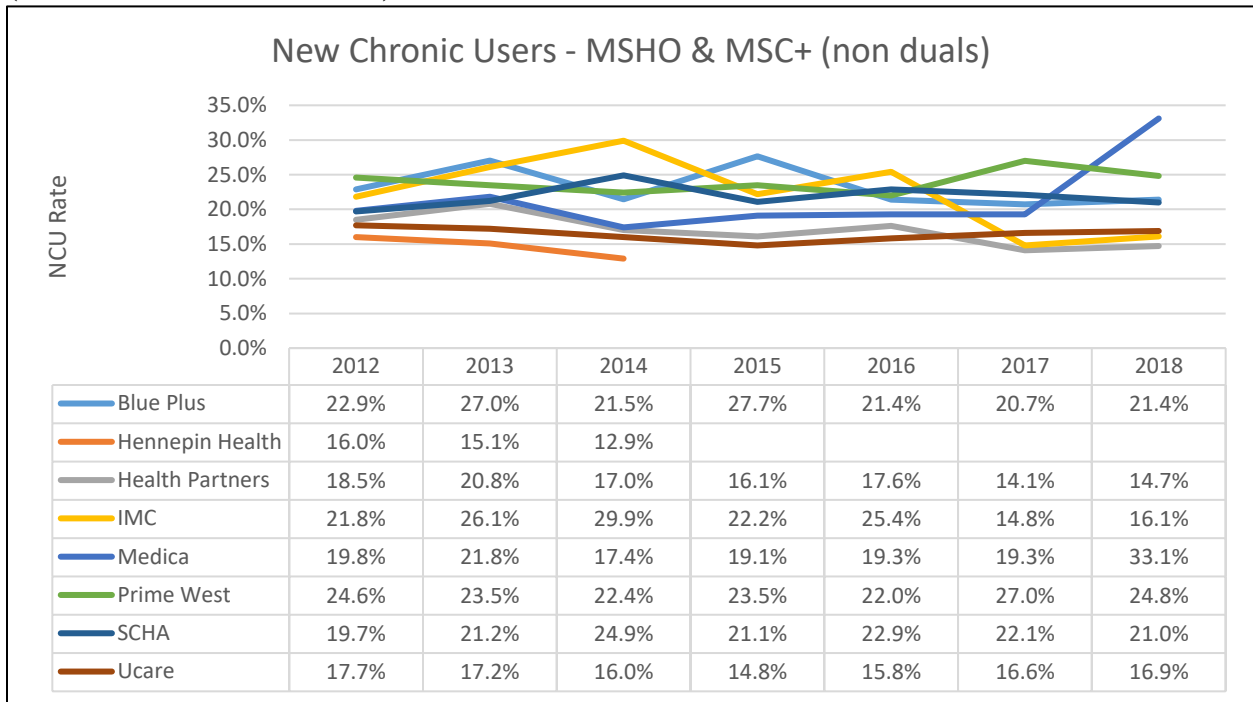
The following graphs display the NCU rates stratified by MCO and Program, as reported by DHS. NCU of Opioid Pain Relievers measure developed by DHS is used to monitor the success in preventing chronic opioid use for this project. The goal of this project is to decrease the number of PMAP, MNCare, MSHO, MSC+ and SNBC members who reach that 45-day threshold.

Figure 2: New Chronic User rates stratified by MCO for the MNCare & PMAP Program (Note: a lower rate is better)



