Building Effective Collaborative Teams in Health Systems

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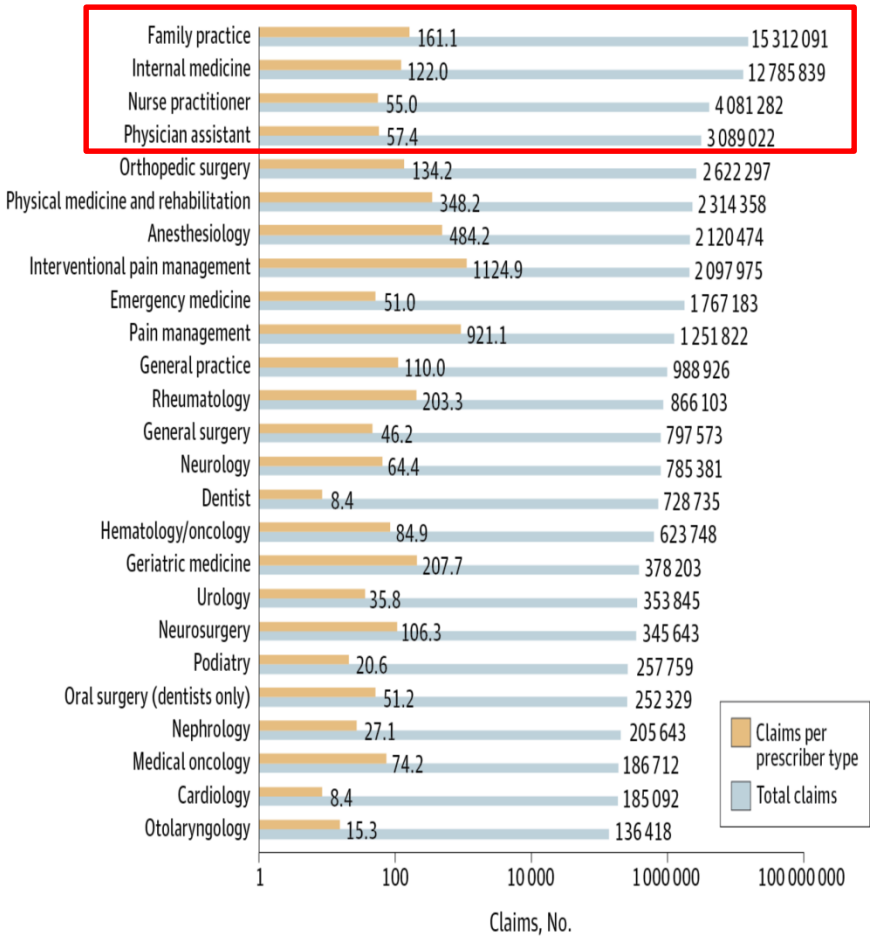
Chronic Pain & Opioids in Primary Care

- Most opioids are prescribed by primary care physicians.
- We are unlikely to address this iatrogenic epidemic without addressing the source.



Chen JH, Humphreys K, Shah NH, Lembke A. Distribution of opioids by different types of Medicare prescribers. JAMA Intern Med. 2016;176:259–61.

