

Healthcare Change and Multidisciplinary Efforts: An Initiative to Reform Pain Management and Opioid Practices in a Large Healthcare System

Judy Embry, PhD
Baylor Scott & White Health



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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.



Learning Objectives

At the conclusion of this session, the participant will be able to:

- Describe impacts of a multidisciplinary initiative on healthcare practices related to pain and opioids.
- Discuss and consider roles for behavioral health providers in healthcare initiatives and leadership.
- Generalize from this multidisciplinary approach to other healthcare initiatives.

Bibliography / Reference

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2. Gordon DB, Watt-Watson J, Hogans BB. Interprofessional pain education-with, from, and about competent, collaborative practice teams to transform pain care. *Pain Reports*. 2018;3(3):e663.
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6. Mostofian F, Ruban C, Simunovic N, Bhandari M. Changing Physician Behavior: What Works? *American Journal of Managed Care*. 2015;21(1):75-84.
7. Phipps TM, Shortell SM. More Than Money: Motivating Physician Behavior Change in Accountable Care Organizations. *Milbank Quarterly*. 2016;94(4):832-861.
8. Ward W, Zagoloff A, Rieck C, Robiner W. Interprofessional Education: Opportunities and Challenges for Psychology. *Journal Of Clinical Psychology In Medical Settings*. 2018;25(3):250-266.

Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

Judy Embry, PhD - Baylor Scott & White Health

Psychologist, Clinical Health Psychology & Behavioral Medicine – Pain Management Emphasis

BSWH

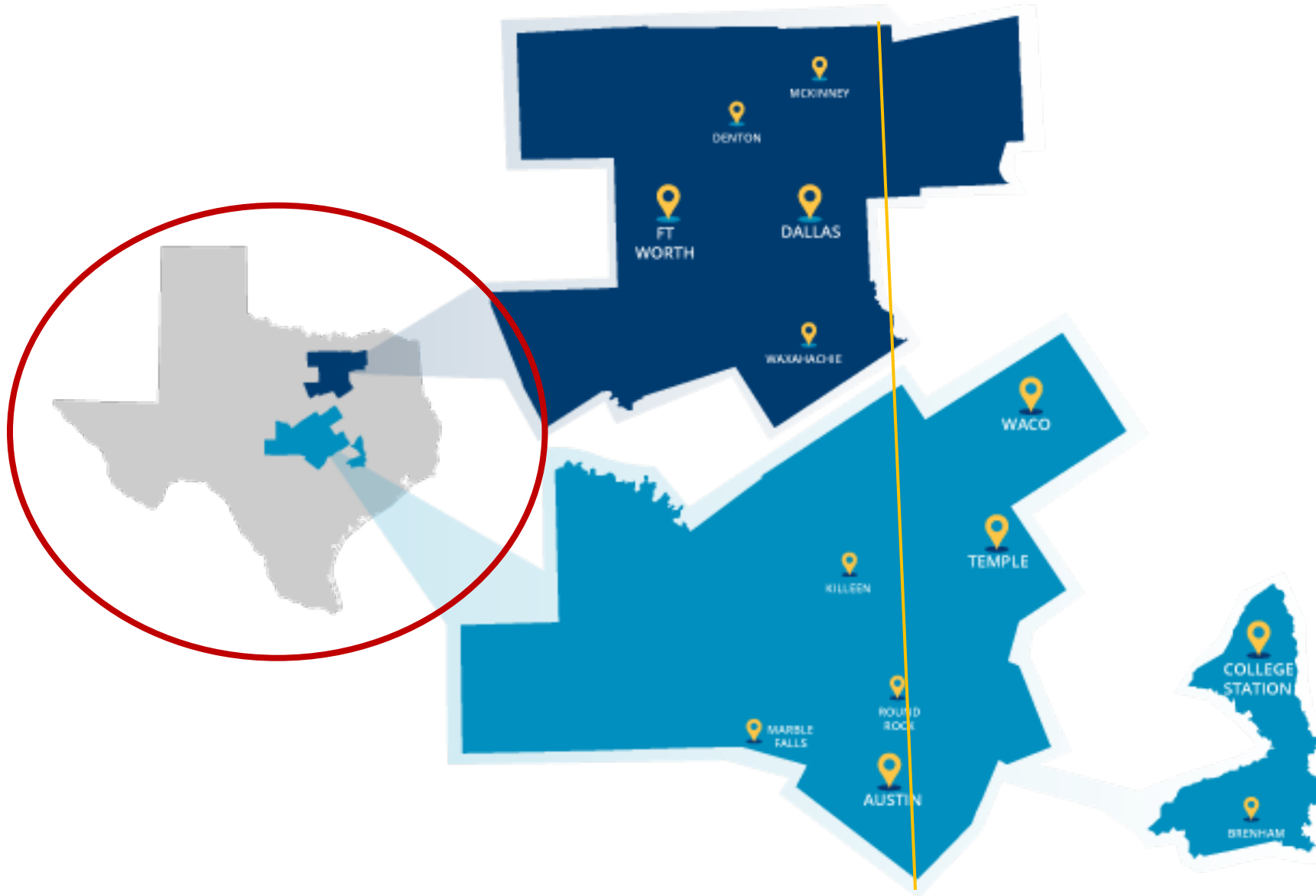
- E. Rhodes & Leona B. Carpenter Foundation Endowed Chair in Family Medicine
- Clinical Assistant Professor, Texas A&M Health Science Center
- Co-Chair, BSWH Pain Management & Opioid Initiative







