The Six Building Blocks of Pain Management and Safe Opioid Therapy in Primary Care

Oregon Health Authority, Oregon Prescription Drug Overdose Project

Self-Assessment Questionnaire – Workshop Version (Numbers only)

May 2018

Background: This clinical self-assessment and the accompanying web survey were adapted from the Six Building Blocks of Safer Opioid Prescribing © for the OHA Prescription Drug Overdose (PDO) Prevention Project in collaboration with the OHA PDO Implementation Workgroup. Ten healthcare organizations around Oregon are using this self-assessment tool in collaboration with the OHA PDO Practice Management Improvement Team to explore and improve clinical practices. The current project is limited to staff at the original six organizations through August 31, 2018. Funding is provided by the U.S. Centers for Disease Control and Prevention Grant # 1U17CE002751. For more information on the PDO project, contact Lisa Shields (lisa.m.shields@dhsoha.state.or.us) PDO Project Manager, Oregon Health Authority.

Six Building Blocks© Background: The Six Building Blocks for Safer Opioid Prescribing© were developed in 2015 as part of a research project on Team Based Opioid Management in rural clinics. The three-year research study is a collaboration between 20 rural and rural-serving clinics in Washington and Idaho. Funding was provided by the U.S. DHHS AHRQ grant # R18HS023750. For further information, contact Dr. Michael Parchman (parchman.m@ghc.org), Director, MacColl Center for Innovation, Kaiser Permanente Washington Health Research Institute.

CDC Guidelines Alignment: The 2017 CDC Guidelines for Prescribing Opioids for Chronic Pain has twelve recommended policies for prescribers. *All the CDC recommendations are incorporated in Building Block #2.*

Instructions for completing the Self-Assessment Questionnaire

1. *Read the "standard" for this measure. This describes what is needed for full implementation.*
2. *Check the level of implementation your clinic or organization has achieved. NOTE! - If in doubt on what level to select, choose the lower level. Often clinics rate themselves high initially, and realize later that they need to change to a lower level.*
3. *Describe what aspects of the measure your clinic has currently implemented and/or is working on.*

Measure	Level 1	Level 2	Level 3	Level 4
Description of the measure if fully implemented.	No implementation: Very little has been done on a clinic basis. No clinic wide documentation exists. Some prescribers may implement parts, but most do not.	Some clinic policies have been documented and some prescribers are following them. Implementation is fragmented.	Clinic policies are well-defined and documented. The majority of prescribers understand and follow the policies. However, progress and compliance is not monitored.	Optimal implementation: Clinic policies are fully implemented. All prescribers and clinical staff support and follow policies. Compliance is monitored monthly or quarterly with follow-up on any variances.

Example:

Co-Prescribing Benzodiazepines	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Organizational policies discourage co-prescribing of opioids and benzodiazepines (or other medications such as z-drugs, carisoprodol, etc.) Existing patients on both are being tapered to safe levels defined in the policies. Behavioral health or psychiatric consultations are made where indicated.		X			*We have identified all patients who are co-prescribed opioids and benzos. Memo sent to all prescribers on risks of co-prescribing. Prescribers are now discussing tapering with patients. Some patients are being tapered.*

Clinic Name:	Who completed questionnaire (role & discipline):	Date:

Building Block #1: Leadership, goals, and assigned responsibilities

Goals and Priorities	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Leadership agrees on goals for treatment of pain, both acute and chronic, and the safe use of opioids. They prioritize the work so that it is accomplished in the most effective manner.					
Policies to Support Goals	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Each goal has corresponding policies. These policies are fully understood by all prescribers and staff and are the new standard of care. NOTE – Recommended policies are defined in Building Block #2					
Assigned Responsibilities and Timelines	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Clinical and operational champions are identified who are responsible for achieving goals and policies and providing progress reports to leadership. An implementation timeline is followed and monitored. A process of continuous quality improvement is implemented which includes identifying and spreading best practices.					
Community Collaboration	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Leadership is collaborating with other community health care organizations and agencies to improve the management of chronic pain and use of prescription opioids to reduce the number of pills in circulation, expand access to alternative therapies and addictions treatment, and help educate the community.					

Building Block #2: Produce policies, workflows, treatment agreements, patient education materials

Acute Pain Prescribing Policies for Opioids	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Opioid prescribing policies for acute pain treatment are defined, incorporating the key CDC guidance: utilizing immediate-release opioids, lowest effective dose, and for no longer than 3- 7 days without justification or re-evaluation. Non-opioid modalities are encouraged and promoted.					
Chronic Pain Prescribing Policies for Opioids	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Opioid prescribing policies for chronic pain treatment are in keeping with the CDC guidelines, including duration (opioids for 90 days or greater) and dose, (< 50 MED, rarely more than 90 MED).					
Non-Opioid and Non-Pharmacological Therapies for Pain	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Non-opioid and non-pharmacological therapies for pain (acute and chronic) are used as first line treatment. The organization works with payers to streamline authorization procedures for non-opioid and non-pharmacological therapies. Lifestyle changes, such as better sleep habits, are recommended.					

