Safe and Competent Opioid Prescribing: Optimizing Office Systems

Christopher W. Shanahan, MD, MPH, FACP
Assistant Professor of Medicine
Boston University School of Medicine
Boston Medical Center
Certified: Internal Medicine (ABIM) & Addiction Medicine (ABAM)

Learning Objectives

- Recognize different care models to support patients with chronic pain
- Identify evidence-based tools to assess patient’s risk for substance use disorders
- Create and implement workflows that incorporate assessment and clinical management tools
- Provide approaches to develop and use effective individualized treatment plans
A Population Health Approach

Building a System

Addresses **health** and **health needs** of **individual patients** as a subset of a larger population that represent the full health/well-being continuum by interventions that engage individuals as well as the population to achieve **improved outcomes**
Key System Components

Individual and Population Level

- **Coordinate** care effectively between care team and patient
- **Communicate**, engage and educate patients
- **Use policies/interventions** following clinical guidelines
- **Use patient registries** with valid provider attribution
- **Monitor** and measure clinical metrics
- **Track** specific health outcomes

---

Models of Care

For Patients on Opioids for Chronic Pain

**Prescriber-managed**

- Patient
- Clinician
- RN/LPN
- SW
- MA
- CM
- Front desk staff

**Interdisciplinary Team**

- Clinician
- Lab
- RN/LPN
- BH Psych/SW/CM
- Front desk
Interdisciplinary Team

Roles and Responsibilities

- **Nursing Staff/Medical Assistants**
  - Skill sets/qualifications
  - Key behaviors (TOPCARE*)

- **Other team members (onsite vs. offsite)**
  - Behavioral Health
  - Pharmacists

- **Hiring**
  - Key interview questions
  - Care philosophy (safety oriented)

*Transforming Opioid Prescribing in Primary Care*
Controlled Substance Prescribing Policies

<table>
<thead>
<tr>
<th>Patient Provider Agreement (PPA)</th>
<th>Treatment Planning</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Informed consent of risk and benefits of treatment</td>
<td>• Individualize care and treatment plan</td>
<td>• Refills, Urine Drug Test (UDT), pill counts, Prescription Drug Monitoring Program (PDMP, e.g. CURES 2.0), etc., PEG scale*</td>
</tr>
<tr>
<td>• Universal precautions (every patient, every visit)</td>
<td>• Medication management</td>
<td>• Promotion to increase intensive level of care (e.g. Intensive Outpatient Program (IOP), Pain Clinic)</td>
</tr>
<tr>
<td></td>
<td>• Monitoring for benefits (PEG scale*) and harms</td>
<td>• Electronic Health Record (EHR) templates and forms</td>
</tr>
</tbody>
</table>

* Controlled Substance Utilization Review and Evaluation System 2.0

Referral, Support, Educational Resources

- Develop referral and support resources
  - Co-prescribing naloxone (www.prescribetoprevent.org)
  - Pain, addiction specialists
  - Mental health, case management/advocacy (e.g. housing)
  - Patient-level resources (e.g. American Chronic Pain Association)
  - Key online resources such as www.mytopcare.org (for clinicians, pharmacists and patients)

- Obtain educational materials
  - Medication interaction/overdose prevention
  - Safety, storage and disposal training
  - For healthcare staff (www.scopeofpain.org)
Patient Registry

Policies

*Patient Registry (def.): An organized system using observational study methods to collect uniform clinical data to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves a predetermined clinical or policy purpose(s).*

- **Establish requirement for universal and consistent use of registry/tracking system**
- **Establish and enforce documentation expectations**
- **Determine if paper-based vs. electronic**
- **Establish process system use and report distribution**
  - Practice/provider level reporting

Registry Components

Core Components/Track Key Quality Indicators

- **Last and next**
  - Medication refill; pill count; UDT; PDMP check
- **PPA signed**
- **Risk assessment and monitoring data**
  - Aberrant medication taking behaviors
  - Clinical monitoring data (UDT, PEG, etc.)
- **Reporting tools**
  - By level: Patient/Provider/Practice/System Level

**Key Design Factors:**

- Must follow and facilitate prescribing and refill workflow
- Must avoid/minimize double data entry
How a Tickler File Works

Example: Jane Doe Weekly Refills

Create and sign Jane's March 15 prescription medication refill
1. Cross out March 15, 2017
2. Write March 22, 2017 for next refill
3. Place card in Week 2 folder

Create and sign Jane's March 22 prescription medication refill
1. Cross out March 22, 2017
2. Write March 29, 2017 for next refill
3. Place card in Week 3 folder

Create the Workflow
**Intake, Treatment Planning, Referral and Discontinuation**

- **Intake encounter**
  - Procedure/template
  - Evidence-based SBIRT (Screening, Brief Intervention, and Referral to Treatment)
  - PDMP checking (by delegates if permitted)

- **Individualized treatment planning**
  - Procedure/process/template
  - Revise treatment plan components as necessary

- **Referral for other services**
  - Mental health, specialty pain service, addiction treatment, etc.