Primary Care is a Team Sport

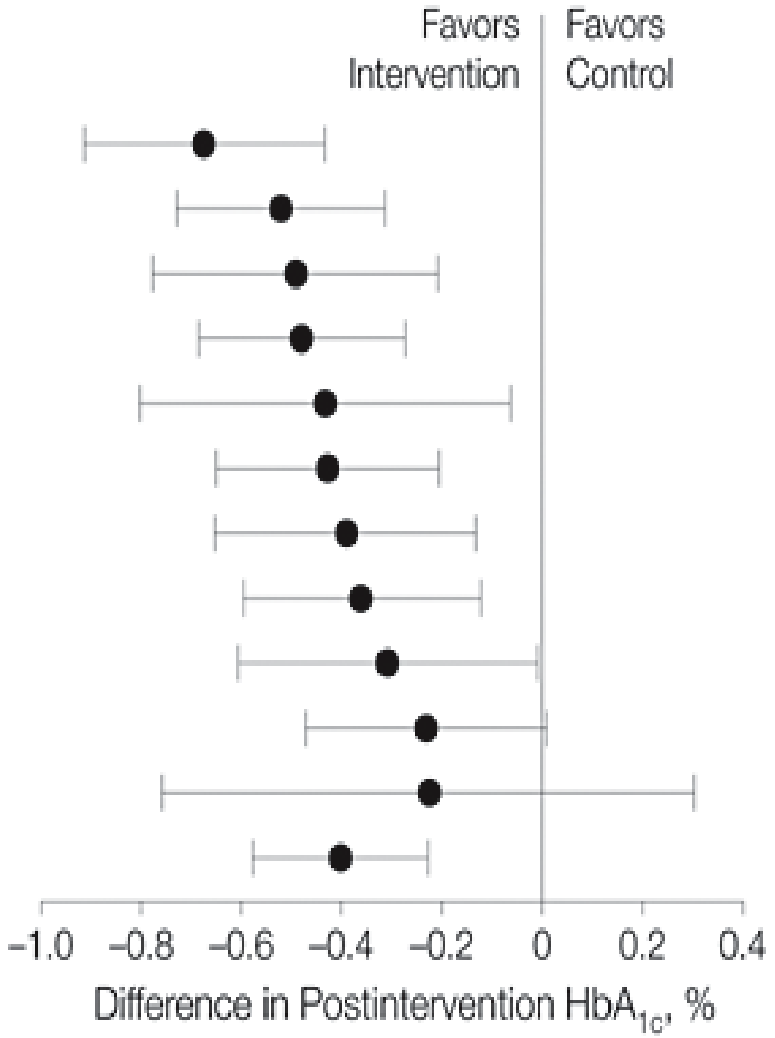
- Team-based approaches to managing complex patients such as those on opioids for chronic pain produce superior results.
- Team-based approaches to COT prescribing and monitoring in community practice is extremely uncommon.

Katon WJ, Lin EH, Von Korff M, Ciechanowski P, Ludman EJ, Young B, Peterson D, Rutter CM, McGregor M, McCulloch D. Collaborative care for patients with depression and chronic illnesses. N Engl J Med. 2010;363:2611-20. PMCID: PMC3312811.

Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness: the chronic care model, Part 2. JAMA. 2002;288:1909-14

Chronic Illness Care Requires a Team

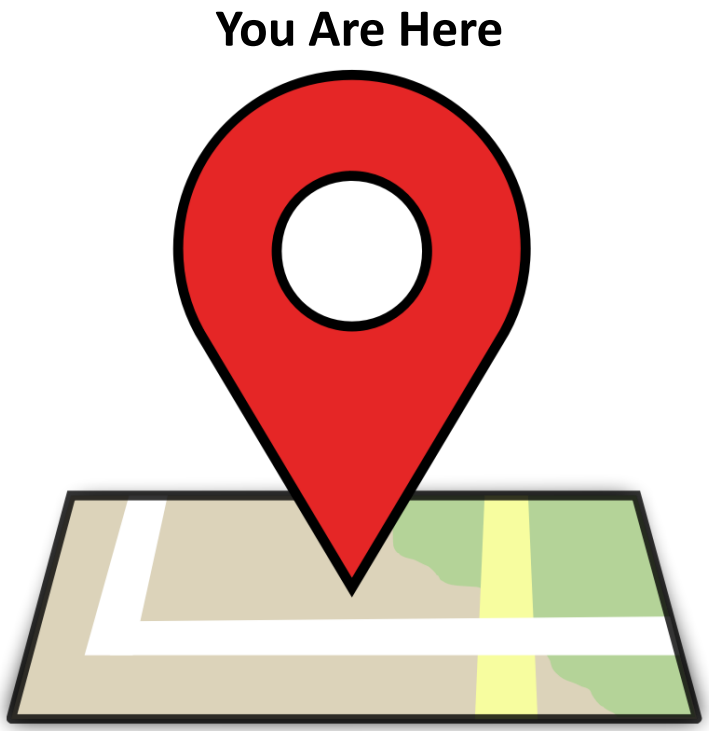
Quality Improvement Strategy	No. of Trials
Team Changes	26
Case Management	26
Patient Reminders	14
Patient Education	38
Electronic Patient Registry	8
Clinician Education	20
Facilitated Relay of Clinical Information	15
Self-Management	20
Audit and Feedback	9
Clinician Reminders	18
Continuous Quality Improvement	3
All Interventions	66



Shojania, K. G. et al. JAMA 2006;296:427-440.

