

Six Building Blocks: Team-Based Opioid Management in Primary Care

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Funded by the Agency for Healthcare Research & Quality (R18HS023750)

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The opinions expressed in this presentation are those of the presenter and do not reflect the official position of the Department of Health and Human Services (HHS), the Agency for Healthcare Research and Quality, or the Office for Civil Rights.

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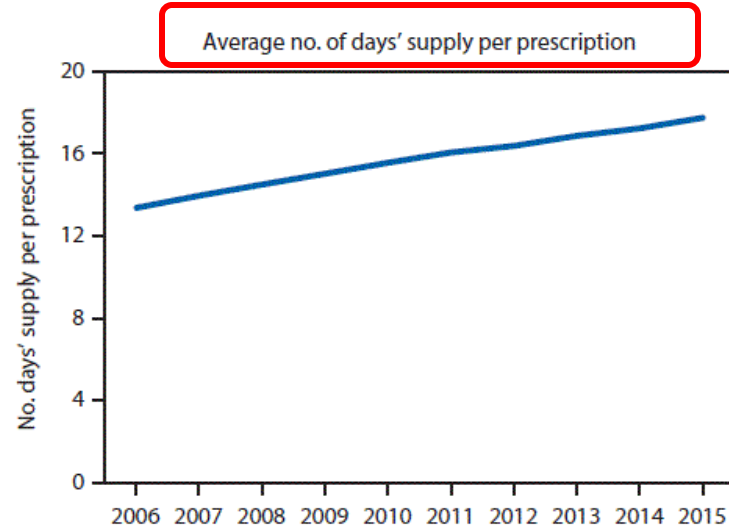
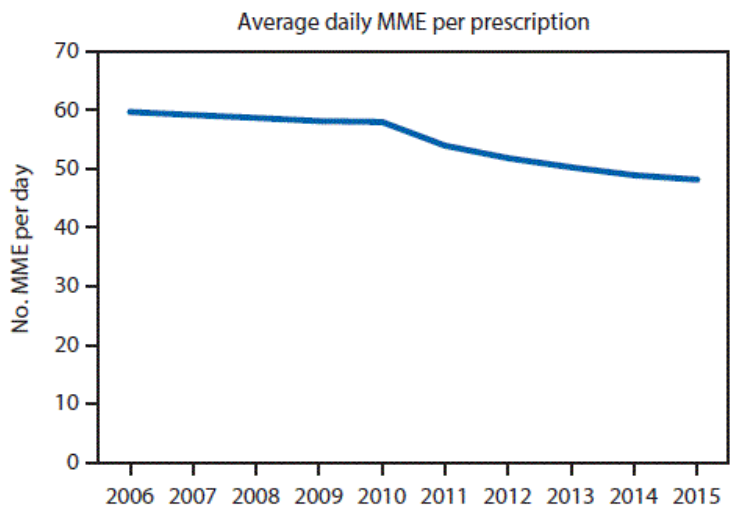
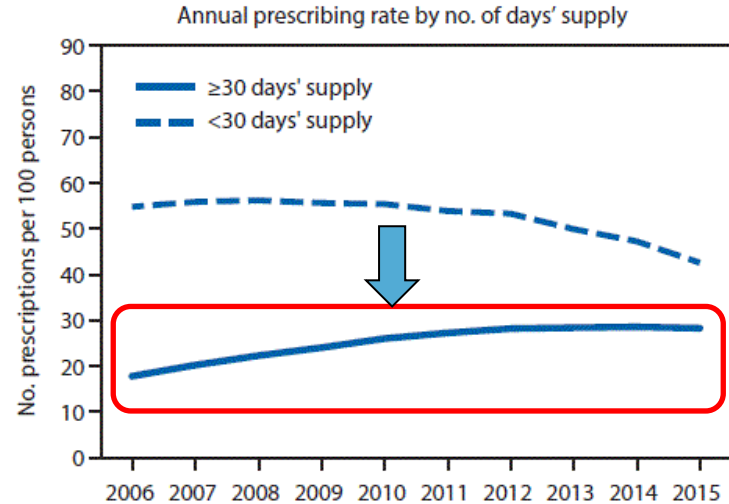
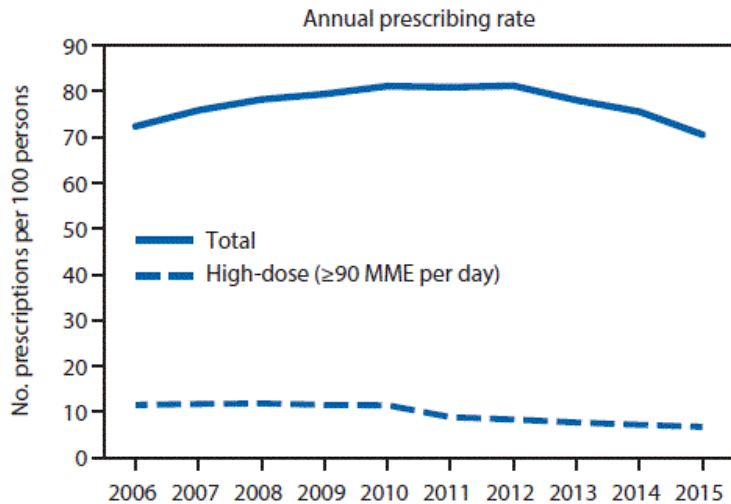
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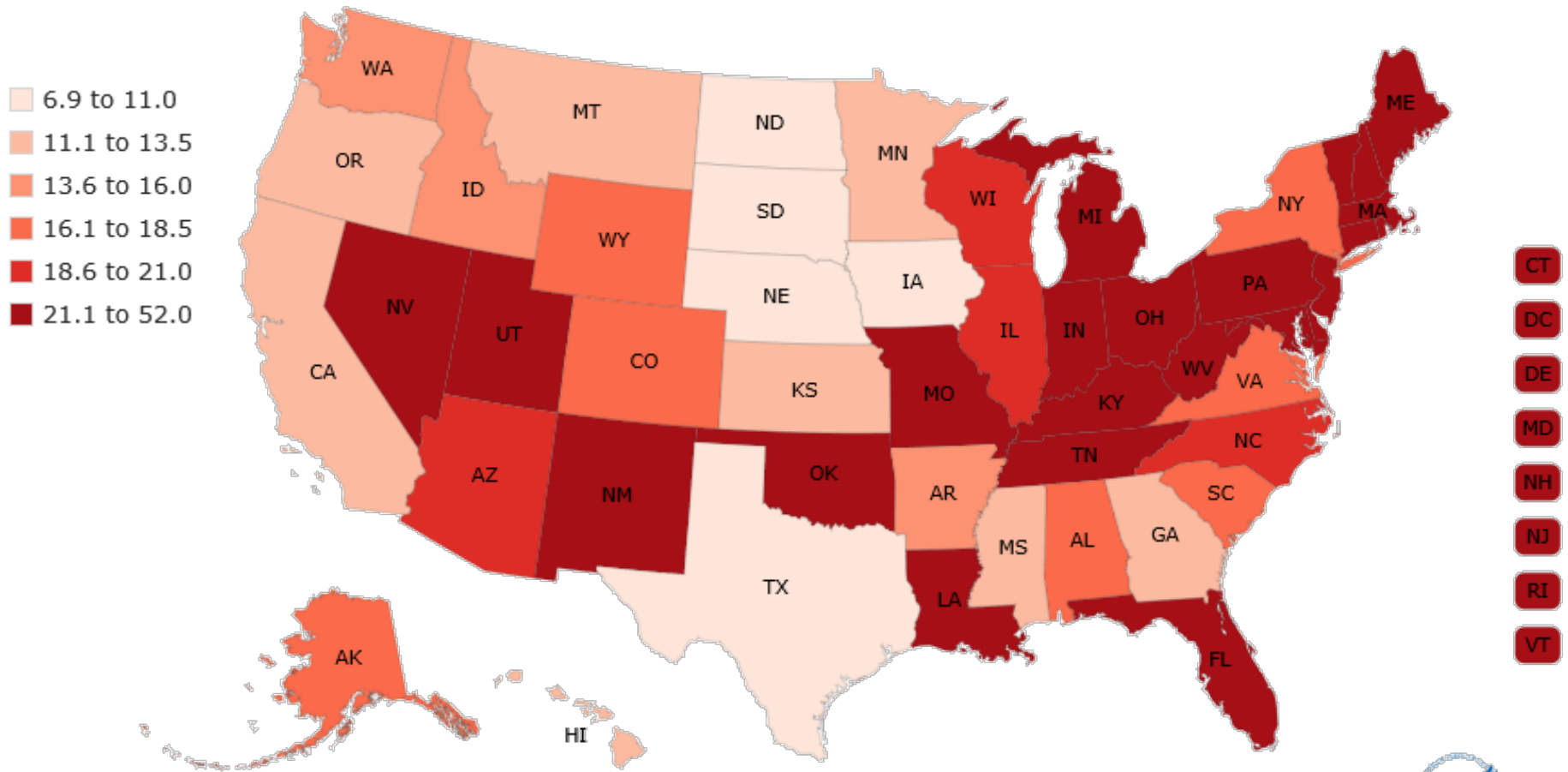
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Annual Opioid Prescribing Rates 2001-2015

