

Pain and Opioid Practice Transformation in Primary Care: Experience from the Weitzman Institute

April 2018



weitzman institute

The Weitzman Institute works to improve primary care and its delivery to medically underserved and special populations through research, innovation, and the education and training of health professionals.

Community Health Center, Inc.

CHC Profile

- Founding year: 1972
- Primary care hubs: 14;
204 practice locations
- Annual budget: \$100m
- Staff: 1,000
- Patients/year: 140,000
(est. 2017)

THREE FOUNDATIONAL PILLARS

1

Clinical
Excellence

2

Research
and
Development

3

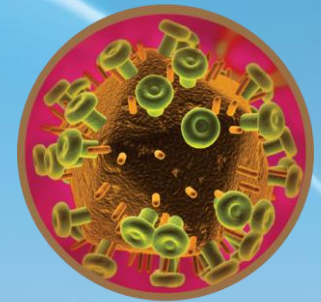
Training
the Next
Generation

CHC Locations in Connecticut





Pain



HIV

Using Project ECHO to tackle “Hot Spots”



Complex Care Management



Buprenorphine



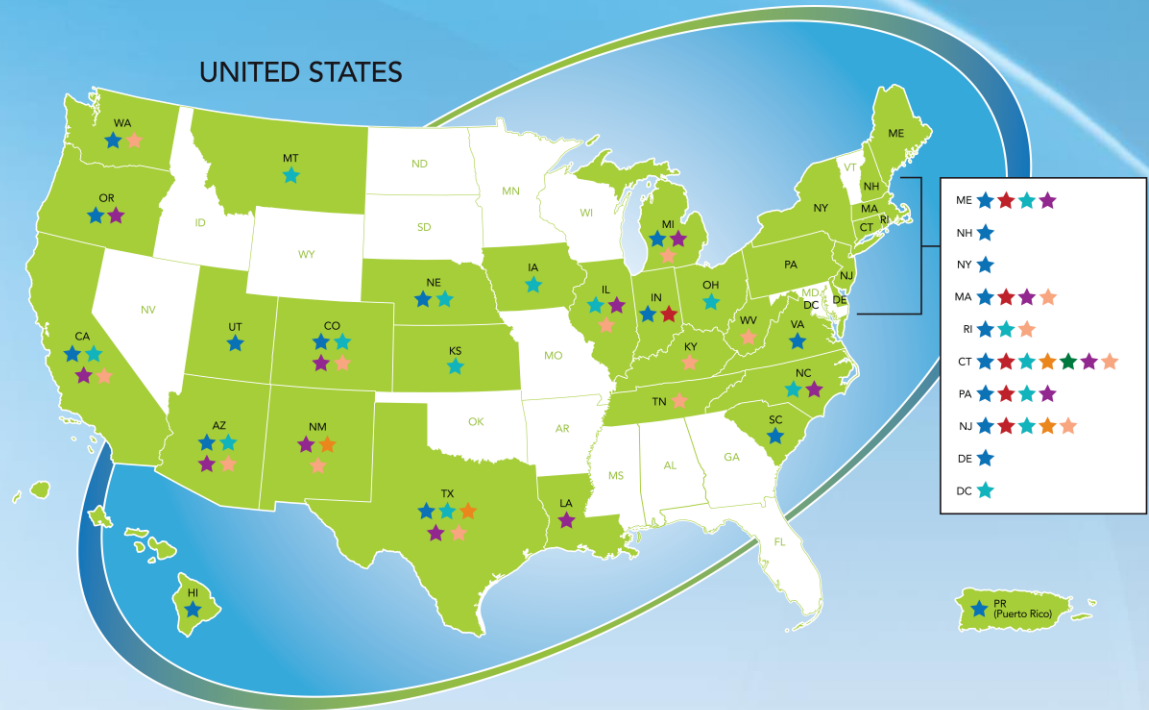
Hepatitis C



Complex Integrated Pediatrics

Weitzman Institute National ECHO Learning Network

- **304** practices
- **739** ECHO sessions
- **2565** case presentations
- Primary care providers from **33** states, PR, & DC
 - ◆ 775 Medical Providers
 - ◆ 298 Behavioral Health Providers
 - ◆ 296 Care Team Members





