Supporting Oklahoma Primary Care Practices to Prevent Substance Use Disorder, Overdose, and Suicide Deaths

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Learning Objectives

1. Understand that primary care practices are ill-prepared to provide behavioral health services to the population they serve

2. Appreciate that implementing behavioral health preventive strategies into primary care is complex and needs external support

3. Recognize the value of using both qualitative and quantitative data to motivate and sustain practice change
# Presentation Roadmap

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Who is OPHIC?

The Oklahoma Primary Healthcare Improvement Cooperative (OPHIC)

- Part of the University of Oklahoma Health Sciences Center in the Oklahoma Center for Clinical and Translational research
- Established in 2014 through an AHRQ’s EvidenceNOW grant with continued support by NIH grants and the state agencies
- Utilizes Dissemination and Implementation (D&I) Research
The Pipeline of Research Translation*

Do No Harm: Pain and Opioid Management Project
New Questions

MEDICAL KNOWLEDGE

Implementation
(Quality Improvement)

PRACTICE PROCESSES

CLINICAL DATA

Research

Dissemination

Knowledge Transfer

Performance Measures
1 – Using Data To Motivate Improvement

Data-Driven Quality Improvement
New Questions

MEDICAL KNOWLEDGE

Implementation
(Quality Improvement)

CLINICAL DATA

Measure Specs / Data Definitions

PRACTICE PROCESSES

Knowledge Transfer

Research

Dissemination
Response Activity

Go to PollEv.com/NEARSTAR468
or
Text NEARSTAR468 to 37607
What is required to use quality metrics to motivate improved performance?

- A certified electronic medical record
- Performance measure feedback with comparison to peers
- Access to a comprehensive evidence-based clinical decision support website
- Completion of Continuing Medical Education (CME) about best pain and opioid management practices
Small Group Discussion

Guidelines have come out for opioid management.

How would you use performance measures to implement the guidelines into practices?

Take 10 minutes to talk in groups of 2-3.
What quantitative data did we use?

- Electronic Health Record Registry Function (EHR)
  - Adult patients in a quarter
  - Patients with chronic pain per quarter
  - Annual pain assessment

- Prescription Management Program (PMP)
  - Opioid treatment informed consent
  - MMED > 90 (PMP)
  - Benzos and opioid Rx (PMP)
  - 90-day risk visit
Feedback
Feedback to Motivate Implementation
Challenges Using Data for Process Improvement

- EHR certification doesn’t signify measure support
- Guidelines and measures are not aligned
- There is a tendency to measure what is easy; not what is meaningful
- Feedback of a physician’s own data is gold!
- Comparisons to peers is platinum
- This is damn hard!
2 – Dissemination of Evidence

Academic detailing for dissemination of evidence-based guidelines
New Questions

MEDICAL KNOWLEDGE

Implementation (Quality Improvement)

CLINICAL DATA

PRACTICE PROCESSES

Research

Dissemination

Knowledge Transfer

Measure Specs / Data Definitions

James W. Mold
Oklahoma Primary Healthcare Improvement Cooperative

School of Community Medicine

School of Community Medicine

School of Community Medicine

School of Community Medicine
Response Activity

Go to PollEv.com/NEARSTAR468

or

Text NEARSTAR468 to 37607
How is academic detailing different from a lecture?

- The information is more accurate in academic detailing (40%)
- Academic detailing takes less time (40%)
- Academic detailing allows the physician to have a conversation with the detailer (40%)
- Lecturers require a subject-matter expert to run (20%)
What would you do?

How are new policies/procedures/guidelines disseminated in your practice or organization?

Take 10 minutes to talk in groups of 2-3
The Problem with Guidelines
Academic Detailing

Email Charles-Tryon@ouhsc.edu for PDF versions of these documents
## Goal Setting

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<td>Prescription refill policy</td>
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<td>Patient informed consent</td>
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<td>Monitoring opioid risk &amp; misuse</td>
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Welcome to RPR Exchange

Research-to-Practice-to-Research (RPR) Exchange is a set of web-based tools designed to help primary care clinicians and researchers affiliated with the Oklahoma Clinical and Translational Science Institute (OCTSI) work more closely together to improve the quality of primary healthcare services available to Oklahomans. It has the following four components:

About the RPR Exchange

Recent Resources

Chronic Constipation
Author(s): Bharucha, AE, Waid, A

Constipation is a common symptom that may be primary (idiopathic or functional) or associated with a number of disorders or medications. Although most constipation is self-managed by patients, 22% seek health care, mostly to primary care physicians (>50%) and gastroenterologists (14%)...

Keywords/Tags:
- chronic constipation
- constipation
- laxatives
- opioid-induced constipation

Vaccines for International Travel
3 – Process Workflow & People Change

Practice facilitation for implementing workflow change
Response Activity

Go to PollEv.com/NEARSTAR468
or
Text NEARSTAR468 to 37607
What is the benefit of practice facilitation?

Help practices change processes to adhere to new guidelines

Provide an expert behavioral health consultation for the practice

Help the practice to manage risk to prevent errors before they occur

Provide a liaison between practices, pharmacies, and other patient care establishments
What would you do?

A new guideline requires a change in practice workflow.

How will you assure it is implemented?

Take 10 minutes to talk in groups of 2-3
What are we doing?

Established a dedicated staff
- Trained them in formal quality improvement methods
- Gave them a structured practice record for planning and documenting the support
- Provided expertise in EHR and data management
- Built a learning community for the Practice Facilitators
Sustaining Continuous Improvement

Define

Measure

Control

Improve

Analyze

PLAN

DO

ACT

STUDY

School of COMMUNITY MEDICINE

James W. Mold
Oklahoma Primary Healthcare Improvement Cooperative
Bottom-Line Experience

- Must have specific, measurable, and timely goals
- Practices learn more effectively by doing, not just hearing
- Change requires a culture of relationships
- You cannot change what you cannot measure
- Practices and clinicians respond to their own data
- “Certified” EHRs are not meeting the goals of practice transformation
- Oklahoma’s clinicians are uncertain about pain and opioid guidelines
- D&I methods accelerate the rate of change in practices
Final Thoughts?