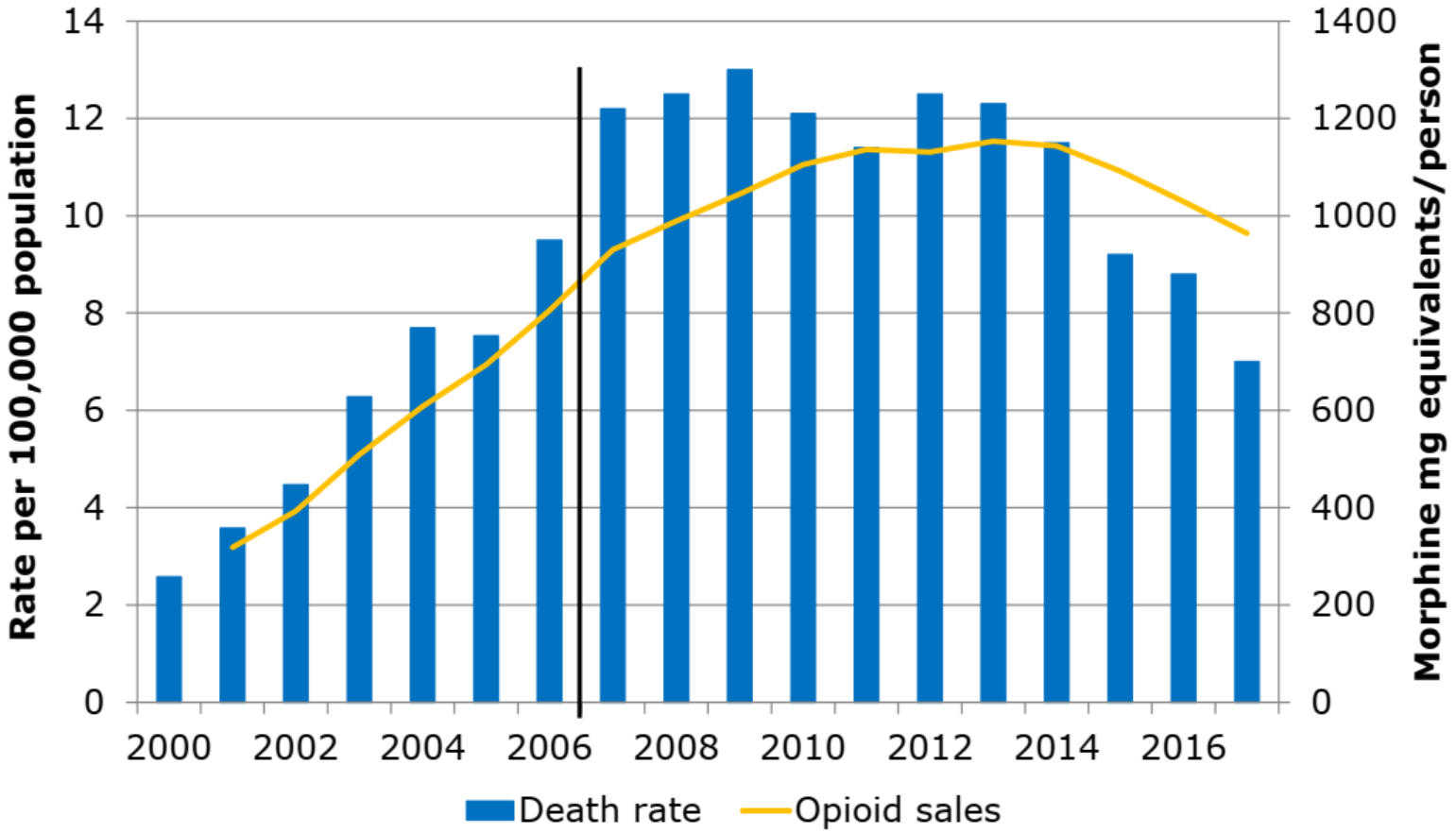
PREVENTING NEW CASES OF OPIOID USE DISORDER: OKLAHOMA'S DO NO HARM PROGRAM

Prescription for Change

Oklahoma's opioid crisis driven by prescription medication

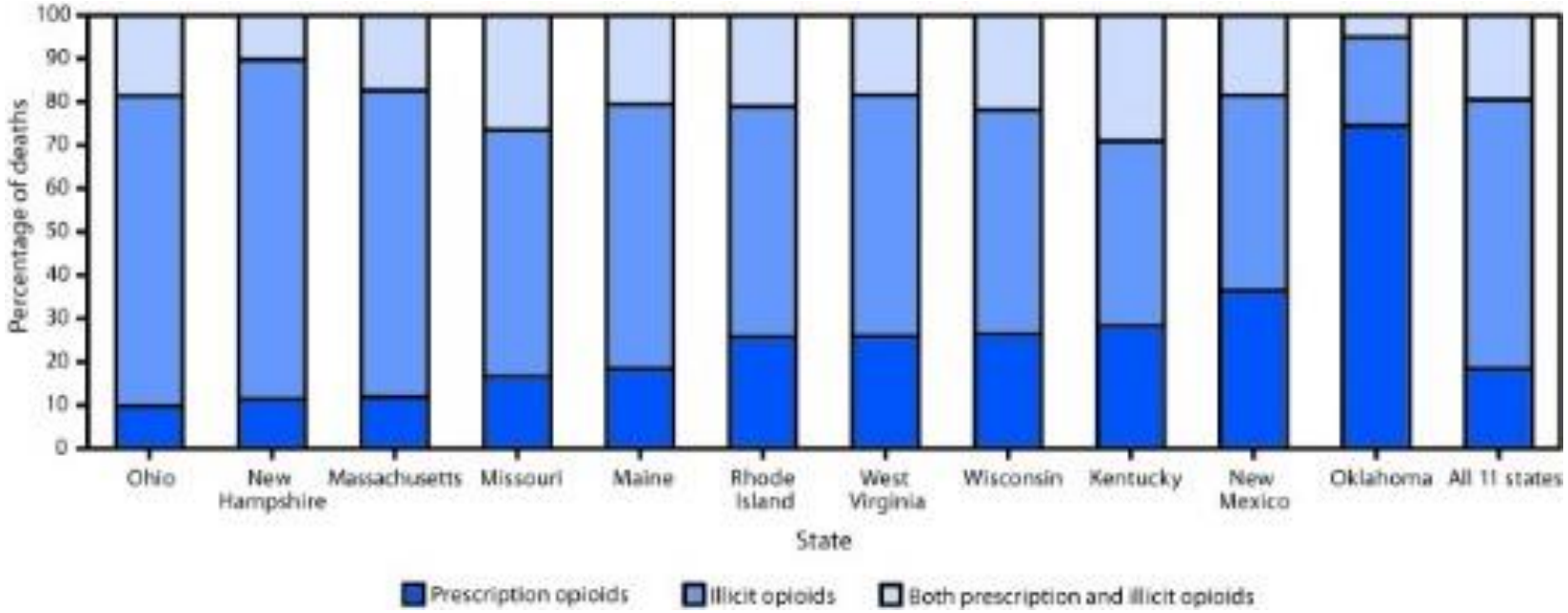
Unintentional Opioid-related Overdose Death Rates[1] and Opioid Sales per Person[2], Oklahoma, 2000-2017



Sources:
[1]OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System (Abstracted from Medical Examiner reports)
