

Meeting Minutes: Opioid Epidemic Response Advisory Council (OERAC) Meeting

Date and time of meeting: 18-March-2022 from 8:30 AM to 12:30 PM

Meeting Location: Microsoft Teams meeting

Participants:

Nicole Anderson; Dave Baker, Representative – Acting Chair; Dr. Heather Bell, MD; Joe Clubb; Mary Kunesh, Senator; *Pearl Evans (representing Dana Farley)*; Sarah Grosshuesch; Alicia House; Katrina Howard; Tiffany Irvin; Erin Koegel, Representative; *Gertrude Matemba-Mutasa*; Esther Muturi; Toni Napier; Kathryn Nevins; Darin Prescott; Dr. Anne Pylkas, M; *Catherine Myers and Jolene Rebertus (DOC)*; Judge D. Korey Wahwassuck

Note: Names in italics are non-voting OERAC members.

Minnesota Management and Budget (MMB): Kristin van Amber

Minnesota Department of Human Services (DHS): Boyd Brown; Tara Holt; Sam Nord; Johanna Schels; Jessica Hultgren; Sarah Rinn

Meeting Goals

Meeting goals as found in the OERAC meeting agenda emailed to OERAC members on 14-March-2022 by Tara Holt of Behavioral Health Division:

1. Address OERAC business items
2. Receive an opioid settlement update from the Attorney General's Office
3. Receive an update from the Opioid Prescribing Improvement Programming
4. Receive federal grant funding recommendations

Ground Rules, Welcome, Meeting Goals and Agenda, OERAC Introductions

Kristin van Amber of Minnesota Management and Budget: 8:30 AM to 8:45 AM

Kristin van Amber reviews the ground rules and welcomes guests. She explains the procedure for the public comment period. She also explains the meeting goals, emphasizing the importance of the meeting, and reviews the agenda. There are two public comment periods today.

OERAC members introduce themselves.

OERAC Business Items

Tara Holt of Behavioral Health Division, Minnesota Department of Human Services: 8:45 AM to 8:55 AM

Approval of the meeting minutes

A motion is presented to approve the meeting minutes for the OERAC meeting on 18-February-2022. The motion is passed, and the meeting minutes are approved. The meeting minutes can be uploaded to the Minnesota Department of Human Services website.

Welcome speech of Alexia (“Lexi”) Reed Holtum, Opioid Response Program Director

Ms. Reed Holtum is the new Opioid Response Program Director at the Minnesota Department of Human Services (DHS). The new director acknowledges the work that the Opioid Epidemic Response Advisory Council (OERAC) and DHS have accomplished in the past two years. She expresses her sense of pride and honor, and provides an overview of the responsibilities of her new role that collaborates across DHS to develop and implement strategies and policies to effectively address Minnesota’s opioid epidemic. The role will oversee the grants and contracts that result from the federal and state opioid funding requests for proposal (RFP) process. The role interfaces between different levels of stakeholders from both the government and public spheres and presents a unique opportunity to ensure effective public policies, followed by appropriate programs, in order to fight Minnesota’s opioid epidemic with a strong response.

Ms. Reed Holtum thanks Gertrude Matemba-Mutasa, Assistant Commissioner of Community Supports Administration (CSA), Minnesota Department of Human Services, for her support that led to the creation of this new role. For any assistance, please reach out to Ms. Reed Holtum and her team at: Alexia.A.ReedHoltum@state.mn.us

OERAC Request for Proposal (RFP) contracts update

Tara Holt of the Behavioral Health Division (BHD), Minnesota Department of Human Services, provides an update on the status of the contracts that resulted from the last Request for Proposal (RFP). BHD has nine contracts that have been signed and thus executed. There are some contracts that are still being processed for signature.

Opioid Settlement Update

Assistant Attorney General Eric Maloney of the Office of Minnesota Attorney General Keith Ellison: 8:55 AM to 9:20 AM

On February 25, 2022, opioid manufacturer Johnson & Johnson and the nation’s three largest opioid distributors (Cardinal Health, McKesson, and AmerisourceBergen) gave their final approval to the \$26 billion settlement, which will bring \$303 million to Minnesota.

