New Strategies for Using Patient-Centered Technology to Improve Pain Management and Opioid Treatment

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Today's Presentation

- We describe the Opioid Action Plan (OAP) from the Patient–Centered Clinical Decision Support Learning Network

- The OAP covers future care scenarios, high-value clinical decision support tools, and recommended actions—many of which are already being taken by organizations around the country

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Learning Objectives

- Describe Patient-Centered Clinical Decision Support (PCCDS) and how it can be used to address pain management and the opioid crisis

- List specific steps that stakeholders have already taken to make PCCDS more widely used and valuable

- Identify specific actions your organization could take to better leverage PCCDS to achieve your opioid-related goals

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Opioid Action Plan Contributors

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What is Clinical Decision Support (CDS)?

"CDS is a process for enhancing health-related decisions and actions with pertinent, organized clinical knowledge and patient information to improve health and healthcare delivery."

Improving Outcomes with CDS. Osheroff et. al. HIMSS 2012

Patient-Centered CDS:
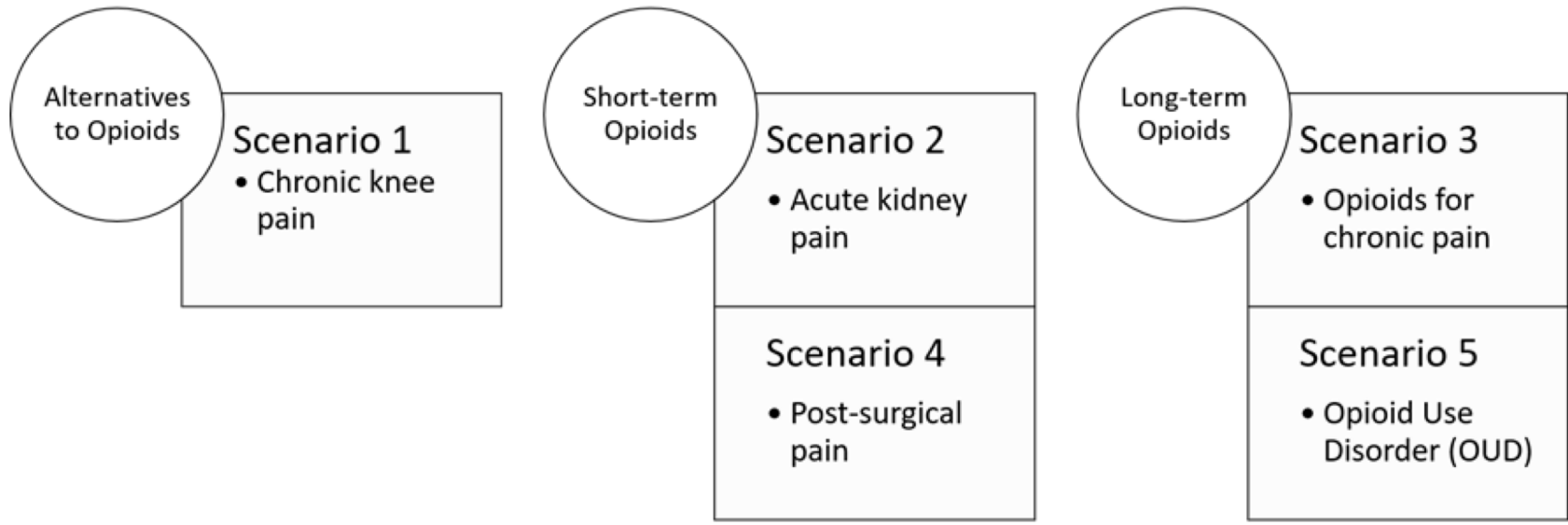- Supports care for *specific* patients (and populations)

PCCDS-LN Website

Key Sections of the OAP Report

- Future Vision Scenarios

- High-Value Interventions

- Current Resources and Activities

- Recommendations

- Actions and Activities Stakeholders are Already Taking

- Opportunities to Engage and What YOU Can Do

1. Future Vision Scenarios and High-Value Interventions

Future Vision Scenarios

Alternatives to Opioids

Scenario 1
- Chronic knee pain

Short-term Opioids

Scenario 2
- Acute kidney pain

Scenario 4
- Post-surgical pain

Long-term Opioids

Scenario 3
- Opioids for chronic pain

Scenario 5
- Opioid Use Disorder (OUD)

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19 High-Value Interventions

Materials and Tools that Aid in Pain Management and OUD

- Topic-specific evidence
- Pain management and opioid guidelines
- Function/pain tracking journal
- Registries with related patient outreach tools
- Shared decision-making tool
- Portals and websites
- Pre-visit questionnaires
- Morphine Equivalent Daily Dose (MEDD) calculators
- Documentation templates
- Dashboards