[2]U.S. Dept of Justice, Drug Enforcement Administration, Office of Diversion Control, Automation of Reports and Consolidated Orders System (ARCOS) Reports, Retail Drug Summary Reports by State, Cumulative Distribution Reports (Report 4).

Oklahoma's opioid crisis driven by prescription medication

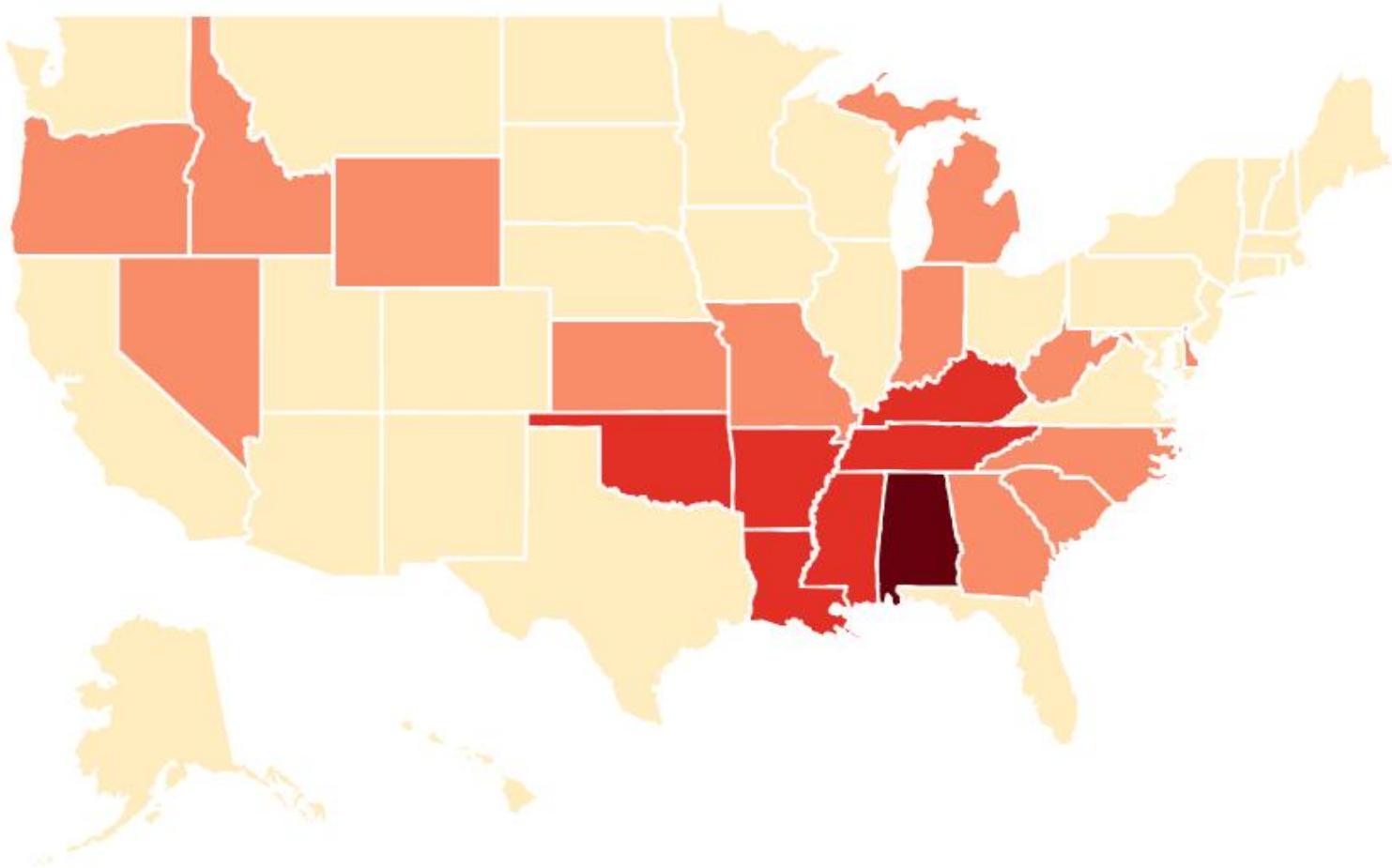
Percentage of opioid overdose deaths in which prescription opioids only, illicit opioids, only, or both prescription and illicit opioids were detected, by state, July 1, 2016 – June 30, 2017



