

## New Clinical Processes and Improving Workflows for Opioid Management in a Geriatric Clinic: Using Input from The Team

### Case Study – University of Chicago, South Shore Senior Center



**Intervention:** The University of Chicago South Shore Senior Center's project aim was to integrate a medication management workflow using four specific strategies: yearly urine toxicology screening, the Pain, Enjoyment of Life, and General Activity (PEG) Scale; co-prescription for naloxone; and the new Patient-Provider Opioid Treatment Conversation Tool. The quality improvement lead at South Shore initially planned a quality improvement (QI) effort focused on recognizing opioid use disorder in older adults. After discussions with clinical leaders, clinicians, and staff, the QI-lead recognized the need to implement harm-reduction strategies when prescribing long-term opioids in the geriatric clinic. The QI-lead then shifted the focus of the project to improving care for patients prescribed opioids for chronic pain. This case study describes the process South Shore used to identify the QI project aim and implement it using team input.



### PRACTICE SNAPSHOT: South Shore Senior Center

- ▶ A geriatric primary care clinic affiliated with an academic medical center in Chicago, Illinois
- ▶ Clinicians: 9 MDs/DOs, 3 NPs, 3 LPNs<sup>1</sup>
- ▶ Number of patients: 3,000
- ▶ Quality Improvement team: The (MD) QI lead had QI experience in residency but had not led a project like this one before. The QI lead did not have a support team for this project.
- ▶ Electronic Health Records system: Epic
- ▶ Percent of older adult patients (60+): 100%

#### The Quality Improvement Project:

- ▶ **Workflow assessment.** The QI lead worked with clinicians to identify key components of the updated workflow. They agreed to develop workflows that include four key activities for all senior patients on long term opioid therapy (LTOT):
  - Use a Patient-Provider Opioid Treatment Conversation Tool.
  - Complete a yearly urine toxicology screening.
  - Use the Pain, Enjoyment of Life, and General Activity (PEG) Scale<sup>2</sup>.
  - Universally co-prescribe naloxone for all older adults on LTOT.
- ▶ **Planning.** The QI lead met broadly with partners across the University of Chicago system to develop the resources and tools, and identify changes needed to implement these four activities. The meetings also included the University of Chicago system's opioid management team. All partners worked to apply a geriatric lens to adapt an existing opioid management Epic dot phrase (a system macro that automatically fills in descriptive text prompted by key words), using the four strategies identified by the clinical team.
- ▶ **Buy-in.** The QI lead focused on staff and clinician education to improve their buy-in for implementing the new medication management workflows. The QI lead conducted a session on the risks of opioids for older adults and components of the updated workflow, as well as a training for geriatric clinic nurses and other non-physician staff on how to use PEG scores.

1 MD = Medical Doctor; DO = Doctor of Osteopathic Medicine; NP = Nurse Practitioner; LPN = Licensed Practical Nurse.

2 A 3-item instrument that asks people to rate their pain level (P) as well as how much pain has interfered with enjoyment of life (E) and general activity (G) Pain Assessment Resources for Professionals.



- ▶ **Implementation.** South Shore finalized the components of the workflow and developed the Epic dot phrase by the end of the AHRQ project. The clinic is part of an academic health center, and its research activities are subject to human subjects institutional review board (IRB) approval. The QI lead applied for an exemption for the new workflow as a quality improvement activity and, at the time of this publication, the team was still awaiting approval to begin implementation.



## Quality Improvement Tools Implemented

- ▶ A modified Epic dot phrase. The new Epic dot phrase will serve as a reminder to clinicians to complete: The Patient-Provider Opioid Treatment Conversation Tool; The Pain, Enjoyment of Life and General Activity (PEG) Scale; the annual urine drug screen; and prescribing naloxone to all geriatric patients on LTOT.
- ▶ The QI lead used Epic SlicerDicer, a reporting tool that provides users with customizable data exploration abilities, to obtain baseline data for presentations to clinicians and staff, such as number of older adult patients on LTOT who also received a naloxone prescription. Following the IRB approval, the practice is planning to continue using SlicerDicer to monitor the implementation of the four strategies introduced during the QI project.

