



**CHI St. Gabriel's
Health**

Imagine better health.SM

Morrison County

Community-Based Care Coordination

Our Core Values

Reverence

Integrity

Compassion

Excellence

Community –Based Care Coordination Project

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

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

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.

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

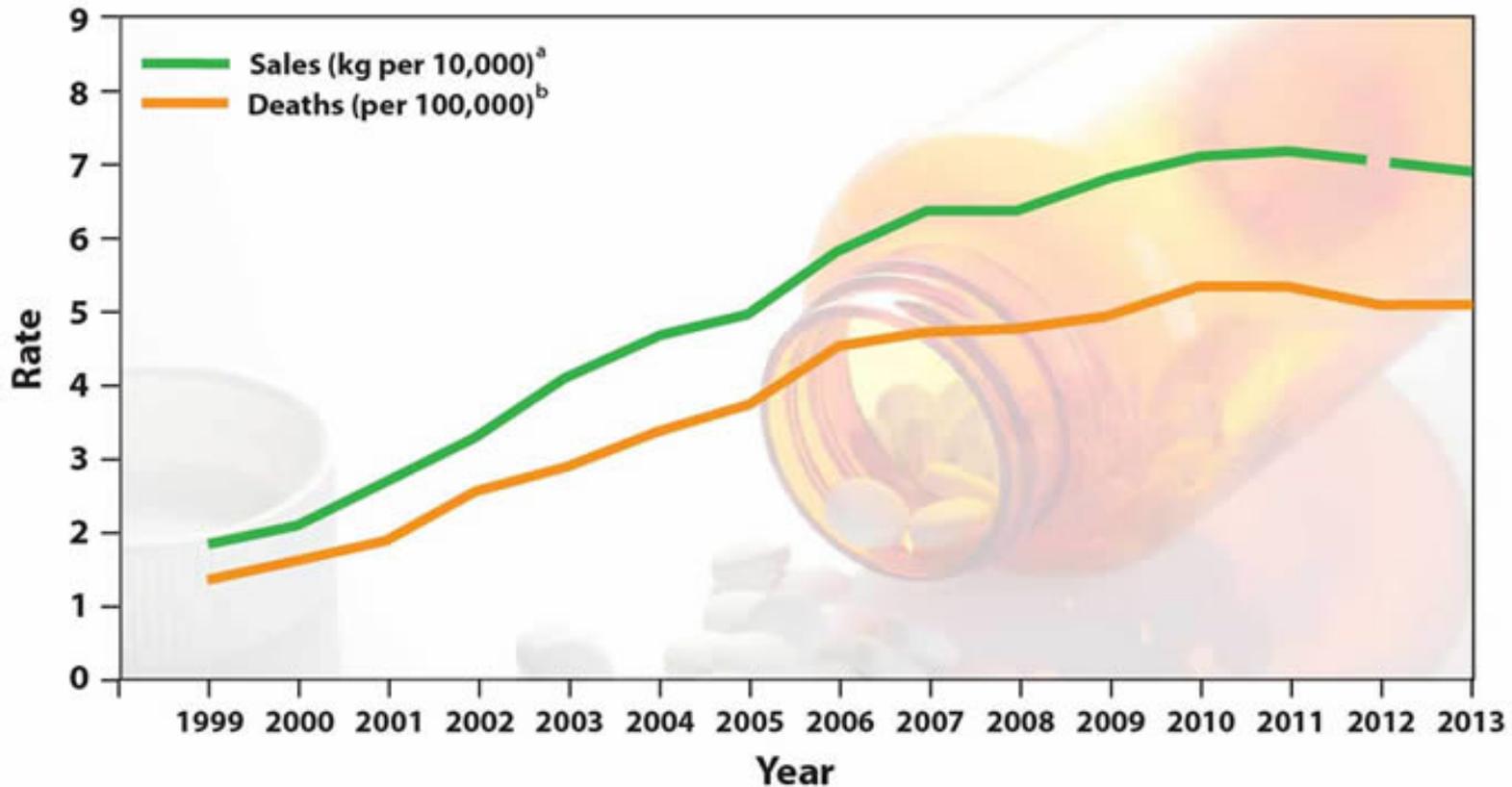


18 thousand

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)

Prescription Painkiller Sales and Deaths



Sources:

^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

^bCenters for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from URL:

<http://www.cdc.gov/nchs/deaths.htm>.

