

# Opioid Prescribing Improvement Program

Office of the MHCP Medical Director  
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# Opioid Prescribing Improvement Program

## I. Legislation

Minnesota Session Laws 2015, Chapter 71:

### Sec. 61. STATEWIDE OPIOID PRESCRIBING IMPROVEMENT PROGRAM.

The commissioner of human services, in collaboration with the commissioner of health, shall report to the legislature by December 1, 2015, on recommendations made by the opioid prescribing work group under Minnesota Statutes, section 256B.0638, subdivision 4, and steps taken by the commissioner of human services to implement the opioid prescribing improvement program under Minnesota Statutes, section 256B.0638, subdivision 5.

## II. Introduction

The Opioid Prescribing improvement Program (OPIP) authorized by Minn. Stat. § 256B.0638 is a comprehensive initiative to reduce opioid dependency and substance use by Minnesotans enrolled in Minnesota Health Care Programs—dependency and abuse that are related to the prescribing of opioid analgesics by health care providers. Its core components are grounded in community input via the formation of an expert work group. The Commissioner of Human Services oversees the OPIP in collaboration with the Commissioner of Health. Over the course of the next two years, the Opioid Prescribing Work Group (OPWG) will meet approximately 17 more times to perform its legislatively set tasks:

- Recommending protocols that address all phases of the opioid prescribing cycle
- Overseeing development of educational resources and messages for providers to use in communicating with patients about pain and the use of opioids to treat pain
- Recommending quality-improvement measures to assess variation and support improvement in clinical practice
- Recommending two thresholds directed at MHCP-enrolled providers with persistently concerning prescribing practices, one threshold that will trigger quality improvement and the other termination from MHCP

Pursuant to the authorizing statute, the opioid prescribing protocols will not apply to opioids prescribed for patients who are experiencing pain caused by a malignant condition or who are receiving hospice care, or to opioids prescribed as medication-assisted therapy to treat opioid dependency.

During the next two years while the OPWG is meeting, DHS staff will develop a reporting mechanism for protected quality improvement data pertaining to the OPIP. Limited funding is available for protocol development support, refining quality improvement measures and developing educational messages

### **III. Formation and Launch of the Opioid Prescribing Work Group**

In July 2015 immediately after the effective date of the statute authorizing the OPIP, the Secretary of State's Office posted a notice of vacancies for the OPWG. Eighty-four candidates applied for the 14 voting seats on the OPWG.

In August and September the review team, comprising the Department of Human Services' (DHS') medical director, staff from the medical director's office, DHS' pharmacy unit, DHS' alcohol and drug abuse division, and the Department of Health's injury prevention unit rigorously reviewed the applications. The medical director and his staff interviewed final candidates, and recommended applicants to the Commissioner of Human Services, who appointed work group members in early October.

In addition to considering the applicants' substantive experience and expertise, reviewers strove for diversity in multiple respects: geography, professional discipline, gender, race/ethnicity and employment. Reviewers succeeded in all respects to the degree possible, given the applicant pool and the amount of voluntarily disclosed demographic information. Four members are from greater Minnesota; six are female and eight male. There is no overlap among employers.

The OPWG comprises two people of diverse cultural backgrounds, and another two who daily serve people suffering health disparities: Drs. Igwe and Sanchez identify as black and Hispanic, respectively. Rebecca Forrest works as a nurse practitioner for the Native American Community Clinic in Minneapolis. Tiffany Elton is a pharmacist for Fond du Lac Human Services and was asked by her tribal leadership to apply.

Many members represent multiple perspectives: For example, Dr. Reznikoff is both a practicing internist who treats chronic pain and a specialist in addiction medicine. Senator Eaton brings her experience as a person in long-term recovery and the experience of losing a child to opioid addiction and overdose, in addition to her policy leadership in the state Legislature. The OPWG is replete with other such examples of rich perspective.