- Care plan development and tracking tools
- Medications for OUD (MOUD) order sets
- Symptom evaluation tools
- MOUD shared decision-making tool
- Prescription drug monitoring tools
- MOUD/OUD education and engagement materials
- OUD screening and assessment tool
- OUD detection and notification algorithms
- Condition-specific pain/opioid order sets

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PCCDS goal: Use best pain management approach, ideally non-opioid

A patient bothered by knee pain which had been diagnosed as osteoarthritis. Her practice enrolled her in its patient portal and ensured she was comfortable with it, so she checks the **portal** and it directs her to **helpful information, tools and guidance.** This includes information about osteoarthritis and **evidence-informed treatment approaches,** a **function/pain evaluation tool** and **a management decision guide.** The patient completes the **evaluation and decision guide tools**, **schedules a primary care appointment using the portal** to discuss next steps to managing the pain better, and begins implementing some **self-care recommendations she reviewed**. The portal guides her to fill in a **pre-visit questionnaire about her reason and goals for the visit**.

On the morning of the visit, her clinician and a medical assistant (MA) **review the pain evaluation and decision tool results**. They view a summary that provides a **"human" snapshot of the patient, her goals, life circumstances, and attitudes**. They also explore data from the **Health Information Exchange via the EHR to see if there is a pain management dashboard** from another provider with previous diagnostic studies and treatment plans, and review the state **Prescription Drug Monitoring Program (PDMP) for information about opioid prescriptions**. They see that the patient previously had an orthopedic consultation and was not considered a surgical candidate. The patient was given only minimal therapeutic options previously, so recommending or prescribing non-opioid alternatives to pain management is a possibility.

As she talks with the patient in the consultation room, the MA confirms and updates information in the **shared decision-making tool**, reviews information from the **pre-visit questionnaire.** She migrates this information into the **EHR visit note, which is generated using a documentation template** optimized for this condition.

During the clinician encounter, the patient and clinician review the **shared decision-making tool to support therapy selection**. After **discussion of risks-benefits-costs of different approaches and the patient's values and expectations,** they agree that a trial of physical therapy and topical diclofenac (a non-opioid medication) is the best approach, which is **prescribed electronically from an osteoarthritis pain order set and documented in a care plan**.

After the visit, the patient uses **mobile (smartphone or tablet) versions of tools to document progress (e.g., function, pain, and activity levels)**, support adherence to **the plan**, and address **questions that arise**. These tools interact seamlessly with the practice portal and EHR so that the clinician, MA, and patient each have **convenient methods to communicate.**

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2. Current Resources and Activities

Categories for Current Resources/Activity Sampling:

- Pain and opioid guidance for healthcare professionals
- Initiatives to improve opioid use: state and federal
- Access to Health IT-integrated PCCDS interventions
  - Patient information and decision aids on opioids
  - Dashboards to support pain management and opioid use
  - Pain/function tracking and goal setting
  - OUD Screening and Assessment Tools
- PCCDS intervention implementation guidance
- Opioid PCCDS implementation case studies

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Example: Patient Information and Decision Aids on Opioids

- Free information in multiple languages on opioids from the National Library of Medicine HealthReach

- Information and resources related to opioids from CDC

- Patient-facing website with pain management information and resources from Intermountain Healthcare

- Improving shared decision making in osteoarthritis

- Toward Patient-Centered Telerehabilitation Design: Understanding Chronic Pain Patients' Preferences

- It's About Me: Patients' Experiences of Patient Participation in the Web Behavior Change Program for Activity in Combination with Multimodal Pain Rehabilitation

