# Preparatory Work Ahead of Kickoff Planning and Assessment Meeting

In our second meeting together we will investigate current processes around care of patients on long-term opioid pain therapy, available patient resources, and available data and stories to share at the Kickoff. If possible, we recommend doing the following ahead of the second meeting.

## 1. Collect and learn about available patient resources

* Currently used patient education materials related to opioid management (please send to Practice Facilitator)
* Existing non-opioid treatment resources for patients with chronic pain (e.g., physical therapy, behavioral health)
* Existing resources in your community and clinic for patients with opioid use disorder or mental health concerns, such as depression, anxiety, and PTSD

## 2. Begin to investigate what happens during patient visits and refill requests

We learned that thinking through what work is involved in patient visits and refill requests is a natural way Opioid Improvement Teams ground themselves in thinking through key areas for improvement. We recommend that you begin to talk to care teams to answer the questions below. This will lay the groundwork for future workflow development. You can do more of this exploration later in the work.

* How do staff and/or clinicians prepare for visits with patients using long-term opioid therapy?
* If your organization prepares for visits, what information is used? (e.g., chart reviews, a tracking system, Prescription Drug Monitoring Program)
* What happens when a patient comes in for an appointment that will include an opioid prescription? What is the process?
* What happens when a patient calls for an opioid refill? What is the process?
* What clinical tools are available and in use to support assessment and management of patients using long-term opioid therapy? (There are [assessment resources](https://depts.washington.edu/fammed/improvingopioidcare/helpful-resources/recommended-assessments/) on the website.) For example:
* Calculation of morphine equivalent dosing
* Patient function (e.g., PEG)
* Risk for opioid misuse, abuse, and opioid use disorder (e.g., ORT, COMM, DSM-5)
* Anxiety, depression (e.g., PHQ, GAD-7)
* PTSD (PC-PTSD)
* Sleep apnea (STOPBang)

## 3. Identify data and stories to share at Kickoff

Data is a critical motivator and we have found it is important to do what you can to identify key data points to share with clinicians and staff during the Kickoff Event. We understand that the data you produce for our next meeting will not be perfect. Don’t worry. Over the next year, you will work together to create tracking and monitoring tools that will allow you to gather information about your chronic opioid therapy patients. For now, it is worth trying the following to begin understanding the limitations and strengths of various tracking and monitoring approaches for your particular organization, and to gather some type of data to share during the Kickoff.

Ahead of the next meeting, please do you best to do the following:

1. Identify stories about patients using long-term opioid therapy to share during the clinic-wide kickoff. These stories should represent why this project is important. For instance, this could include a story of an adverse outcome (e.g., overdose, death, diversion) for a patient using long-term opioid therapy, or it could be a success story about tapering someone effectively while increasing function and quality of life. Stories are motivating and help center the organization on why this work is important. They are particularly important if there are no data to share at the kickoff.
2. Attempt to identify how many of your patients are on long-term opioid therapy for non-cancer pain. Generally, a patient who takes opioids for three consecutive months is considered to be using long-term opioid therapy. How you practically define this can vary. A clinician may know his or her patients and be able to identify these patients. Or a staff member who handles opioid refills may do so when refilling a patient's medications. One common definition when using electronic health record data is any patient who has received at least two opioid prescriptions in the past 3 months, at least 28 days apart.

### Possible approaches to identifying patients on long-term opioid therapy

The following are potential techniques for identifying your patients on long-term opioid therapy. Additional details on these techniques are in the resource *Approaches to identifying your chronic opioid therapy patients.*

* MED query
* Patient agreement query
* Diagnosis/label query (potential ICD-10 code: Z79.891, F11.90)
* Medications query
* Prescription Monitoring Program (PMP) report
* Manual chart abstraction
* EHR-native registry
* Proprietary software for EHR reporting
* Manually create a list as patients get opioid refill prescriptions

If it is feasible, collect other data you might want to share at the Kickoff. If it is possible and simple to get data for any of the following, go for it. For example:

* + #/% with MED≥50, ≥90
	+ #/% with a signed patient agreement
	+ #/% also prescribed sedatives

However, it is perfectly understandable if you do not yet have a system to easily pull this data. Instead, you might just manually conduct an event tally of a measure of importance to you. An event tally form is included below.

## How to conduct an event tally

For one or two weeks, use this tracking to manually tally an event of interest to your organization, such as:

* How many patients receive opioid prescriptions/refills?
* How many calls do you receive for early refills?
* How many requests for refills to do you receive on Fridays?
* Look at each provider’s schedule over a one week period and calculate what proportion of the patients on the schedule are on chronic opioids?

### Event tally

|  |  |
| --- | --- |
| Day | Number of times the event of interest occurs |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |