“The Collaborative”

MN ACP Meeting
October 2017
Disclosures

We have no relevant financial relationships to disclose.

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CEOs of 15 Minnesota health systems pledged to collaborate on specific and persistent problems that cannot be solved by any individual entity or solely through competition.

ICSI serves as the backbone organization, convening and providing support for these efforts.
The Power of the Collaborative

CEO Commitment:

• The success of this work requires our personal leadership and focused influence, as well as the commitment and resources of our respective organizations.

• We further commit to a constancy of purpose, to ensure that we achieve the aims we set out to accomplish together.
Current Focus of the Collaborative

Mental Health

• Advancing behavioral health integration to build capacity in both primary care and mental health, providing care in the setting that best meets patient needs and preferences

• Improving the response to urgent and emergent mental health needs to decrease the burden experienced by emergency departments
Current Focus of the Collaborative

Opioid Crisis

- Limiting the excess supply of opioids
- Identifying and intervening with high-risk opioid use populations to decrease adverse events
- Improving access to adequate pain control for those who are on opioids for chronic pain
- Enhance process for disposal of controlled substances
Collaborative Structure

• CEO Convening Group
• Topic Working Groups
• Measurement Advisory Group
Collaborative Work Groups

• Mental Health Work Groups
  – Integrated Behavioral Health
  – Acute Needs (Emergency/Urgent Care)

• Opioid Work Groups
  – Acute Pain Prescribing & Oversight
  – Disposal of Controlled Substances
  – Identifying High Risk Populations
  – Access to Chronic Pain Treatment
Opioid Crisis

Overall Aims:

• Limit the excess supply of opioids available in the community, to decrease misuse and diversion (acute prescribing and disposal).
• Identify the population at risk for opioid-related adverse events and identify potential intervention strategies.
• Improve access to pain specialists and other needed services for those with chronic pain and on chronic opioids.
Opioid Crisis: Disposal of Controlled Substances

Focus Area:

• Assess gaps in current disposal practices for controlled substances

• Identify activities to enhance current controlled substance disposal practices, coordinating efforts with local community stakeholders
Status Update
Work group recommendations are complete:
• Organizations will elevate provider, staff and patient awareness of:
  – The importance of disposing of medications
  – How to dispose of medications
• A “Call to Action” package has been developed with specific language, steps, and instructions
Opioid Crisis: High Risk Populations

Focus Area:

• Recommend criteria to identify patients and/or populations at high risk for overdose, opioid-use disorder and other serious adverse effects, including pregnant women.

• Identify the potential intervention strategies
Opioid Crisis: High Risk Populations

**Status Update:** Recommendations include focusing on the following high-risk populations:

- Patients on >100 MME/day
- Patients on concurrent benzodiazepines and opioids
- Patients with a history of overdose
- Patients with a current substance use disorder (excluding tobacco) and/or at-risk drinking
- Patients with a history of opioid disorder
Opioid Crisis: Acute Pain Prescribing

Focus Area:
Recommend community prescribing standards for first prescriptions, emergency room prescriptions, and select post-operative situations, including dental procedures.

Recommendations are not intended for patients who are receiving palliative care for serious advanced illness or end-of-life care such as hospice.
Opioid Crisis: Acute Pain Prescribing

Status Update:
This group drafted recommendations for acute pain prescribing (non-surgical) that include:

• The first opioid prescription for acute pain should be the lowest possible effective strength of a short acting opioid, not to exceed 100 morphine milligram equivalents (MME) total.
Opioid Crisis: Access to Chronic Pain Treatment

Focus Area:

Improve access to pain specialists and other needed services for those with chronic pain who are on chronic opioids.
Opioid Crisis: Access to Chronic Pain Treatment

Status Update:

• The group is currently exploring promising practices to better address service and geographic gaps.
• Essential core services for the treatment of chronic pain for patients on chronic opioids has been defined.
# Essential Core Services for Treatment for Chronic Pain for Patients on Chronic Opioids

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<tr>
<th>Service</th>
<th>Considered Core Service* (Yes/No)</th>
<th>Availability in your org (please describe)</th>
<th>Comments</th>
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<tbody>
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<tr>
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</table>

* Core Service: In an ideal pain clinic, this service is physically present and readily available.