



**Hennepin Health**  
300 South Sixth Street, MC 604  
Minneapolis, Minnesota 55487-0604

## Description

The MCOs are required to conduct performance improvement projects (PIPs) designed to achieve significant improvement in clinical care and non-clinical care areas through ongoing measurements and interventions that have a positive impact on the members' health outcomes and member satisfaction. The PIPs are conducted over a three-year period and any improvements achieved must be sustained over time once the PIP has concluded. PIPs must comply with 42 CFR §438.330(b)(1) and (d) and Centers for Medicare and Medicaid Services (CMS) protocol titled "*CMS EXTERNAL QUALITY REVIEW (EQR) PROTOCOLS October 2019.*"

## Process and documentation

Hennepin Health participates in the PIP collaborative initiatives with other Minnesota MCOs and stakeholders. Collaborative initiatives support consistent provider practices and provider and member messages to minimize consumer confusion, enhance member health care experiences, provide continuity of care, promote racial equity, and eliminate duplication of services. Stratis Health provides guidance and support for the PIP.

Each PIP is led by a health plan representative. The MCOs rotate the leadership role for each PIP. The Collaborative and Stratis Health staff meet twice a month during the PIP planning and implementation processes. Stratis Health is responsible for scheduling of meetings, maintaining meeting minutes, and guiding the development and implementation of the PIP, including the work plan. Health plan staff have access to the documents and meeting minutes maintained on the Stratis Health SharePoint site. Stratis Health also preserves webinars, toolkits, and other resources relevant to the specific PIP on its website that providers and members can access to view and print materials as needed during and after the conclusion of the PIP.

To monitor the success of the overall PIP and interventions, collaborative process measures and outcomes measures, using qualitative and/or quantitative data, are identified and analyzed annually. Each health plan may identify and monitor additional process and/or outcomes measures in addition to those identified by the Collaborative.

Each health plan's PIP proposal is submitted to and approved by DHS prior to the PIP implementation. Collaborative PIP strategies and interventions are developed and implemented. Each health plan may implement health-plan specific strategies and interventions relevant to their respective membership. The MCOs collaborate on the writing of the interim and final PIP reports submitted annually to DHS. Each health plan addresses health plan specific interventions and outcomes in the report.

Improvements seen as the result of a PIP strategies and interventions will be sustained over time. To support sustainability, Stratis Health maintains the collaborative PIP resources on its website. The Collaborative reviews these resources annually to ensure

relevancy and will update the resources as appropriate. The individual MCOs promote the resources through various means including provider and member communication. In addition, each health plan continues to implement and revise the specific health plan strategies and interventions to sustain the improvements obtained through the PIP.

The 2018-2020 PMAP, MinnesotaCare and SNBC PIP topic selected by DHS was “*Reducing Chronic Opioid Use*”. The 2021-2023 “*Healthy Start for Mothers and Their Children*” for PMAP/MinnesotaCare population was implemented in January 2021. “*Comprehensive Diabetes Care*” is the SNBC 2021 – 2023 PIP topic which also began in January 2021.