Baylor Scott & White Health



As of 6/30/2019



\$10.1 BILLION
TOTAL OPERATING REVENUE

\$12.8 BILLION
TOTAL ASSETS

\$1.3 BILLION
OPERATING CASH FLOW



As of 6/30/2018

\$954 MILLION
COMMUNITY BENEFIT



50 HOSPITALS

532 SPECIALTY CARE CLINICS

197 SATELLITE OUTPATIENT CLINICS

177 PRIMARY CARE CLINICS

28 AMBULATORY SURGERY CENTERS

30 PHARMACIES

5 URGENT CARE CLINICS

As of 7/31/2019



7.4+ MILLION
PATIENT ENCOUNTERS ANNUAL



4.3 MILLION
OTHER OUTPATIENT
REGISTRATIONS



7,500
PHYSICIANS



5,100+
LICENSED BEDS
As of 6/30/2019



2.2+ MILLION
UNIQUE PATIENTS

As of 6/30/2019

BSWH Pain/Opioid Initiative

- 2016 Presentation to BSWH Clinical Leadership Council, chaired by EVP/CMO
- 2016-17 Presentations to Boards of Directors
- 2017 Locate allies – like minded individuals throughout the system
- 2017 Leadership Team
- 2017 [STEEEP](#) Charter
- 2017

The Guide to Achieving STEEEP Health Care

Baylor Scott & White
Health's Quality
Improvement Journey

*Practical Strategies for Delivering
Safe, Timely, Effective, Efficient, Equitable, Patient-
Centered Care*

David J. Ballard, MD, PhD

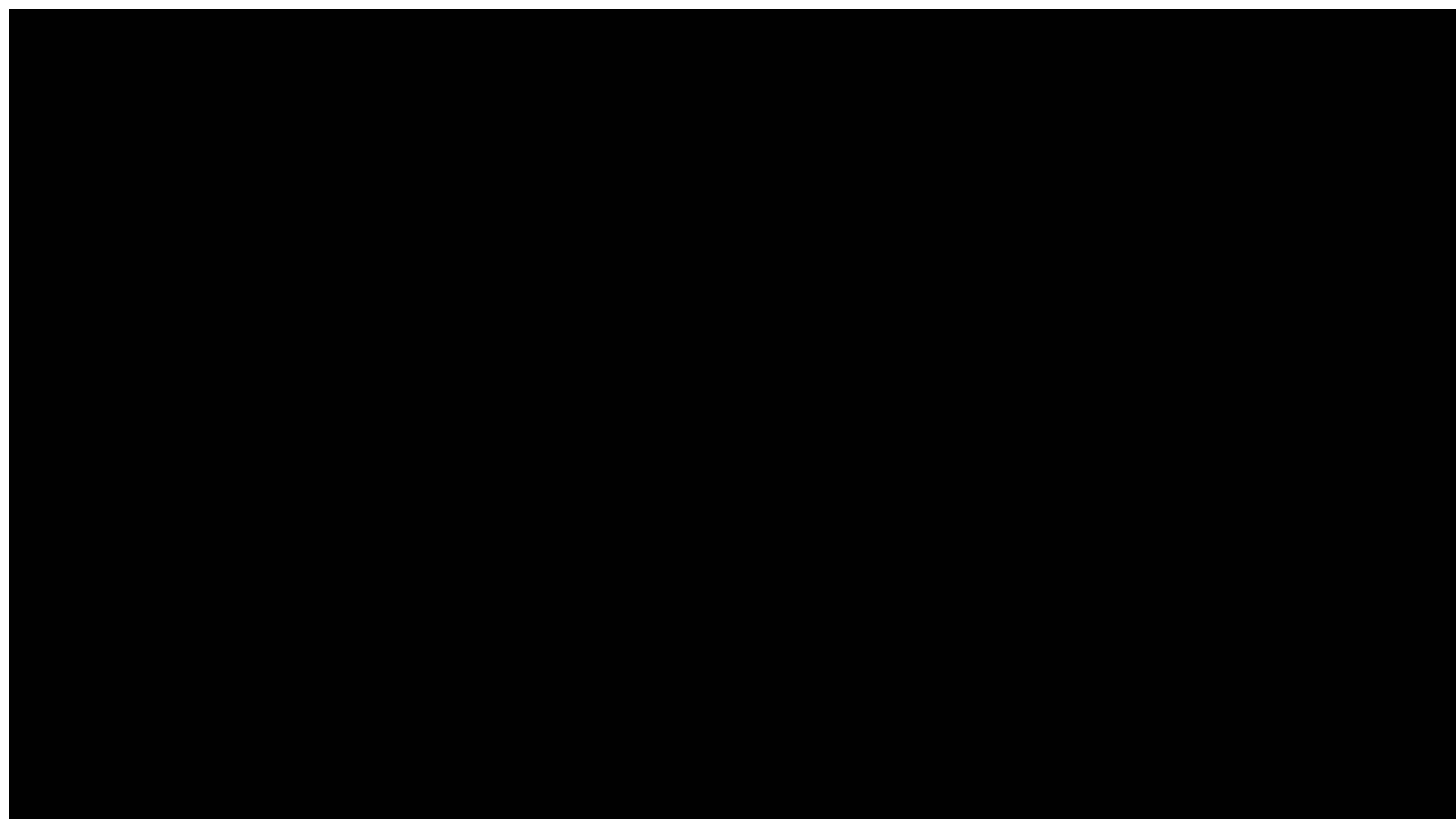


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BSWH Pain/Opioid Initiative

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- 2016-17 Presentations to Boards of Directors
- 2017 Locate allies – like minded individuals throughout the system
- 2017 Leadership Team
- 2017 [STEEEP](#) Charter –
- 2017 [BSWH Pain Management & Opioid Prescribing Guidelines](#)
- 2017 BSWH Controlled Substance Consent & Agreement for Chronic Pain
- 2017 [Acute & Chronic Pain Management & Opioid Prescribing for Outpatients](#)
Training Video



INTERVENTION

IM and FM Primary Care Providers Higher Prescribers 30-Day opioid prescriptions

Central Texas (CTX) CMO – May 2017
HealthTexas Provider Network (HTPN) BOD – August 2017

Colleagues,

As you know, opiate overuse is a major problem for our nation. What you may not know is in 2014 (the latest year we have data) Texas ranked 6th out of 50 states in deaths per year from opiate overdose. And during this time we had more deaths from hydrocodone overdose than from heroin. Unfortunately, we've had the perfect storm for trouble due to a national focus on pain relief (pain as the 5th vital sign), a pharmaceutical industry that has promoted opiates for chronic pain, and patient and cultural expectations that pain is cured with a pill. In addition, most physicians have received little education about pain and its treatment. All of these factors have led to frustration for everyone involved.

