Essentia’s response to the opioid crisis

David C. Herman, MD
Essentia Health Chief Executive Officer
Brian Konowalchuk, MD
Chair, Essentia Opiate Oversight Committee

Nov. 16, 2016
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

© 2016 Essentia Health
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
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
Sobering statistics

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

- Anoka
- Carlton
- Cass
- Hennepin
- Mille Lacs
- St. Louis

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

National Overdose Deaths
Number of Deaths from Prescription Opioid Pain Relievers

Source: National Center for Health Statistics, CDC Wonder
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.”
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
CDC recommendations 2012

**CDC:** Opioids are ineffective for some chronic conditions.

- **Low back pain** (without a patho-anatomic diagnosis)
- **Headache**
- **Fibromyalgia**
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
Letter from the Surgeon General

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 not ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a surgery 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—incuriosity—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 this may seem, the public still looks to us for protection and 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 these 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

© 2016 Essentia Health

Essentia Health
Here with you
Taking on Opioids: Essentia’s Approach
Purpose of new Standard of Care

• Provide **safe and effective** patient care

• Help **prevent diversion and abuse** of opioid medications for a safe community
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
Progressive efforts

2013-2015

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

2013-2015

• Education of providers and staff
• Develop and implement new processes and tools to assess and manage COAT patients
Creating a system-wide approach

2015

- Reviewed prescribing practices
- Developed new Standard of Care
- Utilized EHR tools and support departments
COAT initiative goal #1

Minimize number of new chronic pain patients started on COAT.
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
COAT initiative goal #2

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

• 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
COAT initiative goal #3

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

Steps for a successful taper

Step 1: Talk with your health care provider

Step 2: Sign an agreement between you and your health care team

Step 3: Slowly reduce total opioid use every 2 to 4 weeks

Step 4: Regular follow up appointments with your provider and/or pharmacist

Step 5: Use other medicines to help manage pain

Step 6: Pill counts at each visit, urine drug screens, pain scores

Step 7: Reduce pain in the safest way possible
Progression of opioid dependence

Source: Ballantyne, Jane, Essentia Health Friday Grand Rounds, Jan. 10, 2014
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
A case for transparency

Percent of Patient Panel on Long Term Opioid Therapy (Top 25)

- Patients on long term opioid therapy without a diagnosis warning flag
- Patients on long term opioid therapy with a diagnosis warning flag
A case for transparency

EH-DULUTH CLINIC 1ST ST

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

% of Patient Panel

-Patients on long term opioid therapy without a diagnosis warning flag
- Patients on long term opioid therapy with a diagnosis warning flag

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

COAT data is available to all staff through a metric dashboard on Essentia’s intranet.
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.
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)
Taking on Opioids: Our Progress
## COAT patient volumes

### April 2016

<table>
<thead>
<tr>
<th>Essentia-wide</th>
<th># of patients</th>
<th>% of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>9,069</td>
<td>2.75%</td>
</tr>
</tbody>
</table>

### October 2016

<table>
<thead>
<tr>
<th>Essentia-wide</th>
<th># of patients</th>
<th>% of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7,525</td>
<td>2.17%</td>
</tr>
</tbody>
</table>
Goal #1: Reducing new COAT patients

New COAT patients

- Jul. 2014
- Sept. 2014
- Nov. 2014
- Jan. 2015
- Mar. 2015
- May. 2015
- Jul. 2015
- Sept. 2015
- Nov. 2015
- May 2016
- Jul 2016
- Sep 2016

New COAT patients
Goal #1: Reducing new COAT patients

July 2014 → Oct 2016

44% fewer new COAT patients started on therapy each month
Goal #3: Reducing all patients on COAT

Monthly COAT Patient History

- COAT patients
Goal #3: Reducing all patients on COAT

July 2014 → Oct 2016

33.7% fewer COAT patients
How much did Essentia prescribe?

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

2014 Essentia Health prescriptions
How much does Essentia prescribe?

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

Jan.–Sept. 2016 Essentia Health prescriptions
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
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
**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.
FY 17: Acute pain management

Post-Surgical Prescribing:

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

- New prescribing policies
- Dedication & commitment
- Staff training
- Patient education
- Physician Leadership
- Community partnerships
- Robust electronic health records
- Leadership support
Thank You & Discussion
Dr. David Herman:
David.Herman@EssentiaHealth.org

Dr. Brian Konowalchuk:
Brian.Konowalchuk@EssentiaHealth.org