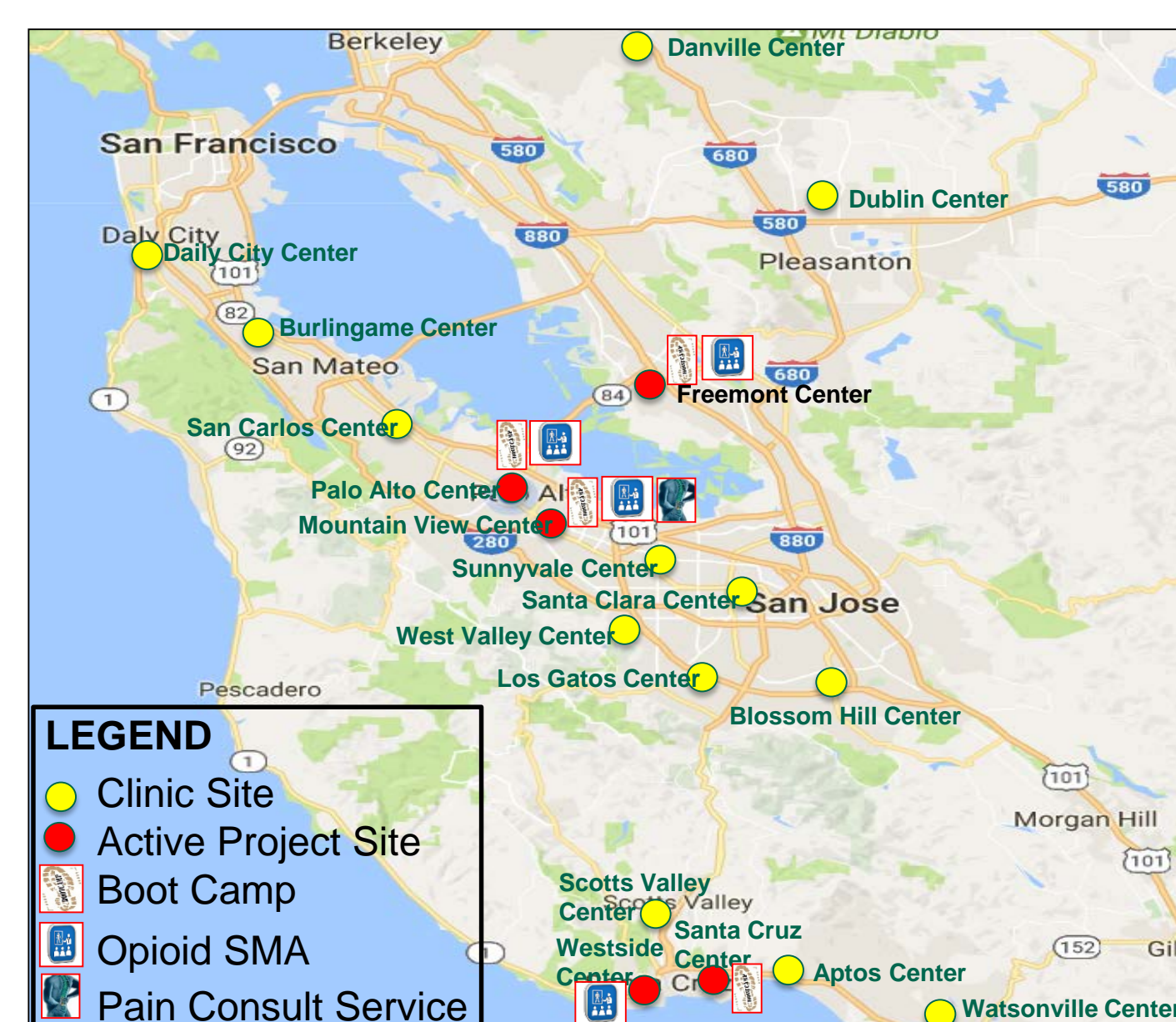


PROJECT OVERVIEW

- Project Goals:**
- To improve the management of chronic pain within a healthcare delivery system
- Project Activities:**
- Healthcare provider education (“boot camps”)
 - Electronic Health Record (EHR) tools
 - Chronic Opioid Therapy (COT) report
 - Opioid Shared Medical Appointment (SMA)

