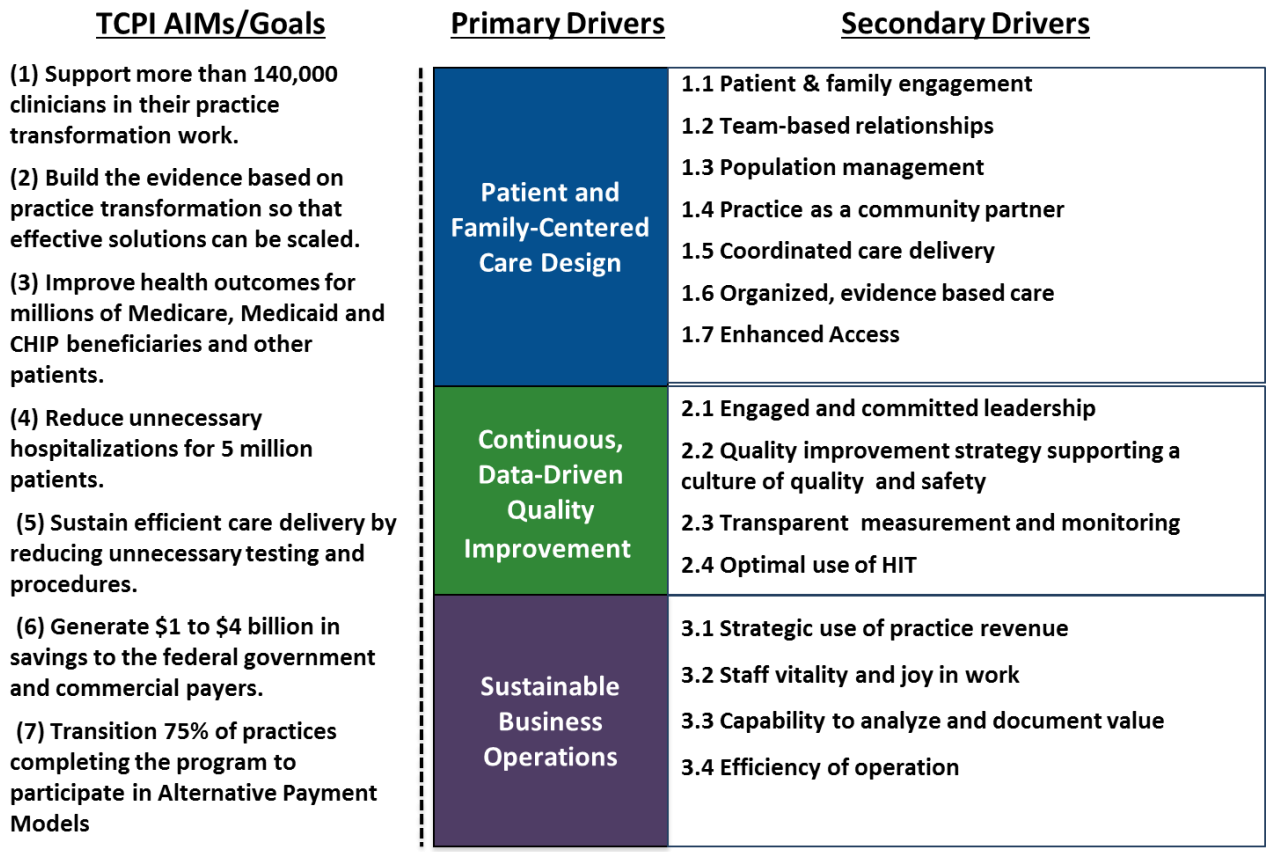
TCPi | Transforming Clinical Practice Initiative

Medication Management and Opioid (MMO) Initiative: Change Tactics

TCPI Change Package

The TCPI Change Package was finalized in March 2016 after a series of 41 site visits to high-performing primary and specialty care practices and a National Expert Panel (NEP) comprised of clinicians representing those practices and other national practice transformation experts. The primary and secondary drivers developed for the TCPI Change Package are illustrated in the figure below.



Change Concepts related to Medication Management

Under each secondary driver is a list of change concepts that primary and specialty care clinicians apply to ensure that they are meeting the underlying goals of the drivers. Under the primary driver of *Person and Family-Centered Care Design* is the secondary driver of *Coordinated Care Delivery*. A change concept clinicians apply under that driver is the management of medication reconciliation. With patients and families, clinicians and their practices manage and reconcile medications to maximize use, effectiveness and safety. The figure below identifies the change tactics associated with this concept. These change tactics were compiled at the February 2016 NEP.

1.	**Person and Family-Centered Care Design**
1.5	**Coordinated care delivery**
1.5.5	**Manage medication reconciliation:** With patients and families, manage and reconcile medications to maximize use, effectiveness, and safety
Change Tactics	• Reconcile medications at each visit • Provide follow up on medication use after hospital discharge • Include a pharmacist on the care team • Conduct medication reconciliation at every encounter • Coordinate medications across transitions of care settings and providers • Conduct periodic, structured medication reviews • Develop a medication action plan for high-risk patients • Provide collaborative drug therapy management for selected conditions or medications • Provide support for medication self-management • Always think about health literacy when talking about prescriptions • Include a pharmacist review of all meds at initial visit/ consult; share information with all co-managing providers

Addition of MMO Change Tactics

The TCPI Medication Management and Opioid (MMO) initiative was launched on June 9, 2017 at the second TCPI National Expert Panel (NEP) meeting. The initiative surfaces the urgency of the U.S. opioid misuse epidemic and mobilizes the TCPI community into action to address this crisis. The kick-off event concluded with a call to action to the PTNs, SANs and providers about engaging with patients and working in their communities to combat the opioid epidemic.