3. Stakeholders in the CDS Ecosystem

Stakeholders and Interactions
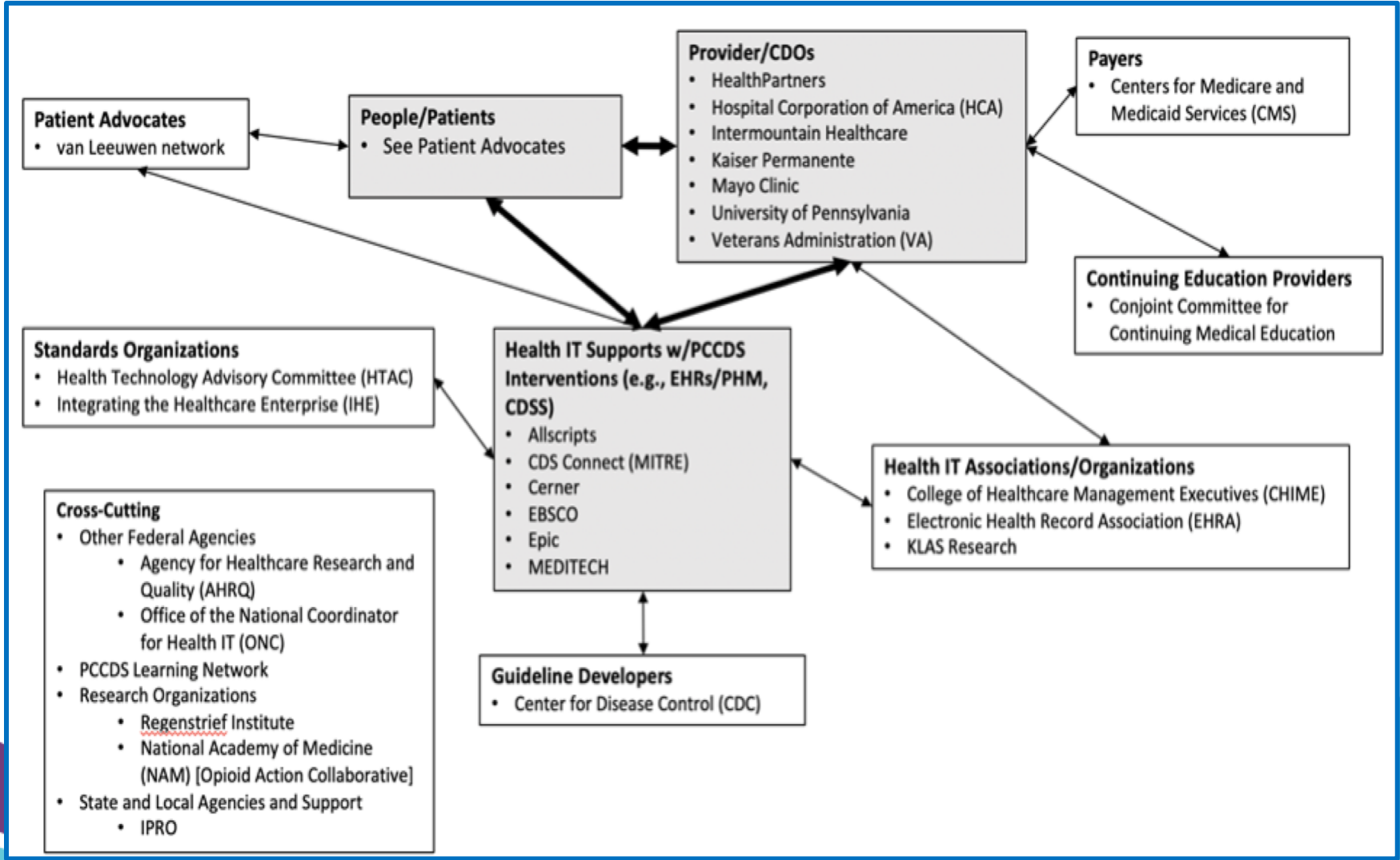
4. Recommendations for Stakeholders

Critical Actions for Each Stakeholder Group
to Achieve Shared Vision

Group	Critical Actions
HealthIT/EHR/ CDS Suppliers	Provide interventions in systems; make ensure they are usable/effective
Patients/ Advocates	Use interventions independently and with care teams
Providers/ CDOs	Organizations deploy/care teams use interventions
Guidance Suppliers	Develop/enhance usable guidance to inform interventions
Health IT Associations	Foster best practices/collaboration among association members to realize future scenarios
Payers	Fund providers to procure/implement tools and develop/use workflows

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Critical Actions for Each Stakeholder Group *to Achieve Shared Vision* (cont.)

Group	Critical Actions
Continuing Ed Providers	Ensure care teams appreciate future scenarios and are motivated/prepared to implement them
Research Organizations	Drive/coordinate research to refine and further execute future vision
State/Local Agencies	Partner with state/local care delivery entities/others that can foster successful PCCDS implementation
Standards Organizations	Foster standards development/use to support intervention creation, interoperability, and use
PCCDS-LN	Leverage mission/activities to foster OAP execution

Additional Recommendations for Stakeholders

Patients (and Advocates)

Recommended actions

- Participate in further vision vetting to ensure scenarios and interventions meet healthcare experience and outcome goals

- Expect/demand that vetted future scenarios are the standard of care and achieve desired outcomes

- Engage in actions for other stakeholders to ensure the future state is valuable to patients and fully realized

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Health IT and CDS Suppliers

Recommended actions

- Refine vision with clients, describe how offerings realize it, cross-fertilize implementation success strategies and tools among clients

- Improve intervention use/usability, e.g., through participation in CDC's "Adapting Clinical Guidelines for the Digital Age" initiative

- Collaborate with each other/others to provide standards-based interventions, interoperable across delivery platforms

- Support continuous improvement via mechanisms for structured reporting on use and results for specific interventions

- Be transparent throughout CDS lifecycle (e.g., development decisions, integration efforts) to facilitate trust; apply design thinking and related person-centered problem-solving approaches

