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

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Learning Objectives

- Describe the 6 Building Blocks of Safe and Effective Pain Management
- Understand how the 6 Building Blocks are being utilized across the state of Oregon
- Describe the value of team based care in safe and effective pain management
- Apply the 6 Building Blocks to their own teams.
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The amount of opioids prescribed in the United States peaked at 782 morphine milligram equivalents (MME) per capita in 2010 and then decreased to 640 MME per capita in 2015.

Despite significant decreases, the amount of opioids prescribed in 2015 remained approximately three times as high as in 1999 and varied substantially across the country.

-Vital Signs CDC MMWR July 7, 2017
Each year, more Americans die from prescription drug overdose than from heroin + cocaine combined.
4 OUT OF 5 HEROIN USERS ABUSED PRESCRIPTION OPIOIDS FIRST
Top five medicines prescribed in the U.S. in 2016 were:

- Levothyroxine (123 million Rx)
- Lisinopril (110 million)
- Atorvastatin (106 million)
- Hydrocodone/acetaminophen (90 Million)
- Metoprolol (88 million)
Death from Opioid Overdose

Bohnert et al. JAMA 2011
We need a new approach: origin of the Six Building Blocks
LEAP: 30 Innovative Primary Care Practice Models for Improving Team-based Care

Learning from Effective Ambulatory Practices
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: Initial clinic team discussion and completion of building block self-assessment to determine current status. Stimulate action plan.
  - Quarterly phone call from a “practice coach” to support action plan and problem-solve
  - Support for chronic opioid management tracking system
  - Monthly shared learning calls at which all clinics can share lessons learned
  - Monthly webinars and difficult case presentations with pain specialist
  - Shared resources: clinic policies, patient agreements, clinic workflows, patient education materials, etc.
### 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 and COT management in each clinical contact with COT patients.**

<table>
<thead>
<tr>
<th>Policies &amp; Workflows</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. COT policies and workflows for all opioid prescribing (including refills, dose escalation, tapering)</td>
<td>...either do not exist or do not cover many prescribing situations.</td>
<td>...are well-defined but have not been discussed with all clinic staff and providers</td>
<td>...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.</td>
<td>...are well-defined and have been discussed with all clinic staff and providers, and the training needed to implement them has taken place.</td>
</tr>
<tr>
<td><strong>Patient Agreements</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>7. Formal written COT patient agreements...</td>
<td>...do not exist.</td>
<td>...have been developed but are not in use.</td>
<td>...have been developed and are partially implemented into routine care and/or reminders.</td>
<td>...are fully implemented. Most patients have a signed patient agreement.</td>
</tr>
<tr>
<td><strong>Urine Drug Screening</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>8. A urine drug screening policy...</td>
<td>...does not exist.</td>
<td>...has been developed, but is not in use.</td>
<td>...has been developed and is partially implemented into routine care and/or reminders.</td>
<td>...is fully implemented. Urine drug screening is consistently implemented according to clinic policy.</td>
</tr>
</tbody>
</table>

*Study kick-off consensus-building team conversation*
Dinner Meeting with Prescribers Only

- Provider-level data on opioid prescribing patterns
- Results of patient survey on willingness to try other treatments for chronic pain and willingness to taper
- Difficult Conversations: Principles and Scripts
Difficult Conversations

- **Principles**
  - Keep the primary focus on outcomes patients care about.
  - When discussing risk, focus on the drugs.
  - Develop a differential diagnosis for patient behaviors that cause concern.
  - Redirect clinical encounters to focus on what patients can do to improve their quality of life.

- **Scripts**
  - “We used to think these medications were safe, we now know that they are not.”
  - “I am primarily concerned about your safety. Let’s talk more about this in the next visit.”
  - “You’re telling me that your pain is really terrible, and I hear you. It seems to me that what we’re doing just isn’t working. We should make some changes.”
How did clinics engage in the work?

**Phase 1**
- Revise policies and agreements
- Develop tracking systems

**Phase 2**
- Redesign and implement workflows
- Develop patient outreach/education

**Phase 3**
- Gather and discuss tracking data
- Measure success
Look at what you’ve accomplished!

- Implemented pain visits
- Standardized the approach to MED calculation and recording
- Revised policies and treatment agreements
- Signed up for state drug monitoring database
- Developed a methodology to track patients on COT
- Provided dedicated staff time for data tracking
- Reduced providers and staff burnout
- Implemented standard work processes
- Had significant consensus-building conversations
- Prioritized the work at all levels
Active # COT Patients by Month

- n=2,464
- n=1,749

Months

n=1,749

n=2,464
Trend # patients MED > 100

Chart Title

# of Patients

Months

n=168

n=100

May 21, 2018
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."
Success is never final, failure is never fatal, it is only the courage to continue that matters.

— Winston Churchill
What is YOUR STORY?

THESORY
SO FAR