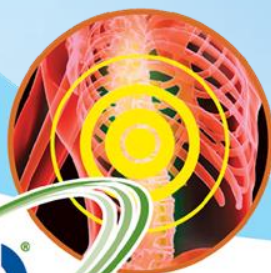
Buprenorphine



Comprehensive Tools to Tackle the Pain and Opioid Crisis



Chronic Pain



Practice Transformation
Learning Collaboratives





EL RIO
COMMUNITY HEALTH CENTER





Pain Curriculum



Weitzman ECHO Pain Didactic Curriculum

1. What is Pain?
2. Psychological Factors Affecting Pain
3. Pain Assessment in Primary Care
4. Psychological Approaches to Pain Management
5. Psychotropics in Pain Management
6. Psychological Nervous System Trauma and Pain
7. Pain Exam in Primary Care
8. Low Back Pain in Primary Care: Back Pain > Leg Pain
9. Low Back Pain in Primary Care: Leg Pain > Back Pain
10. Opioids I: Assessing for Addiction
11. Opioids II: Lawful Prescribing
12. Opioids III: Maintaining and Monitoring Compliance
13. Opioids IV: Opioid Prescribing
14. Opioids V: Assessment and Management of Addictions
15. Difficult Conversations Regarding Opioid Prescribing for Chronic Non-Malignant Pain
16. Medication Tapers - When and How
17. Insomnia in the Chronic Pain Patient
18. Sleep Quality and Architecture - How Medications Affect Sleep
19. Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
20. Acupuncture & Oriental Medicine
21. Impact of Nutrition on Pain
22. Headache in Primary Care
23. Pain Treatment in the Older Adult
24. Myths and Realities of Chronic Pain Treatment





Link to video: <https://vimeo.com/230483956>

Content Analysis of ECHO Sessions

Recommendation	Count
1a. Consider nonpharmacologic therapy and nonopioid pharmacologic therapy first or in combination with opioid therapy	194
1b. Establish treatment goals with patients	18
1c. Discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities	30
2. Opioid selection, dosage, duration, follow-up, and discontinuation	49
3. Assessing risk and addressing harms of opioid use	29

Confounding psychosocial issues were embedded in
40% of the 406 recommendations

Kathleen Thies, PhD, RN; Daren Anderson, MD; Colin Beals-Reid, BS (2018). *Project ECHO Chronic Pain recommendations by expert faculty: a qualitative analysis*. Unpublished manuscript, Weitzman Institute, Middletown, CT.



Clinicians' Corner

Clinical Pearls



Wondering how to reduce opioids?

Recommendation: Taper dose first and then frequency! Remember to determine the cause of pain first and then determine the meds.

Headaches?

Migraines are way "under" diagnosed! 94% of the headaches ARE Migraines. 90% are diagnosed as "Sinus Headaches" which doesn't truly exist... [read more](#)

Physical Therapy



Have you had "Physical Therapy"

I work with many physicians who are striving to find a way to effectively and efficiently manage their patients with musculoskeletal problems. They... [read more](#)

Chiropractic Corner



Hypohydration and Chronic Pain

While practicing chiropractic medicine in New Mexico, I observed that patients with lower back pain often did not respond favorably to conservative spinal... [read more](#)

Chronic Neuromusculoskeletal Pain as a Result of Breast Hypertrophy

It is common that females experiencing cervicogenic headaches, neck shoulder pain, upper and lower back pain, pain and numbness in the present... [read more](#)

Functional/Alternative Medicine



Jeff Hush, "Food and Movement Therapy" (www.famtusa.com) Blog #1

PainNET Blog #1: Jeff Hush, "Food and Movement Therapy" A thought leader, intellectual and activist... [read more](#)

Resources for Patients - Trauma and the Autonomic Nervous System

Here are some resources to offer to patients when educating them about the mind-body connection. It is important to get the patient to a therapeutic... [read more](#)

Assessments & Tools



Tools such as questionnaires and checklists that can be printed by the provider and administered to patients for a variety of purposes such as to assess behavioral health, opioid risk, and the effect of a patient's pain on function and sleep.

[Assessment & Tools](#)

Articles & Documents



Research articles on key topics in chronic pain care and pharmacology and clinical recommendations and guidelines in the treatment of chronic pain. Recommendation resources include specific categories such as diabetes, neuropathy, and whiplash.

[Articles & Documents](#)

Patient Education



Resources for providers to print and share with patients to promote engagement and patient-centered care. Information for providers to review to help facilitate difficult conversations about pain.

