

A wide-angle photograph of a sunset over a body of water. The sky is a vibrant orange and yellow, reflecting on the calm water. A dark, silhouetted shoreline with trees is visible on the right side.

# Minnesota Medicaid Confronts the Opioid Crisis

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February 15, 2018

# Minnesota



- 12<sup>th</sup> 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

**1 IN 5 MINNESOTANS**



**1.2 million** enrollees

**\$11 billion** annual expenditures approx. (FY16)

**mn** DEPARTMENT OF  
HUMAN SERVICES

# 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  $\geq 45$  days supply of opioids over a 90 day period  $\rightarrow$  52% received at least 200 days of opioid therapy in the measurement year
  - Among enrollees with  $\geq 60$  days supply of opioids over a 90 day period  $\rightarrow$  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!

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**Opioid Prescribing Work Group** and the

**Opioid Prescribing Improvement Program:** [mn.gov/dhs/opwg](https://mn.gov/dhs/opwg)

**Minnesota Opioid Dashboard:** [www.health.state.mn.us/opioiddashboard](https://www.health.state.mn.us/opioiddashboard)