



caravanhealth

## Safe and Competent Opioid Prescribing: Optimizing Office Systems

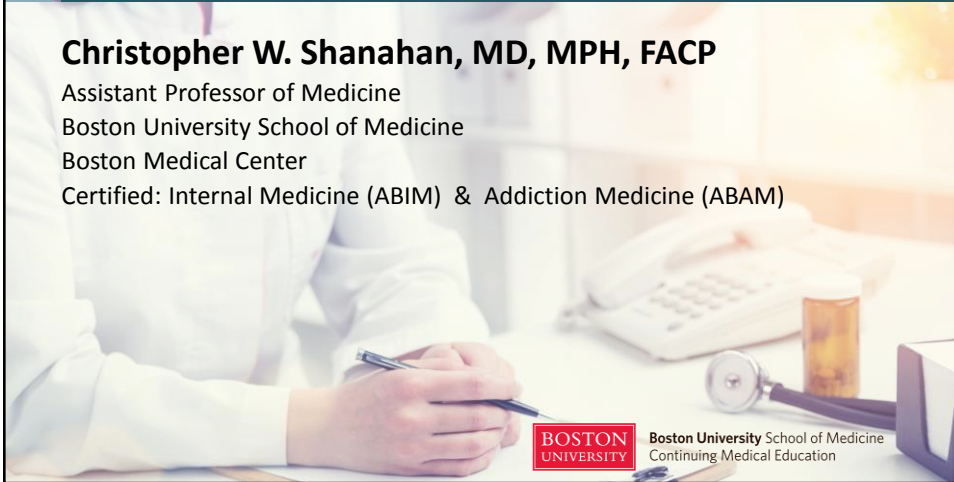
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BOSTON  
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Continuing Medical Education

## Learning Objectives

- **Recognize different care models to support patients with chronic pain**
- **Identify evidence-based tools to assess patient's risk for substance use disorders**
- **Create and implement workflows that incorporate assessment and clinical management tools**
- **Provide approaches to develop and use effective individualized treatment plans**

# Building a System



## A Population Health Approach

Building a System

Addresses **health** and **health needs** of **individual patients** as a subset of a larger population that represent the full health/well-being continuum by interventions that **engage** individuals as well as the population to achieve **improved outcomes**

# Key System Components

## Individual and Population Level

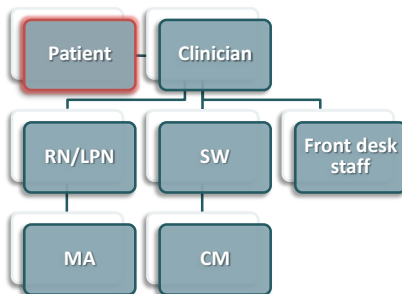
- **Coordinate** care effectively between care team and patient
- **Communicate**, engage and educate patients
- **Use policies/interventions** following clinical guidelines
- **Use patient registries** with valid provider attribution
- **Monitor** and measure clinical metrics
- **Track** specific health outcomes



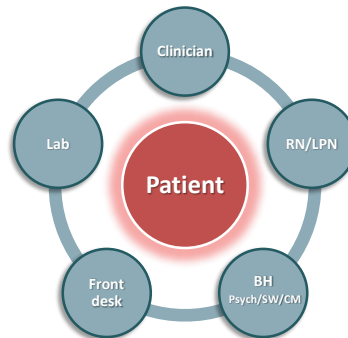
# Models of Care

## For Patients on Opioids for Chronic Pain

### Prescriber-managed



### Interdisciplinary Team



# Interdisciplinary Team

## Roles and Responsibilities

- **Nursing Staff/Medical Assistants**
  - Skill sets/qualifications
  - Key behaviors (TOPCARE\*)
- **Other team members (onsite vs. offsite)**
  - Behavioral Health
  - Pharmacists
- **Hiring**
  - Key interview questions
  - Care philosophy (safety oriented)

\* Transforming Opioid Prescribing in Primary Care



## Create the “Rules”



# Controlled Substance Prescribing Policies

Patient Provider Agreement (PPA)	Treatment Planning	Procedures
<ul style="list-style-type: none"><li>• Informed consent of risk and benefits of treatment</li><li>• Universal precautions (every patient, every visit)</li></ul>	<ul style="list-style-type: none"><li>• Individualize care and treatment plan</li><li>• Medication management</li><li>• Monitoring for benefits (PEG scale*) and harms</li></ul>	<ul style="list-style-type: none"><li>• Refills, Urine Drug Test (UDT), pill counts, Prescription Drug Monitoring Program (PDMP, e.g. CURES 2.0<sup>§</sup>), etc. , PEG scale*</li><li>• Promotion to increase intensive level of care (e.g. Intensive Outpatient Program (IOP), Pain Clinic)</li><li>• Electronic Health Record (EHR) templates and forms</li></ul>

<sup>§</sup> Controlled Substance Utilization Review and Evaluation System 2.0

\* Pain, Enjoyment of Life, General Activity Scale: Krebs EE, et al. *J Gen Intern Med.* 2009 Jun;24(6):733-8.



