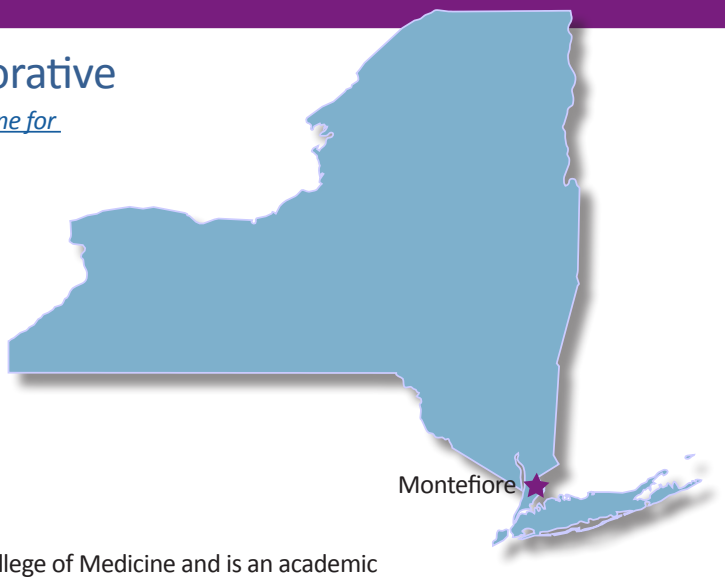
Montefiore Medical Center

NEW YORK

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. Montefiore Medical Center in New York joined Cohort 1 in March 2018.



Health System Overview

Montefiore Medical Center is the University Hospital for Albert Einstein College of Medicine and is an academic health system located in the Bronx, New York City (NYC), comprising four hospitals and 21 primary care clinics with over 830,000 visits per year. Montefiore engaged four clinics as pilot sites for their QI efforts.

Opioid-Related QI Efforts

Prior to joining the CDC Opioid QI Collaborative, Montefiore pursued several opioid-related initiatives that included clinician education about safer prescribing, specialty sessions for residency teaching programs, and innovative models of care. They identified several opportunities for improvement to pursue as participants in the CDC Opioid QI Collaborative, and a range of strategies to implement the CDC Prescribing Guideline, to change the care provided to patients on long-term opioid therapy (LTOT), and to track changes over time. Overall strategies are included in the text box, and a selection of these are described in further detail below.

Strategies Used to Implement the CDC Prescribing Guideline

- ✓ Create an opioid prescribing guideline
- ✓ Create a standardized controlled substance agreement
- ✓ Engage clinicians for input on guideline and agreement
- ✓ Build clinical decision support (CDS) tools within the electronic health record (EHR)
- ✓ Develop workflows with physicians, nurses, and staff to implement measures into clinical practice
- ✓ Establish a registry of patients on long-term opioid therapy (LTOT)
- ✓ Present QI effort goals and CDS tools to clinicians.
- ✓ Determine clinic-specific workflows
- ✓ Use a dashboard of QI measures to support 'audit and feedback' for clinics
- ✓ Provide e-consult for opioid management to clinicians to receive expert guidance on opioid-related patient care

Strategies Used to Implement the CDC Prescribing Guideline

The QI initiative at Montefiore was co-led by two General Internal Medicine physicians: the Director of Ambulatory QI for the Department of Medicine and a subject matter expert in safer opioid prescribing and addiction medicine. They also had clinical champions at each of the clinics. Montefiore's primary goal was to improve their guideline-concordant care for patients on LTOT.

Develop an Opioid Prescribing Guideline and Standardized Controlled Substance Agreement

The Montefiore QI team reviewed and revised their opioid prescribing policies on recommended practices and controlled substance agreement, which became official Montefiore clinical practice documents. This endeavor was a lengthy process, with input from many stakeholders and approval by clinical champions and primary care leadership. Based on stakeholder discussions, it was ultimately determined that they would have a *guideline of recommended care* practices (suggested procedures), versus a policy of required care practices (must follow procedures). Additionally, the final controlled substance agreement was uploaded into their EHR system for use during patient encounters.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

