



2020 Reducing Chronic Opioid Use Performance Improvement Project

May 1, 2021

Hennepin Health
Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

Purpose:

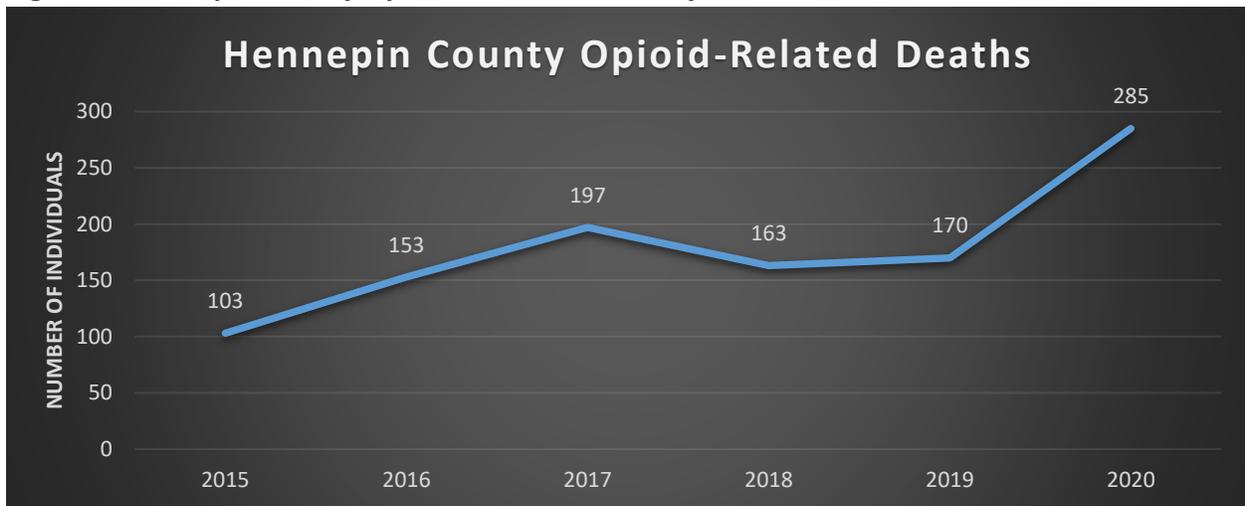
As the use of opioids and the opioid crisis impacts all Minnesota MHCP members, Hennepin Health collaborates with other Minnesota health plans including Blue Plus, HealthPartners, Itasca Medical Care (IMCare), Medica, PrimeWest, South Country Health Alliance (SCHA) and UCare, collectively known as the “Collaborative”, in the development and implementation of the 2018 -2020 “*Reducing Chronic Opioid Use*”. This PIP applies to the Hennepin Health PMAP, MNCare and SNBC populations.

The 2018-2020 PIP goal to reduce chronic opioid use is to decrease the rate/number of PMAP, MNCare, SNBC, Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) members who become new chronic users of opioid pain relievers. DHS identified 45 days of opioid use as a critical timeline for patients since continued use beyond 45 days can result in long-term/chronic use or addiction. The goal of this project is to decrease the number of PMAP, MNCare, and SNBC members who reach that 45-day threshold.

Since 2010, while the opioid problem came to the attention of the medical community and the public, clinical guidance slowly disseminated from a variety of sources including the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC). In addition, state legislatures issued directives to address the issue. Much of the early guidance focused on managing chronic opioid use.

Hennepin County has not been immune from the opioid crisis/epidemic impact. Figure 1 displays the number of opioid related deaths in Hennepin County from 2015 - 2020. In 2016, there were 153 opioid-related deaths, representing a 48 percent increase from 2015. In Hennepin County, 2017 was a record year with 197 opioid-related deaths until 2020. Opioid-related deaths decreased in 2018 and 2019. The Medical Examiner’s Office reports 285 opioid related deaths in Hennepin County in 2020. Unfortunately, provisional data for 2020 demonstrates a significant increase of 67.6 percent in opioid-related deaths believed to be related to circumstances of the COVID-19 pandemic. Approximately 80 percent of all opioid-involved deaths during 2020 involved synthetic opioids.