Changing Primary Care is Difficult

- High levels of competing demands
- Major disruptions are common
- Health IT support is rudimentary at best
- Burn-out is common
- A roadmap for change is needed



Team-Based Opioid Management in Primary Care

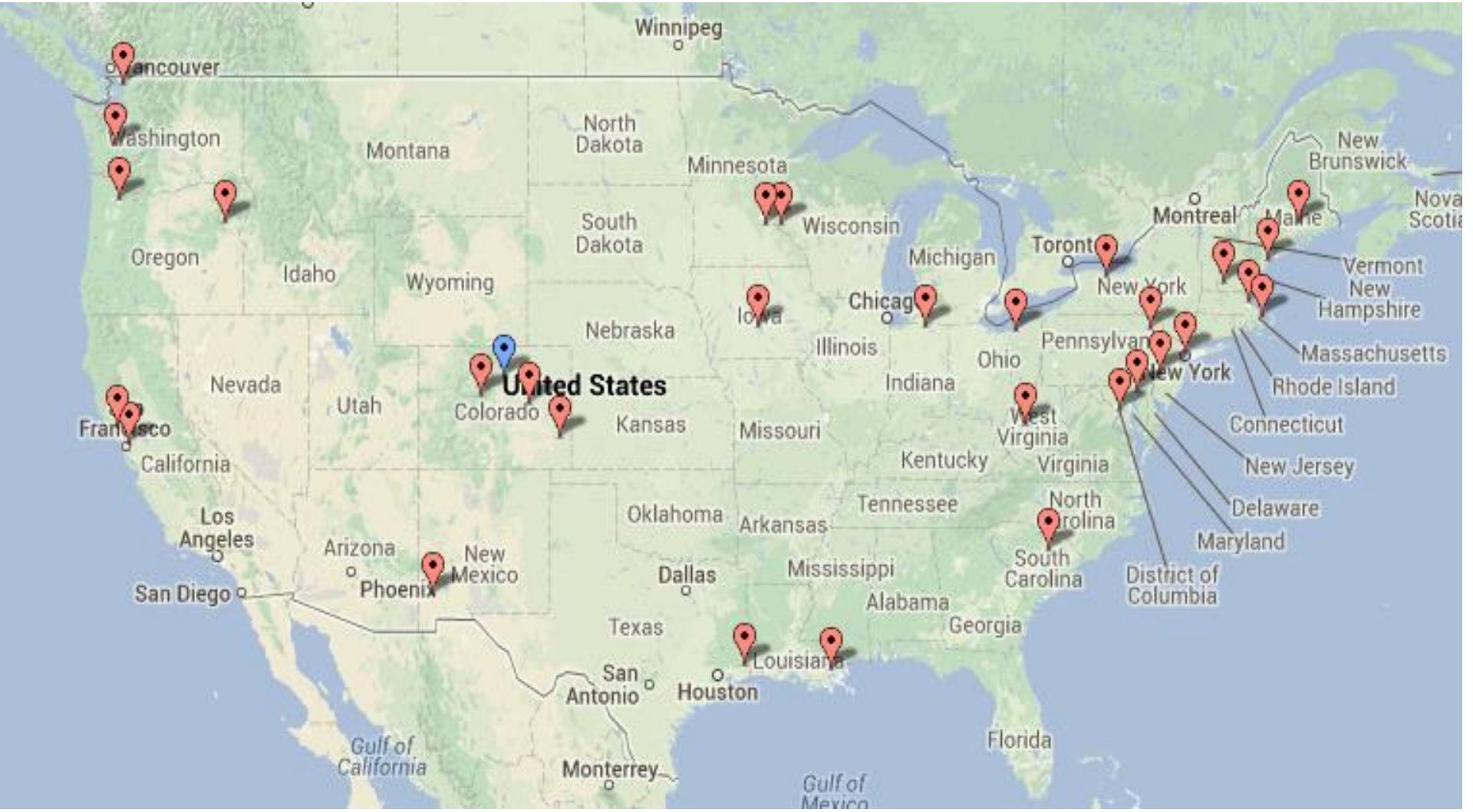
A collaboration between 20 rural and rural-serving clinics in Washington and Idaho and