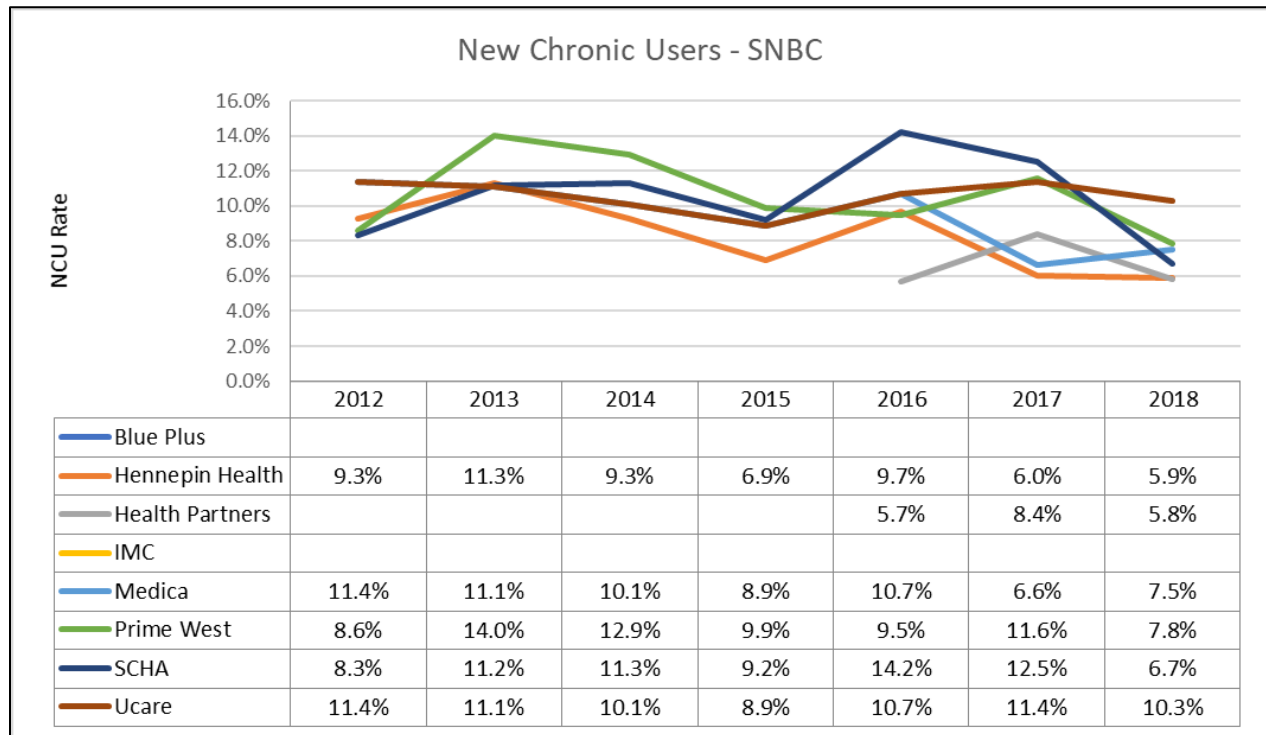
Data Source: Minnesota Department of Human Services

Figure 3: New Chronic User rates stratified by MCO for the MSHO & MSC+ Program (Note: a lower rate is better)



Data Source: Minnesota Department of Human Services

Figure 4: New Chronic User rates stratified by MCO for the SNBC Program (Note: a lower rate is better)



Data Source: Minnesota Department of Human Services

In the MNCare, PMAP and SNBC Programs, MCOs show an encouraging declining rate compared to the 2017 baseline year. In the MSHO and MSC+ Programs, the same success was not mirrored. Four out of seven MCOs experienced increased rates in the MSHO and MSC+ programs. The rate of MSHO & MSC+ members continuing use of opioids is significantly higher compared to MNCare & PMAP members for all MCOs. These results indicate a higher prevalence of continued opioid use in the older adult population.

Due to the MCOs limited access to the measurement data, a data drill down analysis was not able to be conducted to identify outliers for the increased NCU rate seen in the MSHO & MSC+ population.

In addition to the overall NCU measurement, all interventions included process measures to monitor implementation of these activities. These process measures are included with the relevant intervention.

Data Limitations

The baseline rate for this PIP was to be based on 2017 enrollment and dates of service calculated by DHS and provided to the MCOs in 2018. The 2017 baseline rates were distributed to the MCOs in May 2019 at the same time the 2018 final rates were distributed, which limited MCO ability to validate the data. DHS supplied the MCOs with annual individual plan rates and aggregate rates but did not provide drill down analysis by MCO nor Program.

The MCOs have been unable to mimic the rates that DHS has provided. DHS has elected not to share the member level data with the MCOs, so the MCOs can only theorize that the barriers for producing valid rates include:

- Subjective member attribution logic that DHS is applying to the NCU rates, and Members with more than one Plan Member Identification (PMI).
- MCOs identify members on an ongoing basis who have been issued more than one PMI number by DHS within the calendar or measurement year.
- Members may have been continuously enrolled during the measurement year, however because they have been issued a different PMI number, they do not meet the enrollment criteria compounding the issue of small numbers in the denominator.