Source:
MMWR Morb Mortal Wkly Rep. 2018 Aug 31; 67(34): 945-951.

Oklahoma opioid prescribing rates decreasing, but still high

U.S. Opioid Prescribing Rates per 100 Persons, 2017



Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention

Prevention Intervention

Partnership with University of Oklahoma's Oklahoma Primary Healthcare Improvement Cooperative (OPHIC)

Emphasis on primary care practices

Applies Dissemination and Implementation (D&I) research methods:

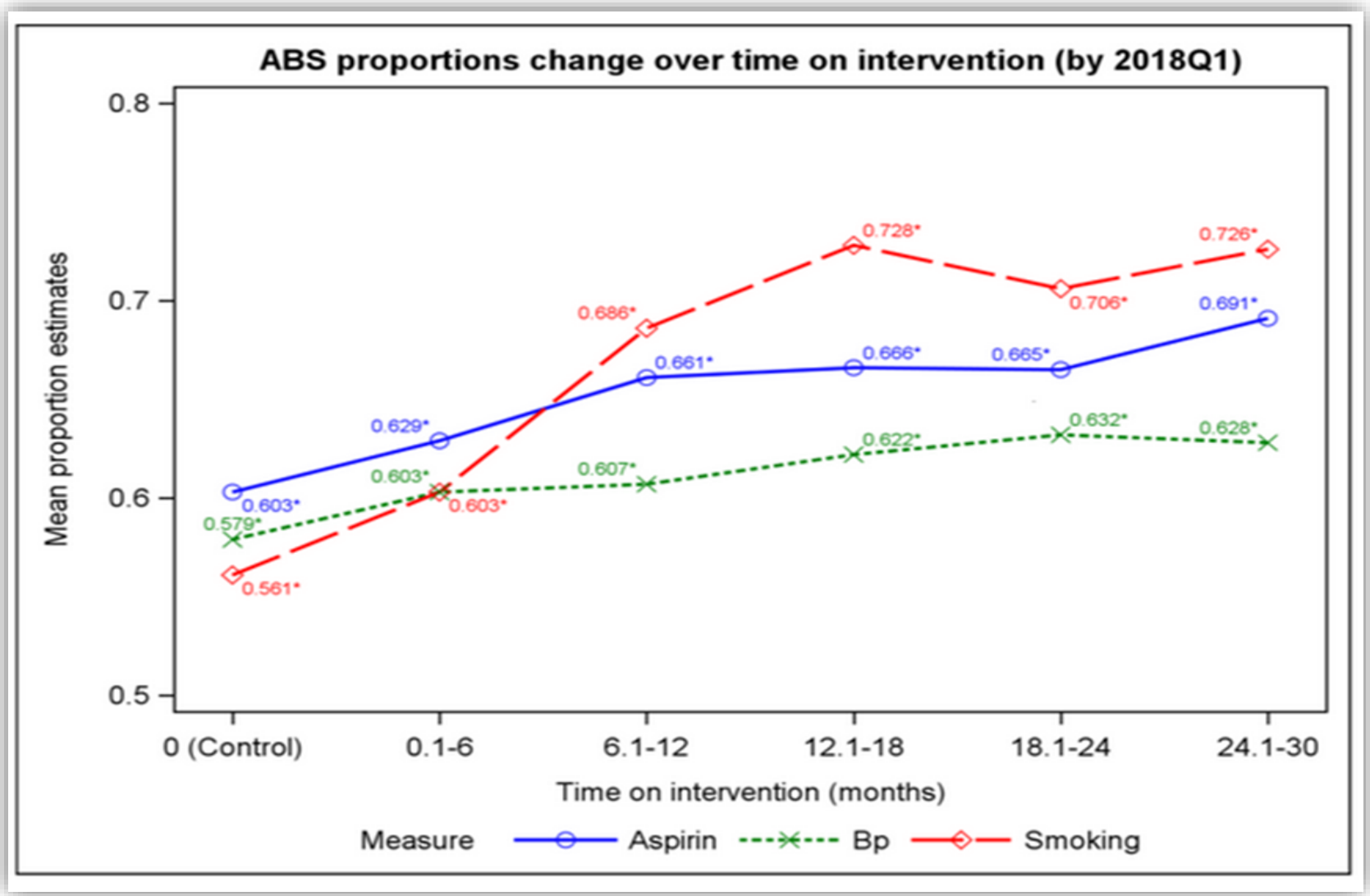
- Peer-to-peer clinician support – Academic Detailers
- Practice staff support – Practice Facilitators
- EHR and technology assistance – Technology Advisors

Uses dashboards as feedback to practices on their progress

Founded on data-driven quality improvement

The OPHIC Infrastructure was created during the AHRQ-funded EvidenceNOW project - Healthy Hearts for Oklahoma.

