UCSF Health

Opioid Stewardship: It Takes a Village
Where are we now?

QIEC Update: August 2019

Coleen Kivlahan & Primary Care Leadership
Matthias Behrends & Pain Committee
Niraj Sehgal

Why Do We Care? The Purpose

- Devasting effects of opioid crisis; role of providers in prescribing behaviors and contributing to harm
- Provider burnout and personal impact of opioid prescribing on well-being
- Stress on patient/provider relationships
- Caring for increasingly complex patients with more “acute on chronic” pain
- Adverse impact on our surgical and other quality outcomes
- Extensive public attention on addressing opioid crisis with increasing mandates on horizon

What was our process?

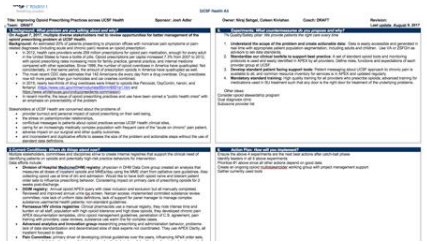
Several Stakeholder Engagement Sessions

↓

Learning from other AMCs (and ZSFG & SFVA)

↓

Development of Strategic A3



→

What did we identify as our Key Priorities?

A Roadmap for Opioid Stewardship

1. Create actionable data to understand the scope of the problem & drive improvement
2. Standardize clinical tools & guidelines to support best practices across our care settings
3. Develop patient-facing tools to support patient engagement, education and relationships
4. Provide training to our clinical workforce that reinforces the above priorities