Figure 1. Hennepin County Opioid Related Deaths by Year



Data Source: Hennepin County Medical Examiner's Office

In response to the opioid crisis in Hennepin County, the Hennepin County Sheriff's Office launched a drug abuse prevention campaign called #NOOverdose in 2016. Hennepin County began the Opioid Initiative Project in 2017. An opioid coordinator was hired to lead the project in 2018. The Hennepin Health CMO became involved in 2017 when the project started. The Hennepin County Opioid Initiative Project includes three pillars: primary prevention, response and treatment and recovery.

In 2014, the Institute for Clinical Systems Improvement (ICSI) published an acute pain assessment and opioid prescribing protocol. ICSI added guidelines around non-opioid treatment approaches and opioid management in 2016. Also, in 2017, the Minnesota Opioid Prescribing Work Group published the acute and post-acute prescribing protocols.

Analysis

HealthPartners led the Collaborative 2018 -2020 "Reducing Chronic Opioid Use" PIP. The Collaborative, including Stratis Health staff, met monthly from January – March 2020 to plan and implement strategies and interventions relevant to the PIP that included conducting a survey of opioid use at assisted living facilities, presenting opioid topic information relevant to specific audiences at conferences and via webinars.

In March 2020, a national and statewide peacetime emergency was issued due to the COVID-19 pandemic. Health care resources and staff were reallocated to meet the anticipated and actual health care needs of individuals infected with the COVID-19 virus as well as individuals with acute and chronic health conditions. Health care clinics, dental clinics and ophthalmology clinics were closed for a period during 2020. Only services deemed "essential" were available. As a result, the PIP strategies and interventions were placed "on hold" and revised, as appropriate. It was decided that the PIP Collaborative would meet every other month in 2020 due to the impact of COVID-19 on the PIP activities.

To ensure interventions align with data results, the interventions described below will be limited to calendar year 2020 and include the most recent NCU data from DHS (2019). In addition to the overall NCU measurement, all interventions include process measures to monitor implementation of these activities. These process measures are included with the relevant intervention.

Summary of activities completed in 2020:

- Updated and promoted the opioid provider toolkit.
- Developed and promoted a webinar for care coordinators on topics related to opioids.
- Administered the opioid prescribing limit of 90 maximum morphine equivalents (MME) per day with a 7-day maximum for Hennepin Health members.
- Promoted and distributed an opioid brochure to be used by all participating MCOs.
- Attended the Many Faces Conference and presented “Opioid Update: Tools for Members and Updates from the MN Opioid Monitoring Program”.

Collaborative Interventions 2018 - 2020

Provider Toolkit

In year one of the project, the Collaborative developed *A Provider Toolkit: Meeting the Challenges of Opioids and PAIN*. The toolkit provides background information on the opioid issue and a collection of resources and tools related to preventing new chronic opioid users. The target audience for the toolkit includes clinicians who prescribe opioids to their patients and other medical professionals or care coordinators who work with people experiencing pain. Care was taken in the toolkit development to ensure that data, resources, and tools were relevant to Minnesota and specifically the Minnesota MHCP population.

The toolkit has been available on the project page of the Stratis Health website since 2019 and will be reviewed annually and updated as needed to remain clinically and educationally relevant to the issue. It was viewed 45 times in 2020. The toolkit includes the following topics:

- Introduction to the issue
- Shared decision making
- Patient Education about Pain and Opioids
- Identifying opioid use disorder
- Prescription monitoring programs
- Effective screening for risk factors
- Tapering Opioids
- Training opportunities
- Non-Pharmacological alternative pain management
- Tools for pharmacists
- Tools for dentists
- Considerations for the elderly and adolescents/young adults

- Safe storage and disposal
- Opioids prescribed for animals

The Collaborative promoted the provider toolkit through multiple channels.

- Newsletter articles: In 2020, the collaborating health plans included at least one article in their provider communications about the opioid prescriber's toolkit.
- Conferences: The toolkit was included in all conference presentations.
- Webinars: The toolkit was promoted during each webinar presented by the project in 2020.

Websites: Information about the availability of the toolkit was posted on each collaborative health plan website with links to where the toolkit is housed on the Stratis Health project page.

