Opioid abuse is an epidemic in the United States. Many organizations and government agencies have declared the issue one of the most pressing public health problems today. Many people who abuse opioids have their first exposure through a legitimate prescription written for themselves, a friend, or a family member. Our goal was to align the number of pills prescribed with the number of pills needed after common hand surgical procedures. We hoped this would decrease the number of unused pills in circulation as well as prevent long-term use by patients.

We developed an Epic EMR order set to guide prescribers toward a quantity in line with expected use. We studied 2 groups of patients – those having surgery in the 3 months before implementation (phase 1) and those having surgery in the 3 months after implementation (phase 2).

Overall amount of narcotics prescribed was cut in half. Using the most conservative calculation, we are prescribing 24,000 fewer pills per year. Based on annual volume, we estimate more than 2,400 patients per year are affected. Twice as many patients received no narcotic prescription at all in phase 2 (7 percent vs. 15 percent).

We used a survey to ask, “How satisfied are you with your pain management after surgery?” The average score was 4.3/5 in phase 1 and 4.2/5 in phase 2. 47 percent fewer patients reported opioid side effects in phase 2 (30 percent vs. 16 percent).

If even one less person becomes addicted to opioids because of these changes, the cost savings to patients, families, insurers and society is meaningful. Prescribing fewer pills is less expensive for the patient and the insurer.
CHALLENGE
A new diagnosis of pulmonary embolism (PE) has generally been an indication for hospital admission. This largely remains the default practice in our community. However, research and reports from Canada and Europe suggest that as many as 50 percent of these patients could be safely managed as outpatients.

INNOVATION
We developed a framework, based on established research, by which we could identify low-risk patients with newly diagnosed PE to whom we could offer initial outpatient management as a treatment option. In the first phase of our project, we developed the framework in the form of a clinical guideline for our Emergency Medicine group. With this guideline and education, we showed a modest increase in the percentage of patients being discharged. In the second phase, we did a second round of education and analyzed the gap between our discharge rate and what the literature suggests might be possible. We learned that the established risk scoring schemes for PE incompletely identify patients who seem appropriate for outpatient care. We were reminded of how difficult it can be to change ingrained clinical practice. We observed a further increase in the percentage of patients being managed as an outpatient as compared to our pre-project baseline.

IMPROVING HEALTH
• Avoiding hospitalization could prevent hospital-related complications

ENHANCING PATIENT EXPERIENCE
• Avoiding hospitalization for a population unlikely to benefit from it
• Reduce time away from family and work
• Increased patient autonomy with outpatient treatment offered as an option

TAKING AIM AT AFFORDABILITY
• Reduced hospital admissions
• Fewer admissions likely results in less unnecessary testing and treatment

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INNOVATION IN HEALTHCARE
Enhanced High-Risk Patient Access to Opioid Antagonist via Proactive Assessment

PROVIDER
HealthPartners and Park Nicollet Pharmacies

CHALLENGE
In 2016, prescription opioids were involved in 40 percent of all U.S. deaths due to opioid overdose. The rate of these prescription opioid related deaths was found to be more than 46 deaths per day. The absence of a process for the dispensing of an opioid antagonist has led to a lack of patient awareness and overall access to a potentially lifesaving treatment for eligible outpatient pharmacy patients.

INNOVATION
We implemented a proactive patient assessment protocol for all patients receiving an opioid to screen for high-risk of overdose. Patients at high-risk received an opioid antagonist along with an opioid prescription.

IMPROVING HEALTH
• Increase in patient access to a potentially life-saving treatment that helps ensure safe use of opioids in our communities
• Provide local communities with a pharmacist-driven understanding of the role and proper application of an opioid antagonist
• Create additional opportunities for pharmacists to address any questions and concerns patients have related to their opioid medications

ENHANCING PATIENT EXPERIENCE
• Provide patients and caregivers with a safeguard to combat any accidental overuse of opioids
• Decrease the stigma that may be associated with the use of opioid antagonists through enhanced opportunities for education of patients/caregivers and access to opioid antagonists
• Establishment of stronger patient/caregiver and pharmacist therapeutic relationship though increased opportunities for patient interaction

TAKING AIM AT AFFORDABILITY
• Aid in the potential reduction of opioid related ED visits, hospitalizations and health care
• Help ensure the affordability of opioid antagonists to prevent cost from becoming a barrier to adequate access

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References: https://www.cdc.gov/drugoverdose/data/overdose.html
Medication Therapy Management Services to Reduce Readmissions for Patients with Psychiatric Illness

INNOVATION IN HEALTHCARE

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CHALLENGE
An estimated 43.4 million adults in the United States have a mental, behavioral or emotional disorder. Patients with psychiatric illness are at a higher risk of hospital readmissions. While many programs focus on general medical discharge transitions of care, there are not specific services to address the complex, high-risk patient populations discharged from inpatient behavioral health units.

INNOVATION
We implemented a post discharge Medication Therapy Management (MTM) referral process for patients discharged from inpatient behavioral health units with services intended to identify, resolve and prevent medication therapy problems which may contribute to avoidable hospital readmissions.

IMPROVING HEALTH
• Identification of high-risk patients who may benefit most from MTM transitions of care ensures patients receive additional support when transitioning out of inpatient units
• Addressing medication-related therapy problems, specifically high dosage, convenience and unnecessary drug therapy, results in optimization of therapy and ultimately better clinical outcomes, including fewer hospital readmissions

ENHANCING PATIENT EXPERIENCE
• Adding support through MTM team, ensuring correct medication and medication use
• Helping bridge patient’s medication needs post-discharge until they can be seen by their psychiatrist or primary care provider
• Identifying medication errors or opportunities to optimize their medications
• Ensuring appropriate lab monitoring is occurring

TAKING AIM AT AFFORDABILITY
• Ultimately, decrease all-cause readmissions
• Decrease medication costs through dose reduction and discontinuation of unnecessary medications
• Remove cost as a barrier by providing service to patients regardless of insurance coverage status
PROVIDER
CentraCare Health and
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CHALLENGE
Sixty-eight percent of adults with a serious mental illness have one or more chronic physical conditions. According to Substance Abuse and Mental Health Services Administration (SAMHSA), patients who have mental health conditions die up to 25 years earlier than those who do not. Many factors can lead to this, including higher rates of tobacco use and poor management of chronic health conditions.

INNOVATION
Our innovation involved embedding primary care services into a mental health center. Patients with serious mental illness receive care by a collaborative treatment team of medical and mental health professionals in the same clinic location. Health promotion activities encourage tobacco cessation, exercise, and nutrition through evidence based practices. Care providers from the mental health center and CentraCare primary care conduct weekly case reviews to ensure care gaps are addressed and patients are receiving whole person care.

IMPROVING HEALTH
- Patients with serious mental illness are more likely to access primary care when the care is delivered in coordination with their mental health treatment
- Health promotion activities like walking groups and healthy living classes encourages healthy lifestyles and improves social connectedness. Peer support specialists support and coach patients on setting healthy lifestyle goals

ENHANCING PATIENT EXPERIENCE
- Patients report improved experience with primary care providers who are familiar with their mental health background. This prevents frustrating and difficult “re-telling” of a patient’s mental health background to multiple providers
- Patients feel more comfortable in the embedded primary care clinic because they have built trusting relationships with their mental health providers and are more easily extended to a primary care provider in the same location
- The coordination and availability of same day appointments satisfied many patients, especially those with mobility and transportation challenges

TAKING AIM AT AFFORDABILITY
Patients who do not have an established primary care provider are more likely to seek services from costly emergency treatment centers when medical issues go untreated