Morrison County
Community-Based Care Coordination
The goal is to mitigate the need for, overuse of, and access to prescription narcotics.

Objectives:
- Mitigate the need for Rx drugs through pain management
- Modify patient access to multiple narcotic prescriptions
- Overcome barriers to accessing treatment or behavior change
- Coordinate chemical dependency treatment or other interventions

Focus areas that emerged:
- Community collaboration and partnerships
- Development of a multi-disciplinary Controlled Substance Care Team
Why this work matters
Our Shared Vision

- We desire a healthy community
- We strive to ensure our community is a safe place
- We are motivated to improve health care delivery
- We want to provide improved management of chronic pain
- We want to ensure individuals basic health, safety, and human needs are met
Why We Care About Rx Drug Abuse (...and why you should too)

3 most abused drug classes

Narcotic Painkillers/Opioids
Central Nervous System Depressants
Stimulants
Drug overdose was the leading cause of injury death in 2013. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes.

In 2013, there were 43,982 drug overdose deaths in the United States. Of these, 22,767 (51.8%) were related to prescription drugs.

Source: http://www.cdc.gov/drugoverdose/data/overdose.html
Why We Care About Rx Drug Abuse
(...and why you should too)

259 million
In 2012, health care providers wrote 259 million prescriptions for opioid pain relievers – enough for every American adult to have a bottle of pills.¹

300% increase
Prescription opioid sales in the United States have increased by 300% since 1999, but there has not been an overall change in the amount of pain Americans report. ¹

2 million
Almost 2 million Americans, age 12 or older, either abused or were dependent on opioid pain relievers in 2013.¹

18 thousand
In 2014, there were 18,893 deaths involving prescription opioids in the United States. Up 16% from 2013.²

Why We Care About Rx Drug Abuse (...and why you should too)
Rx drug abuse locally

- Emergency Department manager concern of drug-seeking
- Provider concern of drug-seeking in clinic
- Confirmed by data collection
  - Therapeutic drug monitoring was #1 diagnosis in 2014
  - 30% of Medicaid patients were prescribed 8 or more narcotics in 2014
- Increased awareness of inconsistent prescribing practices (PMP)
- Pharmacy noticed high quantity of early refill requests
- Clinic observed overwhelming use of nurse and provider time on refill requests
- Law enforcement and community concerns
- Local coalition identified concerns about youth Rx drug abuse
Ability to address the problem locally

Funding opportunities
- State Innovation Model grant/collaboration with MCPH
- Drug Free Communities grant

Human resources
- Community stakeholders ready for action
- Knowledge and skills for effective prevention (Stand Up 4 U coalition)

Readiness
- Community readiness
- Hospital/clinic readiness
Comprehensive Community Model

Organization and funding to provide leadership and support Rx drug abuse prevention efforts

Key stakeholders focused on Rx drug abuse, including members with expertise on drug abuse issues

Health Care Coaches providing case management of chronic diseases—foundation for the CSCT model of care

Community coalition representing 12 community sectors, including youth. Expertise in effective prevention efforts. Members participate on Rx Drug task force
Community Partners

- CHI St. Gabriel’s Health
  - Imagine better health.™
- Little Falls Police
- Morrison County
- Stand Up 4U Coalition
- Coborn's Pharmacy
Community Engagement: Rx Drug Abuse Prevention task force

- **Improve communication** between law enforcement and other agencies and clinical staff

- **Plan and implement strategies** to reduce diversion in community

- **Reduce barriers** to proper disposal of unused meds

- **Raise community awareness**

- **Assist with developing new drug disposal policies**
Treating the WHOLE person

- **Promote health and wellness** for patients experiencing chronic pain
  - **Provide alternative therapies** for patients struggling with addiction and chemical dependency through social intervention
- **Appropriate therapeutic pain management (with dose reductions)**
- **Communication** between all staff and patients

- **Ensuring basic needs are met**
  - **Safety**
  - **Mental Health**
  - **Socio-economic**

- **Protecting the community**
  - **Diversion reduction**
  - **Education** for providers, patients, and community
## Controlled Substance Care Team

<table>
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<th>Care Team member</th>
<th>Role</th>
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| Nurse Navigator        | Coordinate the care team process  
Management of health care needs  
Provider and staff education of process  
Coordinating communication-care team and throughout clinic |
| Social Worker          | Evaluates family structures  
Identify unmet basic needs  
Connects individual to community resources  
Diffusing volatile situations |
| Pharmacist             | Develop reliable drug screening practices and analysis  
Assist with medication reconciliation  
Makes medication recommendations to provider  
Develops appropriate narcotic taper plans |
| Physician champion     | Peer communication with providers  
Liaison with law enforcement  
Committed availability to care team and the process |
Care Team Plan in Action

