

Introduction

Systematic implementation of guidelines for chronic pain can reduce harms related to opioid therapy. The University of Wisconsin Health system (UW Health) rolled out a primary care opioid management policy in January 2016. We tested whether an additional multi-faceted quality improvement (QI) intervention is superior to UW Health rollout alone in increasing:

- signed treatment agreements
- assessing for opioid therapy-related risks: Diagnosis, Intractability, Risk, Efficacy (DIRE)
- completing urine drug testing
- accessing the state of Wisconsin prescription drug-monitoring program (PDMP)

This poster presents results of pre- & post-intervention clinician questionnaires on patient management.

Methods

WREN performed the QI intervention in 9 UW Health Family Medicine (FM) and General Internal Medicine (GIM) clinics (out of 29 total) using a stepped wedge design.

Clinic	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6
Internal Medicine	Intervention	Intervention	Intervention	Intervention	Intervention	Intervention
Internal Medicine	Intervention	Intervention	Intervention	Intervention	Intervention	Intervention
Family Medicine	Intervention	Intervention	Intervention	Intervention	Intervention	Intervention
Family Medicine	Control	Control	Intervention	Intervention	Intervention	Intervention
Internal Medicine	Control	Control	Intervention	Intervention	Intervention	Intervention
Family Medicine	Control	Control	Intervention	Intervention	Intervention	Intervention
Internal Medicine	Control	Control	Control	Control	Intervention	Intervention
Internal Medicine	Control	Control	Control	Control	Intervention	Intervention
Family Medicine	Control	Control	Control	Control	Intervention	Intervention

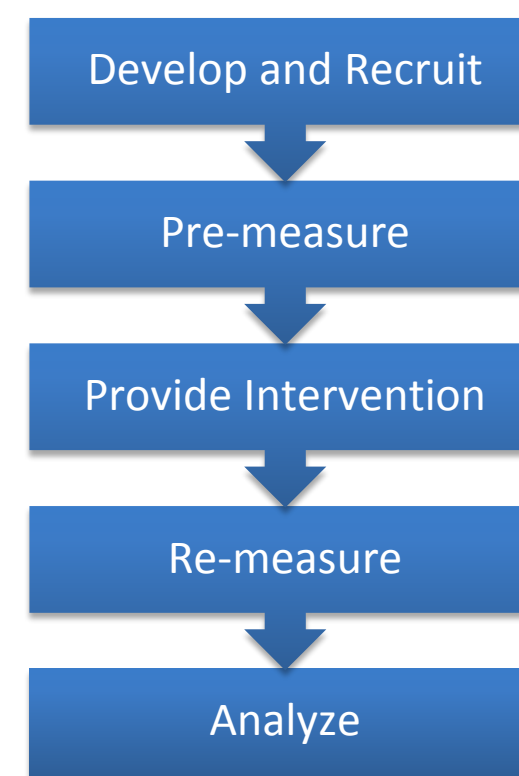
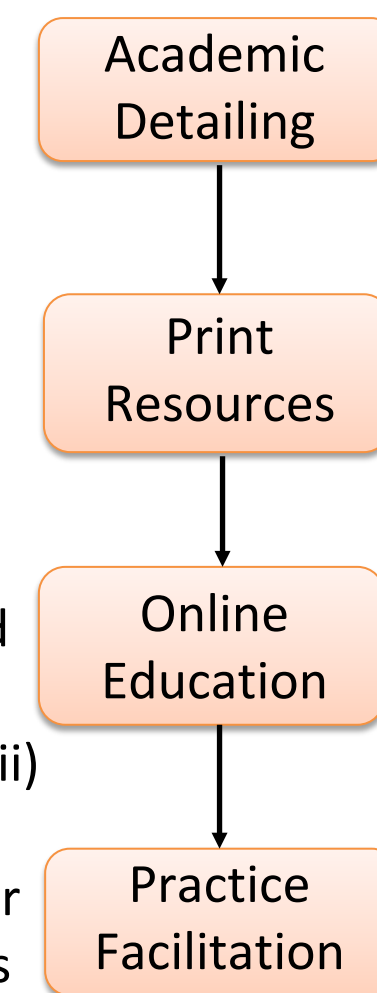
Methods continued

Rollout consisted of:

- A single in-person group presentation to clinicians
- An online training module to clinic managers for dissemination to clinic staff
- Two Q&A sessions

Multi-faceted QI consisted of:

- Academic Detailing:** a 1-hour in-person session at each intervention site describing the policy and the upcoming QI project
- Print Resources:** printed summaries of policy objectives, suggested workflows, and fliers for online patient education modules
- Online Clinic Team Education:** CME-accredited email-based clinician and staff education modules on (i) responsible opioid prescribing and (ii) shared decision-making
- Practice Facilitation:** 6 QI sessions for clinic teams spaced over 3-6 months



The QI initiative provided baseline and monthly data on signed treatment agreements, etc. to clinics during the practice facilitation meetings. Final measurements and analyses are ongoing at this time. Results of pre- and post-participation clinician questionnaire data are reported here.