Minnesota will receive its full share once the Legislature passes legislation necessary to implement the statewide agreement. This legislation has been introduced and is proceeding through the Legislature. There is also a working group that is finishing an addendum to the statewide memorandum of agreement that will impose reporting requirements on cities and counties that receive direct funding from the settlements. The Minnesota Department of Human Services is working on related language in the governor’s budget that will implement the reporting requirements.

In other cases, the bankruptcy court in the Purdue Pharma case approved a new settlement last week, which includes another \$1 billion in payments from the Sackler family. Part of this deal included a victim impact hearing that the Sackler family was required to attend. The Mallinckrodt bankruptcy is proceeding as well; the bankruptcy plan has been approved and will go into effect once a parallel proceeding in Ireland wraps up.

The full update and press release can be found here:

https://www.ag.state.mn.us/Office/Communications/2022/02/25_OpioidSettlement.asp

Public Comment

Public Comment from 9:20 AM to 10:00 AM

Summary: OERAC needs to be aware that there is a lack of awareness in the community about fentanyl and the danger of it. The suggestion is to develop another statewide awareness campaign.

Note: Fentanyl is a synthetic opioid that is 80 to 100 times stronger than morphine. Pharmaceutical fentanyl was developed for managing pain, especially in cancer patients. Fentanyl has powerful opioid properties, and this is why the drug is being misused and abused. For example, it is added to heroin. This has caused many deadly overdoses in the state.

Opioid Prescribing Improvement Program

Jessica Hultgren and Sarah Rinn of the Minnesota Department of Human Services from 10:00 AM to 10:30 AM

Content under the heading, Opioid Prescribing Improvement Program, has been reviewed and revised by Jessica Hultgren on 04-April-2022.

The Opioid Prescribing Improvement Program (OPIP) was authorized during the 2015 legislative session and addresses inappropriate opioid prescribing behavior among Minnesota health care providers. The Opioid Prescribing Work Group (OPWG) is the advisory body of experts for OPIP.

The goals of OPIP are:

- Prevent the progression from opioid use for acute pain to opioid use for chronic pain.
- Reduce the variation in opioid prescribing.
- Clarify best practices for opioid prescribing in all phases of pain management (by a provider).

Current status of variation in opioid prescribing:

Variation in opioid prescribing has been reduced across all specialty areas. One particular effort was led by ICSI's MN Health Collaborative, which was a state-wide initiative to reduce variation in post-operative prescribing. Some results include:

- A state-wide decrease of 43% from 2016 to 2019 in the average opioid dose after discharge from surgery.
- Significant decrease in MME prescribed for orthopedics (-45%), podiatry (-33%) and spine (-52%) surgeries during a four-month cohort effort.
- Patient experiences were improved by reducing pain and adverse effects of medication.

The ICSI Postoperative Opioid Prescribing Improvement Guide is available online.

Note: U.S. County opioid prescribing rates from 2016 to 2020 can be found here: Centers for Disease Control and Prevention. U.S. Prescribing Rate Maps at: <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

The Opioid Prescribing Work Group (OPWG) is also responsible for:

- Dissemination of the Opioid prescribing reports from DHS: <https://mn.gov/dhs/opip/reports>
- Managing a quality improvement project for opioid prescribers who exceed prescribing thresholds
- Defining clinical behaviors that may warrant investigations for extremely unsafe patient care
- Working with providers and their patients who are impacted by chronic pain and who continue to use opioids for pain management.

The Opioid prescribing reports from DHS and the reports from the Prescription Drug Monitoring Program (PMP) are different reports. OPIP reports only include outpatient prescriptions for opioids, only look at prescriptions written for MCHP enrollees, and exclude opioids for patients in hospice or who have been diagnosed with cancer in the last year.

In 2021, OPIP launched the quality improvement component of the project. As part of the project, DHS reached out to providers/ opioid prescribers. Approx. 250 clinicians in 80 health systems/ clinics participated. Approx. 30 providers/ opioid prescribers were able to demonstrate that their practice required opioid prescribing outside of the guidelines. (After a review by a panel of experts, these providers/ opioid prescribers were dismissed from the quality improvement project.) The quality improvement expectations for 2021 were modest because of COVID-19 stressors.

