

# Practice Transformation & QI for Opioids/Chronic Pain

## Practice Transformation Is Easier with a Playbook and a Team Approach

The 'Chronic Pain Collaborative' gave us numerous examples of practices in Maine that greatly improved patient safety.

Maine State Law Chapter 488 and Chapter 21 require use and documentation of various mitigation strategies to reduce opioid misuse and diversion including:

- ▶ Informed consents extensively reviewed by provider and patient
- ▶ Review of the Prescription Monitoring Program on initial opioid/ benzo scripts; every 90 days for recurring scripts
- ▶ Yearly urine drug screens (including correct interpretation and action with results)
- ▶ Consider yearly random pill counts
- ▶ Documentation of functional improvement
- ▶ Exit strategy
- ▶ Lowest effective dose (i.e. maximum of 100 MMEs)
- ▶ Shortest possible duration (i.e. 7 days or less for acute)



**Other strategies to reduce risk of opioid misuse:**

- ▶ Regular monitoring and reassessment
- ▶ Practice protocols that designate non-prescriber staff roles and responsibilities
- ▶ Screening tools to identify “non-reassuring” behaviors
- ▶ Increased frequency of monitoring when “non-reassuring” behaviors identified

### Quality Counts Controlled Medication Playbook

- ▶ numerous resources for assisting prescribers & staff
- ▶ Maine-developed practice guidelines
- ▶ Maine-developed informed consent documents
  - opioids
  - benzodiazepines
  - adult stimulants

[mainequalitycounts.org/what-we-do/population-health/chronic-pain-and-controlled-medication-playbook/](http://mainequalitycounts.org/what-we-do/population-health/chronic-pain-and-controlled-medication-playbook/)

### IMPORTANT PATIENT EDUCATION POINTS

- 1 Store opioids in a lock box
- 2 Inform dangers of sharing
- 3 Proper disposal

### 2016 CDC Recommendations

Use strategies to mitigate risk

Review PDMP data

Use urine drug testing

# Improving Opioid Prescribing and Patient Safety: Educational Outreach



## Disclaimer

These are general recommendations only; specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition. This document presents only general information regarding prescribing laws in the state of Maine. Prescribers in Maine are instructed to independently study Chapter 488 and comply with current state law and rules.

## Learning Objectives

- ▶ Review best practices in practice transformation for opioid prescribing
- ▶ Focus on team-based care including developing "CSI" (controlled substance initiative) teams

## Additional Resources

- ▶ 2016 CDC Opioid Prescribing Guidelines: [www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm](http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm)
- ▶ Agency Medical Directors' Group, Washington State, 2015 Opioid Prescribing Guideline summary and MME calculator: [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov)
- ▶ Caring for ME: a joint project of Maine Quality Counts and the Maine Medical Association: [qclearninglab.org/welcome-caring-for-me/](http://qclearninglab.org/welcome-caring-for-me/)
- ▶ Quality Counts Controlled Medication Playbook: [mainequalitycounts.org/what-we-do/population-health/chronic-pain-and-controlled-medication-playbook/](http://mainequalitycounts.org/what-we-do/population-health/chronic-pain-and-controlled-medication-playbook/)
- ▶ Opioid and Chronic Pain Toolkit available at [MICISMaine.org](http://MICISMaine.org)

## Funding Statement/Disclosure

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MICIS is administered by the Maine Medical Association with funding from the Office of MaineCare Services, Maine DHHS. MICIS does not accept any compensation from any pharmaceutical company. Not all medications referenced in this document have FDA indications for the treatment of various chronic pain conditions ('off-label use disclosure').

## Education Statement

This monograph was created in support of accompanying live educational activities. This monograph is not approved for medical education credit.

## FMI:

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