# Referral, Support, Educational Resources

- **Develop referral and support resources**
  - Co-prescribing naloxone ([www.prescribetoprevent.org](http://www.prescribetoprevent.org))
  - Pain, addiction specialists
  - Mental health, case management/advocacy (e.g. housing)
  - Patient-level resources (e.g. American Chronic Pain Association)
  - Key online resources such as [www.mytopcare.org](http://www.mytopcare.org) (for clinicians, pharmacists and patients)
- **Obtain educational materials**
  - Medication interaction/overdose prevention
  - Safety, storage and disposal training
  - For healthcare staff ([www.scopeofpain.org](http://www.scopeofpain.org))



# Patient Registry

## Policies

*Patient Registry (def.): An organized system using observational study methods to collect uniform clinical data to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves a predetermined clinical or policy purpose(s).*

- **Establish requirement for universal and consistent use of registry/tracking system**
- **Establish and enforce documentation expectations**
- **Determine if paper-based vs. electronic**
- **Establish process system use and report distribution**
  - Practice/provider level reporting

# Registry Components

## Core Components/Track Key Quality Indicators

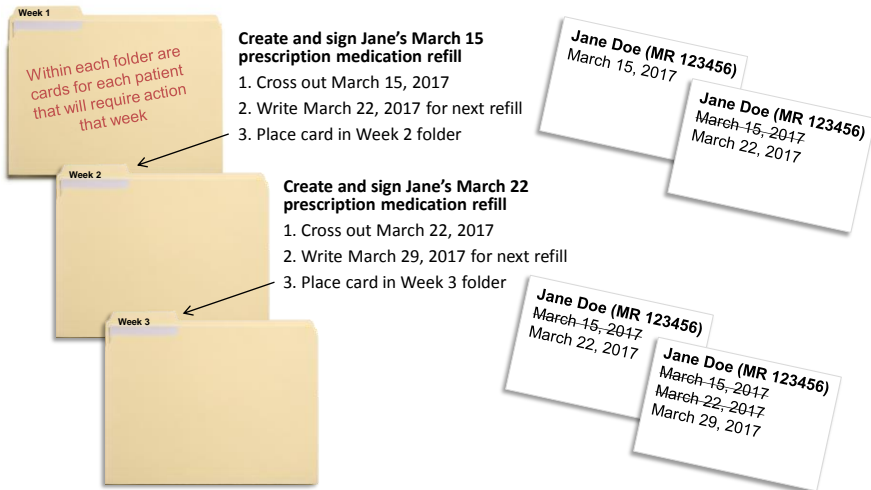
- **Last and next**
  - Medication refill; pill count; UDT; PDMP check
- **PPA signed**
- **Risk assessment and monitoring data**
  - Aberrant medication taking behaviors
  - Clinical monitoring data (UDT, PEG, etc.)
- **Reporting tools**
  - By level: Patient/Provider/Practice/System Level

### *Key Design Factors:*

- **Must follow and facilitate prescribing and refill workflow**
- **Must avoid/minimize double data entry**