-Vital Signs CDC MMWR July 7, 2017



Age-adjusted Rates of Opioid Overdose Deaths by State, US 2016



Source: SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

4 OUT OF 5
HEROIN USERS

ABUSED

PRESCRIPTION

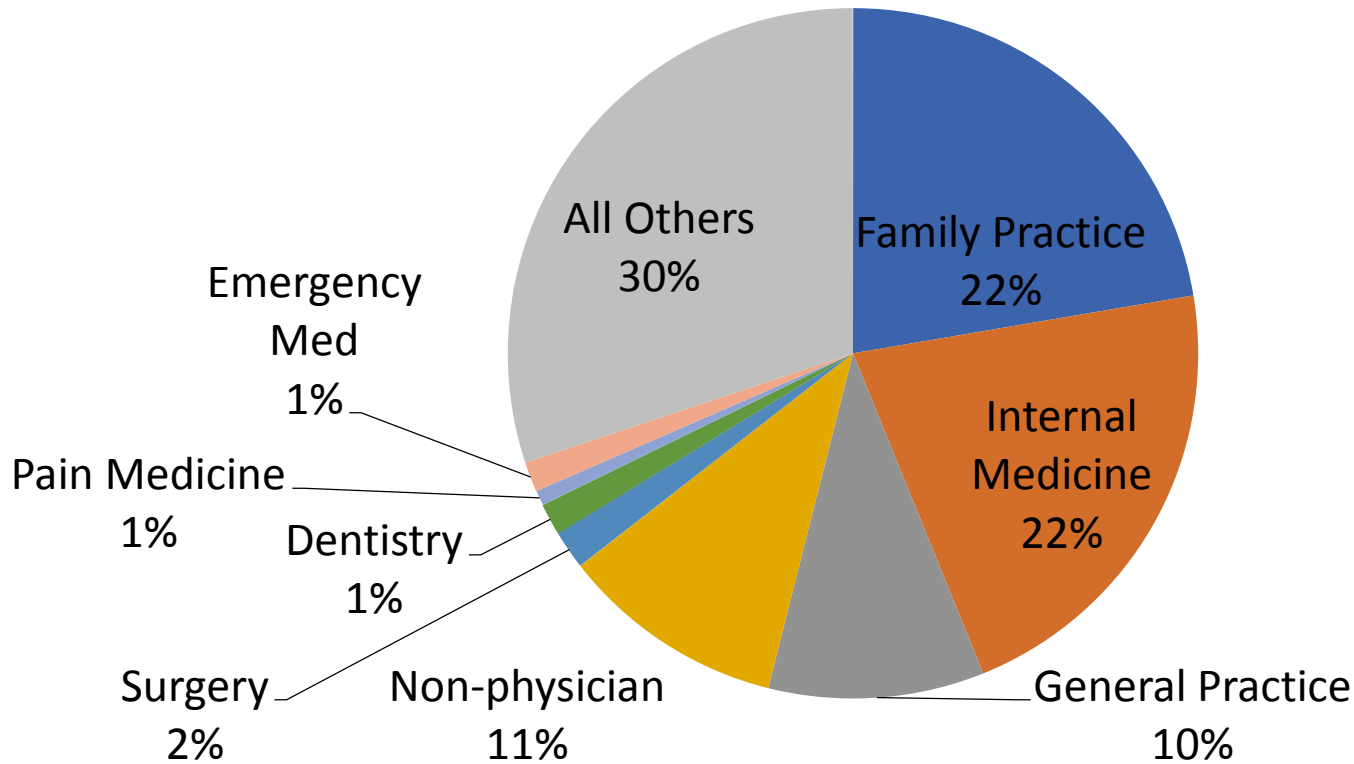
OPIOIDS

FIRST⁴



Opioid Prescribing by Specialty, IMS Health, (Total Rx %)