Prevention Intervention



A	Aspirin Use
B	Blood Pressure Control
C	Cholesterol Management
S	Smoking Cessation Counseling & Intervention

Do No Harm

A quality process improvement intervention

Based on D&I research methods

Purpose is to implement evidence informed pain and opioid guidelines in primary care practices in 1-2 years

Dissemination of:
- Neurobiology of pain
- Pharmacology of analgesics
- Evidence-based guidelines

Implementation of:
- Best practices
- Office processes
- Data-driven quality improvement

DO NO HARM
OPIOID AWARENESS

Partnering organizations

James W. Mold OPHIC
Oklahoma Primary Healthcare Improvement Cooperative

The UNIVERSITY of OKLAHOMA Health Sciences Center

NaRCAD

Oklahoma
Department of Mental Health and Substance Abuse Services

Do No Harm

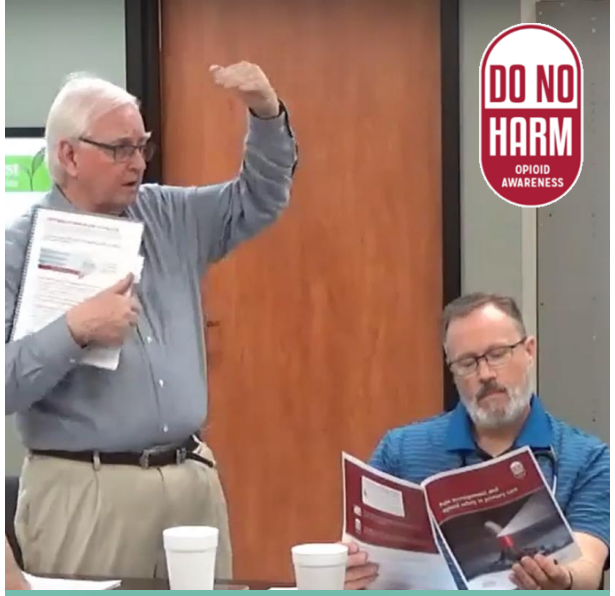
Measurement & Feedback

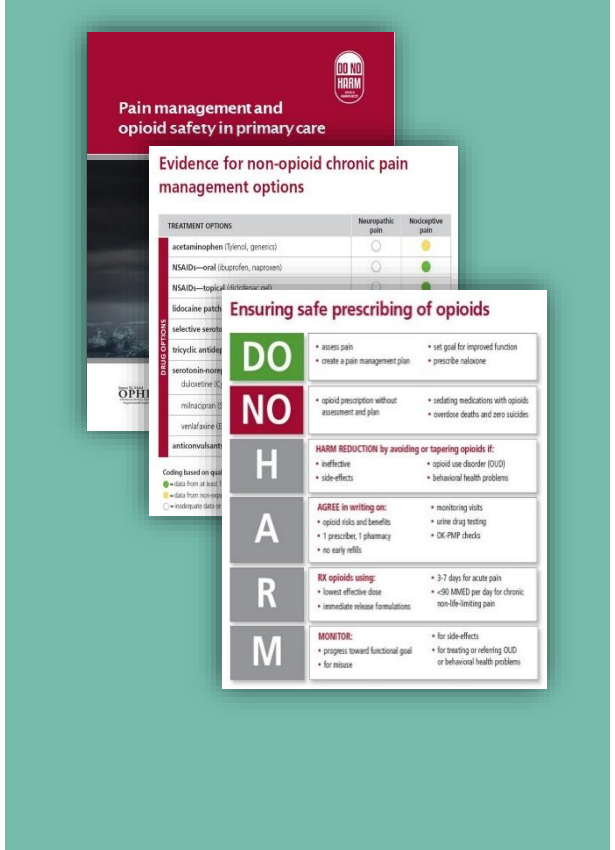
Practice recruitment & enrollment (consent & surveys)

Kick-off with Academic Detailer visit

Establish practice priorities tailored to practice needs

Deliver in-practice facilitation 6-12 months





Do No Harm

DO	• assess pain • create a pain management plan	• set goal for improved function • prescribe naloxone
NO	• opioid prescription without assessment and plan	• sedating medications with opioids • overdose deaths and zero suicides
H	**HARM REDUCTION by avoiding or tapering opioids if:** • ineffective • side-effects	• opioid use disorder (OUD) • behavioral health problems
A	**AGREE in writing on:** • opioid risks and benefits • 1 prescriber, 1 pharmacy • no early refills	• monitoring visits • urine drug testing • OK-PMP checks
R	**RX opioids using:** • lowest effective dose • immediate release formulations	• 3-7 days for acute pain • <90 MMED per day for chronic non-life-limiting pain
M	**MONITOR:** • progress toward functional goal • for misuse	• for side-effects • for treating or referring OUD or behavioral health problems

DO NO HARM
OPIOID AWARENESS

Review of:

- Clinical evidence & academic literature
- CDC Guideline for Prescribing Opioids for Chronic Pain
- VA/DoD Clinical Practice Guidelines: Management of Opioid Therapy for Chronic Pain
- Oklahoma Opioid Prescribing Guidelines
- Oklahoma state law