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

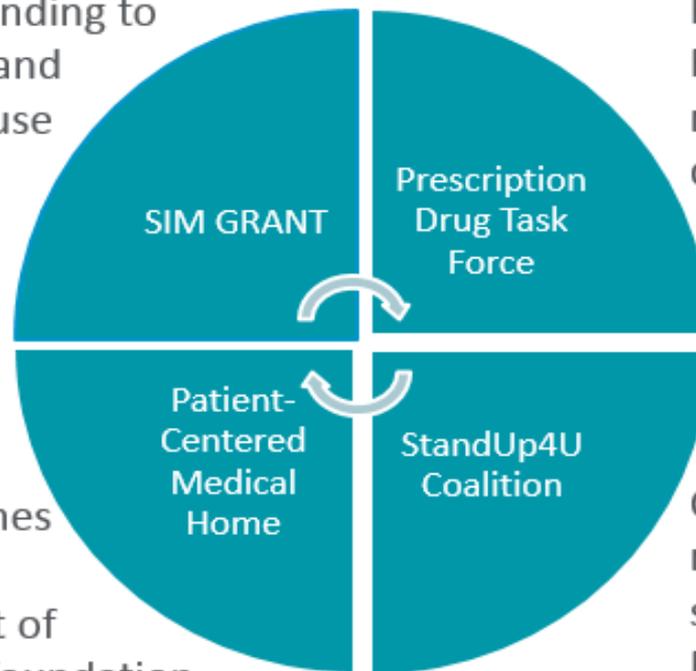
- Community stakeholders ready for action
- Knowledge and skills for effective prevention (Stand Up 4 U coalition)

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



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**

Care Team Goals

Comprehensive Approach

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

Care Team member	Role
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

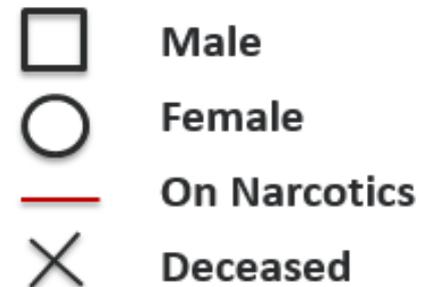
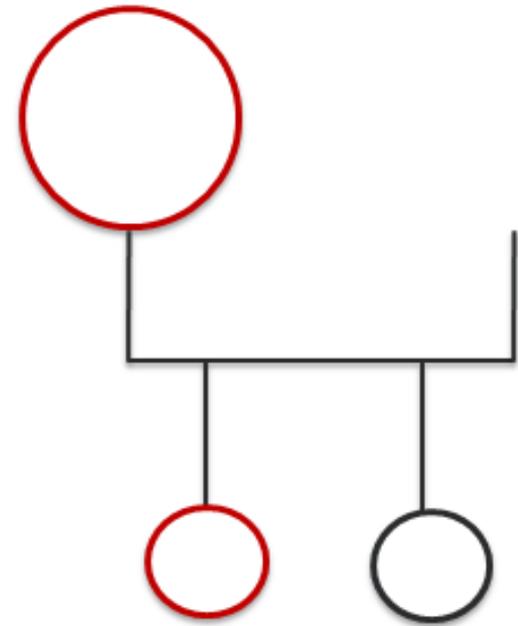
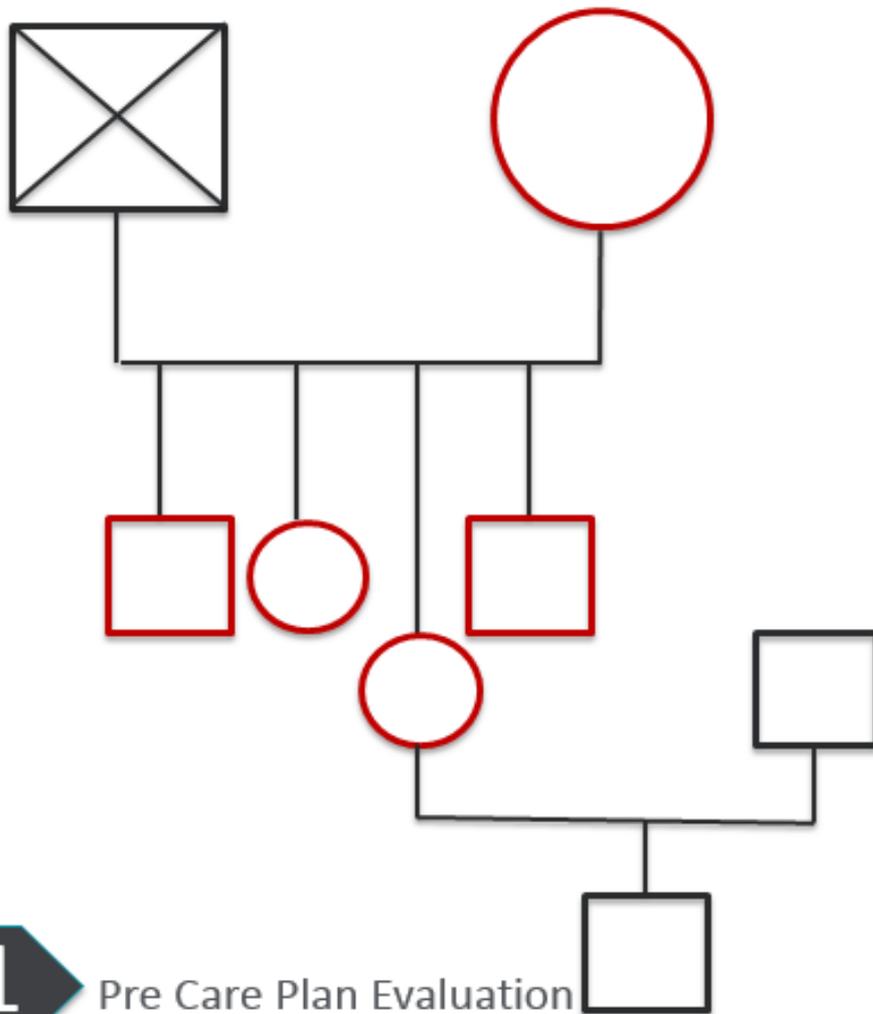