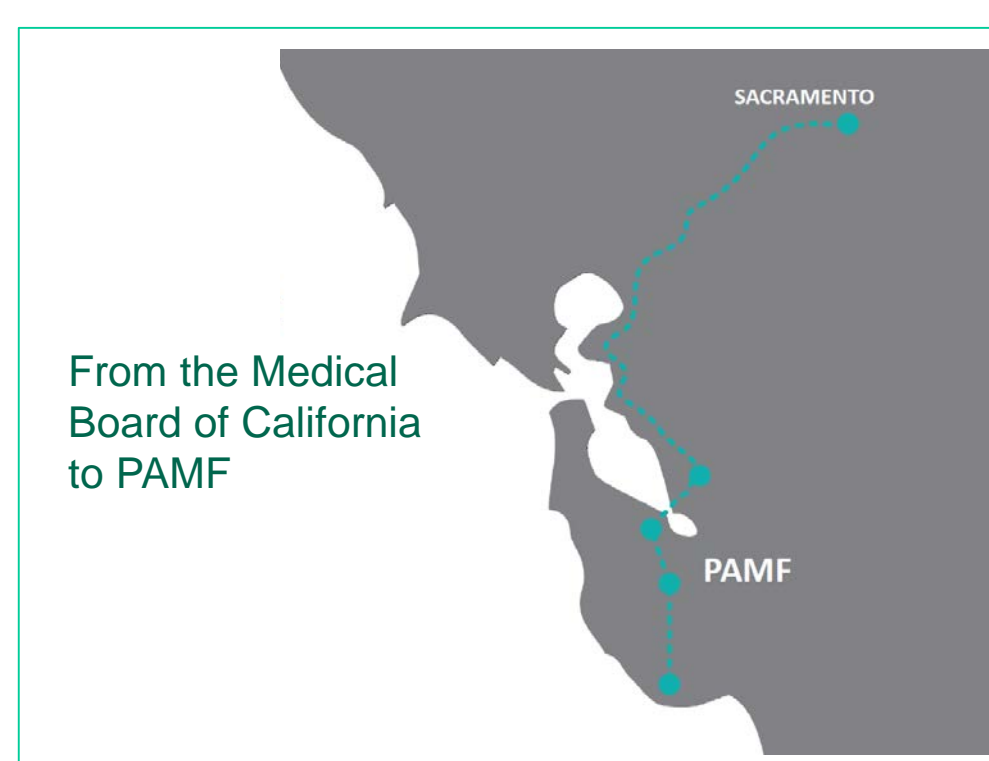
PROJECT SETTING

- Palo Alto Medical Foundation (PAMF):**
- A part of Sutter Health
 - 1 M patients seen annually
 - Geographically dispersed
- Target Populations:**
- 450 PAMF providers and 3800 COT Patients
 - 800 with high MED



