



# Policies, Patient Agreements, and Workflows: Resources and Tips

## Introduction

This document offers resources and tips for achieving the milestones in the Policies, Patient Agreements, and Workflows Building Block. It also reviews approaches to overcoming common challenges.

## Overview

Clinic **policies** about opioid prescribing for chronic pain create a shared understanding and agreed upon standards about how patients on long-term opioid therapy are to be managed by all clinicians and staff. A **patient agreement** is a document that communicates key clinic policies that affect the logistics of patient care and the practice’s philosophy around chronic pain management. It is important that the patient agreement aligns with clinic policies, and many clinics find it helpful to view the signed patient agreement as a type of informed consent that is used to communicate risks to patients. Finally, **workflows** illustrate the step-by-step procedures for putting the policy into action.

**THREE LEGS OF THE STOOL**

The policies, patient agreement, and workflows are like 3 legs of a stool. They support (and align with) each other. The policies outline the critical guides for opioid management, the patient agreement informs patients about these policies and educates them about risks of opioid medications, and the workflows support practical implementation of the policies.

## Summary of Milestones, Resources, and Common Challenges

Milestones	Relevant resources
Policy revised to align with evidence-based guidelines and regulations (e.g., CDC, state guidelines)	<a href="#"><i>Policy model</i></a> <a href="#"><i>CDC Guideline</i></a> State and local guidelines <a href="#"><i>Tips for patients on legacy prescriptions</i></a> <a href="#"><i>Suggested opioid management schedule</i></a> <a href="#"><i>Risk stratification and opioid prescribing</i></a>
Patient agreement revised to support the policy and educate patients about risks	<a href="#"><i>Patient agreement model</i></a>



Milestones	Relevant resources
Workflows written to support policies	<a href="#"><i>Chronic pain appointment workflow</i></a> <a href="#"><i>Opioid refill workflow</i></a> <a href="#"><i>Opioid list manager workflow</i></a> <a href="#"><i>Remote urine drug testing FAQ and workflow</i></a>
Training conducted on policies, agreement, workflows, and supporting EHR templates	<a href="#"><i>Rollout and training</i></a>
Common Challenge	
We want to encourage patient buy-in and help patients understand the new policies and procedures.	

## Tips for Accomplishing Each Milestone

### Policy Revised to Align with Evidence-Based Guidelines and Regulations

- This is a foundational activity for implementing opioid management improvements that is critical to program success.
- It contains elements such as policies for prescribing opioids for acute pain, for patients transitioning to chronic pain, for patients new to a patient panel who are already using long-term opioid therapy, and what to do if a patient falls out of line with a patient agreement.
- Even if you have recently revised your policy, take time to compare it to evolving regulations, national and state guidelines, and evidence about effective chronic pain management.
- Be sure to make time for the clinicians in your practice to review and discuss the policy revision to ensure it reflects a consensus about the kind of care your organization wants to provide to patients with chronic pain. This process helps build understanding and buy-in for new approaches. We have seen that a top-down approach is less likely to result in putting the changes into practice.
- It can help to frame the policy revision as an opportunity to create a support for clinicians and staff as they work to decrease harm to patients and that clinicians can still individualize treatment.
- Be prescriptive where necessary (e.g., when matching with national guidelines), but solicit and incorporate feedback from staff and clinicians wherever possible.



## Example Steps That Have Worked for Policy Revision at Other Organizations

1. One person reviews the documents (*model, guidelines*, existing policy, and other relevant materials, as appropriate) highlighting for the rest of the team areas that are different than in your existing document. Be sure to check for relevant updated local, state, or national guidelines.
2. Send a document highlighting the differences to the opioid improvement team for review.
3. Opioid improvement team reviews the documents ahead of the revision planning meeting.
4. Hold a revision planning meeting with opioid improvement team
  - a. Revision approach: Will you use the model policy?? Adopt it with modifications? Only use it as a guide and draft your own policy?
  - b. Process: What are the steps for drafting, review, and approval? Who needs to be involved? Will edits happen in person or over email? How will the team get feedback from clinicians and staff? What is the timeline for each of these steps?
5. Finalize according to clinic protocols

**LESSON LEARNED**

Defining standards for patient agreements, urine drug tests, and 28-day refill cycles gave ABC Clinic providers the support they needed when encountering resistance from patients.

## Patient Agreement Revised to Support Revised Policy and Educate Patients about Risks

- The patient agreement (a.k.a. treatment agreement, contract) is an opportunity to educate patients about your clinic’s policies and have an informed discussion with the patient about the risks of and safe practices for managing long-term opioid therapy.
- It should be designed to communicate that the patient and practice are working together to ensure the safest possible practices in managing the patient’s pain.
- It contains elements such as provider-patient agreements about opioid medication refills, lowering harm, and the provider-patient partnership.
- Be sure to consider health literacy, language barriers, and what to do if the patient asks for alterations to the agreement.