- **Discontinuation process**

---

**Suggested New Patient Workflow**

1. **Reception/Intake**
   - New Patient: Calls for appointment for treatment of chronic pain
   - Patient instructed to obtain medical records/permission to speak to previous clinician
   - Currently on opioids?
     - NO: Schedule appointment with Case Manager
     - YES: Schedule appointment with Clinician

2. **Care Manager/Assessment & Monitoring**
   - Check PDMP
   - Evidence of Misuse or Diversion?
     - YES: Patient meets with Case Manager
     - NO: Review with Clinician

3. **Clinician/Diagnosis & Treatment**
   - Review with Clinician
   - Patient meets with Clinician
   - Clinician writes opioid Rx
   - Clinician signs Rx

4. **TEAM Treatment Planning & Coordination**
   - Case reviewed with TEAM
   - Can patient be safely and effectively treated/managed for chronic pain?
     - NO: Patient referred to another provider
     - NOW: First Visit

5. **Follow-up Visit**
   - Next refill date noted
   - Rx recorded in registry
   - Visit with Clinician

---

**CaravanHealth 15**
### Suggested Established Patient Workflow

- **Receptionist Intake**
  - Patient: Schedules FU app't for treatment of chronic pain
  - FU with Clinician
  - Purpose of visit
  - Monitoring only
  - Med refill

- **Care Manager Assessment and Monitoring**
  - Patient placed on registry list for TEAM review prior to next visit
  - Schedule appointment with Clinician
  - Purpose of visit
  - Monitoring only
  - YES

- **Clinician Diagnosis & Treatment**
  - Meets with Care Manager
  - Treatment Plan informs clinical actions and decision making
  - • Rx recorded in registry
  - • Next refill date noted

- **TEAM Treatment Planning & Coordination**
  - Case reviewed with TEAM
  - Treatment plan created/revised

- **Next clinic visit schedule with Clinician**
  - Care Manager writes opioid Rx
  - Clinician signs Rx
  - YES
  - Evidence of aberrant medication taking behaviors or diversion
  - (YES)

- **Ongoing Evaluation Encounter**
  - Develop a Procedure
  - Create an Health Record template
  - Monitor for:
    - Aberrant medication taking behaviors etc.
      - Use: PEG/COMM (Current Opioid Misuse Measure)
    - PDMP Checking (by delegates if allowed by law)
    - Diversion and/or use disorder using supervised:
      - • Pill counts (scheduled/random)
      - • UDT (scheduled/random)
    - Work with the UDT lab
      - • Send out vs. Point of Care
      - • Confirmatory testing
  - Review Patient-Provider Agreement (PPA) regularly
Roles

- **Nurse: needs skill set; provide development training**
  - Develop and maintain therapeutic alliances with patients
  - Participate in treatment planning
  - Intake and initial assessment
  - Monitoring encounters
  - Facilitate medication refills/maintain patient registry

- **Medical Assistant**
  - Rooming patients
  - Routing patient calls
  - Manage collection of urine for drug testing

- **Behavioral Health (if onsite)**
  - Intake and initial assessment
  - Participate in treatment planning
  - Facilitate/provide counseling

Documentation and Tracking

- **Health record (electronic or paper) encounter templates**
  - Intake
  - Treatment planning
  - Ongoing visits
  - Refills
  - Monitoring (callbacks for UDT and pill counts)

- **Key elements to support safe prescribing**

- **Work with EHR vendors to:**
  - Support practice of safe opioid prescribing
  - Develop customized encounter forms and processes (local EHRs)
Implement and Optimize

The Implementation Team

Monitors the System

- **Employ principles of “Diffusion of Innovations”**
  - Leverage peer-to-peer communication networks
  - Anticipate time for process to unfold through key stages
    (knowledge/persuasion/decisions/implementation/confirmation)
  - Identify, recruit and engage opinion leaders, early innovators/early adopters

- **Deputize a Program Champion**
  - A recognized and respected practice opinion leader
  - Critical to project success

The Implementation Team

Implements the System

- **Create multidisciplinary Implementation Team**
  - Nursing/Behavioral Health/Pharmacy/Medical Clinicians
  - Meet weekly

- **Huddle/problem-solve during each clinic**
  - About first 6 months

- **Remember: it’s an iterative process…**

- **Policy and procedures won’t be perfect initially**
  - Anticipate need to further improve systems based on real experience

Transition from Implementation to Care Team

Aim for Smooth

- **Ensure use of clinical data tools**
  - Risk assessment (ORT, SOAPP, DIRE*)
  - Ongoing risk monitoring (COMM, UDT, pill counts, PDMP)
  - How will manage different risk levels?