- Kaiser Permanente WA Health Research Institute
- University of Washington
- WWAMI Region Practice and Research Network

Purpose: implement team-based clinic re-design for opioid prescribing to lower the risks for patients on opioid medications for chronic non-cancer pain.

LEAP: 30 Innovative Primary Care Practices Models for Improving Team-based Care

Learning from **E**ffective **A**mbulatory **P**ractices



ORIGINAL RESEARCH

Primary Care Clinic Re-Design for Prescription Opioid Management

Michael L. Parchman, MD, MPH, Michael Von Korff, PhD, Laura-Mae Baldwin, MD, Mark Stephens, BS, Brooke Ike, MPH, DeAnn Cromp, MPH, Clarissa Hsu, PhD, and Ed H. Wagner, MD, MPH

Results: **Twenty of the thirty sites had addressed improvements in COT prescribing. Across these sites a common set of 6 Building Blocks were identified: 1) providing leadership support; 2) revising and aligning clinic policies, patient agreements (contracts) and workflows; 3) implementing a registry tracking system; 4) conducting planned, patient-centered visits; 5) identifying resources for complex patients; and 6) measuring progress toward achieving clinic objectives. Common components of clinic policies, patient agreements and data tracked in registries to assess progress are described.**

Conclusions: **In response to prescription opioid overuse and the resulting epidemic of overdose and addiction, primary care clinics are making improvements driven by a common set of best practices that address complex challenges of managing COT patients in primary care settings. (J Am Board Fam Med 2017;30:44–51.)**

Six Building Blocks (1)

Building Block 1: Leadership and consensus

- Build organization-wide consensus to prioritize safe, more selective, and more cautious opioid prescribing.

Building Block 2: Revise policies and standard work

- Revise and implement clinic policies, patient agreements and define standard work for health care team members to achieve safer opioid prescribing and COT management in each clinical contact with COT patients.

Building Block 3: Track Patients on COT

- Implement pro-active population management before, during, and between clinic visits of all COT patients: safe care & measure improvement.

Six Building Blocks

Building Block 4: Prepared, patient-centered visits

- Prepare and plan for clinic visits of all patients on COT to ensure that care is safe and appropriate. Support patient-centered, empathic communication for COT patient care. (“Difficult Conversations”)

Building Block 5: Caring for complex patients

- Identify and develop resources for patients who become addicted to or who develop complex opioid dependence. Mental/Behavioral Health Resources are essential.

Building Block 6: Measuring success

- Select COT-specific quality measures, continuously monitor progress, and improve with experience.

Roadmap AND Support

- We provided:
  - In-person site visit: initial conversation among all who work in a clinic about their current status using the self-assessment tool
  - A clinical champion at each site
  - Monthly phone call from a “practice coach” to hold their hand and problem-solve
  - Shared Learning calls where all the clinics can share lessons learned
  - Shared resources across sites: clinic policies, patient agreements, clinic workflows, patient education materials, etc.

Clinic Self-Assessment Tool

Building Block 3: Revised policies and standard work

10) COT policies and standard work for all opioid prescribing (including refills, dose escalation, tapering)... (Q6)

- ◯ ...either do not exist or do not cover many prescribing situations.
- ◯ ...are well-defined but have not been discussed with all clinic staff and providers
- ◯ ...are well-defined and have been discussed with all clinic staff and providers, but the training needed to implement them has not yet taken place.
- ◯ ...are well-defined and have been discussed with all clinic staff and providers, and the training needed to implement them has taken place.