Member Toolkit

In the second quarter 2019, the Collaborative began developing an opioid toolkit for members which was finalized in December 2019. In 2020, the member toolkit was promoted by Hennepin Health and the other Collaborative MCOs via their individual health plan websites and newsletters. The member toolkit provides in-depth information and resources related to topics listed in the opioid brochure. The guide was viewed online 807 times in 2020, and of those 642 were unique pageviews. The toolkit will be reviewed annually and updated as needed to remain clinically and educationally relevant to the issue. The toolkit includes the following topics:

- Understanding pain
 - Acute vs. chronic pain
- Talking with your doctor about pain
- Over the counter pain relievers
- Self-care for pain management
- Phone apps to deal with stress and pain
- How opioids work
- Side effects, risks, cautions, storage, and disposal of opioids

Alternative Pain Therapies Grid

A focus of the project is to educate both clinicians and health plan MHCP members about non-pharmacologic alternatives for pain management. The toolkit includes information about research-based strategies for managing pain besides opioids, but there may be confusion over what alternative treatments may be covered by Medicaid.

The Collaborative developed an alternative pain therapies grid which identifies some of the most common evidence-based therapies and identifies coverage by MHCPs. The coverage grid was discussed, and copies were distributed, during the sessions of the conference

presentations outlined below. The grid was posted on the Stratis Health website in October of 2018 and is available and updated throughout the project.

Webinars and Conferences

The Collaborative developed webinars as part of a series focused on prescriber and pharmacist knowledge gaps, as identified in the research literature. This series was intended to use a data-driven approach to help providers choose the most effective pain treatment options and improve the safety of opioid prescribing for acute pain. Topics of the 2020 webinars are listed below.

Opioid Update: Tools for Members and Updates from the MN Opioid Monitoring Program at the Many Faces of Community Health Conference: This webinar provided updates around the New Chronic User measure data, explained how to understand opioid prescriber reports from DHS, and identified resources for clinicians and patients on pain management.

Meeting the Opioid Challenge: More Tools and Information for Care Coordinators: Hosted by the Collaborative and presented by Melody Mendiola, MD, Hennepin Health Associate Medical Director. This presentation met the following objectives:

- Participants acquired a basic understanding of commonly prescribed opioids and their intended uses.
- Participants learned what changes in prescribing oversight are in place and any new data trends in Minnesota and nationally.
- Participants learned the role of short-term and long-term opioid use and ways to identify problematic use.
- Participants were presented with resources available for management and treatment of Opiate Use Disorder.

Community Member Brochure

The opioid member brochure *Using Opioids for Pain: What You Should Know* was created as a resource for members to assist in making decisions about their opioid use for managing pain. The brochure was created so it could be individualized by each MCO and shared in different venues. The brochure highlights several areas regarding utilization of opioids for pain management.

- What opioids are and how they affect the brain and body along with risks and common side effects.
- Pain is a normal part of the healing process and how personal factors can determine how a person may react to pain.
- Examples of alternative treatments to opioid prescribing include non-opioid pain medications, self-care, exercise, physical and occupational therapy, chiropractic, acupuncture, biofeedback, and cognitive behavioral therapy, etc. These therapies may

be covered by a patient's insurance and they would need to contact their plan member services to verify coverage.

- Safe storage and disposal of medications.

Individual MCOs utilized the brochure within their project as outlined in health plan specific activities.

Community Collaboration

Some Collaborative MCOs participate in the MN Health Collaborative convened by ICSI. The MN Health Collaborative includes representatives from major Minnesota healthcare organizations working together to address major health topics, one of which is opioid misuse and addiction. Activities include serving on subcommittees, sharing internal work, spreading best practices, and establishing policies to impact opioid prescribing within each organization. The organizations actively work to spread recommendations for reducing opioid prescribing throughout the organizations or with targeted groups of clinicians (such as surgeons or orthopedic) and share data showing the results of their efforts. Much of the work of the MN Health Collaborative is focused on chronic use and is outside of the scope of this project. However, the overall mission of the MN Health Collaborative supports the work of the project.

Alignment of Pharmacy Practices

At the initiation of the project, the MCOs identified uniform prescribing practices as a priority. Initially each health plan determined their individual plan standards for limiting initial prescriptions or refills but acknowledged this would have caused a great deal of confusion in the medical community as prescribers attempted to comply with varying limits. A collaborative effort was needed so prescribers, pharmacists, and members would have uniform expectations for these controlled substances.

