



Tracking and Monitoring: Resources and Tips

Introduction

This document offers resources and tips for achieving the milestones in the Tracking and Monitoring Building Block. It also reviews approaches to overcoming common challenges.

Overview

Identifying which patients are using long-term opioid therapy for their chronic pain is important for several reasons:

- 1) Any patient using long-term opioid therapy, regardless of dose, has a risk of adverse events, including overdose;
- 2) Identifying patients using long-term opioid therapy provides an opportunity to identify those at highest risk so that they do not “fall between the cracks” in a busy primary care clinic;
- 3) A population tracking system can be used to identify care gaps between scheduled visits and to conduct outreach and follow-up with those patients; and
- 4) Population tracking provides an opportunity to know if efforts to improve care are successful.

Summary of Milestones, Resources, and Common Challenges

Milestones	Relevant Resources
Patients using long-term opioid therapy are identified	<u>Approaches to identifying patients</u> <u>Opioid names</u>
All clinicians and delegates (if applicable) are signed up for the state prescription monitoring program (Delegates are staff who may access the data on behalf of a clinician)	<u>List of state prescription monitoring database program websites</u>
Calculating MED as dose or medication changes is possible and easy for clinicians and staff	<u>WA AMDG MED calculator</u> <u>CDC Guideline App, which includes an MED calculator</u> <u>How to manually calculate MED</u>
There is a dashboard of key measures for all patients using long-term opioid therapy	<u>Data to consider tracking</u> <u>Tracking and monitoring example spreadsheet</u> <u>Developing a tracking and monitoring dashboard</u>

SIX BUILDING BLOCKS: TRACKING AND MONITORING, RESOURCES AND TIPS | VERSION 2021.02.25
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Milestones	Relevant Resources
Data are used to monitor care gaps, high-risk patients, and clinical variation	Purposes of tracking and monitoring Chronic pain management teams
Common Challenges	
Data from our tracking and monitoring reports are not accurate.	
It is too time consuming to track and monitor patients using long-term opioid therapy.	
Clinicians do not have time to look at the tracking and monitoring data.	

Tips for Accomplishing Each Milestone

Patients Using Long-Term Opioid Therapy Are Identified

Knowing which patients are using long-term opioid therapy is critical to providing guideline-consistent opioid management. It ensures that staff and clinicians can identify patients for pre-visit planning and it helps with the process of monitoring success. Tracking and monitoring can identify clinical variation, high-risk patients, and care gaps. Depending on the tracking and monitoring approach taken, this could mean:

- Identifying patients using long-term opioid therapy within the EHR using a unique diagnostic code or drug codes and pulling reports using EHR tools based on that code/s. (Potential ICD-10 codes: Z79.891 or F11.90.)
- Keeping a manually updated list of patients in an Excel registry as a stop-gap measure until your own EHR system can track and monitor these patients.
- Use proprietary software to pull reports from the EHR.

COMMON QUESTION

Do we need to track patients only taking opioids “as needed”?

Yes, because you still want to educate these patients about risks, storage, and disposal, and assess for aberrant behaviors and opioid use disorder. All patients using long-term opioid therapy deserve high-quality, evidence-based care.

Identifying these patients can be surprisingly challenging. It is best for sites to continue developing their tracking and monitoring approach even if they have not yet identified their patients.

Revisit what learned about the pros and cons of different methods to identify your clinic’s patients using long-term opioid therapy during the Prepare & Launch stage (Stage 1). Based on those learnings, determine what further investigations are needed. Consider:

- What challenges is your team trying to address?
- What strengths did you identify for tracking and monitoring?
- What makes sense for next steps?

Refer to the resource [Approaches to identifying patients](#) for ideas.

