Improving Pain Management and Opioid Use Through Broad and Effective PCCDS

A Stakeholder-driven Action Plan
Goal: increase your understanding of and engagement with the PCCDS Opioid Action Plan

- Acknowledgements
- Opioid Action Plan (OAP) overview
- How you can engage
- Discussion: feedback, synergies with your efforts
Acknowledgements
Thank you to the OAPWG members

<table>
<thead>
<tr>
<th>Megan Affrunti</th>
<th>Patrick Burns</th>
<th>Danny van Leeuwen</th>
<th>Blackford Middleton</th>
<th>Rebecca Rossom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shafa Al-Showk</td>
<td>Evan Crawford</td>
<td>David Little</td>
<td>Karla Miller</td>
<td>Sharon Sebastian</td>
</tr>
<tr>
<td>Brian Alper</td>
<td>Janet Desroche</td>
<td>Hongfang Liu</td>
<td>Kara Murray</td>
<td>Daniel Seltzer</td>
</tr>
<tr>
<td>Robert Anthony</td>
<td>Spenser Duehr</td>
<td>Ed Lomotan</td>
<td>Jonathan Nebeker</td>
<td>Carmen Smiley</td>
</tr>
<tr>
<td>Margeaux Azakawa</td>
<td>Christopher Harle</td>
<td>Jan L. Losby</td>
<td>Patrick J. O’Connor</td>
<td>JoAnn Sperl-Hillen</td>
</tr>
<tr>
<td>Bryan Bagdasian</td>
<td>Molly Jeffrey</td>
<td>Laura Marcial</td>
<td>George Reynolds</td>
<td>Jackson Tate</td>
</tr>
<tr>
<td>Gavin Bart</td>
<td>Jim Jirjis</td>
<td>Alexander McIntosh</td>
<td>Richard Ricciardi</td>
<td>Upendra Thaker</td>
</tr>
<tr>
<td>Leigh Burchell</td>
<td>Ken Kawamoto</td>
<td>Zachary Meisel</td>
<td>Joshua Richardson</td>
<td>Devon Trolley</td>
</tr>
<tr>
<td></td>
<td>Maria Michaels</td>
<td></td>
<td>Craig W. Robbins</td>
<td>Jon Wald</td>
</tr>
</tbody>
</table>
Thank you to AHRQ

Funded by the Agency for Healthcare Research and Quality for its support via a Cooperative Agreement (U18 HS024849).
PCCDS Opioid Action Plan Overview
The Need for Action: PCCDS to Address the Opioid Crisis

- 115 US Opioid Deaths/Day
- 11.2% Chronic Pain
- 17.6% Severe Pain

Release Stakeholder-driven OAP January 2019
A Replicable Learning Network Model?

Urgent Improvement Imperative (Opioid Crisis)

Current Care Processes and Outcomes

Widespread PCCDS Implementation

Better Patient Care Processes and Outcomes

Stakeholder Driven Action Plan
Aspirational Goal (Working)

As a result of the Patient-Centered CDS Learning Network’s Opioid Action Plan, we aspire to deliver PCCDS interventions that improve pain management and opioid use outcomes for 2 million patients by 2021.
OAPWG Methods
## OAPWG Has Worked For 6 Months

| Moderated Discussions and Effort | 1. Engage stakeholders; **leverage current initiatives**
|                               | 2. Generate **consensus future vision**
|                               | 3. Scan ‘current state’
|                               | 4. **Foster** stakeholder actions to **close gap**
|                               | ‘**win-win-win puzzle self-assembly**’ |
| Meetings                      | 15 bi-weekly from April - October 2018 |
| Broad representation           | 43 members (24 from Learning Network) - see diagram |
| LN Synergies                  | TrustFWG, TechFWG, website |
| Drafting Action Plan          | Shared Google doc to iterate deliverable |
Results to Date
Engaging Stakeholders/Change Agents/Initiatives to Drive Action