11) Formal written COT treatment agreements... (Q7)

- ◯ ...do not exist.
- ◯ ...have been developed but are not in use.
- ◯ ...have been developed and are partially implemented into routine care and/or reminders.
- ◯ ...are fully implemented. Most patients have a signed treatment agreement.

12) A urine drug screening policy... (Q8)

- ◯ ...does not exist.
- ◯ ...has been developed, but is not in use.
- ◯ ...has been developed and is partially implemented into routine care and/or reminders.
- ◯ ...is fully implemented. Urine drug screening is consistently implemented according to clinic policy.

Facilitated conversation with teams in each clinic: agreement on current state for each Building Block

1. Leadership & Consensus

2. Policies & Workflow

3. Population Health/Use of a Registry

4. Planned, Patient-Centered Visits

5. Complex Patients' resources

6. Measuring Success

Six BB Self-Assessment Results: Opportunities to Improve

- **Non-existent or incomplete policies & workflows about:**
  - COT refills
  - Co-prescribing of sedatives
  - Checking state controlled substance registry
- **Population Health**
  - Not tracking or monitoring all patients on COT pro-actively (registry or other)
- **Planned Visits**
  - No care plans documented for COT & chronic pain management

What have we learned?

- **Clinicians in clinics with higher BB scores are**
  - More confident in use of opioids for chronic pain
  - More comfortable prescribing opioids for chronic pain
- **Phases of clinic re-design work:**
  - Phase 1: revise policies and patient agreements
  - Phase 2: redesign workflows and discuss data for population management
  - Phase 3: implement tracking of patients, patient outreach/education and measures of success

Innovative Approaches

Site 1

- Conducted chart review to identify COT cohort and understand clinic COT care practices
- Using proprietary software (I2I) to run monitoring & huddle reports from EHR
- Disseminated clinic wide a refill workflow used successfully by one of the clinic's providers

Site 2

- Maintains simple Excel COT registry, which supports a reminder system to stay on top of care
- Pain team supports providers by reviews all patients & supports providers in making changes
- Pain appointment timing set by risk level

Site 3

- Put MED calculator on all desktops
- Prioritized calculating & recording MED for all patients as a critical first step
- Added a link to state drug database within EHR for ease of use
- Hosted a Q&A patient education event on new COT program

Site 4

- Added a "statement of harm" to patient agreements to bring patients into the conversation
- Reviewing a UDS standing order
- Created a field to record and easily run reports on MED

