

**CASE STUDY****MANAGING THE OPIOID EPIDEMIC:  
FAIRVIEW HEALTH SERVICES**

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**INTRODUCTION****THE OPIOID EPIDEMIC**

In 2016, the number of opioid prescriptions dispensed in the United States exceeded 214 million, or 66.<sup>5</sup> prescriptions for every 100 people.<sup>1</sup> This large number of opioid prescriptions nationally has led to widespread misuse and addiction throughout the country. In 2016, 11.5 million people misused prescription opioids, 2.1 million people had an opioid abuse disorder, and over 42,000 people died from overdosing on opioids.<sup>2</sup> These trends have also resulted in a national economic impact of \$504 billion.<sup>2</sup>

Healthcare providers are heavily impacted by the opioid crisis, as the number of patients with opioid abuse disorders or overdoses has increased. From July 2016 to September 2017, emergency department (ED) visits increased 30% for suspected opioid overdoses in the US.<sup>3</sup> As providers work to manage this crisis and treat the rising number of opioid abuse patients, many health systems are implementing new guidelines for opioid prescription practices and treatment options.

Health systems across the country are prioritizing this issue, with 81% having addressed the opioid epidemic in their current strategic priorities and almost all (94%) implementing a system-wide opioid program to address the epidemic.<sup>4</sup> Common strategies among health systems include health care professional education, multi-modal pain management, and/or patient education. Reflective of these efforts, 75% of health systems are prepared to offer patients an opioid-free or opioid-reduced approach to pain management.<sup>4</sup>

As communities and healthcare organizations work to manage this crisis, the opioid epidemic has become a central focus of the national conversation. The severity and ubiquity of this issue resulted in the U.S. Department of Health & Human Services declaring the opioid crisis as a public health emergency in October 2017.<sup>5</sup>

**KEY FINDINGS**

- An effective change made by Fairview to reduce opioid prescriptions was the development and implementation of new guidelines limiting opioid prescriptions.
  - » Guidelines were customized by service line, and commonly included restrictions on first time prescriptions, quantity limits, as well as dosage limitations for opioids.
- Additionally, guidelines promoted the utilization of non-opioid alternative analgesics, a multimodal approach, as well as regional anesthesia to reduce opioid usage for pain management, particularly for inpatient services.
  - » The new techniques resulted in clinical benefits including reduced length of stay, financial benefits including hospital cost savings due to reduced drug utilization, as well as increased patient satisfaction.
- A key component of Fairview's success in developing and implementing new opioid prescription guidelines and protocols for their clinicians was the use of multidisciplinary teams to develop the framework and provide input on any changes.
  - » Recognizing that many clinical areas would be impacted by these new guidelines, leaders at Fairview involved many stakeholders in the discussion, including physicians, nursing, pharmacy, and IT, as well as administrative and clinical leadership.

## MANAGING THE OPIOID CRISIS AT FAIRVIEW HEALTH SERVICES

### FAIRVIEW HEALTH SERVICES

Headquartered in Minneapolis, Minnesota, Fairview Health Services is one of the largest integrated delivery networks in the United States with \$5.3 billion in revenue in 2017.<sup>6</sup> Comprised of 12 hospitals and medical centers, more than 100 primary care and specialty clinics, and over 40 retail and specialty pharmacies, Fairview reaches thousands of patients and provides millions of services annually.<sup>7</sup> With over 2,400 affiliated physicians and 32,000 employees, Fairview is also one of the largest employers in the state of Minnesota.<sup>8</sup> Fairview Health Services is highly focused on providing high quality patient care, and its strong partnership with the University of Minnesota supports Fairview's focus on medical research and innovation to provide the best care possible.<sup>7</sup>

Impacted by the opioid epidemic, Fairview developed and implemented new prescribing guidelines for opioids, as well as protocols for using non-opioid alternative analgesics and regional anesthesia for certain patients.

### STATEWIDE EFFORTS TO REDUCE OPIOID ABUSE

Opioid abuse in Minnesota mirrors national trends, with opioid-involved deaths, overdoses, and ED visits steadily increasing over the last decade.<sup>9</sup> In 2016, the most recently available data, there were 395 opioid deaths and 2,074 nonfatal hospital-treated opioid overdoses in Minnesota. The severity of this issue throughout the state and across the country prompted provider organizations in Minnesota, including Fairview, to work together through the MN Health Collaborative to address opioid abuse and addiction.<sup>10</sup>

The MN Health Collaborative operates as part of the Institute for Clinical Systems Improvement (ICSI), a network of providers in the state of Minnesota who come together to address critical health issues within the state.<sup>11</sup> Recognizing that opioid abuse is a community problem that needs to be solved with a community-wide approach, leaders at Fairview participated in the MN Health Collaborative to develop guidelines and recommendations for managing and reducing opioid abuse in Minnesota.

