Controlled Substance Care for a Safer Community

Our Core Values

Reverence  Integrity  Compassion  Excellence
Family Medical Center:
Multi-specialty clinic (Little Falls, Pierz, Randall)

Family Medicine: 11 MD’s, 1 DO, 5 NP’s
Internal Medicine: 1 MD, 1 NP
Peds: 1 MD
OBGyn: 2 MD’s
General Surgery: 2 MD’s
Behavioral Health: Tele-psych MD, 1NP

St. Gabriel’s Health:
St. Gabriel’s Hospital, Little Falls Orthopedics, CHI Health at Home
Home Health & Hospice, St Camillus Place
Comprehensive Community Model

Organization and funding to provide leadership and support Rx drug abuse prevention efforts

Health Care Coaches providing case management of chronic diseases—foundation for the CSCT model of care

Key stakeholders focused on Rx drug abuse, including members with expertise on drug abuse issues

Community coalition representing 12 community sectors, including youth. Expertise in effective prevention efforts. Members participate on Rx Drug task force
Community Collaboration

CHI St. Gabriel’s Health

Imagine better health.™

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COBORN’S
PHARMACY
How We Got Here

History of Rx Drug Abuse prevention efforts Started in 2010
- Health care and law enforcement collaboration
- Physicians introduced to Prescription Monitoring Program (PMP)
- Development of medication contract

Ongoing Concerns:
- Emergency Department visits/diagnosis
- Amount of controlled substances filled
- Law enforcement and community concerns
- Inconsistent use of Prescription Monitoring Program (PMP)
- Filling early refill requests
- Time commitment of clinic staff to address patient needs related to prescription pain medications
Community partners regrouped in **2015**: Identification of funding opportunity
  - *State Innovation Model grant (hospital/clinic)*
  - Drug Free Communities grant (school)

Newly formed Community Prescription Drug Task Force
  - Physician Champion
  - Additional community stakeholders

Created a Controlled Substance Care Team within the clinic setting.
We are committed to collaborating with others to improve health and health care. We strive to serve all who seek our care with kindness, dignity, respect and stewardship, while ensuring responsible use of all resources for our community.
Clinic’s: Controlled Substance Care Team

Care team formed in late spring, 2015. Initial priorities:

1. Developing standard workflows
2. Collaborating with prescribers – developing practice norms for chronic pain patients
3. Transformed into care team case reviews.
Care Team Plan in Action

1. Visits with each patient
2. Controlled Substance Care Team Meetings
3. Plan Formulated
Care Team Roles:

**Nurse (RN Health Navigator):**
Care plan completion, urine testing, pill counts
Also Reviews: Pain history, previous treatments, obtains records. Checks PMP, Dire Risk Assessment, etc.

**Pharmacist:**
Review medications, Morphine equivalents, tapers

**Social Worker:**
Unmet social needs, mental health issues, family & support systems (social media) Treatment history.
Urine drug screen-initial challenges

- Issues with Electronic Medical Records (ordering confusion)
- No urine drug screen process (initially)
- Lack of understanding of urine drug screen results (metabolites, contaminants, adulterants)
- No clear or consistent process after results obtained
- Validation of the test
- Adjustment of patients and providers to new process
Treatment for Addiction:

1. The Role of Suboxone in our Primary Care Clinic
2. Blending Behavioral Health and primary Care
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.
Outcomes

Rx fills for controlled substances from single pharmacy

April 2015

43,811 controlled substance pills

June 2015

Onset of Controlled Substance Care Team Strategies

November 2015

36,407 controlled substance pills

= 17%
Sustaining the Efforts

- Grant/donor funding
  - Catholic Health Initiative Mission and Ministry Fund
  - Legislative requests through Senate and House appropriations
  - Community Donors
  - Drug Free Communities funding
- Utilizing community resources
- South Country Health Alliance pay for performance
- Billable services
- Changing model of care throughout organization
- System-level and policy changes
- Working with legislators to change statute related to med drop boxes
- Pursuing additional funding sources
Most important “to do’s”

Physician/Provider Champion
Understanding of UDAS’s – and/or designee to assist
Comprehensive Signed Care Plan
Use and documentations of the PMP
DIRE Score
Support roles: Social worker, RN/Care coordinator, pharmacist
Relationship with Law enforcement
Pharmacy help/understanding: (morphine equivalents, tapers,)
Clinic standards/protocols:
  Monitoring: Random urines/urines, pill counts, visits
  Limiting refills
Questions?