DHS and the MCOs participate in a Universal Pharmacy Policy Workgroup (UPPW) which develops uniform formulary requirements for MHCP. The Collaborative asked the UPPW to identify limits that would be applied to all MHCP members. This was accomplished in 2017.

Process Measures

In the original PIP Proposal, the collaborative anticipated there may be requirements for prior authorizations (PA) connected to the changes in the opioid prescribing limits and included potential process measures related to that. To maintain administrative simplicity, the UPPW did not include any PA recommendations and none were adopted by the MCOs. The Collaborative promotes screening patients for risk factors related to substance use disorder and behavioral health issues via the toolkit by including information in webinars and through other informal networks.

Health Plan Specific Interventions

In 2019 and 2020, opioid messaging developed by Collaborative was:

- Displayed on the member area of the Hennepin Health website.
- Distributed and made available to members in the Hennepin Health walk-in service center (WISC), until WISC closed in March 2020 due to COVID-19.
- Mailed to eligible SNBC members who filled opioid prescriptions.
- Distributed in the provider bulletin that is emailed to provider facilities.
- Presented in opioid PIP updates at Hennepin Health QMC meetings.

During 2019 and 2020, many opioid naïve members engaged in alternative therapies, a focus of educational interventions. Access to alternative pain management therapies after March 2020 was limited because of restricted access due to COVID-19. Table 3 displays the frequency of the use of these therapies by opioid naïve members in 2019 and 2020.

Table 3. Opioid Naïve Member Use of Alternative Pain Management Therapies

Therapy	2019 Count	2020 Count
Acupuncture	62	49
Chiropractic	108	112
Osteopathic manipulative treatment	3	2
Physical therapy	291	258
Psychotherapy	506	476
Behavioral interventions	19	25
Biofeedback	1	0

[Hennepin Health Specific Interventions 2018 - 2020](#)

The Hennepin Health PIP Coordinator and the Hennepin County Opioid Coordinator have collaborated on this important initiative, sharing information and resources throughout 2019.

During the spring of 2019, the Hennepin Health PIP Coordinator participated in a brown bag discussion intended to educate the community on drug seeking behavior, accidental overdose and medication disposal with representatives from the Hennepin County Sheriff's Office, Hennepin County Environmental Services and the Hennepin Regional Poison Center. Additionally, the Hennepin Health Associate Medical Director published an article describing the risks involved with prescribing opioids to patients in the summer edition of the Navitus Pharmacy Newsletter. Hennepin Health outreach staff also distributed the opioid member brochure at community events in 2019. In-person community events were limited in 2020 due to the COVID-19 so the brochure was provided electronically if that option was possible. Hennepin Health had intended to implement an intervention to target high prescribers of opioids. However, due to the pharmacy restrictions to limit opioid prescriptions implemented by Hennepin Health on July 1, 2019, only three providers were deemed to be high prescribers and subsequently contacted for intervention by the Associate Medical Director. Due to the low number of cases, Hennepin Health has determined that interventions with high prescribers of opioids will be addressed on an as-needed basis.

SNBC Member Interventions

In addition to the interventions described for all PIP participants, Hennepin Health implemented a supplementary intervention to address the unique needs of SNBC members. All SNBC members are enrolled in the Hennepin Health care management program. The purpose of the SNBC care management program is to identify and address the complex mental and physical health concerns of SNBC members. In 2018, Hennepin Health tested an intervention for SNBC members who received an opioid prescription. For SNBC members that filled opioid prescriptions, internal care coordinators called and assessed member knowledge concerning the risks and benefits of prescription opioid use. Because of opioid prescribing restrictions, oftentimes by the time pharmacy claims data was received, the member had already finished the medication and the phone call was not necessary. Due to staffing constraints and limited success, the phone call intervention to opioid naïve SNBC members who filled an initial prescription for opioid medications was discontinued.

In the first quarter of 2019, SNBC members who filled an initial prescription for opioid pain medications were mailed the opioid brochure created by the Collaborative. During the second quarter of 2019, the data analytics team at Hennepin Health redesigned member opioid prescription reporting. During this time, mailings were discontinued due to concerns about the accuracy of data used for the brochure mailings.

