SHIP Pilot Strategies - Wright County Public Health

Initiative Story

- Wright County opioid overdose deaths are at historic highs. In the last year, our county health care and first responder partners have reported a record number of patients needing assistance due to opioid overdoses. Stories from the field indicate a number of lives being saved due to Naloxone administration during an opioid overdose. The Prescription Monitoring Program data indicates that with a 2016 population of 131,311, Wright County ranks seventh highest for pain killer prescriptions written; that number comes in at 181,603. On January 2, 2018, the Wright County Board of Commissioners voted in favor of joining other MN counties in civil litigation against opioid manufacturers and distributors.

Program Intent

- We aim to take a systems-approach in addressing the over prescription, misuse and abuse of prescription medications, lack of education surrounding dependence, and lack of addiction and recovery options.
- By first collecting baseline data, we can see measurable impacts our efforts are making.
  - Number of medication drop boxes;
  - Amount of medication disposed of by those sites; and,
  - Health system data reflecting the number of prescriptions written, average number of MMEs (morphine milligram equivalents) per prescription, common practices at each site when opioids are on the MAR.

Implementation

- Funding through SHIP, an MDH funded program administered by Wright County Public Health
- First – gained a role in MEADA (Meth Education and Drug Awareness) Coalition of Wright County
  - Reach out to clinic partners;
  - Interview clinic partners;
  - Collecting Data/Baseline – Information – General knowledge PMP – Everything about SBIRT (Screening, Brief Intervention, and Referral to Treatment);
  - Trainings around SBIRT and PMP; and,
  - Developed connections with community/government/private and organizations.

Results

- Identified gap in prescribing practices across the health systems;
- Increasing accessibility and awareness of medication drop boxes;
- Forming strong relationships with clinical and local partners; and,
- MEADA resurgence in community engagement and funding special projects.

Lessons Learned

- We were lucky to already have connections with our clinics – if you are looking to do this work and don’t have connections start developing these.
- A community approach is important; prevention and awareness are key
- Changing health systems is time consuming and you need the right stakeholders
- Taking small task and turning them into achievements. Very broad problem so focusing your efforts will be more impactful
- Patient education needs to be stressed, both at the prescriber level and pharmacy

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