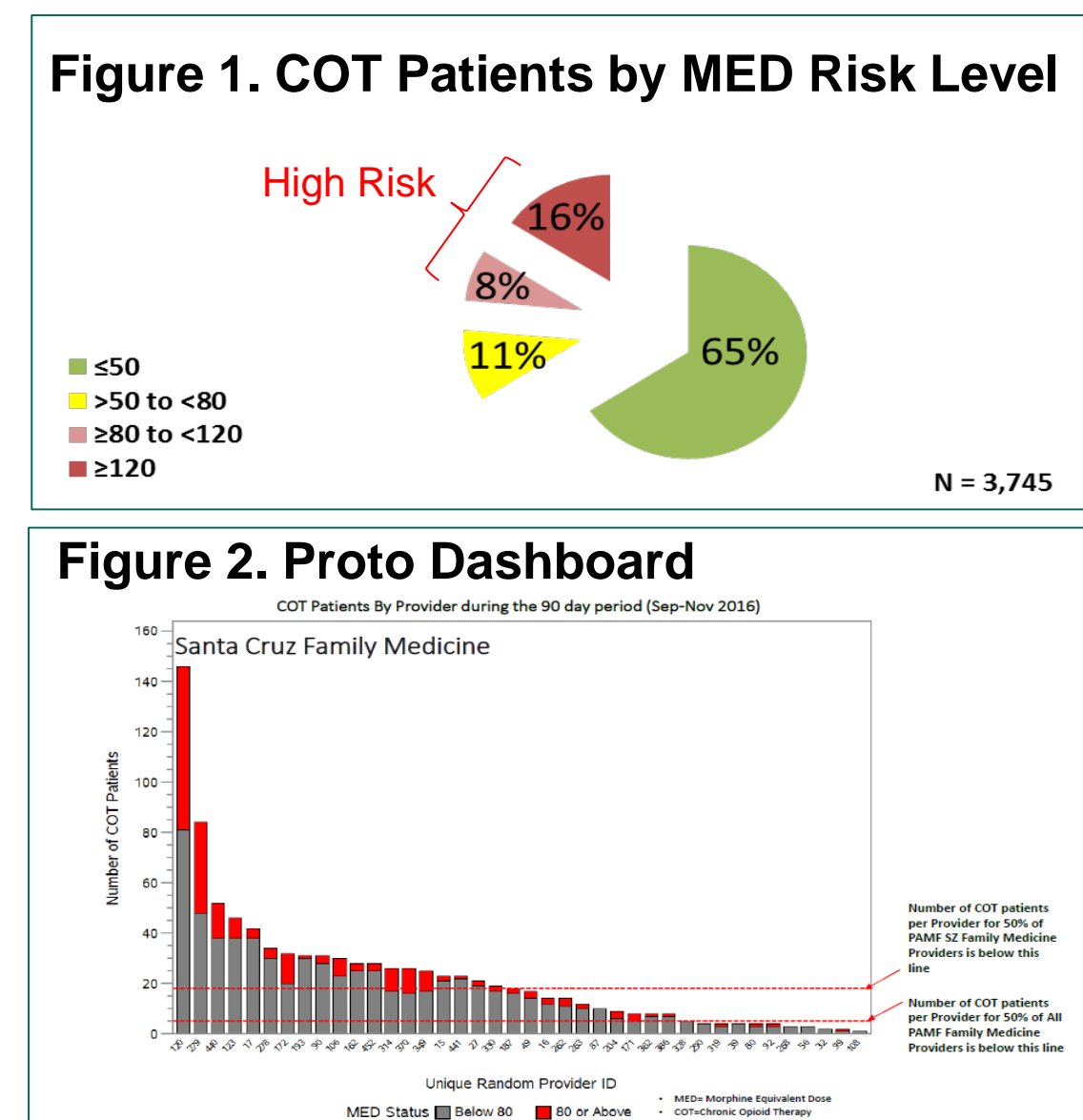
PROVIDER Education BOOT CAMPS

- Educate on new paradigms:**
- Shift culture to focus on treatment goals and functional restoration
 - New Medical Board of California opioid prescribing guidelines
 - New EHR tools for documentation of guideline compliance
- Provider Reach:**
- 200 providers attended 4 boot camps in-person (or by WebEx)
- Outgrowth:**
- “Mini boot camps” at department meetings preferred to evening meetings, even if no CME credit, focused on tools.
 - Grand Rounds held on urine drug testing (UDT)



COT REPORT

- ID'd patients & providers with 3 consecutive months of opioid Rx; and MED distribution (**Fig 1**)
- “Proto Dashboard” became actionable: providers can send pts to SMA; batch CURES checks; send high MED pts for consults
- Encourages variation reduction (GET THE RED OUT!) (**Fig 2**)



OPIOID SMA

Opioids: The good, the bad, and the ugly

Adverse Effects

- Respiratory Depression
- Sedation
- Hyponatremia
- Itching
- Cognitive effects
- Nausea
- Constipation
- Urinary Retention

Are opioids appropriate?