In June 2018, the MN Health Collaborative announced efforts to build off of the State of Minnesota's Department of Human Services' (DHS) prescribing guidelines and develop new opioid prescription standards for post-operative pain management and treatment.<sup>12</sup> These new benchmarks are being developed using expertise from member healthcare systems, peer-reviewed clinical literature, and community health data with a goal of creating more rigorous prescription standards for post-operative patients based on the pain management needs specific to their procedure to prevent the overprescribing of opioids. Once finalized, the best practices and benchmarks will be released to the healthcare community. Fairview's deep involvement with the MN Health Collaborative allowed key stakeholders at Fairview to play an important role in developing these statewide recommendations.

**All of the systems in the area were seeing problems. We wanted to implement guidelines across the community and have a level of coordination across health systems to ensure patients can't find one system that's much more generous – that wouldn't solve the problem.”**

*- Kyle Skiermont, PharmD, COO at Fairview Pharmacy Services*

Subsequently, Fairview has developed a centralized steering committee to lead the implementation of prescribing guidelines across the health system. The steering committee works to operationalize the MN Health Collaborative guidelines at Fairview, and is led by a triad of clinician leaders with experience in pain management, and also includes a communications liaison, data analysts, a Lean performance improvement consultant, an advanced practice nurse provider, and a project manager. Leaders at Fairview were able to customize these guidelines to the needs of their organization to allow for successful implementation within each service line at the health system.

### IMPLEMENTING NEW GUIDELINES AT FAIRVIEW HEALTH SERVICES

Leaders at Fairview have developed a variety of guidelines, protocols, and recommendations for opioid prescribing across the health system, based on recommendations by the Centers for Disease Control and Prevention (CDC) and those developed by the MN Health Collaborative (Figure 1). Recognizing that different treatments will require differential pain management strategies, guidelines were customized by service line and commonly included restrictions on first time prescriptions, quantity limits, as well as dosage limitations for opioids. It was important to leaders at Fairview to adopt a service line approach in

developing the standardized prescription guidelines, which would ensure customization to the varying severity of ailments. For example, primary care was an area that implemented more rigorous prescribing quantity and dosage limitations, while service lines such as oncology allowed more flexibility for the prescribing physicians due to the complexity and severity of the illness.

**“One of the most effective changes we made was putting limits on first-time prescriptions and quantity limits across the primary care network. Where appropriate, we have asked providers to try alternatives to opioids first, but if we do move to opioids then there are quantity and dose limitations.”**

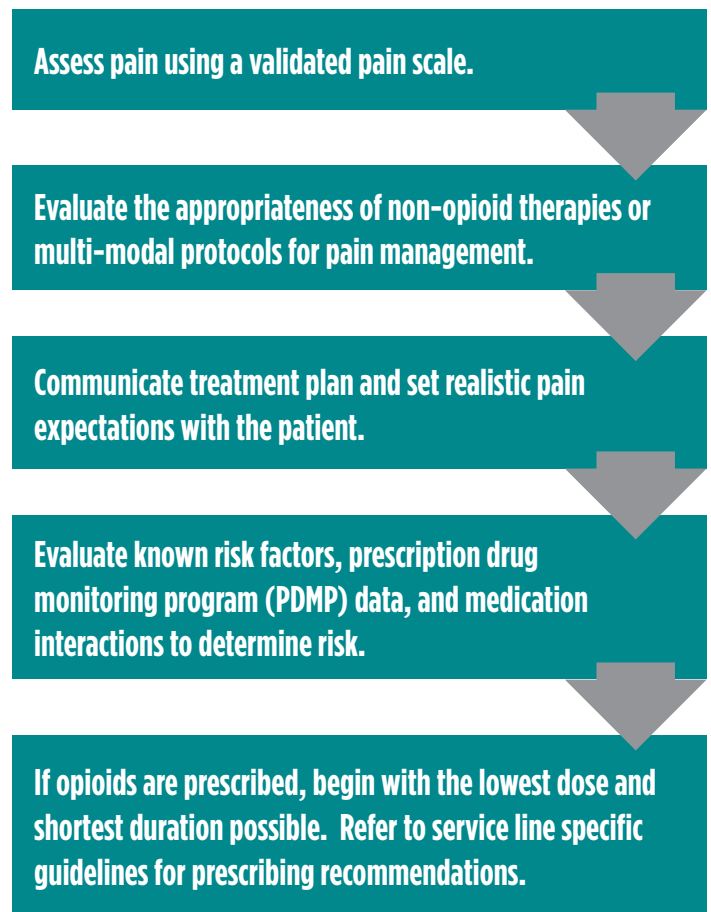
- Kyle Skiermont, PharmD, COO at Fairview Pharmacy Services