## Example steps that have worked for patient agreement revision at other organizations.

1. Once there is a draft revised policy to work from, assign someone to begin revising the patient agreement so that it aligns with the revised policy. Use “track changes” to highlight the differences for the opioid improvement team. Use the *model patient agreement* as an example.
2. Send a document highlighting the differences to the opioid improvement team for review.
3. Opioid improvement team reviews the revised patient agreement ahead of the next team meeting.
4. During a team meeting, determine:
  - a. What are the next steps for drafting, review, and approval?
  - b. Who needs to be involved?



- c. Will edits happen in person or over email?
- d. How will you get feedback from clinicians and staff?
- e. What is the timeline for each of these steps?

5. Finalize according to clinic protocols.

Once the patient agreement is revised, think through how care teams will introduce and discuss the new patient agreement with patients. Ideas to consider include:

- Bring patients in according to their birth month for a chronic pain-only visit to review and sign the patient agreement.
- Identify someone (e.g., a PA) to review the patient agreement with all patients using long-term opioid therapy and obtain their signature on the document.
- Train MAs or care coordinators to review the patient agreement and obtain the patient's signature before rooming the patient.
- Offer training on difficult conversations and motivational interviewing to support staff in these interactions.

### Workflows Written to Support Policies

- Review the revised policy and identify what workflows are needed to support implementing them. Consider including workflows for:
  - Preparing for pain visits (e.g., checking state prescription drug database)
  - Patient visits (e.g., calculating MED)
  - Refill requests
  - Urine drug testing
  - Patient agreement review and signature
- Compile your practice's existing workflows and the Six Building Blocks models, including:
  - *Chronic pain appointment workflow*
  - *Opioid refill workflow*
  - *Opioid list manager workflow*
  - *Remote urine drug testing workflow*
- Look back at what you learned during the Prepare and Launch Stage about:
  - What happens when a patient with chronic pain comes in for a visit that results in an opioid refill
  - What happens when a patient calls for an opioid refill
- Include MAs and nurses on the workflow development/revision team as they are the ones most familiar with the processes included in the workflows.
- Develop workflows that shift responsibility from providers to MAs/nurses, as appropriate. Specifically consider:
  - Pre-visit planning tasks
  - Checking the state prescription drug database
  - Preparing paperwork
  - Calculating MED



- Filling out part of the visit template with the patient before the provider sees the patient
- Clearly define the roles of each individual in the clinic in implementing the policies. For example, can individuals at the front desk hand out the revised patient agreement before the patient is roomed by the MA? This will help decrease confusion or misunderstandings regarding policy implementation.
- Locate or create EHR templates that align with your workflows. Consider creating different templates for each role (e.g., steps an MA completes, steps a provider completes). This supports your tracking and monitoring efforts, and importantly is an easy reminder of needed care processes.
- Identify a care team to pilot the draft workflows to determine the most efficient approach. For example, is it easiest to use paper or electronic forms? What can be completed at the front desk?
- Run several tests of change prior to roll out to ensure that what you are proposing can work.

### Training Conducted on Policies, Agreement, Workflows, and Supporting EHR Templates

- It can be overwhelming to implement new care processes all at once. Consider a slow ramp-up. For example, prioritize new elements and train on 1 or 2 key changes at each staff meeting. This also allows you to remind and reinforce earlier trainings (and celebrate the successes!).
- Create and distribute a one-page summary highlighting the key changes for each training.
- Consider identifying champions at each location to be a resource for others.
- Be sure to highlight the value of the changes to patients and to clinicians and staff members when introducing them.
- Train and remind through multiple platforms (e.g., in-person trainings, during meetings, email “touch-backs”, champion check-ins, and handouts).
- When training on new workflows, be ready to provide clinicians and staff with a realistic estimate of how long the processes will take.
- Provide thorough training on how to use EHR templates so clinicians and staff can implement with confidence.
- Provide necessary resources, such as [\*AHRQ Clinical Decision Support Tools\*](#), to guide implementation of new activities. For example, provide instructions for signing up for the state prescription monitoring database, print out copies of the new workflow, print screenshots and instructions for the EHR template, etc.
- Include a plan for refresher trainings and trainings for new employees.

**LESSON LEARNED**

XYZ clinic conducted trainings with clinicians and staff together in the same room so they were able to strategize team-based care implementation.



## Overcoming Common Challenges

What follows are approaches we have seen clinics use to overcome common challenges.

### We Want to Help Patients Understand and Accept the New Policies and Procedures.

- Distribute a letter, either during a patient visit or by mail, to all patients prior to implementing the new policy and patient agreement and describe some of the key changes. Explain why you are making these changes. ([Example letter](#))
- Host a community question and answer event and invite patients and community leaders to attend (e.g., school board members, law enforcement).
- Take time with patients to review the patient agreement and ensure that they understand its content. Explain why specific changes are being made and how they will improve their care and reduce their risks. Use the patient agreement process as an opportunity to educate patients about the risks of long-term opioid use.
- Remember that patients have different levels of health literacy; thus, help each patient to read and sign the patient agreement. Some patients may need to have the agreement read out loud as they sign each element.
- Anticipate questions and challenges that may be raised by patients. Discuss these with clinicians/staff during training and provide possible solutions to make them feel comfortable in addressing these concerns. Refer to the [provider guide to difficult conversations](#) and the [staff guide to difficult conversations](#) for conversation script ideas.