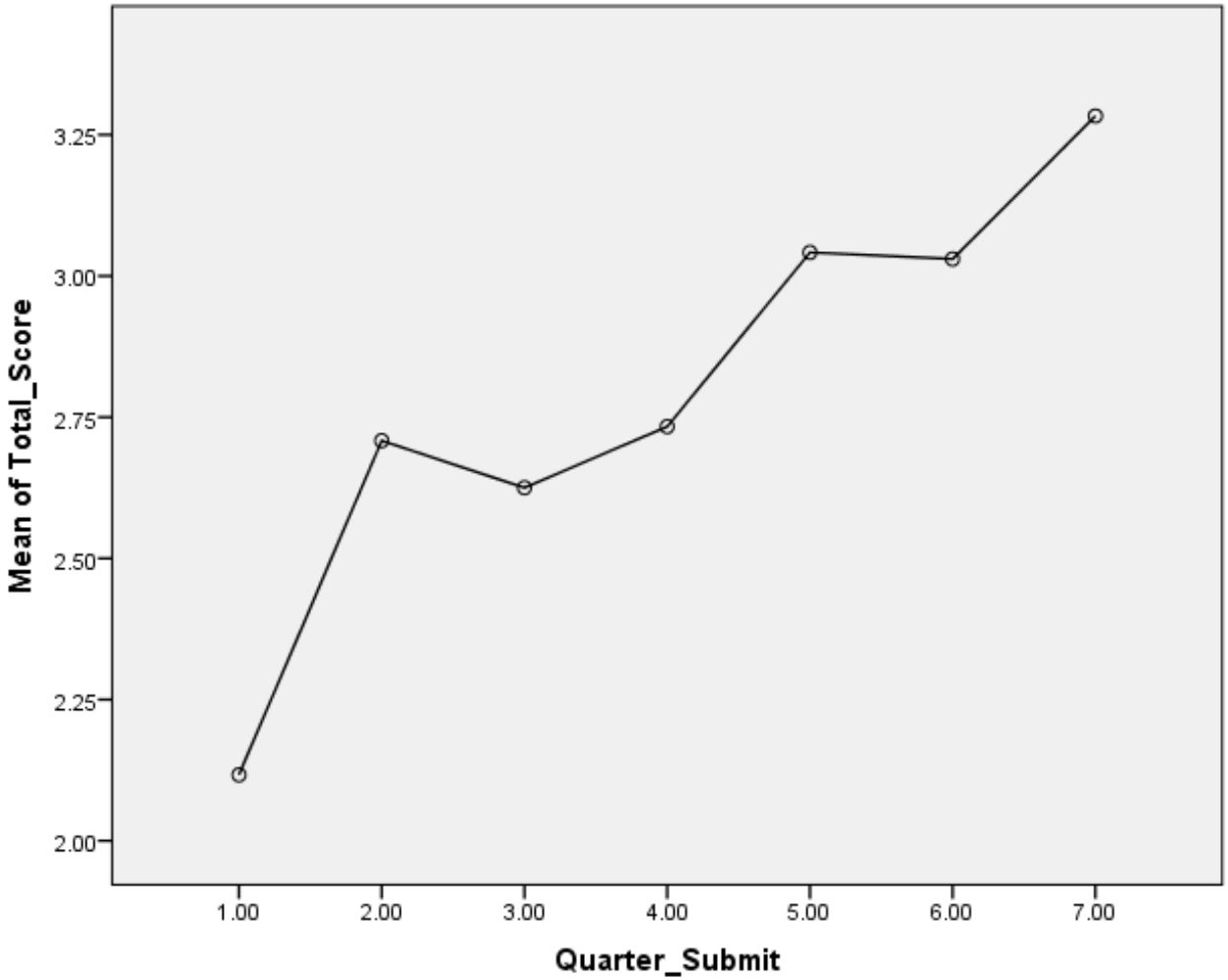
Site 5

- PDSA cycles of patient education, including lobby videos & patient handouts
- Began using a unique "chronic pain" diagnosis to track COT patients in EHR more easily

Site 6

- Built an opioid registry integrated within their EHR
- Conducted in-person "hand-holding" trainings of new workflows
- Clinic leaders regularly speak to importance of COT effort
- Compiled an electronic catalog or COT care team resources

