

The MN Health Collaborative is a group of 14 health care organizations (care delivery and plans) in Minnesota, working together to develop shared sustainable solutions to healthcare's toughest challenges. MN Health Collaborative members transparently share and learn from one another, designing practical, evidence-based and innovative approaches to shared problems.

MN Health Collaborative partners are working together to reduce opioid overdose deaths by jointly developing and implementing recommendations related to:

- Preventing chronic opioid use by reducing excess prescribing
- Creating stronger, safer practices for patients needing chronic opioid treatment for pain
- Identifying and treating addiction
- Reducing the number of unused opioids in people's medicine cabinets

The US, in recent decades, has experienced a pendulum swing in its approach to pain management, from pain being undertreated to being thought of as a fifth vital sign with an implicit goal of assuring all patients were pain free. This led to an increase in opioid prescribing without full understanding of the potential harms by patients or prescribers. Now, the risks of opioids are better known and healthcare is actively working to help stem the tide of deaths and harm due to misuse of prescription opioids.

## **Prevention**

### Acute Non-surgical Pain

Building on the work of the 2017 ICSI guideline *Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management*, the MN Health Collaborative has been implementing community prescribing standards for first opioid prescriptions in ambulatory settings (clinics, urgent care, emergency departments, and dentistry). Providers are recommended to start with non-opioid options, and if opioids are given, prescribe no more than 100 morphine milligram equivalents (MME) total in the initial prescription, especially for opioid-naïve patients. Organizations are making structural and adaptive changes to embed this standard within their systems.

### Acute Postoperative Pain

Using existing literature, community data, and clinician expertise, the Collaborative has identified procedure-specific benchmarks for postoperative opioid prescribing. The group disagrees with using a "one-size-fits-all" standard and, therefore, encourages patient-centered, procedure-specific MME goals that acknowledge varying needs of pain management for different surgical procedures. Surgical departments are looking to decrease prescribing variation and move more prescriptions to the lowest quartile range of their 2017 prescribing data.

### Disposal of excess opioid medication

The Collaborative continues to focus on elevating provider and patient awareness regarding the importance of disposal and the methods available in the community. Collaborative organizations are implementing various approaches to improve education and increase ease of disposal.

### **Chronic Opioid Use and Addiction**

The Collaborative has created materials to ‘demystify opioids’ for prescribers. Algorithms for screening, diagnosing, and treating opioid use disorder and addiction have been created to support clinics in building effective workflows.

Based on prescriber input, a comprehensive Frequently Asked Question (FAQ) has been developed that addresses effective tapering methods and other topics important to building strong processes to safely manage patients taking opioids chronically.

Exploration regarding strategies to improve access to medication-assisted treatment (for emergency departments and primary care) is underway. The organizations are also working to increase naloxone prescribing to high-risk patients.

For more: <https://www.icsi.org/programs/mn-health-collaborative/>