# How a Tickler File Works

Example: **Jane Doe Weekly Refills**



# Create the Workflow

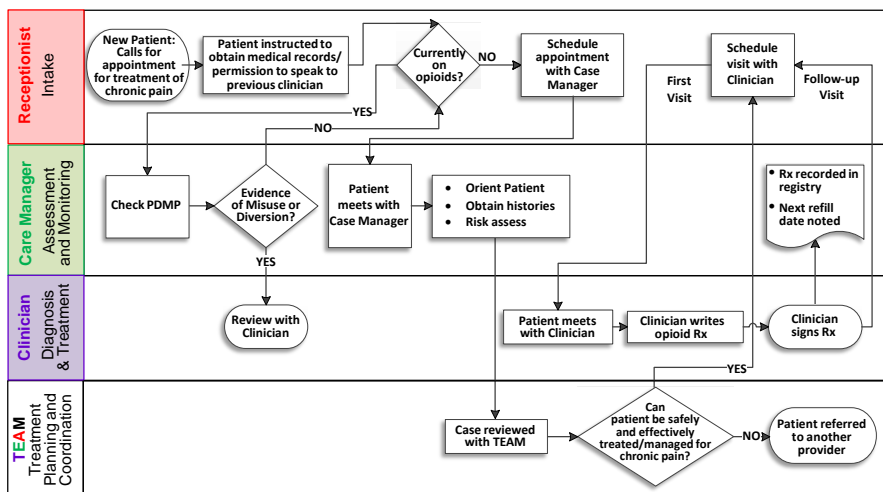


# Intake, Treatment Planning, Referral and Discontinuation

- **Intake encounter**
  - Procedure/template
  - Evidence-based SBIRT (Screening, Brief Intervention, and Referral to Treatment)
  - PDMP checking (by delegates if permitted)
- **Individualized treatment planning**
  - Procedure/process/template
  - Revise treatment plan components as necessary
- **Referral for other services**
  - Mental health, specialty pain service, addiction treatment, etc.
- **Discontinuation process**

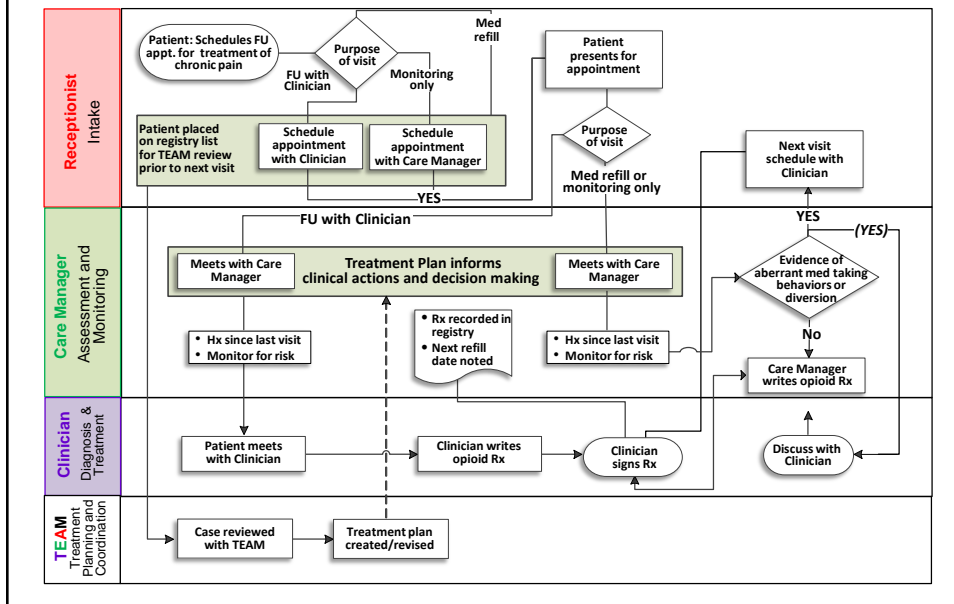


## Suggested New Patient Workflow





## Suggested Established Patient Workflow



## Ongoing Evaluation Encounter

- **Develop a Procedure**
- **Create an Health Record template**
- **Monitor for:**
  - Aberrant medication taking behaviors etc.
    - Use: PEG/COMM (Current Opioid Misuse Measure)
  - PDMP Checking (by delegates if allowed by law)
  - Diversion and/or use disorder using supervised:
    - Pill counts (scheduled/random)
    - UDT (scheduled/random)
  - Work with the UDT lab
    - Send out vs. Point of Care
    - Confirmatory testing
- **Review Patient-Provider Agreement (PPA) regularly**

## Roles

- **Nurse: needs skill set; provide development training**
  - Develop and maintain therapeutic alliances with patients
  - Participate in treatment planning
  - Intake and initial assessment
  - Monitoring encounters
  - Facilitate medication refills/maintain patient registry
- **Medical Assistant**
  - Rooming patients
  - Routing patient calls
  - Manage collection of urine for drug testing
- **Behavioral Health (if onsite)**
  - Intake and initial assessment
  - Participate in treatment planning
  - Facilitate/provide counseling

## Documentation and Tracking

- **Health record (electronic or paper) encounter templates**
  - Intake
  - Treatment planning
  - Ongoing visits
    - Refills
    - Monitoring (callbacks for UDT and pill counts)
- **Key elements to support safe prescribing**
- **Work with EHR vendors to:**
  - Support practice of safe opioid prescribing
  - Develop customized encounter forms and processes (local EHRs)