Percent by Specialty

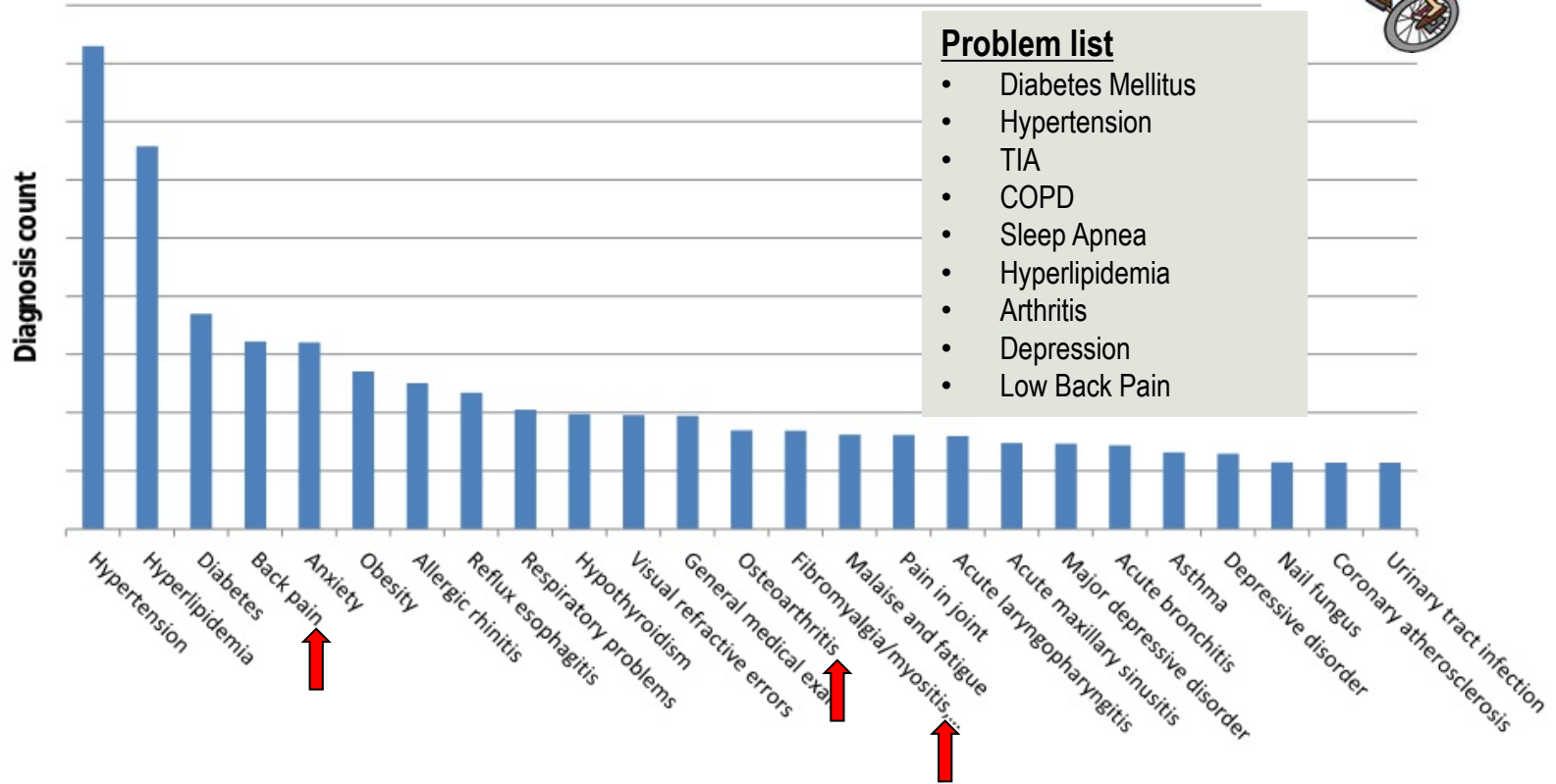


Levy B. Am J Prev Med 2015

Primary Care and Competing Demands

Primary Care Clinics

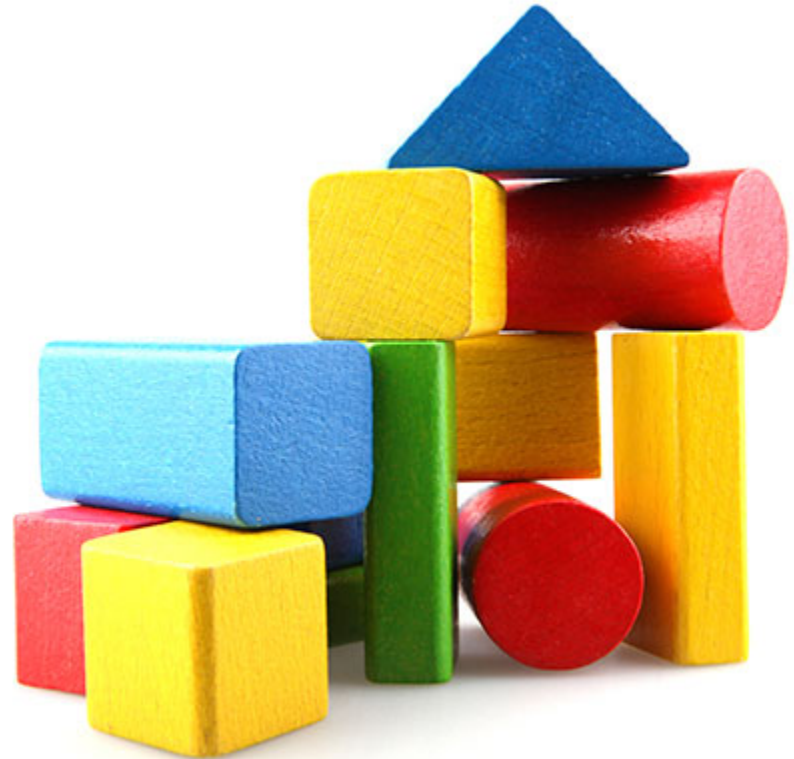
