Katie Johnson: Good morning and welcome to Apple a Day. It's Lake Region Healthcare's health and wellness program where we feature news and information you can use to live a healthier life. I'm Katie Johnson, your host. My guests today are Dr. Bruce Money and Kay Tommerdahl. They are both working on the Controlled Substance Care team and our Opioid Abuse Community Prevention project and here to talk a little bit more about that with us this morning. Thank you both for joining me. Before we dive into this, I think, Dr. Money, you could provide us maybe history, some background on just the general topic of pain and how that has led us to this position where we need an Opioid Abuse Community Prevention project.

Dr. Bruce Money: Thanks Katie. I bring a unique perspective into this primarily because for about 30 years I've been involved in palliative care and hospice. Our main goal is to keep people comfortable, so we use a lot of narcotics and a lot of different methods to help alleviate suffering and pain. So I bring that perspective into this whole picture of where we're at now as a nation.

As you know the opioid epidemic in our nation is catastrophic. It's taken usually young lives, people who had their whole life in front of them, and people just are devastated from this and basically it ruins their lives. It's an epidemic in our country. You always have to think about what are the root causes of all of this. I think a lot of it has to do with societal expectations and change. 25 years ago there was a big emphasis in making sure that people had their pain controlled. Pain was really the fifth vital sign. We were pretty much educated ... Our medical practice, our medical board pretty much mandated that we address pain and talked about giving narcotics to patients who had chronic pain. So we come from that perspective to where we were pushed to really control everybody, and we now realize that that philosophy, although looking at the whole person and making sure we take care of them, the whole emphasis of just giving narcotics for pain was the wrong approach.

Now we're seeing the negative effect of that. Narcotics definitely have a place in our medical practice. We just need to use them appropriately for the appropriate occasions for the appropriate amount of time. Now we're confronted with where we have really a lot of problems. We have people who are dependent upon opioids who really don't meet the criteria for long-term use of them, and we have people who have migrated from seeing a doctor, having an acute episode of pain, and they get addicted to these medications. When they can't get them from a provider, then they go to the street and go to heroin, and it just spirals down after that. That's a historical perspective from my perspective on where we've been and where we're at now, and we are now in the process of addressing this in our community and trying to intervene and make a difference.

Katie Johnson: Part of that intervention has been the application for the grant with the Minnesota Department of Health towards this Opioid Abuse Community

Prevention pilot project. It's, as I understand it, modeled after something that was started at CHI St. Gabriel's in Little Falls. Can you tell us a little bit more about what led us to apply for that grant? What's happening in our community that made you or made Lake Region Healthcare say, "We need to step up and be a part of this"?

Kay Tommerdahl: In 2016 there was a community-based meeting and an assessment of what was needed in the community for that. It was unanimous that there was a problem and that we needed to do something about that.

Katie Johnson: From what I understand, they've had some pretty amazing results at St. Gabriel's that is what led the state of Minnesota to say this should be a model for the rest of us to follow.

Dr. Bruce Money: Actually this is the model that is catching on nationwide. They looked at a smaller community and realized that they had so many patients that are going to the ER. That was the number one reason for a patient to go to the ER was to seek narcotics. They realized they had the people dying in their community from heroin overdose.

They just made it an issue and developed a care plan team. They developed a whole system on how they looked at the use of opioids in their practice and their community, and it really made a difference. They were able to document that the number of prescriptions, the number of pills that were given to patients in their community dropped by hundreds of thousands of pills per year by making an intentional intervention to making sure that patients were taking medications with the appropriate guidelines. We have guidelines that have been developed by the CDC on when and how to use these medications. They followed that very closely, and they had a dramatic improvement and a dramatic impact in their community. That model actually is being used nationwide. They're going all over the country and just communicating with other providers and other health systems on how they can do it. They made an application to the Department of Health to try to expand what they did in Little Falls and other communities, and we were eager to jump on board so that we can make a difference for our patients.

Katie Johnson: Tell me what that looks like. What is implementation look like here? Where are we in the process? What are the types of things that we're putting into practice to start the project?

Kay Tommerdahl: I started in my position in August. One of the things that we're doing is identifying patients that are high-risk for opioid misuse and abuse. We're also identifying those people that are on higher doses. We are meeting with them and visiting with them about the side effects, proper use, storage. The CDC recommendations and one of the statements that they put out that really set home to me that this needed to be done was that they had said that ending at a

year's time people that were on opioids versus those that were using other types of ways to control their pain, there was really no difference in that year. They both were kind of at the same level. So we have a lot of people on medications with a lot of side effects and maybe we could be treating them with other modalities and maybe just a healthier lifestyle.

Katie Johnson: So the goal is not to not treat someone's pain. It's to address it differently.

