

A Collaborative Approach to Primary Care Opioid Management

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& Quality Improvement Forum
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Problem Addressed

- Chronic pain affects ~ 30 million people in the U.S. (10% of U.S. population)
- Providing reactive rather than proactive pain management care may → poor use of clinic resources, inadequate pain control, & decreased patient quality of life
 - Sub-optimal chronic pain management due to lack of care coordination → undue burden on practice & patient

Problem Addressed

- Lack of opioid prescribing standards & oversight → widely variable practices
- Documentation variances → wasted time & energy searching charts



- Opportunities exist for standardization:
 - Monitoring patient response to treatments including medications & other services
 - Evaluating clinician practices (peer review)

Enter “CCSRAG”

- Chronic Controlled Substance Review & Advisory Group (CCSRAG)
 - A multi-disciplinary peer review team to help facilitate effective care of patients taking daily opioid medications
 - MD/DO, RN, mental health, clinic manager
 - Monthly 1 hour meetings (7:30am)
 - 2-3 thorough reviews/meeting; Top 10 registry review
 - Included patients: those with non-cancer pain taking > 30 morphine equivalents for ≥ 3 consecutive months
 - Identified by a registry sent once monthly to RN supervisor
 - Guidelines developed → treatment recommendations

Patient Registry

Patient	MRN	Age	Cancer Dx?	Last Visit	Next Visit	NC	CSA	FYI	Prob List	Most Recent Drug Test	Daily Morphine Equiv	Prev Daily Morphine Equiv	Start Date	End Date	Medication	Strength	Qty	RF	Prescription Morphine Equiv	Order Status	PCP	Ordering Prov	Ordering Loc
		57	N	7/23/10	8/30/10						22.4	30.4	8/19/10	8/23/10	Oxycodone w/ Acetaminophen Tab 10-325 MG	10-325 MG	120	0	1824	Ordered	ARNDT, BRIAN G		
													8/19/10		Oxycodone w/ Acetaminophen Tab 5-325 MG	5-325 MG	0			Canceled	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/23/10		Oxycodone w/ Acetaminophen Tab 10-325 MG	10-325 MG	20	0	304	Ordered	ARNDT, BRIAN G	CARUFEL-WERT, DONALD	VERONA FAM MED Outpatient
		49	N	8/10/10	9/21/10				Y	7/04/10	21.3	33.8	8/16/10		Hydrocodone-Acetaminophen Tab 7.5-500 MG	7.5-500 MG	30	2	675	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
		53	N	8/19/10							56.8	16.7	8/05/10		Hydrocodone-Acetaminophen Tab 10-500 MG	10-500 MG	30	5	300	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
		35	N	8/05/10	9/17/10					05/27/10	65.3	14.1	8/04/10	8/24/10	Morphine Sulfate Tab SR 12HR 15 MG	15 MG	60	0	300	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/24/10	8/08/10	Morphine Sulfate Tab SR 12HR 15 MG	15 MG	30	0	1350	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/08/10	8/05/10	Hydrocodone-Acetaminophen Tab 5-500 MG	5-500 MG	30	2	450	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/24/10	8/08/10	Morphine Sulfate Tab SR 12HR 15 MG	15 MG	30	0	1350	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/05/10	8/16/10	Hydrocodone-Acetaminophen Tab 10-325 MG	10-325 MG	120	0	1200	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/12/10	8/22/10	Acetaminophen w/ Codeine Tab 300-30 MG	300-30 MG	12	0	54	Ordered	ARNDT, BRIAN G	MALIK, FARHAT B	WEST TOWNE URGENT CARE Outpatient
		48	N	8/22/10							21.6	30.1	8/25/10	8/24/10	Oxycodone w/ Acetaminophen Tab 5-325 MG	5-325 MG	30	0	684	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/25/10		Oxycodone w/ Acetaminophen Tab 5-325 MG	5-325 MG	30	0	684	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/24/10		Oxycodone w/ Acetaminophen Tab 5-325 MG	5-325 MG	30	0	684	Ordered	ARNDT, BRIAN G	SMITH, DOUGLAS L	VERONA FAM MED Outpatient