25 most common diagnoses



CDC NAMCS 2016

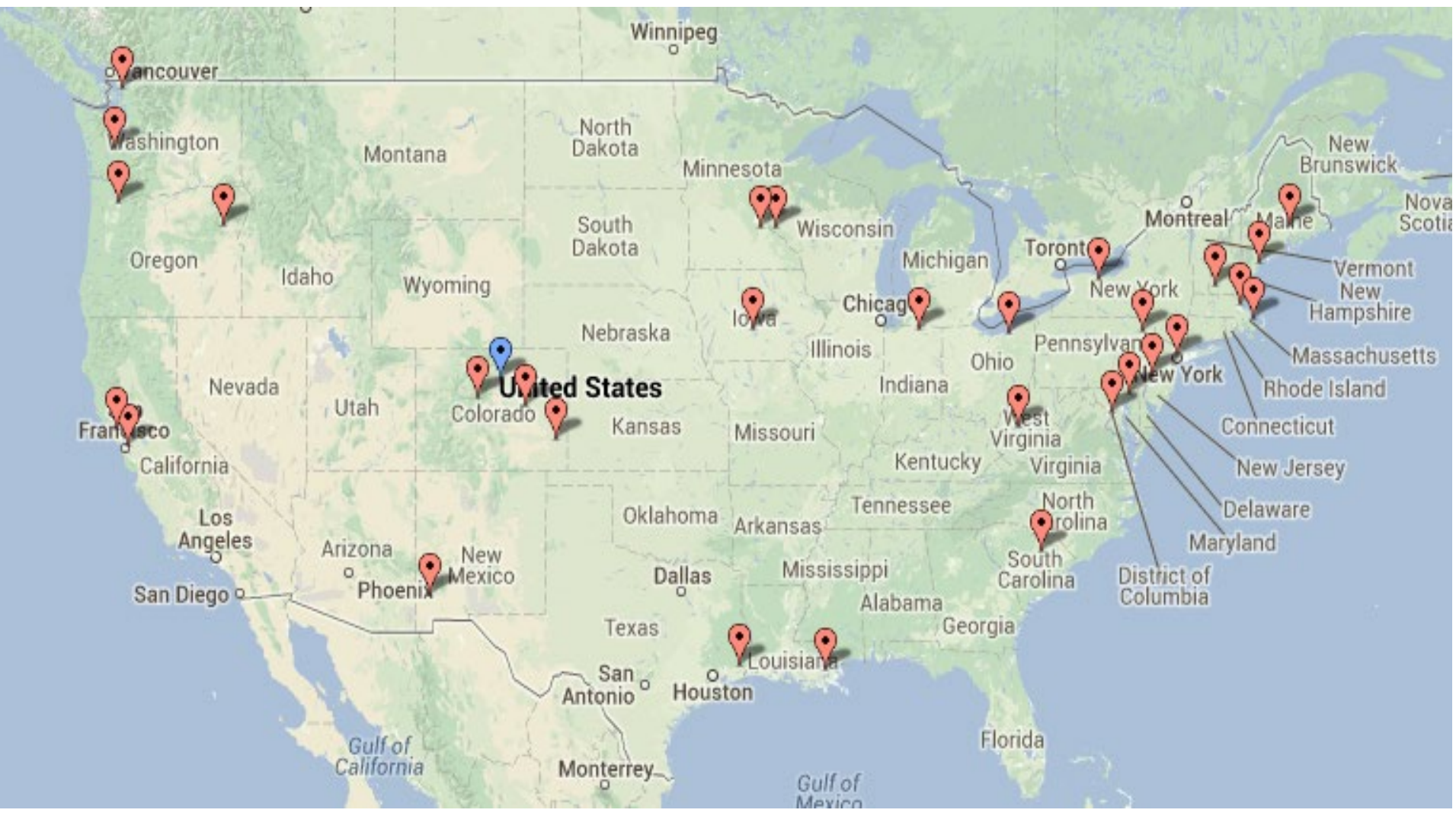
Origin of the Six Building Blocks for Team-Based Opioid Management