We take this issue very seriously at BSWH and intend to do all we can to help mitigate the problem. It will take all of us, working together, to change this situation. We believe the solution to the problem of opiates begins with education on accurate diagnosis and evidence-based treatment of pain, both acute and chronic. The current evidence is that the most effective treatment of chronic pain involves multiple modalities and seldom needs to include opiates. As research continues, we will do our best to provide you with the latest information.

Senior leaders have gathered a collaborative team of our internal experts to guide, educate, and offer support in regard to treatment of pain. Very soon you will receive information on how to access an excellent guideline, as well as a CME video which can be viewed in short segments, developed by your colleagues to inform and educate.

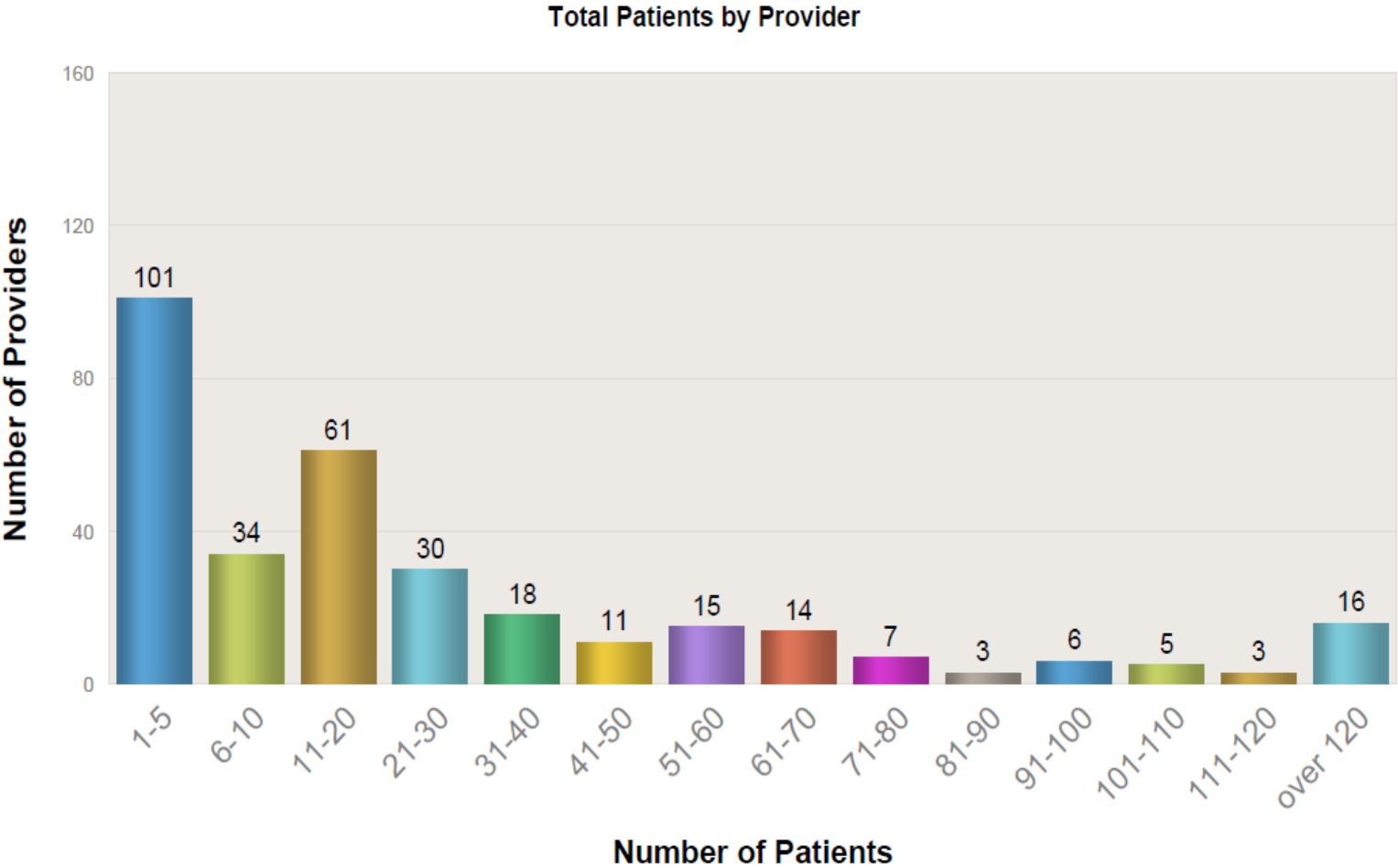
Until then, we think you will find the chart below interesting. These data represent the primary care physicians in our division who have prescribed at least a month's supply of opioids to any patient. Each colored bar represents the number of providers who wrote 30-day opiate prescriptions for a specific range of patients during the three-month period Oct-Dec 2016. The data are pulled from Epic and are not adjusted for panel size or severity; nevertheless they suggest a significant disparity in prescribing patterns and a need for widespread education on newer concepts of chronic pain treatment.