- Patient Advocates
  - van Leeuwen network

- People/Patients
  - see Advocates

- Providers/CDOs
  - KP, HCA, VA, Mayo, HealthPartners, Penn

- Standards Organizations
  - IHE, HITAC

- HIT Supports w/PCCDS Interventions (e.g., EHRs/PHM, CDSS)
  - Epic, MEDITECH, Allscripts, EBSCO, CDS Connect

- Continuing Ed. Providers (Pain/opioid focus)
  - Conjoint Committee for CE

- Cross-Cutting
  - Other Federal Agencies AHRQ, ONC
  - PCCDS Learning Network
  - NAM Opioid Action Collaborative

- Guidelines
  - CDC

- Health IT associations/orgs
  - CHIME, EHRA, KLAS

- Payers
  - CMS
Consensus Vision for PCCDS-enabled Pain/Opioid Management

- **Alternatives to Opioids**
  - Scenario 1: Chronic Knee Pain

- **Short-term Opioids**
  - Scenario 2: Acute Kidney Pain
  - Scenario 4: Post-surgical Pain

- **Long-term Opioids**
  - Scenario 3: Opioids for Chronic Pain
  - Scenario 5: Opioid Use Disorder

*For full scenarios see:* [https://pccds-ln.org/scenarios#S1](https://pccds-ln.org/scenarios#S1)
## 19 PCCDS Interventions Underpin Scenarios

<table>
<thead>
<tr>
<th>1. <strong>Patient information</strong> on treatment options/results</th>
<th>11. Opioid/pain management <strong>guidelines</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Pain/function <strong>tracking journal</strong></td>
<td>12. Opioid use <strong>registry</strong></td>
</tr>
<tr>
<td>3. Pain management <strong>shared decision making tool</strong></td>
<td>13. <strong>Portals and websites</strong></td>
</tr>
<tr>
<td>4. <strong>Pre-visit questionnaire</strong></td>
<td>14. Morphine Equivalent Daily Dose <strong>calculator</strong></td>
</tr>
<tr>
<td>5. Visit/procedure <strong>documentation template</strong></td>
<td>15. Opioid use/response <strong>dashboard</strong></td>
</tr>
<tr>
<td>6. Pain-related <strong>care plan creation/tracking tool</strong></td>
<td>16. MOUD <strong>order set</strong></td>
</tr>
<tr>
<td>7. <strong>Symptom evaluation tool</strong></td>
<td>17. MOUD <strong>shared decision-making tool</strong></td>
</tr>
<tr>
<td>8. PDMP Tool</td>
<td>18. OUD <strong>patient education, support material</strong></td>
</tr>
<tr>
<td>9. Opioid use disorder <strong>screening/assessment tool</strong></td>
<td>19. OUD <strong>detection/notification algorithm</strong></td>
</tr>
<tr>
<td>10. Condition-specific pain-related <strong>order set</strong></td>
<td></td>
</tr>
</tbody>
</table>

*For full intervention list see: [https://pccds-ln.org/scenarios#T1](https://pccds-ln.org/scenarios#T1)*
<table>
<thead>
<tr>
<th>Priority Clinical Need</th>
<th>PCCDS Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower patients to address new findings/conditions outside office encounters</td>
<td>Topic-specific, <strong>evidence-informed information on treatment options and results</strong> - especially concerning pain management</td>
</tr>
<tr>
<td>Evidence-informed <strong>shared patient-clinician decision making</strong> on pain evaluation and treatment</td>
<td>Tool that helps patients and clinicians <strong>compare options</strong> in a patient-relevant manner; selected treatments authorized by payer</td>
</tr>
<tr>
<td>Document and guide shared goals, actions, monitoring for managing condition</td>
<td>Condition-specific <strong>pain-related care plan</strong> creation/tracking tool:</td>
</tr>
<tr>
<td></td>
<td>*pain agreement/<strong>opioid use contract</strong></td>
</tr>
<tr>
<td></td>
<td>*follow-up visit timing (e.g., monthly)</td>
</tr>
<tr>
<td></td>
<td>*urine drug screens</td>
</tr>
<tr>
<td></td>
<td>*tapering plan</td>
</tr>
<tr>
<td></td>
<td>*printable version</td>
</tr>
</tbody>
</table>
Scenario 1: PCCDS for Opioid Naive Patient

