

# Morrison County Community Based Care Coordination: Prescription Drug Overuse

## Accountable Community for Health

The Morrison County Community Based Care Coordination ACH initiative has **created a care coordination model to facilitate excellence in controlled substance care**. The partnership includes CHI St. Gabriel's Health (ACH lead agency), South Country Health Alliance (the insurance plan for Medicaid in Morrison County), and Morrison County Public Health and Social Services. The partnership formed to address the concern about narcotics use in the community, as evidenced by the number of Emergency Room (ER) visits for therapeutic drug monitoring and high numbers of Medicaid patients with eight or more narcotic prescriptions.

The partnership has evolved to include law enforcement, local pharmacies, the school district, and a substance use prevention coalition. A Prescription Drug Task Force of stakeholders meets monthly to facilitate further collaboration beyond the walls of health care. Early indications are showing positive outcomes, including reductions in Medicaid claims paid for narcotics.

## Care Model

The CHI St. Gabriel's Health care model is a Controlled Substance Care Team consisting of a social worker, RN health navigator, pharmacist in residency and physician champion. This team works closely with providers and patients to ensure successful project implementation. The care team's goal is to deliver a high level of care that promotes wellness and safety.

**With an emphasis on face-to-face contact, open communication, and access to care team members, patients are encouraged and validated as they share their pain story.** The team helps identify needs such as mental health, housing, insurance, and transportation and makes and follows up on referrals.



*Members of the leadership team.*

## Location

Morrison County

## Care Population

The current care population consists of patients at CHI St. Gabriel's Health who are using multiple prescription opioids. The program includes all patients regardless of age or payer. Initially, the focus for year one was the senior population-age 55 and older. The care team quickly discovered that this wasn't only a problem within the elderly population and adjusted the plan accordingly to ensure program effectiveness.

## Key Partners

- Coborn's Pharmacy
- Little Falls Police Department
- Little Falls School District
- Morrison County Attorney's Office
- Morrison County Public Health
- Morrison County Sheriff's Department
- Morrison County Social Services
- South Country Health Alliance
- CHI St. Gabriel's Health (Family Medical Center) <sup>‡†</sup>
- St. Otto's Care Center
- Little Falls Stand Up 4 U Coalition

<sup>‡</sup>Lead organization  
<sup>†</sup>Health Care Home

## Success Story

Following confusion with his pain medication and the refill process, a patient in pain presented to the Family Medical Center clinic on a Friday afternoon requesting help. He was upset, and his demeanor and approach created unrest with clinic staff. Members of the Controlled Substance Care Team were notified to meet with the patient. Discussion with the patient, followed by review of his medical history, allowed the Care Team to determine a suitable plan to treat his pain. The care team facilitated an appointment with a primary care provider to manage his pain long term. The care team's social worker began assessing and meeting the patient's social needs. This **patient was not only recovering from surgery, he was homeless and living in a car with his dog.** Controlled Substance Care Team continued to ensure the quality of his care through frequent telephone calls and scheduled appointments.

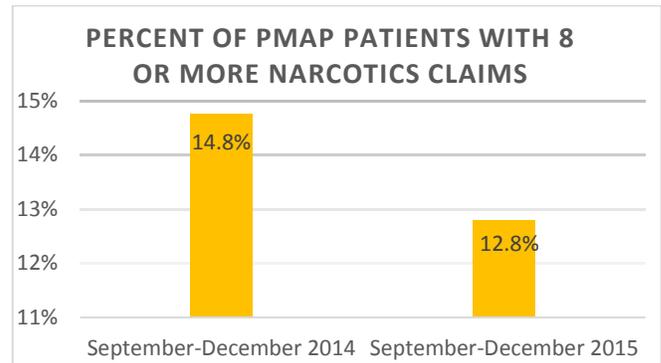
The patient experienced a full recovery from knee surgery through compliance with medication tapering and physical therapy. He qualified for a pet companion provision and moved into a suitable apartment to meet his housing needs. He has since established a renewed relationship with his adult children. He is maintaining improved self-care and continuing appropriate emotional management skills, acquired through the "whole person" approach of the Controlled Substance Care Team model.

## Measurement

The ACH uses several data sources to track utilization and monitor progress, such as controlled substance dosage units filled, emergency room diagnoses, and care coordination referrals and outcomes.

South Country Health Alliance (SCHA) provided information on utilization and costs, comparing September to December 2014 with the same time period in 2015 when the care coordination team became operational. The difference in **total Medicaid claims paid for PMAP patients with 8 or more narcotic claims during the 4-month period was \$439,674 less in 2015 after implementation of care coordination**, which was reflective of a decline in the number of patients with 8 or more narcotic claims.

As a result of this care model approach, there has also been increased informative decision-making by use of the Prescription Monitoring Program (PMP), more consistent processes for screening patients, and clinic opioid stewardship.



In 2014, the top emergency room diagnosis was therapeutic drug monitoring. This diagnosis fell below the top 20 reasons for visiting the emergency room in 2015.

## Sustainability

Collaborative relationships and partnerships established for the ACH are expanding to other areas and will continue beyond grant funding. Policy changes influenced by the grant are improving processes at CHI St. Gabriel's Health.

SCHA measures for pay-for-performance reimbursement will be based in part on the initial savings noted through the ACT Controlled Substance endeavors. Other financial sustainability options include a CHI Mission and Ministry grant as well as possible funding through federal legislation.

## Minnesota Accountable Health Model – SIM Minnesota

This project is part of a \$45 million **State Innovation Model (SIM)** cooperative agreement grant awarded to the Minnesota Departments of Health and Human Services in 2013 by the Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.

About \$5.5 million of SIM funds are dedicated to 15 **Accountable Communities for Health (ACH)** grant projects. ACHs meet the clinical and social needs of a defined population through person-centered, coordinated care across a range of providers.

ACH grantees were selected through a competitive process. Awards were for \$370,000 over a two-year period, 2015-16. Minnesota is evaluating community-led ACH models to determine if they result in improvements in quality, cost, and experience of care.