Our belief is the resources we've developed will better equip you to treat new chronic pain patients as well as help current chronic pain patients improve their level of functioning via more appropriate multimodal therapy and/or opiate tapers.

If you are like most of us, you are wondering where you are in the chart. In the next few days, we will share this information with you in an individualized note along with instructions for accessing the videos and guidelines. Regardless of where your data places you, my expectation is that each of you will view the video and begin to use the guidelines to treat your patients with chronic pain. Credit that meets the Texas requirement for ethics/professional responsibility will be available upon completion of the course. Until then, feel free to reach out to Judy Embry at Judy.Embry@BSWHealth.org with comments or questions. She is leading the team of dedicated specialists who have devoted significant personal time and effort to the cause and who believe strongly we can do better.

I want to personally thank you for the service and care you provide our patients each day. It is your care that makes our organization truly great.

30-day opioid prescriptions



Colleagues,

This letter is a follow-up to my previous communication about opioids. I want to share information about our new [BSWH Pain Management & Opioid Prescribing Guidelines](#) for treatment of chronic pain, our CME video, and our new BSWH Controlled Substance Agreement, and to let you know where your prescribing patterns place you in the chart that was shared in the previous letter.

The Guidelines we have adopted for treatment of pain are well done and have been created for the practicing physician to use easily in their daily practice. The chapters are organized so that topics you need to know about are easy to find, and there are many tips and tools provided. One of the most challenging parts of dealing with opioid use is the fact that we care for many patients who have been on opioids for years, often prescribed by another doctor. Convincing these patients their opioid may actually be harming them is no simple task. The Guidelines, as well as the video, discuss this issue and include facts and suggestions as well as tapering recommendations. Our new [Controlled Substance Consent and Agreement for Chronic Pain](#) is included in the Guidelines and can also be found on InSite; this agreement is written to cover all TMB requirements for pain treatment while being understandable and patient-friendly. I encourage you to look through the Guidelines and bookmark them for quick reference in your clinics.

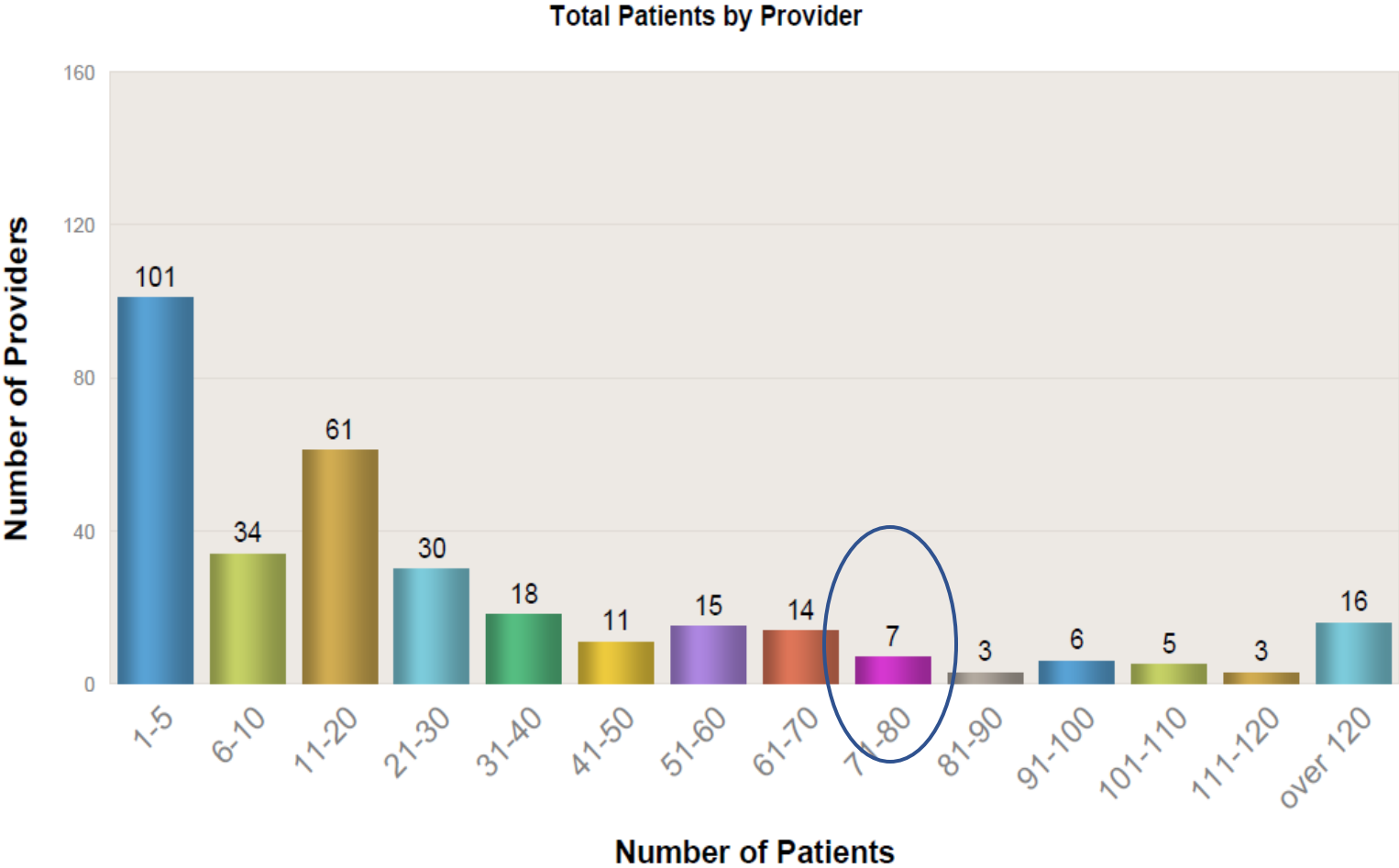
The video I mentioned in my first letter are now ready to view, providing 10-15 minute sessions on similar topics as the Guidelines. The series are housed in LEARN currently, and are available for easy web access. (Registration instructions are attached.) As you view this valuable educational tool, please note that you will have the opportunity to claim both CME and Texas ethics/professional responsibility credit. Non-physicians can earn a Completion Certificate for 02.25 hours.

