DEPARTMENT OF HEALTH

Non-Narcotic Pain Management Demonstration Projects

AN EVALUATION REPORT

Non-Narcotic Pain Management Demonstrations Projects

An Evaluation Report

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Executive summary

The Non-Narcotic Pain Management (NNPM) Demonstration and Mapping projects were funded through a one-time allocation of funds from the Minnesota State Legislature and managed by the Minnesota Department of Health to develop, pilot, and evaluate programs that could improve patient access to chronic pain management care between June 2020 and June 2022. Positive outcomes experienced among the majority of NNPM patients include a **reduction in pain symptoms**, an **increase in connection** to others experiencing pain, and **feelings of hope** for continued maintenance of pain.

Key findings include:

- Expanding insurance coverage for these non-pharmacologic modalities coupled with increased provider education on alternative therapies can increase patient self-management and reduce health care spending.
- NNPM interventions that provided education and demonstration of alternative modalities for pain management, such as yoga or acupuncture, saw a reduction in medication use and an increasing desire to cease opiate usage among patients.
- Non-pharmacologic approaches to pain management using tactics that reduce stress, improve mental health, and encourage more physical movement have the potential to reduce risk of developing other chronic conditions such as a diabetes, heart disease, and hypertension.
- Providing opportunities for people experiencing chronic pain to connect with others experiencing similar symptoms while being supported by integrated health practitioners reduced feelings of isolation while increasing patients feeling heard, seen, and cared for by medical providers and peers.
- Providing services in the community and reimbursing for services that patients seek out on their own through local businesses (yoga, acupuncture, massage) empowers patients to access care in the ways that are most accessible for them.

Recommendations to reduce opioid prescription and misuse in the context of pain management identified by grantees through evaluation include:

- Standardizing and promoting a non-narcotic pain management standard of care
- Expanding insurance coverage and reimbursement for non-pharmacologic and culturally specific therapies
- Expanding provider knowledge of alternative therapies
- Embedding community health workers (CHWs) into primary care clinics

Background

The 2019 Minnesota legislative session included several primary prevention strategies as part of a comprehensive approach to the opioid epidemic in the state. One of these included $1.25 million for non-narcotic pain management (NNPM). One million dollars was divided among five unique demonstration projects in different geographic areas of the state to provide community

based NNPM and wellness resources to patients and consumers from June 2020 through June 2022. The remaining $250,000 was awarded to fund one statewide mapping study during the same time frame to better understand where NNPM is available across the state. The demonstration projects are intended to help Minnesota better understand what NNPM and wellness services are provided, for and among whom, and how they are working. For more information, please visit Non-narcotic Pain Management Mapping and Demonstration Projects (https://www.health.state.mn.us/communities/opioids/mnresponse/nnpmgrant.html).

Five grantees were selected through a competitive request for proposals process to receive funding to lead NNPM demonstration projects and conduct a statewide mapping project. The **HealthPartners Institute** received funding to create an on-demand online curriculum "Manage My Pain with Yoga" that strives to reduce pain and health care utilization through modules of yoga adapted to low mobility chronic pain patients. **Hennepin Healthcare** received funding to conduct the statewide mapping of NNPM resources as well as demonstrate the efficacy of a cohort-based group medical visit model for NNPM. **Innovations for Aging's Juniper Program** used funding to increase enrollment with the demonstration of a community health worker (CHW) in the existing Living Well with Chronic Pain class in which participants learn non-pharmacological and self-management skills for lessening pain. The **Native American Community Clinic (NACC)** received funds to develop, implement, and evaluate a culturally centered NNPM program to help prevent and treat opioid use among American Indian people living in Minnesota. Lastly, **Nura Pain Clinic** utilized funding to expand access to the intensive month-long Nura Chronic Pain Program for under and uninsured patients.

Additional information of each grantee's project including program descriptions and goals are provided in the Appendix: Demonstration and Mapping Project Descriptions.