- **Keep program up to date with rapidly changing state laws/regulations**

- **Provide clinicians and staff ongoing training**
  - Review and revise policies and procedures
  - Communicate with patients and with each other

*ORT: Opioid Risk Tool
SOAPP: Screener and Opioid Assessment for Patients with Pain®
DIRE: Diagnosis, Intractability, Risk and Efficacy Score
Concrete Steps when Starting and Tuning

**Timing**

- Expect weeks to months of development with lots of uncertainty, iterative testing and revision...
- **BUT, start sooner rather than later**
  - No more than 6-8 weeks of planning before you start
- Engage and get leadership buy-in for a fluid implementation/adjustment period of 6-12 months

---

**During the Transition**

- **Weekly Implementation Team meetings**
- **Continue to:**
  - Collect data, share amongst team
  - Devise strategies (with low investment) to test effect and effectiveness
- **If it works, keep it; if not, jettison and try something else**
- **Don’t overanalyze; just do it**
Get the Clinical Team up to Speed

Meet before and/or after each clinic

- **Discuss patients**
  - Each new and existing patient seen during clinic
  - Other patients with active issues

- **Review key topics**
  - Treatment plans/active issues
  - Case management
    - Adjunct Therapies (counseling, PT, acupuncture, etc.)
  - Pain control/pain medications
    - Dose (effective and appropriate?)
    - Prescriptions and refills (aberrancy?)
  - Review monitoring reports
    - UDT and pill counts: aberrancies?
    - PMDP: patterns of opioid use disorder and/or diversion?

Transition from Implementation to Treatment

**Implementation Period**
- Create TEAM and meet weekly
- Huddle/problem-solve during each clinic
- It’s an iterative process...

**Treatment Period**

Discuss patients:
- Every patient seen/every clinic
  - Other patients with active issues

- Review key topics
  - Treatment plans/active issues
  - Case management
  - Pain control/pain medications
  - Review monitoring reports

Actual team members may change during transition
Prepare for Growing Pains

- **Work with providers non-adherent to practice policy and procedures**
  - e.g. “My colleague is overprescribing. What should I do?”
  - Consider periodic practice reviews to make sure the practice is following best practices

- **Work with patients unhappy with new procedures**
  - Getting buy-in and cooperation from all staff
  - Avoiding patients “dividing” staff

- **Respond to unanticipated clinical issues**
New Patient: Calls for appointment for treatment of chronic pain

- Patient instructed to obtain medical records/permission to speak to previous clinician

- Currently on opioids?
  - YES
  - Patient instructed to obtain medical records/permission to speak to previous clinician
  - Schedule appointment with Case Manager

- NO
  - Schedule visit with Clinician

- First Visit

- Follow-up Visit

- Rx recorded in registry
- Next refill date noted

- Clinician signs Rx

- Clinician writes opioid Rx

- Patient meets with Clinician

- Can patient be safely and effectively treated/managed for chronic pain?
  - YES
  - Clinician signs Rx
  - Next refill date noted
  - Patient referred to another provider

- NO
  - Patient referred to another provider

- Patient meets with Clinician

- Clinician writes opioid Rx

- Patient meets with Clinician

- Evidence of Misuse or Diversion?
  - YES
  - Review with Clinician

- NO
  - Patient meets with Case Manager

- Patient meets with Case Manager

- Orientation
- Obtain histories
- Risk assess

- Review with Clinician

- Case reviewed with TEAM

- Treatment Planning and Coordination

- Care Manager Assessment and Monitoring

- Receptionist Intake
Suggested Established Patient Workflow

**Receptionist**
- Intake
- Patient: Schedules FU appt. for treatment of chronic pain
  - FU with Clinician
- Patient placed on registry list for TEAM review prior to next visit
  - Schedule appointment with Clinician
  - Schedule appointment with Care Manager

**Care Manager**
- Assessment and Monitoring
  - FU with Clinician
    - Meets with Care Manager
      - Treatment Plan informs clinical actions and decision making
        - • Hx since last visit
        - • Monitor for risk
      - Meets with Care Manager
        - • Rx recorded in registry
        - • Next refill date noted
    - Med refill or monitoring only
      - Purpose of visit
      - Next visit schedule with Clinician

**Clinician**
- Diagnosis & Treatment
  - Patient meets with Clinician
    - Clinician writes opioid Rx
      - Clinician signs Rx
        - Discuss with Clinician
    - Case reviewed with TEAM
      - Treatment plan created/revised

**TEAM**
- Treatment Planning and Coordination
  - Purpose of visit
  - Med refill or monitoring only
  - Yes
  - Evidence of aberrant med taking behaviors or diversion
    - No
      - Care Manager writes opioid Rx
      - Discuss with Clinician