

THE MONTH'S TOP STORIES

SURVEY SHOWS FEW OPIOID USERS AWARE OF POTENTIAL FOR ADDICTION

A survey from pharmacy benefit manager Prime Therapeutics has shown that few people safely dispose of unused prescription medications and most who received opioid prescriptions weren't told about the potential for addiction.

Overall, 87 percent of the 1,014 survey respondents over the age of 18 across the U.S. said they view addiction to prescription painkillers as a serious problem, and 72 percent view it as very serious. In addition, half said they are concerned about becoming addicted to opioids if they were to receive a prescription and 28 percent said they are very concerned.

"As organizations come together to solve this crisis, there is opportunity to maximize tools available today and fully inform patients of the risks of controlled substances while providing access to overdose and addiction resources if needed," said Jonathan Gavras, MD, chief medical officer at Prime Therapeutics. "The opioid crisis is claiming thousands of lives a year and everyone needs to do more to help ensure safe pain management and prevent abuse and misuse. Our survey finds that perhaps there's room for more solutions and greater diligence to help educate patients about opioids."

The results also showed that 44 percent of respondents see physicians as those best equipped to solve the opioid crisis and just 9 percent believe the government can solve it. Only 17 percent had spoken with a medical professional about safe disposal of unused medication. Nearly 25 percent of people who have taken opioids keep unused prescriptions instead of disposing of them, and only 27 percent of those who dispose of old medications use a take back program to dispose of them.

In addition, while more than half (51 percent) reported having taken opioids in the past, only 25 percent of opioid users had spoken with a medical professional about the potential for addiction. Only 11 percent had a conversation with their doctor about what to do in the event of an overdose.

TWO QUALIFYING CONDITIONS ADDED FOR MINNESOTA'S MEDICAL CANNABIS PROGRAM

Autism spectrum disorders and obstructive sleep apnea have been added as qualifying conditions for the state's medical cannabis program.

"Any policy decisions about cannabis are difficult due to the relative lack of published scientific evidence," said Ed Ehlinger, MD, former Minnesota commissioner of health. "However, there is increasing evidence for potential benefits of medical cannabis for

IN BRIEF

VIRTUAL REALITY IMPROVES WELL-BEING FOR SENIORS

A recent study from Ebenezer, the senior services arm of Fairview Health Services, has shown that virtual reality technology helps seniors reduce stress and improve their well-being.

The study engaged patients in seven to 11 minutes of virtual reality content twice a week for four weeks. These experiences included scenes of nature, travel, and entertainment performances.

Participants completed an assessment measuring their well-being before and after the virtual reality sessions—100 percent reported that they enjoyed the experience; 96 percent felt a greater sense of happiness; 97 percent reported feeling more relaxed; and 98 percent reported feeling more positive. In addition, 94 percent reported feeling less worried after the experience.

Ebenezer is now working to incorporate virtual reality technology into its Life Long Learning program, a collection of coordinated arts and education programs designed to foster growth and creativity for seniors.

MINNESOTA HEALTH COMMISSIONER RESIGNS

Ed Ehlinger, MD, has resigned from his position as commissioner of health at the Minnesota Department of Health (MDH), effective Dec. 19.

49TH
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those with severe autism and obstructive sleep apnea.”

The Minnesota Department of Health (MDH) conducted a formal petition to get public input on potential qualifying conditions to add. A total of 10 conditions were put forward this year after a process of public comments, a citizens' review panel, and a set of research summaries for each condition were prepared by MDH staff. These included anxiety disorders, autism, corticobasal degeneration, dementia, endogenous cannabinoid deficiency syndrome, liver disease, nausea, obstructive sleep apnea, Parkinson's disease, and peripheral neuropathy. There were also petitions to add cannabis delivery methods including infused edibles and vaporizing or smoking cannabis flowers, however those requests were not approved.

MDH's research brief showed a growing body of research indicating that the human body's endocannabinoid system may play a role in autism symptoms. The review panel noted the lack of effective drug treatments available, the potentially severe side effects of current drug treatments, and anecdotal evidence of Minnesota children with autism already receiving benefits from medical cannabis taken for other qualifying conditions. Patients who get certified for the program because of autism must meet the DSM-5 for autism.

The review panel and MDH's research brief also identified some scientific evidence of effectiveness of cannabis treatments for obstructive sleep apnea. Patients certified for the program because of this must meet published diagnostic criteria for the conditions including interpretation of a formal sleep study. The additions will bring the number of qualifying conditions to 13. Patients who will be eligible for the medical cannabis program with the addition of these conditions will be able to enroll on July 1, 2018 and begin receiving cannabis from the state's two medical cannabis manufacturers beginning Aug. 1.