Additionally, the specifications for the NCU measure changed after the project start date which made it difficult to closely replicate the DHS rates based on the specifications. The Collaborative met multiple times and consulted each other's data analytics teams to ensure consistency with the measurement, including meeting jointly with DHS quality leaders and data experts to gain clarity on this measure.

In the future it would be helpful to begin projects with finalized data and baseline rates; along with member level data to help us more accurately replicate DHS data for interventions and outreach opportunities.

Collaborative Interventions

Provider Education

Provider Toolkit - A Provider Toolkit: Meeting the Challenges of Opioids and PAIN

In year one of the project, the Collaborative developed *A Provider Toolkit: Meeting the Challenges of Opioids and PAIN*. The toolkit provides background information on the opioid issue and a collection of resources and tools related to preventing new chronic opioid users. The target audience of this toolkit includes clinicians who prescribe opioids to their patients and other medical professionals or care coordinators who work with people experiencing pain. Care was taken in the development of this toolkit to ensure that data, resources and tools were relevant to Minnesota and specifically the Minnesota MHCP population.

The Toolkit was available on the project page of the [Stratis Health website](#) throughout 2019 and will be reviewed annually and updated as needed to remain clinically and educationally relevant to the issue. The toolkit includes the following topics:

- Introduction to the Issue
- Shared Decision Making
- Identifying Opioid Use Disorder
- Prescription Monitoring Programs
- Screening for Risk Factors
- Training Opportunities
- Non-Pharmacological Alternative Pain Management
- Tools for Pharmacists
- Considerations for the Elderly and Adolescents/Young adults
- Safe Storage and Disposal

The Collaborative promoted the Provider Toolkit through multiple channels, as summarized below.

- Newsletter Articles - In 2019, the collaborating health plans included at least one article in their provider communications about the Opioid Prescribers Toolkit.
- Conferences – The toolkit was included in all conference presentations and postcards were distributed at the opioid-specific sessions as well as at each participating health plan’s resource table.
- Webinars – The toolkit was promoted during each of the webinars presented by the project in 2019. See below for details of each webinar.
- Websites – Information about the availability of the Toolkit was posted on each collaborative health plan website with links to the Stratis Health project page where the toolkit is housed.
- Publication- the Collaborative contributed to an article about opioid prescribing for the Minnesota Physician magazine published in the May 2019 edition.

Process Measure for Provider Toolkit – *A Provider Toolkit: Meeting the Challenges of Opioids and PAIN* available on the Stratis Health website.

Alternative Pain Therapies Grid

A focus of the project is to educate both clinicians and health plans' MHCP members about non-pharmacologic alternatives for pain management. The Toolkit includes information about research-based strategies for managing pain besides opioids, but there may be confusion over what alternative treatments may be covered by Medicaid.

The Collaborative developed an Alternative Pain Therapies Grid which identifies some of the most common evidence-based therapies and identifies coverage by MHCPs. The coverage grid was discussed, and copies were distributed during the sessions of the conference presentations outlined below. The grid was posted on the project page of the Stratis Health website in October of 2018 and will be available throughout the project.

Webinars and Conferences

The Collaborative has and continues to develop webinars as part of a series focused on prescriber and pharmacist gaps in knowledge, as identified in the research literature. This series is intended to use a data-driven approach to help providers choose the most effective pain treatment options and improve the safety of opioid prescribing for acute pain. In 2019, topics of the webinars are listed in Table 1, and more detail about each one is below.

Table 1. 2019 Webinars and Conferences		
Date	Topic	Attendees
1/14/19	Alternative Therapies Webinar. Dr. Isaac Marsolek, Regions Pain, non-opioid alternatives plus alternative therapies	182
4/12/19	Minnesota Gerontologic Society- The Future of Aging	389
5/16/19	Title: How Pharmacists are working to address the Opioid Crisis Presenter: Erika Bower, UCare pharmacist	86
10/24/19	Tackling the Opioid Epidemic in Rural Minnesota. Minnesota Farm Bureau and St. Gabriel's Health	378

Alternative Therapies Webinar, 1/14/19: While prescription pain medication can be effective for treating certain types of pain, there are other options available that can address pain. For many conditions and injuries, experiencing pain is a normal part of the healing process and finding ways to manage pain without reliance on opioids is important.