- The Six Building Blocks program provides an evidence-based quality improvement roadmap to help primary care teams implement effective, guideline-driven care for their chronic pain and long-term opioid therapy patients.



LEAP: 30 Innovative Primary Care Practice 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 Crompt, 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.)

The Six Building Blocks



Leadership and consensus

Demonstrate leadership support and build organization-wide consensus to prioritize more selective and cautious opioid prescribing.



Policies, patient agreements, and workflows

Revise, align, and implement clinic policies, patient agreements, and workflows for health care team members to improve opioid prescribing and care of chronic pain patients.



Tracking and monitoring patient care

Implement pro-active population management before, during, and between clinic visits of all patients on chronic opioid therapy.

The Six Building Blocks



Planned, patient-centered visits

Prepare and plan for the clinic visits of all patients on chronic opioid therapy. Support patient-centered, empathic communication for care of patients on chronic opioid therapy.



Caring for complex patients

Develop policies and resources to ensure that patients who develop opioid use disorder and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the care setting or by outside referral.



Measuring success

Continuously monitor progress and improve with experience.

Study Setting: Six Rural-Serving Health Care Organizations with 20 clinic sites in WA and ID



Roadmap AND Team Support

- Our team supported clinics via:
 - In-person site visit: Building Block self-assessment to determine current status. Stimulate action plan.
 - Quarterly phone call from a “practice coach” to support action plan and problem-solving
 - Monthly shared learning calls at which all clinics can share lessons learned
 - Monthly webinars and difficult case presentations with pain specialist
 - Scripts for “Difficult Conversations” with patients
 - Shared resources on website: clinic policies, patient agreements, clinic workflows, patient education materials, etc.

Six Building Blocks Self-Assessment Tool (20 items)

Study kick-off
consensus-building
team conversation



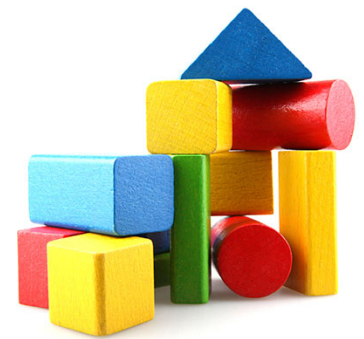
Building Block 3 (first three questions): Revise policies, patient agreements, and workflows

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

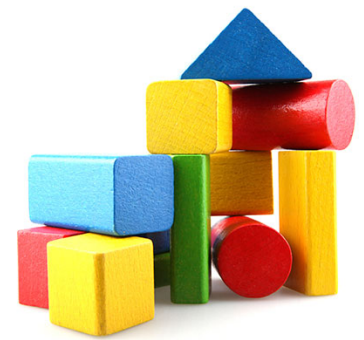


Polices & Workflows	1	2	3	4
6. COT policies and workflows for all opioid prescribing (including refills, dose escalation, tapering)	...either do not exist or do not cover many prescribing situations.	...are well-defined but have not been discussed with all clinic staff and providers	...are well-defined 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.
Patient Agreements	1	2	3	4
7. Formal written COT patient agreements...	...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 patient agreement.
Urine Drug Screening	1	2	3	4
8. A urine drug screening policy...	...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.

BB #1: Leadership Support and Consensus



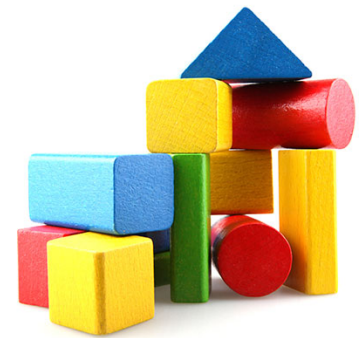
- Held an all-staff “pizza” meeting to complete and discuss the 6 BB self-assessment and identify areas for improvement
- Opioid prescribing dashboard discussed as standing agenda item during monthly medical staff meeting
- An Opioid “clinical champion” is designated within the clinic and meets monthly with the improvement team
- An opioid/chronic pain improvement team comprised of clinicians and staff from front desk, back office, etc. is convened and given protected time and resources to do the work.



