

Improving safety and management when prescribing chronic opioids: Applying what we have learned in population management.

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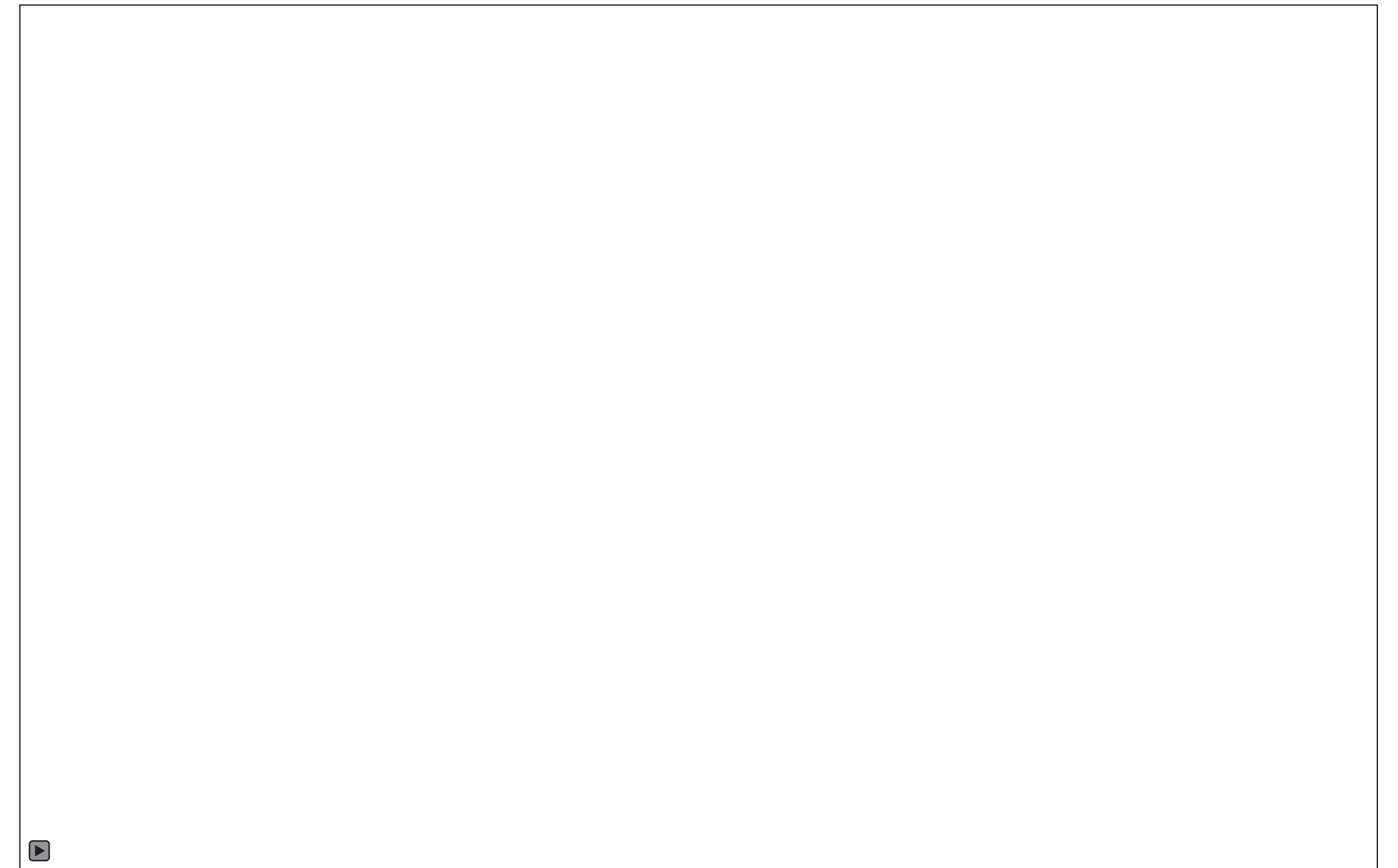
Problem and Context:

- As pain became a fifth vital sign, opioids became more frequently prescribed for chronic pain in primary care.
- Facing an increasing prevalence of opioid use disorders nation-wide, and an epidemic of overdoses, the efficacy and safety in this practice has raised questions and concerns
- Healthcare Associates (HCA), a large adult academic primary care practice, has an opioid committee to advise the practice on safe prescribing.
- While the practice, a level III Patient Centered Medical Home, had developed a variety of registries and tools to facilitate population management improving preventive screening and management of several chronic illnesses, there were no effective mechanisms available:
- To identify all patients receiving chronic opioids;
 - To assess guideline adherence and management of risk
 - To intervene at the population level.

