

CDC Opioid Quality Improvement Collaborative

The Centers for Disease Control and Prevention (CDC) released the [2016 Guideline for Prescribing Opioids for Chronic Pain](#) (the CDC Prescribing Guideline) to ensure 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 create an implementation package for healthcare systems, and to support an two cohorts of large healthcare systems in the CDC Opioid QI Collaborative. Stormont Vail Health in Kansas joined Cohort 1 in March 2018.



Health System Overview

Stormont Vail Health, located in the north-central part of Topeka, Kansas, is a 586-bed acute care center that provides inpatient and outpatient care, as well as a variety of community outreach services.

Opioid-Related QI Efforts

Stormont Vail pursued opioid prescribing QI efforts by using a range of strategies to implement the CDC Prescribing Guideline, change the care provided to patients on long-term opioid therapy (LTOT), and track changes in quality measures over time.

Strategies Used to Implement the CDC Guideline

Overall strategies utilized by Stormont Vail to improve the care of patients 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

- ✓ Establish an opioid stewardship committee
- ✓ Educate clinicians and patients on non-opioid treatment options
- ✓ Embed the prescription drug monitoring program (PDMP) within the electronic health record (EHR)
- ✓ Build EHR workflows and clinical decision support (CDS) tools
- ✓ Use EHR dashboard for audit and feedback from clinicians
- ✓ Educate clinicians on identifying patients who would benefit from a naloxone co-prescription
- ✓ Incentivize clinicians to check PDMP

Establish an Opioid Stewardship Committee

Stormont Vail established an opioid stewardship committee prior to joining the CDC Opioid QI Collaborative, which has remained in place ever since. Continuous leadership from the committee helped facilitate steady progress and made opioid prescribing QI efforts a priority. The committee identified four initial goals: 1.) improve patient pain outcomes by individualizing pain management, utilizing prescription opioids appropriately while minimizing unintended consequences; 2) educate healthcare professionals on non-pharmacologic and pharmacologic pain management principles; 3.) educate patients on non-pharmacologic and pharmacologic pain management to prevent unintended consequences and provide education on additional options for pain management; 4.) educate healthcare professionals and patients on the proper administration and disposal of prescription opioids.

Educate Clinicians and Patients

Regular communication and education on opioid stewardship at monthly primary care meetings were key to maintaining opioid prescribing as a regular topic of discussion and allowed for addressing issues as they arose. Educational resources were distributed to nearly 150 primary care clinicians prior to meetings, of which about half attend the monthly meetings. Additionally, clinical staff leadership conducted grand rounds on opioid prescribing-related topics, which included reporting on opioid prescribing progress and system-wide recognition for clinics with implementation successes.



Stormont Vail Health

Embed PDMP Data into the EHR System

Driven in part by Stormont Vail's commitment to improving care, Kansas PDMP data were embedded into their EHR system, which allowed for certain PDMP-related QI measures to be monitored. Several measures were tied to clinician bonuses.

Build Clinical Decision Support Tools within the EHR System

In addition to embedding PDMP data into their EHR, Stormont Vail built several tools to support clinical decision-making. They implemented a morphine milligram equivalent (MME) calculator for both the hospital and ambulatory settings. Further, they designed the system to default to a 3-day supply for acute prescriptions in addition to the pop-up message that had previously been available for 15-day supply pain prescriptions. Stormont Vail also engaged an electronic prescribing system for controlled substances and has standardized naloxone prescribing throughout their system. Substitutable Medical Applications, Reusable Technologies (SMART)¹ pathways were embedded into the EHR system, as well as a pain and functional assessment tool (PEG score). Treatment agreements appear as a patient chart advisory and serve as guidance for informed consent.

Success Story: Increasing Access and Use of the Prescription Drug Monitoring Program (PDMP)

Stormont Vail Health embedded PDMP data into their EHR system. They also tracked the percentage of opioid prescriptions that were prescribed without checking the PDMP. This metric was included in the set of metrics tied to clinician bonuses. This improved access and the incentive greatly increased utilization of the PDMP in 18 months among family medicine and internal medicine clinicians.

Measures Used to Monitor Improvement

Stormont Vail focused on two measures of new opioid prescriptions and three for long-term opioid therapy (LTOT) (see callout box). These QI measures are provided in reports at the clinic level as well as the individual clinician level, which allows leadership to conduct a quick and thorough review. This information is also available as a dashboard to support audit and feedback of data to clinicians.

QI Measure 2: Check PDMP before prescribing opioids

QI Measure 5: Three days' supply or less for acute pain

QI Measure 8: Concurrent prescribing of opioids and benzodiazepines

QI Measure 11: Check PDMP quarterly

QI Measure 13: Annual urine drug test

Trends in Select QI Measures

Stormont Vail monitored 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 18 months:

- QI Measure 2: The percentage of patients for whom a PDMP was checked for a newly prescribed opioid for chronic pain increased by more than 9 percentage points.
- QI Measure 5: The percentage of patients with a new opioid prescription for acute pain for whom a three-day supply or less was prescribed increased by more than a percentage point.

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](#)

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