Bothered by osteoarthritic knee pain for years. She checks the portal...
Example Scenario: PCCDS for Opioid Naive Patient

Scenarios:
- Cross settings (home, encounter)
- Focus on patients/teams/both
- Reference interventions
- ~1 page

At Home:

The portal includes background information about osteoarthritis [1], function/pain evaluation tool (severity, alleviating/exacerbating factors, effects on daily life) [2], evidence on treatment options (effectiveness and potential harms) - and related decision guide [3]. Patient completes evaluation and decision guide tool (results recorded in portal [1], [13]), schedules PCP appointment using portal [1], [13] to discuss with PCP and take next steps. The portal guides her to fill in a previsit questionnaire regarding her reason and goals for the visit [4], [13].
Example Scenario: PCCDS for Opioid Naive Patient (@Home)

The portal includes background information about osteoarthritis [1], function/pain evaluation tool (severity, alleviating/exacerbating factors, effects on daily life) [2], evidence on treatment options (effectiveness and potential harms) - and related decision guide [3]. Patient completes evaluation and decision guide tool (results recorded in portal [1], [13]), schedules PCP appointment using portal [1], [13] to discuss with PCP and take next steps. The portal guides her to fill in a previsit questionnaire regarding her reason and goals for the visit [4], [13].

Topic-specific evidence-informed information on treatment options and results.

Pain/Function tracking journal

Shared pain management decision making tool; helps patients and clinicians compare options in a patient-relevant manner.

Pre-visit questionnaire summarizes patient data, visit goals

Portals and websites for patient education/support/communication
During PCP huddle on the morning of patient visit, the MA and provider review the pain evaluation and decision tool results and tee the tool up for further review and discussion with the patient during the provider visit [3]. They also consult the Health Information Exchange to validate previous diagnostic studies and treatment plans performed at other health care organizations [8]. Patient previously had orthopedic consultation and was not considered a surgical candidate. Minimal therapeutic options were tried, leaving open the possibility of non-opioid alternatives to pain management which have not previously been attempted.
Example Scenario: PCCDS for Opioid Naive Patient (@Huddle)

During PCP huddle on the morning of patient visit MA and provider review the pain evaluation and decision tool results and tee the tool up for further review and discussion with the patient during the provider visit [3]. They also consult the Health Information Exchange to validate previous diagnostic studies and treatment plans performed at other health care organizations [8]. Patient previously had orthopedic consultation and was not considered a surgical candidate. Minimal therapeutic options were tried, leaving open the possibility of non-opioid alternatives to pain management which have not previously been attempted.

**Shared pain management decision making tool**

**PDMP Tool** with results that can be shared between a provider and patient to discuss previous, current or overlapping prescriptions for controlled substances and to develop a shared care plan.
When rooming the patient, **MA confirms/updates information in these tools** [3], **confirms/refines patient expectations for the visit** (including questions or information needs from the patient) **from the pre-visit questionnaire** [4], and migrates this information into the EHR visit note, which is generated using a documentation template optimized for this purpose [5].
Example Scenario: PCCDS for Opioid Naive Patient (@Rooming)

When rooming the patient, MA confirms/updates information in these tools [3], confirms/refines patient expectations for the visit (including questions or information needs from the patient) from the pre-visit questionnaire [4], and migrates this information into the EHR visit note, which is generated using a documentation template optimized for this purpose [5].
During provider encounter, patient and PCP review/use shared decision making tool to support therapy selection [3]. After tool-supported evidence-informed discussion of risks/costs/benefits of different approaches, patients values/expectations [3] they agree a trial of topical diclofenac (a non-opioid medication) is the best approach, which is prescribed electronically and documented in a care plan [6].
During provider encounter, patient and PCP review/use shared decision making tool to support therapy selection [3]. After tool-supported evidence-informed discussion of risks/costs/benefits of different approaches, patients values/expectations [3] they agree a trial of topical diclofenac (a non-opioid medication) is the best approach, which is prescribed electronically and documented in a care plan [6].

