



Aligning Pain Care in our Communities

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Our Project

- Standardization of care for opioid treated chronic pain patients across Mayo Clinic Health System Southwest WI
 - Including portions of Iowa, Minnesota, and Wisconsin
 - Using education, collaboration and quality improvement

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Disclosure and Funding

- Cheri Olson, MD
 - No relevant financial disclosures

Funding: Independent Grant for Learning and Change from Pfizer



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Project Goal

- 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 prescribing
 - Improve identification of depression in patients with chronic pain
 - Engage community resources in the treatment of patients with chronic pain



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NOW. . .we know we have a problem

How big is the “gap” between what we should be doing and what we are doing?

What will we do to fix/close that gap?

How will we prove we’ve closed the gap?

How can we make what we do become a part of the work of our practice. . .without being “too hard” to keep going?



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We are going to help answer those questions today: Learning Objectives

1. We will teach you how to develop a registry of your patients being prescribed chronic opioids
2. We will describe the next steps in the Aligning Pain Project including dates and timelines
3. We will introduce the process of obtaining and entering your data in preparation for the QI Project/Maintenance of Certification Part 4 project



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Steps in the Process; (A “To-do” List)

- Step 1: Building your registry
- Step 2: Creating your team
- Step 3: Identifying a team lead for the Quality Improvement/MOC Module
- Step 4: Collecting baseline data
- Step 5: Beginning MOC Part 4/QI process

Timeline

Attestation and Reflection



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PDMP Check-in

- Who is now registered?
- Who are delegates?
 - Directions on getting a delegate assigned for the WI PDMP
<http://dsps.wi.gov/PDMP/Training-Center/PDMP-Delegate-Account-Creation-Training>
 - We have information on how to do this in your packets; does anyone need more help?



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Step 1: Building Your Registry

Who are your chronic pain patients?

- You will need to build a registry of your chronic pain patients off the PDMP
- Directions are in your packet
- Janel will help. Dr. Erickson and Olson can help. Your clinic staff will have to help also. We need this done in the next 2-3 weeks.



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Step 1: Generating Your Pain Patient Registry

- Physicians generate list of patients January 1, 2016 – April 30, 2016 (export to CSV/Excel file)
- Work as a team to remove exclusions:
 - Non opioid meds (benzos, ADHD meds)
 - Post-op
 - End of life care/Hospice
 - Cancer pain patients
 - Patients that you are not primary care physician
 - Patients under 18



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Something to think about with your registry:

- When you get it done, you will need to keep it accurate going forward. . .
 - Where will you keep it?
 - Who will update it?
 - How will you know the registry has been updated?
 - Will you add data/patients daily? How?



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Step 2: Creating Your Team

- Clinic staff that will participate
- Physicians that want MOC Part 4
- One *team leader* will serve as organizer and administrator on website module



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Step 3: Identify a Team Leader

- Collect information on all team members
 - Spreadsheet to be completed
 - Gather MDs/DOs NPI and unique board ID numbers
 - Complete spreadsheet for enrollment into MOC Pain Module
- IPMA will register team for all participants at your clinic and will help you figure out what you have to do!
- Team leader will load documents for group throughout process into MOC module.



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Team Leader

- We are here to help and guide you every step of the way - mark your calendars now for this upcoming meeting for a live overview and Q/A session
- All team leaders will attend a Team Leader kick-off meeting with an introduction to the online MOC Part 4 module. Others can attend if interested.
- Tuesday June 7th, 12:00 – 1:00 PM in La Crosse for all Team Leaders



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Step 4: Collect Baseline Data

- Initial registry data with four additional data collection points **from medical records**:
 - Controlled Substances Agreement on file
 - Urine drug screen in past year
 - Documentation of depression screen results in past year
 - Documentation of opioid therapy risk assessment tool in medical record
- Will be used throughout project; again, where and how will you keep it and update it. . .



