

THE WEEK'S TOP STORIES

OPIOID PRESCRIPTION LIMITS RECOMMENDED FOR PHYSICIANS

Minnesota's Opioid Prescribing Work Group adopted a new rule on Nov. 16 that limits opioid prescriptions for doctors who participate in the state's Medicare program. It requires approval by Minnesota human services commissioner Emily Piper before it will take effect.

The rule states that nonsurgical physicians and dentists can have no more than half of their opioid prescriptions exceed 100 morphine milligram equivalents, which is about 20 five-milligram Vicodin or Percocet pills. Surgeons can have no more than 200 morphine milligram equivalents per outpatient prescription. The limits only apply to outpatient prescriptions meant to manage short-term or acute pain.

Those who exceed the new limits for more than half of their patients will receive warnings and go through training to help them get on track. If they don't reduce their dosage amounts, they could face being removed from the Medicaid program.

PEDIATRIC HOSPICE FACILITY OPENS IN BROOKLYN CENTER

The first hospice and respite care facility for terminally ill children in Minnesota celebrated its grand opening on Nov. 16. While there are more than 40 similar child hospice facilities in the United Kingdom, there are only two others in the U.S., located in Arizona and California. They offer an alternative for families whose only other options include caring for terminally ill children at home or seeking end-of-life care in a hospital.

The 6,700-square-foot facility, called Crescent Cove, is located near Twin Lake in Brooklyn Center. It includes six beds, a playroom, an art room, and a small spa pool where parents can bathe with their small children, and a bedroom suite for parents who stay in the facility overnight. The building previously housed an adult residential hospice facility owned and operated by North Memorial Health.

Katie Lindenfelser, executive director for Crescent Cove, founded the organization in 2009 to offer in-home support and respite care for families of children with terminal illnesses, with a future goal of operating a standalone facility where families

NEWS IN BRIEF

NEW GUIDELINES CLASSIFY MILLIONS MORE AS HAVING HYPERTENSION

The American College of Cardiology and the American Heart Association released new blood pressure guidelines on Nov. 13 that will classify millions more people in the U.S. as having hypertension, according to Mayo Clinic.

The new guidelines include a lowered blood pressure range for what is considered normal, meaning people whose blood pressure used to be considered high normal or prehypertension now will be considered elevated blood pressure or stage 1 hypertension. Under the old guidelines from 2003, top line, or systolic, blood pressure levels under 120 were considered normal and levels of 120 to 140 were considered high normal or prehypertension. According to the new guidelines, under 120 is still normal, but 120 to 129 is considered elevated blood pressure. The associations estimate the change will affect more than 31 million people in the U.S.

"The main difference is that high blood pressure, stage 1 hypertension starts at 130," said Sandra Taler, MD, a nephrologist at

Published every Monday, MEDFAX is copyrighted by Minnesota Physician Publishing Inc., and is transmitted solely to the subscriber. Any unauthorized copying, duplication, or retransmission is strictly prohibited under U.S. Copyright laws. Editor: Amanda Marlow
To subscribe, please call (612) 728-8600.



could bring seriously ill children for overnight respite care or as a full-service hospice facility. Crescent Cove purchased the building earlier in 2017 and began renovations in July.

Crescent Cove will open in phases—the first includes hiring one nurse and one certified nurse assistant in January, when it will take in its first child. At that point, they will be able to care for one to three children at a time. The goal is to be fully staffed and able to care for six children at a time by the end of 2018.

Services will be provided at no cost to families. Crescent Cove will cover its costs with donations, grants, and fundraising events. In addition, the licensed facility is working with the Minnesota Department of Human Services (DHS) to establish funding for families with Medicaid waivers. DHS has sent an amendment to the Centers for Medicare & Medicaid Services requesting to add Crescent Cove to waivers and they should receive a response by early 2018.

MAJOR BEHAVIORAL HEALTH ORGANIZATIONS TO BAN TOBACCO USE

Three large behavioral health organizations in Minnesota will implement a tobacco-free ground policy into all of their programs and locations by the end of 2018.

The participating organizations—Avivo (formerly called RESOURCE), Mental Health Resources, and People Incorporated—together serve about 40,000 individuals in the state and employ an estimated 1,400 staff members. This is the largest voluntary tobacco-free initiative executed by behavioral health facilities in Minnesota.

“Studies indicate that people with a mental health disorder or substance use disorder have a higher rate of smoking and are often not given tobacco treatment resources,” said Janelle Koscinski, senior manager of tobacco programs with the American Lung Association in Minnesota. “Tobacco-free policies like the one that these behavioral health facilities will implement are proven to reduce smoking rates in these communities, which will improve the overall health of these individuals.”

The policy will be implemented in partnership with the American Lung Association in Minnesota to help line up tobacco treatment opportunities for individuals who need the services.

“We see, first-hand, the health disparities experienced by our clients,” said Jill Wiedemann-West, CEO of People Incorporated. “Tobacco treatment plays a significant role in treating the whole person—a key part of our mission and promise to our clients, staff, and communities.”

Tobacco use is the leading cause of death and disease among people living with mental illness, according to the organizations. An analysis of 26 different studies showed improved mental health with quitting smoking and found that anxiety,

Mayo Clinic. “So 130 to 139 systolic, 80 to 89 diastolic would be stage 1 hypertension. And then at 140 systolic and 90 diastolic, that’s now stage 2.”

