

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. The University of Mississippi Medical Center Department of Family Medicine in Mississippi joined Cohort 2 in April 2019.



Health System Overview

The University of Mississippi Medical Center (UMMC), located in Jackson, Mississippi, is the only academic medical center in the state. UMMC includes six hospitals, more than 30 clinics, and over 200 telehealth sites across the state. UMMC was a pioneer in the use of telehealth to connect emergency physicians in Jackson with clinicians in rural hospitals to consult on complex patients, beginning in 2003. The Center for Telehealth works to bridge the significant challenges in health disparities and rurality in Mississippi through technological innovations. The system has set up a dedicated clinic for substance use treatment in their psychiatry clinic, including providing medications for opioid use disorder (MOUD). UMMC Department of Family Medicine has a residency program that is central to its QI efforts, with 10 new residents each year for a three-year period. The UMMC Department of Family Medicine also has behavioral health specialists who are integrated into clinical care and resident education. Behavioral health specialists have been present in the department since 1973.

Opioid-Related QI Efforts

Since 2011, the UMMC Department of Family Medicine has worked to manage how their controlled substances are prescribed. They created a controlled substance management (CSM) committee to manage decision-making around opioid prescribing guidelines and policies. Initially they implemented a standardized medication agreement, and over time have instituted more policies related to opioid prescribing, including a full physical examination every six months and an annual urine screen.

Clinics have had exposure to previous QI efforts, and residents are expected to engage in two QI projects prior to graduation. Residents select the QI topics based on professional interest and clinic priorities. Typically, residents present these efforts during clinic staff meetings or educational offerings. The projects have ranged in focus, though there is an emphasis on topics pertaining to clinic challenges and/or patient populations. Previous QI efforts have focused on HIV, diabetes, hypertension, and obesity. Several of these have become integrated in regular care and have continued beyond the life of the QI project.

Strategies Used to Implement the CDC Prescribing Guideline

- ✓ Developed educational materials
- ✓ Conducted education sessions
- ✓ Created and released a new opioid prescribing policy
- ✓ Conducted chart reviews
- ✓ Worked to develop an opioid prescribing dashboard
- ✓ Assessed for readiness and identified barriers and facilitators

Strategies Used to Implement the CDC Prescribing Guideline

The UMMC Department of Family Medicine 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.

Healthcare Faculty and Staff Education

UMMC Department of Family Medicine developed educational materials, including two health care modules through two health care modules that were mandatory for all faculty and staff. The QI team conducted educational outreach with faculty and staff and attended monthly clinical meetings to review case examples for opioid therapy and tapering. Once their data systems were in place, UMMC Department of Family Medicine was able to target training and education to particular clinicians or groups with identified areas for improvement related to prescribing practices.



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

University of Mississippi Medical Center

Created and Released a New Opioid Prescribing Policy

UMMC Department of Family Medicine created and released a new opioid prescribing policy and medication agreement. The QI team are engaged in the state-level for licensing and regulations and used that knowledge and experience to create a practice-level policy and supporting documentation that would be concordant with the state policy.

Conducted Chart Reviews

The CSM committee conducted chart reviews focused on clinical issues. For example, CSM examined all the cases of co-prescribing benzodiazepines and opioids, then engaged in conversations with specific clinicians to provide additional support for providing guideline-concordant care.

Developed an Opioid Prescribing Dashboard

UMMC Department of Family Medicine also developed an opioid prescribing dashboard, but because of data quality issues the dashboards continued to have reporting problems. The dashboard allowed them to pull their data and track their progress toward their opioid prescribing goals. They were able to overcome some of the initial challenges, which allowed them to pull their data and track their progress toward their opioid prescribing goals using the dashboard.

Success Story: Behavioral Health Specialists as QI Team Leads

One of the major factors that UMMC Department of Family Medicine highlighted as a facilitator to their implementation plan was their QI team. Their QI team was made up of two behavioral health specialists who were also key leaders in the system. The QI Leads had extensive experience with substance use, addiction management and behavioral health treatment and thus were uniquely able to facilitate behavioral change and support patient care in an integrated model. They prioritized keeping patients central to the initiative, ensuring that the project focused on patient care and not just improving rates or data points. With their extensive training in human behavior and counseling, they were able to provide support to clinicians engaging in difficult conversations and supporting patients to improve care.

Measures Used to Monitor Improvement

The QI team at UMMC's Department of Family Medicine chose to implement seven QI measures, including a Mississippi Board of Medical Licensure requirement.

Trends in Select QI Measures

UMMC Department of Family Medicine 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 12 months:

- QI Measure 10: The percentage of patients on long-term opioid therapy (LTOT) who received quarterly functional assessments increased by almost 8 percentage points.
- QI Measure 11: The percentage of patients on LTOT for whom the PDMP was checked quarterly increased by almost 2 percentage points.

QI Measure 7: Dosage of ≥ 90 MMEs per day

QI Measure 8: Concurrent prescribing of opioids and benzodiazepines

QI Measure 9: Quarterly follow-up visits

QI Measure 10: Quarterly pain/functional assessments

QI Measure 11: Check PDMP quarterly

QI Measure 13: Annual urine drug test

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](#)