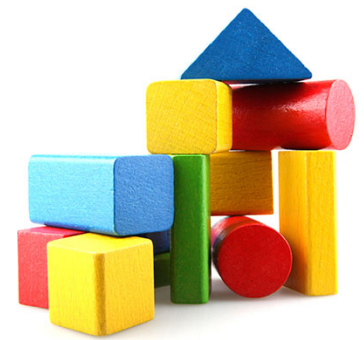
BB #2: Revise Policies, Workflows, Agreements

- Current policies, patient agreements and workflows are identified and reviewed by the opioid improvement team along side of current evidence and clinical practice guidelines.
- Policies are revised iteratively with feedback from medical staff and providers
- Once a near final draft policy is developed, language in the patient agreements is reviewed and aligned with elements of the clinic policy and vice-versa.
- After approval of revised policies and agreements, clinic workflows are developed and implemented to implement policy and agreements.

BB #3: Tracking and Monitoring Patients

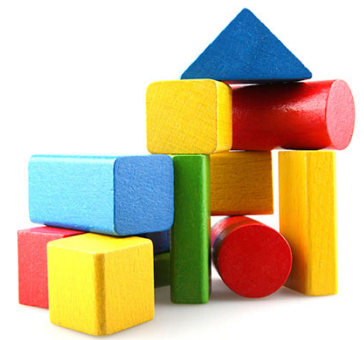


- Develop consensus among providers and staff about what is important to track:
 - Updated patient agreement signed within past 12 months?
 - PDMP checked within last 3 months?
 - Last urine drug screen?
 - Etc.
- Create links or embedded tools to calculate Morphine Equivalent Dose (MED) and field within EMR to document
- Dedicate staff time identify patients on long-term opioid therapy and agree on a way to track them
- Develop workflows to enter and track agreed upon indicators



BB #4: Planned Patient-Centric Visits

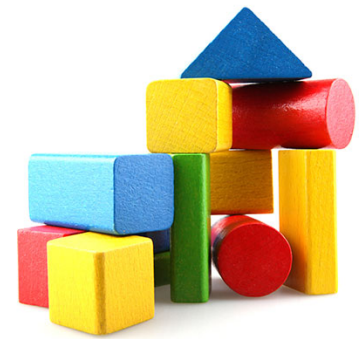
- Use tracking and monitoring to identify care gaps during morning huddle or scrubbing charts the day before appointment
- Use shared decision-making to develop agreed upon goals for pain management
- Train providers and staff on scripts to use with chronic pain patients, e.g. don't ask "how's your pain" instead ask "how are your daily activities"
- Use the PEG scale to focus care planning on activity and function, not pain
- Use patient agreement as a "risk communication tool" and informed consent
- Bring family member or household member into appointment to train on administration of naloxone



BB #5: Caring for Complex Patients

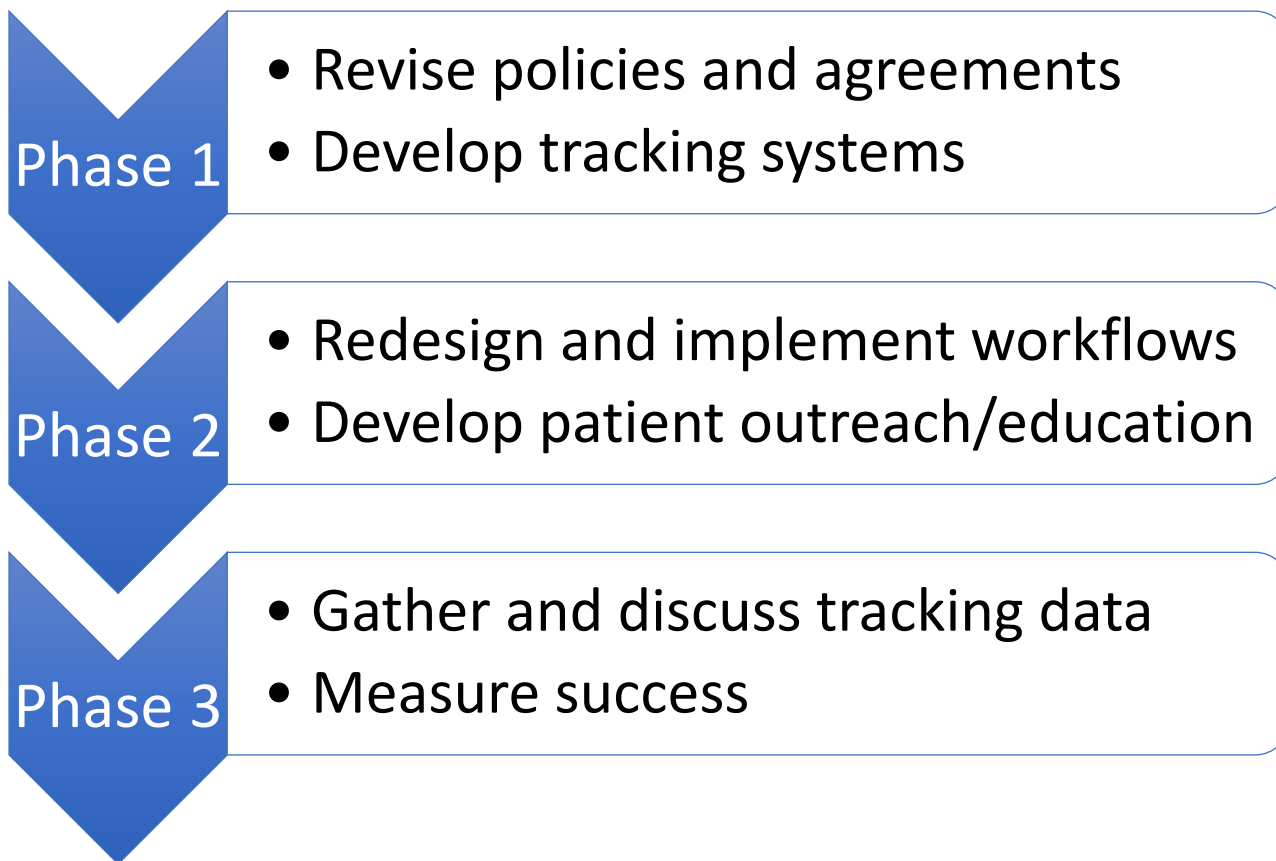
- Screen for depression, anxiety and PTSD in patients who are not meeting care goals
- Look for subtle indicators of Opioid Use Disorder and refer if indicated
- Identify local mental/behavioral health resources or embed them in the clinic
- If MH/BH available, consider obtaining Waiver for Medication Assisted Therapy with buprernorphine