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Recommended actions

– Those having success share strategies/tools (e.g., interventions and their configuration and deployment approach) with others

– All those working on pain and opioids review and apply success models—e.g., future scenarios and successes from others

– Identify most important "problems to solve" (outlined in other recommendations) and engage with other stakeholders to address

– Systematically measure success resulting from interventions and related strategies

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5. Implementing the Opioid Action Plan:

How OAP Development has Already Driven Progress

Creating enhanced interventions

- EHR vendors (i.e., Epic, Allscripts, MEDITECH) are using future scenarios to inform product development teams

- EBSCO developed a decision aid generator within its 'Option Grid' offering to specifically support Scenario 1; a sample patient-facing decision aid generated from this new tool compares opioid and non-opioid alternatives for knee osteoarthritis

- EBSCO, Epic, Kaiser Permanente exploring pilot to integrate the EBSCO Knee Osteoarthritis "Option Grid' using FHIR into Epic to make portions of Scenario 1 live for KP clinicians and patients

- UPMC is leveraging the scenarios to guide development of its next-generation CDS support architecture for pain and opioids

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Driving broader use of *available* interventions

- EHRA Opioid Crisis Task Force exploring ways to expand upon [CDC Opioid Guideline Implementation Guide for EHRs](#) to more fully address the future scenarios

- [Conjoint Committee on Continuing Education](#) exploring ways to leverage scenarios in pain/opioid-related continuing education

- Provider organizations (e.g., VA, KP) using future scenarios to inform their pain/opioid-related CDS efforts

- [IPRO](#) shared scenarios with other 13 QIN-QIOs and their CMS project officer to inform technical assistance activities/planning

Fostering research to evaluate and accelerate progress

- Dr. Chris Harle reached out to other OAPWG members to explore joint research opportunities; resulted in collaboration with EBSCO on a grant proposal to test making a [CDS Hooks](#)/[CQL](#) method (using an authoring tool from CDS Connect) to access the [EBSCO Health Knee OA Option Grid](#) and demonstrate it in a clinical setting

    - More information about the CDS Connect open source authoring tool for creating CDS logic and exporting it in a standard format is [here](#)

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5. Implementing the Opioid Action Plan:

Other key next steps and actions _you_ can take

Stakeholder Value Propositions from Ongoing Forum - Sampling

Provider Organizations

- **Access to best evidence for CDS tools** for clinical effectiveness and patient decision-making process satisfaction

- **Templates of effective patient-centered CDS tools**, e.g., to support non-opioid acute/chronic pain treatment, identify OUD in primary care settings, and taper opioids

- **Network with/learn from other healthcare provider organizations** addressing issues such as: increasing MAT availability for OUD, working with PCPs to improve pain Rx

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Health IT Vendors – e.g., for EHRs, CDS

- **Network with other groups and individuals** focused on innovative ways to integrate evidence-based PCCDS into EHRs

- **Evidence-informed recommendations** on ways EHR vendor clients can leverage EHR-integrated CDS tools

- **Networking to identify partners** for mutually beneficial solution development collaborations

- **Coordinate better** between evidence-based content and CDS solution development and successful PCCDS implementation

Research Organizations

– **Cultivate win-win academic/industry/healthcare delivery partnerships** that drive innovation in PCCDS development, implementation, and evaluation

– Information about healthcare organizations' **perceived gaps in their PCCDS toolkits**

– **Connect with industry thought leaders** to help shape research and implementation support offerings

- Review the Future Vision Scenarios
  - Could they help you focus and institute change?

- Consider recommendations and actions already taken
  - Can you adapt and leverage for addressing your needs?

- Give us feedback on things you are already doing that might lead to next steps in OAP implementation

- Check out a related effort, "AHRQ evidence-based Care Transformation Support (ACTS) Initiative"
  - https://healthit.ahrq.gov/acts
  - Multi-stakeholder effort to address 'Quadruple Aim'
  - Pain/opioids/OUD use case and OAP figure into that work

Some Questions to Seed Discussion…

- Does work by you/your organization represent steps toward implementing this plan?

  - Identifying/connecting efforts could accelerate progress!

- Do you have suggestions for organizations that could take responsibility for next steps in implementing the OAP?

  - For example, hosting/expanding an ongoing forum for stakeholder dialog/collaboration to build on initial OAP work?

Type responses into the 'Questions' box; <u>include context</u> so we can act on your input

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Q & A

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- OAP Overview and Announcement: http://bit.ly/2XHlRio

- OAP Full Text: https://pccds-ln.org/sites/default/files/2019-03/LearningNetwork_OpioidActionPlan.pdf

- For updates on future events and activities of the PCCDS Learning Network please visit our website at www.pccds-ln.org

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