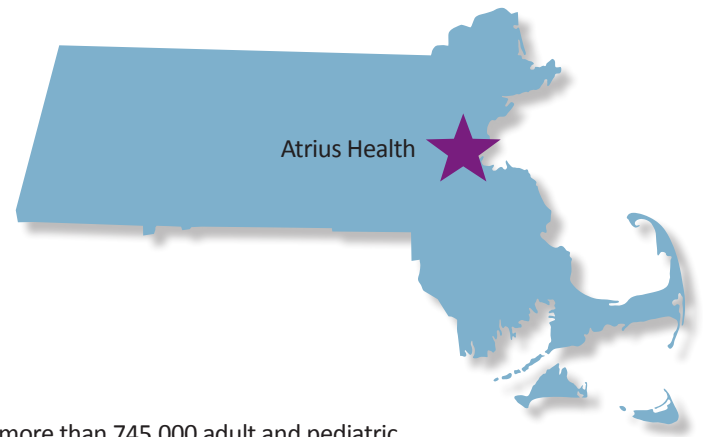


CDC Opioid Quality Improvement Collaborative

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



Health System Overview

Atrius Health, a nonprofit healthcare system, delivers connected care for more than 745,000 adult and pediatric patients at over 30 medical practice locations in eastern Massachusetts. The healthcare system comprises more than 900 physicians across more than 50 specialties.

Opioid-Related QI Efforts

The QI team at Atrius Health joined the CDC Opioid QI Collaborative to continue their efforts around improving their opioid prescribing policies and to pursue new goals systematically. Prior to joining, Atrius started collecting opioid prescribing measures, including overall prescribing patterns, number of pills per 1,000 patient encounters, number of patients on long-term opioid therapy (LTOT) per primary care clinicians, and patient-level daily dosages in morphine milligram equivalence (MMEs). Atrius aimed to address variation in care among clinicians for patients on LTOT and continue to monitor changes in their 'opioid care bundle', a bundled measure of the system's recommended care for patients on LTOT, as highlighted in the Success Story text box.

Strategies Used to Implement the CDC Prescribing Guideline

- ✓ Establish updated, system-wide policies and guidelines
- ✓ Embed the prescription drug monitoring program (PDMP) into their electronic health record (EHR)
- ✓ Create EHR flags for treatment agreements
- ✓ Expand shared medical appointments
- ✓ Engage behavioral health clinicians
- ✓ Build EHR workflows and clinical decision support (CDS) tools

Strategies Used to Implement the CDC Prescribing Guideline

The Atrius Health QI team collaborated closely with their internal legal department to update their opioid treatment agreements, and prescribing guidance and policies. The team worked with their IT department to embed the prescription drug monitoring program (PDMP) and controlled substance agreements into their electronic health record (EHR). Additionally, they expanded shared medical appointments¹, engaged behavioral health specialists and built CDS tools and EHR workflows. Overall strategies are included in the text box, and a selection of these are described in further detail below.

¹ Shared medical appointments are billable appointments that can be integrated into a patient's routine care. These visits generally include a small number of patients (approximately 5-10) who receive one-on-one attention for unique medical needs, yet also allow for group interactions that have been shown to promote a community of support. (Romanelli, R. J., Dolginsky, M., Byakina, Y., Bronstein, D., & Wilson, S. (2017). A Shared Medical Appointment on the Benefits and Risks of Opioids Is Associated With Improved Patient Confidence in Managing Chronic Pain. *Journal of patient experience*, 4(3), 144–151. <https://doi.org/10.1177/2374373517706837>)



Update Policy and Guidelines

The QI team began by updating their policies and guidance around opioid prescribing. In redeveloping the internal guidance for opioid prescribing, the team first gained buy-in from leadership and then established an internal consensus. They treated these documents as living agreements and regularly reviewed them to see if updates are needed to improve overall clinic processes systematically. Recent additions to the guideline include offering everyone a naloxone prescription and each chart has at least one patient treatment agreement.

Embed PDMP and Controlled Substance Agreement into EHR

The Atrius QI team worked closely with IT analysts to embed PDMP data and the controlled substance agreement into their EHR to create a streamlined process for clinicians to complete PDMP checks. Clinicians had previously been required to enter a password and reenter their patient's information into each element or page of the workflow; now check buttons for both the PDMP and controlled substance agreement are included. A goal for their workflow is to have a delegate check the patient opioid prescription information so the clinician can simply review the results.

Success Story: Opioid Care Bundle

The Atrius team created an opioid care bundle for primary care clinicians to ensure patients have the appropriate number of visits per year in order to regularly examine daily dosage in MMEs, have patients on LTOT sign treatment agreements, and conduct urine drug screenings at least once each year. The team established the metrics for tracking each of these items and will then implement this into clinical practice. The main challenge in implementing the opioid care bundle has been spreading standard work across all sites due to competing priorities. The goal is to have this system rolled out at the organizational level. This improved approach to care increased the percentage of urine drug tests performed at least annually for patients on LTOT by more than 8 percentage points.

Measures Used to Monitor Improvement

When defining a high opioid dosage in the past, Atrius had used a threshold of 120 MMEs per day. After joining the CDC Opioid QI Collaborative, they began to use ≥ 90 MMEs as a threshold for patients on LTOT, who may be at greater risk of an overdose. The Atrius QI team noted that learning what goals and measures other systems are setting through the CDC Opioid QI Collaborative has allowed them to benchmark policies compared to other participating hospital systems.

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

QI Measure 6: Dosage of ≥ 50 MMEs per day

QI Measure 7: Dosage of ≥ 90 MMEs per day

QI Measure 8: Concurrent prescribing of opioids and benzodiazepines

QI Measure 13: Annual urine drug test

Trends in Select Opioid QI Measures

Atrius Health monitored their trends for the QI measures over the course of their participation in the CDC Opioid QI Collaborative. The following are highlights on select opioid QI measures, each of which indicate an improvement in guideline-concordant care over 21 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 7 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 8 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](#)