BB #6 Measure and Celebrate Success



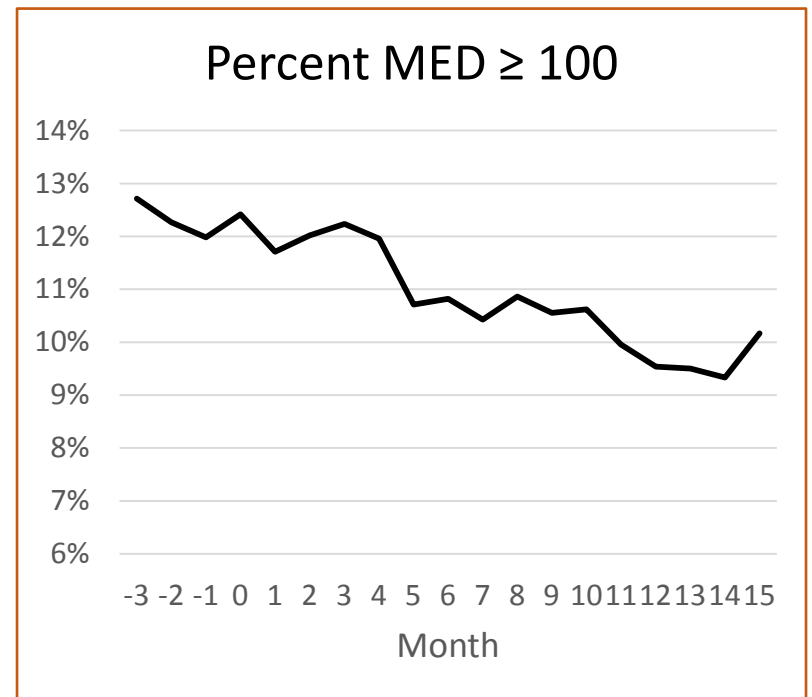
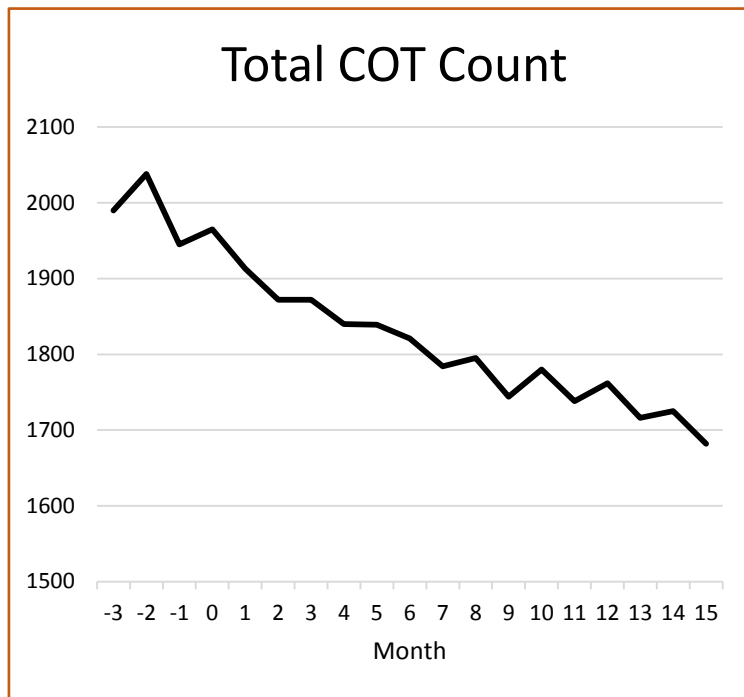
- Hold community events with law enforcement, public education, teachers, housing authority, etc. to launch new clinic policies and celebrate success at follow-up events
- Track agreed upon measures on visual dashboards and post trends/graphs in work stations
- Discuss and celebrate small successes along the way at team meetings.

How did clinics engage in the work?