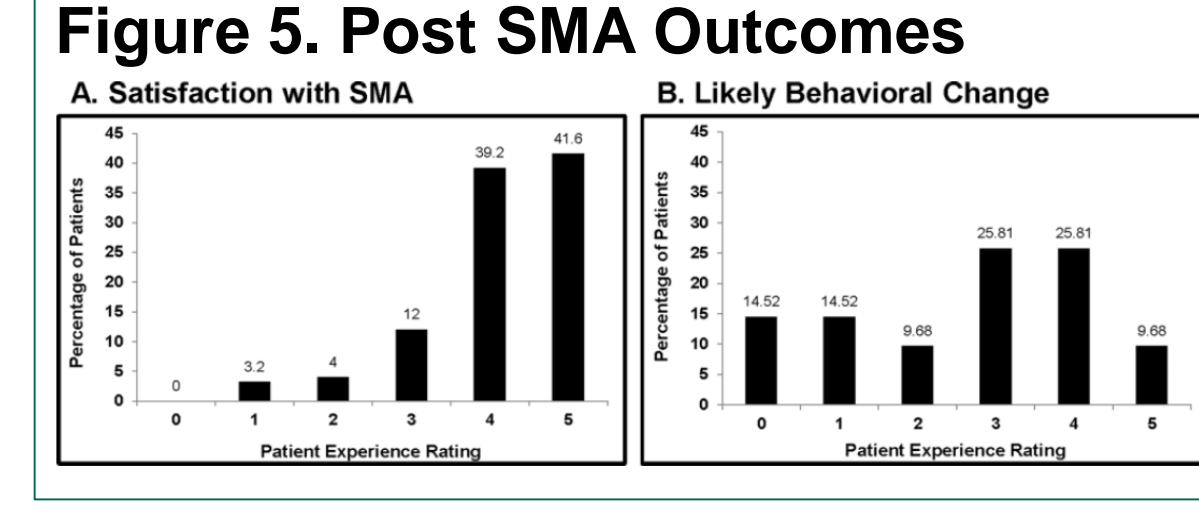
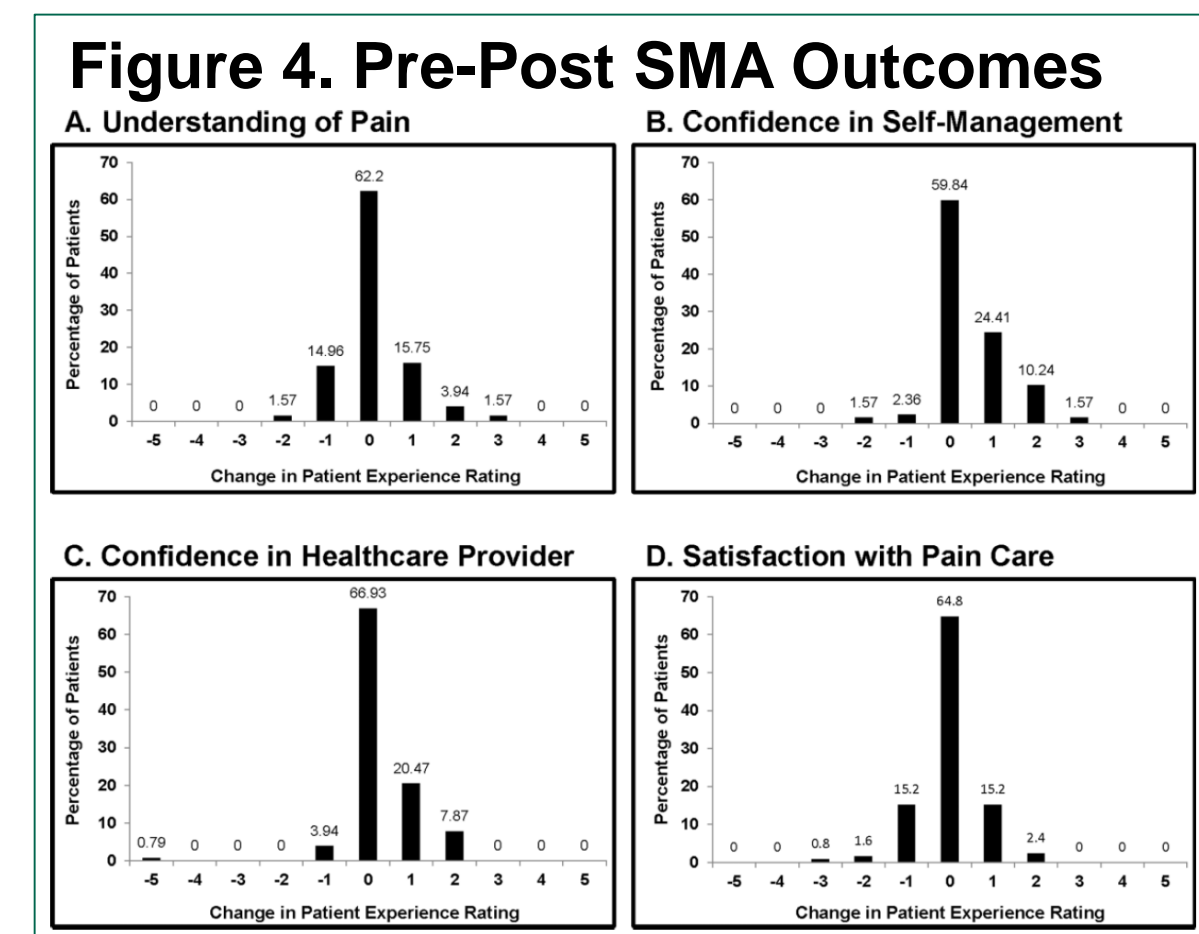
