Oregon’s comprehensive approach to clinical change
Learning Objectives

Participants will learn:

1. Oregon's successes, challenges, and early results with a comprehensive approach to implementing the CDC Guideline for Prescribing Opioids for Chronic Pain

2. How the Pain Management Improvement Team is using The Six Building Blocks of Opioid Prescribing to improve pain treatment and opioid prescribing in Oregon

3. Available implementation tools such quality improvement metrics, sample policies, screening tools, and treatment agreements, Electronic Health Record guidance, provider trainings, and other resources

No conflicts to disclose
Topics covered

- Data snapshot
- The Oregon Opioid Initiative
- PDO project map
- Technical Assistance Team: PMIT
- Oregon implementation toolbox
- 6 Building Blocks self-assessment
- Early results
- Next steps

Oregon Opioid Overdose Deaths Declined 30% from 2011-2016

[Graph showing trends in Pharmaceutical Opioids, Heroin, and Methamphetamine and stimulants from 1999 to 2016.]
Oregon patients on high-dose opioids (>90MED) declined 48% 2014-2018 (Q1)

12.4 90MED individuals per 1,000 residents

11.1

6.4
Oregon Opioid Initiative: Strategies

Pain treatment
- Non-opioid therapies for chronic pain
- Best practices for acute, cancer, end of life pain

Reduce harms
- Ensure availability of treatment for opioid use disorder
- Increase access to naloxone and MAT

Reduce pills
- Decrease the amount of opioids prescribed

Data
- Use data to target and evaluate interventions
The Pain Management Improvement Team (PMIT) uses academic detailing and practice facilitation methods to provide training and mentoring on best clinical practices for pain management and safe opioid prescribing.

Variety of settings in high-burden regions
- Coordinated Care Organization
- Large health system/health plan
- Federally Qualified Health Centers
- OR Medical Board referrals
Meet the Southern OR PMIT
Pain Management Improvement Team

Jim Shames, MD
Oregon Pain Guidance
State leader

Laura Heesacker, MSW, LCSW
Oregon Pain Guidance
Behavioral health, chronic pain management

Nadejda Razi-Robertson, LCSW, PhD
Behavioral health, practice facilitator

John Kolsbun, MD
Medical Director,
AllCare Health CCO

Simon Parker-Shames, MPH
Health Informaticist
## Oregon Implementation Toolbox

[www.oregonpainguidance.org](http://www.oregonpainguidance.org)

### Academic Detailing

**Tailored education**
- Peer-to-peer trainings and support: Difficult conversations, tapering, medication-assisted treatment, integrating behavioral health, managing complex cases
- Pain consultation service: teleconferences, in-person case reviews

### Practice facilitation

**QI and systems work**
- 6 Building Blocks self-assessment
- QI metrics
- EHR integration guide
- MED calculator
- PDMP reporting for Medical Directors and providers

### Other resources

- Oregon Pain Guidance Spotlight on Practice tele-conference educational nights
- OHSU ECHO: Addictions Medicine and Persistent Pain
- University of WA Tele-Pain™ Program
- Regional and state opioid/pain conferences
Six Building Blocks Self-assessment

- Developed by Dr Michael Parchman and team, MacColl Center for Health Care Innovation: improvingopioidcare.org
- A way to identify organizational strengths, weaknesses, and gaps in how pain is treated and how safely opioids are used as compared to the CDC Guideline for Prescribing Opioids for Chronic Pain
- Modified for Oregon PDO Project with focus on pain management: https://www.oregonpainguidance.org/6-building-blocks-overview/

**Leadership and consensus**
Demonstrate leadership support and build organization-wide consensus to pro-selective and cautious opioid prescribing.

**Policies, patient agreements, and workflows**
Revise, align, and implement clinic policies, patient agreements, and workflows 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 patients on chronic opioid therapy.

**Planned, patient-centered visits**
Prepare and plan for the clinic visits of all patients on chronic opioid therapy. Support a 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 who need mental/behavioral health resources are identified and provided with either in the care setting or by outside referral.

**Measuring success**
Continuously monitor progress and improve with experience.
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<thead>
<tr>
<th>Implementation stages</th>
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<tr>
<td><strong>Stage 1</strong></td>
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<tr>
<td>• Site leadership agrees to MOU, IDs champion</td>
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<tr>
<td>• 6 Building Blocks (6BB) web survey</td>
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<td>• Portland State Univ. compiles baseline report</td>
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<tr>
<td>• Site kickoff meeting to discuss 6BB report and identify implementation team</td>
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<td>Months 1-2</td>
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<td><strong>Stage 2</strong></td>
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<tr>
<td>• PMIT helps site develops metrics-based work plan</td>
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<td>• PMIT provides training, monitoring, and technical assistance</td>
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<td>Months 2-7</td>
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<td><strong>Stage 3</strong></td>
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<td>• Champion sends 6BB follow-up survey to all staff</td>
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<td>• PSU compiles final report</td>
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<td>• Project close-out meeting to discuss results and develop sustainability plan</td>
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<td>Months 7-8</td>
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Providence Medford 6BB results – 1 year

Mean Score by Building Block and Year

Scale: 1=Limited or no policies, 2= Policies, but No Implementation, 3=Partial Implementation, 4=Optimal implementation

Rate of change

- Leadership: Baseline 1.4, Follow-up 2.3, ↑60.7%
- Policies: Baseline 1.2, Follow-up 2.5, ↑108.3%
- Identifying & Tracking Patients: Baseline 1.0, Follow-up 3.0, ↑200.0%
- Patient-Centered Visits: Baseline 1.2, Follow-up 2.8, ↑133.3%
- Caring for Complex Patients: Baseline 1.0, Follow-up 3.0, ↑200.0%
- Measuring Success: Baseline 1.0, Follow-up 3.0, ↑200.0%
- Overall: Baseline 1.2, Follow-up 2.6, ↑143.4%
Next steps

• Recruit new sites for 2018-2019
• Launch Mid-Willamette Valley PMIT (Salem Health)
• Take lessons learned and scale up project design
Questions?

Contact: Lisa.m.shields@state.or.us