In October 2019, an opioid letter was created for mailings to SNBC opioid naïve member following an initial opioid prescription fill. The member letter was intended to provide increased personalization by identifying why the letter was sent and highlighting information from the Collaborative opioid brochure. The letter was submitted to DHS for approval in October 2019. At the request of DHS, the letter was resubmitted in February 2020 for approval and was approved at that time. It was anticipated this member letter would be mailed to SNBC

opioid naïve members following an initial opioid prescription fill starting in March 2020. Implementation of this measure was delayed until fourth quarter 2020 due to the COVID-19 pandemic, resulting in health care clinics seeing members in-person for “essential” clinical reasons only. Telehealth visits are being encouraged at this time with in-person clinic visits being conducted only when necessary. Many members are delaying care due to concerns of being exposed to COVID-19.

Plan-Wide Use of Opioids

In addition to the metrics described above, Hennepin Health has been monitoring the overall use of opioids among members. Prior to the start of the PIP, in 2017, opioids were the sixth most prescribed medications among Hennepin Health members. In 2018, opioids were the ninth most prescribed. In 2019, opioids again dropped on the list to the tenth most prescribed. In 2020, opioids moved back to the ninth most prescribed medication. The move back to ninth was attributed to increased use of buprenorphine/naloxone (Suboxone) prescribed to treat opioid addiction rather than pain. Therefore, the shift is a positive one as more members seek treatment for opioid addiction. When Navitus, Hennepin Health’s pharmacy benefit manager, reran the most prescribed medication report, removing buprenorphine, opioids were no longer in the top ten prescribed medications in 2020. The many interventions implemented for this project may have been one important factor causing that decline.

Barriers

A barrier to rapid intervention with members who have been prescribed opioids is that Hennepin Health no longer has direct access to pharmacy claims for members that visit Federally Qualified Health Centers (FQHCs) for care. Interventions to prevent opioid naïve members from becoming NCUs must happen soon after the fill of an opioid prescription and is impossible without timely access to these claims.

Data Outcomes

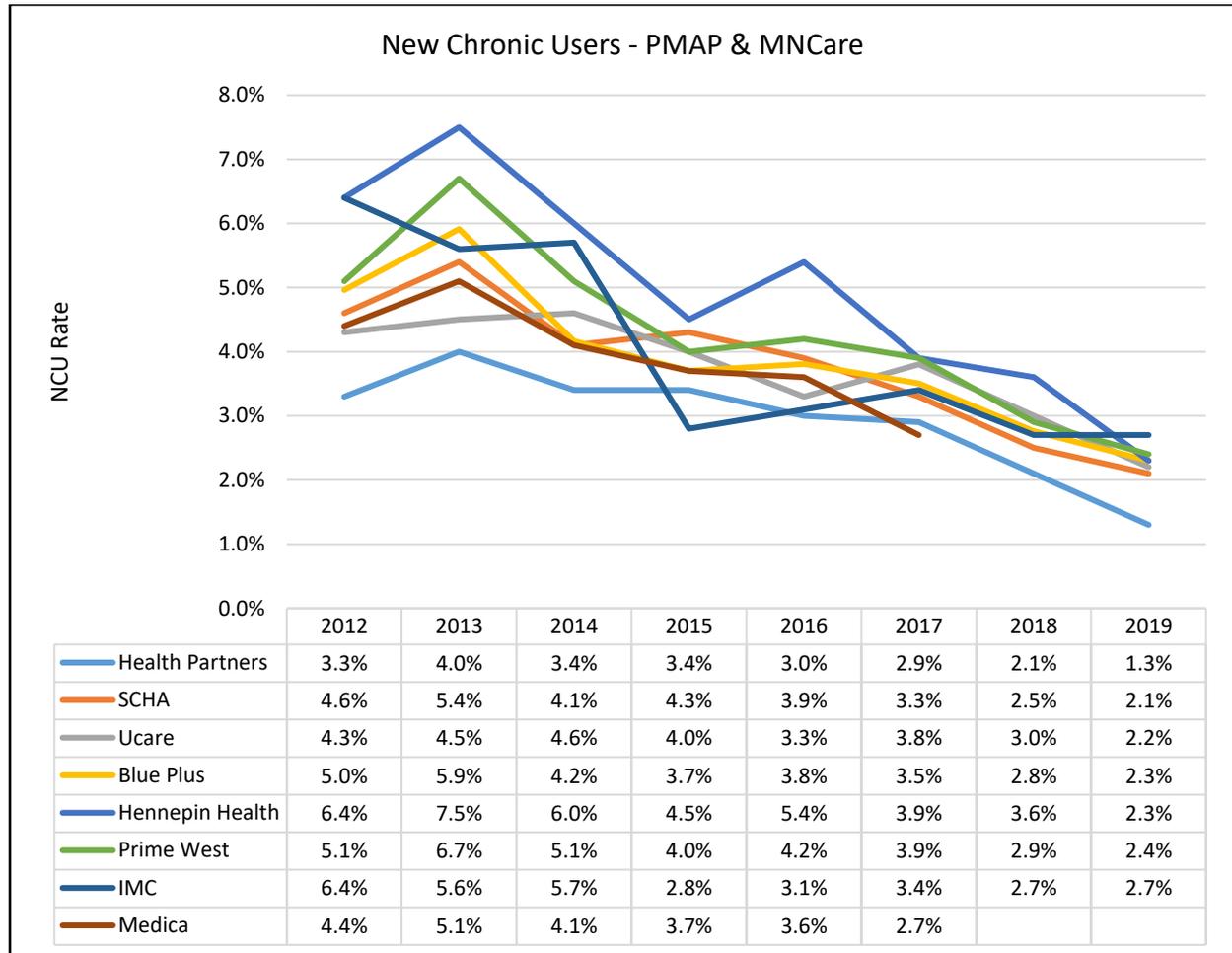
The NCU measure was developed to identify a clinically useful outcome measure to support quality improvement efforts in preventing chronic opioid use. The goal and focus of efforts for the NCU measure and this project is to limit initial use of opioids and prevent chronic use and addiction. Stated project interventions include strategies to educate clinicians and other prescribers, care coordinators and others working in the community, MCO members, and the public about issues related to opioids, options for alternative pain treatment, and safe disposal practices to minimize diversion.