Leaders at the University of Minnesota Medical Center, an academic medical center owned and operated by Fairview, have been highly focused on rethinking pain management. As a result, a new pain management service was established in 2012, which has now spread across the U of M network. Primarily focused on inpatient pain management, the pain service instituted best practices from various entities across the organization intended to reduce opioid prescriptions. The new guidelines developed under the pain service promoted the utilization of non-opioid alternative analgesics (e.g., ketamine, ibuprofen), a multimodal approach, and regional anesthesia to reduce opioid use for pain management. These new techniques resulted in quality and efficiency improvements such as reduced length of stay, cost savings due to reduced drug utilization, and increased patient satisfaction.

Across the different initiatives, a key strategy enabling Fairview’s success in developing and implementing new opioid prescription guidelines and protocols for their clinicians was the use of multidisciplinary teams to develop the framework and provide input on any changes. Recognizing that many clinical areas would be impacted by these new guidelines, Fairview leaders involved many stakeholders in the discussion, including physician, nursing, pharmacy, IT, administrative and other clinical leadership. Involving clinicians in the development and implementation of the guidelines facilitated strong buy-in and ensured that the process changes were customized in a manner that was appropriate for each provider group and patient population.

Additionally, a key lesson learned through the implementation of opioid prescribing guidelines was the importance of physician education and resetting patient expectations for the level of pain that should be anticipated after treatment. Changing physician practices is undoubtedly challenging, but leveraging physician champions to lead the process, emphasizing provider education around the risks associated with opioids, and using data to support the changes and automated processes such as e-prescribing can facilitate a smoother transition.

**FIGURE 1. OPIOID PRESCRIBING GUIDELINES**



Note: Fairview developed guidelines for prescribing opioids based on guidelines recommended by the Centers for Disease Control and Prevention (CDC).<sup>13</sup> Fairview customized these guidelines by service line to reflect the needs of their physicians and patients.

**“One of the things we realized is this problem is broader than just a pharmacy issue or just a physician issue – it’s a broad swath of disciplines that are involved. We think of who is going to be affected and make sure they have a voice in the process.”**

- Kyle Skiermont, PharmD, COO at Fairview Pharmacy Services

**“This has been ad hoc, with various efforts ongoing, and is now being pulled together into a systemwide approach.”**

- Mark Welton, MD, Chief Medical Officer, Fairview Health Services

## **PAIN MANAGEMENT AT A SYSTEM-LEVEL**

Development and implementation of new opioid prescribing guidelines had previously been more of a grassroots effort among the different hospitals and service lines across Fairview Health Services, commonly championed by front-line clinician leaders, rather than a system-wide decision-makers. As these new guidelines are implemented throughout the health system, leaders within the Fairview system are recognizing the success of these initiatives and looking to promote more widespread adoption of standardized best practices across the health system.

Fairview is implementing a new organizational structure in which the health system will transition from a holding company model to an operating company model, which requires prioritizing the integration and standardization of best practices across the increasingly unified and coordinated health system. As part of the restructuring, Fairview has prioritized the development of a comprehensive opioid management strategy.

**“We have historically been a holding company. The hospitals were addressing problems on their own – we didn’t have a systemic approach to various challenges. We are committed to being an integrated health system and one of the advantages is we can tap successful innovations at one institution and spread them across the system.”**

- Mark Welton, MD, Chief Medical Officer, Fairview Health Services

With an increasing focus on opioid reduction and developing a corporate-level pain management strategy, guidelines will increasingly be adopted across Fairview through the system’s Quality Committee. Additionally, as part of the organizational restructuring Fairview hopes to develop a multidisciplinary pain service that will have ownership of this issue for the entire system, although this service is still in development. Fairview is currently in the process of building the infrastructure required to implement the pain service, including standardized order sets, the capacity in rehab and physical therapy to handle increased volumes, and the IT requirements needed to share and track data and quality metrics.