Evaluation methods

NNPM grantees were required to submit quarterly reports via REDCap throughout the entirety of the two-year funding period. Grantees met annually with MDH evaluation staff to discuss implementation progress, challenges experienced, project outcomes, and sustainability. Grantees were responsible for developing and implementation evaluation plans that were specific to their projects and most worked with contracted evaluation staff from external organizations. At the end of the funding period, NNPM grantees were required to submit a final report detailing:

- How resiliency training and education (emotional, cognitive and mental, physical, and spiritual) was incorporated into programming
- Evaluation activities conducted and lessons learned
- Understanding and promotion of the five A's of Accessibility (affordability, availability, geographic accessibility, accommodation, and acceptability) in program design
- Barriers to recruitment, enrollment, and participation
- Demographic data of patients
- How health equity and community input were influential in program design
- Patient outcomes and how changes in pain levels, functional status, and well-being were assessed
- Resources needed to sustain and expand the NNPM program

Successes

All the NNPM demonstration projects and the mapping project were distinct and tailored to the needs of patients interacting with each unique health care system. However, several successes were seen among patients and grantee organizations highlighting common benefits of providing and promoting NNPM services.

Patient successes

The overarching common goal of the five demonstration projects was to alleviate chronic pain symptoms among patients resulting in improved mental and physical health and a reduction in opioid use. Demonstration projects assessed interventions using several different evaluation methods and indicators, but regardless of assessment tool utilized, positive outcomes experienced among the majority of NNPM patients include a reduction in pain symptoms and an increase in connection to others experiencing pain.

Reduction in pain symptoms

Reduction in pain symptoms were closely linked to an increase in physical functioning and ability to successfully complete activities of daily living (bathing or showering, dressing, walking, eating, etc.). The combination of a reduction in pain symptoms and improvement in functioning supported patients with re-entering the workforce if they had been unemployed or increasing hours worked in a week. A reduction in pain symptoms also resulted in patients needing fewer medical interventions, such as going to the emergency room or frequent appointments with a primary care provider for pain relief. Several patients participating in NNPM programs reported initial interest in the intervention rooted in reducing use of medication but feeling afraid or weary of stopping medication without knowledge of other pain relief and management tools. **NNPM interventions that provided education and demonstration of alternative therapies for pain management, such as yoga or acupuncture, saw a reduction in medication use and an increased desire to cease opiate usage among patients.** Not all NNPM projects were able to track changes in opiate prescription or dosage tapering, representing an area for further evaluation as NNPM projects continue.

The benefits to health were not focused solely on pain management; patients saw an improvement in overall well-being. An NNPM project manager shared that “we talk about stress management, sleeping more, moving more. I have had patients tell me that their blood pressure has gone down, and their mood has improved. They are able to work, they aren’t going to the doctor as often.” These demonstration projects have shown that **non-pharmacologic approaches to pain management using tactics that reduce stress, improve mental health, and encourage more physical movement have the potential to reduce risk of developing other chronic conditions such as diabetes, heart disease, and hypertension.**

Increase in connection

Patients participating in NNPM projects with a group component overwhelmingly reported an increase in feelings of personal connection to others experiencing chronic pain. An NNPM physician noted that because of the COVID-19 pandemic participants shared that “the stress and isolation during this time period markedly intensified their pain experiences and coexisting depression and anxiety.” **Providing opportunities for people experiencing chronic pain to connect with others experiencing similar symptoms while being supported by integrated**

health practitioners reduced feelings of isolation while increased patients feeling heard, seen, and cared for by medical providers and peers.

The Hennepin Healthcare Growing Resilience Project focused on implementing and evaluating a group visit model to support chronic pain patients. The Growing Resilience Project displayed several positive outcomes related to group visits including growing relationships between patients resulting in an increased sense of community connection, increased trust in provider, and expanded patient knowledge of non-narcotic pain management techniques.

Living with chronic pain involves frequent medical appointments, unpredictability of pain flare-ups, and extensive time spent on external interventions to reduce symptoms. People with chronic pain report to providers feeling "isolated and experiencing a lack of self-efficacy" due to the unpredictable nature of pain, overwhelming time spent attempting to prevent pain, and challenges around competing priorities of medical appointments and social connection. **Teaching patients non-pharmacologic pain management techniques that do not require medical appointments allowed patients to reclaim time in their lives to connect with others and successfully manage their pain without external intervention.** Empowering patients with education on pain management tools that can be used at home and with no financial expenditure, such as yoga and meditation, increased patient hope and feelings of confidence in managing pain independently.