When the proposal was submitted, baseline rates for 2017 dates of service were not available. DHS baseline rates are included in this report and new chronic user (NCU) reduction goals are included based on that data.

The project goal is to decrease the number of PMAP, MNCare, and SNBC members who reach that 45-day threshold. NCU of opioid pain relievers measure developed by DHS is used to

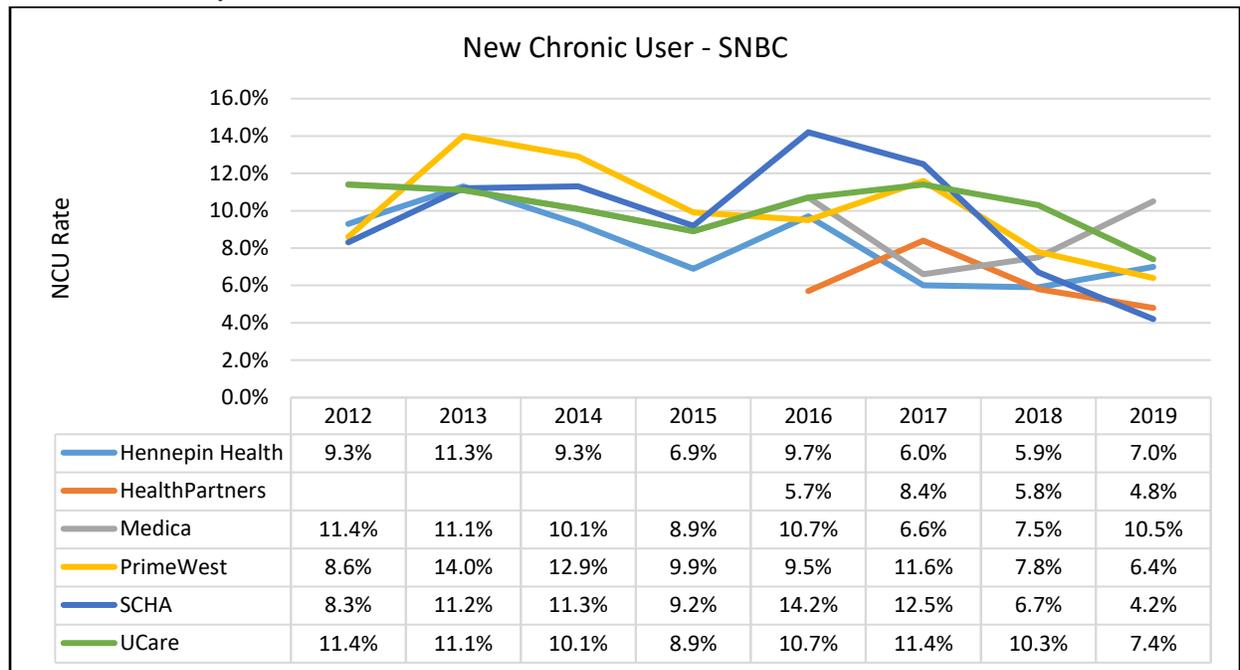
monitor the success in preventing chronic opioid use for this project. Figures 2 and 3 display the NCU rates stratified by MCO and the program, as reported by DHS in the PMAP, MNCare, and SNBC programs. Overall, the MCO’s NCU rates show an encouraging declining rate compared to the 2017 baseline year. Hennepin Health’s PMAP and MNCare NCU rate decreased by 1.3 percent from 2018 to 2019. The Hennepin Health SNBC rate decreased slightly from 2017 to 2018 but increased by 1.1 percent in 2019 from 2018. The 2020 NCU data will not be available from DHS until mid-2021. It is unclear as to how the Covid-19 pandemic will have impacted the NCU rates, if at all.