Work group members (and statutorily set membership categories) are:

- Julie L. Cunningham, PharmD, BCPP, Mayo Clinic Health System (nonphysician health care professional who treats pain)
- Sen. Chris Eaton, RN, Minnesota State Senate (consumer representative)
- Tiffany Elton, PharmD, NCPS, Fond du Lac Human Services Pharmacy (pharmacist)
- Rebekah Forrest, RN, CNP, Native American Community Clinic (nurse practitioner)
- Ifeyinwa Nneka Igwe, MD, Essentia Health (physician)
- Chris Johnson, MD, Emergency Physicians Professional Association (Health Services Advisory Council member)
- Ernest Lampe, MD, Minnesota Department of Labor and Industry (DLI medical consultant; nonvoting)
- Matthew Lewis, MD (not practicing), Winona (consumer representative)
- Pete Marshall, PharmD, HealthPartners (health plan pharmacy director)

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- Murray McAllister, PsyD, LP, Courage Kenny Rehabilitation Institute (nonphysician health care professional who treats pain)
- Richard Nadeau, DDS, MPH, University of Minnesota School of Dentistry (dentist)
- Mary Beth Reinke, PharmD, MSA, Department of Human Services (DHS pharmacy unit; nonvoting)
- Charles Reznikoff, MD, Hennepin County Medical Center (mental health professional)
- Alvaro Sanchez, MD, Medica (health plan medical director)
- Jeffrey Schiff, MD, MBA, Minnesota Department of Human Services (MHCP medical director; nonvoting)
- Sgt. Matthew J. St. George, Minneapolis Police Department (law enforcement)
- Lindsey Thomas, MD, Hennepin County Medical Examiner's Office (medical examiner)

The OPWG met for the first time on November 23, 2015. The meeting agenda included an orientation to the OPIP and context about the rest of the state's coordinated strategy to address prescription drug abuse and diversion. The OPWG also began substantive discussions concerning protocols for treating acute pain with opioids. A copy of the OPWG's initial work plan is appended.

Dr. Jeffrey Schiff is serving as the OPWG's interim chair until a chair is chosen from among the voting members. Members of Dr. Schiff's staff support the OPWG's work.

All meetings of the OPWG are public, and non-members may choose to attend and submit comments in person or by webcast. The OPWG's webpage is [www.dhs.state.mn.us/opwg](http://www.dhs.state.mn.us/opwg). DHS staff maintains a dedicated email address for communications pertaining to the OPWG: [dhs.opioid@state.mn.us](mailto:dhs.opioid@state.mn.us).

## **IV. The Policy Context for the Opioid Prescribing Improvement Program**

### **A. DHS' Uniform Pharmacy Policy Work Group**

In January 2014 DHS formed the Uniform Pharmacy Policy Work Group (UPPW) comprising experts from DHS and contracted managed care organizations. The UPPW implements common quantity limits and utilization management criteria for high impact and high cost drugs of potential misuse and abuse (including opioids). Moving forward, DHS will be gathering opioid utilization data to measure the impact of these common policies. Meanwhile, the UPPW's work on developing opioid utilization management policy is complete until new developments arise, such as FDA approval of new opioid analgesic drugs, publication of new clinical guidelines or recommendations from the OPWG that might prompt policy changes.

### **B. The Minnesota State Substance Abuse Strategy**

The Minnesota State Substance Abuse Strategy (SSAS) was developed in late 2012 to address substance abuse in our communities through collaboration within state government. The strategy aligns resources with approaches proven to prevent and reduce alcohol and prescription and illicit drug abuse and their consequences. The state departments of Human Services, Public Safety, Corrections, Health and Education as well as the state judicial branch, the Minnesota

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National Guard and the Minnesota Board of Pharmacy developed the strategy. The SSAS executive leadership comprises agency commissioners or their designees.

In 2015 the SSAS was focused heavily on decreasing prescription drug abuse and the incidence of unintentional neonatal abstinence syndrome. Parallel efforts have proven to be successful in decreasing chronic substance abuse, including specialty drug courts, specialized treatment services for pregnant women and women with dependent children, supporting the use of medication-assisted treatment for people addicted to opioids, and monitoring data for emerging substance abuse trends.

### C. National Governors Association Prescription Drug Abuse Academy

Minnesota was selected in September of 2014 to participate in the National Governor's Association year-long policy academy on reducing prescription drug abuse.