This webinar provided an overview of therapies that are commonly used as an alternative to opioid medications. Understanding what options may be available to treat pain can help professionals support the patients and clients through their healing journey.

Minnesota Gerontologic Society- The Future of Aging, 4/12/19: The majority of individuals who use pain relievers do not misuse their prescriptions. However, older adults are more vulnerable to medication abuse because they use more prescriptions and over-the-counter medications than

other age groups and may develop increased medication sensitivity as they age. The use of opioids in the elderly present serious risks, including:

- Greater risk for cardiovascular problems such as heart attacks or heart failure
- Disordered breathing such as slower or shallow breathing during sleep
- Sedation and mental confusion causing sleepiness or mental clouding, increasing the risk of falls and fractures caused by falls
- Greater risk for being hospitalized for an adverse drug event

How Pharmacists are working to address the Opioid Crisis, 5/16/19: Pharmacists may work in a variety of practice settings, but all have directly seen the impact of the opioid crisis first-hand. This webinar provided an overview of pharmacist perspectives of the opioid crisis from the viewpoint of different practice settings and discussed initiatives or strategies that have been implemented in order to address one common problem.

Tackling the Opioid Epidemic in Rural Minnesota, 10/24/19: This workshop focused on gaining a better understanding of the opioid epidemic in rural Minnesota. The cultural factors that contribute to making these communities vulnerable to opioid misuse and abuse were discussed. Participants learned about some of the work being done to address the needs of people living in Greater Minnesota communities.

Community Member Brochure

The opioid member brochure *Using Opioids for Pain: What You Should Know* was created as a resource for members to assist in making decisions about their opioid use for managing pain. The brochure was created so it could be individualized by each MCO and shared in different venues. The brochure highlights several areas regarding utilization of opioids for pain management.

- What opioids are and how they affect the brain and body along with risks and common side effects.
- Pain is a normal part of the healing process and how personal factors can determine how a person may react to pain.
- Examples of alternative treatments to opioid prescribing include non-opioid pain medications, self-care, exercise, physical and occupational therapy, chiropractic, acupuncture, biofeedback and cognitive behavioral therapy etc. These therapies may be covered by a patient's insurance and they would need to contact their plan member services to verify coverage.
- Safe storage and disposal of medications.

Individual MCOs utilized the brochure within their project as outlined in health plan specific activities.

Community Collaboration

MN Health Collaborative – Some of the Collaborative MCOs participate in the MN Health Collaborative convened by ICSI. The MN Health Collaborative includes representatives from major Minnesota healthcare organizations working together to address major health topics, one of which is opioid misuse and addiction. Activities include serving on subcommittees, sharing internal work, spreading best practices and establishing policies to impact opioid prescribing within each organization. The organizations actively work to spread recommendations for reducing opioid prescribing throughout the organizations or with targeted groups of clinicians (such as surgeons or orthopedic) and share data showing the results of their efforts. Much of the work of the MN Health Collaborative is focused on chronic use and is outside of the scope of this project; however, the overall mission of the MN Health Collaborative supports the work of this project.

Alignment of Pharmacy Practices

At the initiation of the project, the MCOs identified uniform prescribing practices as a priority for this project. Initially each health plan determined their individual plan standards for limiting initial prescriptions or refills but acknowledged this would have caused a great deal of confusion in the medical community as prescribers attempted to comply with varying limits. It was determined that a collaborative effort was needed so prescribers, pharmacists and members will all have uniform expectations for these controlled substances.

DHS and the MCOs participate in a Universal Pharmacy Policy Workgroup (UPPW) which develops uniform formulary requirements for MHCP. The Collaborative asked the UPPW to identify limits that would be applied to all MHCP members.

Process Measures

In the original PIP Proposal, the collaborative anticipated there may be requirements for prior authorizations (PA) connected to the changes in the opioid prescribing limits and included potential process measures related to that. However, to maintain administrative simplicity, the UPPW did not include any PA recommendations and none were adopted by the MCOs. The Collaborative continues to promote screening patients for risk factors related to substance use disorder and behavioral health issues via the toolkit, by including that information in webinars and through other informal networks.

