

Using an Electronic Health Record System to Prevent Opioid Use Disorder in Older Adults in Primary Care Practices

Case Study - Westfield Family Physicians



Intervention: The staff at Westfield Family Physicians took on a quality improvement (QI) project to enhance the assessments of opioid treatment risks in the clinic's older adult population, including the risk of developing opioid use disorder (OUD). The QI project included adapting pain management workflows to address the needs of the older adult population by developing a function in the clinic's electronic health records (EHR) system, which prompted staff to complete tasks aimed at pain management in older adults.

Implementing the Quality Improvement Project:

- ▶ The QI team modified and implemented a new senior pain dot phrase (system macro that automatically fills in descriptive text prompted by key words) in the EHR for evaluating effectiveness and potential adverse effects of opioid use in older adults: misuse, falls, and cognitive changes. Modifications were made based on conversations and learnings from the physicians' participation in AHRQ project activities such as sharing resources and lessons across practices.
- ▶ They conducted a one-hour training on risks of opioid use in older adults for 27 staff.
- ▶ They monitored dashboard metrics, including clinician use of the senior pain dot phrase; patient pain goals/plan; Pain, Enjoyment of Life, and General Activity (PEG) Scale; and naloxone prescription by running periodic reports by age, clinician, and location.



PRACTICE SNAPSHOT: Westfield Family Physicians

- ▶ A private practice clinic in Western New York State
- ▶ Clinicians: 2 MDs, 5 PAs, 2 NPs, 2 LPNs¹
- ▶ Number of patients: 11,712
- ▶ Quality Improvement team: This was the first QI project led by the (PA) QI lead. The QI team included 1 PA, 1 MD, and 1 LPN with many combined years of QI experience.
- ▶ Electronic Health Records system: MEDENT
- ▶ Percent of older adult patients (60+): 25%



Quality Improvement Tools Implemented

- ▶ A modified existing EHR dot phrase to identify opioid risks specific to older adults.²

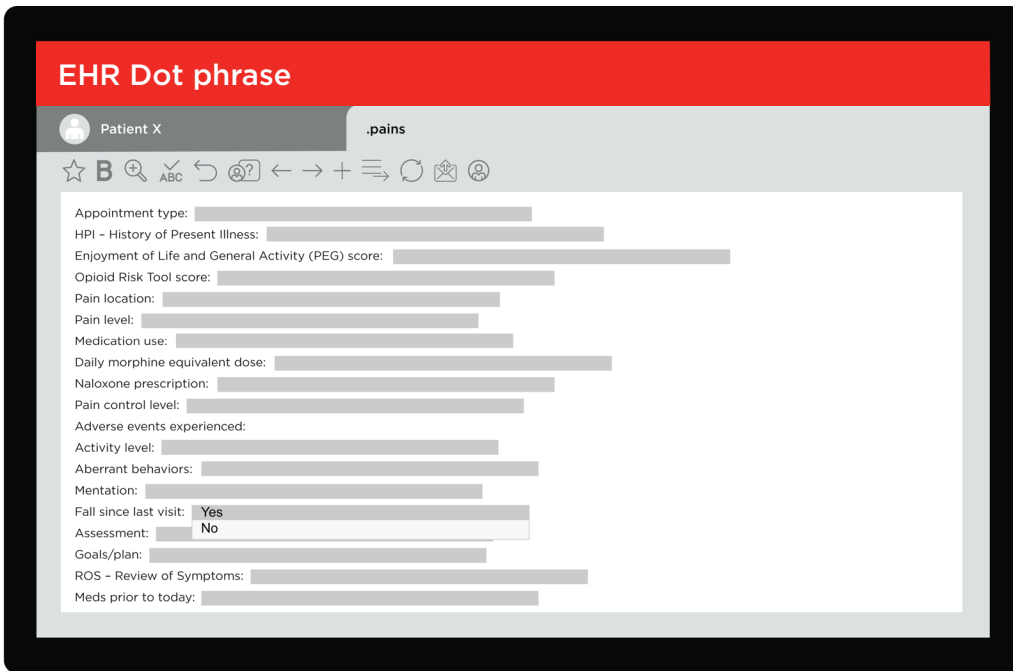
The EHR dot phrase includes entry fields for the following elements:

- Pain, Enjoyment of Life, and General Activity (PEG) score
 - Opioid Risk Tool score
 - pain location
 - pain level
 - medication use
 - daily morphine equivalent dose
 - naloxone prescription
 - pain control level
 - adverse events experienced
 - activity level
 - aberrant behaviors
 - cognition
 - falls since last visit
 - overall assessment
 - goals/plan
- ▶ An automated EHR report, which identifies patients over 60 on long-term opioid therapy and details clinic's progress on QI indicators.