1

Pre-Care Plan Evaluation

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

Genogram



1

Pre Care Plan Evaluation

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

Patient Label



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.

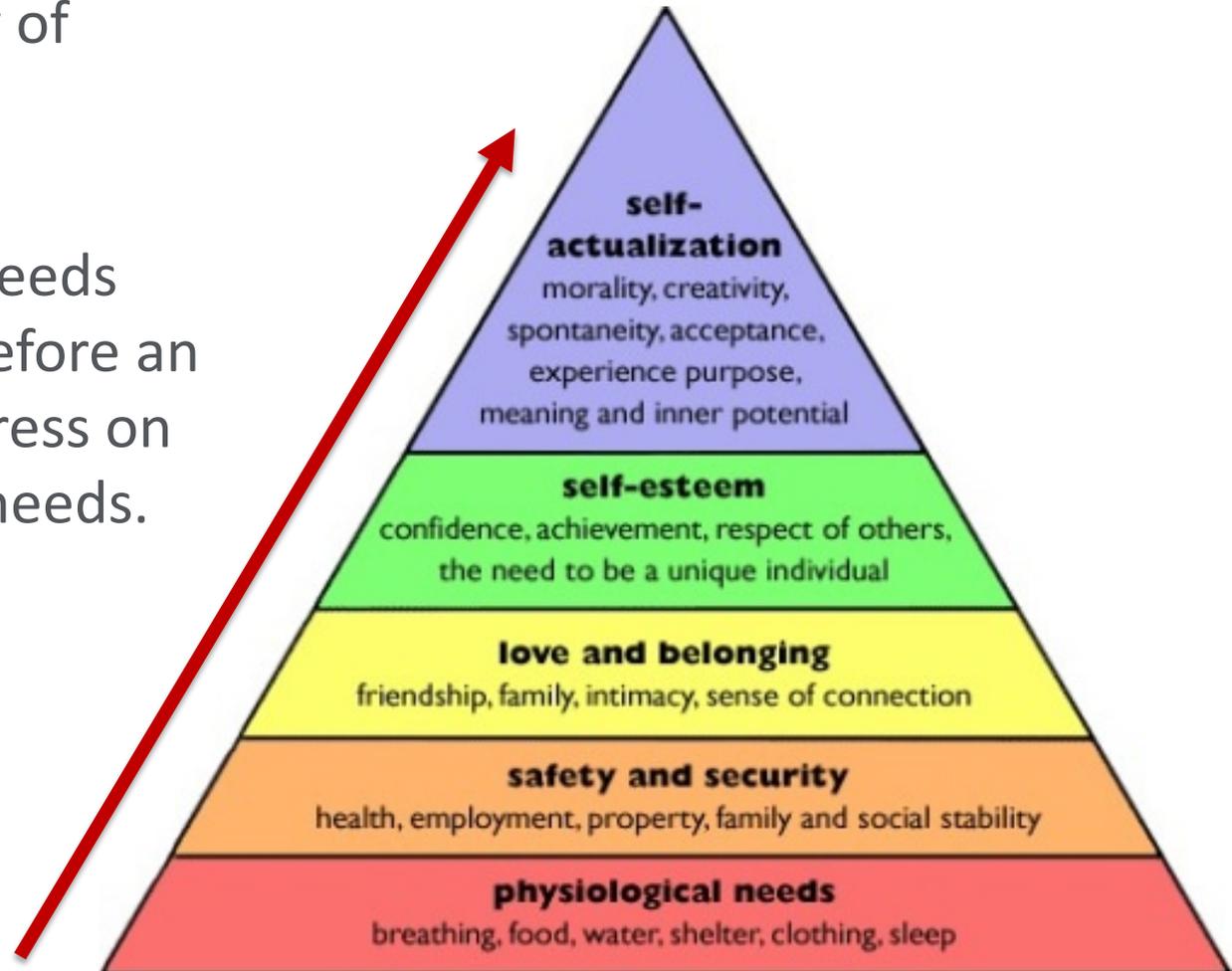
Diagnosis(es):