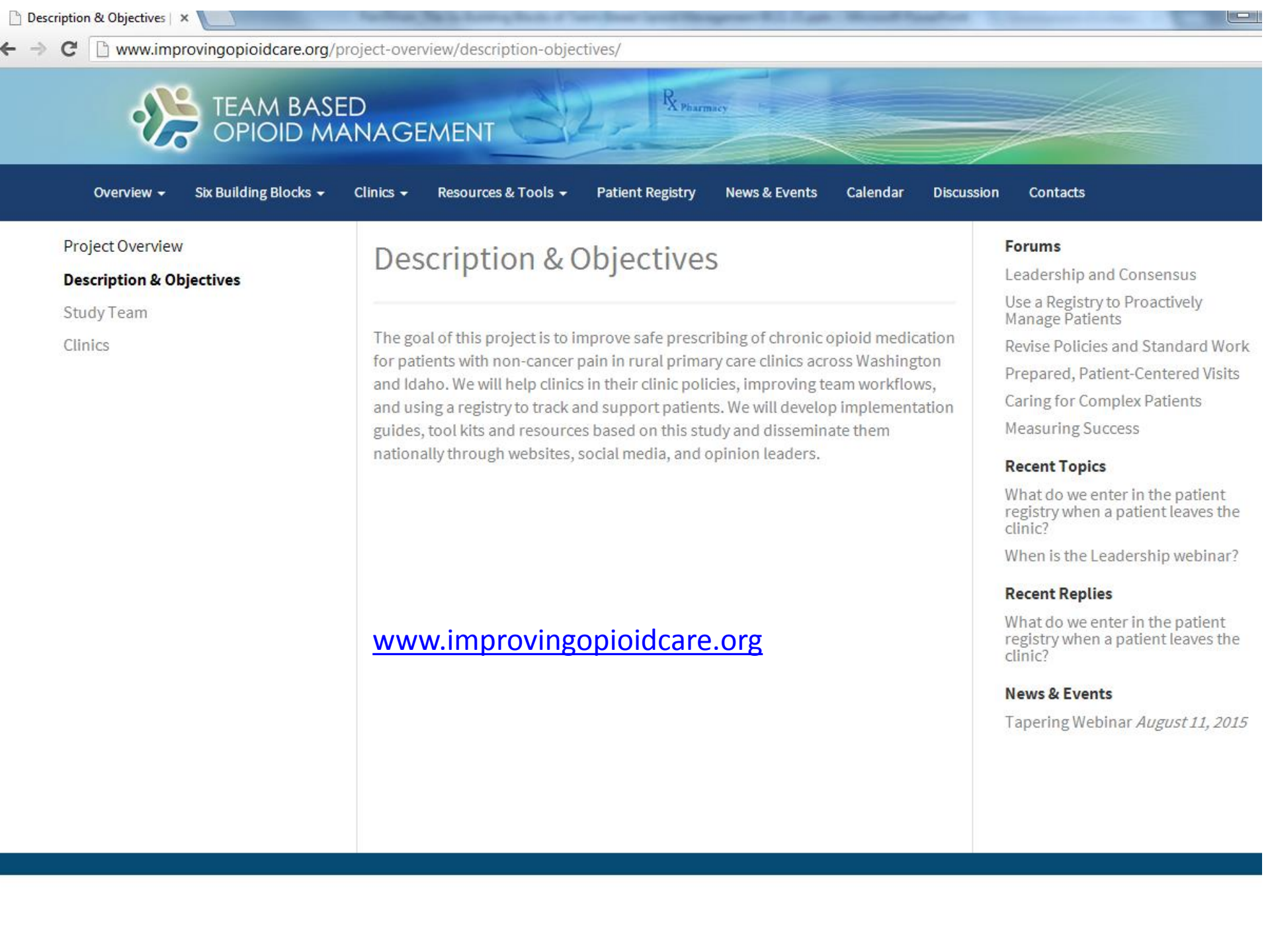
Steady Improvement in Implementing the 6 Building Blocks



ANOVA: F = 3.46, p < .01; possible range of score 1 to 4

Next Steps

- Analysis of trend in MED data underway
- Workshops with large clusters of clinics in Oregon using self-assessment and action planning in early May 2017
- Public-facing “change package” for use by public health and primary care clinics
  - Step-by-step guide to clinic redesign
  - Self-Assessment tools and resources


Description & Objectives
www.improvingopioidcare.org/project-overview/description-objectives/
TEAM BASED
OPIOID MANAGEMENT
Overview
Six Building Blocks
Clinics
Resources & Tools
Patient Registry
News & Events
Calendar
Discussion
Contacts
Project Overview
Description & Objectives
Study Team
Clinics
Description & Objectives
The goal of this project is to improve safe prescribing of chronic opioid medication for patients with non-cancer pain in rural primary care clinics across Washington and Idaho. We will help clinics in their clinic policies, improving team workflows, and using a registry to track and support patients. We will develop implementation guides, tool kits and resources based on this study and disseminate them nationally through websites, social media, and opinion leaders.
www.improvingopioidcare.org
Forums
Leadership and Consensus
Use a Registry to Proactively Manage Patients
Revise Policies and Standard Work
Prepared, Patient-Centered Visits
Caring for Complex Patients
Measuring Success
Recent Topics
What do we enter in the patient registry when a patient leaves the clinic?
When is the Leadership webinar?
Recent Replies
What do we enter in the patient registry when a patient leaves the clinic?
News & Events
Tapering Webinar August 11, 2015