[Patient Education](#)



Buprenorphine



Buprenorphine Curriculum



Weitzman ECHO Buprenorphine Didactic Curriculum

Core Didactic Curriculum

1. Principles of Harm Reduction and Addiction as a Chronic Disease
2. Buprenorphine Overview – An Introduction to Buprenorphine Prescribing, Induction, and Stabilization
3. Nonpharmacological Treatment including Motivational Interviewing
4. Substance Use Comorbidities
5. Toxicology Screening and Pharmacology
6. Mental Health Comorbidities

Additional, Brief Didactics

1. Drug-drug Interactions
2. Buprenorphine in the Setting of Chronic Pain
3. Overdose Prevention
4. Pregnancy





Community eConsult Network, Inc.

A Primary Care-Focused eConsult Network for Pain and Other Specialties

How **CeCN** Works

Community eConsult Network, Inc.

Any practice, whether large or small, rural or urban, can benefit from eConsults. CeCN has a varied and growing client base which currently includes:

- Indian health services
- Correction facilities
- ACOs
- Community health centers
- Primary care networks
- Individual primary care practices
- Teaching programs

Primary care practice sends consult

Primary care practice receives consult

CeCN processes consult and forwards it to specialists



CeCN sends consult back to the PCP within 2 business days

Specialists review consult

Specialists consult added to EHR

CeCN now offers eConsults in over 20 specialties including:

- Pediatrics
- Medical
 - Cardiology
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - Infectious Disease
 - Nephrology
 - Neurology
 - Orthopedics
 - Pain Medicine
- Surgical
- Behavioral health

CeCN specialty areas continue to expand to meet client needs.

CeCN

Pain Medicine eConsult

Consult Question

47 year old female with left shoulder pain, SLAP tear, chronic Hill Sacks deformity. Has been on opioid from pain mgmt. clinic but discharge due to absence of medication in UDS. Now taking gabapentin, started Cymbalta and tramadol at today's visit. Pt requesting Percocet but I'm not sure if this is appropriate. Low dose Percocet or other opioid is appropriate at this time?

Specialist Response

I really don't see a role for opioids in a 47-year-old with the same shoulder pathology I have - from personal experience I know that this hurts but it doesn't need opioid. Not only that, he opioid may be going to the street for cash given the negative UDS.

The scan of thing is all about patient's self management, staying with the exercises and so on. It is a long process, 6 months or more to really see a lot of benefit From the PT . Again, I would not prescribe any opioid to this patient. I don't see a role for the neuropathic medications such as gabapentin And Cymbalta for pain control. This is nociceptive pain, not neuropathic pain. I would suggest not pursuing those medicines for pain- although it may help quite a bit with psychologically-based issues, and might be useful for that reason. Consider topical NSAID trial - sometimes not so good for shoulder pain but sometimes it is. The biggest mistakes people make his they don't consistently use the medication 3 times a day and they don't keep it up for least 2 weeks before deciding whether it works.

Sometimes large SLAP tears get better with arthroscopic surgery, but usually not in this age group. There are other orthopedic procedures that can palliate pain and if she has not had an orthopedic consult it is worth it.

The Pain Practice Improvement Collaborative (Pain PIC)

Purpose of the Learning Collaborative

- Engage frontline teams in practice redesign
- Systems-level mechanism to implement best practices for pain management and buprenorphine prescribing in primary care
- Provide basic QI training
- Enhance the impact of Project ECHO
- Encourage partnerships across FQHC sites in promoting learning and best practice adoption



Moodle

Online Learning System

Pain Practice Improvement Collaborative

[Home](#) ▶ [Courses](#) ▶ [Pain Care](#) ▶ [Pain PIC_1](#)

NAVIGATION

[Home](#)

- [Dashboard](#)
- ▶ [Site pages](#)
- ▶ [Current course](#)
- ▶ [Courses](#)

ADMINISTRATION

- ▼ [Course administration](#)
 - ▶ [Question bank](#)
- ▼ [Switch role to...](#)
 - [Return to my normal role](#)
- ▶ [Site administration](#)

Welcome!

The Weitzman Institute in association with PainNET are pleased to welcome you this Practice Improvement Collaborative (PIC).

The Pain PIC is an approach to learning and improvement that relies on spread and adaptation of existing knowledge about pain management to multiple practice settings to accomplish the common aim of enhancing the care for people with chronic pain. This is a joint effort among multiple practices that will share resources and information toward accomplishing our common aim. By working together in this manner, the Pain PIC will achieve goals that would not be attainable by an individual practice working on its own in terms of scope or pace of improvement.