# Implement and Optimize



## The Implementation Team

### Monitors the System

- **Employ principles of “Diffusion of Innovations”<sup>1</sup>**
  - Leverage peer-to-peer communication networks
  - Anticipate time for process to unfold through key stages (knowledge/persuasion/decisions/implementation/confirmation)
  - Identify, recruit and engage opinion leaders, early innovators/early adopters
  
- **Deputize a *Program Champion***
  - A recognized and respected practice opinion leader
  - Critical to project success

1. *Diffusion of Innovations*, 5th Edition EM. Rogers, Free Press, NY, NY 2003

## The Implementation Team

### Improves the System

- **Create multidisciplinary Implementation Team**
  - Nursing/Behavioral Health/Pharmacy/Medical Clinicians
  - Meet weekly
- **Huddle/problem-solve during each clinic**
  - About first 6 months
- **Remember: it's an iterative process...**
- **Policy and procedures won't be perfect initially**
  - Anticipate need to further improve systems based on real experience



## Transition from Implementation to Care Team

### Aim for Smooth

- **Ensure use of clinical data tools**
  - Risk assessment (ORT, SOAPP, DIRE\*)
  - Ongoing risk monitoring (COMM, UDT, pill counts, PDMP)
  - How will manage different risk levels?
- **Keep program up to date with rapidly changing state laws/regulations**
- **Provide clinicians and staff ongoing training**
  - Review and revise policies and procedures
  - Communicate with patients and with each other

\*ORT: Opioid Risk Tool  
SOAPP: Screener and Opioid Assessment for Patients with Pain®  
DIRE: Diagnosis, Intractability, Risk and Efficacy Score



# Concrete Steps when Starting and Tuning

## Timing



- **Expect weeks to months of development with lots of uncertainty, iterative testing and revision...**
- **BUT, start sooner rather than later**
  - No more than 6-8 weeks of planning before you start
- **Engage and get leadership buy-in for a fluid implementation/adjustment period of 6-12 months**

# Concrete Steps when Starting and Tuning

## During the Transition

- **Weekly Implementation Team meetings**
- **Continue to:**
  - Collect data, share amongst team
  - Devise strategies (with low investment) to test effect and effectiveness
- **If it works, keep it; if not, jettison and try something else**
- **Don't overanalyze; just do it**

# Get the Clinical Team up to Speed

Meet before and/or after each clinic

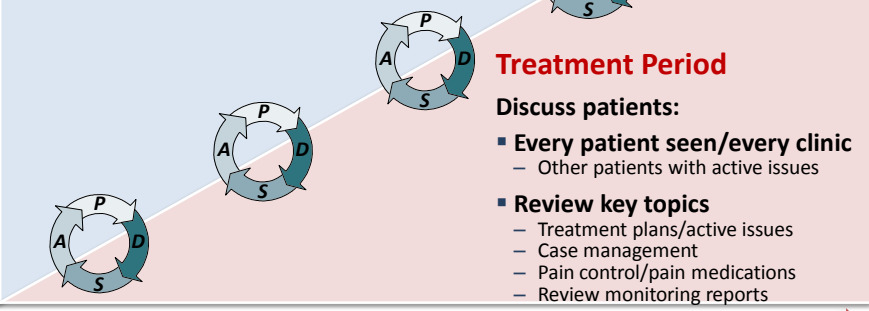
- **Discuss patients**
  - Each new and existing patient seen during clinic
  - Other patients with active issues
- **Review key topics**
  - Treatment plans/active issues
  - Case management
    - Adjunct Therapies (counseling, PT, acupuncture, etc.)
  - Pain control/pain medications
    - Dose (effective and appropriate?)
    - Prescriptions and refills (aberrancy?)
  - Review monitoring reports
    - UDT and pill counts: aberrancies?
    - PMDP: patterns of opioid use disorder and/or diversion?



# Transition from Implementation to Treatment

## Implementation Period

- Create TEAM and meet weekly
- Huddle/problem-solve during each clinic
- *It's an iterative process...*



## Treatment Period

Discuss patients:

- **Every patient seen/every clinic**
  - Other patients with active issues
- **Review key topics**
  - Treatment plans/active issues
  - Case management
  - Pain control/pain medications
  - Review monitoring reports

Time

Time

Time

Actual team members may change during transition



## Prepare for Growing Pains

- **Work with providers non-adherent to practice policy and procedures**
  - e.g. “My colleague is overprescribing. What should I do?”
  - Consider periodic practice reviews to make sure the practice is following best practices
- **Work with patients unhappy with new procedures**
  - Getting buy-in and cooperation from all staff
  - Avoiding patients “dividing” staff
- **Respond to unanticipated clinical issues**

# Suggested **New** Patient Workflow