Health Plan Specific Interventions

Hennepin Health relied upon the opioid prescribing data provided by DHS for the purpose of this project. Based upon DHS data, Hennepin Health achieved the goal to decrease the number of members who became new chronic users (NCUs) of opioid pain relievers during 2018. Data for 2019 is not yet available.

Hennepin Health was able to decrease the rate of NCUs from 4.0% in 2017 to 3.8% in 2018 through a variety of interventions and activities. In addition to the Collaborative initiatives, Hennepin Health also implemented interventions directed specifically to Hennepin Health staff, members and providers.

In 2019, opioid messaging developed by Collaborative was:

- Displayed on the member area of the Hennepin Health website
- Distributed and made available to members in the Hennepin Health Walk-in Service Center
- Mailed to eligible SNBC members who filled opioid prescriptions
- Distributed in the provider bulletin that is emailed to provider facilities
- Presented Opioid PIP updates at Hennepin Health QMC meetings

Additionally, Hennepin Health also sought to address racial disparities by distributing the opioid collaborative opioid and pain management brochure during a Parents in Community Action (PICA) health fair event on December 11, 2019. The PICA health fair event focuses upon the needs of low-income Head Start program participant families that reside in racially and ethnically diverse neighborhoods. A barrier to addressing racial disparities is that a large proportion of Hennepin Health members do not indicate race when completing enrollment forms. During 2019, many opioid naïve members engaged in alternative therapies, a focus of educational interventions.

Therapy	Count
Acupuncture	57
Chiropractic	93
Osteopathic Manipulative Treatment	117
Physical Therapy	240
Psychotherapy	11
Behavioral Interventions	11
Biofeedback	0

Hennepin Health Specific Activities

The Hennepin Health PIP Coordinator and the Hennepin County Opioid Coordinator have collaborated on this important initiative, sharing information and resources throughout 2019. During the spring of 2019, the Hennepin Health PIP Coordinator participated in a Brown Bag discussion intended to educate the community on drug seeking behavior, accidental overdose and medication disposal with representatives from the Hennepin County Sheriff's Office, Hennepin County Environmental Services and the Hennepin Regional Poison Center. Additionally, the Hennepin Health Associate Medical Director published an article describing the risks involved with prescribing opioids to patients in the summer edition of the Navitus Pharmacy Newsletter. Hennepin Health outreach staff also distributed the opioid member brochure at community events.

Hennepin Health had intended to implement an intervention to target high prescribers of opioids. However, due to the pharmacy restrictions to limit opioid prescriptions implemented by Hennepin Health on July 1, 2019, only three providers were deemed to be high prescribers and subsequently contacted for intervention by the Associate Medical Director. Due to the low number of cases, Hennepin Health has determined that interventions with high prescribers of opioids will be addressed on an as-needed basis.

SNBC Members Interventions

In addition to the interventions described for all PIP participants, Hennepin Health implemented a supplementary intervention to address the unique needs of SNBC members. All SNBC members are enrolled in the Hennepin Health care management program. The purpose of the SNBC care management program is to identify and address the complex mental and physical health concerns of SNBC members. Hennepin Health tested an intervention for SNBC members that received an opioid prescription. For SNBC members that filled opioid prescriptions, internal care coordinators called and assessed member knowledge concerning the risks and benefits of prescription opioid use. Care coordinators also reviewed a script that highlighted important information about opioids, including:

- Pain is a normal part of the healing process and should improve on its own when your body has healed enough. Check with your doctor to see how long you can expect some discomfort. Call your doctor if you have pain lasting longer than expected.
- Follow your doctor's instructions in treating your pain.
- Opioids can be addictive. Take as few of your opioid pills as possible and stop taking them as soon as you can.
- Talk to your doctor about non-opioid pain medications and therapies.
- Never drink alcohol or take anxiety medications while using opioid pain medications.
- Choose a location in your house that is up and away and out of sight of children and visitors. Install a lock or use a locking medicine cabinet.
- Do not share opioid pain medications with other people.
- Common side effects include; sleepiness, constipation and dizziness.
- Ice, heat, rest and elevation are examples of non-opioid alternatives that can be discussed with a doctor.