We look forward to working and learning with you and your team in this collaborative effort.

Collaborative Introduction

The goal of this Pain Practice Improvement Collaborative (PIC) is to provide your team with knowledge, skills, and resources to assist you in your efforts to improve the care for people with chronic pain in your

LATEST NEWS

(No news has been posted yet)

UPCOMING EVENTS

 **Things to Do and Report #1: Describe Your Pain Quality Improvement Team**
Sunday, 15 November, 12:00 AM

 **Things to Do and Report #2: Describe Your Patient Care Team**
Sunday, 15 November, 12:00 AM

[Go to calendar...](#)
[New event...](#)

CALENDAR

◀ November 2015 ▶

Module Topics

1. Engaging in the Collaborative
2. Introduction to Measures
3. Team
4. Patients
5. Opioids
6. Documentation
7. Function
8. Behavioral Health Screening
9. Patient Education

Results

Evaluation Framework

Level	Element	How Element is Assessed
1	Participation	Operational data on ECHO sessions - # sessions held, %attended, #cases heard, #cases presented
2	Satisfaction	Provider satisfaction survey on CME form—were expectations about content and delivery met?
3a 3b	Learning: Declarative Knowledge Learning: Procedural Knowledge	Pre- and Post- Surveys measuring changes in provider attitudes and knowledge re: content area of ECHO sessions
4	Competence	Pre- and Post- Surveys measuring changes in competence and self-efficacy re: content area of ECHO sessions
5	Performance	Pre-ECHO and Post-ECHO Practice Assessment completed by Chief Clinical Officer Chart review data audit of provider treatment practices, documentation and follow-up, monthly collaborative measures reports
6	Patient Health	Chart review, monthly collaborative key measures reports, assessment of claims data (i.e. service utilization)
7	Community Health	Analysis of population health data and reports (i.e. claims data analysis, data from state and local public health databases)