# PIP: Reducing chronic opioid use

## Purpose

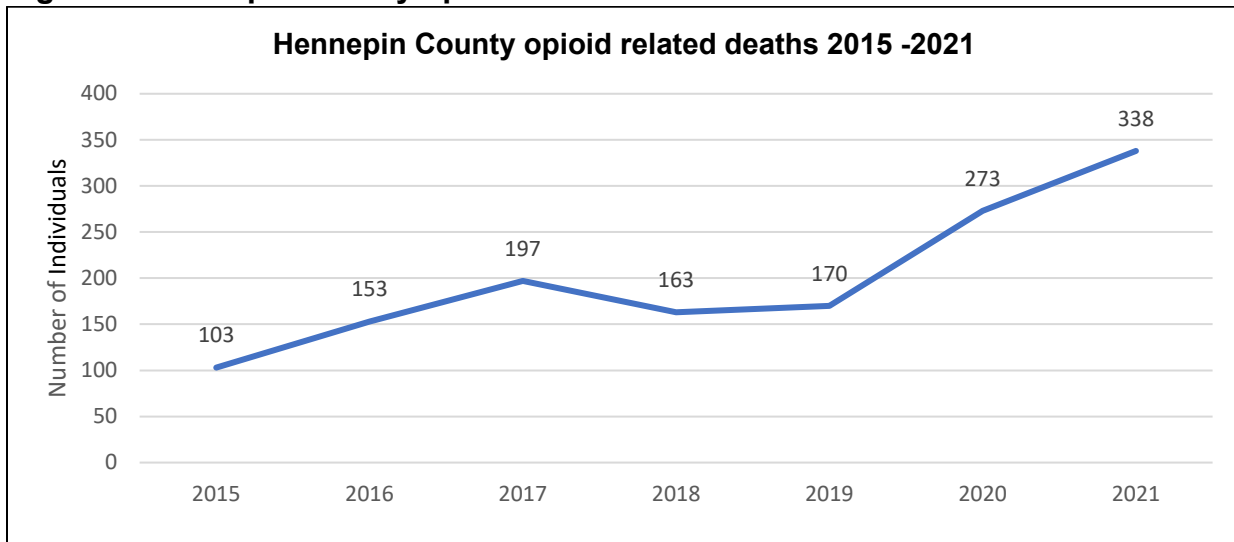
As the use of opioids and the opioid crisis impacts all Minnesota MHCP members, Hennepin Health collaborated with the other Minnesota MCOs - Blue Plus, HealthPartners, Itasca Medical Care (IMCare), Medica, PrimeWest, South Country Health Alliance (SCHA) and UCare, collectively known as the “Collaborative”,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

The 2018-2020 PIP goal to reduce chronic opioid use was to decrease the rate/number of PMAP, MinnesotaCare, 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 was to decrease the number of PMAP, MinnesotaCare, and SNBC members who reach that 45-day threshold. The opioid project ended in 2020 with the final report and data submitted to DHS in September 2021.

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 residents have not been immune from the opioid crisis/epidemic impact. Figure 1 displays the number of opioid related deaths in Hennepin County from 2015 - 2021. In 2016, there were 153 opioid-related deaths, representing a 48% increase from 2015. When this PIP began in 2018, 2017 was, at the time, a record year with 197 opioid-related deaths in Hennepin County. Although opioid-related deaths decreased in 2018 and 2019, the Medical Examiner’s Office reported 273 opioid-related deaths in Hennepin County in 2020. According to the 2021 provisional data from the Medical Examiner’s Office, there were 338 opioid-related deaths in Hennepin County, representing a 24% increase from 2020 to 2021. Unfortunately, opioid-related deaths in Hennepin County have more than doubled from 2016 to 2021. The increase in the last two years is believed to be related to circumstances of the COVID-19 pandemic.

**Figure 1. Hennepin County opioid-related deaths 2015 - 2021**



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. The Hennepin Health CMO was involved when the project started. An opioid coordinator was hired to lead the project in 2018. 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. The PIP Collaborative

met every other month in 2020 due to the impact of COVID-19 pandemic on the PIP activities.

## 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 and was a core element of the PIP work throughout the life of the project. The target audience for the toolkit includes clinicians who prescribe opioids to their patients and other medical professionals or care coordinators who work with individuals 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 is reviewed annually and updated as needed to remain clinically and educationally relevant to the issue. 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 including newsletter articles, conferences, websites, and webinars.

### Member toolkit

The Collaborative developed an opioid toolkit for members which was finalized in December 2019. 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 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 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 MCOs. 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 was 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 project webinars are listed in Table 1 including attendee and pageview numbers.