Performance Goals & Objectives

GOALS, OBJECTIVES, and PROGRESS				
GOAL	**OBJECTIVE**	**TARGET STRATEGY**	**ASSESSMENT**	**PRIORITY**
Quality of Care	Better Pain Care	Chronic pain assessment		
		Multi-modal pain plan		
		Patient & practice education		
	Safer Opioid Prescribing	Guideline-based decisions		
		Opioid risk assessment		
		Prescription refill policy		
		Patient informed consent		
		Monitoring opioid risk & misuse		
	Better Mental Healthcare	Alcohol screening & referral		
		Depression screening & referral		
		Referral & Co-management		
Financial Security	Better Primary Care	Chronic pain/opioid registry		
		Access & continuity of care		
		ED/Hospital follow-up protocol		
	Document, Code & bill	EHR/PMS changes		
	Data-driven quality	QI team, dashboard, measures		
		Improve information technology		
Joy in Practice	Teamwork	Huddles, Roles, Protocols		
	Patient Centered Care	Patient survey or PFAC		
Healthy Community	No OD/Suicide Deaths	DMHSAS naloxone hub		
	Meet Social Needs	Screening & referral for SDH		

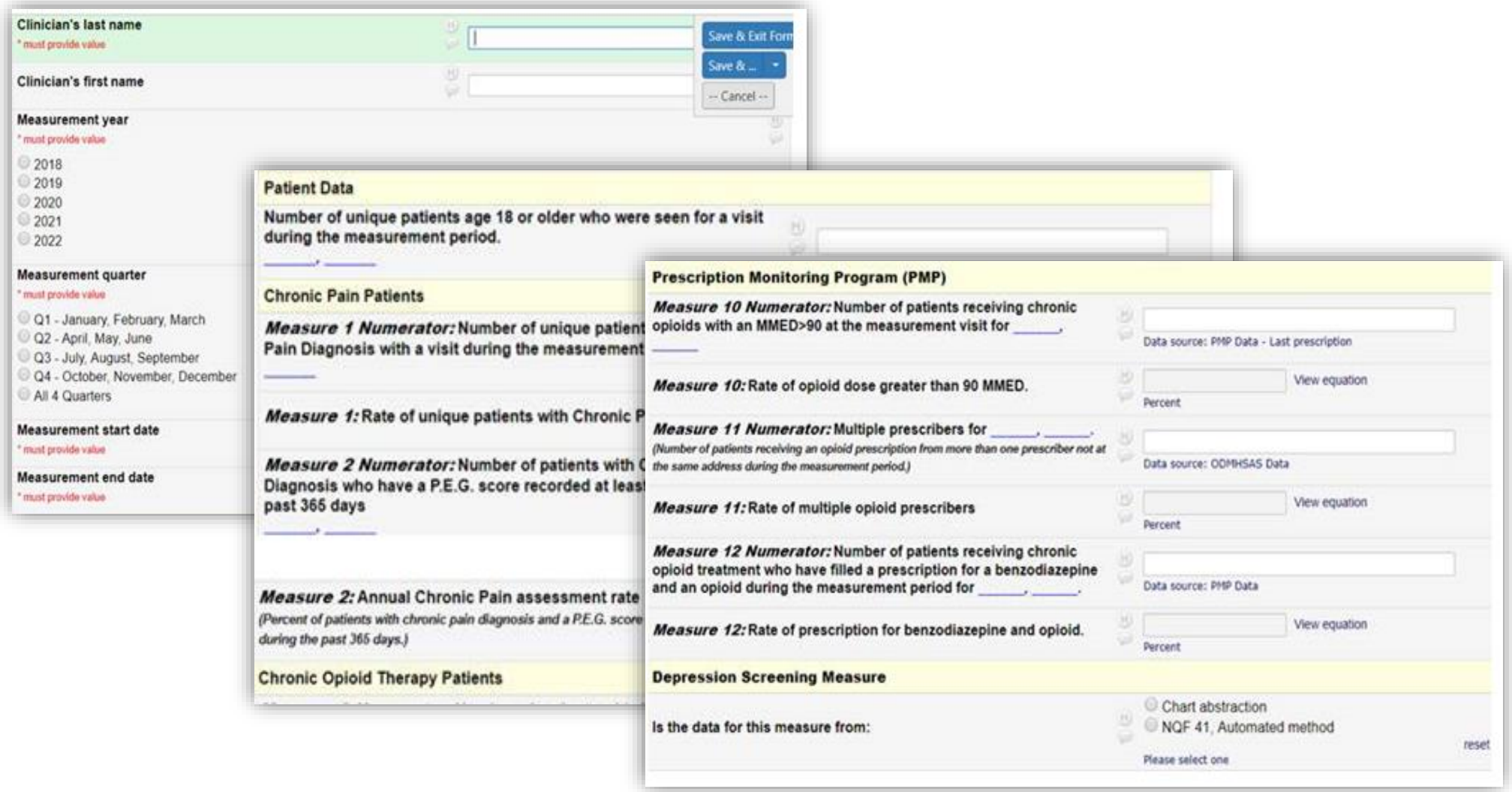
Performance Measures

- Adult patient panel
- Chronic pain patients
- Annual pain assessment (PEG)
- Chronic opioid therapy effectiveness
- Opioid treatment informed consent
- 90-day risk visit

