

Healthcare's Response in MN

- MN Health Collaborative (15 care delivery systems/ health plans in the state) working together to end the opioid crisis
- Working with your providers to help them make changes
- >150 volunteers (physicians, nurses, pharmacists, social workers, quality improvement specialists)

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Healthcare's Response in MN

- Allina Health
- CentraCare Health System
- Children's MN
- Essentia Health
- Fairview Health Systems
- HealthPartners
- Hennepin Healthcare
- Hutchinson Health
- Mayo Clinic
- Medica
- North Memorial Health
- Ridgeview Medical Center
- UCare
- University of Minnesota Physicians
- Sanford Health

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Healthcare's Response in MN

Goals of MN Health Collaborative

- Limit the excess supply of opioids
- Reduce the populations at risk for opioid-related adverse events
- Improve management of patients with chronic pain
- Enhance process for disposal of opioids

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Institute for Clinical Systems Improvement

- Regional Health Care Improvement Collaborative
- 50+ care delivery organizations/health plans
- Founded in 1993
- Backbone organization for the MN Health Collaborative



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Prescribing Standards (Non-surgical)

- Pain treatment should start with non-opioid therapies (e.g., NSAIDs, acetaminophen) whenever possible
- Carefully weigh the benefits and risks of opioids, including side effects and complications such as overdose and addiction.
- The first opioid prescription for acute pain should be the lowest possible effective strength of a short acting opioid, not to exceed 100 morphine milligram equivalent (MME) total. Three days or less will often be sufficient.



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Morphine Milligram Equivalent (MME)

- Value that enables us to compare potencies
- How much morphine would this dose be equivalent to?



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Morphine Milligram Equivalent (MME)

- Multiple by conversion factor (specific to each opioid) to get MME
- 50 MME/day*:
 - 50 mg of hydrocodone (10 tablets of hydrocodone/acetaminophen 5/300)
 - 33 mg of oxycodone (~2 tablets of oxycodone sustained-release 15 mg)
 - 12 mg of methadone (less than 3 tablets of methadone 5mg)

**CDC Calculating Total Daily Dose of Opioids for Safer Dosage:
https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf*

Considerations for Geriatric Patients

Geriatric patients should be assessed for risk of falls, cognitive decline, respiratory malfunction, and renal malfunction before receiving opioids. **If impairment or risk is detected, consider reducing the dose by at least 50%.**



Additional Considerations

- Other medications interact with opioids
- It can be dangerous to be on both opioids and benzodiazepines
- Talk with your provider(s) to make sure there is a coordinated plan



Prescribing Standard (Post-surgical)

- Too much variation in post-operative prescribing
- For post-op pain, we are drafting procedure-specific maximums so that there is no one-size fits all approach
- Patients who are taking chronic and/or high-dose opioids prior to surgery should receive an individualized post-op pain management plan developed before surgery



Disposal

Why dispose of unused medications?

- Risk of accidental poisoning
- Risk of non-prescription use (by you or someone who may obtain your unused medication)
- Damage to environment



Disposal

- Best Options
 - Take-Back Days
 - Collection Centers (Kiosks, Law Enforcement)
- Good Options
 - Direct Mail Bag
 - Charcoal Bag and other methods of deactivation
- Least Preferred Options
 - Trash
 - Flushing

Pain Management

- Elimination of pain should not be the goal
- Focus on function and quality of life
- Some pain is a normal part of life
- Long term opioid use has been associated with increased pain sensitivity



What You Can Do

- Talk to your provider, ask lots of questions!
- Tell your provider all other medications you are taking
- Remember BRAIN
 - What are the benefits of taking an opioid?
 - What are the risks?
 - What are my alternatives?
 - What is my intuition telling me?
 - What if I say no, not now?
- If given an opioid, ask if amount is consistent with new standards
- Dispose of your unused opioids – don't leave them in your cabinets