<b>Table 1. 2018-2020 Webinars and conferences</b>			
<b>Date</b>	<b>Topic</b>	<b>Attendees</b>	<b>Pageviews</b>
6/21/2018	Meeting the Challenges of Opioids and PAIN – MN Opioids Prescribing Guidelines. Dr. Brad Johnson, South Country Health Alliance and Patty Graham, HealthPartners	80	16
8/2/2018	Meeting the Challenges of Opioids and PAIN – Tools and Information for Care Coordinators – DHS Video Conference. Dr.	337	35

Table 1. 2018-2020 Webinars and conferences			
Date	Topic	Attendees	Pageviews
	Stacy Ballard, Medica and Ruth Boubin, South Country Health Alliance		
11/13/2018	Meeting the Challenges of Opioids and PAIN: Opioids and Behavioral Health – Dual Diagnosis Webinar. Jessie Everts, PhD, LMFT, Wayside Recovery Center	90	21
1/14/2022	Meeting the Challenges of Opioids and PAIN: Alternative Therapies for Pain. Dr. Isaac Marsolek, HealthPartners Neuroscience Center	156	42
5/16/2019	Meeting the Challenges of Opioids and PAIN: Tools and how Pharmacists work to address the Opioid Crisis: Erika Bower, PharmD, BCACP, UCare	75	0
10/24/2019	Meeting the Opioid Challenge: Tackling the Opioid Epidemic in Rural Minnesota	47	4
11/10/2020	Meeting the Opioid Challenge: More Tools and Information for Care Coordinators. Melody Mendiola, MD, Hennepin Health Associate Medical Director,	162	5

[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 health plan, and they would need to contact their health 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 participated in the Minnesota Health Collaborative convened by ICSI. The Minnesota Health Collaborative included representatives from major Minnesota health care organizations that worked together to address major health topics, one of which was opioid misuse and addiction. Activities included serving on subcommittees, sharing internal work, spreading best practices, and establishing policies to impact opioid prescribing within each organization. The organizations actively worked to spread recommendations for reducing opioid prescribing throughout the organizations or with targeted groups of clinicians (such as surgeons or orthopedics) and shared data showing the results of their efforts. Much of the work of the Minnesota Health Collaborative focused on chronic use and was outside of the scope of this project. However, the overall mission of the Minnesota Health Collaborative supported 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 MCO determined their individual health plan standards for limiting initial prescriptions or refills but acknowledged this would create 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 promoted 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 the 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 pandemic.

- Mailed to eligible SNBC members who filled opioid prescriptions.
- Distributed in the provider bulletin that was emailed to provider facilities.
- Presented in opioid PIP updates at the Hennepin Health QMC meetings.

The Hennepin Health Community Outreach team collaborated with the Hennepin County Opioid Response Coordinator on opioid messaging and engagement specific to the Somali community. The Community Outreach team worked with Somali community leaders to produce a new video that brings awareness of the recent rise in opioid use. This assistance came in the form of a new contract with the largest Somali TV in Minnesota.

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 pandemic. Table 3 displays the frequency of the use of these therapies by opioid naïve members from 2018-2020.

<b>Table 3. Opioid naïve member use of alternative pain management therapies</b>				
<b>Therapy</b>	<b>2018 (n)</b>	<b>2019 (n)</b>	<b>2020 (n)</b>	<b>Total</b>
Acupuncture	44	62	49	155
Chiropractic	59	108	112	279
Osteopathic manipulative treatment	1	3	2	6
Physical therapy	172	291	258	721
Psychotherapy	185	506	476	1167
Behavioral interventions	6	19	25	50
Biofeedback	0	1	0	1
<b>Total</b>	<b>467</b>	<b>990</b>	<b>922</b>	<b>2379</b>

### Hennepin Health specific interventions 2018 - 2020

The Hennepin Health PIP coordinator and the Hennepin County opioid coordinator 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 available.

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 guides 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 the 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.

## 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 and 2021, opioids were again 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 and 2021. 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 naïve chronic users must happen soon after the fill of an opioid prescription and is impossible without timely access to these claims.