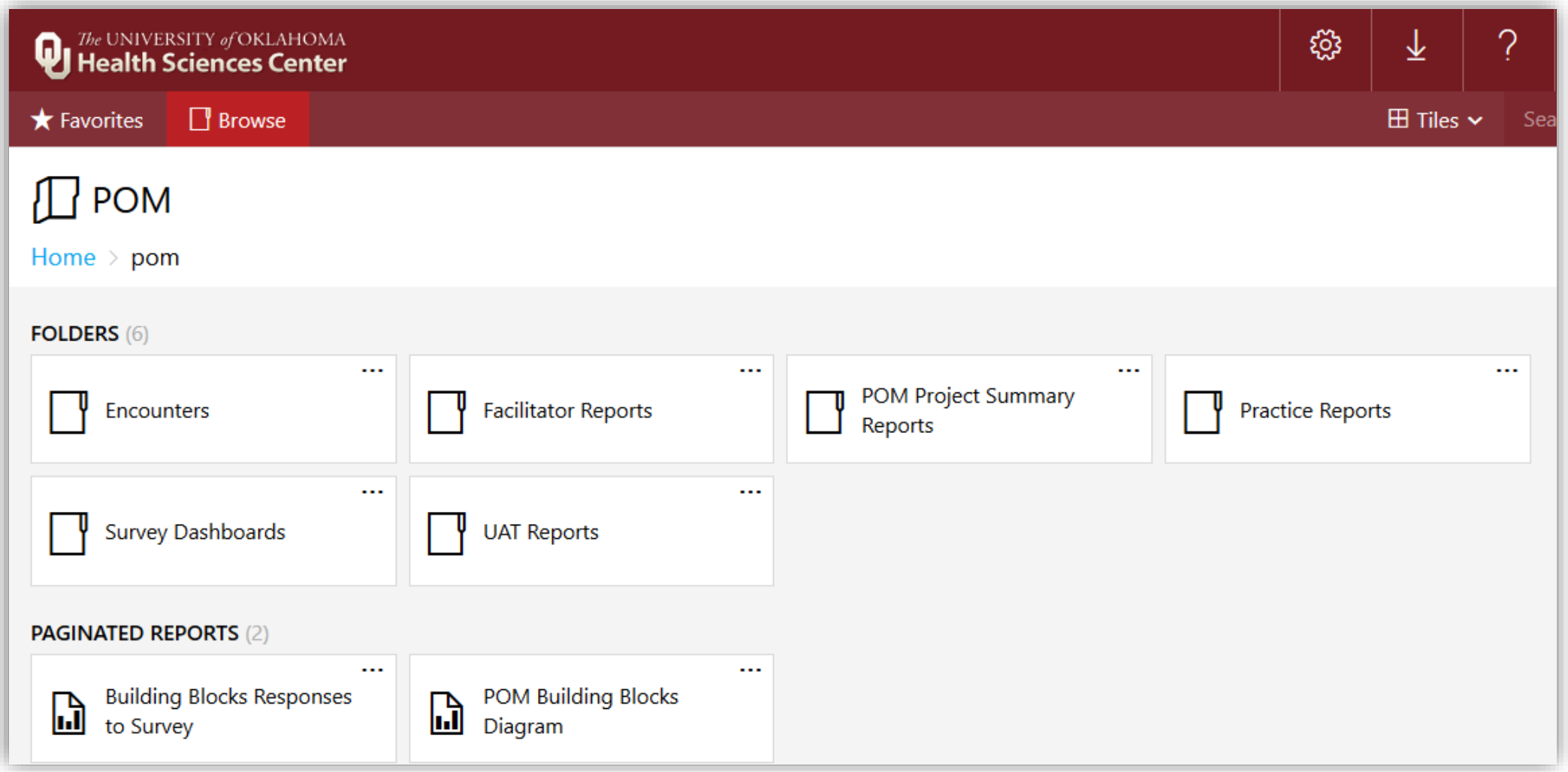
- High-risk patients receiving opioid therapy
- Co-management of behavioral health
- Co-management with pain specialist
- MMED > 90 (PMP)
- Multiple prescribers (PMP)
- Benzos and opioid Rx (PMP)

Few certified measures exist to measure pain and opioid management.