1 MD = Medical Doctor; PA = Physician Assistant; NP = Nurse Practitioner; LPN = Licensed Practical Nurse.

2 Westfield used the MEDENT EHR dot phrase .pains for seniors with chronic pain.



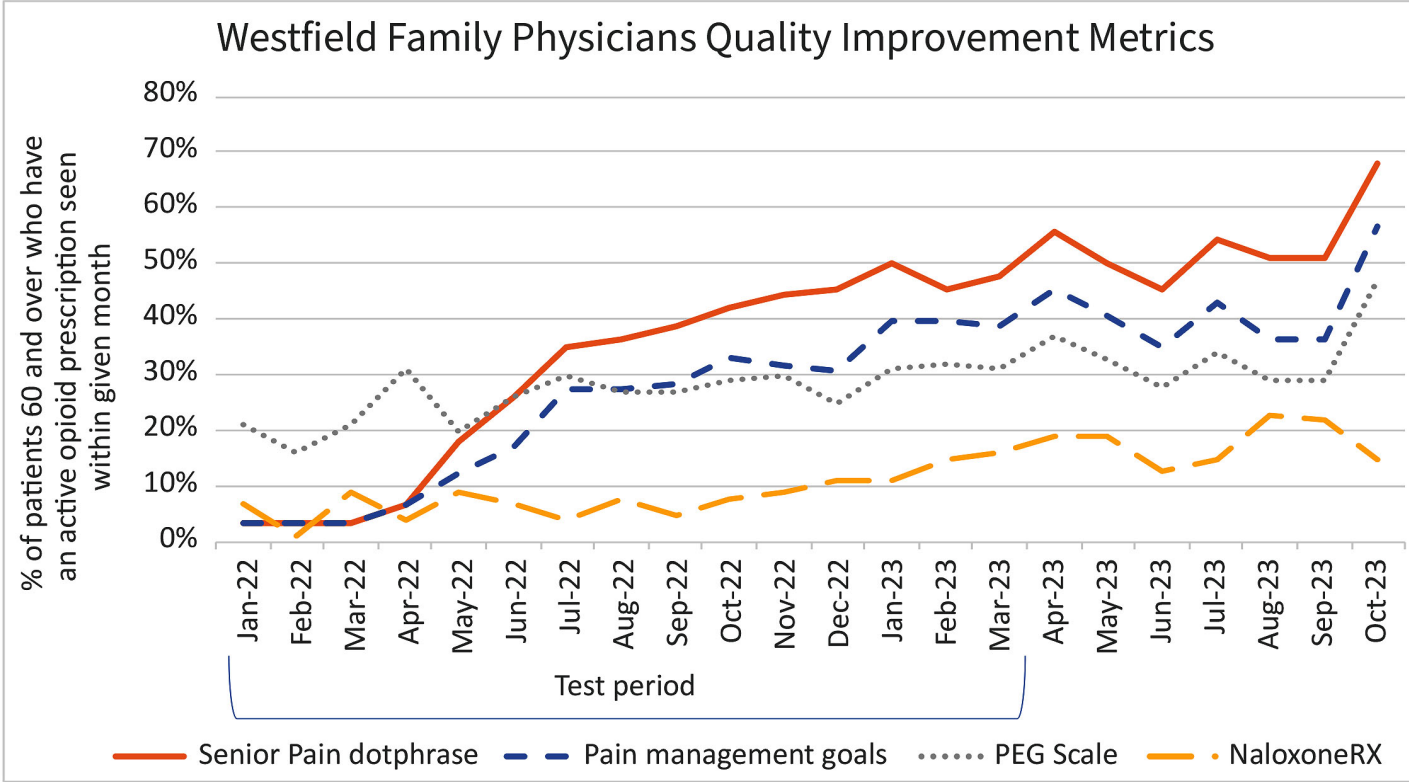


In this case, the dot phrase is a shortcut that creates a visit note template to document elements of the visit. The template has fields with either a text box to enter information or a drop-down menu for each field. In some cases, the dot phrase will cause the field to be prepopulated with existing information elsewhere in the patient's chart.

Learning Collaboratives: AHRQ funded two 15-month learning collaboratives (LC) to support primary care practices like Westfield Family Physicians that are improving opioid prescribing and treatment of OUD 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.

QI Metrics: The QI team at Westfield monitored an existing opioid dashboard for the use of the senior pain dot phrase, as well as specific elements included in the dot phrase like patient pain goals/plan, PEG assessments, and naloxone prescription to track implementation progress for their project.

- ▶ The use of the dot phrase for seniors on opioids steadily increased over the 14-month test period defined by the team for this intervention.
- ▶ Data from the opioid dashboard show continued improvement in these QI metrics after the project test period ended.



Barriers to Implementation:

- ▶ **Technical challenge resulting in delays.** The team experienced significant time delays due to the technical challenges of creating an EHR dot phrase. Successful implementation followed multiple improvement cycles over many months. An example of a technical challenge was the inclusion of inactive patients in early versions of the reports shared with clinicians.
- ▶ **Dashboard accuracy.** It was difficult for the practice to generate a report that was tailored to the QI project because the opioid dashboard automatically pulls in data from specialists (e.g., pain management specialists) managing patients outside the clinic. For this reason, patient targets would never reach 100%.

Facilitators to Implementation:

- ▶ **Strong EHR.** The practice had an EHR system that supports QI efforts and staff with knowledge and experience using it.
- ▶ **Building on experience.** The QI team leveraged their prior experience developing a “.pain” dot phrase for all patients to develop a modified “.pains” dot phrase specific to older adults. They also borrowed from existing workflows to modify the dot phrase content. This allowed for a more rapid scale-up of the dot phrase use.
- ▶ **Nimble practice.** As an independent practice, the team had fewer administrative barriers to implement QI changes.

Lessons Learned from Westfield Family Physicians:

- ▶ **Obtain buy-in** from office staff before making changes.
- ▶ Ensure initiatives can be **easily integrated** into the natural existing workflow of the office.
- ▶ Closely **examine existing workflow** to identify how to modify EHR tools to make them specific for older adults.
- ▶ Make changes, like adding an EHR dot phrase, standard across all clinicians.
- ▶ **Make new dot phrases easy** for providers to find in the EHR and easy to complete.



Key Drivers of Success

If the [QI] team makes a plan, we get buy-in from clinical staff and proceed. Sometimes it is a flop, so we try again (PDSA– plan, do, study, act). Usually though, with good forethought and planning our changes are met with little resistance.

-WFP QI lead

Next Steps:

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

- ▶ **Monitor** the use of the dot phrase by running routine reports.
- ▶ **Educate** clinicians and staff about how and when to use this new tool through monthly office-wide and clinical staff meetings.

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.