By providing alternative approaches to care using a Comprehensive Healthcare Integration (CHI) approach, NNPM grantees were able to improve patient pathways to care by acknowledging that health care does not always begin with medical care. Allowing space for other kinds of care to create the foundation of a provider-patient relationship, such as focusing on referrals to other social services or exploring spiritual and emotional needs, resulted in **increased trust and connection between patient and provider.** Patients that have been seeking treatment for chronic pain for many years prior to participating in the demonstration projects and have not had success with pharmacologic methods, or who have other health care related social needs (HRSNs) such as homelessness or food insecurity, reported feeling like providers were not able to address the most pressing needs impacting their ability to improve their health.

> *"A lot of people came back into our clinic and primary care and dental clinic after years of not being engaged at all. They walked through the door of cultural healing because it was something that resonated with them as something that was missing from their lives. They were more willing to talk to a traditional healer and spiritual care provider than a primary care doc. They built trust and then could go and speak to a provider. The value of having this kind of service within your service model is that you end up sometimes engaging people who have been out of care for so very long because they don't want to go to a traditional western model of care because that model of care hasn't served them well over their lifetime.* ***This is a way to engage with people who have been disengaged with care and get them into a whole service model that will improve their health and well-being over their lifetime****."—NNPM project manager*

Organization successes

Funds provided by the Minnesota legislature supported organizations providing chronic pain interventions to serve more patients regardless of insurance or ability to pay. According to the demographic data submitted by NNPM grantees, a substantial portion of chronic pain patients were underinsured, uninsured, or receiving Medicare. A consistent challenge for chronic pain

treatment providers is a lack of reimbursement for alternative therapies of care such as yoga or alternative methods of engaging with patients, such as group visits. Among patients that are insured, a co-pay was often required. Paying a co-pay for every day of a month-long program can quickly add up to hundreds of dollars and is a large barrier for many potential patients. Offsetting the co-pay costs or providing services free of charge eliminates the financial barrier to access for all potential patients that could benefit from NNPM.

All grantees were able to pilot new methodologies and approaches to care using NNPM demonstration project funds. Native American Community Clinic (NACC) developed and piloted a non-narcotic pain management patient track that provided a consistent approach for all providers to utilize with patients who want to manage their pain without medication. Operating from a streamlined approach reduces variability in health care received by patients of different providers and improves consistency in clinic culture of reducing or abstaining from prescribing narcotics.

One NNPM grantee, Trellis Connects, hired and embedded a community health worker (CHW) at a pain management clinic. Embedding a CHW had multiple benefits for patients and providers. From a provider perspective, the ability to provide a referral to a patient and immediately walk them down the hall to meet with the CHW for support to act on the referral reduced provider time needed to provide referral support while also reducing patient stress and confusion around referral next steps. A provider was more likely to provide a referral if they knew that the patient could receive help acting on the referral and if the provider could follow up on the status of the referral with the CHW directly. From a patient perspective, a CHW can provide very tailored assistance to address the conditions and environments that make it challenging to access additional care and act on referrals. The CHW was able to support patients with organizing transportation, setting up email addresses to communicate with referral coordinators, and applying for benefits such as the supplemental nutrition assistance program (SNAP) and Minnesota Medical Assistance (MA).

> *"Not every client is ready for a chronic pain management program. Clients with Health-Related Social Needs (HRSNs) often opt to work on those items before they feel prepared to take on a chronic disease self-management program. Clients who experience food insecurity may need to resolve that problem before they can concentrate on non-narcotic pain management techniques taught in the chronic pain management program. The assigned CHW can follow clients for a length of time, allowing them to work together to address social determinants of health...the CHW and the clients move together toward the client-centered goals. Over time, this will result in a reduction of HRSN in the population. And importantly, this will have an impact on individuals' lives."—NNPM project manager*

Hennepin Healthcare's mapping project represents not only an organizational success but a success for all health care providers and patients interested in nonpharmacological pain treatment therapies through the development and publication of a comprehensive map displaying services available across the state. Providers and patients alike can access the NOPAINMN.org website (https://nopainmn.org/) to explore the resource map, learn about nonpharmacologic treatments, and view contact information for treatment providers. Empowering patients to explore non-pharmacologic methods supports patients educating themselves on alternative therapies and advocating for non-narcotic treatment when speaking with their health care providers.

