A. Cover Page

1. **Title:** Aligning Pain Care in our Communities

   Grant ID: 21290333

   IPMA, Mayo Clinic Health Systems and the La Crosse County Public Health Department.

2. **Abstract:**

Interstate Postgraduate Medical Association, Mayo Clinic Health System Southwestern Wisconsin (MCHS SWWI) and the La Crosse County Public Health Department are excited to partner together for the proposed *Aligning Pain Care in our Communities*. *Aligning Pain* is designed to realize a reduction in misuse of opioids in managing chronic pain, achieve consistency across physicians in safe opioid/narcotic prescribing, improve identification of depression in patients with chronic pain and engage community resources in the treatment of patients with chronic pain through standardization of care across Mayo Clinic Health System Southwest Wisconsin WI (MCHS SWWI) region that includes portions of Iowa, Minnesota and Wisconsin. Our primary objective is to provide systematic care for chronic pain patients following evidence based clinical standards for the treatment of chronic pain as measured through an increase in the documented use of patient provider pain medication agreement, annual urine drug screening, and use of the Prescription Drug Monitoring Program (PDMP). Our targeted population is MCHS SWWI clinics and the communities they serve. The full proposal provided below details our project approach and evaluation methodology. Results will be measureable through EHR extraction, PDMP reporting, and clinician and staff engagement. An overall presentation and report to MCHS leadership will summarize the successes and challenges of a regional approach to improvement and community engagement.

B. Table of Content

C. Proposal

Definitions:

Academic Detailing: An evidence-based on-site 45-60 minute educational meeting between a content expert and the clinicians and staff from the enrolled clinics wishing to improve the quality of care provided for their pain patients.

Chronic Pain Patients: Chronic pain patients will be defined as adults age 18 and over who have been prescribed opioids for non-cancer pain for at least 90 days.

Clinicians: Clinicians will be defined as healthcare professionals who have prescribing privileges for controlled substances, including physicians, advanced practice nurses, and physician assistants.

Practice Facilitation: Practice facilitation is an evidence-based method of assisting practices in changing the process of care. External facilitators assist practices in implementing their prioritized goals, changing practice workflow, and improving patient outcomes.

Prescription Drug Monitoring Program (PDMP): PDMP is a state-wide database developed to improve patient care and safety, and to reduce the abuse and diversion of controlled prescription drugs. It contains information on the filled prescriptions for controlled substances, as submitted by pharmacies and other dispensing facilities. WI, MN and IA all have PDMPs and the ability to share information between states with authorized users.

1. Overall Goal and Objectives:

Aligning Pain Care in our Communities is designed to realize a reduction in misuse of opioids in managing chronic pain, achieve consistency across physicians in safe opioid/narcotic prescribing, improve identification of depression in patients with chronic pain and engage community resources in the treatment of patients with chronic pain through standardization of care across Mayo Clinic Health System Southwest Wisconsin WI (MCHS SWWI) region that includes portions of IA, MN and WI. **Table 1** identifies our primary goal/objective and secondary objectives along with the evaluation component for each objective.

Table 1: Objectives and Evaluation

Outcome Objectives	Evaluation Component
Primary: Systematic care for chronic pain patients following evidence based clinical standards for the treatment of chronic pain	Patient Provider Pain Medication Agreement Urine drug screening Prescription Drug Monitoring Program (PDMP)
Secondary: Improved monitoring for prescription medication misuse and abuse	Patient Provider Pain Medication Agreement PDMP

Table 1: Objectives and Evaluation	
Outcome Objectives	**Evaluation Component**
	Urine drug screening Emergency Room Utilization
Secondary: Improved monitoring for depression screening	Use of depression screening tool
Secondary: Standardization of processes across MCHS SWWI	Practice survey
Secondary: Identification of best practice across diverse systems	Review of performance improvement data to identify practice aims and results.
Secondary: Integration of clinical, public health and community resources	Practice survey and clinic self-report

Like many parts of the US, the western edge of Wisconsin has found that treatment for alcohol and cocaine have decreased over the past 10 years, additionally the percentage of admissions for opioids (including heroin) have more than doubled[1].

