



Minnesota Medicaid Confronts the Opioid Crisis

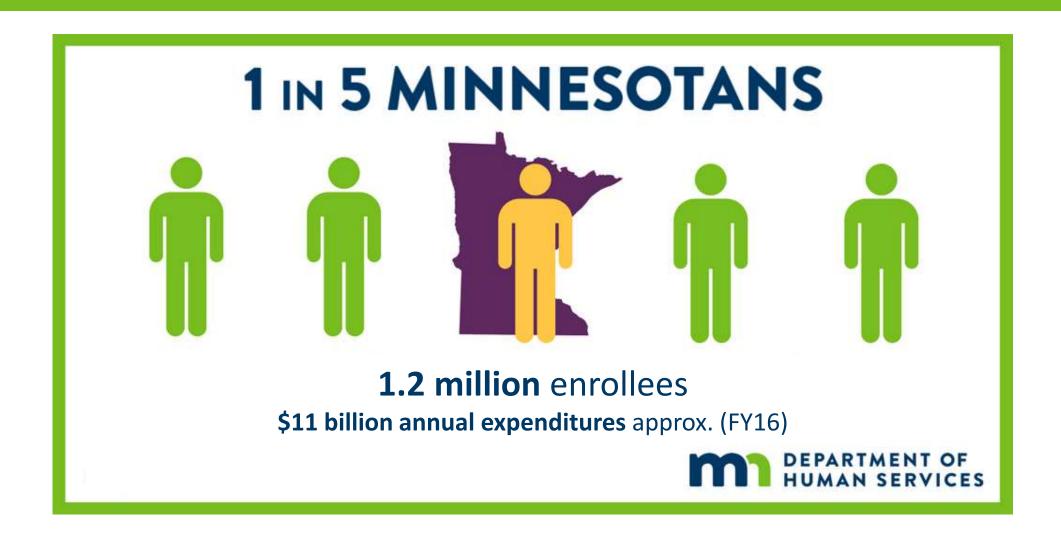
Ellie Garrett, JD | Deputy Director, Office of Medical Director February 15, 2018

Minnesota



- 12th largest state geographically
- 5.5M people
 - 3.8M live in Twin Cities metro area
- 11 sovereign tribal nations
- 20 winter Olympians

Minnesota Health Care Programs Serve



State Opioid Oversight Project

- Prevention, including public health/educational interventions and safe prescribing
- Safe disposal
- Harm reduction
- Drug courts
- PDMP
- Treatment for opioid use disorder

- Professional licensure
- Targeted responses (e.g., pregnant women; justice-involved populations)
- Targeted collaborations for communities suffering disparities
- Infrastructure support for integrated community responses

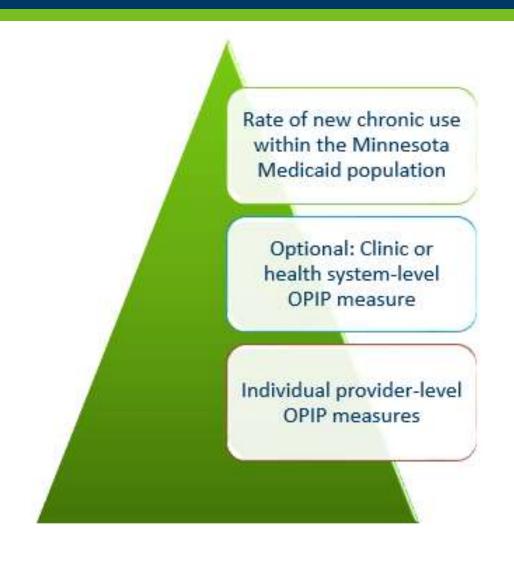
MN Medicaid's Opioid Prescribing Improvement Program (OPIP)

- Prescribing guidance for ENTIRE pain spectrum
 - Acute pain (0-4 days, up to 7 days following surgery)
 - Post-acute pain (up to 45 days)
 - Chronic pain (>45 days)
- Measurement
 - Confidential reports comparing prescribers to anonymized peers
 - Quality improvement thresholds
 - Thresholds for terminating providers
- Common messages for providers to use with patients

Process is critical

- Legislatively authorized
- Developed by community panel of experts
- Data-driven; best available evidence
- Transparent
 - Data about individual prescribers are not public
- Multi-level measurement

Multi-level measures of opioid prescribing behavior



New chronic use in Medicaid population

- Outcome measure to support quality improvement to prevent chronic opioid use
- System-level measure for state, health plans and large provider systems
- Definition: An enrollee who has not taken any opioids for 3 months (opioid naïve) before an initial prescription, and then received more than a 45-day supply over the next 3 months
- Over 5,000 individuals per year

Post-acute pain interval: Up to 45 days following an acute event

Critical time period to:

- Assess patients for the presence of psychosocial factors that may predict transition to chronic opioid use
- Cease opioid therapy for acute pain management
- Analysis of DHS claims data found that:
 - Among enrollees with ≥ 45 days supply of opioids over a 90 day period → 52% received at least 200 days of opioid therapy in the measurement year
 - Among enrollees with ≥ 60 days supply of opioids over a 90 day period → 58% received at least
 200 days of opioid therapy in the measurement year

Provider burden is changing behavior, not submitting data

- Program built on claims data
- Only prescribers whose prescribing rates exceed standards will participate in quality improvement
- Value-based participation: Individual providers who are unable to improve opioid prescribing behavior will be terminated from the Medicaid program
- MN Medicaid will track rates of new chronic opioid use and chronic opioid use within our population



Thank You!

Ellie Garrett, ellie.garrett@state.mn.us

Opioid Prescribing Work Group and the

Opioid Prescribing Improvement Program: mn.gov/dhs/opwg

Minnesota Opioid Dashboard: www.health.state.mn.us/opioiddashboard