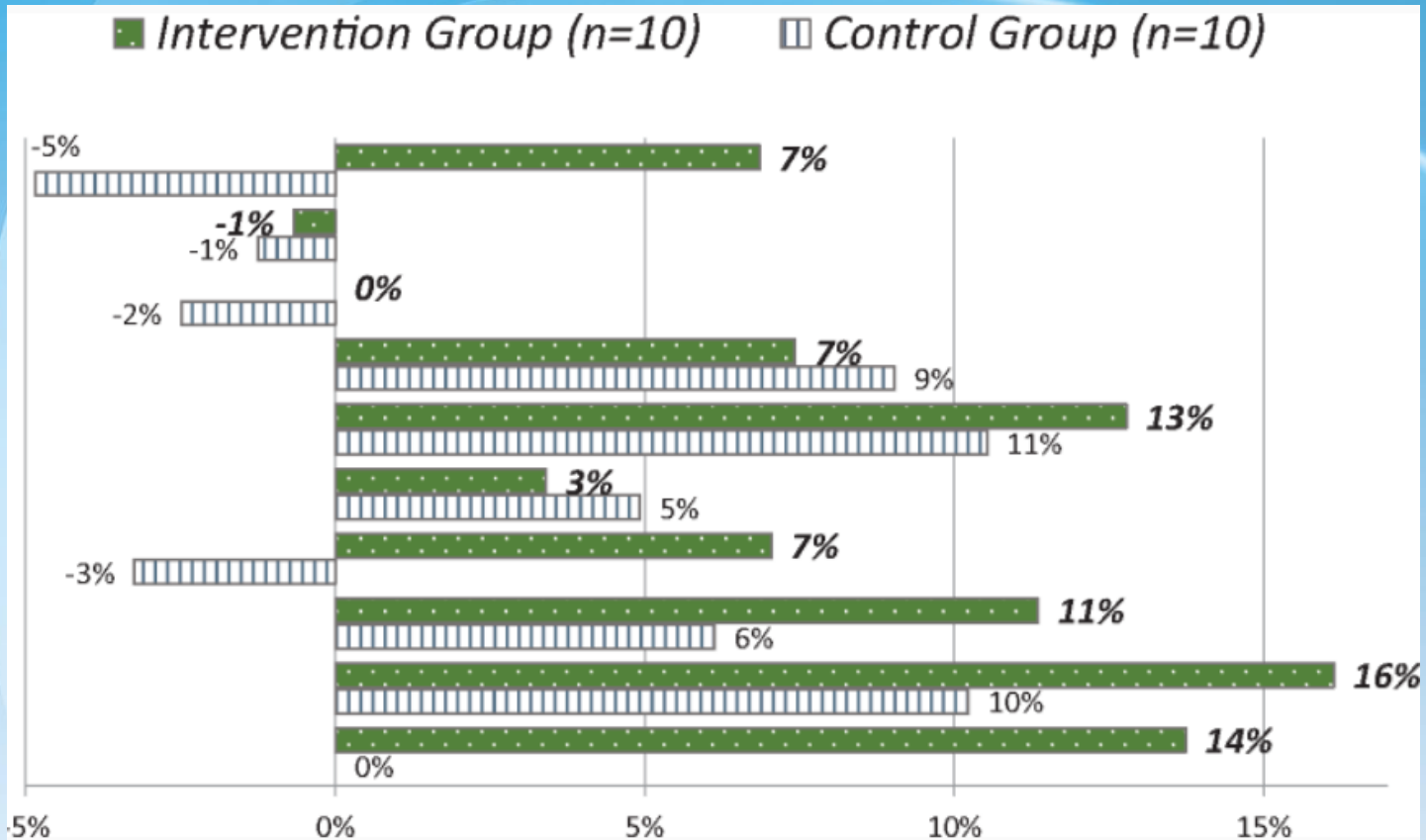
ECHO/Collaborative Impact Model

Increase
knowledge

Change
practice

Improve
Patient
Outcomes

PCP Knowledge Scores Pre-Post ECHO



Anderson D, Zlateva I, Davis B, Bifulco L; Giannotti T; Coman E, Spegman D. [“Improving Pain Care with Project ECHO @ in Community Health Centers”](#). *Pain Medicine*. 2017 Oct. 1; 18(10):1882-9. doi: 10.1093/pm/pnx187

Increase knowledge

Opioid Prescribing in Primary Care: ECHO vs. non-ECHO PCPs

		Control					Intervention					p
		Baseline: 2012		Follow up: 2014			Baseline: 2012		Follow up: 2014			
		N	%	N	%	p	N	%	N	%	p	
Patient-level	Total patients	2020		1695			1586		1485			
	Visits/year, M(SE)	7.21	(0.55)	7.02	(0.55)	.266	8.46	(0.56)	8.38	(0.56)	.726	.718
Opioids	Any Opioid Rx, M(SE)	50.1%	(6.1%)	50.3%	(6.2%)	.907	56.2%	(6.2%)	50.5%	(6.2%)	.002*	.017*
	Number of Rx, M(SE)	3.05	(0.80)	3.97	(0.81)	<.001*	4.89	(0.81)	5.00	(0.81)	.701	.021*
Behavioral Health	Pts w/BH Visit on site	24.1%	(4.2%)	25.5%	(4.3%)	.348	26.6%	(4.3%)	30.7%	(4.3%)	.017*	<.001*
Pain referrals	Physical Therapy	35.3%	(6.0%)	25.3%	(6.0%)	<.001*	20.0%	(6.0%)	22.2%	(6.0%)	.104	<.001*
	Pain management	6.8%	(2.1%)	12.1%	(2.2%)	<.001*	9.4%	(2.2%)	9.5%	(2.2%)	.930	<.001*
	Physical Med and Rehab	5.7%	(1.5%)	3.1%	(1.5%)	<.001*	7.8%	(1.5%)	2.0%	(1.5%)	<.001*	.004*
	Surgery (neuro or ortho)	23.5%	(3.8%)	25.3%	(3.8%)	.975	26.0%	(3.8%)	22.1%	(3.8%)	.013*	.007*
	Rheumatology	3.3%	(0.7%)	3.3%	(0.7%)	.563	3.7%	(0.7%)	3.5%	(0.7%)	.794	.868

Anderson D, Zlateva I, Davis B, Bifulco L; Giannotti T; Coman E, Spegman D. [“Improving Pain Care with Project ECHO ® in Community Health Centers”](#). *Pain Medicine*. 2017 Oct. 1; 18(10):1882-9. doi: 10.1093/pm/pnx187

Increase knowledge

Change practice

Changes In Practice

	Pre-ECHO	Post ECHO
Functional assessment documented*	14%	60%
Documented pain re-assessment*	40%	65%
Visit with behavioral health**	29%	34%
Prescribed any opioid **	49%	45%