Challenges

Despite the uniqueness of each of the demonstration projects, one substantial challenge was shared among all NNPM grantees: the COVID-19 pandemic. The pandemic resulted in delayed project progress as staff were required to pivot to address other priorities. During this time of societal stress, providers reported seeing an increase in patient need for pain management. As the pandemic response demanded more from staff and health care systems and depleted capacity, it was difficult to get buy-in from providers and leadership to change procedures during a time of significant change and stress. Another significant challenge experienced by all grantees was a general lack of awareness of alternative therapies and defining what exactly is classified as a non-narcotic pain management treatment. Grantees reported confusion among providers and patients alike about what is and is not covered by insurance and patient-cost.

There was an undercurrent of distrust in the efficacy of alternative therapies among providers, health systems, and health insurance companies. This undercurrent of distrust, or at minimum skepticism of efficacy, is most evident in the overwhelming absence of reimbursement for alternative therapies. The NOPAINMN.org website attempts to address distrust by providing information on the evidence base supporting the efficacy of alternative therapies to treat pain, but NNPM grantees reported that health insurance companies often want to see measures of reduced health care costs and cost-benefit analyses.

> *"Cost effectiveness is difficult to measure in light of immeasurable outcomes such as improved patient resilience, quality of life improvements, personal growth, and development of community among people who previously felt isolated and unseen. These outcomes*, with time and ongoing support, could feasibly **lead to lower healthcare costs, utilization of medications for pain management, and reduced long term comorbidities known to be associated with loneliness, social isolation and chronic pain.**"—NNPM Project Manager

Measuring patient outcomes in general is challenged by the fact that health is influenced by much more than health care alone. Shared risk and protective factors are conditions that either increase or decrease the likelihood of experiencing adverse health outcomes. Shared risk and protective factors are closely linked to social determinants of health. The MDH Injury and Violence Prevention State Plan (https://www.health.state.mn.us/communities/injury/documents/ivpstateplan2020.pdf) identifies five major factors that influence health and well-being including the built environment, community connectedness, health equity, economic justice, and social and emotional learning. **All these factors are essential to promoting health and reducing illness and injury, but not every Minnesotan has equitable access to the conditions necessary to be healthy and well.** In the words of an NNPM project manager, accurately measuring outcomes of health care interventions is so difficult because "80% of outcomes will be determined by things outside of the four walls of the clinic or hospital." **There is not currently widespread recognition among health insurance companies of the value of reimbursing or reducing costs associated with factors that can improve the efficacy of health care interventions and reduce the need for health care overall.** These factors can include but are not limited to cultural healing, food, safe housing, traditional medicines, adequate income, and access to outdoor spaces for recreation and community connection. To illustrate this lack of insurance support for evidence-based treatments to reduce chronic pain, an NNPM health care provider shared that:

> *"***Medical marijuana is not something that insurance companies pay for, but they will pay for all the opioid prescriptions I write, no questions asked, and we know that many patients have a reduction in pain and an increase in functioning when they have access to medical marijuana.** I recommend dietary interventions that are highly effective at reducing inflammation to reduce pain, but [insurance companies] won't pay for that, but they will pay for gabapentin and all the drugs I would prescribe."—NNPM Health Care Provider

Measuring outcomes strictly in terms of reducing health care utilization poses several challenges as well. Many people who need health care do not access care due to lack of insurance or high cost of care. Promoting a reduction in care for this population may be inadvertently promoting disparate utilization of health care. For example, if a person experiencing chronic pain has not received health care for several years due to a lack of insurance becomes eligible for medical assistance and then begins seeing a primary care provider for pain management their utilization of health care services will increase but represents an improvement in access to health care rather than a change in their need for health care.

An internal NACC demonstration project report states that cultural healing methods such as dancing, attending powwows, beading, smudging, sweat and cedar ceremonies, and eating traditional Indigenous foods, are well known as "a mechanism of treatment, prevention, medicine, and healing…however, dominant standards of 'evidence' in the form of western scientific data lags behind community wisdom with regards to the effectiveness of culture." **Not providing reimbursement for methods of care that are distinct from Western medical approaches represents inequity in supporting culturally specific treatment therapies such as Indigenous healing teachings.**

> *"In our clinic, we center traditional and cultural in our model of care, we don't say it is more* important, but we say it has the same amount of space and weight because healing mind, body, and spirit is really important for us…**We as native people have been treating people as long as anybody else and we know that it works.**" —NNPM Health Care Provider

