

Leading a Faith-Based Charge Against Opioid Abuse

HOW A MINNESOTA RURAL HEALTH ORGANIZATION BECAME A NATIONAL LEADER

PATRICK RIOUX, MA

Addiction issues have been a focal point of faith-based health care for many years. There has been a shift, however, from abuse of illegal drugs like cocaine and heroin to issues related to prescription drug addiction, especially opioids.

CHI St. Gabriel's Health, a multifacility rural health organization located in Little Falls, Minnesota, has developed a systematic and effective approach to treating opioid abuse resulting in state, regional and national accolades including the American Hospital Association's NOVA Award and the Minnesota Hospital Association's Innovation of the Year Award, among others.

Together, Kathy Lange, the organization's foundation director, along with CHI St. Gabriel's family practice physicians Heather Bell, MD, and Kurt DeVine, MD, have been key players in the initiative, which capitalizes on a highly collaborative "call to action" among several community partners, early involvement in addressing the crisis and a willingness to get involved in legislative and grant-funding processes.

Make no mistake. Opioid addiction is indeed a crisis, impacting rural, urban and suburban communities of all ethnicities and socioeconomic characteristics.

"The impact on communities across the country has been dramatic," Lange said. "According to the U.S. Drug Enforcement Administration, the

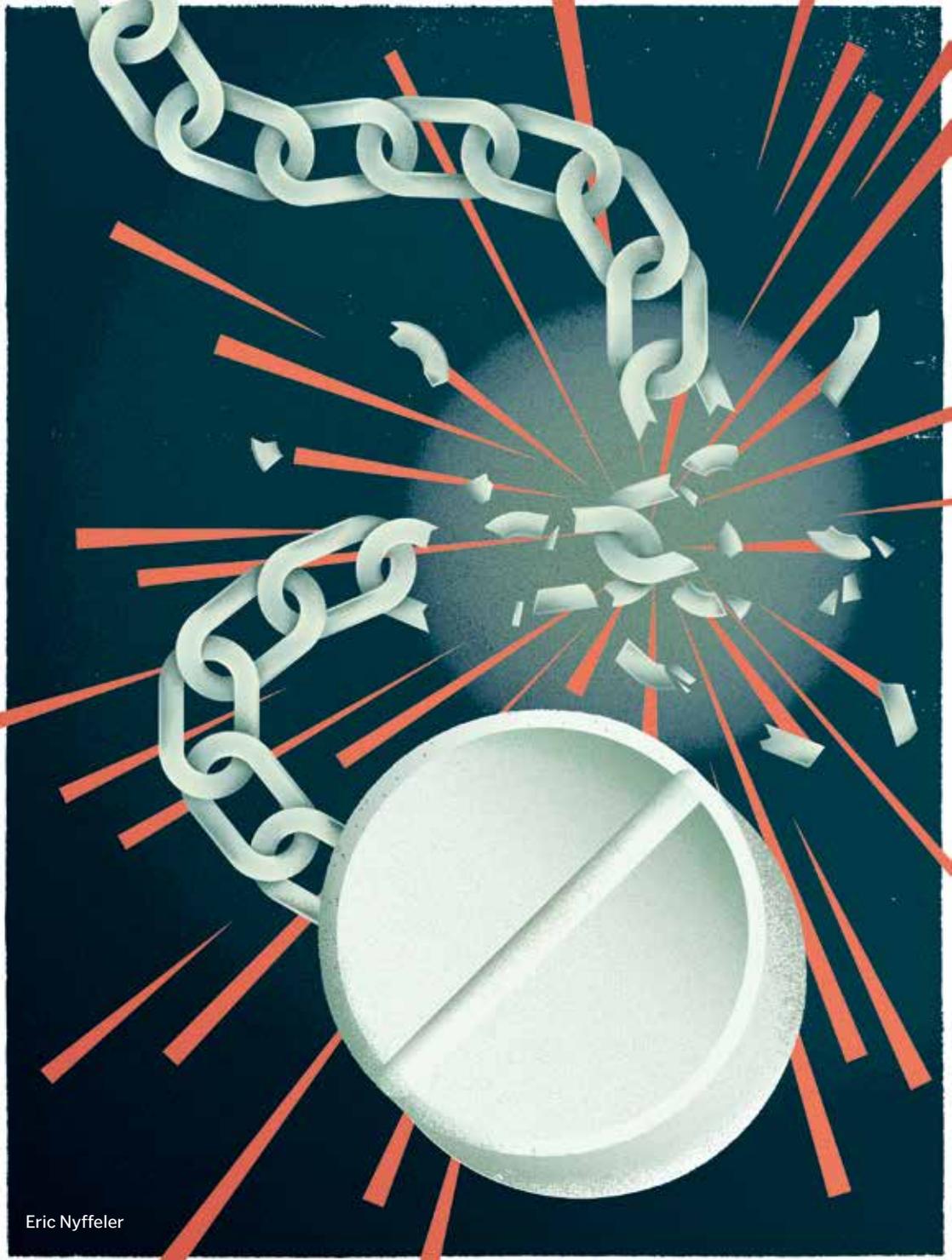
number of emergency department visits attributable to pharmaceuticals increased 97 percent between 2004 and 2008. Locally, our initiative was seeing the same manifestation of the problem. In 2014, the No. 1 emergency department diagnosis at

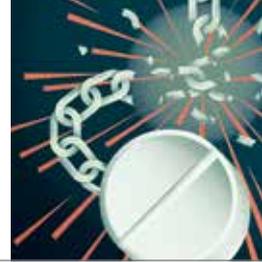
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our hospital was 'therapeutic drug monitoring,' in other words, patients seeking narcotics for pain."