*Source: Chart review, phase 2

**Source: 2yr follow up EHR data phase 1 practices

Increase knowledge

Change practice

Clinical Best Practice Measures

Chart Review of Provider Panel

CATEGORY I: Safe Opioid Prescribing

1. Opioid Agreement in Chart
2. PDMP Check in Chart
3. Urine Drug Screen in Past Year
4. Functional Goal or Assessment in Chart

CATEGORY II: Opioid Dosing and Co-Prescribing

5. Minimize Co-Prescribing Chronic Opioid Therapy and Benzodiazepines
6. Minimize Prescribing of Opioids > 90 Morphine Equivalent

CATEGORY III: Behavioral Health Integration

7. Substance Abuse Screening Documented in Chart
8. Referral to Behavioral Health or Addiction Treatment

Non-Clinical Best Practice Measures

Quality Improvement Methods and Strategies

CATEGORY IV: Panel Management

9. Identify Measurement Resources at Health Center
10. Identify Population of Patients w Chronic Pain Being Prescribed Chronic Opioids
11. Reporting of Clinical Best Practice Measures
12. Use of Structured Template for Pain-Related Visits
13. Use Structured Assessment of Function During Pain Visits

CATEGORY V: Education on Guideline Informed Care

14. Provide Pain Education and Training for at Least One PCP "Pain Champion" Using Project ECHO and Online Resources
15. Establish Onsite Chiropractic

CATEGORY VI: Use of Quality Improvement Tools

16. Complete Stakeholder Analysis of Practice Changes
17. Complete Elevator Speech on Goals of Pain PIC
18. Demonstrated Strategic Planning - Anticipation of Challenges
19. Complete Process Map of Current Workflows
20. Complete 1st PDSA Cycle

BEST PRACTICES - PAIN PRACTICE IMPROVEMENT

Best Practices in Compliance

Clinical Best Practice Measures - Chart Review of Provider Panel								Non-Clinical Best Practice Measures - Quality Improvement Methods and Strategies											
CATEGORY I: Safe Opioid Prescribing				CATEGORY II: Opioid Dosing and Co-Prescribing		CATEGORY III: Behavioral Health Integration		CATEGORY IV: Panel Management					CATEGORY V: Education on Guideline Informed Care		CATEGORY VI: Use of Quality Improvement Tools				
1. Opioid Agreement in Chart	2. PDMP Check in Chart	3. Urine Drug Screen in Past Year	4. Functional Goal or Assessment in Chart	5. Minimize Co-Prescribing Chronic Opioid Therapy and Benzodiazepines	6. Minimize Prescribing of Opioids > 90 Morphine Equivalent	7. Substance Abuse Screening Documented in Chart	8. Referral to Behavioral Health or Addiction Treatment	9. Identify Measurement Resources at Health Center	10. Identify Population of Patients w Chronic Pain Being Prescribed Chronic Opioids	11. Reporting of Clinical Best Practice Measures	12. Use of structured template for Pain-Related Visits	13. Use Structured Assessment of Function During Pain Visits	14. Provide pain education and training for at least one PCP "pain champion" using Project ECHO and online resources	15. Establish onsite chiropractic	16. Complete Stakeholder Analysis of Practice Changes	17. Complete Elevator Speech on Goals of Pain PIC	18. Demonstrated Strategic Planning - Anticipation of Challenges	19. Complete Process Map of Current Workflows	20. Complete 1st PDSA Cycle
													✓		✓	✓			
	✓			✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓		
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LEGEND