CARE TEAMS FOR KIDNEY DISEASE IMPROVE CARE, REDUCE COSTS

A Park Nicollet program to improve care for patients with end-stage kidney disease decreased costs associated with the disease by \$1.2 million last year. The cost for care for this disease accounts for 7 percent of Medicare spending, according to the National Institute of Diabetes and Digestive and Kidney Diseases.

The program uses a designated care team to support these patients, who need a kidney transplant or dialysis multiple times each week to survive. The team includes a nurse care consultant, a nurse care coordinator, and a medication therapy management pharmacist. The team also works with a kidney specialist. Patients who received these services experienced 50 percent fewer emergency department visits and 69 percent fewer hospital admissions within six months.

In addition, many patients with end-stage kidney disease take an average of 17 medications per day. The medication therapy management pharmacists identified an average of three problems per patient, the most common being that a drug was not

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Ehlinger served at MDH since January 2011. His resignation comes after reports over the state's mishandling of allegations of criminal abuse in senior care facilities. Deputy Commissioner Dan Pollock will serve as acting Commissioner until Gov. Mark Dayton appoints a permanent replacement. Pollock, an attorney, has served in his role since 2014 and previously served in the legislative and executive branches of the state government.

During his tenure at MDH, Ehlinger, a pediatrician and internal medicine physician, helped lead efforts to reduce tobacco use, improve community-based health programs through the Statewide Health Improvement Program, improve health equity, and expand access to health care services. He also led the state through outbreaks of measles and avian influenza and led the response to the threat of Ebola.

Earlier this fall, Dayton authorized the Minnesota Department of Human Services (DHS) to assist MDH in improving the management of its investigations of elder neglect and abuse. MDH will also hire additional investigators and is working to implement a new electronic records management system for the Office of Health Facility Complaints, which should be complete in January.

“We will do everything possible to ensure our parents, grandparents, and vulnerable loved ones get the excellent care they need, the safety they expect, and the justice they deserve,” said Pollock. “The hard-working women and men at the Health Department have



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working as expected; a drug had unsafe interactions with other medications; and a different drug was needed. Visits with these practitioners also increased patient satisfaction and reduced costs by 35 percent.

Park Nicollet is currently expanding the program to other patients, including those with chronic kidney disease and chronic obstructive pulmonary disease.

MINNESOTA DIABETES HOSPITALIZATION RATES DECLINE

Rates of diabetes hospitalizations declined by 22 percent between 2006 and 2014, from 175 to 135 per 10,000 Minnesota adults, according to a new report from the Minnesota Department of Health. During this period, Minnesota also experienced a small increase in the rate of diabetes, to about 7 percent.

“This research suggests that Minnesota had a meaningful impact on an important medical outcome as a result of combined efforts to improve care and to prevent chronic disease,” said Ed Ehlinger, MD, former Minnesota commissioner of health. “All the same, to reduce type 2 diabetes we must take a broad approach that also addresses poverty, educational achievement, food availability, transportation, and health care coverage.”

Hospitalizations for type 1 and type 2 diabetes were grouped into two categories—those due to extremely high and low blood sugar over the short-term and those due to the long-term effects of poorly controlled blood sugars. The report showed that hospitalizations in the first category stayed steady but that there were fewer trips to the hospital related to long-term effects of repeatedly high blood sugars, which can include eye, kidney, and cardiovascular disease.

The report also showed that counties that have higher percentages of people with low income and less education tended to have higher rates of diabetes-related hospitalizations. Counties with limited access to primary care and those with lower scores on diabetes care measures in the Minnesota Statewide Quality Reporting and Measurement System also tended to have higher rates of hospitalizations.

The improvements happened after 2008, when efforts and reforms were implemented in Minnesota to address rising health care costs related to chronic diseases, including Health Care Homes that focus on improving care and disease management in primary care; the statewide quality improvement system that measures diabetes care and outcomes; and the Statewide Health Improvement Partnership that works to reduce diabetes risk factors such as obesity and smoking.

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devoted their careers to improving the health and safety of Minnesotans. I look forward to working with them to deliver even better care for all of us.”

HEALTHPARTNERS JOINS HEALTH EQUITY EFFORT

HealthPartners has joined a national effort called Pursuing Equity, a two-year initiative led by the Institute for Health Improvement that aims to reduce inequities in health and health care access, treatment, and outcomes by implementing comprehensive strategies to create and sustain equitable health systems.

The initiative, launched in April 2017, hopes to break new ground by explicitly addressing institutional racism and identifying ways health care organizations can impact equity in areas like employee wellness and social determinants of health, in addition to reducing clinical disparities at the point of care. The ultimate goal of the initiative is to create a blueprint for organizations across the country to follow to ensure everyone has access to quality health care despite their social circumstances.

There are eight other participating organizations around the U.S. Each will build on foundational work in their health systems, including programs to reduce clinical disparities, the ability to track equity in process and outcomes data, and a high level of quality improvement knowledge and capability.

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