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Urine Drug Screening (UDS)	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
Urine drug screening is used for all patients on opioids at regular intervals as defined in the policy. Actions for positive screens are defined and followed.					
Prescription Drug Monitoring Program (PDMP)	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
The organization has clear policy on consulting the PDMP for every new controlled substance prescription and periodically (as needed and at a minimum defined time by the organization) for continuing prescriptions. All prescribers of controlled substances have registered with the PDMP.					
Treatment Agreements	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
Treatment agreements are signed by every patient on opioids. They are a key component of patient education about opioid risks and clear patient responsibilities. Both patient and provider expectations are delineated in keeping with clinic policies. The OMB requires the Material Risk form to be completed on all patients receiving chronic opioid therapy. This is a separate form and should be attached to ALL patient treatment agreements.					
Patient Education	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
Providers continue to educate their patients through conversations and education materials – the differences between acute and chronic pain, the risks of opioids, the benefits of non-opioid therapies and patients' engagement in their own recovery. Patients are encouraged to participate in treatment decisions and to set their personal goals.					
Tapering	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
The clinic has a standardized definition and tapering policy for high risk Chronic Opioid patients: Dose > 90 MED, documented aberrancy, unsafe co-prescribing, overdose, unapproved multiple prescribers, an inconsistent +/- UDS, or credible concerns for diversion by family, community, pharmacy, or police. Buprenorphine is available for patients who are identified as having OUD.					

Naloxone	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
All patients receiving opioids (>50 MED), as well as those with opioid use disorder, should have naloxone prescribing offered to a close associate of the patient as part of the treatment plan. Co-prescribing is encouraged at lower doses, especially when co-existing risks, such as chronic pulmonary disease, are present. This is at the discretion of the provider or in consort with more stringent regional/organizational goals.					
Buprenorphine	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
Any clinic that manages chronic pain patients with opioid therapy shall have buprenorphine treatment readily available to easily provide continuity of care when opioid use disorder is identified. This may include supporting providers to obtain their X waiver, or developing partnerships with community providers.					
Methadone	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
All patients being prescribed methadone for pain management will maintain their dose no higher than 30 mg/d. The initiation of methadone is discouraged for chronic pain management, and is not used to treat acute pain.					

Building Block #3: Identify the patient population and develop ways to track progress

Identifying and Tracking Patients on Opioids	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
The clinic has a registry it uses to identify and track all patients on opioids. The registry is an updated list of patients taking opioids, as well as other items useful in managing their care. Clinics determine what should go on the registry, which usually includes the following: MED, opioid risk score, sedative co-prescribing, tapering status, and functional status. This information is reviewed monthly or quarterly by leadership and other prescribers to monitor progress towards treatment goals.					
Risk Stratification for Complex Patients	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
All patients identified as high risk, complex pain patients (see BB #5) are reviewed monthly, by PCP, care team and clinic leadership to ensure progress towards goals and patient safety.					

Building Block #4: Planned, patient-centered visits

Planned Patient Visits	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Before routine clinic visits by patients with persistent pain, clinic notes, PDMP, etc. are discussed in advance to prepare for the visit. If need for behavioral health (or PT, etc.) is anticipated, a list of local or regional resources is available. Open conversations with recommendations from the last visit, e.g. "Nice to see you today. How did your referral to a counselor, therapist, PT go for you?"					
Workflows for Planned Visits	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
The work needed to plan for a visit with patients receiving or potentially initiating chronic opioid therapy has been clearly defined, and work has been delegated across the team, and is consistently implemented by all team members.					
Empathic Patient Communication	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
Patient-centered, empathic communication emphasizing patient safety is consistently used with patients with persistent pain to discuss opioid use, dose escalation, or to encourage tapering. For example, “I care about you and your safety and together we need to discuss other options. Is this a good time to talk about that?” Providers are empathetic listeners to what is important to patient, engage the patient in shared decision making, and make referrals as needed for non-opioid treatment options.					
Shared Decision Making	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
Shared decision making, setting goals for improvement, and providing support for self-management with patients with persistent pain (whether or not opioids are prescribed) is embraced by the care team and includes identifying patient priorities of care, setting goals for functional improvement and/or providing support for self-management. Patient education handouts are readily available.					
Care Plans	1	2	3	4	*Describe briefly what your clinic is currently doing on this measure.*
Care plans for patients with persistent pain (whether or not prescribed opioids) are developed collaboratively with patients and are recorded/easy to find. The care plans include self-management goals, clinical goals, the medication regimen, and a monitoring schedule. They are routinely used to guide care.					

Building Block #5: Caring for complex patients

Identifying High Risk, Complex Patients	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
The clinic has policies, screening tools, and work flows to identify opioid misuse, diversion, abuse, addiction and for recognizing complex opioid dependence. Recommended screening tools are PHQ-4, PC-PTSD, FSQ, PCS, and PEG. Clinic consistently uses agreed screening tools.					
Care Plans for High Risk, Complex Patients	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Each patient has a specific care plan addressing the identified risks. This may involve tapering, conversion to buprenorphine, behavioral health consultation if available in the clinic and/or referral to specialists in pain, addiction, behavioral health. Patients are monitored monthly by clinic leadership.					
Behavioral Health (Mental Health Care and Addiction Treatment)	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
The clinic has behavioral health (mental health and chemical dependency) services readily available from behavioral health specialists who are onsite or who work in an organization that has a referral agreement. Process are in place to ensure timely treatment**.**					

Building Block #6: Measuring success

Tracking Outcomes	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Tracking outcomes evaluates the extent to which the work is having the desired impact. It can be used to compare results over time and focus efforts on a common goal.					
Tracking Processes	1	2	3	4	Describe briefly what your clinic is currently doing on this measure.
Tracking processes evaluates the extent to which clinical teams are implementing suggested practices. It can be used to detect short-term change, explain why certain outcomes are occurring or not occurring, and guide mid-term corrections. It holds clinical team members accountable for conducting the activities needed to achieve the desired outcomes.					