Patient Engagement

Patient education modules, on chronic pain management and the purpose of treatment agreements, were developed by Emmi Solutions (www.goemmi.com/PAIN) to augment clinician-patient discussions.

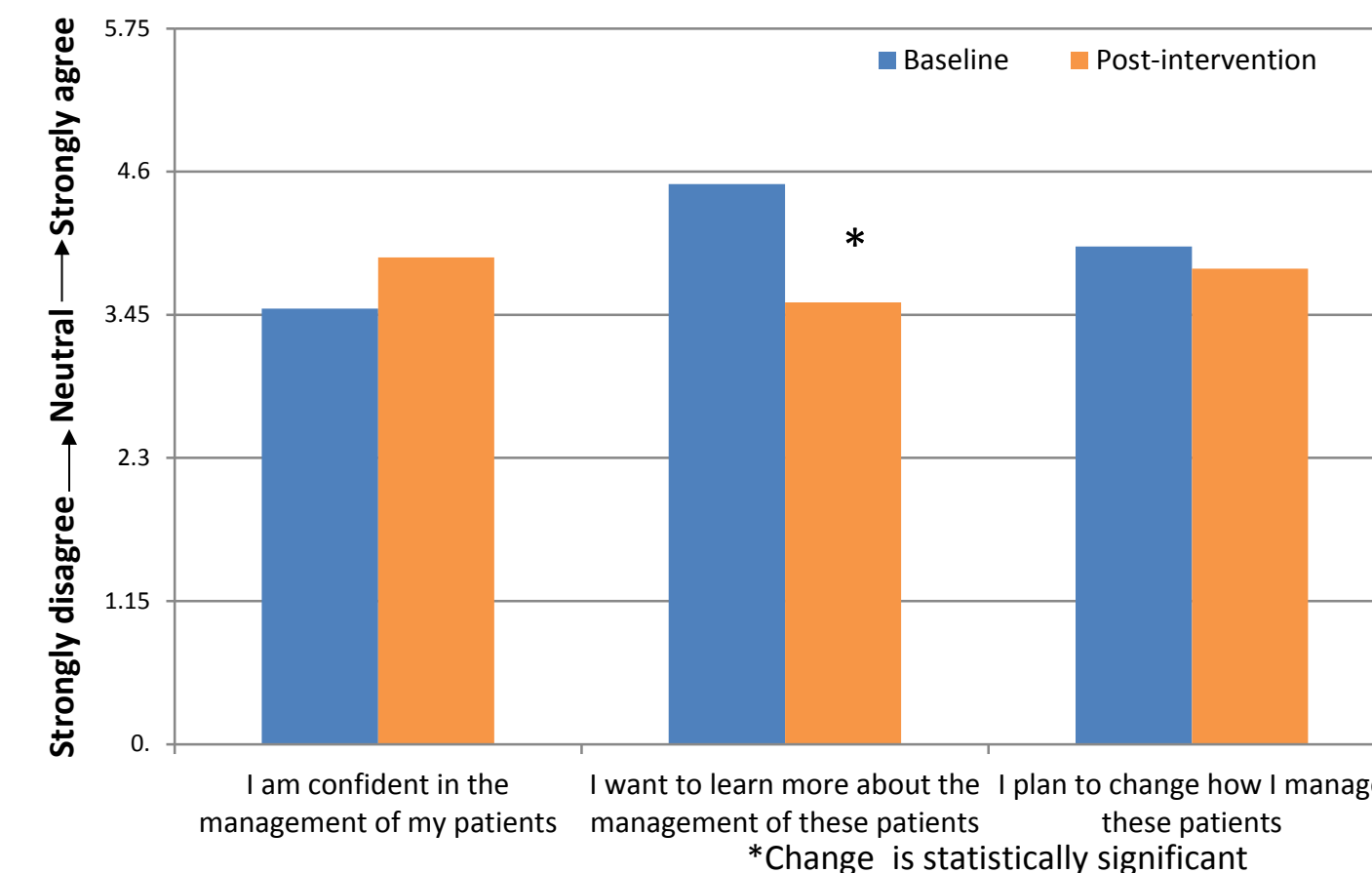
Results

Pre- and post- intervention clinician self-reports demonstrate:

