

Addressing the Opioid Epidemic

MN Health Collaborative partners are working together to reduce opioid overdose deaths by jointly developing and implementing recommendations related to:

- Preventing chronic opioid use by reducing excess prescribing.
- Creating stronger practices for chronic opioid management.
- Identifying and treating addiction.
- Reducing the amount of unused opioids in people's medicine cabinets.

Background

Pain management and opioid use in the U.S. has experienced pendulum swings in recent decades, from pain being undertreated to being thought of as a fifth vital sign with an implicit goal of assuring all patients were pain free. This led to an increase in opioid prescribing without full understanding of the potential harms by patients or prescribers.

Now, the risks of opioids are better known, and healthcare is actively working to help stem the tide of deaths and harms due to misuse of prescription opioids.

Deaths in the U.S. due to drug overdoses have increased 79 percent since 2002, according to 2016 County Health Rankings reports.

In Minnesota, there were 395 opioid-related deaths in 2016.

In Minnesota, ICSI members developed an Assessment and Management of Chronic Pain guideline in 2005, and in 2013, ICSI published the Acute Pain Assessment and Opioid Prescribing Protocol. In 2015, the Minnesota legislature established the Opioid Prescribing Improvement Program.

In 2017 ICSI released its revised guideline *Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management*. Building from the ICSI work and 2016 CDC recommendations, the Minnesota Department of Human Services (DHS) released its first Opioid Prescribing Guideline in 2018.

MN Health Collaborative recommendations align with DHS prescribing guidelines and further support a significant need to develop more patient-centered and individualized prescription practices where opioids are concerned.

In addition to prescription standards to prevent chronic opioid use, the MN Health Collaborative is also focusing on improving treatment of pain and patients on chronic opioids, including people who are addicted, with the goal of keeping them safe and eventually tapered off of opioids.

Prevention

Acute Non-surgical Pain

MN Health Collaborative community prescribing standards for first opioid prescriptions in ambulatory settings (clinics, urgent care, emergency rooms, and dentistry) were finalized and communicated via a Call to Action to all participating organizations at the end of 2017. Providers are recommended to start with non-opioid options, and if opioids are given, prescribe no more than 100 morphine milligram equivalents (MME) total in the initial prescription, especially for opioid-naïve patients. We are currently collecting measurement data to understand implementation status of these standards.

Acute Postoperative Pain

Using existing literature, community data, and clinician expertise, the working group has identified procedure-specific benchmarks for postoperative opioid prescribing. The group disagrees with using a “one-size-fits-all” standard and therefore encourages procedure-specific MME goals that acknowledge varying needs of pain management for different surgical procedures. Surgical departments are looking to decrease prescribing variation and move more prescriptions to the lowest quartile range of their baseline data. Organizations started spreading these benchmarks this summer.

Disposal of Controlled Substances

The disposal working group created a Call to Action in Fall 2017 to elevate provider and patient awareness about the importance of disposal and the methods available for outpatient disposal. Organizations are currently working on various approaches to improve education around this issue and increase ease of disposal. The group continues to meet to share promising practices and is now discussing possible standards around disposal practices in hospitals.

Chronic Opioid Use and Addiction

Demystifying Opioids

Two working groups have been convened to help demystify opioids for front line providers. In phase 1 of this work, the groups are focused on developing tools to help providers 1) identify and treat patients with opioid use disorder 2) understand and use effective tapering methods 3) better manage patients on chronic opioids.

In phase 2, the groups will finalize these materials and conduct outreach within the organizations. Feedback from this outreach will guide refinements to the materials and further understanding of the training and resources needed to reduce the risk of opioids while managing ongoing pain conditions.

The MN Health Collaborative is group of health leaders from 15 organizations working together to develop shared sustainable solutions to healthcare’s toughest challenges.

MN Health Collaborative members transparently share and learn from one another, designing practical, evidence-based and innovative approaches to shared problems.