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Step 4: Collecting Baseline Data

- You may want to maintain in Excel with PDMP information included
- Janel Tunison at Mayo La Crosse will provide assistance in set-up
- Clinic staff to gather information from medical record



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Check-In

- Questions for team leaders?
- Questions on patient registry?
- Questions gathering baseline data?

- Next step – MOC Part 4



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Step 5: Quality improvement/MOC Part 4 – Online Module

- Provides a thorough, established process to complete the QI activities; IPMA has developed a step by step entry that simplifies knowing what you need to do and when
- Allows for QI support and facilitation in your clinic: will be monitored by IPMA QI staff and they will be available to answer questions
- Engages the entire care team
- Offers 30 CME credits through certificates of participation for all participants



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Chronic Pain: Safe & Effective Strategies for prescribing Opioids

Together with your team you have the opportunity to improve safe and effective strategies for prescribing opioids in patients with chronic pain, improve teamwork and receive Maintenance of Certification Part IV credit for practice improvement. Your project will take 4-6 months to complete.

This module will walk you through the quality improvement process in 3 phases: Assess, Improve and Reflect.

Assess: This phase will start with learning about Quality Improvement. Collecting baseline data will help you measure your current performance. Through this analysis, your team will choose a process to improve and create an aim statement to drive the improvement process. Your team will identify specific changes for improvement through a process and cause analysis. Using information from this analysis will guide the identification of specific change(s) or interventions you can test that will result in practice improvement.

Improve: Continue on your quality improvement journey by putting your improvement strategy into action as you work through Plan, Do, Study, Act (PDSA) cycles. Collecting data after each cycle to compare baseline and results from your improvement cycles will determine if the interventions were successful.

Reflect: Upon completion of two PDSA cycles, your team will reflect on changes implemented so you can sustain and spread your improvement efforts.

Earn up to 30 credits from your board for meeting the MOC Part IV requirements for Performance in Practice.

You and your team will receive CME/CE credit as well as the satisfaction of knowing that you have improved care for your patients.

You should complete this module in 4-6 months, but the pace of completion is up to you and your team.

Get started today! Convene your team and enroll in this improvement project by clicking on the Login tab above.

For additional information, please contact or call 609.231.9045.

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Commitment

MOC Team Workflow

Enroll → Assess → Improve → Reflect

Month	Team Workflow	Available Tools Along the Way
1	<ul style="list-style-type: none"> Enroll and agree to participate. Convene multidisciplinary QI team and enroll team members. 	<ul style="list-style-type: none"> Introduction video QI video
2	<ul style="list-style-type: none"> Collect and upload into portal baseline data. Select project aim. 	<ul style="list-style-type: none"> Data Collection Worksheet Run chart automatically created Therapy area educational videos
3	<ul style="list-style-type: none"> Identify underlying causes, process changes and study interventions. Upload your results of the process and cause analysis into portal. Plan and implement your intervention (test of change). Upload PDSA worksheet into portal (cycle 1). 	<ul style="list-style-type: none"> Process map 5-Whys Brain Storming Fishbone Diagram PDSA Worksheet
4	<ul style="list-style-type: none"> Review post intervention results. Identify study adjustments or second interventions. Upload PDSA worksheet (cycle 2). Enter post-intervention data into portal. 	<ul style="list-style-type: none"> Tick & Tally Worksheet Run chart automatically updated
5	<ul style="list-style-type: none"> Implement post-adjustment interventions. Enter Post-adjustment data into portal. Review post-adjustment results. 	<ul style="list-style-type: none"> Tick & Tally Worksheet Run chart automatically updated
6	<ul style="list-style-type: none"> Reflect upon QI project. Evaluate project and attestation. 	<ul style="list-style-type: none"> MOC/CME/CE credit awarded

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- Team – meets to discuss
- Complete a gap analysis, identify area to improve
- Apply basic principles of QI science to improvement (process mapping, PDSA, fishbone, 5-Whys etc)
- Complete two improvement cycles: Initial, August, October
- Attest/Reflect on changes implemented