To achieve our objectives, we will use community planning, and collaboration among MCHS SWWI clinicians, engagement at the local level, and systematic change to provide safe and effective care to patients with chronic pain. Results will be measureable through EHR extraction, PDMP reporting, and clinician and staff engagement. An overall presentation and report to MCHS leadership will summarize the successes and challenges of a regional approach to improvement and community engagement.

2. Technical Approach:

Collaboration: There are many components to addressing appropriate pain care for chronic pain patients while striving to address public safety issues that result from medication disposal safety, addiction, drug diversion, prescription medication resale and lack of access to comprehensive pain and addiction care management. *Aligning Pain Care in our Communities* is an initiative that strives to connect community based efforts and clinical services while offering resources, education and performance improvement to the clinicians treating chronic pain patients. Our partnership builds upon currently ongoing public health efforts that are clinically focused in in Southwest Wisconsin, Southeast Minnesota and Northeast Iowa. The La Crosse County Health Department will coordinate efforts with other counties represented in this project to create more awareness of prescription drug misuse, proper disposal of medications, decrease access to abused medications, and work with prescribers on the Prescription Drug Monitoring Program and much more.

[1] Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014

Recruit: Working within the MCHS SWWI region, we will recruit six to eight family practice clinics. The family practice clinics in Tomah WI and La Crosse WI have committed: conversations have been initiated with clinics in Holmen WI, Sparta WI, Caledonia MN and Waukon IA. A physician and non-physician champion for each site will be identified to serve as project liaisons. Our co-Principal Investigators, Cheri Olson MD from the MCHS La Crosse Family Medicine Residency clinic and Rod Erickson MD from the MCHS Tomah Family Medicine clinic, will recruit clinics and spearhead the champions. Additional sites and champions will be confirmed upon project award. County health departments will be recruited to correspond with clinic locations.

We will reach approximately 50 clinicians and their 150 clinical support staff for a total of 200 health care professionals and their chronic pain patients. We expect to include an additional 200 community representatives from community health departments and public safety personnel. Results will be shared with an additional 100 clinicians through our dissemination strategy. Ultimately, patients will benefit the most if optimized chronic pain management translates into improved clinical outcomes and safety, and a reduction in adverse events associated with opioid therapy.

Research and Planning: Opioid problems and the fall-out from addiction are a community problem across the United States. *Aligning Pain Care in our Communities* will incorporate a wide spectrum of community stakeholders in our planning. A focus group including clinical and community stakeholders will be held to assist in the planning of the educational initiatives. The focus group will explore current best practice, opportunities for improvement, engagement with community resources, use of state and county resources and overall cost of treatment.

Engaging in community stakeholders allows us to develop educational sessions for the clinic setting that address the varied community issues surrounding opioid and other pain medication issues. Our intention is to integrate existing community and statewide initiatives with those of MCHS SWWI. For example, the Wisconsin Department of Justice took action in early 2015 with a campaign against opioid abuse and prescription medication abuse and is currently organizing two prescription medication disposal days per calendar year. The diverse state and clinic settings highlight the challenges of many health systems as they implement standards of care across regions.

The curriculum development team will identify the common curriculum for the three academic detailing sessions. Curriculum from the FDA ER/LA REMS educational initiatives will be included as appropriate for the local needs. The practice facilitation sessions will be designed to link the evidence behind management of chronic pain with changing how care is delivered to practices.

Educational Platform: The educational intervention, delivered to all participating family practice clinics, will include academic detailing and practice facilitation. Following our recruitment and focus group planning sessions, we will develop three academic detailing sessions for the participating clinics. These academic detailing sessions will be held at the clinic

sites for all staff members to encourage team participation and engagement. Dr. David Onsrud, a family practitioner in the La Crosse MCHS Family Medicine Clinic and the medical director for addiction services, will serve as lead faculty on chronic pain management. The first two sessions will focus on clinical topics including:

- Clinical standards of care and consistency for safe prescribing
- Standardization of processes across the MCHS system
- The importance of depression screening and other mental health concerns
- Use of and monitoring through the PDMP
- Opioid updates
- Case examples
- Alternative therapies
- Referral options and considerations
- Quality and practice improvement training for the practice facilitation

The third session will be customized to each clinic based on their geography and will include community resources. The La Crosse County Health department will coordinate efforts with our additional public and community partners.