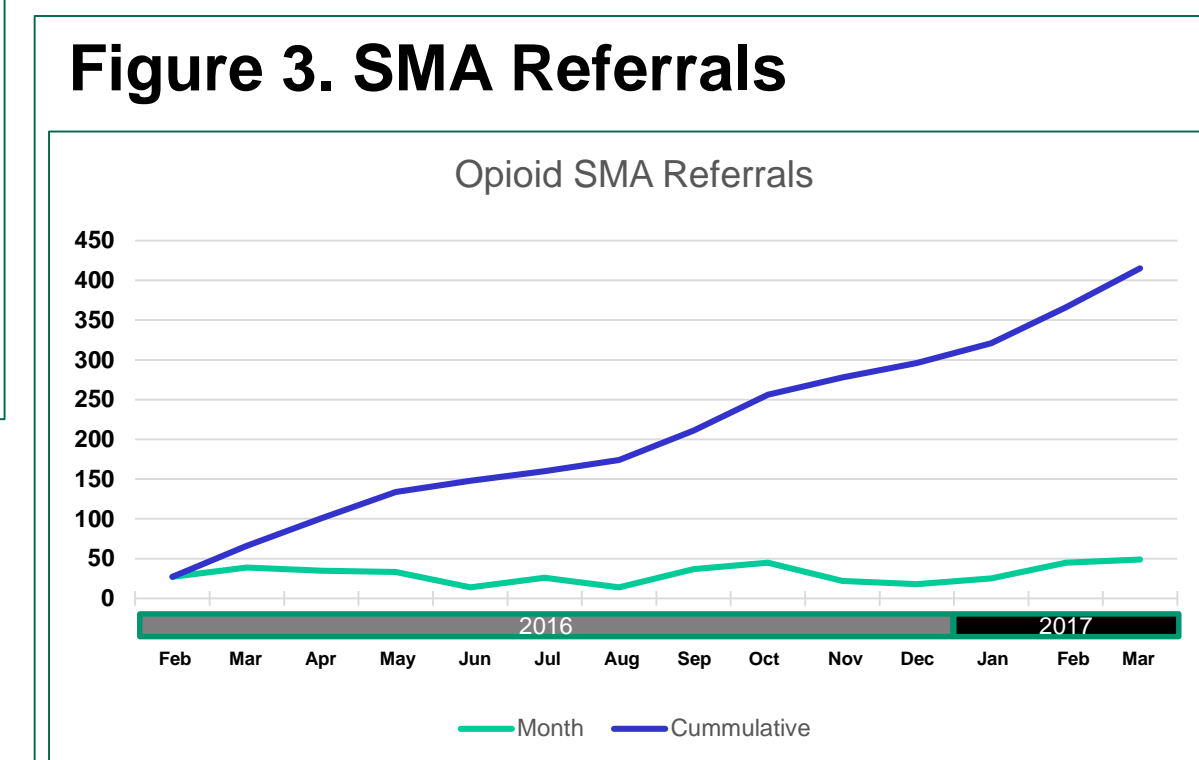
Opioid Induced Hyperalgesia