Medication management has a direct impact on several TCPI aims, and PTNs are being asked to incorporate medication management into the technical assistance provided to enrolled clinicians. To facilitate this, the TCPI National Faculty pulled together specific change tactics that they utilize under medication management to address opioid misuse. These align with the existing change tactics but are more specific to a type of medication management.

Starting Steps for Success in Opioid Management: Practice Level

Dr. Sarah Chouinard represents Community Care of West Virginia (CCWV). The CCWV has been recognized for their pain treatment processes that aim to minimize and eliminate opioid misuse. The below change tactics are steps for success at the practice level for effective opioid management.

- Have an organizational plan for pain management that does not include medications (i.e. integrated behavioral health team)
- Use medication lists or pharmacy data to know who your cohort will be. Refresh this list every month. Check your state's Prescription Drug Monitoring Programs (PDMP) and/or pharmacies the patient has visited to see if patients have existing opioid prescriptions.
- Calculate morphine milligram equivalents (MME) for these patients and stratify them for prioritizing your list
- Do an initial evaluation on all patients even if they have been on meds for years
- New patients set goals for ***stopping*** meds at initial visit
- Create accountability contracts
  - Ensure that the contract insists that patients only use one pharmacy and prescriber for needed medications
- Standardize the tools and use them every time – such as 28 day prescribing, limit days of the week that patients can get routine pain medicine refills to maximize coordination at the practice level
- Assess, Manage, Monitor
  - Assess- run a monthly list to see if patients have been compliant with required office visits, UDS, pill counts
  - Manage- outreach to patients and make them aware of upcoming testing or visits so that they stay compliant with contract terms
  - Monitor- run monthly and PREvisit reports from the PDMP to see if patients have been compliant with contract terms of one provider, one pharmacy for opioids

Steps from the field:

1. Chronic opioid use is defined in our practice as using any opioid for longer than 30 days. Anyone in that group is considered a chronic pain medication user.

2. >50 MME/day is a flag for need for more frequent follow up. >90 MME avoided unless justified

Road to Opioid Management: Health System Level

Dr. Marijka Grey represents the WellSpan Medical Group in Pennsylvania. This health system has had success in gaining community consensus for how to address issues related to the opioid epidemic. The below change tactics are steps for success at the health-system level for effective opioid management.

- Consensus in the community – chronic narcotic pain medications would be handled with a clear set of workflows and accountability (ex. by primary care only)
- Common controlled substance agreement across all our sites
  - Education and video co-created with our patients for our patients
- Common way of documenting in the EHR about Controlled Substance Agreements and violations
- Tight processes and protocols for all involved with handling opioid management
  - Common response protocol in addressing specific situations
- Availability of Urine Drug Screening in all primary care offices

- Education of physicians/APCs:
  - Primary care: Medication alternatives for chronic pain
  - Specialty care: Appropriate post-operative/post-procedure dosing and reaching consensus within the group
- Repeatedly and calmly express concern and your sincere desire to help the patient, even if it does not include opioids
  - In response to a patient's resistance to the treatment plan, keep repeating sincere expressions of caring in a calm way, but adhere to the treatment plan

Anticoagulation Management

TCPI National Faculty member, Dr. Christine Rash-Foanio is a clinical pharmacist with the College of Pharmacy out of the University of Illinois at Chicago. The below are change tactics associated with anticoagulation and hypoglycemic agent management.

- Provided by healthcare professionals (physicians, nurses, pharmacists) who have completed a core-competency related to anticoagulation
- Written policies and procedures should be established by the party responsible for anticoagulant care delivery (i.e. Medical director)
- Efficient system for identifying, scheduling, testing, and tracking patients to keep patients engaged in their care
- Tailor appointments and scheduling to patients
  - Schedule phone follow-up calls
  - Ensure patients have singular and responsive point of contact in the office
- Systematic, evidence-based clinical decision support to guide
  - Initial selection of therapy and duration, lab monitoring, assessment of bleed/thrombotic risk, follow-up intervals, adjustments and interruptions in therapy, emergency management, medication reconciliation
- Use of an accurate and accessible documentation system
- Care plan should address the individual educational needs of the patient and caregiver(s)

Management of Hypoglycemic Agents

- Prescription data to identify patients on hypoglycemic agents
  - Risk-stratify based on age, renal function, number of concomitant medications, co-morbid diseases
- Clinical decision support to guide selection of therapy and frequency of laboratory monitoring and follow-up
- Provide appointments solely dedicated to discussion of diabetes
  - Time to discuss concerns such as hypoglycemic events, medication adherence, side-effects, level of comfort with therapy, and lifestyle changes to minimize medications
  - Individualize treatment plan and goals of diabetic therapy and document notes
  - Patient-centered intensification of treatment
  - Age, health status, co-morbidities, life expectancy, financial status, social support, fall-risk
- Medication reconciliation at all visits → patients bring all medications
  - Identification of non-adherence, medication errors, poly-pharmacy
  - Lowest number of medications, easy dosing schedule, ease of administration
- Adaptive education strategies that are individualized to the patient
  - Disease state, diet, medications, self-monitoring of blood glucose, self-treatment of hypoglycemia, emergency procedures