**Condition-specific pain-related care plan tool**

Components include (as pertinent):
* pain agreement/opioid use contract
* follow-up visit timing (e.g., monthly)
* urine drug screens
* tapering plan
* printable version for receiving clinician signed by primary treating clinician (with contact information)
Example Scenario: PCCDS for Opioid Naive Patient (@Home)

After visit, patient uses mobile (smartphone or tablet) versions of tools to **document progress** (e.g., function/pain/activity levels) [2], **support adherence** to plan [6], and **address questions** and issues that arise [1]. These **tools interact seamlessly with the practice portal and EHR** so the PCP and team AND the patient each have easy methods to communicate without “extra” effort to use the system selected by the other [1], [13].

4 additional scenarios bring to life the 19 total PCCDS interventions
Current State: Foundations for Achieving Vision

- Preliminary scan (leveraged CDS Connect ES, OAPWG)
- 2 Components: by intervention, cross-cutting
- Opportunistic additions
- Being uploaded to LN Resource Center
- Continue refining collaboratively after OAP release (?)
- OAPWG: ‘burning platform’ (e.g., OUD Rx)
# PCCDS Intervention

<table>
<thead>
<tr>
<th>#</th>
<th>Resources¹</th>
<th>Clinical Implementations²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Topic-specific (e.g., chronic knee pain, renal colic), evidence-informed information on treatment options and results - especially concerning pain management; related portal functionality (e.g., upload data to provider and patient &lt;= provider messaging)</td>
<td>JN - Intermountain has open website for clinical pathways...have monographs on key process...initially designed for HELP. URL link to sample: <a href="https://intermountainhealthcare.org/ext/Dcmnt?ncid=529301997">https://intermountainhealthcare.org/ext/Dcmnt?ncid=529301997</a></td>
</tr>
<tr>
<td></td>
<td><em>Patient information from NLM</em> on opioids - see specially opioids part 2, 3, 4 [suspect there are much more robust resources than these]</td>
<td>JL - Michigan OPEN (Opioid Prescribing Engagement Network) resources for surgical procedures. Link added: <a href="http://michigan-open.org/">http://michigan-open.org/</a></td>
</tr>
<tr>
<td></td>
<td>CDC patient-focused resources: <a href="https://www.cdc.gov/drugoverdose/patients/materials.html">https://www.cdc.gov/drugoverdose/patients/materials.html</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cross-cutting: A <em>decision aid</em> for hip or knee osteoarthritis that includes many options and engages patients in answering what they are doing now and what their symptoms are, developed by Cochrane but not updated since 2011 <a href="https://integrationacademy.ahrq.gov/about/opioids-substance-use">https://integrationacademy.ahrq.gov/about/opioids-substance-use</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>handout from American Academy of Orthopaedic Surgeons</em> or in Spanish</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>handout on treating osteoarthritis of the knee from American Academy of Family Physicians</em> or in Spanish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*handouts on osteoarthritis from:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• American College of Rheumatology or in Spanish</td>
<td></td>
</tr>
<tr>
<td>Clinical Implementations</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td><strong>Kaiser Permanente Adult and Family Medicine Pain/Opioid Training Slides</strong>: [VA, Kaiser, other leading efforts by site and EHR vendor]</td>
<td>AHRQ FOA on “Advancing Evidence into Practice through Shared, Interoperable Clinical Decision Support Resources (U18)”</td>
<td></td>
</tr>
<tr>
<td><strong>Riverside University Health System</strong>: implemented several interventions from table above pertinent to opioids for chronic pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermountain Healthcare <a href="#">Care Process Model for Opioid use in Chronic Non-cancer Pain</a></td>
<td>ONC Health IT Playbook: Section 4: Opioid Epidemic and HealthIT</td>
<td></td>
</tr>
<tr>
<td><strong>Mercy Health wins 2018 HIMSS Davies Award</strong> of Excellence for applying health IT (including items related to PCCDS interventions) to opioid use.</td>
<td>CMS <a href="#">Proposed rule</a> for Physician Fee schedule 2019 adds an “Improvement Activity” to MIPS (page 1467): “Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AHRQ/CDS Connect Environmental Scan: <a href="#">Pain Management Resources to Support</a></td>
<td></td>
</tr>
</tbody>
</table>
Critical Stakeholder Group Actions