Outcomes from the Six Building Blocks Program

The number of patients using long term opioid therapy and the proportion on high dose opioids decreased after implementing the Six Building Blocks



Primary Care Clinician:



- "Having a defined care pathway for an emotionally charged and complex area of care - to walk in with a plan. It's like walking into the ER and someone having a cardiac arrest. Not the most stressful things I do because we have a clear plan. Now I have the same kind of pathway for opioids. Having what we are going to do defined."

What others said about clinic life after implementing the Six Building Blocks:

“Everybody that works in this clinic says to me, ‘do you remember how much turmoil there was around it? Wow, we don’t have any of that anymore.’”

Medical Director

“Hopefully there’s no going back. It works. I don’t think any one of us wants to go back.”

Medical Assistant

“The teamwork, there’s been a lot of teamwork regarding it. I wouldn’t say that was a surprise, but it’s been nice.”

Nurse

“I saw one of the high MED patients that I inherited... we got him down to 80... just for him to say, ‘You know, I’m more functional — my pain is not different, might be better.’”

Physician



Six Building Blocks

A Team-Based Approach to Improving Opioid Management in Primary Care



Why is this important?

The majority of patients taking opioids for chronic pain are managed by primary care providers and their staff. Many practices are looking for help in managing their patients using chronic opioid therapy.



Who is this website for?

This website is for people interested in improving the care of patients using chronic opioid therapy, such as:

- clinicians and staff
- quality improvement personnel
- practice coaches
- clinic administrators

Supported by the Agency for Healthcare Research & Quality (AHRQ) under Award Number R18HS023750



How can this website help?

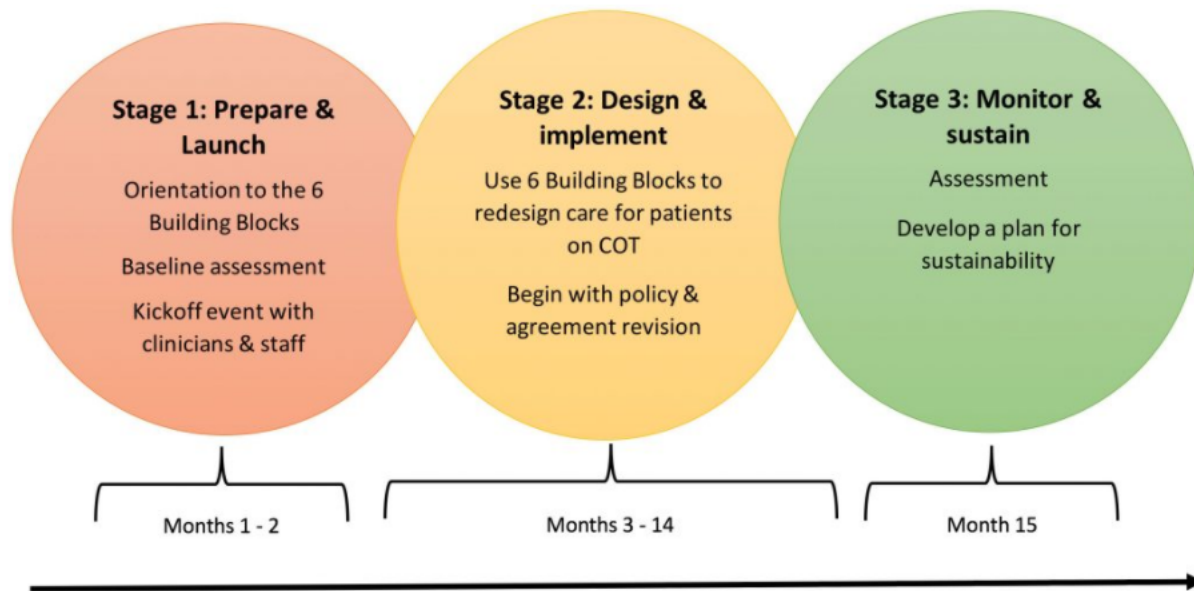
This website provides a structured systems-based approach for improving management of patients on chronic opioid therapy.

Implementation Guide

Would you like to implement the Six Building Blocks?

A Practice Coach can lead primary care practices through implementing the Six Building Blocks. If your site does not have a Practice Coach, you can appoint someone with quality improvement experience to serve in that role. These pages offer you step-by-step instructions for how a Practice Coach can guide practices through implementing the Six Building Blocks.

As you can see in the diagram below, implementation occurs in three stages over 15 months: [Prepare & Launch](#), [Design & Implement](#), [Monitor & Sustain](#).



- Resources for Clinics
- Recommended Assessments
- Resources for Practice Coaches

Helpful Resources

Resources for Clinics

Leadership & Consensus resources

Opioid harm stories: *Stories are the emotional drivers for engaging clinicians. Here are some personal stories of the harm caused by opioids.*

Six Building Blocks self-assessment: *A tool that can be used to measure status in the Six Building Blocks, both as a small group activity during site visits and by the Opioid Improvement Team to track progress over time.*

Clinical education opportunities: *A list of places your providers and staff can obtain clinical education around opioids and chronic pain.*

UW TelePain: *A clinical education resource.*

Levers of motivation guide: *Ways to motivate providers and staff.*

Policy, Patient Agreement, & Workflow resources

Model policy: *An example policy your clinic can use during the policy revision process; developed using the CDC guidelines.*

CDC Guidelines for Prescribing Opioids for Chronic Pain

AMDG 2015 Interagency Guideline on Prescribing Opioids for Pain

Model patient agreement: *An example patient agreement your clinic can use during the patient*

Thank YOU!

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