Finally, regarding the chart I shared earlier, you are probably wondering where your practice habits place you in these data. Remember these data include all primary care physicians in our division who have prescribed at least a month's supply of opioids to any patient. Each colored bar represents number of providers who wrote 30-day opiate prescriptions for a specific range of patients during the six-month period Jul-Dec 2016. The data are pulled from Epic and, though not adjusted for panel size or severity, they are still interesting because of the large disparity seen within our group.

If your data places you in one of the higher columns it may be because you inherited these patients from a retired colleague. Whatever the reason, I want you to know where you stand in relation to your primary care colleagues. And I urge you to strongly consider having a discussion with each of these patients about the data presented in the Guidelines and video and work with them to get them off opiates when appropriate.

I want to personally thank you for the service and care you provide our patients each day. It is your care that makes our organization truly great.

30-day opioid prescriptions



Response to Video

Excellent!

Not a REQUIRED learning activity

3,262 BSWH employed individuals have accessed it

Access by non-BSWH individuals = ?

~1500 individuals have obtained CME credit

Evaluations: No scores lower than 4.5 on a 5.0 scale

Now assigned during onboarding - providers and trainees

Current Status of the Initiative

BSWH Pain Management & Opioid Prescribing Ambulatory Taskforce

Executive Sponsor & Co-Chairs

Taskforce Members: MD/DOs, APPs, Nurses, Admin, Pharmacy, Compliance, Informatics, Patient Learning

BSWH ED/Inpatient Pain Management Council

Executive Sponsor & Co-Chairs

Council Members: MD/DOs, APPs, Nurses, Admin, Pharmacy, Compliance, Informatics, Psychology, Analysts, Patient Learning

Pain/Opioid EHR Workgroup

Tasks:

