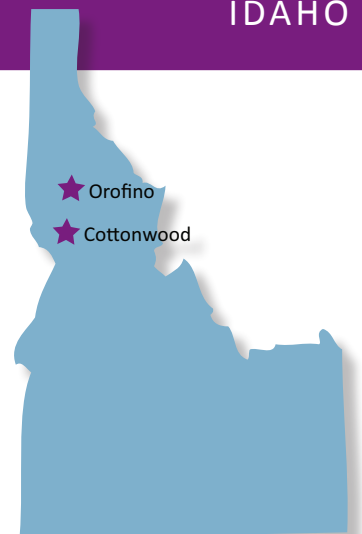


CDC Opioid Quality Improvement Collaborative

The Centers for Disease Control and Prevention (CDC) released the [Guideline for Prescribing Opioids for Chronic Pain](#) (the CDC Prescribing Guideline) to ensure that patients have access to safer, more-effective chronic pain treatment. To encourage uptake and use of the evidence-based CDC Prescribing Guideline, CDC engaged Abt Associates to develop [quality improvement \(QI\) measures](#) aligned with the CDC Prescribing Guideline recommendations, to develop an implementation package for healthcare systems, and to support an initial cohort of four large healthcare systems (Cohort I) in the CDC Opioid QI Collaborative. St. Mary's/Clearwater Valley in Idaho joined Cohort 1 in March 2018.



Health System Overview

Located in Cottonwood, Idaho, St. Mary's serves a 13-county region and partners with Clearwater Valley Hospital in Orofino, Idaho to form the backbone of a regional healthcare system, with joint management and exchanging of staff between the two. This healthcare system also includes eight established medical clinics in Kamiah, Kooskia, Nezperce, Craigmont, Pierce, Cottonwood, Grangeville, and Orofino. Collectively, 10 facilities host approximately 45,000 patient visits annually. This region in Idaho is a frontier area with a large number of loggers and farmers.

Opioid-Related QI Efforts

The QI team at St. Mary's/Clearwater Valley had been working to improve their opioid prescribing practices before joining the CDC Opioid QI Collaborative and wanted to continue their efforts and pursue new goals systematically. They aimed to provide safer prescribing by focusing on the individual needs of each patient. The QI team began by identifying their patients on long-term opioid therapy (LTOT), specifically those for whom the risks of high dosages outweigh the benefits. For these patients, their efforts began by aiming to reduce the daily opioid dosages, with a goal of decreasing the proportion of patients receiving ≥ 90 morphine milligram equivalents (MME) per day where appropriate based on individual patient needs.

Strategies Used to Implement the CDC Guideline

St. Mary's/Clearwater Valley used a range of strategies in their QI efforts, which evolved over time to address new goals. Overall strategies are included in the text box, and a selection of these are described in further detail below.

Standardize Forms within the Electronic Health Record (EHR)

St. Mary's/Clearwater Valley initially focused on streamlining their electronic health record (EHR) forms, particularly for the pain management visit. Initially they had many different forms with overlapping information for chronic pain management and opioid prescribing, as well as multiple versions of treatment agreements. Their QI team created a standardized set of diagnostic and assessment tools, order sets, documentation forms, and treatment agreements for pain visits within the EHR, where the clinicians could easily access them. The clinician champion on their QI team reviewed and decided on the final version of this set.

Expand Use of Nonpharmacological Therapies

St. Mary's/Clearwater Valley worked to expand referrals to nonpharmacologic therapy for patients with chronic pain. The limited number of treatment locations in rural Idaho at first made it hard to find these options and clinicians who could supply them, but the team worked to

Strategies Used to Implement the CDC Guideline

- ✓ Standardize opioid-related forms in the electronic health record (EHR)
- ✓ Establish standard assessment tools for pain visits
- ✓ Expand available non-pharmacologic treatments
- ✓ Integrate behavioral health (BH) specialists into pain care
- ✓ Train clinicians on effective pain management and difficult conversations (e.g., through continuing education, grand rounds, and interdisciplinary team meetings)
- ✓ Incentivize buprenorphine waivers for clinicians
- ✓ Establish workflow for signing treatment agreements and identifying patients on long-term opioid therapy (LTOT)
- ✓ Use an EHR dashboard of QI measures to support audit of data and feedback to clinicians
- ✓ Continuously discuss QI efforts and progress at regular clinician and staff meetings



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expand referrals by identifying additional options, such as physical therapy, occupational therapy, dietitians, and behavioral health (BH) approaches.