Following the academic detailing sessions, clinics will engage in practice facilitation/shared learning sessions focused on collaborative practice improvement and quality improvement. Practices will be supplied with EHR reports on their chronic pain patients. IPMA staff will coordinate these sessions in each practice site: additional sessions will be held via teleconference. Each practice will identify specific focus areas for improvement, track their results, and identify successes and areas of needed support. All team members will be encouraged to participate and contribute. To support sharing and dissemination of best practices, the clinical champions from each site will be encouraged to attend quarterly web-based project update sessions. IPMA will support each practice in their own practice improvement project where they will drive improvement through a PI-CME improvement activity.

IPMA will offer all participating clinics an opportunity to complete an MOC Part IV on-line quality improvement effort on safe opioid prescribing practices. MOC Part IV will be offered separately through IPMA as an ABMS Portfolio Sponsor.

Outcomes strategies as defined within this proposal will be compiled at project completion.

Sharing Results: Upon project completion the clinical and staff champions from each practice will gather to highlight their successes, challenges and ongoing work. The group will reflect on the individual changes made then identify strategies for sustainable change across MCHS SWWI. Additionally project leaders will convene a meeting with physicians from the other 3 MCHS regions to share best practices, improvement results and project resources so that these results can drive additional change across the system. MCHS dissemination will also include the

Annual Quality Improvement Forum held in March of each year and the Annual Family Medicine of MCHS meeting held annually in September. Project leaders will share results within the CAFP/Pfizer consortium.

3. Current Assessment of Need in Target Area:

Data indicate that in Wisconsin, prescription drugs are the second most common drug used for recreational purposes after marijuana. In 2009, 20.5% of Wisconsin high school students reported ever taking a prescription drug (such as OxyContin®, Percocet®, Vicodin®, Adderall®, Ritalin®, or Xanax®) without a doctor's prescription. This is identical to the US average of 20%.[2] An increase in prescription opioids has a correlation to an increase in heroin use. Heroin represents a leading health risk behavior and deadly consequence to the residents living in the city of La Crosse and surrounding communities. Just three years ago, heroin was almost a non-existent issue in the small and safe community of just over 50,000 people bordering the Mississippi River. It has now become one of the city's most pressing issues with 24 overdose deaths documented within the past three years (2010-2013). Hundreds more in the region have escaped a similar fate only because of pre-hospital naloxone administered by emergency medical service (EMS) providers working with Tri - State Ambulance.[3] The number of drug overdose deaths - a majority of which are from prescription drugs - in Wisconsin doubled since 1999 when the rate was 4 per 100,000. Nationally, rates have doubled in 29 states since 1999, quadrupled in four of these states and tripled in 10 more[4]. Wisconsin, like the rest of U.S. is facing an opioid crisis.

4. Project Design and Methods:

The overall project design is adapted from a recent Wisconsin Practice Based Research Network project that includes deployment of subject matter experts into practices followed by quality improvement specialists working to support practice change. This model supports team-based learning by providing all team members with access to the same materials and practice improvement resources. By focusing on both the knowledge component and practice change, clinicians can apply their knowledge in a supportive learning environment.

Each participating clinic is supplied data relevant to their scope of practice and supported by local community resources as well as the expertise of colleagues. This data and the information gained in the academic detailing sessions will help drive the practice improvement process.

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[2] Wisconsin State Council on Alcohol and Other Drug Abuse, Reducing Wisconsin's Prescription Drug Abuse: A Call to Action; January 2012.

[3] La Crosse County Heroin and Other Illicit Drug Task Force, Recommendations and Report to the La Crosse County Criminal Justice Management Council, Health and Human Services Board, Judiciary and Law Committee, and the La Crosse County Board; April 2014.