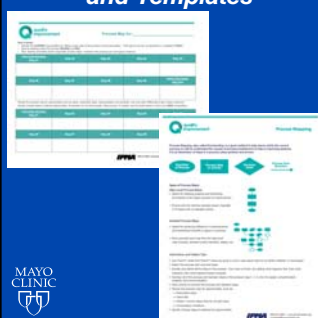
Easy to Use Tools and Resources Guide Learners Along the Way



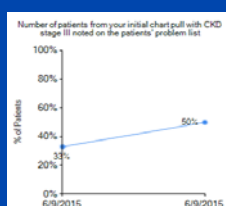
*QI and Clinical
Content Videos*



*QI Instruction Sheets
and Templates*



*Data Automatically
Populated on a Run Chart*



*Customized Data
Collection Worksheets*

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Immediate Next Steps

By May 20, 2016

- Register all prescribers on PDMP
- Generate list of patients; send to Janel
- Identify team leader
- Begin baseline data collection with lists from Janel



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Next Steps - Timeline

- May 2016
 - Build your registry
 - Create your team
- June 2016
 - Team leader kickoff meeting **June 7**
 - Complete baseline data
 - Beginning MOC Part 4/QI process



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Timeline Continued

- June – July
 - Initial Planning Meeting
 - -Set your project aim: will choose 1 or 2 areas to work on which are in module; may choose others as a department, or there may be some “just do its”
 - -Identify interventions through root cause analysis and process mapping
 - -Plan for your 1st improvement cycle using PDSA worksheet
- July – August
 - QI Cycle 1: do your new process
 - August 15th - Post intervention data pull



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Timeline Continued

- August – September
 - Second Cycle Planning Meeting
 - Review QI cycle 1 data and compare to your project aim
 - Plan for your 2nd improvement cycle using a PDSA worksheet
- September – October
 - QI Cycle 2: do your revised process or continue your changes
- November
 - Post Adjustment Data Pull
 - Reflection/Attestation – must be completed by Dec 2nd for submission of MOC IV credit



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“Meaningful Participation” defined by American Board of Medical Specialties (ABMS)

- Attestation: required for credit by ABMS
- Reflection: required for credit by ABMS
 - Requires active participation throughout entire process
 - **All** individuals go into MOC Module at end to reflect and attest (they get an email prompt and link)
- *Team leader must attest for each person's participation in order to complete cycle. (If this is an issue, please contact Dr. Olson early in project to discuss with physicians)*



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Attestation

- Attestation statements are **required** by ABMS to confirm participation
 - Providing direct or consultative support and/or patient care
 - Actively participating in or supervising baseline data collection, data analysis and re-measurement.
 - Active participation in planning and implementing changes in patient care process.
 - Actively reviewing activity data that reflects the support and/or patient care a physician provided during the course of the QI effort.
 - Reviewing post-intervention data and making appropriate interventions to changes in care process.
 - Collaborating by attending design and/or implementation team meetings during this activity.
 - Actively participating in the project for the required time required by the activity



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Questions?



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Deterra Medication Disposal System

- In a simple 3-step process, a user can deactivate drugs, thereby preventing drug misuse and protecting the environment.
- Skemp, St Francis, Holmen, and Onalaska Pharmacies will now provide Deterra medication disposal bags to all patients who have their prescriptions filled at these pharmacies.
-



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CLO1

Deterra Medication Disposal System

- Clinics can order the disposal bags to have on hand for distribution to patients at \$3.59/bag.
- The Lawson order # is 347853. Each package can dispose of 90 tablets or capsules or 12 patches.
- Patient instructions are on the package.
 - 1. Place the medications in the pouch
 - 2. Fill the pouch half full with warm water
 - 3. Seal the pouch and dispose of it in the regular trash



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Slide 30

CLO1 CAN you add the picture we took to this slide; i have samples for each clinic also. . .
Cheri L Olson, 4/27/2016

Thank You!

- Complete today's evaluation for CME credit and project information
- Questions?



Process Map Example