Objectives:

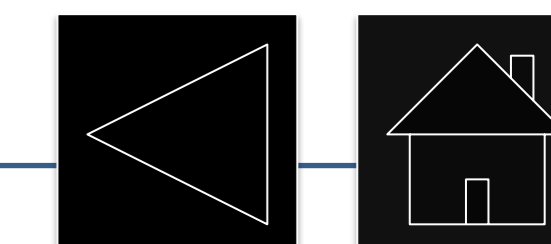
- Develop registry which accurately identifies patients prescribed chronic opioids and measures adherence to treatment standards and risk factors.
- Implement strategies to improve performance
- Increase guideline adherence and improve safety.

Paradigm:



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Registry Development:

- Developed algorithm to capture patients prescribed chronic opioids (defined as 90 days or greater).
- Identify guideline adherence and gaps including annual opioid treatment agreements; urine toxicology screens; regular visits with primary PCP or primary nurse (NP); and prescription monitoring program checks.

Annual Opioid Agreement

Urine Toxicology Screening

Prescription Monitoring Checks

Regular PCP/NP Visits

- Identify areas of risk including (Volkow, March 2016, NEJM)
 - Co-morbid behavioral health diagnoses: opioid use disorder; other substance use/addictive behavior; mood disorders or Post Traumatic Stress Disorder
 - Medication risks : Methadone; Benzodiazepine
 - Co-morbid medical diagnoses: Chronic Kidney Disease (CKD) stages 4, 5 or ESRD; Liver Disease; Obstructive Sleep Apnea (OSA)

Opioid Use Disorder

Other Substance Use

PTSD Depression

Benzodiazepine

Methadone

Chronic Kidney Disease

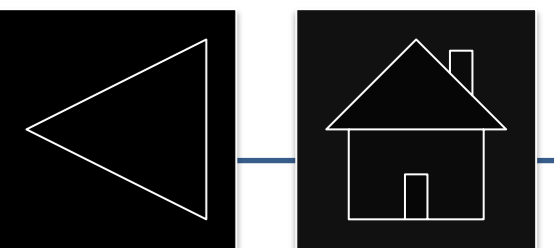
Liver Disease

Obstructive Sleep Apnea

- Morphine Equivalency (MME) - pending programming (phase II)
- Upon programming, panels of 10 providers were reviewed for validation and minor specification refinements were made to ensure capture and validity

Strategies For Change/Interventions:

- Reviewed practice-wide and suite-based data as well as individual provider panels in suite meetings
- Provided additional educational resources including case vignettes and videos.
 - Scope of Pain has link to videos as well as other resources <https://www.scopeofpain.com/tools-resources/>
 - MyTopCare has many resources, including some good tips and guidelines around urine tox screens and interpreting results <http://mytopcare.org/prescribers/about-urine-drug-tests/>
- Identified opportunities for improvement and built consensus for goals and initial targets.
 - ❖ Increase to 80% patients prescribed chronic opioids with up-to-date annual opioid treatment agreements.
 - MD panel data made available
 - Opioid agreement data added to pre-visit Q-card with prompts
 - Self-Assessment tool as prompt given by MA or directly by provider
 - ❖ Increase to 80% of patients prescribed chronic opioids with agreement for urine toxicology screens.
 - MD panel data available
 - Urine Tox Screen data added to Q-card with prompts
- Initial roll out to one suite and then expand practice-wide
- Measure and monitor rates monthly, integrate feedback from providers, staff and patients, and define next steps



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Additions and Prompts to Pre-visit Q-Cards

	X or ✓	Date/ comment	MA text (action if X)	MD/NP text
Safe Prescribing of Chronic Opioids <i>(new grey header)</i>				
Opioid Agreement	X or ✓	Last agreement – Date or Never	For any visit with PCP, Give Opioid self-assessment	Complete and document Opioid Agreement
Urine tox screen	X or ✓	Last tox screen – Date or Never	For any visit with PCP or NP, Ask patient to leave urine ___ Patient left urine ___ Patient declined	Order urine tox screen.

Opioid Therapy Annual Patient Self-Assessment

Please help us to better understand your current experience of pain and level of functioning.

What number best describes your pain on average in the past week?

0 1 2 3 4 5 6 7 8 9 10

No Pain Mild Moderate Severe Worst Possible

Does not interfere with most activities

Interferes with some activities

Difficult to engage in normal activities

What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Completely Interferes

What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

Not at all

Completely Interferes

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in activity

0 1 2 3
Not at all Several days More than half Nearly every day

Feeling down, depressed, or hopeless

0 1 2 3
Not at all Several days More than half Nearly every day

Have you experienced any of the following?