[4] Prescription Drug Abuse, Strategies to Stop the Epidemic, Trust for American's Health

Quarterly webinars provide the clinical and staff champions the opportunity to share best practices, successes as well as challenges.

At project completion, the practice champions will gather and provide input on changes that can be implemented across the MCHS SWWI system. Practices will also share their results with colleagues at Quality and Family Medicine meetings. This sharing supports ownership and visibility for clinic-based improvement. Results will also be shared across the MCHS systems.

The overall design of this project addresses the diversity of clinics and geography seen in large systems. A secondary goal of this project is to explore how the variation in state policies for controlled substances might impact implementation of best practice.

5. **Evaluation Design:**

The overall evaluation strategy includes measurement of pre and post intervention performance for key measures, pre intervention survey of knowledge and attitude to change, post intervention reflection on the change process, comparison of improvement efforts by each practice, use of state PDMP databases and county health assessment of success. **Table 2** provides a description of the evaluation metrics, sources of data, data collection and analysis.

Table 2: Evaluation Components and Data Sources		
Evaluation Component	**Measurement Source**	**Variable**
Patient Agreement	Patient chart	Presence of agreement in record
Urine Drug Screen	Patient chart	Time to last screen (days)
PDMP Use by Prescriber	WI, MN, IA PDMP reporting, Self-reporting	Pre-post use self-report, WI PDMP access report
Depression Screening	Patient Chart	Presence in the record of PHQ-9 or similar.
Practice and system consistency	Practice Survey	Baseline and post self-assessment
ER Utilization	ER data	Number of visits
Individual practice improvement	Specific improvements made	Success of improvements made

Safe opioid prescribing is a key improvement area within healthcare. Isolating this effort from other system wide projects will be challenging. Participants will be asked to identify other initiatives that may impact this improvement to their practice facilitator.

Quantifiable change expected. Clinic specific targets for improvement will be set during the initial practice facilitation session and will be framed as project aims. Initial targets will be set at a minimum of 5% within a 6 month period. Targets will include the use of patient-clinician opioid

treatment agreements, the use of opioid risk assessment tools, and annual urine drug testing. Practices participating in the MOC Part IV project will select one project aim for improvement within a 6 month time period. County health departments will track relevant measures that may include drug take back day volume, community awareness, and misuse of prescription pain medication. PDMP data will accessed through WI, MN and IA databases.

Clinician engagement. Clinician engagement will be directly assessed through the variables listed in **Table 2** with the assumption that pre-post changes are a result of clinician engagement and use of the pain tools. Direct measurement will also occur via participating clinician completion rates, practice facilitation sessions, related activities, and use of the PDMP.

Outcomes Dissemination. Upon project completion the clinical and staff champions from each practice will gather to highlight their successes, ongoing work and challenges. The group will reflect on the individual changes made then identify strategies for sustainable change across MCHS SWWI. Additionally project leaders will convene a meeting with physicians from the other 3 MCHS regions to share best practices, improvement results and project resources so that these results can drive additional change across the system. MCHS dissemination will include the Annual Quality Improvement Forum for Mayo Clinic, held in March of each year and the Annual Family Medicine Conference of MCHS held annually in September. We will also approach the other large health system covering southwestern Wisconsin, south eastern Minnesota and northeast Iowa, Gundersen Health System to share at their regional Primary Care meetings.

6. **Detailed Work Plan and Deliverables Schedule:**

Work Plan Narrative: The *Aligning Pain Care in Our Communities* approach includes community planning, and collaboration among MCHS SWWI clinicians, engagement at the local level, and systematic change to provide safe and effective care to patients with chronic pain. Project deliverables will include:

- A focus group representing leadership, clinical staff and community resources
- Academic detailing curriculum to be delivered through three sessions
- Practice facilitation live session, individual contact and collaborative webinars to support quality improvement within each practice
- Practice based quality improvement, and
- Reporting of clinical outcomes including screening and evaluation, and cost analysis.