		59	Y	7/28/10							2.1	0	8/12/10	8/26/10	Hydrocodone-Acetaminophen Tab 5-500 MG	5-500 MG	12	0	60	Ordered	ARNDT, BRIAN G	CAPE, ROBERT E	WEST TOWNE URGENT CARE Outpatient
													8/10/10	8/09/10	Acetaminophen w/ Codeine Tab 300-30 MG	300-30 MG	30	0	135	Ordered	ARNDT, BRIAN G	CROW, AUSTIN J	UW HEALTH ORTHO Outpatient
													8/25/10	8/09/10	Oxycodone w/ Acetaminophen Tab 5-325 MG	5-325 MG	80	0	608	Ordered	ARNDT, BRIAN G	HAYES, NATHAN C	VERONA FAM MED Outpatient
													8/17/10	8/27/10	Oxycodone w/ Acetaminophen Tab 7.5-500 MG	7.5-500 MG	20	0	228	Ordered	ARNDT, BRIAN G	KUBIAK, THEODORE J	WEST TOWNE URGENT CARE Outpatient
													8/27/10		Oxycodone w/ Acetaminophen Tab 7.5-500 MG	7.5-500 MG	20	0	228	Canceled	ARNDT, BRIAN G		VERONA FAM MED Outpatient
													8/27/10		Oxycodone w/ Acetaminophen Tab 7.5-500 MG	7.5-500 MG	40	0	456	Ordered	ARNDT, BRIAN G	SCHIBEL, WILLIAM R	VERONA FAM MED Outpatient
													8/09/10	8/08/10	Oxycodone w/ Acetaminophen Tab 5-325 MG	5-325 MG	80	0	608	Ordered	ARNDT, BRIAN G	BEASLEY, JOHN W	VERONA FAM MED Outpatient
													8/26/10	8/30/10	Oxycodone w/ Acetaminophen Tab 5-325 MG	5-325 MG	140	0	1064	Ordered	ARNDT, BRIAN G	COONEY, JANICE K M	VERONA UW SYSTEMS Outpatient
		46	Y	8/22/10					Y	2/25/10	113.7	135	8/17/10	8/22/10	Morphine Sulfate Tab 15 MG	15 MG	30	0	1350	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/17/10	8/22/10	Morphine Sulfate Tab SR 12HR 30 MG	30 MG	30	0	2700	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/17/10	8/21/10	Morphine Sulfate Tab SR 12HR 30 MG	30 MG	30	0	2700	Ordered	ARNDT, BRIAN G	ARNDT, BRIAN G	VERONA FAM MED Outpatient
													8/22/10	8/21/10	Morphine Sulfate Tab 15 MG	15 MG	30	0	1350	Ordered	ARNDT, BRIAN G	CARUFEL-WERT, DONALD	VERONA FAM MED Outpatient
													8/22/10	8/21/10	Morphine Sulfate Tab SR 12HR 30 MG	30 MG	30	0	2700	Ordered	ARNDT, BRIAN G	CARUFEL-WERT, DONALD	VERONA FAM MED Outpatient
		32	N	7/20/10						06/23/10	7	2.5	8/23/10	8/25/10	Fentanyl Citrate Inj 0.05 MG/ML	0.05 MG/ML	1	0	15	Discontinued	ARNDT, BRIAN G	CHAPMAN, ELIZABETH N	Inpatient
													8/23/10	8/25/10	Fentanyl Citrate Inj 0.05 MG/ML	50 MCG/ML	1	0	15	Discontinued	ARNDT, BRIAN G	CHAPMAN, ELIZABETH N	Inpatient
													8/25/10		Fentanyl Citrate Inj 0.05 MG/ML	0.05 MG/ML	1	0	15	Dispensed	ARNDT, BRIAN G		Inpatient
													8/25/10		Fentanyl Citrate Inj 0.05 MG/ML	0.05 MG/ML	1	0	15	Dispensed	ARNDT, BRIAN G		Inpatient
													8/23/10		Fentanyl Citrate Inj 0.05 MG/ML	0.05 MG/ML	1	0	15	Dispensed	ARNDT, BRIAN G		Inpatient
													8/23/10	8/30/10	Hydrocodone-Acetaminophen Tab 5-325 MG	5-325 MG	0	0		Discontinued	ARNDT, BRIAN G		Inpatient
													8/23/10	8/30/10	Morphine Sulfate Inj 2 MG/ML	2 MG/ML	1	0	6	Discontinued	ARNDT, BRIAN G	CHAPMAN, ELIZABETH N	Inpatient
													8/23/10	8/30/10	Oxycodone HCl Tab 5 MG	5 MG	0	0		Discontinued	ARNDT, BRIAN G	CHAPMAN, ELIZABETH N	Inpatient
													8/30/10	8/06/10	Oxycodone HCl Tab 5 MG	5 MG	30	0	228	Ordered	ARNDT, BRIAN G	CHAPMAN, ELIZABETH N	Outpatient
													8/30/10	8/30/10	Oxycodone HCl Tab 5 MG	5 MG	0	0		Discontinued	ARNDT, BRIAN G	CHAPMAN, ELIZABETH N	Inpatient

Project Outcomes

- Enhanced two-way communication with PCP
 - PCPs can choose to exclude their eligible patients from the protocol
- Standardized treatment plans:
 - Prescribing practices
 - Quantity (28 days)
 - Refills (Educated about schedule rules, etc)
 - Documentation
 - One contract (Combined from 3 older versions!)
 - Updated problem lists - “Chronic pain” (338.29A)
 - Annotated using “.dvnnarcprob”