Patient, provider, nursing education

Compliance & regulatory

Policy advisement

Monitoring and reporting

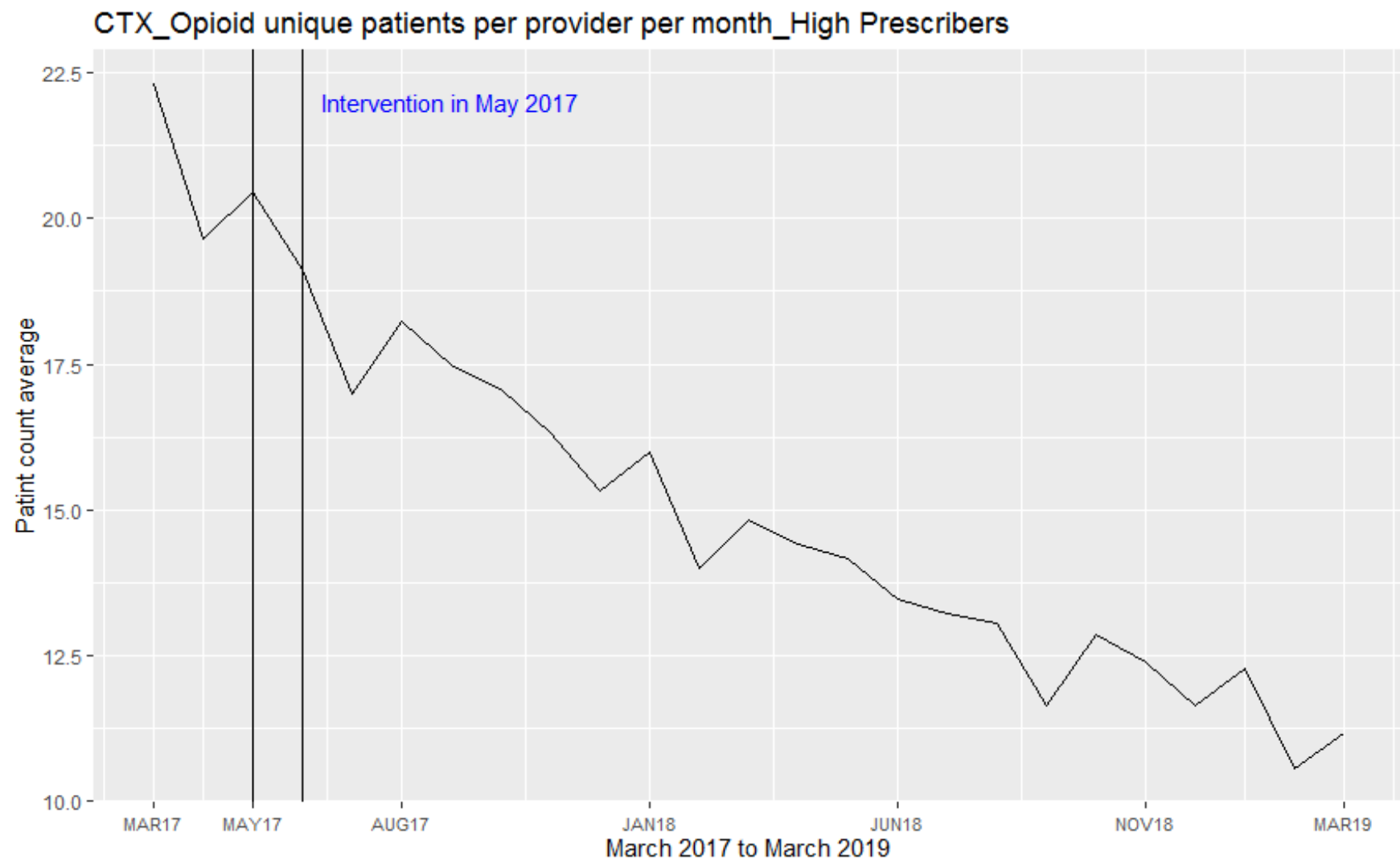
EHR enhancements

Tools, processes, guidelines

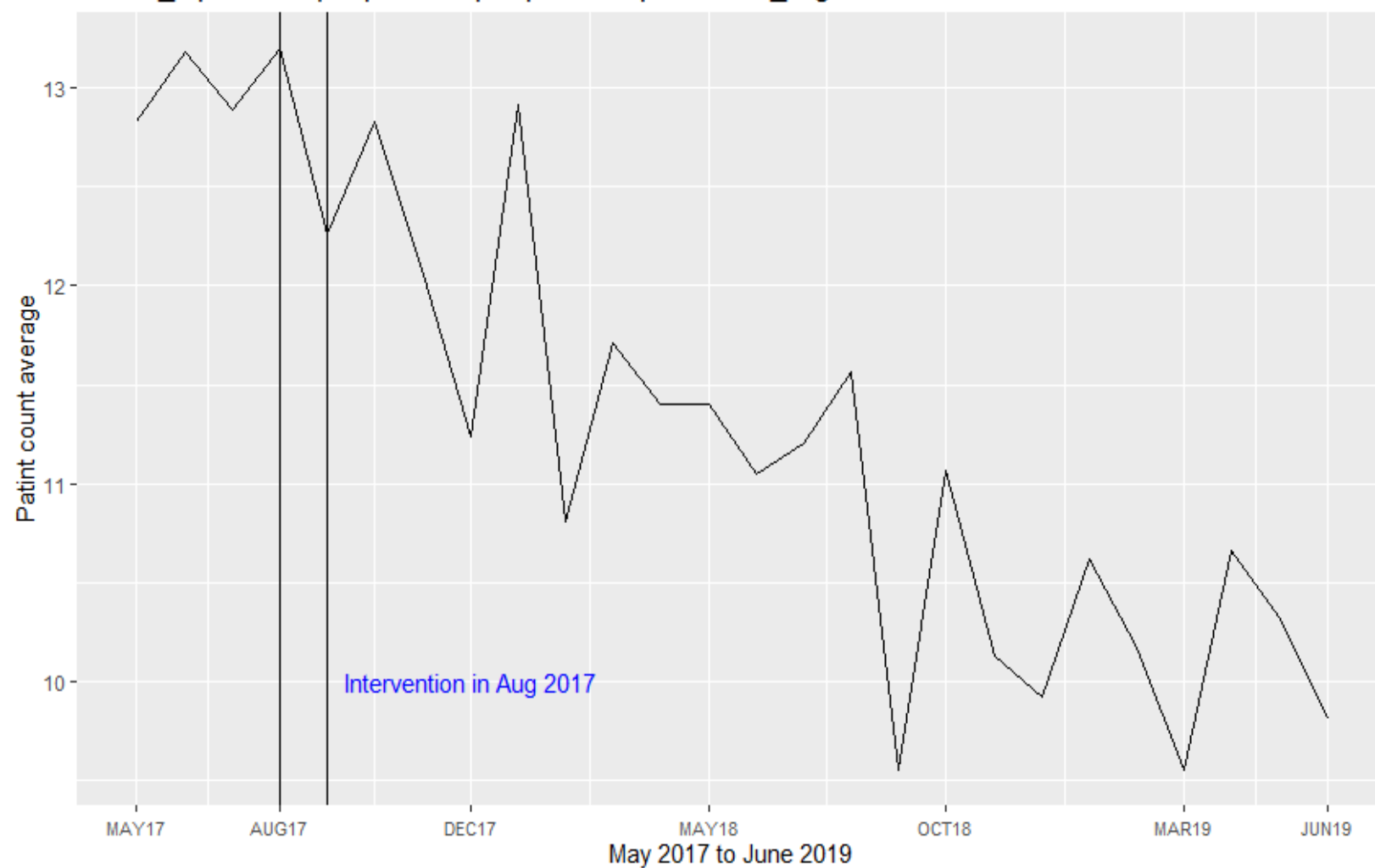
Dissemination

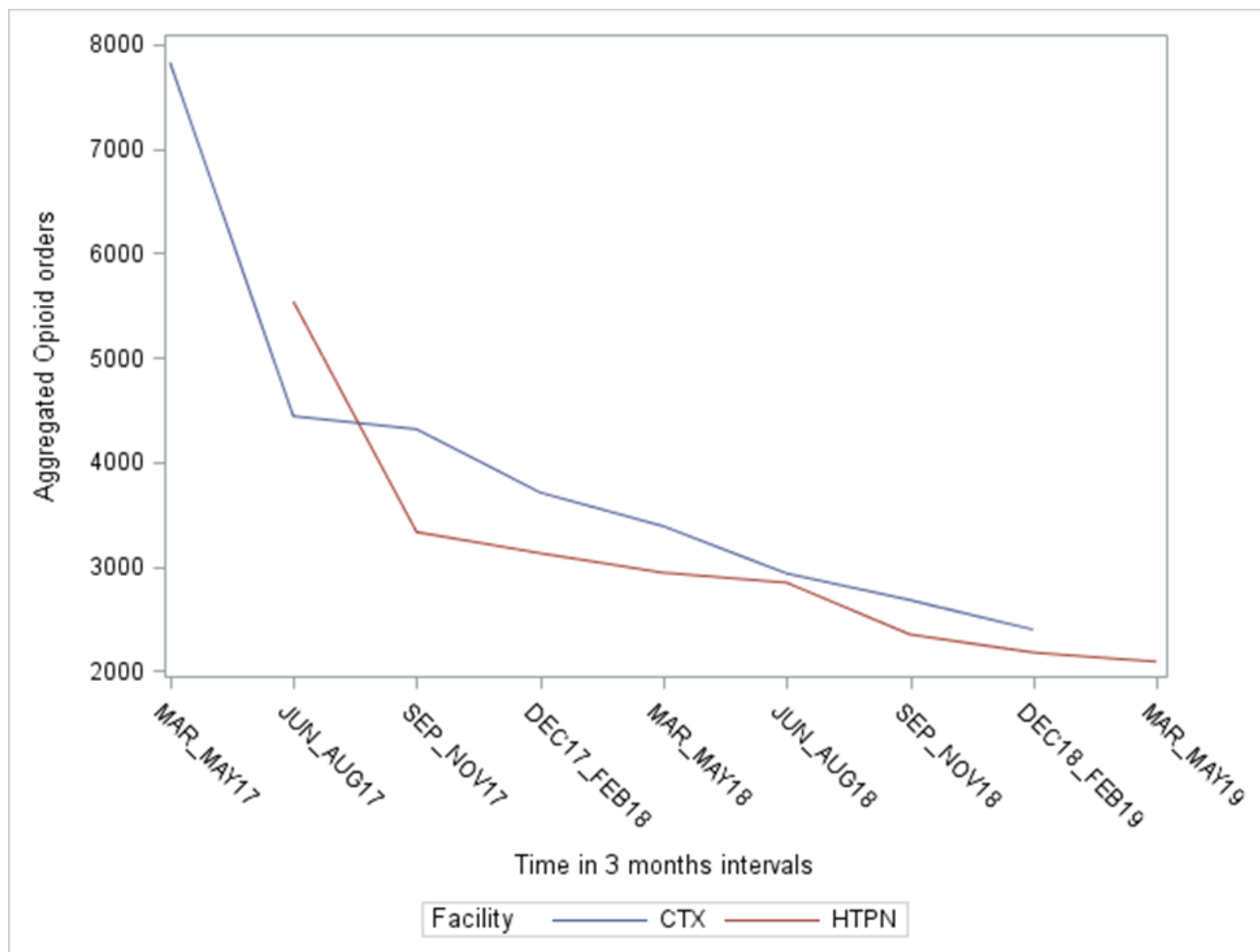
Embry Role:

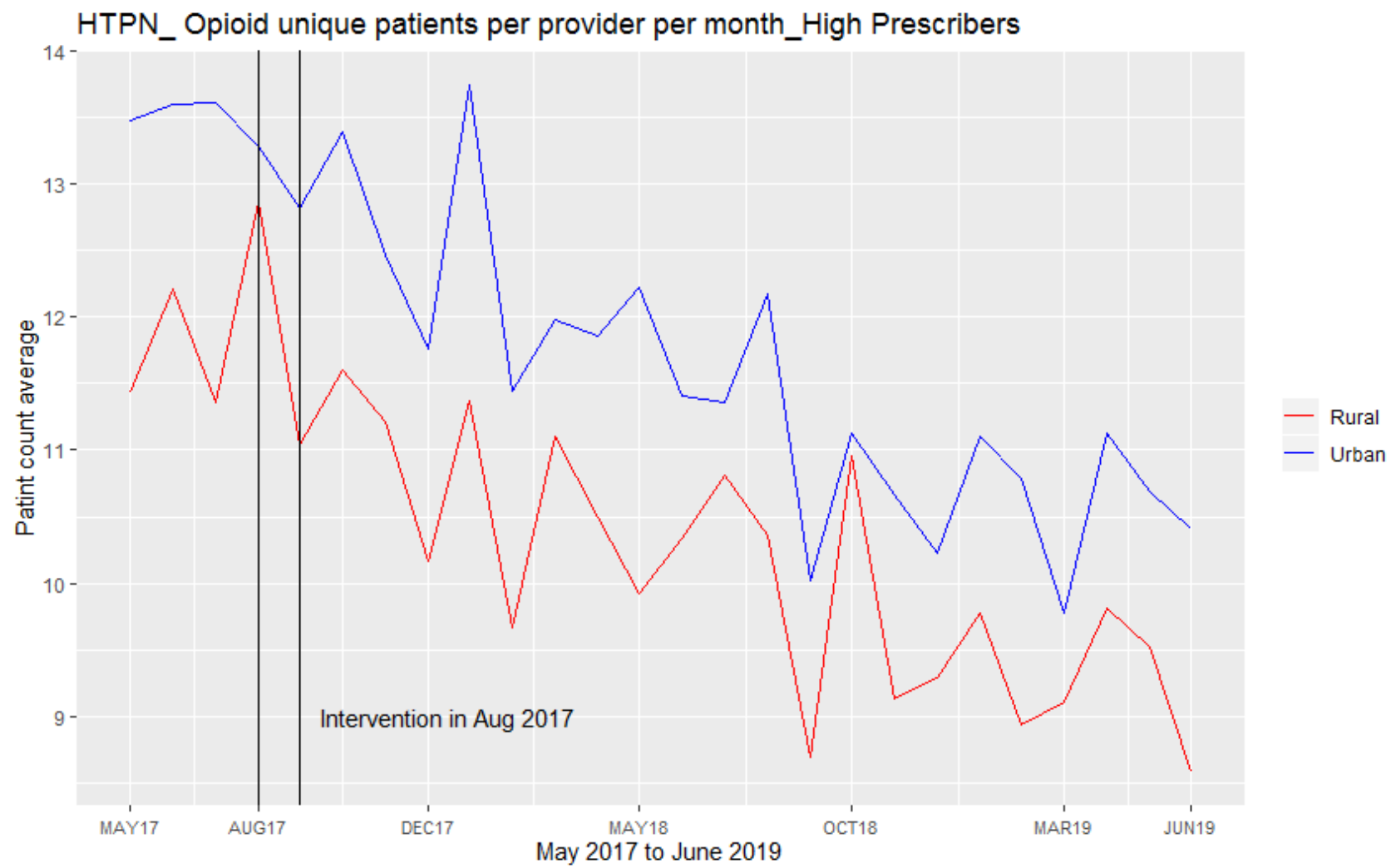
- CME/CNE/CE - physicians, APPs, nurses, psychologists, care managers, social work
- Multidisciplinary pain management programming efforts
- Monitoring and analyzing EHR data for QI and compliance purposes
- BSWH inter-professional, integrative, collaborative care efforts
- Improved access to, and integration of, behavioral health and MAT
- Presentations & articles
- Hope to: Public education – pain management