Integrate Behavioral Health (BH) into Primary Care

A priority of St. Mary's/Clearwater Valley was the expansion of BH care and its integration into the hospital's primary care practices to support their pain management and safer opioid prescribing practices. Experienced BH specialists from the CDC Opioid QI Collaborative supported the St. Mary's/Clearwater Valley BH specialists by holding monthly training and check-in calls. These covered a range of topics including complex patients; the nuts and bolts of compassionate, safe, and effective pain care; clinician and health care team resources; case consultation; telehealth services; and billing codes for brief screening and intervention.

In the final six months of the CDC Opioid QI Collaborative, St. Mary's/Clearwater Valley set up shared medical appointments in groups of about five to ten patients to discuss individualized medical review and patient education. They created a plan for implementation that was ultimately delayed due to challenges and shifting priorities. One of the two BH clinicians completed buprenorphine training and both engaged in formal learning opportunities related to complex pain science including several day-long conferences. As a result of attending these trainings, as well as the monthly meetings together with the CDC Opioid QI Collaborative, the BH specialists enhanced their competence and confidence in receiving referrals related to pain and/or complex patients.

Success Story: Integrating Behavioral Health (BH) into Primary Care to Support Pain Management and Safer Opioid Prescribing

St. Mary's/Clearwater Valley has integrated BH specialists into its primary care practices to help care for patients with chronic pain and address unsafe opioid use. To do this, St. Mary's/Clearwater Valley received support from experts on the CDC Opioid QI Collaborative team, and also committed its own resources to enable the BH specialists to develop these skills, including sending them to a regional conference about pain management. Before this effort, St. Mary's/Clearwater Valley had only one BH specialist, with limited training on pain management and opioid use disorder. It now has two trained specialists. Primary care providers have increasingly collaborated with the BH specialists, successfully integrating BH options into some high-risk patients' treatment options.

Provide Naloxone Education to Patients and Family Members

St. Mary's/Clearwater Valley began counseling patients about naloxone and prescribing it to patients receiving ≥ 50 MMEs per day. Patients were invited to bring someone with them to their naloxone education visit, during which care notes were shared and educational videos were provided. While the staff found that naloxone was cost-prohibitive in some cases, they explored additional options (e.g., availability of free naloxone from the local public health department).

Incentivize Buprenorphine Waivers for Clinicians

In 2019, St. Mary's/Clearwater Valley embarked on training their clinicians on utilizing DATA 2000 waivers to prescribe buprenorphine for opioid use disorder (OUD). Within six months, they had five clinicians prescribing buprenorphine, in part because of incentives through the National Health Service Corps, which repays student loans under certain circumstances.

Measures Used to Monitor Improvement

The QI team at St. Mary's/Clearwater Valley chose to implement five [QI measures](#), two of which were embedded into their EHR dashboard for "audit and feedback" to clinicians.

Trends in Select QI Measures

St. Mary's/Clearwater Valley monitored their trends for the QI measures over the course of their participation in the CDC Opioid QI Collaborative. The following are highlights of select opioid QI measures, each of which indicates an improvement in guideline-concordant care over 18 months:

- QI Measure 5: The percentage of patients with a new opioid prescription for acute pain for whom a 3-day supply or less was prescribed increased by almost 17 percentage points.
- QI Measure 6: The percentage of patients on LTOT prescribed 50 MMEs or more per day decreased by almost 6 percentage points.

QI Measures Chosen to Monitor Progress

- QI Measure 5. Three days' supply or less for acute pain
- QI Measure 6. Dosage of ≥ 50 MMEs per day
- QI Measure 8. Concurrent prescribing of opioids and benzodiazepines
- QI Measure 14. Referrals for nonpharmacologic therapy
- QI Measure 15. Naloxone counseling and prescribed or referred

Learn More about QI Efforts in Opioid Prescribing

To view this full resource and learn more, visit:

- <https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html>
- [Opioid Overdose | Drug Overdose | CDC Injury Center](#)