The prescribing data in the reports are used to identify providers who may need help with any of the following practice improvements:

- Using data to understand opioid prescribing patterns
- Obtaining knowledge of community standards for opioid prescribing
- Improving patient safety and person-centered care, including barriers that need to be changed
- Connecting to existing resources and educational opportunities

Learnings from the quality improvement project, following one year:

- It is essential to engage support staff as soon as possible.
- Clinicians may not be aware of community standards; laws, insurance policies, and clinical guidance confuse them.
- Clinicians may have limited access to information and tools needed to support meaningful quality improvement work.

Nuances at the specialty care level and practice site significantly impact ability to modify opioid prescribing; nuances refers to: long-term care settings and transitional care units; surgical practice considerations; consolidation of chronic pain patients at pain clinics.

For 2022, DHS has the following goals:

- Publish the next report in April 2022.
- Help opioid prescribers identify opportunities for change that can lead to improvements.
- Shift the emphasis away from opioid dosing levels to providing evidence-based, patient-centered care.

- Support best practices for identifying patients who start taking opioids for chronic pain management.
- Support opioid prescribers who inherit large numbers of patients with chronic pain.
- Help providers/ opioid prescribers manage chronic pain like other chronic conditions.

MN continues to support a safer opioid prescribing culture (*slide 19*)

- DHS updated taper guidance to uphold safe, patient-centered opioid tapers that emphasize shared decision making
- MHA opioid stewardship road maps for health systems
- ICSI, with DHS support, developed a report on chronic pain and long-term opioid medication
 - Develop a better understanding of the challenges faced by both patients and their prescribers
 - Identify areas where health systems need to rethink and redesign our approach to providing safe and effective care for people with chronic pain and on opioid therapy

Understanding is key to the patient-provider relationship (*slide 20*)

1. Patients feel stigmatized and isolated, and providers feel unsupported
2. Patients desire personalized, whole-person care, and providers desire sufficient time to provide whole-person care
3. Patients fear loss of pain control, and providers fear punitive actions
4. Patients worry about being mistrusted, and providers worry about being lied to
5. Patients feel abandoned during transitions of care, and providers feel ‘dumped on’ by colleagues who won’t treat chronic pain
6. Patients feel hopeless about their pain management, and providers worry about having nothing to offer

Please refer to the PowerPoint presentation: *Opioid Epidemic Response Advisory Council, March 18, 2022* Author: Tara Holt of Behavioral Health Division

For a copy of the presentation, please write to: Tara.Holt@state.mn.us

Jessica Hultgren and Sarah Rinn provide the following charts:

Slide 7 – Where we started and where we are now: Variations within specialties is reduced

Slide 9 – U.S. county prescribing rates, 2016 and 2020

Slide 12 – Medicaid Opioid Prescribing Report 2020

Slide 17 – Duration of COAT episodes among MHCP enrollees (2017 – 2020)

Slide 18 – Cohort study of the impact of high-dose opioid analgesics on overdose mortality. Dasgupta et al. Pain Medicine January 2016

Break

10:30 AM to 10:45 AM

OERAC RFP Approval Timeline

Tara Holt of Behavioral Health Division, Minnesota Department of Human Services: 10:45AM to 12:00 AM

Tara Holt presents the updated timeline for the OERAC request for approval (RFP) process, following the federal grant-funding award.

04/11/2022	RFP is published
05/06/2022	RFP submission deadline (for applicants to the RFP)
05/23/2022 to 05/27/2022	Submitted RFPs are reviewed by the review panel and selected
05/30/2022	Meeting to review the selected RFPs
06/03/2022	Final funding recommendations by BHD (for reviewed and selected RFPs)
06/03/2022 to 07/01/2022	Contract negotiations and executions

Tara Holt shares the “scope of work” with OERAC members. For example, competitive applications should demonstrate clear immediate needs, as well as the ability to deliver long-term, broad impact, sustainability, and scalability of the proposed services. Proposals received requesting funding above what is available in each category will be disqualified.