Taler helped write the new guidelines, which will mean medication will be recommended to millions of people whose blood pressure classification has changed as people with stage 1 hypertension may need it and those with stage 2 should be taking it.

CHILDREN'S MINNESOTA NAMES NEXT CEO

Marc Gorelick, MD, has been named the next chief executive officer of Children’s Minnesota. Bob Bonar, who currently holds the position, announced he would retire Dec. 8 after being with the organization since 2014. Gorelick will step into the position on Dec. 9.


Gorelick has more than 25 years of experience in pediatric emergency medicine, education and research, hospital operations, and health care leadership. He joined Children’s earlier in March as president and chief operating officer.

“Marc is a physician whose ability to manage a complex organization like Children’s is matched only by his deep compassion for patients and their families,” said Hayes Batson, chair of Children’s board of directors. “He is exactly the right person to pick up where Bob left off in pursuing the strategic goals of the system.”

Before joining Children’s, Gorelick served as chief operating officer and executive vice president of Children’s Hospital of Wisconsin. He has also served

**Lending to
small
businesses
is a #1 priority for us**

usbank.com

 All applications are subject to normal credit approval. Call your business banking expert for current rates and terms. Standard fees apply. Refinance of existing U.S. Bank business loans are excluded. Member FDIC.

To help you succeed, we’ve developed a variety of flexible business solutions designed to keep cash flowing and businesses growing. And, it’s backed by the expertise and stability of one of America’s strongest banks.

• Working Capital Lines of Credit • Owner & Investment Real Estate • Cash Management Solutions • Payment Solutions

Visit your local U.S. Bank today!

Ehren McGeehan *Twin Cities West* (651) 604-1622

All of  serving you®



depression, mixed anxiety and depression, and stress significantly decreased among those who quit smoking compared to those who continued smoking. In addition, surveys conducted in the past have shown that up to 75 percent of individuals with a mental illness who smoke want to quit, compared to 60 percent of the overall population who smoke. Studies have also shown that adults with a serious mental health illness and a tobacco-related diagnosis on average died 32 years earlier than adults without a serious mental health illness and without a tobacco-related diagnosis.

“The use of tobacco and secondhand smoke exposure are proven health and safety hazards that carry very serious health risks,” said Kelly Matter, president and CEO of Avivo. “Tobacco is the leading cause of preventable death in the United States and is inconsistent with our mission to increase well-being through recovery, employment, and career advancement.”

The policy will apply to all buildings and grounds associated with the organizations. Prohibited products include commercial tobacco and tobacco-like products, including cigarettes, electronic cigarettes, cigars, chewing tobacco, snuff, pipes, dissolvable tobacco products, and snus. The organizations will meet monthly with the American Lung Association to prepare for the policy implementation until it goes into effect. The American Lung Association will also provide future trainings, resources, and linkages for clients and staff on integrating tobacco treatment services into existing treatment and wellness programs.

“Addressing tobacco has to be a priority,” said Ann Henderson, vice president of Clinical Services for Mental Health Resources. “It’s a social justice issue. We as a culture have not prioritized the health of this population, to disastrous consequences.”

MORE THAN 91,000 GET HEALTH COVERAGE THROUGH MNSURE

MNsure’s enrollment is up to 91,623 for 2018 coverage as of Nov. 15, two weeks into open enrollment. Minnesotans can sign up through Jan. 14, 2018.

“Our first two weeks have gone very smoothly,” said Allison O’Toole, MNsure CEO. “MNsure’s enrollment is looking strong out of the gate. This year, we have renewed twice as many people into coverage than last year, and we’re already seeing a steady stream of new customers.”

The health insurance marketplace is also seeing improvements with its website functionality and call center wait times compared to past years. More than 400,000 people have visited MNsure’s website and there have been more than 23,500 calls with an average wait time of one second before the call is answered.

MNsure is currently replacing part of its computer system, with details being finalized and development beginning by the end of 2017. It is expected to be fully implemented before open enrollment begins next fall.

as executive vice president of Children’s Hospital and Health System and professor of pediatrics (emergency medicine) at the Medical College of Wisconsin and chief executive officer of Children’s Specialty Group and vice president of surgical services, medical director of the emergency department, and chief of pediatric medicine at the Medical College of Wisconsin. He earned his medical degree from Duke University and a master’s degree in clinical epidemiology from the University of Pennsylvania.

ST. LUKE’S ADDS VIRTUAL CARE CLINIC SERVICES

St. Luke’s has launched St. Luke’s eCare to allow patients in the area access to online diagnosis and treatment. Patients can connect with St. Luke’s health care providers through their smartphones, tablets, or computers.

“It is more important than ever to give our patients multiple avenues to receive care,” said Sandra Barkley, vice president of clinics for St. Luke’s. “The launch of St. Luke’s eCare adds a new, convenient access point to connect patients with the care they need, when and how they need it.”

Once a patient logs in on a device, they complete a brief online interview about their symptoms and health history. A provider then reviews the results and responds with a diagnosis and treatment plan. The virtual care service is powered by Zipnosis, a Minneapolis-based company that partners with health care systems to provide virtual care and telemedicine services.

48TH
SESSION



REGENERATIVE MEDICINE:

Efficacy, Economics, and Evolution

Tuesday, December 12, 2017, 1-4 pm

The Gallery, Downtown Minneapolis Hilton and Towers

