USING LEADERSHIP TO CHANGE PRACTICE AT SISKIYOU COMMUNITY HEALTH CENTER

OREGON CONFERENCE ON OPIOIDS, PAIN AND ADDICTION TREATMENT
MAY 19, 2018

KRISTIN MILLER, MD, CHIEF MEDICAL OFFICER

SISKIYOU COMMUNITY HEALTH CENTER

GRANTS PASS * CAVE JUNCTION

DISCLOSURES

- No disclosures

LEARNING OBJECTIVES

- Explain how physician education and support, community protection, patient safety and patient education is integral to best practice pain care and addiction treatment
- Describe how medical directors can design a coordinated approach to pain and addiction treatment by creating structure amid the chaos of caring for patients with co-occurring mental health disorders and addiction.
- Demonstrate that effective leadership can not only transform clinical practice and policy but has the potential to alleviate the pain and suffering of individuals, families and communities impacted by Oregon's opioid crisis.

BACKGROUND

- FQHC in Southern Oregon (2 sites, 12 PCPs)
- Long history of aggressive prescribing for chronic pain
- Large Medicaid/uninsured population
- Limited options or access to specialists
- High rate of co-occurrence of mental health disorders and addiction.
- “Collective chaos”

OREGON PAIN GUIDANCE

- 2013: Began attending OPG meetings monthly
- 2014: Clinic was chosen as a pilot site for OPG transformation project.

PILOT PROJECT TO TRANSFORM CARE

- All staff orientation
- Adopted new guidelines that focused on safer prescribing
  - Borrowed a document - this was 2+ years prior to CDC
- Guidelines gave the providers support/”backbone”
- Focus on safety, limiting doses

PILOT PROJECT TO TRANSFORM CARE

- Orientations and risk screenings (non-provider staff)
- Focus on patient function/goals (change the focus of the visits!)
- Increased emphasis on non-pharmacological treatments
- IT/EHR changes: patient rosters, pain flowsheet in EHR, data tracking

PILOT PROJECT TO TRANSFORM CARE

- CCO support helped fund pilot (cost of consultant)
- CCO support for limited hours of imbedded CDAC
- After 4-6 months of intensive provider/staff training, scaled back provider education to 30 minutes per month at provider meetings

SUPPORTING BEST PRACTICE CARE

- Short case review at a provider meeting every other month
- Education as needed on topics
- Orientation of new providers
- Every other month feedback in the form of written reports (rosters, MED levels, Naloxone).
- Small workgroup that meets every 2 months with a consultant facilitator to continue the change process.

SUPPORTING BEST PRACTICE CARE

- Administration continues to support the cost of the consultant
- This work has facilitated additional grant opportunities
  - 2 case managers with background in mental health and addictions
  - Expansion of OBOT (buprenorphine) services
- Provider staff and patient population has expanded by about 50%.
- Improved provider recruiting - retention

KEYS TO SUCCESS

1. Get consensus

- May need to be very broad
  - reducing provider/staff burn-out
  - avoiding patient harm
  - avoiding Medical Board investigation
- Can be very specific (adopting CDC guidelines)
- Find common ground, common goals

KEYS TO SUCCESS

2. **Administrative support**

- Public awareness and media helps the "sell"
- Direct and indirect costs
  - non-reimbursed staff time for screening/patient support services
  - increased frequency of visits during tapering
  - impact on patient satisfaction
- Message: Cannot afford NOT to make a change!
  - provider recruitment/retention, staff turnover/burnout, preventing legal problems.

KEYS TO SUCCESS

3. Define your population

- Patient roster from EHR? PDMP?
- May depend on your EHR or IT support

4. Determine what (if anything) you will measure and track

- MED? Measurement of function (PEG, ODI)? Number of patients?
- Ongoing feedback to providers can help sustain changes (peer pressure)

KEYS TO SUCCESS

5. Have well-rounded team

- May be physician/medical provider led
- Need buy in at all levels (phone/registration staff, nursing, medical assistant at minimum; as available Pharmacist, behavioral health/CDAC, health coach, office manager/operations)

6. Find allies

- Other practices, CCOs, regional work groups, local behavioral health providers, addictions treatment

KEYS TO SUCCESS

7. Small, slow change is still progress

- Not STARTING patients on chronic opiate therapy can count as a success.

QUESTIONS?

- Thank you!