Not reimbursing for services provided outside of medical settings poses numerous barriers to patient access to care. Medical clinics are typically open only on weekdays and often do not have evening availability. For chronic pain patients that are employed, attending appointments during the day requires leaving work and if sick pay isn't available then losing income as well. For chronic pain patients that are parents, securing childcare to attend appointments can be challenging. For chronic pain patients that do not have access to a vehicle, getting to appointments through public transportation or other means adds time, logistical challenges, and potential additional cost. **Providing services in the community and reimbursing for services that patients seek out on their own through local businesses (yoga, acupuncture, massage) empowers patients to access care in the ways that are most accessible for them.**

Recommendations

All NNPM grantees identified that the primary recommendation that could reduce narcotic prescription and misuse is the **standardization and promotion of non-narcotic approaches to pain management.** NNPM grantees identified several changes that would be necessary to enact this recommendation and improve chronic pain management without the use of narcotics.

These recommendations range from changes in insurance coverage structures, medical clinic staffing, provider education, and community care.

Standardize and promote non-narcotic approaches to pain management

All NNPM grantees identified that the primary recommendation that could reduce narcotic prescription and misuse is the **standardization and promotion of non-narcotic approaches to pain management.** All NNPM grantees shared the common complaint that there is not a consistent approach to non-narcotic pain management shared among health care providers. NNPM grantees noted that there is not a defined approach to chronic pain management that is taught in medical schools and that there is not universal acceptance of alternative therapies. An NNPM provider shared that this lack of consistency is an issue across health care systems but is also present within individual clinics as providers have different approaches to pain management and do not always share the same level of education, confidence in, or awareness of alternative therapies.

NNPM grantees identified several changes that would be necessary to enact this recommendation and improve chronic pain management without the use of narcotics. These recommendations range from changes in insurance coverage structures, medical clinic staffing, provider education, and community care.

Expand insurance reimbursement and coverage for non-pharmacologic and culturally specific therapies

Improving coverage, reimbursement, and access to non-pharmacologic therapies and Indigenous healing practices has the potential to reduce chronic pain symptoms, narcotic prescriptions, and medical staff time providing pain relief services at primary care clinics and in emergency departments. Non-pharmacologic therapies that are evidence-based to reduce chronic pain include but not are limited to:

- Acupuncture
- Chiropractic/Spinal Manipulation Therapy
- Massage Therapy
- Psychology
- Integrative Health Care
- Rehabilitative Therapies (Occupational and Physical)
- Movement Therapies (Yoga, Tai chi, Qi gong)
- Mind-Body Therapies (Biofeedback, Clinical hypnosis, Mindfulness, Music Therapy)
- Cultural Healing Practices

Multiple NNPM project managers shared that patients experiencing chronic pain who are interested in non-narcotic treatments often experience barriers around health insurance coverage. Insured patients are wary of trying new therapies without knowing how much they may have to pay out-of-pocket and having to prove to their insurer that the therapies would be medically necessary. However, the larger challenge facing patients that NNPM providers

identified is a general lack of coverage for alternative therapies leaving most non-pharmacologic approaches out of financial reach for uninsured or underinsured patients.

Another major barrier to widespread availability of alternative therapies is the lack of reimbursement of staff time for those that are providing alternative therapies.

The staff needed to provide non-pharmacologic therapies are not necessarily required to be licensed medical professionals, but staff time still needs to be reimbursed. For example, cultural healing practices can be supported by Indigenous elders living in the community or yoga classes could be taught by a yoga instructor, but funding or reimbursement structures are not as readily available to support staff that provide alternative therapies. To further expand access to effective non-narcotic pain management therapies, expanded reimbursement structures that adequately pay for alternative therapy provider and staff time would be necessary.