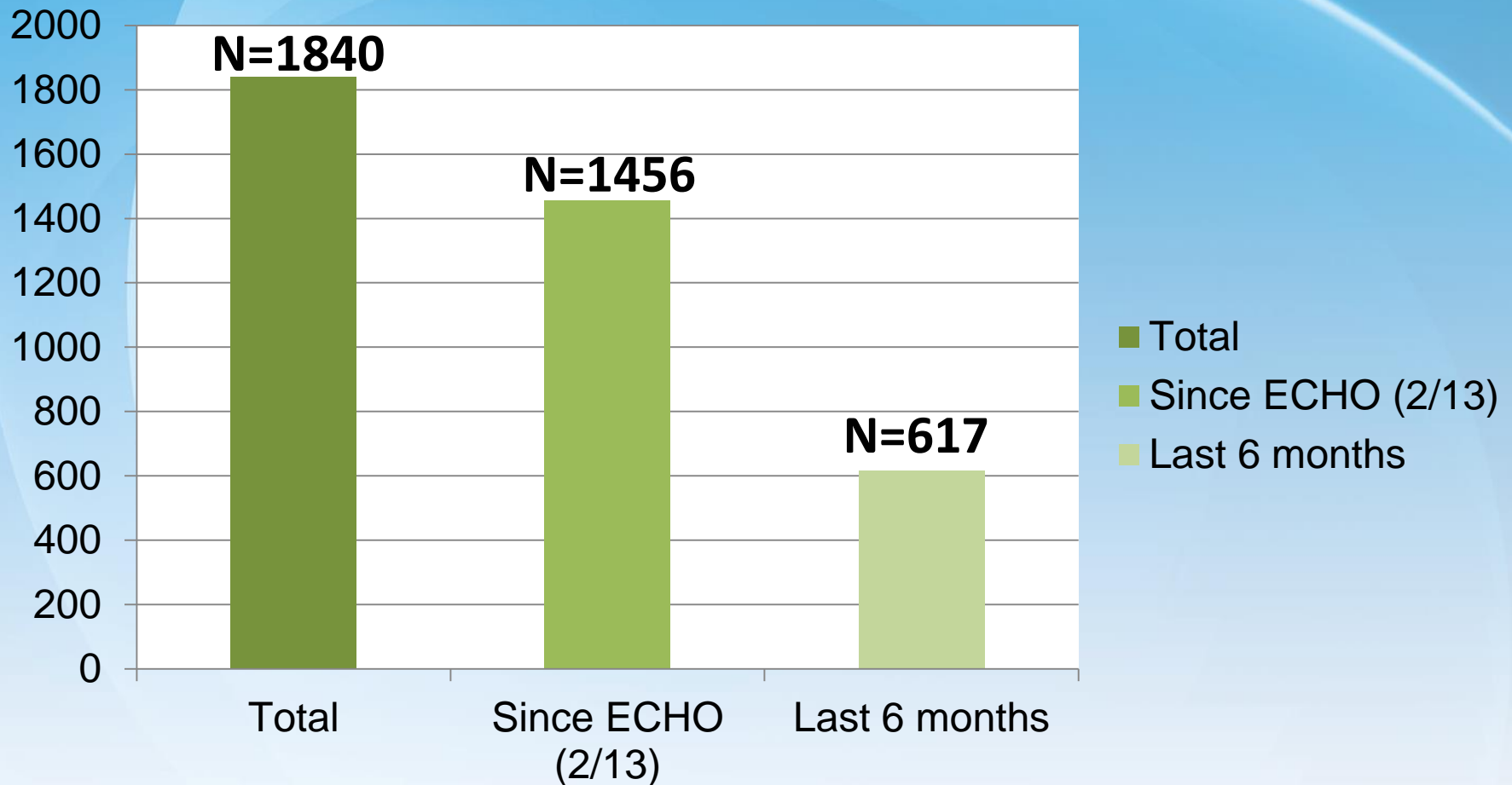


Practice has demonstrated compliance via submitted reporting

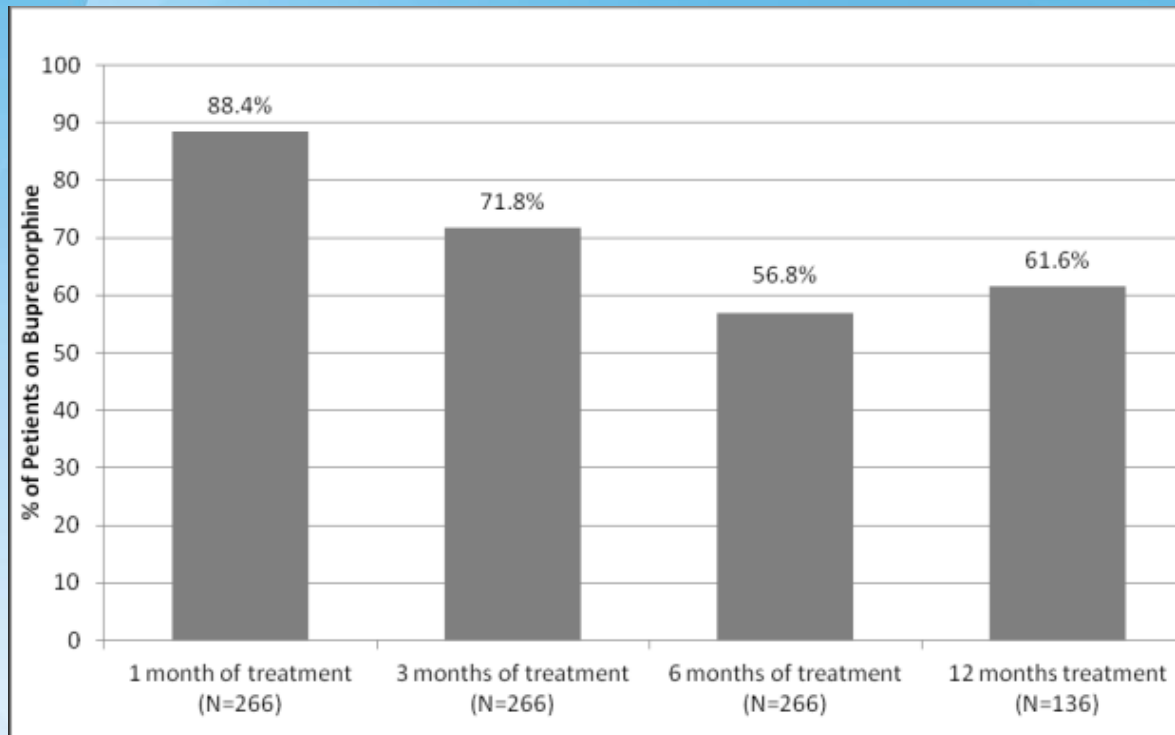
- Compliance with clinical best practice measures in categories I-III was demonstrated via manual chart review by participating teams
- Compliance with non-clinical best practice measures was demonstrated by completion of reporting and assignments that tested application of skills learned from completion of online Pain Practice Improvement modules

MAT Outcomes:

Patients Prescribed Buprenorphine



MAT Outcomes: Buprenorphine Retention Rates



- ✓ Receipt of psych meds
- ✓ Receipt of on-site sub abuse counseling
- ✓ Not using cocaine at baseline

Haddad et al. 2014. Integrating buprenorphine maintenance therapy into federally qualified health centers: Real-world substance abuse treatment outcomes. *Drug & Alcohol Dependence*, Vol131(1), 127 - 135

Our National Impact



Over 1,100
Providers and
Team Members



Pain ECHO	Buprenorphine ECHO	Total (Pain + BUP)
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Practice Engagement

Practice Sites	166	89	209
States	23 & PR	15 & DC	28 & PR, DC

Health Care Professionals Engaged