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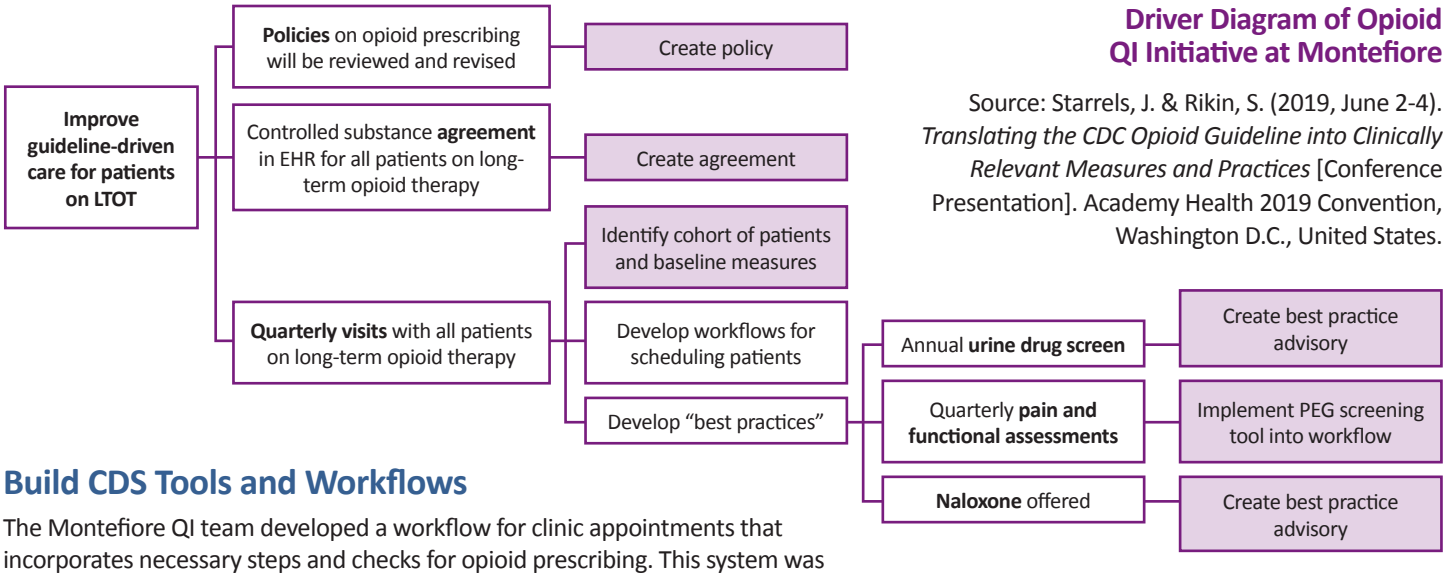

Driver Diagram of Opioid QI Initiative at Montefiore

Source: Starrels, J. & Rikin, S. (2019, June 2-4). *Translating the CDC Opioid Guideline into Clinically Relevant Measures and Practices* [Conference Presentation]. Academy Health 2019 Convention, Washington D.C., United States.

Build CDS Tools and Workflows

The Montefiore QI team developed a workflow for clinic appointments that incorporates necessary steps and checks for opioid prescribing. This system was rigorously tested prior to turning on the tools, which include best practice advisories for controlled substance agreements, urine drug tests, and naloxone prescribing. For example, NYC recommends naloxone for all patients on LTOT and many Montefiore clinics distribute free naloxone kits through a grant program from the local health department. Despite nurses providing naloxone kits and training to patients because the kits were not prescribed through a pharmacy, the documentation was inconsistent. Montefiore created a flexible tool within the EHR, which allows clinicians to either prescribe naloxone through a pharmacy or indicate that a kit was distributed.

Establish a Registry and Dashboard of Patients

The Montefiore QI team developed a registry of patients on LTOT, with a dashboard that includes both clinic- and clinician-level data on opioid prescriptions, morphine milligram equivalents (MME), urine drug test results, and any relevant screening tools (i.e., the Pain Enjoyment of Life and General Activity [PEG] Scale). Clinical champions review these reports and decide how to use them to develop its clinic-specific workflows.

Success Story: The Importance of a Clinical Champion at the Clinic

The Montefiore QI Team identified and engaged a clinical champion at each clinic participating in the QI effort. The QI team compared progress among the four participating primary clinics on the measures they were tracking. They noted one clinic that made greater improvements than others in implementing the practice changes. It became clear that this was driven by the clinical champion's level of engagement. This variation showed the QI team that turning on the tools for clinical decision support is not enough to change behavior: *"It takes someone working in the clinic who is motivated to implement this level of change within the system. Primary care clinics have multiple, competing institutional priorities and local decision making on how to prioritize them will have an effect on progress."* the QI leads observed.

Measures Used to Monitor Improvement

Montefiore used an Action Priority Framework (a time management tool for prioritizing) to select from among the 16 CDC QI measures. The team began their QI efforts by focusing on measures considered easier to obtain, such as documented urine drug tests.

Trends in Select QI Measures

Montefiore 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 indicate an improvement in guideline-concordant care over 24 months:

- QI Measure 3: The percentage of patients with a new opioid prescription for chronic pain with documentation that a urine drug test was performed prior to prescribing increased by more than 7 percentage points.
- QI Measure 12: The percentage of patients on LTOT with whom the clinician counseled on the risks and benefits of opioids at least annually increased by more than 12 percentage points.
- QI Measure 13: The percentage of patients on LTOT with documentation that a urine drug test was performed at least annually increased by more than 11 percentage points.

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