



Addressing the opioid epidemic

Minnesota's hospitals and health systems are partnering to address the opioid crisis in their communities.

- Hospitals and health systems are:
 - Implementing new prescriber protocols
 - Tracking reductions in opioid prescriptions
 - Reviewing patients on long-term opioids and developing alternative programs for pain management
 - Using medication-assisted therapy as a treatment
 - Working to integrate the state's prescription monitoring program data with electronic health record systems
- MHA and members are involved with stakeholder groups and coalitions focused on the opioid epidemic, including statewide partnerships with the Minnesota Department of Human Services (DHS) and the Minnesota Department of Health (MDH).
- MHA supports opioid stewardship legislation that would raise funds for opioid treatment through a surcharge on opioid prescriptions. This surcharge would provide a sustainable funding source for addiction treatment in Minnesota.

MHA members are leading the way in identifying targeted solutions through innovative local programs to tackle issues of opioid misuse and addiction treatment.

- **MHA** partnered with DHS to develop a [road map](#) to better identify, screen and treat neonatal abstinence syndrome (NAS), or drug withdrawal that occurs in newborns who were exposed to opioids prior to birth.
- **CHI St. Gabriel's Health** in Little Falls brought together law enforcement, medical professionals, public health advocates and other community leaders to create the Morrison County Drug Task Force. Led by two physicians in their clinic, CHI St. Gabriel's created a Controlled Substance

Care Team to monitor patients on chronic pain medications and decide when narcotics are appropriate or when they are being misused, abused or diverted.

- Convinced they could help moms break cycles of addiction and build strong, healthy families, **Sanford Bemidji Medical Center**, Red Lake Nation and Beltrami County came together to create the First Steps to Healthy Babies program in 2014, funded by a grant from PrimeWest Health. The hospital screens all women for opioid use during prenatal care. Women who test positive for opioids are invited to participate in the voluntary program.
- **Lakeview Hospital** in Stillwater and the Washington County Sheriff's Office partnered to reduce accidental opioid overdoses by expanding the use of naloxone. Lakeview emergency medical services (EMS) staff supply naloxone to Washington County licensed deputies and train them on how to administer the medication to patients in the event they are on the scene of an opioid overdose prior to the EMS team arriving.
- Starting in November 2017, **Alomere Health** in Alexandria partnered with Horizon Public Health, law enforcement agencies, public health nursing, county social services, community pharmacists, educators at all levels and many other community organizations to reduce the number of opioid prescriptions being written by 1 million morphine milli equivalents in under 10 months. Care team members educate, empower and work with their patients and families to reduce the number of opioid prescriptions written while providing holistic treatment. their community members. The coalition is actively tracking the outcomes of this initiative and has seen significant reductions in the number of prescriptions written not only for opioids but also amphetamines, benzodiazepines and other sedative/hypnotic drugs.

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- **Winona Health** took steps to provide stronger monitoring of patients who are prescribed opioids. The hospital ended the practice of allowing over-the-phone opioid refills and requires patients receiving opioid prescriptions to see a doctor face-to-face every three months. In addition, Winona Health opened the Conservative Management Clinic, a dedicated pain management clinic aimed at helping patients find the safest, most effective treatment options to lessen their pain.
- Efforts by **CentraCare Health** include analyzing prescribing data to identify safer practices and educate prescribers, hiring a pain specialist to help manage complex pain cases, revising order sets related to pain management and developing an assessment tool to trigger consultations with pain specialists and behavioral health care team members to address addiction concerns. A dedicated deferral and diversion nurse reviews cases and educates staff to decrease inappropriate use. Over a 12-month period, CentraCare dispensed about 29,000 fewer pills from the health system's outpatient pharmacies.
- Teams at **Hennepin Healthcare** in Minneapolis and CHI St. Gabriel's Health in Little Falls are hosting weekly e-learning calls through a Project ECHO grant from the Minnesota Department of Human Services. The calls link expert specialist teams at one location, called a hub, with primary care clinicians in local communities, known as spokes. As hubs for Project ECHO, Hennepin Healthcare and CHI St. Gabriel's provide specialized education on opioid addiction and collaborative case management for participating primary care clinicians at spokes across Minnesota. In February 2019, MHA, Hennepin Healthcare and DHS hosted a statewide learning opportunity to give frontline providers tools to initiate medication-assisted therapy in their local clinics.
- **Avera Marshall Regional Medical Center, CentraCare – Long Prairie, RiverView Health** in Crookston and **St. Luke's Hospital** in Duluth partnered with their local Certified Community Behavioral Health Clinic (CCBHC), as part of a Health Resources and Services Administration (HRSA) Rural Community Opioid Response (RCORP) grant, to reduce morbidity and mortality

associated with opioid use and opioid use disorder (OUD) in rural communities through prevention, treatment and recovery goals and objectives. The hospitals will collaborate with their area CCBHC to develop care coordination pathways transitioning substance use disorder and OUD treatment from inpatient to community-based care.

Minnesota is the state with the fifth-lowest opioid prescribing rate in the U.S. – and hospitals and health systems are working to reduce prescribing even further.

- Minnesota's prescribing rate has steadily decreased from 60.9 retail opioid prescriptions dispensed per 100 persons in 2012 to 35.5 prescriptions dispensed per 100 persons in 2018.
- Minnesota saw roughly an 8.5% percent reduction in opioid prescriptions dispensed from 2018 to 2019.

In Minnesota and across the nation, the opioid epidemic affects more families and communities every year than homicides and car crashes.

- According to the Minnesota Department of Health's (MDH) Opioid Dashboard, 343 Minnesotans died in 2018 as a result of opioid overdoses. There was an 18.7% decrease in opioid-involved deaths from 2017 to 2018. Opioid-involved deaths have only decreased two times since 2000.
- According to the Centers for Disease Control and Prevention (CDC), the number of overdose deaths in 2018 that involved opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was four times higher than in 1999. From 1999 to 2018, almost 450,000 people died from an overdose involving any opioid.

Mental health and substance abuse emergencies in Minnesota are increasing.

- In Minnesota hospitals and health systems from 2010 to 2019, mental health and substance abuse emergency room (ER) visits have substantially increased compared to overall ER visits.
 - Total ER visits increased 15.9%, but mental health and substance abuse ER visits increased 77.2%.
 - As a subset of the 77.2% increase, substance abuse ER visits increased 182.9% and mental health ER visits increased 54.8%.

- ER visits that resulted in admissions to the hospital as inpatients increased 5.9%, but mental health and substance abuse ER visits that resulted in inpatient admissions increased 6.8%.
 - As a subset of the 6.8% increase, substance abuse ER visits that resulted in inpatient admissions decreased 11.9% and mental health ER visits that resulted in inpatient admissions decreased 9.2%.

Minnesota's opioid prevention efforts have earned some national funding support, but more sustained investment is necessary.

- In September 2018, Minnesota was awarded \$8,870,906 a year for fiscal years 2018 and 2019. The over \$17.7 million provided under the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response grant will support Minnesota counties, tribes and community agencies to improve access to treatment, prevent opioid use disorder and prevent overdose deaths. Funding will support the implementation and expansion of proven strategies to offer treatment, improved emergency services and workforce development.
 - In addition to the SAMHSA funding provided to the state, the Health Resources and Services Administration (HRSA) awarded a total of \$4.5 million to 16 Minnesota health centers and \$200,000 to the Essentia Institute of Rural Health.
 - In 2017, Minnesota received \$16.6 million in federal funding to combat the opioid abuse, including \$10.6 million under the [State Targeted Response to the Opioid Crisis grant](#) and a \$6 million, three-year medication-assisted treatment grant.
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