3

Treatment of Whole Person

Maslow's Hierarchy of Needs:

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



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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

#1

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

↓ #20

Outcomes

Rx fills for controlled substances from single pharmacy

April 2015



June 2015

Onset of
Controlled
Substance
Care Team
Strategies

November 2015



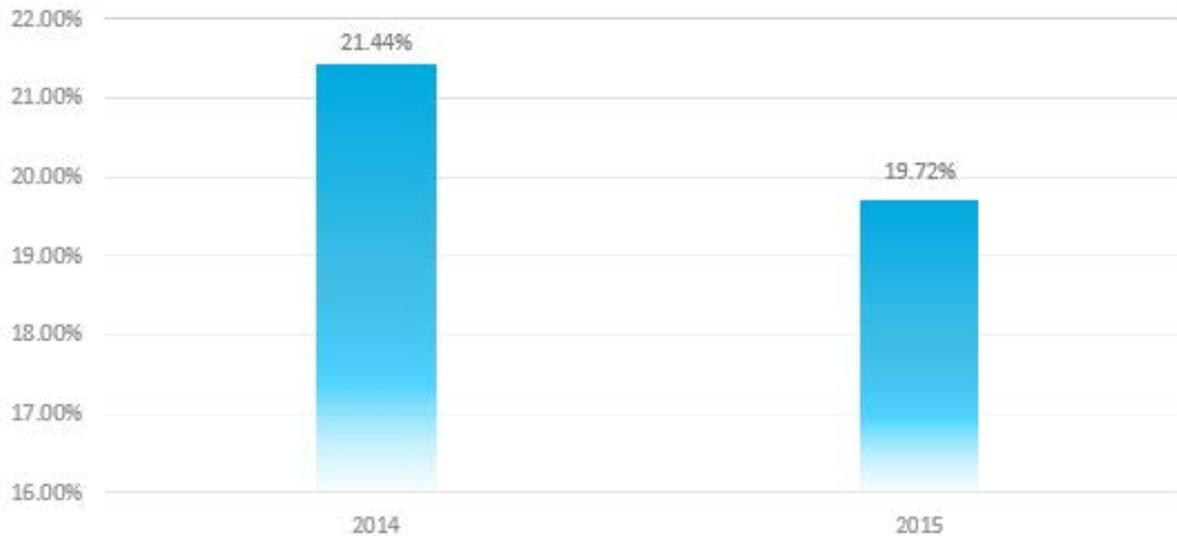
= **↓17%**

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



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 clients
in Sept. to Dec.
2014: 508

Total PMAP clients
in Sept. to Dec.
2015: 524

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!



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