

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a clean space for the text.

# *Addressing Pain, Reducing Risk*

January 2015 - December 2017

Pfizer IGLC Grant # 16213567

# Partners

- ▶ University of Wisconsin School of Medicine and Public Health, Department of Family Medicine and Community Health
- ▶ Wisconsin Research and Education Network
- ▶ Interstate Postgraduate Medical Association



# Project Overview

## Primary Goal:

- ▶ Assess whether augmenting general “rollout” of a health system-wide policy on opioid prescribing with clinician-tailored education and a rigorous quality improvement (QI) approach is superior to general “rollout” alone in implementing opioid therapy guidelines for chronic non-cancer pain (chronic pain) in primary care.

## Approach

- ▶ Physician and Staff Education
  - ▶ Academic detailing session, two Spaced Education Models
- ▶ Practice Facilitation
  - ▶ WREN staff in 9 UW Health FM and IM clinics
- ▶ Patient Education
  - ▶ Emmi Solutions patient education tools on pain agreements and medication

# Results

- ▶ Across the enrolled 9 clinics, a total of 219 unique health care providers participated in the project: 70 prescribers (31 family medicine, 39 internal medicine) and 149 staff (53 from family medicine, 96 from internal medicine clinics).
- ▶ The incidence of signed treatment agreements and the prevalence of the Prescription Drug Monitoring Program checks increased significantly during the intervention but was not sustained post-intervention.
- ▶ Final results do not show a statistically significant change in the primary or secondary outcomes.
- ▶ The intervention clinics tended to reduce MEDD (morphine equivalent daily dose), especially in patients at higher-risk for opioid-related harm.
- ▶ The intervention was well-received and rated as useful by clinicians.

# Impact

- ▶ The implication for the health system is that policy makers must weigh the incremental benefits of augmented interventions such as ours against any additional costs (value model).
- ▶ Findings suggest that sustained effects will require long-term QI efforts, including practice facilitation.
- ▶ Health systems should consider integrating this approach into their business models to optimize the value of the evidence-based health care they deliver.