Fairview has attributed initial success to the various guidelines implemented in select clinical areas. Success has been primarily defined as a reduction in opioid prescribing rates across the primary care network as well as the ED. Moving forward, leaders at Fairview aim to track the long-term impacts of these initiatives at the community level and expect to observe a decrease in opioid addiction, abuse and overdoses across all patient populations.

**“We are continuing to talk about strategies for opioid management at multiple levels, including the highest levels of leadership. We want to look across the broader organization and be mindful of how this works across the entire system with thousands of providers, as well as the broader community.”**

- Kyle Skiermont, PharmD, COO at Fairview Pharmacy Services

### **INFORMED PRACTICES FOR ESTABLISHING AN EFFECTIVE OPIOID MANAGEMENT STRATEGY**

- 1.** Prioritizing opioid reduction at the C-suite leadership level through initiatives led by a centralized, corporate-level entity (e.g., Quality Committee, System Pain Service) can more effectively scale and optimize the initial success of individual, front-line initiatives previously piloted across the health system.
- 2.** Creating standardized prescribing guidelines that incorporate statewide and national recommendations, but still allow for clinical nuance promotes care coordination and improved patient outcomes across services lines and patient populations.
- 3.** Leveraging multidisciplinary stakeholders, both clinical and non-clinical, across all levels of the organization fosters both increased buy-in and more widespread adoption of new practices.

## METHODOLOGY

In November 2017, The Health Management Academy conducted a quantitative survey of Leading Health Systems regarding strategies implemented to address the opioid epidemic. Twenty-one Chief Medical Officers (CMOs), Chief Operating Officers (COOs), Medical Group Leaders, and Clinical Executives responded. Building off the quantitative survey, The Academy conducted in-depth qualitative interviews highlighting health systems' efforts to reduce opioid prescriptions.

In Spring 2018, The Academy conducted in-depth telephone interviews with three executives at Fairview Health Services around the health system's strategy to manage the opioid crisis, as well as the initiatives implemented and outcomes thus far. The Academy thanks the following individuals for their participation in this project:

- Mark Welton, MD, Chief Medical Officer, Fairview Health & Services
- Kyle Skiermont, PharmD, Chief Operating Officer at Fairview Pharmacy Services
- Jacob Hutchins, MD, Director of Acute Pain and Regional Anesthesia, University of Minnesota Medical Center
- John Pastor, PharmD, System Director, Acute Care Pharmacy Services, Fairview Health Services
- Katie Nixdorf, MD, Medical Dyad Lead for Pain Management, Fairview Health Services

Disclosure: Jacob Hutchins is a consultant and speaker with Pacira Pharmaceuticals. None of the interviewees derived any personal profit or gain through participation in this case study.

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## **THE HEALTH MANAGEMENT ACADEMY, “THE ACADEMY”**

The Health Management Academy (The Academy) is a membership organization exclusively for executives from the country’s Top-100 Health Systems and most innovative healthcare companies. The Academy’s learning model identifies top priorities of health system leaders; develops rich content based on those priorities; and addresses them by convening members to exchange ideas, best practices, and information. The Academy is the definitive trusted source for peer-to-peer learning in healthcare delivery with a material record of research and policy analysis. Offerings include C-suite executive peer forums, issues-based collaboratives, leadership development programs, research, advisory, and media services. The Academy is an accredited CE provider. More information is available at [www.academy.net](http://www.academy.net).

## **PACIRA PHARMACEUTICALS**

Pacira Pharmaceuticals, Inc. (NASDAQ:PCRX) is a specialty pharmaceutical company dedicated to advancing and improving postsurgical outcomes for acute care practitioners and their patients. The company’s flagship product, EXPAREL® (bupivacaine liposome injectable suspension) was commercially launched in the United States in April 2012. EXPAREL utilizes DepoFoam®, a unique and proprietary product delivery technology that encapsulates drugs without altering their molecular structure, and releases them over a desired period of time. To learn more about Pacira, including the corporate mission to reduce overreliance on opioids, visit [www.pacira.com](http://www.pacira.com).

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