For List of Critical Actions and Other Recommendations see:
https://pccds-ln.org/scenarios#C1
Example Steps/Recs: Providers/Care Delivery Organizations

• **Critical Step**
  • Deploy/use PCCDS interventions to realize future vision

• **Other Recommendations**
  • Orgs having success share strategies/tools (e.g., Resource Center)
  • Others earlier in process leverage these
  • Measure/share results from strategies/tools
  • Collaborate on “most important problems to solve”
Example Steps/Recs: Healthcare IT Vendors

Critical Step

• Systems provide interventions, ensure providers/patients can use

Other Recommendations

• Describe how offerings realize scenarios
• Make opioid-specific interventions widely available
• Evolve offerings to better address scenarios
• Cultivate cross-fertilization within client base
• Collaborate to make interventions more interoperable
Socializing Scenarios to Foster Stakeholder Org. Action

- **EHR vendors**: use cases for product development, deployment
- **Provider organizations**: progress toward ‘aspirational goal’
- **EHRA**: Exploring interplay w/their Opioid CDS Implement. Guide
- **CHIME**: Exploring interplay with their Opioid Playbook
- **Conjoint Committee CE**: influence CE roadmap/activities?
- **Danny van Leeuwen**: outreach/engagement w/patient advocates
OAP-driven Actions (Sampling, cont.)

Sharing Tools/Strategies to Achieve Vision

• KP: intervention details, training resources

Fostering Other Collaborations to Implement OAP

• KP, Epic EBSCO exploring joint scenario pilot implementation
• CDC/ACG: OAP rec and use case for planned ‘test bed’
• NAM Opioid Action Collaborative: exploring OAP interplay
• Chris Harle: research outreach to OAPWG
## Key Gaps to Achieving Aspirational Goal

| Ongoing OAP Collaboration/Implementation | Identify an entity to **implement/coordinate** efforts. Create/leverage a **forum for ongoing stakeholder dialog** and resource sharing |
| OAP Dissemination/Consideration          | Stakeholders widely **circulate OAP, build on actions** begun during its development |
| Intervention Testbed                    | **Develop testbed** for multiple clinical organizations and EHR platforms to test interventions and foster scalability. (CDC is pursuing; OAP could be test case) |
| Evaluation                             | Articulate more specific **success metrics, and measure/report on progress** |
Opportunities to Engage
How Can You Join the Fun?

• Contribute to discussion!
• Participate in the OAP breakout session
• Provide feedback on scenarios/interventions/actions
  • [https://pccds-ln.org/scenarios](https://pccds-ln.org/scenarios)
• Engage in OAPWG
  • contact info on last slide
• OAP questions/comments
  • What resonates? What’s missing? Pearls for success?
• How might you/your organization engage?
  • Win-Win-Wins re: aspirational goal?
• For those on OAPWG:
  • Comments on how OAP adds value to your org/efforts?
Thank You!

For materials and updates please check out our website at:

www.pcorcds-ln.org/oapwg

OAPWG Contact Information:

• Jerry Osheroff, MD - Chair - josherooff@tmitconsulting.com
• Barry Blumenfeld, MD, MS - Co-chair - bhb@rti.org
• Beth Lasater, MSPH - Manager - boverman@rti.org
• Joshua Richardson, PhD, MS, MLIS - Lead - jrichardson@rti.org