Performance Measures Data Entry



Feedback


The UNIVERSITY of OKLAHOMA
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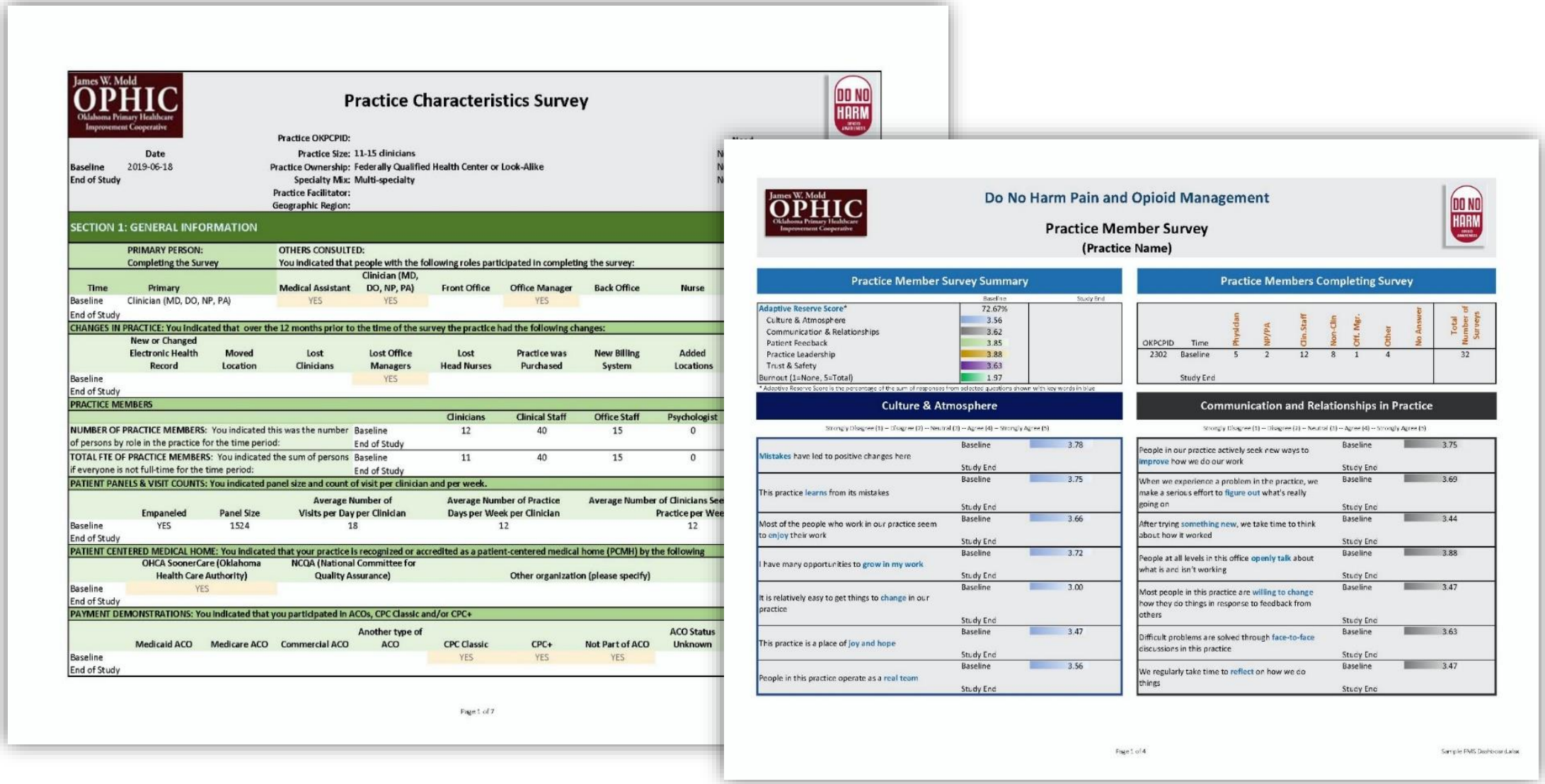
FOLDERS (6)
Encounters
Facilitator Reports
POM Project Summary Reports
Practice Reports
Survey Dashboards
UAT Reports
PAGINATED REPORTS (2)
Building Blocks Responses to Survey
POM Building Blocks Diagram

Feedback



James W. Mold OPHIC Oklahoma Primary Healthcare Improvement Cooperative

Practice Characteristics Survey

DO NO HARM

Practice OKPCPID:
Practice Size: 11-15 clinicians
Practice Ownership: Federally Qualified Health Center or Look-Alike
Specialty Mix: Multi-specialty
Practice Facilitator:
Geographic Region:

Date
Baseline 2019-06-18
End of Study

SECTION 1: GENERAL INFORMATION

PRIMARY PERSON: Completing the Survey
OTHERS CONSULTED: You indicated that people with the following roles participated in completing the survey:

Time	Primary	Medical Assistant	Clinician (MD, DO, NP, PA)	Front Office	Office Manager	Back Office	Nurse
Baseline	Clinician (MD, DO, NP, PA)	YES	YES		YES		
End of Study							

CHANGES IN PRACTICE: You indicated that over the 12 months prior to the time of the survey the practice had the following changes:

	New or Changed Electronic Health Record	Moved Location	Lost Clinicians	Lost Office Managers	Lost Head Nurses	Practice was Purchased	New Billing System	Added Locations
Baseline				YES				
End of Study								

PRACTICE MEMBERS

		Clinicians	Clinical Staff	Office Staff	Psychologist
NUMBER OF PRACTICE MEMBERS: You indicated this was the number of persons by role in the practice for the time period:	Baseline	12	40	15	0
	End of Study				
TOTAL FTE OF PRACTICE MEMBERS: You indicated the sum of persons if everyone is not full-time for the time period:	Baseline	11	40	15	0
	End of Study				

PATIENT PANELS & VISIT COUNTS: You indicated panel size and count of visit per clinician and per week.

	Empaneled	Panel Size	Average Number of Visits per Day per Clinician	Average Number of Practice Days per Week per Clinician	Average Number of Clinicians See Practice per Wee
Baseline	YES	1524	18	12	12
End of Study					

PATIENT CENTERED MEDICAL HOME: You indicated that your practice is recognized or accredited as a patient-centered medical home (PCMH) by the following

	OHCA SoonerCare (Oklahoma Health Care Authority)	NCQA (National Committee for Quality Assurance)	Other organization (please specify)
Baseline	YES		
End of Study			

PAYMENT DEMONSTRATIONS: You indicated that you participated in ACOs, CPC Classic and/or CPC+

	Medicaid ACO	Medicare ACO	Commercial ACO	Another type of ACO	CPC Classic	CPC+	Not Part of ACO	ACO Status Unknown
Baseline					YES	YES	YES	
End of Study								

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Do No Harm Pain and Opioid Management

Practice Member Survey

(Practice Name)

DO NO HARM

Practice Member Survey Summary

	Baseline	Study End
Adaptive Reserve Score*	72.67%	
Culture & Atmosphere	3.56	
Communication & Relationships	3.62	
Patient Feedback	3.85	
Practice Leadership	3.88	
Trust & Safety	3.63	
Burnout (1=None, 5=Total)	1.97	