> *"*[We have to] utilize other natural systems of supports and healers in the community that support their health and wellness journey that don't cost a lot of money. The money I would provide a psychiatrist I could use to hire five elders in residence that can provide care just as well if not better to my patients in the community. **This is a model that can provide a lot of relief to a healthcare system that is stretched to its max and about to break**" —NNPM Project Manager

Expand provider knowledge of alternative therapies

Chronic pain management using alternative therapies as opposed to pharmacologic approaches is a relatively new field of medical practice according to NNPM grantees. As a result, non-pharmacological approaches to pain management using alternative therapies have not been widely integrated in medical provider education systems. Some NNPM grantees shared that their knowledge of alternative therapies has been gained through a combination of clinic experience working with pain patients and through personal interest rather than formal education. To standardize and promote non-narcotic approaches to pain management, expanding provider knowledge of alternative therapies is a necessary first step. However, as several NNPM providers noted, education is simply the bare minimum and moving from education to implementation requires that providers believe in the efficacy of alternative therapies, have access to alternative therapies in their communities to refer patients to, and feel confident that referring patients to alternative therapies will not result in financial hardship if therapies are not covered.

> *"*There isn't anything such as "THE healthcare system" there are thousands of healthcare systems in the United States. There is what you experience when you are on an employer-based program in the Twin Cities in Minnesota and what you experience when you're in a dual special needs program in rural Minnesota. **In the end, it is going to be the humans in the system that make the thing go across populations."**—NNPM Project Manager

Embed community health workers at primary care clinics

The role of a CHW is to provide informal counseling, support follow-up to reduce barriers to health care, serve as a link between health and social services, and improve the quality and culturally competency of service delivery. CHWs are typically trusted members of the community being served. CHWs are like other members of the medical and social services fields as they can bill for services and receive reimbursement from health insurance companies.

CHWs help patients address barriers to care and Health Related Social Needs (HRSNs). CHWs can support referral processes, increase successful referrals, navigate insurance enrollment challenges with patients, reduce provider time constraints, and ultimately contribute to health improvement as a member of an integrative health team. A challenge many NNPM demonstration project providers shared that they experience within the current health care model is very limited time to assess patients, provide referrals, and support patients completing referrals. A CHW can alleviate all these challenges by working in tandem with a provider to determine the resources most needed by a patient to improve their health and well-being. An NNPM Project Manager shared that "having a CHW at a specialty clinic is too late" meaning that the greatest value of a CHW position is at a primary care clinic where HRSNs can be addressed, and pain can be managed to ideally prevent a referral to a specialty clinic being needed.

Despite the benefits of CHWs being well-documented, many communities in Minnesota lack CHW services due to underfunding and a lack of education on the benefits of embedding a CHW within a primary care clinic. CHW services are reimbursable by Medicaid and are often covered by other insurance types, but not all. Restructuring the reimbursement policies to provide a livable wage and reimburse for the range of services CHWs provide and educating clinics on the benefits of CHWs would increase both supply and demand of CHWs, improving health of Minnesotans.

> "We believe most communities lack CHW service and the field continues to be underfunded. Investments in CHW infrastructure are needed to support its ongoing development. Specifically, **an increase in payment and broadening the coverage of CHW services is essential to addressing the barriers to and opportunities for CHW integration and sustainability."**—NNPM Project Manager

Conclusion

The NNPM demonstration and mapping projects unearthed several emerging promising practices that can improve the health and well-being of chronic pain patients while also strengthening organizational approaches to non-narcotic pain management. Project continuation and sustainability is a challenge for some NNPM grantees because of time limited funding opportunity but all are committed to continuing to explore non-narcotic pain management methods and approaches. Continued funding would allow NNPM grantees to expand implementation to reach more patients as well as further evaluate emerging promising practices, patient health outcomes, and organizational successes.

Appendix: Demonstration and mapping project descriptions

Nura Pain Clinic

The Nura Pain Clinic received $200,000 to support the expansion of the Chronic Pain Program, a month-long multidisciplinary program for pain patients with the goal of optimizing function and restoring quality of life while minimizing or eliminating the use of opioids. The Chronic Pain Program provides education, guidance, and counseling to improve physical strength, increase function, and help individuals manage the emotional components of experiencing chronic pain. The program includes medication management with the goal of reducing opioids, physical therapy to assist with physical conditioning, and wellness coaching to reduce stress, depression

and anxiety, all of which influence chronic pain. Using NNPM funds, Nura Pain Clinic was able to provide the Chronic Pain Program to additional uninsured or underinsured participants who would have been unable to afford the program without financial support to cover co-pays and out of pocket expenses.