UCSF Health

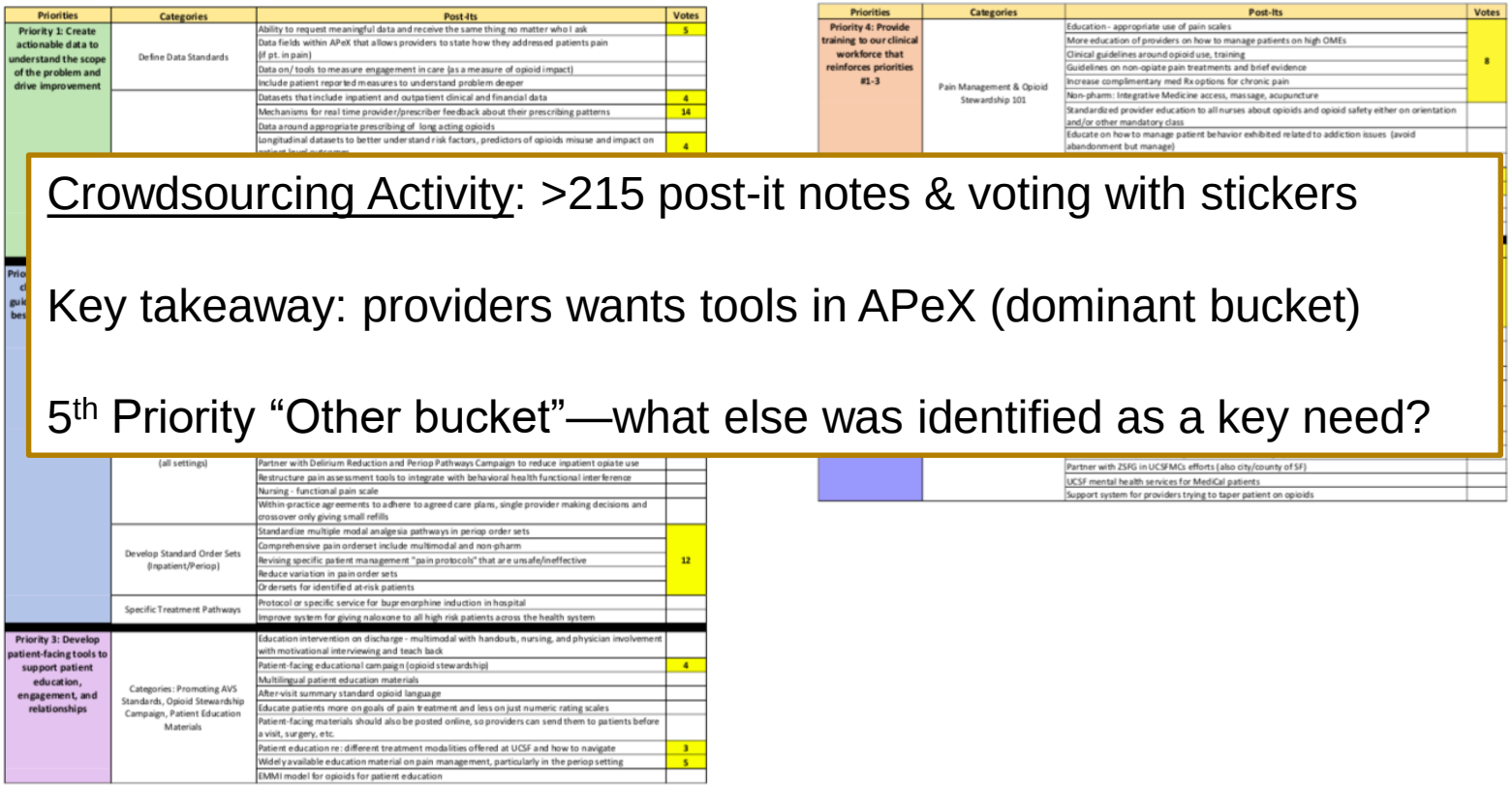
August 2018 Opioid Stewardship Summit

Goals: community-building for opioid stewardship, engagement into improvement work, and crowdsourcing for input into 4 Key Priority Areas

- Learn from representative Case Studies across UCSF Health
- Define centralized solutions for decentralized implementation/innovation

~65 participants across disciplines, departments and clinical settings

Crowdsourcing: August 2018 Summit



Priorities	Categories	Post-Its	Votes
Priority 1: Create actionable data to understand the scope of the problem and drive improvement	Define Data Standards	Ability to request meaningful data and receive the same thing no matter who I ask	5
		Data fields within APeX that allows providers to state how they addressed patients pain (if pt. in pain)	
		Data on/ tools to measure engagement in care (as a measure of opioid impact)	
		Include patient reported measures to understand problem deeper	
		Datasets that include inpatient and outpatient clinical and financial data	4
		Mechanisms for real time provider/prescriber feedback about their prescribing patterns	14
		Data around appropriate prescribing of long acting opioids	
		Longitudinal datasets to better understand risk factors, predictors of opioids misuse and impact on	4
	(all settings)	Partner with Delirium Reduction and Periop Pathways Campaign to reduce inpatient opiate use	
		Restructure pain assessment tools to integrate with behavioral health functional interference	
		Nursing - functional pain scale	
		Within-practice agreements to adhere to agreed care plans, single provider making decisions and crossover only giving small refills	
	Develop Standard Order Sets (Inpatient/Periop)	Standardize multiple modal analgesia pathways in periop order sets	
		Comprehensive pain orderset include multimodal and non-pharm	
		Revising specific patient management "pain protocols" that are unsafe/ineffective	12
		Reduce variation in pain order sets	
		Ordersets for identified at-risk patients	
	Specific Treatment Pathways	Protocol or specific service for buprenorphine induction in hospital	
		Improve system for giving naloxone to all high risk patients across the health system	
Priority 3: Develop patient-facing tools to support patient education, engagement, and relationships	Categories: Promoting AVS Standards, Opioid Stewardship Campaign, Patient Education Materials	Education intervention on discharge - multimodal with handouts, nursing, and physician involvement with motivational interviewing and teach back	
		Patient-facing educational campaign (opioid stewardship)	4
		Multilingual patient education materials	
		After-visit summary standard opioid language	
		Educate patients more on goals of pain treatment and less on just numeric rating scales	
		Patient-facing materials should also be posted online, so providers can send them to patients before a visit, surgery, etc.	
		Patient education re: different treatment modalities offered at UCSF and how to navigate	3
		Widely available education material on pain management, particularly in the periop setting	5
		EMMI model for opioids for patient education	