## Data outcomes

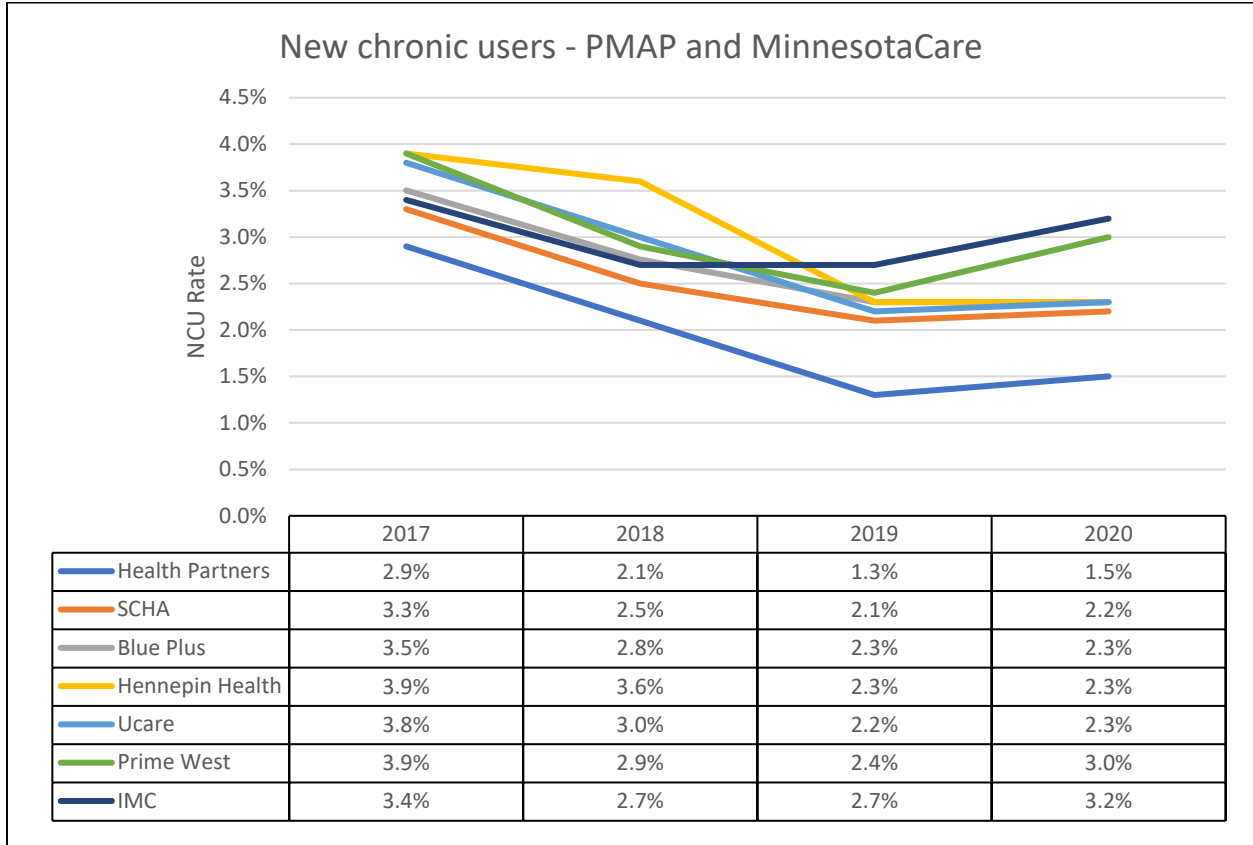
The NCU measure was developed to identify a clinically useful outcome measure to support quality improvement efforts in preventing chronic opioid use. The goal and focus of efforts for the NCU measure and this project is to limit initial use of opioids and prevent chronic use and addiction. Stated project 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 was to decrease the number of PMAP, MinnesotaCare, 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, MinnesotaCare, 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 MinnesotaCare NCU rate decreased by 1.6% from 2018 to 2020. The Hennepin Health SNBC rate decreased slightly from 2017 to 2018