All Clinicians and Delegates Are Signed Up for the State Prescription Monitoring Program

Regularly checking state prescription monitoring program data allows prescribers to determine whether a patient is using opioids as prescribed, receiving opioids from other clinicians, and whether dangerous opioid dosages or combinations (e.g., with sedatives) are putting him or her at risk for adverse events. In



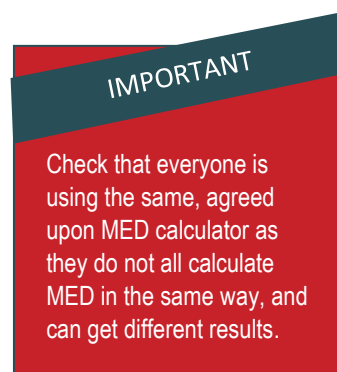
order to access the data, prescribers need to register. If permitted in your state, sign up delegates (staff who can check the state prescription monitoring database on the clinician's behalf) who might have more time to check the database ahead of patient visits.

It can be more challenging than expected to get all clinicians signed up for the state prescription monitoring program. For instance, clinicians often struggle to find the time to go through the sign-up process or clinicians do not have all the information needed when they go to sign up. Here are potential approaches to try to overcome these issues.

- Assign someone to sit with unregistered clinicians and walk them through the registration process.
- Block off a patient appointment slot at the start of the morning or afternoon session to make time for the process.
- Use a medical staff meeting to walk all clinicians through the sign-up process.
- Provide registration instructions as a handout. It might be helpful to break it out into smaller, simpler chunks.
- Strategize approaches with MAs about the best ways to sign up their clinicians.

Calculating MED Consistently Is Possible and Easy for Clinicians and Staff

- Having an MED calculator available on all clinic and office computers makes it more likely that MED will be checked prior to a change in opioid prescription (e.g., dose or type of medication).
- Approaches to consider:
 - Investigate if your EHR has a built-in MED calculator. If so, check the accuracy of the calculation to determine if your clinic wants to rely on it.
 - Put a link to an MED calculator on every computer (e.g., on the desktop, within the EHR, as an internet browser bookmark) and train providers and staff on where to find the calculators.
 - Put an Excel version of an MED calculator on every computer (e.g., on the desktop, within the EHR).
 - Suggest clinicians that use a smart phone download the [*CDC Guideline App*](#), which includes an MED calculator.
- Identify whether the MED is recorded in the same field within the EHR by everyone and whether that field is retrievable into reports.
- Determine if training on MED calculation is necessary. If so, designate someone to manage this process.
- Consider whether the MA or nurse can calculate the MED before rooming or as part of planned visit prep each day.



There Is a Dashboard of Key Measures for All Patients Using Long-Term Opioid Therapy

To develop a dashboard of key measures for patients using long-term opioid therapy, it is important for the opioid improvement team to consider:

1. What data to track
2. How to collect and store the data
3. How to see/retrieve the data for monitoring success, care gaps, high-risk patients, and clinical variation

What Data to Track

- The first step in identifying what data to track is to review potential data elements and whether they exist in a form that can be easily stored and pulled for monitoring. Complete the table in the resource [Data to consider tracking](#) to begin this process.
- Based on what your clinic currently records in discrete fields, what is possible, and organizational priorities, what data can you start tracking right now? Make a list of one or two variables to prioritize tracking at first.
- Also create an ideal list that includes data not yet able to be tracked, but aspirational.
- For organizations with more resources, it might be possible to dive into the ideal list right away.

How to Collect and Store the Data

Investigate how the data your clinic wants to track are currently collected and stored. Consider:

- When the data are collected
- How data are collected
- Whether data are collected consistently
- Are the data in discrete fields? If not, can you create discrete fields?
- What needs to change
- How workflows can support doing this work well

Consider whether your clinic wants to collect and store data manually (e.g., Excel) or electronically based on your electronic health record system and its functionality. If you are planning to manually track data, consider modifying the [Tracking and monitoring example spreadsheet](#) to include the prioritized variables.

Whatever approach your clinic chooses, it is critical to create [workflows](#) that lay out who will update the data, when, and how.

