Addressing the opioid epidemic

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

- Actions hospitals and health systems are taking include:
  - 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 its members are involved with several 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 or a licensing fee on manufacturers. 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. For example:

- CHI St. Gabriel’s Health 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 medicine to patients in the event they are on the scene of an opioid overdose prior to the EMS team arriving.

- 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.

- MHA received a grant from 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.

Minnesota is the state with the fourth-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 46.9 prescriptions dispensed per 100 persons in 2016.

- Minnesota saw roughly an 8.6 percent reduction in opioid prescriptions dispensed from 2015 to 2016.
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, 395 Minnesotans died in 2016 as a result of opioid overdoses. There was an 18 percent increase in opioid-involved deaths from 2015 to 2016.
- According to the Centers for Disease Control and Prevention (CDC), the number of overdose deaths involving opioids (including prescription opioids and heroin) has quadrupled since 1999. From 2000 to 2015, more than half a million people died from drug overdoses. Every day, 91 Americans die from an opioid overdose.

In Minnesota hospitals and health systems from 2010 to 2016, mental health and substance abuse overall emergency room (ER) visits have substantially increased compared to overall ER visits.

- Total ER visits increased 15.5 percent, but mental health and substance abuse ER visits increased 68.5 percent.
  - As a subset of the 68.5 percent increase, substance abuse ER visits increased 145.9 percent.
- ER visits that resulted in admissions to the hospital as inpatients decreased 4.8 percent, but mental health and substance abuse ER visits that resulted in inpatient admissions increased 7 percent.
  - As a subset of the 7 percent increase, substance abuse ER visits that resulted in inpatient admissions increased 35.5 percent.

Minnesota’s opioid prevention efforts have earned national funding support, but more sustained and adequate investment is necessary.

- In April 2017, Minnesota was awarded nearly $5.4 million from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the 21st Century Cures Act to help combat the opioid crisis.
  - In all, $485 million in grants was awarded to all 50 states; Washington, D.C.; and four U.S. territories. Minnesota’s grant was one of the smaller awarded amounts.
- In July 2017, Minnesota was one of 23 states to be awarded funding by the CDC.
- In September 2017, Minnesota received funding from the CDC’s Enhanced State Opioid Overdose Surveillance program and the Data-Driven Prevention Initiative, including for increasing the use of prescription drug monitoring programs and improving clinical feedback from these systems.
- In September 2017, Minnesota was one of six states to receive funding through SAMHSA’s Targeted Capacity Expansion: Medication Assisted Treatment (MAT), authorized through the Comprehensive Addiction and Recovery Act (CARA) of 2016. The Minnesota Department of Human Services was awarded $6 million to support expanding access to medication-assisted treatment.
- Minnesota’s providers should not be disadvantaged by the methodology for distributing federal support to address opioid abuse. Awarding funding to states based on the highest overdose death rates does not provide needed assistance to states like Minnesota that have a rapidly growing rate of opioid abuse, but relatively few opioid overdose-related deaths when compared to other states.

Congressional action is needed to achieve care coordination essential to combat opioid abuse and provide effective addiction treatment.

- Access to medication-assisted treatment (MAT) should be expanded by making permanent the ability of nurse practitioners and physician assistants to prescribe MAT (current authority expires in 2022) and by codifying physicians’ ability to prescribe MAT for up to 275 patients (up from 100). Appropriate resources to expand MAT training and to incentivize clinicians to obtain training should be provided.
- 42 CFR Part 2 should be aligned with the Health Insurance Portability and Accountability Act (HIPPA). 42 CFR Part 2 governs the confidentiality of substance use disorder patient records and impedes the sharing of patient information necessary for delivering the most efficient and effective care.
- The Institutions for Mental Disease (IMD) exclusion should be repealed. The IMD exclusion prohibits the federal government from paying for the care of Medicaid patients between ages 21 and 64 who are hospitalized in inpatient psychiatric treatment facilities, making it extremely challenging for those of limited means to receive effective treatment for substance use disorders. Repeal of the IMD exclusion will allow Medicaid patients to access needed treatment at IMD facilities.