1. Pre Care Plan Evaluation
2. Administration of Care Plan
3. Treatment of Whole Person
4. Management of Care Plan
Pre-Care Plan Evaluation

- Social history
- Social media
- Genogram
- PMP (Prescription Monitoring Program)
- Chart review
- D.I.R.E. Assessment
- Urine drug screen
Care Plan

How it evolved

- From “Drug Contract” to “Care Plan”
- Addition of educational components
- Discussion with patient (not just a signature)
- Continued patient involvement
- Multi-disciplinary supports
Controlled Substance Program Care Plan

The purpose of this agreement is to prevent misunderstandings about controlled medicines you will be taking as part of the care plan for your condition. This agreement will help you and your Clinical Provider and other Catholic Health Initiatives Providers at the Family Medical Center in Little Falls, MN to comply with the law and best practice guidelines regarding controlled medicines. Examples of controlled medicines include, but are not limited to: oxycodone, hydrocodone, methylphenidate, amphetamines salts, lorazepam, zolpidem, tramadol, etc.

Since other treatments have not improved my condition, my provider, ______________________________ at the Family Medical Center has decided to prescribe a controlled medicine to help manage my condition and improve my social and work activities. This is a serious decision. I understand that I must adhere to several conditions.

I, ______________________________ (patient name), ______________________________ (DOB), have agreed to use the following medications as part of a care plan for my condition. I understand that these medicines may not eliminate my condition but may improve my condition and my activities of daily living.

Diagnosis(es):
Maslow’s Hierarchy of Needs:

Lower, basic level needs must be satisfied before an individual can progress on to meet high level needs.
Managing the Care Plan

- Weekly comprehensive Care Team meeting
- Pill counts
- Urine testing
- Follow-up with patient (monitoring progress)
- Monitoring PMP
- Provider support and encouragement to follow care plan
- Ensure needs are met (social needs)
Clinical Outcomes

- Increased informative decision-making
- Decreased phone calls to providers and triage
- Increased provider awareness
- Improved provider preparation for new patient visits
  - Pre-visit phone interview
  - PMP analysis
  - Acquisition of past medical records
- Consistent process for urine drug screens
- Culture change
- Clinic opioid stewardship
- Outreach with surrounding communities
Community Outcomes

- Ongoing enhancements in communication between law enforcement and health care
- Enhanced collaboration between law enforcement, pharmacy, and local coalition
- Increased awareness of disposing of unused prescriptions.
- New policies for unused med disposal
- Community outreach
- Training with school staff/administration (signs of abuse)
- Increased referrals to community services
Outcomes

In 2014, the #1 Emergency Department diagnosis was therapeutic drug monitoring

As of Nov. 2015, Emergency Department diagnosis for therapeutic drug monitoring is no longer on the Top 20 list
Outcomes

Rx fills for controlled substances from single pharmacy

April 2015: 43,811 controlled substance pills

June 2015: Onset of Controlled Substance Care Team Strategies

November 2015: 36,407 controlled substance pills

= ↓17%

Source: Coborn’s Pharmacy Little Falls
Outcomes
South Country Health Alliance claims data

PERCENT OF PMAP PATIENTS WITH 8 OR MORE NARCOTIC CLAIMS IN 2014 AND 2015

- 2014: 21.44%
- 2015: 19.72%

Total PMAP clients in 2014: 1096
Total PMAP clients in 2015: 1217
Outcomes
South Country Health Alliance claims data

PERCENT OF PMAP PATIENTS WITH 8 OR MORE NARCOTIC CLAIMS

Total PMAP claims in Sept. to Dec. 2014: 4.64 million
Total PMAP claims in Sept. to Dec. 2015: 4.20 million
Difference in total PMAP claims paid during these time periods: $439,674
Improving the lives of patients
Sustaining the Efforts

- Grant/donor funding
  - Catholic Health Initiative Mission and Ministry Fund
  - Legislative requests through Senate and House appropriations
  - Community Donors
  - Drug Free Communities funding
- Utilizing community resources
- South Country Health Alliance pay for performance
- Researching billable services
- Changing model of care throughout organization
- System-level and policy changes
- Working with legislators to change statute related to med drop boxes
THANK YOU!

CHI St. Gabriel’s Health

Imagine better health."