How to See/Retrieve the Data for Monitoring Success, Care Gaps, High-Risk Patients, and Clinical Variation

- Start by developing an approach to pulling a report on your team's prioritized measures of success.
- Select the best possible approach to tracking and monitoring the prioritized measure of success and stick with it. It may not be perfect, but it is worth trying to regularly review and share data about patients using long-term opioid therapy as soon as possible to motivate



and make improvements. Even if the measure is not 100% accurate, your clinic will still be able to see the direction it is going over time.

- Continue improving the measurement and reporting approach if needed.
- Once you have identified a feasible way to monitor a prioritized measure of success, use that knowledge to:
 - Add other measures of success
 - Develop an approach to retrieving data to monitor care gaps and high risk-patients
 - Develop an approach to monitor data/measures by clinician so the clinic can examine variation across providers
- Approaches used by other sites:
 - Using EHR-embedded dashboards
 - Querying the EHR, and putting the data into a report
 - Using proprietary software to pull reports from the EHR
 - Querying an external registry connected to the EHR
 - Querying an external manual registry (e.g., an Excel spreadsheet maintained by staff)
 - Pulling reports from the state prescription monitoring program database

Data Are Used to Monitor Care Gaps, High-Risk Patients, and Clinical Variation

- Consider creating a Chronic Pain Management Team to review the care of high-risk patients identified through tracking and monitoring data and to make care recommendations to the primary care provider. Refer to the [*Chronic Pain Management Teams*](#) resource for more information.
- Think through:
 - Who will be involved in putting reports together?
 - How frequently? Often, organizations will review reports quarterly.



- What will the Chronic Pain Management Team do with these data?
- Refer to the example *Opioid list manager workflow* for ideas.

Overcoming Common Challenges

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

Data from Our Tracking and Monitoring Reports Are Not Accurate

- Ensure staff and clinicians understand why your clinic is collecting the data, how it gets collected, how it is being used at the clinic level, and how the clinic, clinicians, and staff can use the data. Emphasize the benefits to patients and care teams.
- Regularly share the data with staff and clinicians. This can motivate clinicians and staff to take the time to enter data accurately.
- Identify which clinicians/staff are struggling to enter accurate data in the EHR, either due to lack of understanding or late adoption. Work with these individuals to identify the problem and assist where necessary.
- Conduct refresher training for existing staff and training to new staff on how and where to enter data into the EHR.
- Review whether your process accurately identifies your patients using long-term opioid therapy. Troubleshoot problems that you identify.
- Ensure that clinicians and staff enter data into the EHR consistently and in the same location. For example, MED should be calculated in a similar manner and documented in the designated EHR field for each patient.

It Is Too Time Consuming to Track and Monitor Patients

- Identify more than one person who will be responsible for updating and pulling reports. Look into having a care coordinator, refill processor, nurse, MA, or information technology (IT) staff member assist with this process.
- Ensure your team is tracking only key variables that you plan to use for patient care or quality improvement. Only track data that you consistently use.
- Build tracking and monitoring tasks into your clinic workflows. Make sure the tracking and monitoring workflow is compatible with other workflows for chronic pain management.
- Consider including the specific duties of tracking and monitoring into a person's job description.

Clinicians Do Not Have Time to Look at the Tracking and Monitoring Data

- Utilize a list manager who will update patient charts before each visit with pertinent information from the tracking and monitoring system (e.g., identified care gaps).

LESSON LEARNED

Do not forget the power of stories to garner buy-in for tracking and monitoring. Think about if there is a relevant story where care could have been better if tracking and monitoring were functioning appropriately. For example, tell a story about a patient who was not in the tracking database. Therefore, when she showed up for a visit no one had time to check the PDMP. As a result, it was not recognized that this patient had received a benzodiazepine from another provider in another clinic, placing her at high risk of overdose.



- Ensure nurses/MAs have access to the tracking and monitoring system so they can pull data for a provider's patient if needed.
- Review the data regularly in clinician and staff meetings to ensure that everyone knows the importance of the data.