- Pain Threshold: first painful moment
- Pain Tolerance: moment of withdrawal due to pain

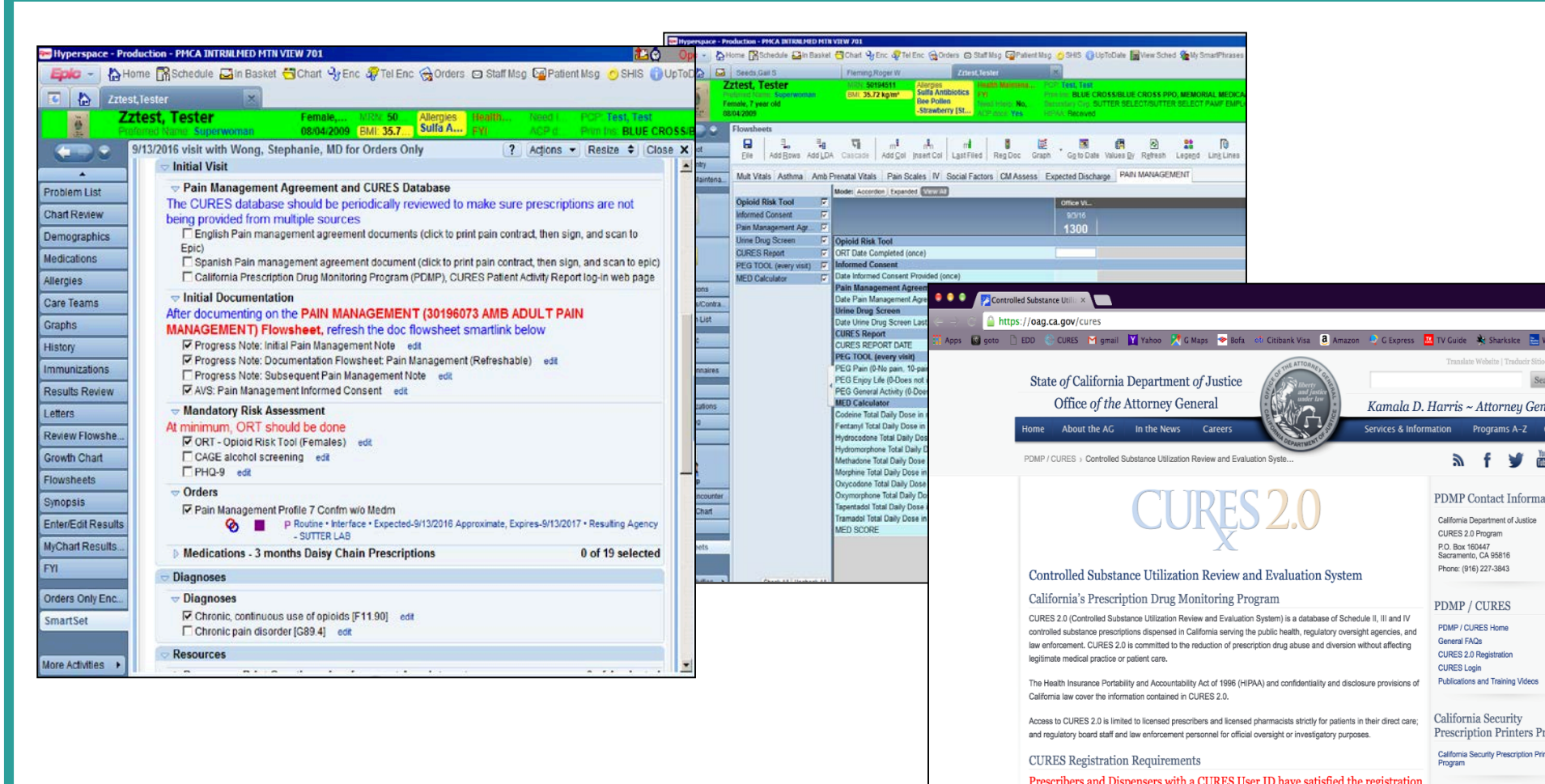
Images courtesy of Dr. William Brose

- Referrals:**
- ~ 20-50 referrals per month, with 436 patients in total referred at 3 clinic sites (**Fig 3**)
- Patient Outcomes:**
- Immediate improvements in patient ratings of confidence in self-managing pain and healthcare providers ability to help manage pain (**Fig 4**)
 - The majority of participants were satisfied with the SMA, although fewer reported likely behavioral change (**Fig 5**)