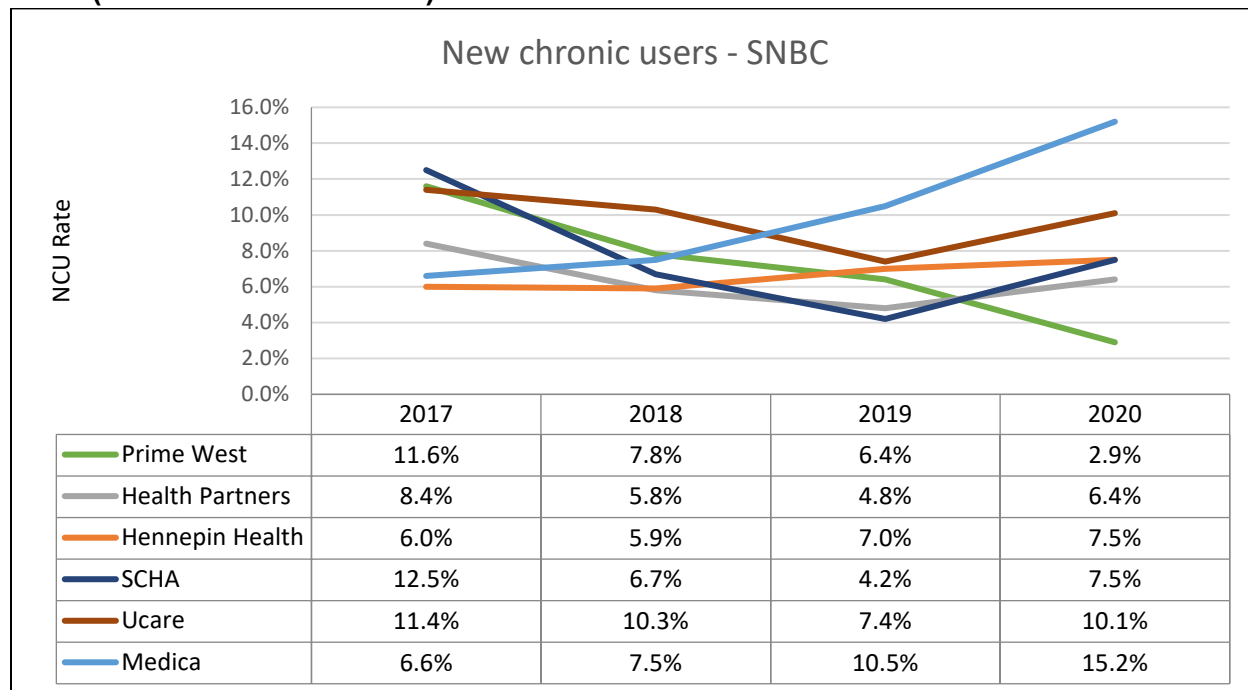
but increased by 1.5% in 2019 from 2020. It is unclear as to how the Covid-19 pandemic impacted the NCU rates, if at all.

**Figure 2. New chronic user rates stratified by MCO for MinnesotaCare & PMAP programs 2017-2020 (lower rates are better)**



Data source: Minnesota Department of Human Services

**Figure 3. New chronic user rates stratified by MCO for the SNBC program 2017-2020 (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 were 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 collaborated with the other MCOs to draft and submit the final 2018 - 2020 "Reducing Chronic Opioid Use" PIP report to DHS in September 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.
- Continue Collaborative Provider and Member Toolkits review and update annually on the Stratis Health website.

In December of 2021, Hennepin Health launched a specific webpage designed to help members understand opioids and find help for themselves and loved ones if they need treatment. <https://www.hennepinhealth.org/members/Opioids-pain-medication>



300 South Sixth Street, MC 604  
Minneapolis, Minnesota 55487-0604

[hennepinhealth.org](http://hennepinhealth.org)