A variety of community partners got together to examine the issue and further explore strategies to tackle the problem. They applied for a State Innovation Model grant, which required extensive collaboration and committed partners.

"Community collaboration was one of the key factors to our success," said Bell. "Even before we received the initial grant to address opioid abuse, the hospital and our Family Medical Center clinic





were already part of a community-wide effort to address prescription drug abuse.”

Bell noted that active partners included Morrison County Public Health and Morrison County Social Services; South Country Health Alliance, the county’s medical assistance provider; law enforcement (sheriff, local police departments and county attorney’s office); a long-term care facility; a local pharmacy; and the local school district, among others.

“There’s no question, the collaboration was extremely important to our success,” Bell said.

Lange agreed. “The fact that we had solid, mutually beneficial relationships with so many of these partners made capitalizing on those established relationships that much easier and very necessary to achieve successful results.”

ESSENTIAL COLLABORATIONS

The community-wide prescription drug task force collaborated in a variety of ways, said DeVine.

“Law enforcement was an essential partner in communicating to us which patients were diverting their prescriptions. That information helped to reduce the number of pills out in the community,” he said. “This multipronged approach capitalized on the fact that virtually all partners brought something to the team.”

Lange added, “We also scheduled community education and forums as well as ‘Coffee with a Cop’ and ‘Drug Take-Back’ events.”

Then the local health system took those highly collaborative relationships one step further, noted Bell, which is when the success began to accelerate.

“With grant funding from [the State Innovation Model] through the Minnesota Departments of Health and Human Services in the amount of \$368,112, we established a controlled substance care team at the clinic [Family Medical Center], which consisted of a nurse navigator, a social worker and a pharmacist,” said Lange.

“We capitalized on the ‘medical home’ framework so strongly recommended through the Minnesota Department of Health,” said Bell, who led the patient-centered medical home team. “The clinic became certified as a medical home, and

we began looking at opioid-addicted patients as people who might benefit by applying the medical home model to individuals with a variety of health concerns.”

South Country Health Alliance, the county’s medical assistance provider, helped fund preparation of the initial grant application and also became an essential partner in the beginning stages.

“Certainly, having access to data helped make our case for the grant,” added Lange. “[South

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— KURT DEVINE, MD

Country Health Alliance] data showed that two-thirds of [medical assistance] patients in Morrison County had filled eight or more prescriptions for narcotics in less than a year. At the same time, family medicine providers were constantly receiving requests for refills of prescription pain medications. Furthermore, the No. 1 reason for patients presenting at the emergency department of CHI St. Gabriel’s was pain. All these facts further established the need for the funding, which was granted, getting the effort started.”

BEST PRACTICES

In addition to securing the initial funding, Bell and DeVine began learning more and more about opioid addiction and helped to implement a variety of best practices.

DeVine noted, “We established best practices that further built our success. We implemented strategies and policies that radically reduced early refills, encouraged providers to sign up their patients for the prescription drug monitoring program, tightened urine screening and pill-count protocols. These helped doctors to standardize the process, using established guidelines from the [Centers for Disease Control and Prevention].”

Bell agreed. “The CDC recommendations stated that prescribers should avoid increasing dosages to greater than 90 MME (morphine mil-

ligram equivalents per day) or to carefully document such increases. This change in prescription practices led to a marked reduction in pills and an equally dramatic increase in tapering success. In one pharmacy alone, the number of doses dropped over 23 percent from 43,811 to 33,735 per month” from January 2015 through December 2017.

She continued: “Drug-seeking diagnoses dropped off the Top 20 list of ED admissions [it had been No. 1], South Country showed a \$425,000 reduction in claims over a four-month period of the year prior to implementation and, as of Nov. 1, 2017, 329 out of approximately 500 chronic opioid users have been completely tapered off their opioid use. By all measures, our initiative has been tremendously successful.”

BUILDING LEGISLATIVE RELATIONSHIPS

The work has continued, focused on building relationships with legislative leaders and pursuing additional grant and legislative funding, said Lange.

“We have met with legislative leaders in both Washington, D.C., and St. Paul to help address the issue,” she said. “We were successful in getting \$1.03 million in state funding for pilot programs and also received a Minnesota Target Response Grant, which establishes Little Falls as one of four hubs. We’ve made a couple of trips to D.C. to testify at House and Senate hearings on the opioid issue and are hopeful that those connections will result in additional funding, not only to sustain our local program, but assist other communities in replicating ours.”

Lange added that there has been great synergism in their efforts.

“First, the collaboration brought the issue to the forefront of community leaders,” she said, “then the physician champions led the development of an effective plan, which began to produce results. The results, in turn, led to awards and recognition throughout the state and eventually nationally. Finally, legislators and others began seeking us out to help them address the problem in their communities. Our willingness to share what we’ve learned and allow others the opportunity to replicate our initiative in other communities has demonstrated how faith-based health organizations, in partnership with their local communities, can lead the battle against opioid addiction.”

“I doubt our work will be done any time soon,” DeVine said. “We still have a lot of work to do. We’ve implemented a suboxone program for people dealing with some of the physical reactions to the tapering process, and we share some resources we’ve developed to help communities develop their own programs, but we won’t be satisfied until there are zero opioid-related deaths in the state. Faith-based organizations like CHI St. Gabriel’s can lead that fight.”

To learn more about CHI St. Gabriel’s Health’s “healthy community” approach against opioid addiction, contact Kathy Lange at 320-631-5624 or email her at kathleenlange@catholicehealth.net.

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