Priorities	Categories	Post-Its	Votes
Priority 4: Provide training to our clinical workforce that reinforces priorities #1-3	Pain Management & Opioid Stewardship 101	Education - appropriate use of pain scales	8
		More education of providers on how to manage patients on high OMEs	
		Clinical guidelines around opioid use, training	
		Guidelines on non-opiate pain treatments and brief evidence	
		Increase complimentary med Rx options for chronic pain	
		Non-pharm: Integrative Medicine access, massage, acupuncture	
		Standardized provider education to all nurses about opioids and opioid safety either on orientation and/or other mandatory class	
		Educate on how to manage patient behavior exhibited related to addiction issues (avoid abandonment but manage)	
		Partner with ZSFG in UCSFMCs efforts (also city/county of SF)	
		UCSF mental health services for MediCal patients	
		Support system for providers trying to taper patient on opioids	

Crowdsourcing Activity: >215 post-it notes & voting with stickers

Key takeaway: providers wants tools in APeX (dominant bucket)

5th Priority "Other bucket"—what else was identified as a key need?

UCSF Health: Our Approach to Opioid Stewardship

Align

Integrate

Communicate

Building Centralized Solutions:
APeX/Clinical Systems
Informatics & Innovation
APeX Clinical Content Cmte (AC3)

Pain Committee
Centralized Governance of Best Practices & Workgroups

Opioid Stewardship

Facilitating & Coordinating Decentralized Improvement:
Inpatient Services
Ambulatory Practices
Perioperative Pathways

Substance Use Disorder Committee

Carow Consulting

SFHP Grant

LPPHC

"Other Bucket"
5th Priority

UCSF Health

OPIOID STEWARDSHIP INITIATIVE PROJECT MANAGEMENT DASHBOARD: PAIN COMMITTEE AND APEX TEAM

On Track | At Risk | Off Track

UCSF

Priority	Project	Description/Purpose	Final Deliverable	Team (L=Lead, PM=Project Manager)	Completion Date	Status	Recent Progress	Next Steps
1. Actionable Data	Registry-Outpatient	Create tool that (1) Allows providers to identify patients at risk for overuse of Opioids in Outpatient setting (2) Can feed into drug test alert development	Summary-Filtering mechanism of raw dataset of Outpatient visits with Opioid usage	R. Croci (L), J. Hall (PM), S. Murray, J. Yim	8/2/2019		Dx Grouper Modified	(1) Testing of data by 6/14 (2) Dashboard Minimal Viable Product by 6/28
1. Actionable Data	Registry-Inpatient	Create tool that (1) Allows providers to identify patients at risk for overuse of Opioids in Inpatient setting (2) Can feed into drug test	Summary-Filtering mechanism of raw dataset of Inpatient admissions with Opioid usage.	R. Croci (L), J. Hall (PM), S. Murray, J. Yim	TBD			Form Committee to: (1) Determine needs (2) Develop plan
2. Provider Facing Tools	O							
2. Provider Facing Tools	O ca							in Summary Revision ot & Assessment (5/29) Live
2. Provider Facing Tools	Naloxone Report	A Naloxone prescription report that highlights risk factors.	Report of Naloxone prescriptions by patient.	S. Sankaram (L), J. Hall (PM), R. Croci	12/31/2019		Starting Opioid Registry extract identifying risk factors	(1) Presentation at June 2019 PC meeting (2) Determine usage of repor
2. Provider Facing Tools	Pain Management Orderset	Creation of a unified Orderset that is Joint Commission compliant and promotes the use of multimodal analgesia	Pain Management Ordersets for admission orders, PRN pain orders	C. Lau (L), J. Twiford (PM), A. Borucki, S. Reddy, M. Shumacher, S. Brynelson, L. Purser, L. Wick, A. Auerbach, M. Behrends, A. Thompson	12/31/2019		Revised PRN pain order set, staged choices 5/3	(1) Submit to PC, P&T for approval (2) Design and produce
2. Provider Facing Tools	Pain Assessment Document	Redesign of Pain Assessment documentation	Revision of Pain Assessment Documentation in APEX. Provider	TBD (L), J. Twiford (PM), M. Schumacher, L. Purser, J. Rajan, G. Ella, D. Burge,	TBD		UC-wide study to develop & validate a functional pain assessment	IRB approval