**Planned QI Metrics:** To track implementation progress, the South Shore QI lead plans to continue monitoring the following annual QI metrics for geriatric patients on LTOT:

- ▶ Patient-Provider Opioid Treatment Conversation Tool completed.
- ▶ Annual urine drug screens completed.
- ▶ PEG scales completed.
- ▶ Patients on LTOT co-prescribed naloxone and whether it was dispensed.
- ▶ Number of times the dot phrase was used.

**Barriers to Implementation:** The QI team faced implementation barriers, including limited staff capacity during the COVID-19 emergency. Other barriers included:

- ▶ **Programming time.** The biggest challenge was the amount of time it took for programmers to make the dot phrase changes required in Epic.
- ▶ **Ambiguity over the need for IRB approval.** The QI lead initially received a mixed response from leadership about whether human subjects review was needed before implementing the Epic dot phrase. Eventually, the QI lead decided to request a quality improvement exemption for the new workflows.

**Learning Collaboratives:** AHRQ funded two 15-month learning collaboratives (LC) to support primary care practices like University of Chicago's South Shore Senior Center that are improving opioid prescribing and treatment of opioid use disorder among older adults. The LC included monthly calls to provide opportunities for peer-learning and expert presentations, and monthly calls between QI leads and LC coaches.

### Facilitators to Implementation:

- ▶ **Executive leadership advocacy.** The QI lead for South Shore reached out to executive leadership and clinicians and used their input to adapt the project scope to a feasible plan. This improved buy-in and advocacy for the project from the leadership and acceptance by front-line staff and clinicians.
- ▶ **On-site expert.** Guidance from an in-house Epic 'Super User' helped the QI lead use SlicerDicer to incorporate the dot phrase reporting into the EHR.
- ▶ **AHRQ involvement.** The one-on-one meetings between AHRQ project coaches and the QI lead helped identify outcome metrics for this QI project.

### Lessons Learned from South Shore:

- ▶ **Gain buy-in with partners.** The QI lead devoted time upfront to assess the needs and priorities of the people who would implement the intervention. She was willing to adapt and modify the initial QI plan to better align with leadership priorities and feedback from staff and clinicians. This flexibility improved partners' buy-in and their willingness to make the changes needed.
- ▶ **Develop a team.** With only one person leading the project, this clinic needed a few more hands to help keep up the momentum.
- ▶ **Identify existing resources.** The QI lead took advantage of internal resources to learn about and then use existing health IT tools such as the Epic SlicerDicer and Epic dot phrases.



### Key Drivers of Success

[I changed my approach after] speaking with leadership in the clinic about what the needs were, and it was not about the use disorder, which is where I wanted to start, but about opioids in general and chronic opioid use in older adults in our clinic.

-QI lead, South Shore

### Next Steps:

To make these changes permanent, South Shore is focusing on the following steps:

- ▶ **Implement.** Implement the workflow/dot phrase after IRB/QI approval.
- ▶ **Educate.** Continue educating staff on the topic and available resources.
- ▶ **Promote.** Maintain continued leadership buy-in and interest in the topic.

## A New Resource for Primary Care Practice

The Agency for Healthcare Research and Quality published the Opioid Use in Older Adults Compendium, developed by Abt Associates through the *Identifying and Testing Strategies for Management of Opioid Use and Misuse in Older Adults in Primary Care Practices* contract # HHSP2332015000131.

The Compendium was developed through a three-stage process:

- (1) an environmental scan and literature review that identified knowledge gaps, tools, and resources,
- (2) input from experts in quality improvement, geriatrics, and pain management, and
- (3) testing of the Compendium strategies by primary care practices that participated in the AHRQ Learning Collaboratives.