Constipation [] Yes [] No

Fatigue/Somnolence [] Yes [] No

In the last 12 months, have you

Have you fallen? [] Yes [] No

Have you had problems with addiction? [] Yes [] No

Have you been in a car accident? [] Yes [] No

Have you been the victim of violence or abuse? [] Yes [] No

Have you had family members struggle with addiction? [] Yes [] No

Have you been to an emergency room for pain? [] Yes [] No

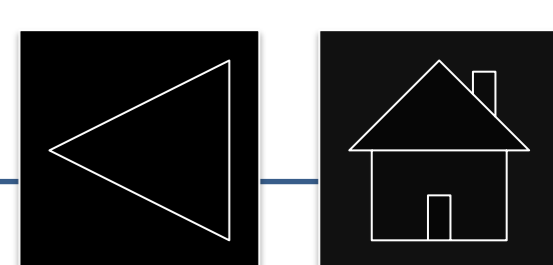
Have you been arrested or had difficulty with the law? [] Yes [] No

Have you received opioid prescriptions from other doctors? [] Yes [] No

Have you experienced cravings? [] Yes [] No

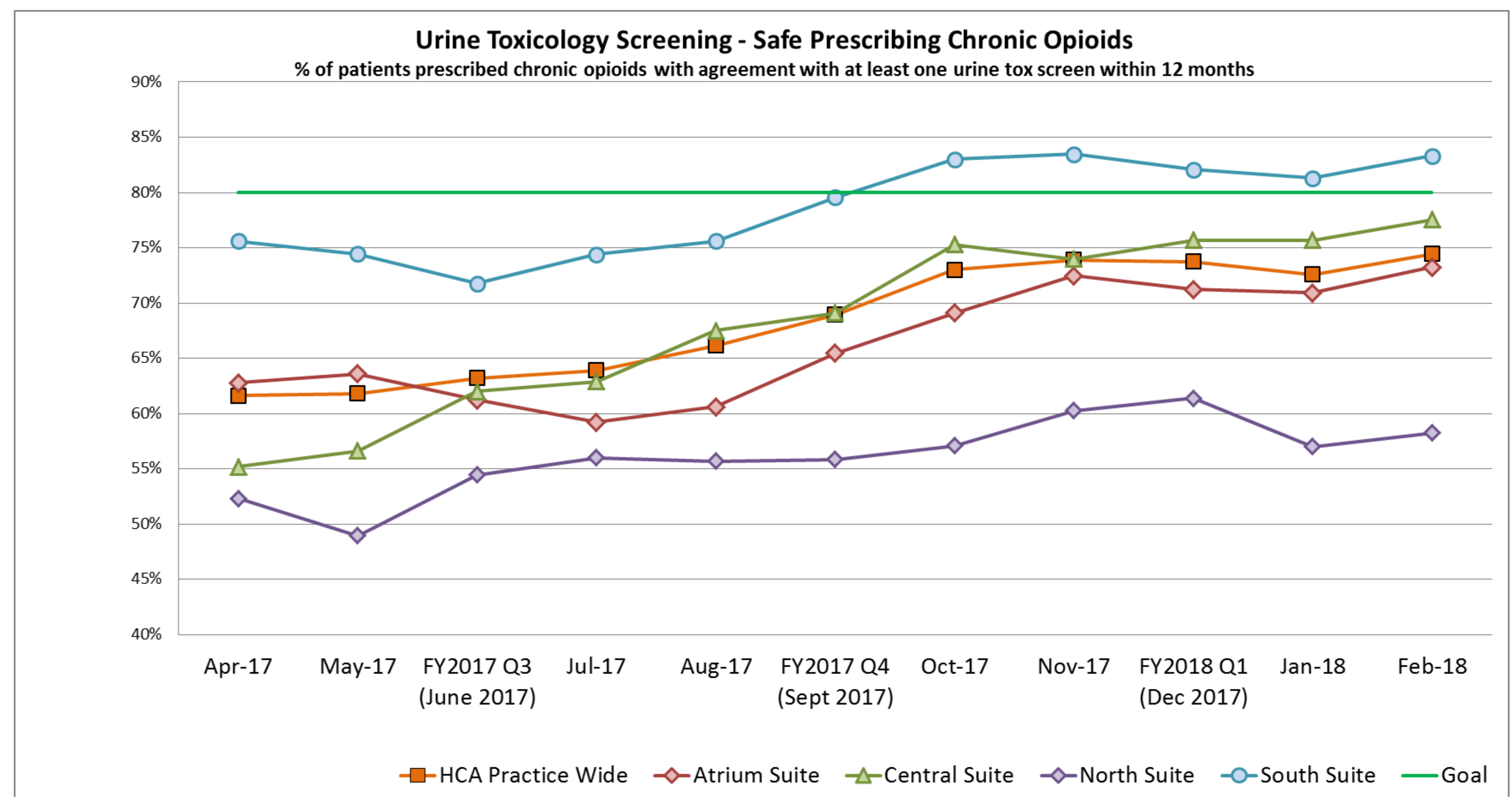
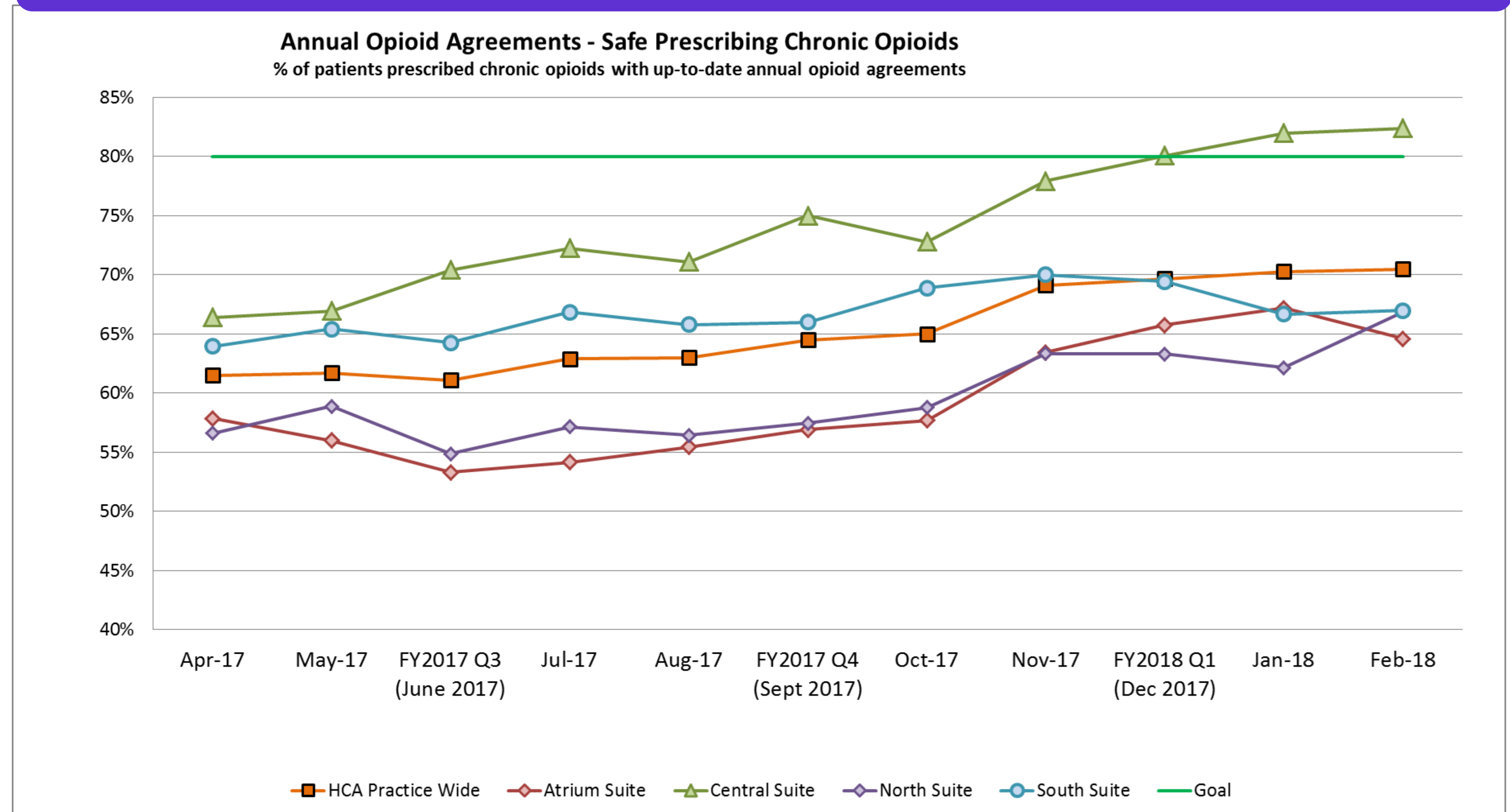
Have you taken opioids for reasons other than pain? [] Yes [] No

Have family members or friends expressed any concerns with your use of opioids or other substances? [] Yes [] No



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Results To Date:



Lessons Learned :

- ❖ In addition to education, a registry for patients on chronic opioids can identify patients whom providers may not realize meet criteria or are overdue for monitoring follow-up
- ❖ Population health strategies can be applied to safe opioid prescribing.

Next Steps:

- Further work is needed to use the registry and to enhance strategies and tools that can improve adherence, closing care gaps and manage risks safely.
- Develop resources to provide reviews of complex patient care issues and provide recommendations and assistance for patients at risk and who may need tapering or alternative treatments