Centralized Project Management Support & Priority Tracker (In Progress)

John Hall & Jenifer Twiford: Adult QI Team

Opioid Stewardship Achievements: Where are we now?

Priority 1: Create Actionable Data

Ambulatory Opioid Registry (near completion)
- *Fall Go-Live in Primary Care Settings*

Inpatient Opioid Registry (different approach TBD)

Priority 2: Build Centralized Tools

Two Best Practice Alerts
- *CURES and Co-Prescribing of Narcan done*

OME Calculators (*)
- *OME "At Risk" Calculator*
- *OME "At Time of Rx" Calculator*
- *OME "24 Hour Look" Calculator*

Standardized Pain Management Orderset (*)
- *Balancing standards with customized needs*

New Inpatient Pain Summary View in APeX (*)

Priority 2a: Decentralized Improvement

[Representative Examples]

Surgical Guidelines/Best Practices
- *Discharging practices for common procedures*
- *Successful pilot expanding to other areas*

OB discharging practices following deliveries

Multiple Primary Care Clinics
- *Moving to standard work across practices*

Priority 3: Develop Patient Facing Tools

After Visit Summary Education Standards (*)
- *All patients discharged on opioids & naloxone with auto-populated information (Adult/BCH/Ambulatory settings)*

Patient-Provider Agreement Templates (*)
- *Agreements & APeX workflows being finalized*

Patient Education
- *Campaign/Messaging (TBD)*

Priority 4: Design Training and Education

- *Needs assessment required (with desire to link training to new tools now available)*

Priority 5: New Care Models & Services

Substance Use Disorders (*)
- *Needs Assessment Completed; QIEC 8/6*

Alternative Modalities for Pain Management (*)
- *Mindfulness/Meditation, Acupuncture, TENS units, Aromatherapy, and Massage services*