The SSAS comprised the senior leadership team that supported Minnesota's participation. Academy attendees included representatives from Governor Dayton's office, the departments of Health, Human Services and Public Safety and the board of Pharmacy. Participation in the academy provided Minnesota a unique opportunity to engage diverse stakeholders, learn from other states, measure the success of existing programs, and implement best practices to reduce and prevent prescription drug abuse. Through the academy, Minnesota developed its strategic plan for reducing prescription drug abuse, the State Opioid Oversight Project.

### D. The State Opioid Oversight Project

The State Opioid Oversight Project (SOOP) is the organizational structure across Minnesota's executive and legislative branches to integrate work to reduce the impact of opioid dependence among Minnesotans while appropriately managing pain, while simultaneously moving forward with more mature initiatives to reduce opioid dependence and its consequences. Efforts have and will continue to be made to work with stakeholders outside of state government. The SOOP reports to the SSAS executive leadership. SOOP members comprise representatives of the departments of Human Services, Health, Education, Public Safety, Labor & Industry and Corrections, and the boards of Medical Practice, Nursing, Pharmacy, Dentistry, Veterinary Medicine and Podiatry. DHS is currently absorbing the costs of staffing the SOOP.

The SOOP is a first step in creating a coordinated state government response to the consequences of the opioid epidemic across its continuum. Although state government has an important role, it cannot solve opioid misuse and abuse alone. It will require an ongoing response from multiple stakeholders including federal and tribal governments, local public health, opioid prescribers, addiction experts, researchers, medical and treatment industries, patients, families and communities.

The SOOP is focused on seven targeted focus areas:

- Neonatal abstinence syndrome
- Medication assisted treatment
- Opioid prescribing via the OPIP

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- Prescription monitoring program
- Increasing access to naloxone
- Prevention
- Increasing prescription take-back opportunities

The SOOP has developed these focus areas to tackle opioid use disorder from many angles. This project will allow the state to increase awareness, decrease the prevalence of opioid abuse, and reduce suffering and harm resulting from opioid abuse. This framework may be used to address other drugs of abuse in the future.

### E. Statewide Summit: Pain.Pill.Problem.

On Tuesday, Aug. 25, more than 1,000 law enforcement, public health officials, health care professionals, attorneys, drug court representatives, medical students, state, tribal and local government staff, community leaders, recovering addicts and their families from across Minnesota met in Minneapolis to look at all sides of opioid abuse and offer solutions. The summit's aim was to start a conversation as a community about how we can treat pain in ways that restore function and reduce suffering.

The conference included six panels on the following topics:

- The impact of opioid addiction
- Prescribing and pain culture
- Pharmacy and distribution
- Law enforcement
- Opioid treatment
- Recovery, prevention and the role of community

Conferees also heard from speakers on these important issues, including Gov. Mark Dayton, Sen. Amy Klobuchar, Rep. Tom Emmer, The Honorable Mary Bono, University of Minnesota President Eric Kaler, Dick Beardsley, and other subject-matter experts.



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**V. Appendix**

Opioid Prescribing Work Group Work Plan																					
	2015		2016												2017						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Mar	May	July	Sep	Nov	
<b>Acute pain (0-4 days)</b>	█		█			█		█		█		█		█		█		█		█	
Protocols																					
Sentinel measures	█		█			█		█		█		█		█		█		█		█	
<b>Post-acute pain (5 - 45 days)</b>	█		█		█		█		█		█		█		█		█		█		
Protocols	█		█		█		█		█		█		█		█		█		█		
Sentinel measures	█		█		█		█		█		█		█		█		█		█		
<b>Chronic pain (&gt; 45 days)</b>	█		█		█		█		█		█		█		█		█		█		
Protocols	█		█		█		█		█		█		█		█		█		█		
Sentinel measures	█		█		█		█		█		█		█		█		█		█		
<b>Synthesize protocols and measures</b>	█		█		█		█		█		█		█		█		█		█		
<b>Thresholds for mandatory QI</b>	█		█		█		█		█		█		█		█		█		█		
<b>Thresholds for terminating providers from MHCP</b>	█		█		█		█		█		█		█		█		█		█		
<b>Communications/Education</b>	█		█		█		█		█		█		█		█		█		█		
<b>Progress report due to Legislature</b>	█		█		█		█		█		█		█		█		█		█		