* Adaptive Reserve Score is the percentage of the sum of responses from selected questions shown with key words in blue

Practice Members Completing Survey

OKPCPID	Time	Physician	NP/PA	Clin. Staff	Non-Clin	Clin. Mgr.	Other	No Answer	Total Number of Surveys
2302	Baseline	5	2	12	8	1	4		32
	Study End								

Culture & Atmosphere

Strongly Disagree (1) -- Disagree (2) -- Neutral (3) -- Agree (4) -- Strongly Agree (5)

Mistakes have led to positive changes here	Baseline	3.78
	Study End	
This practice learns from its mistakes	Baseline	3.75
	Study End	
Most of the people who work in our practice seem to enjoy their work	Baseline	3.66
	Study End	
I have many opportunities to grow in my work	Baseline	3.72
	Study End	
It is relatively easy to get things to change in our practice	Baseline	3.00
	Study End	
This practice is a place of joy and hope	Baseline	3.47
	Study End	
People in this practice operate as a real team	Baseline	3.56
	Study End	

Communication and Relationships in Practice

Strongly Disagree (1) -- Disagree (2) -- Neutral (3) -- Agree (4) -- Strongly Agree (5)

People in our practice actively seek new ways to improve how we do our work	Baseline	3.75
	Study End	
When we experience a problem in the practice, we make a serious effort to figure out what's really going on	Baseline	3.69
	Study End	
After trying something new, we take time to think about how it worked	Baseline	3.44
	Study End	
People at all levels in this office openly talk about what is and isn't working	Baseline	3.88
	Study End	
Most people in this practice are willing to change how they do things in response to feedback from others	Baseline	3.47
	Study End	
Difficult problems are solved through face-to-face discussions in this practice	Baseline	3.63
	Study End	
We regularly take time to reflect on how we do things	Baseline	3.47
	Study End	

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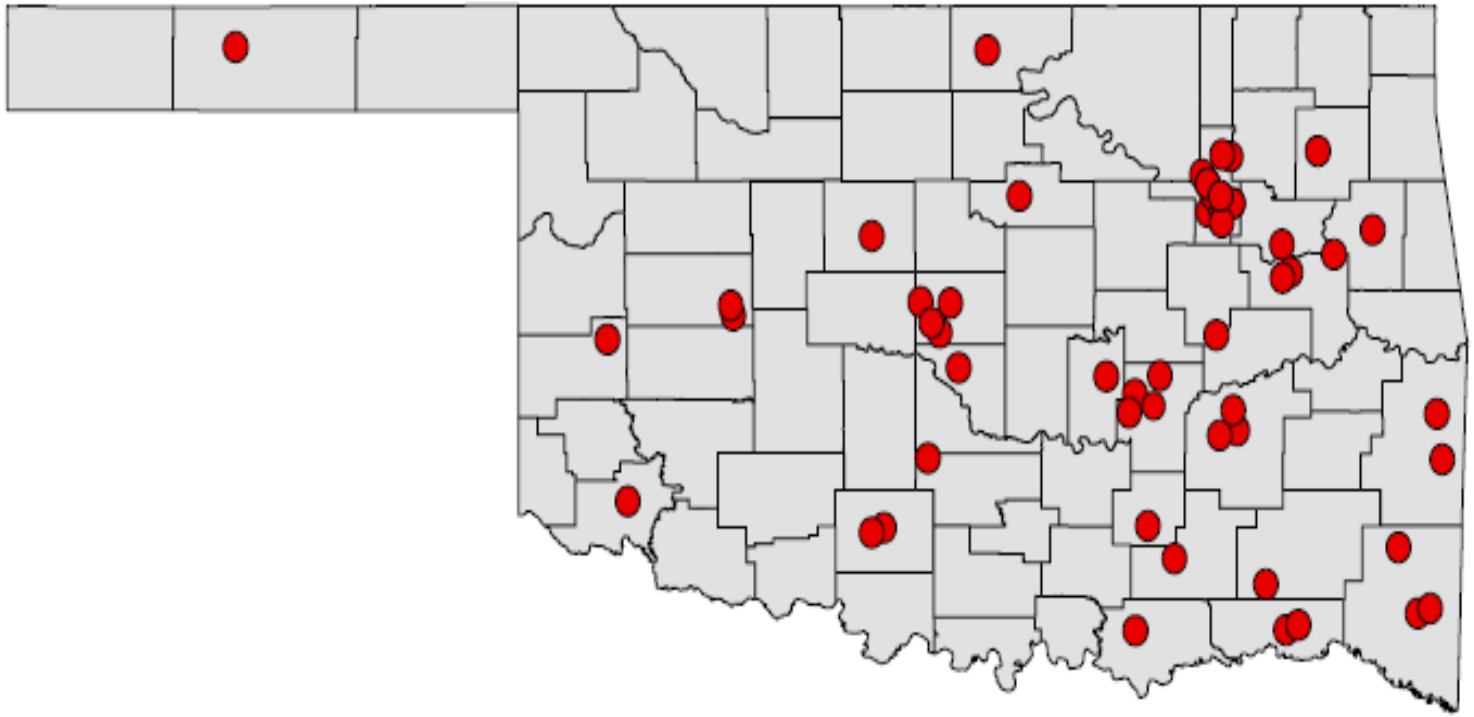
Sample PMS Dashboard data

Program Status

- 60 primary care practices actively engaged
- Approximately 200 clinicians & 50,000 patients
- One major health system
- Delivered at no cost to practices
- More practices in-waiting pending funding availability

Do No Harm Clinical Sites



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