Dr. Bruce Money: That's correct. You're looking at all kinds of different modalities. Just for instance, a patient has chronic back pain with rheumatoid arthritis and they're on narcotics, one of the main things you do with that circumstance is to make sure that their rheumatoid arthritis is optimally controlled. So many times in the past it's been so easy ... There are patients suffering in pain. You just put them on a narcotic as opposed to really critically thinking about, can we get to the root of the problem? Would they benefit from gradual therapy? Would they benefit from maybe some injections in their back? I mean it makes you stop and think about the whole big picture.

One of the areas that we have really noticed an issue is the combined mental health issue with chronic pain. It's so important that we optimally treat the patients with their mental health. Once you can really focus on that, then many times the whole issue of pain becomes [inaudible 00:08:44] and is not so much an issue that is the driving force.

Katie Johnson: Another example of that whole person-centered care.

Dr. Bruce Money: Right.

Katie Johnson: Looking at the whole person. How about the goals of the project? What are they ultimately, and how will you measure your success as the project goes on?

Kay Tommerdahl: Ultimately our main goal, of course, is to decrease overdoses and deaths in the community and to provide the best care for our patients and more of a healthy lifestyle. We are always wanting to improve access to treatment. Rural communities are underserved in many ways and actually have higher rates of addiction and misuse, so it's important for us to work together. One of the things that we've done is there's a community opioid task force. We meet monthly, and we partner with other people in the community to provide those services for our patients.

Katie Johnson: That's great. My next question was going to be about community involvement. For listeners, for people who are concerned who might have a family member or a friend that they know has been impacted by this and wants to do something, wants to become more informed, wants to become more involved, what do you recommend, and what's the importance of that community-wide approach?

Dr. Bruce Money: At first I think it's a matter of education and understanding the big picture of what's happening in our community and nationwide in knowing that this is an issue, so identifying and being educated is important. But I would encourage anybody to really seriously think about their friends, their family, and people they know who are struggling with this to identify them and point them to us so that we can help them. We do have the community task force. If they have special skills or a special interest that they can really help with the task force, we would invite them to be a part of that too.

Katie Johnson: How much is education of other providers within Lake Region Healthcare system or throughout the community and also to patients? Maybe when you're a patient and being offered a certain type of pain relief for your situation, whether it's surgery or chronic pain, I see education of both sides of that as very important to long-term understanding and success.

Dr. Bruce Money: I can talk about the physician component on this. It's changing that whole mindset of pain being the fifth bio-sign, and patients are entitled to be on narcotics to control pain, to actually educating physicians to look at why does a person need to be on pain medications. One of our big emphasis is treating acute pain. What we don't want is that acute pain situation which is very legitimate and they need something and we don't want that to go from acute to chronic. So there are specific guidelines that we are following for orthopedics to general surgery to traumatic events making sure that we have this communication upfront saying that you're in pain. We're going to cover you. But statistics will tell us that in three to four weeks you need to be off these medications, and we will do that.

So there's that communication expectation. If there's ongoing issues, then we will need to find other ways. Because like Kay was saying, after a period of time studies after studies showing that the usual and non-narcotic intervention versus narcotic intervention, there's really no difference in the patient's pain level. If we just have that communication upfront, it makes a big difference in patient expectation. So there's a lot of education. We used to give so many pills after a knee surgery. Now we rethink that. Likewise for various other general surgery or even with an acute injury that's not a surgical case, we try to talk about taking care of the acute symptoms and not letting it getting into chronic.

Katie Johnson: We could talk about this topic a lot, and I think that we should revisit it from time to time. I hope that you'll join me regularly maybe to give us some updates and what's progressing on the project. Anything else before we wrap up today that you want to make sure our listeners know about about the project and where we are as a community in addressing the opioid crisis?

Dr. Bruce Money: I just want to briefly mention that one of the interventions that we are doing and we're implementing is the use of Suboxone. We have two providers here now that are certified to give Suboxone. The whole idea is in those patients who

are tremendously addicted to narcotics and they're getting it from the street and their life is in disarray and they're in jail a lot and they're basically going to kill themselves, this is an option to go on Suboxone and become productive citizens. That's been shown in Little Falls. It's been shown in our state and nationwide how that is an option. So we have that option out there, and we're trying to develop that right now.

Katie Johnson: Thank you both for your work on this. We should mention that there is a community conversation. The United Way is having their second annual Conversations that Matter on this exact topic at the end of October, on October 30th at Grace Church. Dr. Money will be one of the panel speakers there. If you'd like information on that, we encourage you to go to the United Way's website and use that as an opportunity to become more educated on the topic as well.

Kay Tommerdahl, the Controlled Substance Care Team coordinator and Dr. Money, our physician lead on this important project at Lake Region Healthcare, important project for our community, the Opioid Abuse Community Prevention project. Thank you both for joining me this morning.

Dr. Bruce Money: Thank you.

Kay Tommerdahl: Thank you.

Katie Johnson: Dr. Money, Kay Tommerdahl and Katie Johnson on Apple a Day reminding you there is so much to do here. Stay healthy for it. Have a great day.