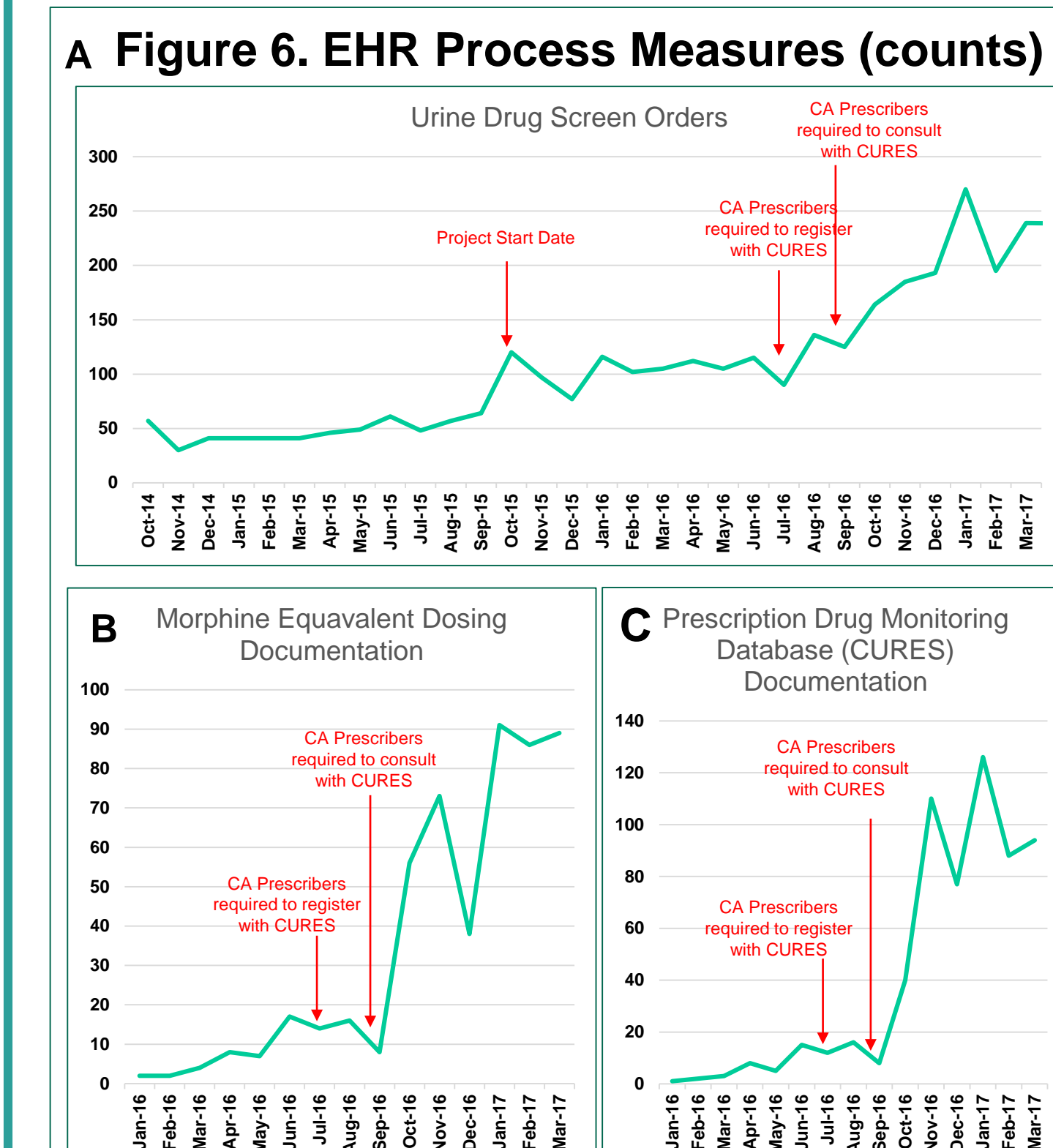
- Introduced:**
- Feb 2016
- Purpose:**
- Informed consent
- Educate on:**
- Adverse effects
 - Safe Rx disposal