(*) Pain Committee Designated Workgroup

Ambulatory Opioid Strategy
A Backbone for Building Tools

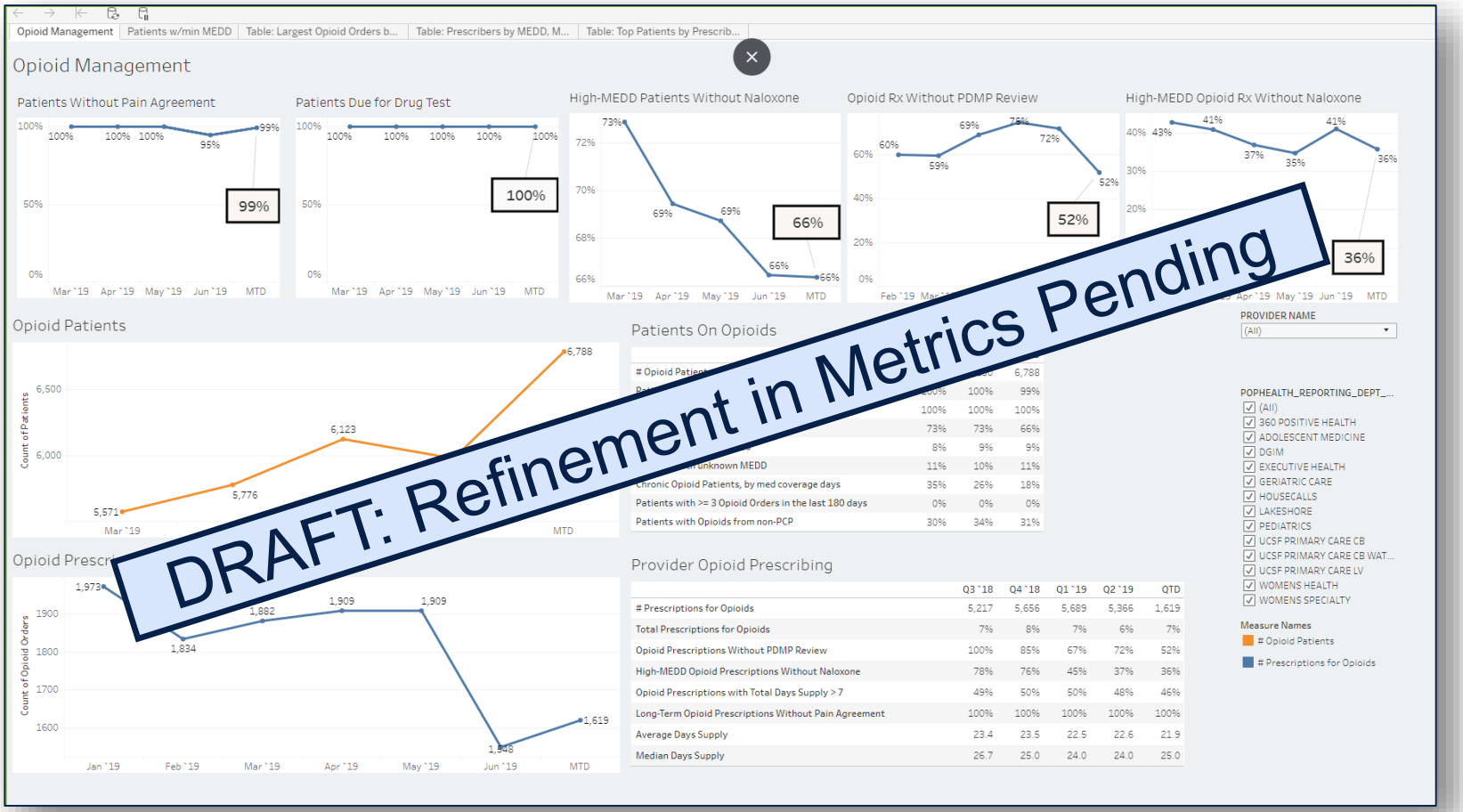
- APeX Opioid Registry
  - Store information about patients on opioids
  - Track associated lab results, med orders, documentation, etc.
- APeX Opioid Prescribing Data
  - Prescribing practices of opioids captured via order related data
  - Specific medication and provider details captured

Ways that these tools can be useful	
Hyperspace tools	Patient lists
Reporting tools	Governed data assets and registry to support custom reports/data requests
Dashboard	Self-service reporting tools

UCSF Health Informatics, Advanced Analytics and Innovation Team
Joanne Yim, Rhiannon Croci, Sara Murray (part of Russ Cucina's team)

UCSF Health

Ambulatory Opioid Strategy Tableau Dashboard



- Primary Care Demo Completed: plan for practice-level data, then provider-level data this fall
- Solution is scalable to specialty practices, Marin clinics, and others in future state

Opioid Stewardship: It Takes a Village

- Burning platform and engagement for work is incredibly strong
- Need to strategically align new APeX data/tools with actual desire for improvement work (or tools won't get used)
- "If we build it, we will need more…"—better identification of patients with pain (or at-risk for opioid dependence/adverse effects) will require new resources to care for them