Hennepin Health hosted a table about pain management and opioids during the October 16, 2019 SNBC Member Stakeholder event. During this event thirteen members engaged in the pain management and opioid information session, which included:

- A discussion on pain management, safe use and disposal of opioids
- Distribution of Hennepin Health branded ice packs
- Detera medication disposal bags were given to enrollees
- Opioid brochures
- Information sheets with opioid disposal information with a map of Hennepin County medication disposal and drop-off sites

Between June and September 2018, 62 SNBC members had filled an opioid prescription and were eligible to receive a call. Care coordinators were able to complete 54 telephone calls to SNBC opioid naïve members that filled a first prescription for opioids. Of these calls, only 12 resulted in the review of the opioid script with the member by a care guide. As a result of the opioid prescribing restrictions, oftentimes by the time pharmacy claims data was received, the member had already finished the medication and the phone call was not necessary. Due to staffing constraints and limited success, the phone call intervention to opioid naïve SNBC members who filled an initial prescription for opioid medications was discontinued.

In the first quarter of 2019, SNBC members filling an initial prescription for opioid pain medications were mailed the opioid brochure created by the Collaborative. Between January and March 2019, 27 SNBC members were eligible to be sent brochures. Of these, two eligible members did not have a valid mailing address. As a result, 25 opioid naïve SNBC members were mailed the Collaborative opioid brochure during this timeframe.

During the second quarter of 2019, the data analytics team at Hennepin Health redesigned member opioid prescription reporting. During this time period, mailings were discontinued due to concerns about the accuracy of data used for the brochure mailings.

Table 3. 2019 Brochures Sent to Opioid Naïve SNBC Members after First Prescription Fill		
Members Eligible for Mailing	Members Without a Valid Address	Brochures Sent
27	2	25

In October 2019, an opioid letter was created for mailings to SNBC opioid naïve member following an initial opioid prescription fill. The member letter is intended to provide increased personalization by identifying why the letter is sent and also highlighting information from the Collaborative opioid brochure. This letter was submitted to DHS for approval in October 2019. At the time of this writing, DHS had not approved the member opioid letter for distribution to SNBC members prescribed opioids.

Minnesota DHS reports NCU data to the participating health plans. At the time of this writing, the most recent MCO data received from DHS was for Calendar Year (CY) 2018. The NCU rate dropped from the 2017 baseline rate of 4 per cent to 3.8 per cent in 2018. DHS will provide 2019 data to the Opioid PIP Collaborative early in 2020 for analysis.

Table 4. 2018 New Chronic Users			
MCO	#NCUsers	#Opioid Naïve Members	%NCUsers
BluePlus	950	24,168	3.6
HealthPartners	309	11,396	2.7
Hennepin Health	85	2,246	3.8
Itasca Medical Care	30	798	3.8
Medica	657	2,786	23.6

Table 4. 2018 New Chronic Users			
MCO	#NCUsers	#Opioid Naïve Members	%NCUsers
PrimeWest	161	3,344	4.8
South Country	148	3,445	4.3
UCare	1,132	20,980	5.4
Total Managed Care	3,472	71,163	4.9

Plan-wide use of opioids

In addition to the metrics described above, Hennepin Health has been monitoring the overall use of opioids among members. In 2017, opioids were the sixth most commonly prescribed medications among Hennepin Health members. In 2018, opioids were the ninth most commonly prescribed. In 2019, they were the tenth most commonly prescribed. The many interventions implemented for this project may have been one important factor causing this decline.

Barriers

A barrier to rapid intervention with members who have been prescribed opioids is that Hennepin Health no longer has direct access to pharmacy claims for members that visit Federally Qualified Health Centers (FQHCs) for care. Interventions to prevent opioid naïve members from becoming NCUs must happen soon after the fill of an opioid prescription and is impossible without timely access to these claims.

Recommendations and Next Steps

During the second quarter of 2019, the Collaborative began developing an opioid toolkit for members, which was finalized in December of 2019. In 2020, the member toolkit will be promoted by individual health plan websites and newsletters. The member toolkit will provide in-depth information and resources related to topics listed in the opioid brochure.

The Collaborative will continue to host relevant webinars and distribute educational information to members, providers and the community throughout 2020. The second interim report for the project will be submitted to DHS by September 1, 2020.

The Hennepin Health PIP Coordinator and the Hennepin County Opioid Coordinator will continue collaborative efforts throughout 2020.



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