Trellis Connects

Trellis Connects, formerly known as Juniper, received $200,000 to support expansion of the six-session Living Well with Chronic Pain class that teaches participants non-pharmacological, self-management skills for lessening chronic pain. Class topics include dealing with frustration, fatigue and isolation; appropriate exercise for maintaining and improving strength, flexibility and endurance; appropriate use of medications; and communicating effectively with family, friends, and health professionals. Participants benefit from connecting and socializing with others with similar experiences.

Recognizing the correlation between a referral from a trusted health care provider and an individual's success in the class, Trellis cultivated relationships with chronic pain clinics and other providers. Trellis also employed a community health worker to build connections and increase accessibility of the classes in communities with high populations of people at higher risk for chronic pain.

Native American Community Clinic

The Native American Community Clinic (NACC), in partnership with the John Hopkins Center for American Indian Health-Great Lakes Hub, developed and evaluated a culturally-centered non-narcotic pain management program to help prevent and treat the opioid epidemic, which has significantly and disparately impacted American Indians in Minnesota over the last several years. NACC serves one of the densest urban American Indian communities in the country and provides culturally-centered and responsive services in a fully integrated primary care Community Health Center (CHC) setting. Increasing access to traditional and culturally-anchored medicine has always been at the forefront of NACC's mission. NACC and John Hopkins worked closely with the NACC Elders Advisory Council throughout the project period to ensure that all processes were culturally safe throughout.

Hennepin Healthcare

Hennepin Healthcare received $200,000 to develop, pilot, and evaluate the Growing Resilience in Chronic Pain Project to demonstrate the efficacy of a cohort-based group medical visit model for non-narcotic pain management. Group Medical Visits (GMVs) involve a group, or cohort, of patients being seen at the same time in a visit. Hennepin Healthcare's model delivered care onsite at the Interventional Pain Clinic and virtually through a series of eight cohorts over two years. Each of the cohorts met together weekly for eight weeks. Each weekly session was dedicated to a different pain management and reduction approach including active learning in mind-body integration including breathing techniques, mindful meditation, and guided imagery, movement-practice such as yoga and tai-chi, group socialization to grow community (e.g., shared experience in pain management), and anti-inflammatory foods.

Hennepin Healthcare was also awarded $250,000 to develop the Non-Opioid Pain Alleviation Information Network (NO PAIN). To accomplish this, Hennepin Healthcare collected data and completed surveys in the regions utilized by the statewide Emergency Communication Network (ECN) to: 1) map the location and availability of both inpatient and outpatient evidence-based non-narcotic pain management services and therapies in Minnesota, 2) develop a NO PAIN-

Minnesota website to display the map, and 3) highlight existing facilitators and barriers to non-narcotic pain management care to Minnesotans with chronic pain.

Hennepin Healthcare's mapping project resulted in the creation of the Non-Opioid Pain Alleviation Information Network (NO PAIN MN) website (https://nopainmn.org/), an interactive website with the location and availability of evidence based NNPM services in Minnesota. The NO PAIN MN development team is hoping that the map and website describing alternative treatments will improve recognition of and reimbursement for NNPM therapies by insurance companies and the medical community to accept therapies that do not include prescribing opioids. After disseminating this website to providers, insurance companies, and patients, Hennepin Healthcare hopes to use this website as a tool for ongoing policy development.

NO PAIN MN conducted outreach for interviews through a variety of avenues, including chronic pain groups, insurance representatives, patients, care providers, hospital administrators, and other healthcare systems. To map the location and availability of evidence based NNPM services, the team had to reach out to accreditation boards for acupuncture, massage therapy, chiropractic examiners, etc. for the databases. Hennepin Healthcare hired a contractor to develop their website that is hosted in a cloud-based server and works without using other third-party software for an easily maintained website.

HealthPartners Institute

The HealthPartners Institute received $200,000 to expand access of the HealthPartners curriculum called “Manage My Pain with Yoga” through the development of an online module that can be accessed by HealthPartners patients on-demand and across the state. The yoga curriculum was designed specifically for people living with chronic pain. The curriculum weaves mindfulness-based stress reduction into yoga practice and encourages participants to use these skills both on and off their yoga mats to improve their overall quality of life. By learning yoga, relaxation and body awareness, patients can incorporate these techniques into their daily routine to help reduce pain as an alternative to opioid medications leading to reduced health care utilization. Class content includes meditation and mindfulness training, yoga didactics, breathing exercises, and yoga poses appropriately adapted for participants diagnosed with chronic pain.