Primary Prevention for Opioid Use Disorder (up to \$1,000,000)

This category targets projects that can provide evidence-based models of prevention for opioid use disorder (OUD) and overdose. Projects that will be considered for funding include but are not limited to;

- a. Targeting children and families at the highest risk, including families who have a caregiver in treatment, recovery, or actively using substances.
- b. Developing culturally informed and inclusive prevention models that address health inequities for specific communities of color, and identify routes to successful sustainability.
- c. Development of programming that help children and adolescents developing effective ways of responding to stresses of life without using drugs including social/emotional learning programming, evidence based interventions or supports that may be based in schools, homes, or communities.
- d. Community wide awareness campaigns regarding opioid use disorder, fentanyl, and stigma for overly impacted communities including Native American, Somali and LGBTQ communities. Fentanyl Awareness, up to \$250,000 of the funding will be awarded for the fentanyl awareness.

Workforce Development and Training on the Treatment of Opioid Addiction (up to \$1,400,000)

This category targets the expansion and enhancement of treatment services, regarding access to Medications for Opioid Use Disorder (MOUD) with the goal of expanding availability of MOUD providers throughout the state and for targeted communities. Projects that will be considered for funding include but are not limited to:

- a. Training and boot camps on the use of all Food and Drug Administration (FDA) approved opioid addiction medications;
- b. Extension for Community Healthcare Outcomes (project ECHO). Project ECHO is a collaborative model of medical education and care management that helps clinicians provide expert-level care to patients wherever they live. Using video-conferencing technology to train, advise, and support

primary care providers, Project ECHO increases access to specialty treatment in rural and underserved areas for a variety of conditions. Project ECHO- programs will be considered for the following high need communities:

- a. African American, with an East African focus at least bimonthly
 - b. Multimodal Treatment of Chronic Pain
 - c. Medication for OUD for justice involved adults
- c. Focusing on a wide range of professionals who encounter individuals with OUD as part of their work; including, but not limited to, licensed alcohol and drug counselors (LADC), certified peer recovery specialists, licensed mental health professionals, and people working in corrections, education and human services. For the purposes of this RFP, this definition is to be interpreted as broadly as possible. Projects that will be considered for funding include but are not limited to;
- a. Development of resiliency programs for the current workforce
 - b. Expansion of the current workforce
 - c. Funding for addiction fellows, peer recovery specialist and BIPOC fellowships for LADC's.

Expansion and Enhancement of a Continuum of Care for Opioid-related Substance Use Disorders Category (up to \$2,800,000)

MOUD combines behavioral therapy and medications to treat substance use disorders, including OUD. The federal approved medications for OUD include Methadone, Buprenorphine and Naltrexone. Projects that will be considered for funding include but are not limited to:

- e. MOUD-related service not reimbursable through Medicaid, the Minnesota Consolidated Treatment fund or other private insurance. Including medication and lab costs for uninsured and underinsured patients.
- f. Coordinating services and creating linkage systems necessary for patients to achieve and sustain recovery within and between organizations.
- g. Creating linkage to care through EMS and emergency departments for clients treated for nonfatal overdoses and for clients being discharged from institutions such as correctional settings, health care settings and substance use disorder treatment facilities.
- h. Telehealth innovations.
- i. Expanding recovery supports including housing for transitional care.
- j. Expanding mental health care and screening.
- k. Projects that will focus on removing barriers and improving access to MOUD to underserved populations. These services must align with the National culturally and linguistically appropriate services (CLAS) standards including, but not limited to:
 - East African Communities - up to \$1,000,000 of the funding will be awarded for this category)
 - Pregnant and parenting women - up to \$500,000 of the funding will be awarded for this category)
 - Treatment of Neonatal Opioid Withdrawal Syndrome - up to \$500,000 of the funding will be awarded for this category
 - Native American and tribal communities
 - Children and adolescents
 - LGBTQ community

- Veterans

Innovative Category (up to \$500,000)

Proposed innovative solutions should be evidence-based practices from the Substance Abuse and Mental Health Services Administration (<https://www.samhsa.gov/ebp-resource-center/about>) that contribute to long-lasting improvements in patient care and other aspects of the opioid crisis that do not apply to the categories listed above.

Public Comment

Public comment from 12:00 PM to 12:20 PM

Next Steps

The next OERAC meeting is on 22-April-2022 from 8:30 AM to 11:30 AM.

Adjourn

The OERAC meeting adjourns at 12:30 PM.