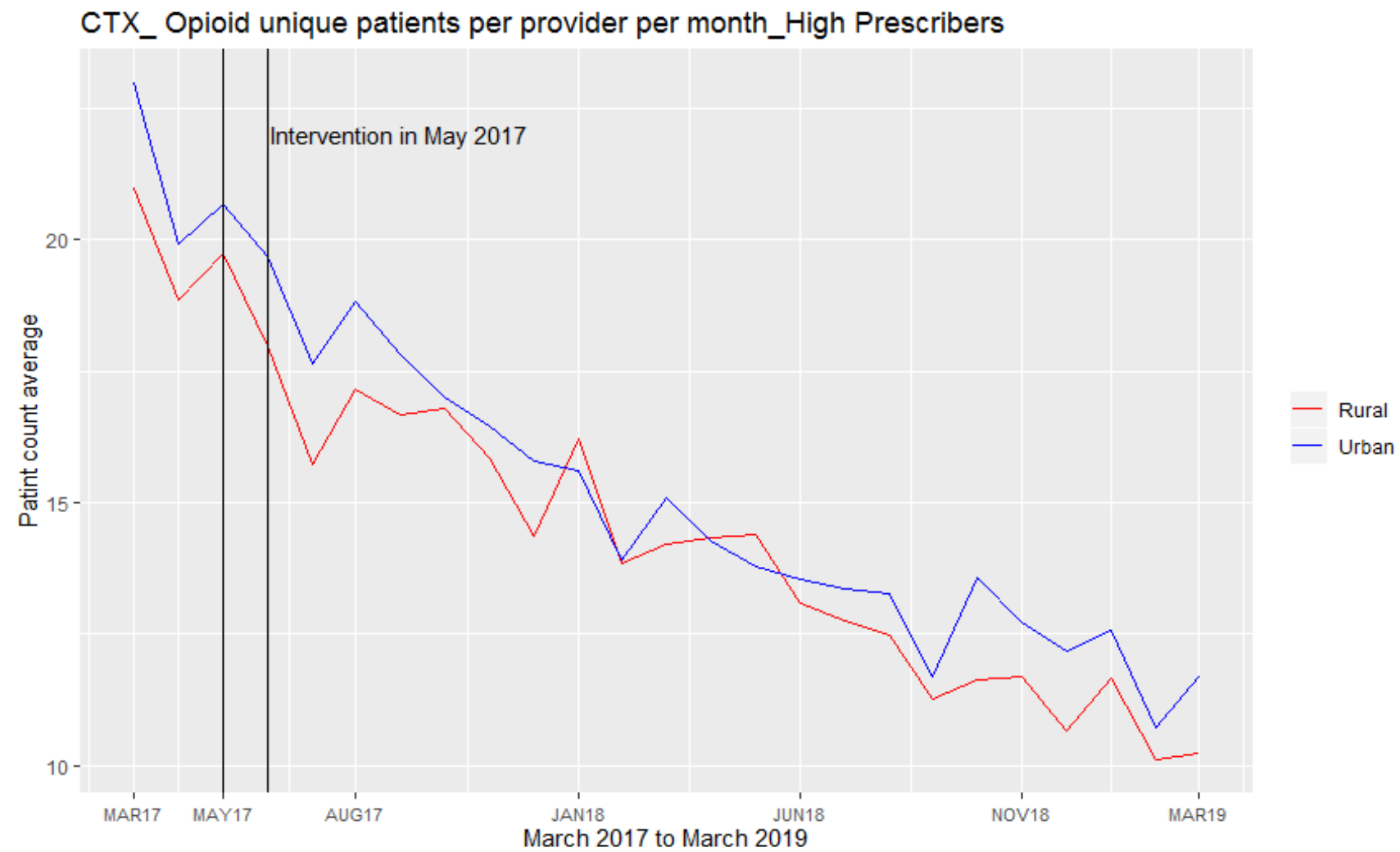


HTPN_Opioid unique patients per provider per month_High Prescribers









THE BIG QUESTIONS

- Did reductions in opioid prescribing result in lower patient satisfaction scores?
 - Nope (at least not in CTX)
- As providers decreased 30-day prescribing, did they increase use of non-opioid medications and non-pharmacologic interventions and referrals?
 - Stay tuned

SUMMARY

- Impacts of a multidisciplinary initiative on healthcare practices related to pain and opioids.
- Roles for behavioral health providers in healthcare initiatives and leadership.
- Generalize from this multidisciplinary approach to other healthcare initiatives.

Questions & Discussion

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



Join us next year in Philadelphia, Pennsylvania! Thank you!