EHR TOOLS



- Available**
- Jan 2016
- Documentation:**
- MED
 - Urine screening
 - Risk assessment
 - ORT, CAGE
 - CURES “link”
 - PEG scoring



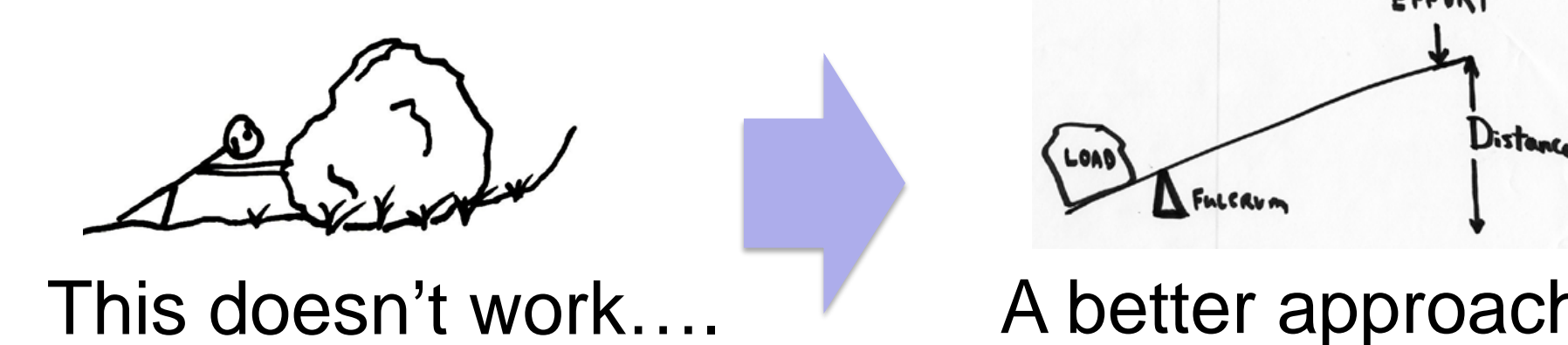
- Process Outcomes:**
- Increase in urine drug screening (**Fig 6A**) with start of project and implementation of state regulations
 - Increase in MED documentation (**Fig 6B**) and CURES consults (**Fig 6C**) with implementation of state regulations

KEY FINDINGS

- Providers interested in “how” to change chronic pain management, rather than “why”
- Providers have some insecurity around care of COT patients – want more specialist resources/support
- COT report can serve as a variation reduction tool
- Most COT patients are not using dangerously high opioids doses, but risk assessments are not complete
- Use of EHR tools and improved documentation of pain encounters followed state introduction of new regulatory scheduled substance prescribing guidelines and regulations
- The Opioid SMA fulfills informed consent per CDC guidelines; resulted in improved patient confidence; and patients were generally satisfied with the program.

CHANGING CULTURE

- Lessons Learned:**
- Resistance to change is significant
 - No one-size-fits-all approach
 - Lean methodology for rapid cycle revisions is appropriate
 - Identify “carrots” and “sticks” to leverage influence



PROJECT HAS OPENED DOORS

- PAMF launched a Pain Consultation Service in Aug 2016 as a prototype of a fully-integrated service
- The Opioid SMA was a big win, generating more interest in group appointments. Coming soon....
 - Buprenorphine SMA (May '17)
 - Experience of Pain SMA (Jul '17) led by a pain psychologist
 - Neurobiology of Pain (TBD) led by a pharmacist
- Collaborations
 - California Health Care Foundation
 - Quest Diagnostics
 - Community addiction services



DISSEMINATION ACTIVITIES

- Sutter:**
- PAMF P&T to create policy regarding standards for pain management
 - Collaboration with other affiliates on standards for UDT
- External:**
- Health Care Systems Research Network (HCSRN) Annual Meeting; March 21-23, 2017 (San Diego, CA)
 - Journal of Patient Experience. ePub May 8, 2017