Project progress will be shared locally with physician and administrative leadership. Upon completion we will share our strategy, results and summary findings within MCHS including their other regions. We will continue our collaboration with the La Crosse County Health

Department and their efforts to educate and engage community partners to reduce inappropriate drug use.

Project Management:

MCHS: Drs. Cheri Olson and Rod Erickson will serve as the Principal Investigators and will jointly be responsible for overseeing this project with shared responsibilities. Dr. David Onsrud will serve as a content expert for the Academic Detailing sessions. MCHS staff will conduct data queries, and in-person programming. MCHS will:

- Submit the project to the Mayo Quality Review Board
- Conduct practice site and clinician recruitment
- Deliver academic detailing sessions
- Complete data collection procedures including health record extraction and analysis
- Share in outcomes reporting.

IPMA: IPMA's project manager will:

- Coordinate overall project management
- Manage budget and subcontracts
- Host regular meetings to ensure we meet our deliverable schedule
- Coordinate focus group session and provide evaluation report
- Schedule academic detailing and practice facilitation visits
- Oversee practice facilitation staff, on-site improvement and materials preparation
- Certify educational content for CME and CEU credit, and
- Have primary responsibility for outcome reporting.

La Crosse County Public Health Department will:

- Recruit additional community stakeholders and public health departments
- Participate in planning and administration of focus group
- Coordinate data gathering of public health measures
- Provide one academic detailing session along with community partners, and
- Share in outcomes reporting.

Project Award Date: We anticipate a contract approval and award in early fall 2015. **Table 3: Project Deliverables and Timetable** provides the list of deliverables and responsible party for this 18 month project with a projected timeframe of October 2015 – April 2017.

Table 3: Project Deliverables and Timetable		
Deliverable	**Timeframe to Completion**	**Responsibility**
Planning and Development		
Notification of Award	October 2015	Pfizer CAFP
Official Start Date	October 2015	Pfizer
Clinic recruitment	August – Oct 2015	MCHS
Contracting and Milestone Development	October 2015	All partners
Clinic confirmation	November 2015	MCHS
County and Community Engagement	Nov – Dec 2015	MCHS, La Crosse County
Focus Group Planning	Nov 2015 – December 2015	All partners
Focus Group Execution	January 2016	IPMA & partners
Focus Group Summary Evaluation	February 2016	IPMA
Develop baseline tool assessment for clinicians and staff	February - March 2016	IPMA
Finalize Educational Intervention and Planning for Academic Intervention and Practice Facilitation	March – May 2016	All partners
Collaborative Learning Sessions	Quarterly	Pfizer CAFP with All partners
Intervention		
Perform baseline outcome data analysis & result summary (data from the EHR of participating clinics; PDMP data on its utilization by participating clinicians)	April - June 2016	MCHS
Conduct baseline clinician assessment	May – August 2016	IPMA
1st Round of Academic Detailing	May – June 2016	All
2nd Round of Academic Detailing	July – August 2016	All
Enrollment in Performance Improvement and kick off of Practice Facilitation in Clinics	July – September 2016	IPMA
3rd Round of Academic Detailing	August - Sept 2016	All
Clinician knowledge change assessment	August-October 2016	IPMA
Continue Practice Facilitation individual and shared facilitation sessions, continued Performance Improvement work including repeat assessment.	Oct – Dec 2016	MCHS, IPMA

Table 3: Project Deliverables and Timetable		
Deliverable	**Timeframe to Completion**	**Responsibility**
Analysis		
Analysis of post-intervention change in metrics, using the EHR, PDMP data and county available data	Jan – March 2017	MCHS, IPMA
Data Analysis and Reporting	March 2017	MCHS, IPMA
Dissemination and Sustainability		
Outcomes Report Development	February – March 2017	All
Project Convocation with All Clinics	February 2017	All
MCHS All Region Meeting	March 2017	MCHS, IPMA
MCHS Annual Quality Forum	March 2017	MCHS
MCHS Annual Family Medicine	September 2017	MCHS