Project Outcomes

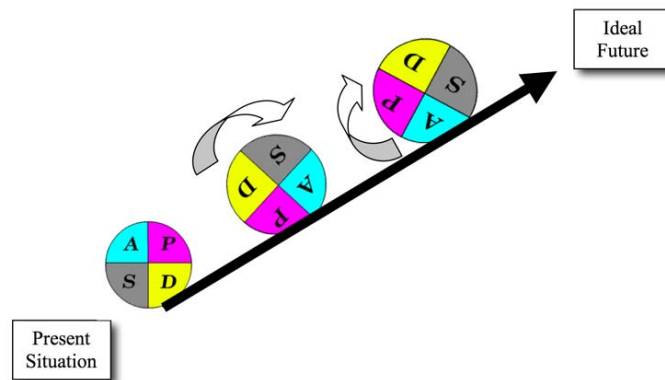
- Documentation (cont.)
 - Comprehensive visit template
 - Annotated using “.dvnnarc”
 - Add or update NC / CSA / FYI
- Ancillary support routinely incorporated
 - Alternating RN/PCP visits every 3 months
 - Inter-disciplinary team eval. recommended prn
 - Patient, PCP, Specialists, PT, OT, health psych
- Standard monitoring for long-term use
 - At least once annual urine drug screening
 - Obtaining results needs to be cost effective, timely
 - » Adopted K501 (\$250, 2 days) vs. “Verona special” (\$900, 2 wks)

The Review Form

- Reason patient is being reviewed
- Cause of chronic pain
- Check for use of standard documentation
- Review of prior work-up / evaluations
- Review of ancillary services / other medications tried
- Effectiveness of therapeutics / QOL
- Discussion → CCSRAG recommendations

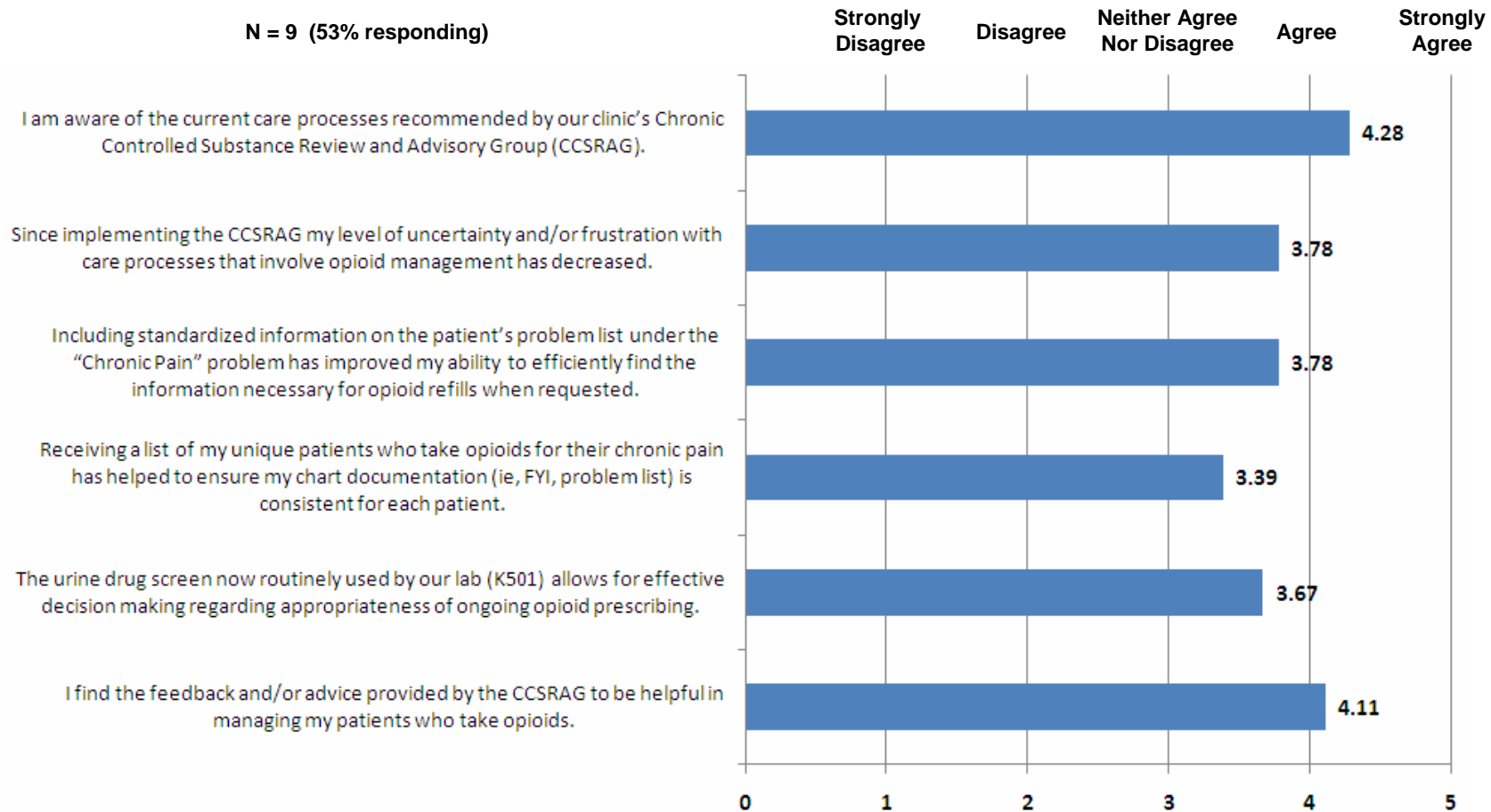
Improvement Strategy

- Plan-Do-Study-Act (PDSA) cycles were used for improvement of patient registry accuracy & content, pain management visit content, lab order details, forms revision (opioid contract & CCSRAG review questions), EMR documentation, & clinician feedback



Clinician Survey Results

N = 9 (53% responding)



Clinician Survey Comments

- “... CCSRAG feedback came at a critical time in my decision making about patient & I feel better about having support of peers & ability to tell patient my decisions are supported by this larger group.”
- “Problem list – I think clinicians need to use the chronic pain designation more consistently. We’re not to the point yet where we can trust the problem list is up to date.”
- “Good ideas, limited implementation overall (not the group’s fault, but a fault of us individual clinicians), but would like to see implementation continue to move forward.”
- “It’s really the overall process that helps more than the specifics.”

Advantages of CCSRAG

- A better understanding of the clinic workflow & the patient population can be maintained
- Standardized documentation benefits all points-of-care & optimizes care coordination
 - Refill issues are reduced & more easily covered by practice partners
 - Call volume & time spent on each call can be reduced
- Patients' unique needs are better known & consistency with patient/staff relationships is enhanced

Advantages of CCSRAG

- Clinicians appreciate assistance with care coordination without feeling loss of autonomy surrounding chronic pain care
 - Clinician knowledge regarding chronic pain management may increase by sharing review findings & recommendations
- ▼
- PCP clinic site documentation facilitates a more streamlined transition to specialty care ...

Pre-appointment planning

- Initial mailing: Welcome letter, attendance policy, pain questionnaire
 - This mailing may occur months prior to appt (3 mos waiting list to get into clinic)
- Current practice: RN calls 1 week prior to appt to remind them to bring completed questionnaire & all imaging to appt
 - Opportunity for RN to review chart


Pre-appointment planning

- Next step: Trial of pt orientation to pain clinic 1 week prior to MD appt with RN.
 - Complete paperwork/questionnaire.
 - Bring imaging studies to be scanned.
 - Complete release of information paperwork for prior treatment to obtain prior to appt.
 - Orientation to pain clinic & expectations for treatment.
 - No-shows a problem for initial Pain Clinic eval – hopefully will decrease!

Improving communication

- Difficulty stream-lining communication process between PCP & Pain Clinic provider to make it effective & efficient.
- Current practice:
 - Referral form with clinical question.
 - Contact PCP after pt's first appt regarding medication prescribing, recommendations
 - Usually just a routine CC'ed chart clinic note

Improving communication

- Next step: Contact PCP *prior* to appt.
 - Clarify goals of treatment.
 - Comprehensive eval vs. one time eval.
 - Specific question regarding treatment.
 - Emphasize short-term pain clinic treatment.
 - Discuss medication prescribing.
 - Preferred medications, medications PCP is comfortable / uncomfortable prescribing.
 - No maintenance prescribing – transfer prescribing to PCP after treatment completed.
 - Red flags for this pt, prior abuse. 

Improving communication

- Send letter to PCP 1-2 wks prior to appt.
 - Check boxes & fill in the blank (regarding previously discussed items).
 - Keep it simple! We are currently developing a template that will not require much time or effort to complete.
 - Sign form to indicate that PCP will take over prescribing when treatment complete.
 - Fax back to Pain Clinic for review when pt presents for initial eval.

Improving communication

- Addressing pre-appt issues will help ease transition from pain clinic back to PCP.
- Medication prescribing is a big issue.
 - PCP & pain clinic provider are on the same page prior to starting treatment.
 - Allows pain clinic provider to start treatment for pt at first appt, rather than waiting to communicate with PCP after appt.
 - Less anxiety & frustration for providers & patient when prescribing roles are clear.

Thank you!!!

