Chronic Pain & Controlled Medication Playbook: A Quality Improvement Guide

Maine has the unfortunate distinction of having the nation's highest rate of prescribing for long-acting and high-dose opiate medications, with a rate that is twice the national average. Over the past two decades, the problem of chronic pain management and rates of opioid for chronic pain have escalated dramatically. Additionally, primary care providers are increasingly challenged to manage chronic pain: review of current practice in Maine has shown a disturbingly high frequency of unsafe prescribing practices including high dosing of opioids, concurrent use of opioids and benzodiazepines, and use of opioids in the presence of addiction. At the same time, primary care providers, particularly those in rural areas, express high levels of stress, frustration, and fatigue when facing the challenge of chronic pain management, and report often feeling isolated, alone, and unprepared to manage the complex issues presented by chronic pain. In the course of our frequent interactions with primary care providers throughout the state, we find they are asking for help, and are eager for assistance and support to address this increasingly challenging and complex issue.

The Chronic Pain and Controlled Medication Playbook is intended to serve as a guide to primary care practices interested in improving the "Triple Aim" outcomes for patients with chronic pain – i.e. to improve the clinical outcomes and enhance quality of life for patients with chronic pain; ensure value in health care delivery through team-based care, specifically by building provider knowledge and skills; and helping primary care practice teams deliver improved interprofessional team-based, patient-centered, collaborative care.

The Playbook was developed through a collaborative effort with support and materials from Maine Quality Counts, Penobscot Community Health Center, University of New England, Maine Medical Association, Mercy Hospital Primary Care Practices, Maine Primary Care Association, Husson University School of Pharmacy, The Opportunity Alliance, Healthy Maine Partnerships, members of the Maine Chronic Pain Collaborative Leadership Planning Team, practices participating in the Chronic Pain Collaborative, and many other organizations over the last two years.

Model for Quality Improvement

Creating Your Community's Aim Statement and Goals for CPC2

A critical first step for Quality Improvement is to define your practice's unique aim/goals and targets for the project. Collect review data before and after the project. The data collected can be used to chart progress and to focus your team's work.

Discuss and Write a Rough Draft of Your Organization's Improvement Aim

After reviewing your baseline data, discuss your aim statement. An aim statement answers the question: What are we trying to accomplish? It is an explicit statement summarizing what your

organization plans to achieve during the project. An aim statement will focus your organization's actions, helping to improve the quality of care for patients with chronic pain. It should be S.M.A.R.T. - **Specific, Measurable, Actionable, Relevant, and Time bound**. State your aim clearly, and use specific numeric goals. Organizations make better progress when they have unambiguous, specific goals. Setting numeric targets clarifies the aim, helps to focus change efforts, and directs measurement activities.

As you begin to consider your organization's aim, be sure to do the following:

- **Involve leaders (e.g., directors, managers, physician leadership, hospital leadership, system leaders).** Leadership must align the aim with strategic goals of the organization. They should also help identify an appropriate population for the initial focus of the team's work.
- **Base the goals in your aim on existing data or organizational needs**. Examine available information within your organization, and ensure that your statement reflects what your practice wants to accomplish. Make the statement your own! Below are some guidelines for individualizing and making the aim statement your own.

Some Guidelines for Customizing Your Aim Statement:

1. Discuss the aim statement with staff.
2. Consider your target population, connecting to other initiatives occurring at your organization, etc. Review baseline data to see what rates need to be improved.
3. Customize your project aim statement for your organization so the wording reflects what your organization wants to accomplish. Your aim statement should articulate to others what you are specifically trying to accomplish.
4. Always review the goals and measures. Revise if necessary.

 "Soon is not a time, some is not a number, hope is not a plan." - Donald Berwick, MD, Former CEO, Institute for Healthcare Improvement

Organizational Goals

In addition to developing an aim statement, practices should outline some basic goals. The goals should be directed by your baseline data and needs assessment. The overall aim and goals of Maine Quality Counts' Chronic Pain Collaborative are provide below as a sample:

Aim: By July 2016, chronic pain patients receiving care from the Maine CPC2 practices will benefit from "Triple Aim" Improvements in care and outcomes: improved health, improved experience of care, and reduced health care costs.

Goals

1. 100% of practices will establish a process to identify patients that need chronic pain management support defined as patients on more than 100 meq morphine per day

2. By July 2016, practices will decrease by 10% the number of patients that require 100 meq morphine equivalents per day.
3. 100% of practices will be in compliance with Chapter 21 regulations; including establishing a workflow around pill counts, use of the PMP, and urine drug testing, and patient agreements.
4. Practices will increase by 10% the presence of pain documented in the chart
5. Practices will increase by 20% the percentage of patients with a functional assessment documented.
6. Practices will increase by 20% the percentage of patients with a treatment reassessment documented.

Plan-Do-Study Act (PDSA) Cycles

The Plan-Do-Study-Act (PDSA) cycle is part of the Institute for Healthcare Improvement (IHI) Model for Improvement, a simple yet powerful tool for accelerating quality improvement. Once an aim has been set and developed measures to determine whether a change leads to an improvement, the next step is to test a change in the real work setting. The PDSA cycle is shorthand for testing a change—by planning it, trying it, observing the results, and acting on what is learned. The steps in the PDSA cycle are: Step 1: Plan—plan the test or observation, including a plan for collecting data; Step 2: Do—try out the test on a small scale; Step 3: Study—set aside time to analyze the data and study the results; and Step 4: Act—refine the change, based on what was learned from the test (from: https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle).

Workflows or Flowcharts

Workflows or flowcharts allow for an organization to draw a picture of the way a process actually works so that the existing process can be understood and ideas can be developed about how to improve it. A **high-level flowchart**, showing six to 12 steps, gives a panoramic view of a process. These flowcharts show clearly the major blocks of activity, or the major system components, in a process. High-level flowcharts are especially useful in the early phases of a project. A **detailed flowchart** is a close-up view of the process, typically showing dozens of steps. These flowcharts make it easy to identify rework loops and complexity in a process. Detailed flowcharts are useful after teams have pinpointed issues or when they are making changes in the process. Using a flowchart has a variety of benefits: it helps to clarify complex processes; it identifies steps that do not add value to the internal or external customer, including: delays; needless storage and transportation; unnecessary work, duplication, and added expense; breakdowns in communication; it helps team members gain a shared understanding of the process and use this knowledge to collect data, identify problems, focus discussions, and identify resources; and it serves as a basis for designing new processes.