Medical Providers	455	195	650
Behavioral Health Providers	121	110	231
Care Team Members	114	119	233

Operational Data

ECHO Sessions	236	82	318
Patient Case Presentations	574	245	819

242 eConsults for pain

12 organizations completed pain learning collaborative

Our Vision: Pain and Opioid Practice Transformation Network

- Primary care team at the center of care for patients with pain
- Training and support for adoption of core best practices: online, self-guided learning collaborative
- Workforce development: Project ECHO to “upskill” all PCPs. 6 months duration, Pain AND Buprenorphine
- eConsults for rapid, expert consultation from pain medicine, addiction medicine, orthopedics, rheumatology, neurology

Weitzman
ECHO

Buprenorphine

CeCN
Community eConsult Network, Inc.

 **AddictionNET**



Pain and Opioid Practice Transformation Network

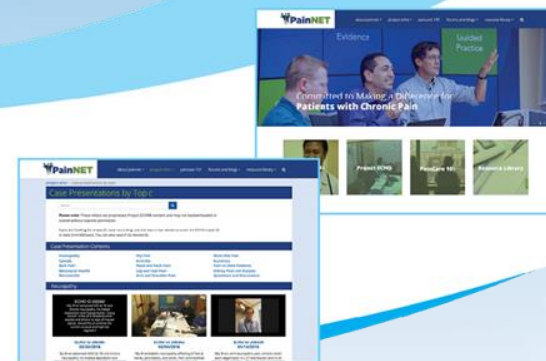
 **PainNET**

Weitzman
ECHO

Chronic Pain

 **CLINICAL WORKFORCE
DEVELOPMENT**

Practice Transformation
Learning Collaboratives



Thank You!

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Mandy Lamb, MA

Lauren Bifulco, MPH

www.weitzmaninstitute.org



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