Figure 2. New Chronic User Rates Stratified by MCO for MNCare & PMAP Programs 2012-2019 (lower rates are better)



Data source: Minnesota Department of Human Services

Figure 3. New Chronic User Rates Stratified by MCO for the SNBC Program 2012-2019 (lower rates are better)



Data source: Minnesota Department of Human Services

Data Limitations

The baseline rate for this PIP was based on 2017 enrollment and dates of service calculated by DHS and provided to the MCOs in 2018. The 2017 baseline rates were distributed to the MCOs in May 2019 at the same time the 2018 final rates were distributed, which limited the MCOs ability to validate the data. DHS supplied the MCOs with annual individual plan rates and aggregate rates but did not provide drill-down analysis by MCO or program.

The MCOs have been unable to mimic the rates that DHS has provided. DHS elected not to share the member level data with the MCOs, so the MCOs can only theorize that the barriers to produce valid rates include:

- Subjective member attribution logic that DHS is applying to the NCU rates and members with more than one Plan Member Identification (PMI).
- MCOs identify members on an ongoing basis who have been issued more than one PMI number by DHS within the calendar or measurement year.
- Members may have been continuously enrolled during the measurement year, however, because they were issued a different PMI number, they do not meet the enrollment criteria compounding the issue of small numbers in the denominator.

Additionally, the specifications for the NCU measure changed after the project start date which made it difficult to replicate the DHS rates based on the specifications. The Collaborative met

multiple times and consulted each other's data analytics teams to ensure consistency with the measurement, including meeting jointly with DHS quality leaders and data experts to gain clarity on this measure.

In the future it would be helpful to begin projects with finalized data and baseline rates, along with member level data to help the MCOs more accurately replicate DHS data for interventions and outreach opportunities.

Recommendations and Next Steps

Hennepin Health will collaborate with the other MCOs to draft and submit the final 2018 - 2020 "Reducing Chronic Opioid Use" PIP report to DHS in September 2021. DHS will send the 2020 NCU data for the final PIP report to the MCOs mid-year 2021.

It is anticipated DHS will be releasing the 2020 high-opioid prescriber data in mid-2021. Due to the previous low number of cases, Hennepin Health will address high prescribers of opioids on an as-needed basis.

To ensure the PIP outcomes are sustainable going forward, Hennepin Health will continue interventions:

- Promote alternative pain management therapies.
- Promote *Using Opioids for Pain: What You Should Know* member brochure.
- Continue Collaborative opioid messaging on the Hennepin Health member and provider websites, member newsletter, provider bulletins and WISC.
- Administer the opioid prescribing limit of 90 maximum morphine equivalents (MME) per day with a 7-day maximum.
- Monitor prescribers of opioid medications for high utilization and overall use of opioids among members.
- Mail opioid member letter to opioid naïve members following an initial opioid prescription fill.
- Continue Collaborative Provider and Member Toolkits review and update annually on the Stratis Health website.



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