



Engaging Clinicians and Staff in the Process of De-implementing Opioids for Chronic Non-Cancer Pain

Overview

Although as a Practice Facilitator (PF) you may not be directly engaging with front-line clinicians and staff in improvement change efforts, the people you interact with at the clinic will be. These include clinic leadership, clinical champions, and members of the Opioid Improvement Team. It is important for you to understand how these change agents can influence and support others they work with to deliver guideline-concordant opioid prescribing for chronic pain. This knowledge will be useful as you brainstorm with them about how they can effectively implement changes that improve care and patient safety.

Learning Objectives

1. Describe the four levers of intrinsic motivation to engaging physicians and give an example of each.
2. Discuss how combining professional norms to social comparisons when providing feedback to providers might be applied to a clinic's efforts to reduce opioid prescribing for chronic pain.
3. Explain how to support conversations among front line providers and teams that result in ownership and action to improve opioid medication management.

Reading Materials

- Lee, T., & Cosgrove, T. (2014, June). [Engaging doctors in the health care revolution](#). *Harvard Business Review*.
- Liao JM, Fleisher LA, Navathe AS. [Increasing the Value of Social Comparisons of Physician Performance Using Norms](#). *JAMA*. 2016;316(11):1151–1152.
- [Taking Action on Overdose video](#).



SIX BUILDING BLOCKS PRACTICE FACILITATOR TRAINING: MODULE #4 | VERSION 2020.07.27
LICENSED UNDER A CREATIVE COMMONS BY-NC-ND 4.0 INTERNATIONAL LICENSE

Funded by Agency for Healthcare Research & Quality (#R18HS023750, #HHSP233201500013I), Washington State Department of Health (CDC #5 NU17CE002734), National Institute on Drug Abuse (#UG1DA013714), and the Washington State's Olympic Communities of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of AHRQ, WA DOH, NIDA, or WA DOH. All Six Building Blocks materials have been developed by the University of Washington Department of Family Medicine and KP Washington Health Research Institute. To learn more visit: www.improvingopioidcare.org

Optional Reading

- Six Building Blocks - [Levers of Motivation Guide](#)
- Parchman, M. L., Henrikson, N. B., Blasi, P. R., Buist, D. S., Penfold, R., Austin, B., & Ganos, E. H. (2017). [Taking action on overuse](#): Creating the culture for change. *Healthcare (Amsterdam, Netherlands)*, 5(4), 199–203.

Activities

- Complete the required readings and watch the Taking Action on Overdose video.
- Option to review the 6BB levers of motivation guide and Parchman et al. article
- Reflect on the Discussion Questions and Key Learnings (page 3 of this document)

Discussion Questions

- In the article by Thomas Lee, what are the four types of motivators of clinician behavior change mentioned in the Harvard Business Review about Engaging Physicians?
- As discussed in the article by Josh Liao, how might one enhance social norms comparisons when providing feedback to primary care clinicians about their opioid prescribing practices?
- After watching the “Taking Action on Overuse” video, what can leaders, champions and members of the OIT do to support conversations between providers about opioid prescribing that result in ownership and change?

Key Learnings

- Use of opioids long-term for chronic pain is an “overused” or “low-value care” service, one for which the potential for harm is often greater than benefit. Engaging clinicians and staff in efforts to reduce or relinquish this low-value service can be challenging, and often requires understanding and using levers of intrinsic motivation to support change by clinical champions and members of the opioid improvement team.
- When working within health care teams and organizations to change and improve how care is delivered, presenting data is key to getting people to come to the table, but it is the conversation about the data that results in behavior change, especially when comparisons are made between providers and those data are anchored to an explicit norm or goal.
- Conversations about the potential for patient harm, both physical (overdose), financial, and emotional, are very motivating. Patient stories of harm are particularly effective in facilitating these conversations. And stories of success such as how grateful patients and family members are when opioids are tapered to a safe level that improves their quality of life are also important.



SIX BUILDING BLOCKS PRACTICE FACILITATOR TRAINING: MODULE #4 | VERSION 2020.07.27
LICENSED UNDER A CREATIVE COMMONS BY-NC-ND 4.0 INTERNATIONAL LICENSE



All Six Building Blocks materials have been developed by the University of Washington Department of Family Medicine and Kaiser Permanente Research. **To learn more visit www.improvingopioidcare.org.**