- Confidence in patient management** increased post-intervention non-significantly (P=0.15)
- Desire to learn more about management** decreased significantly (P<0.0001)
- Plans on how to manage these patients** were unchanged (P=0.58)

(1 to 5 Likert scales: 1= strongly disagree, 5 = strongly agree)

Self assessed responses pre- and post-intervention



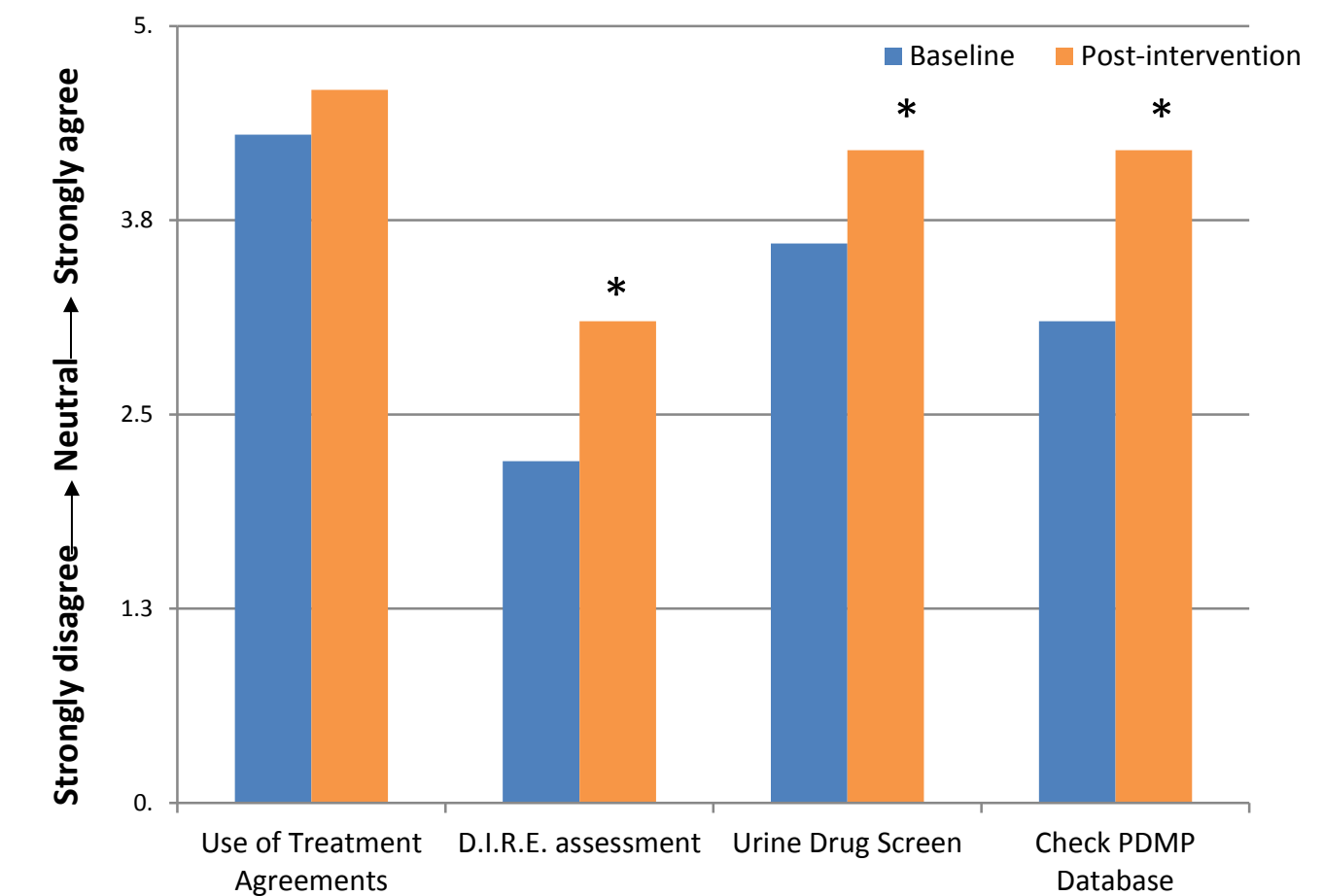
Results continued

Nevertheless, clinicians reported significant increases in:

- using DIRE assessment
- obtaining urine drug screens
- accessing the PDMP database

There was no significant reported change in the use of treatment agreements.

How often I perform....



*Change is statistically significant

Conclusions

- Self-reported confidence and practice changes suggest QI process had positive impact
- Self-reported decrease in desire to learn more may indicate increase in knowledge from QI process
- Upcoming analyses will determine whether clinician self-report correlates with actual performance

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