

Opioid Performance Improvement Project in Nursing Homes: Utilizing a Virtual Collaborative to Improve Quality of Care





Presenters



Amanda Ryan, PharmD, BCGP

atom Alliance Medication Safety Subject Matter
Expert



Sarah Sutherland, RT(R), MBA atom Alliance Nursing Home Quality Improvement Advisor



Lindsey Jett, CPhT, MALT atom Alliance Medication Safety Quality Improvement Advisor



The Role of QIN-QIOs in Improving Healthcare Quality



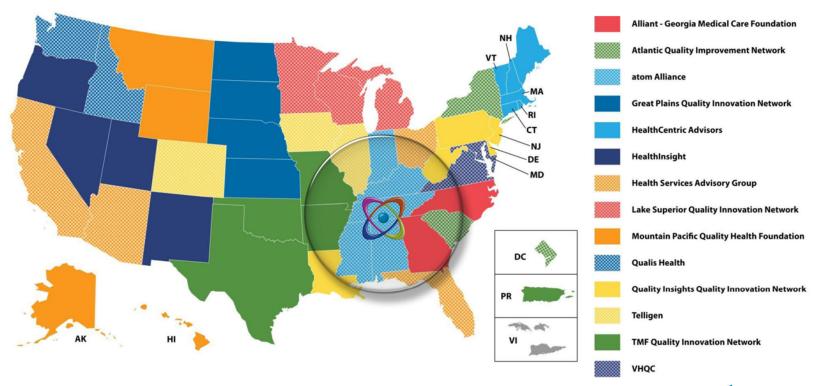
What Are QIN-QIOs?

- Multi-state networks contracted by the Centers for Medicare & Medicaid Services (CMS)
- Neutral conveners
- Ensure Medicare beneficiaries receive the healthcare they deserve



QIN-QIOs Across the Nation







atom Alliance Partners





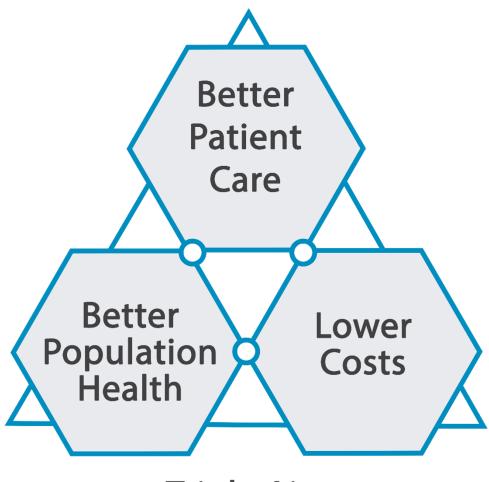






atom Alliance Focus





Triple Aim



"We tried everything to improve our quality measures. What other options are there?"

-- Nursing home staff



Intersecting Opioid and Nursing Home Quality Goals

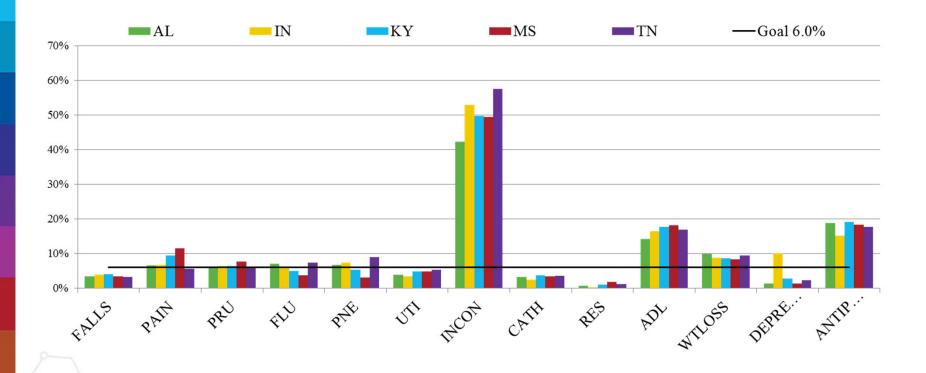
- Reduce harm in Medicare beneficiaries taking high risk medications (HRMs)
 - Anticoagulants, diabetes agents, opioids
- Work with nursing homes (NHs) on improving the Nursing Home Quality Composite Measure Score
 - Thirteen long-stay quality measures
- Advantages of combining these goals
 - Unique way for NHs to improve quality measures
 - Staff and resource efficiency for NHs and atom Alliance
 - Draws on expertise in multiple areas to improve patient care

Intersecting Opioid and Nursing Home Quality Goals

Quality Measures	HRMs		
	AC	DA	OP
Falls with major injury	Χ	X	Χ
Self-report of moderate to severe pain			Χ
Pressure ulcers		Χ	Χ
Bladder or bowel incontinence			Χ
Physical restraints			Χ
Increased help with activities of daily living			Χ
Weight loss		Χ	X
Depression			X

AC = anticoagulant, DA = diabetic agent, OP = Opioid

Quality Measure Data: January 2017



Overarching Project Goal



Treat pain as effectively as possible while minimizing patient risks to the greatest extent possible.



- Share information and best practices to improve the safety of medication use in Long-Term Care
- Improve Quality Measure Outcomes by promoting appropriate medication use
- Learn how nonpharmacological and non-opioid treatments for pain management, such as comfort menus, can help control pain.
- Establish procedures to ensure every resident is on the lowest effective opioid dose, especially for residents taking at least 50 morphine milligram equivalents a day.

Looking Ahead: Our Story of Success - Utilizing a Virtual Collaborative Model

Project Goals

10%

Increase in specific opioid indications

25%

Increase number of non-opioid pain treatments available per facility

10%

Reduction in residents with opioid orders







Opioid Nursing Home Performance Improvement Project



- Monthly virtual collaborative meetings
 - Training provided by atom Alliance
 - CDC Guideline for Prescribing Opioids for Chronic Pain
 - Alternatives to opioids for pain management
 - Tapering opioids in appropriate residents
 - Identifying residents with incontinence who take opioids
- Peer sharing of best practices
- Data collection and sharing

Opioid Nursing Home Performance Improvement Project



- <u>Key discovery</u>: indications for opioid use were nonspecific
- One-on-one technical assistance to NHs provided by atom Alliance
 - Importance of specific indications for opioids
 - Process changes for obtaining specific indications
 - Opioid taper strategies
 - Comfort Menus for non-pharmacological pain management

Value Based Outcomes

Project Results

Increase in proportion of specific indications

Non-opioid pain treatments per facility more than tripled Reduction in opioid use

Composite scores decreased & overall report of pain decreased









Value Based Outcomes



How the Project Created Value

"We (NH) have a more clear understanding and direct pathway on how to use non-pharmacologic approaches to pain."

"We've empowered [residents'] voices by developing a comfort menu listing their ideas." "We've had a significant change in our way of thinking from our initial resistance to the notion of taking anything away that's intended to help our elders with pain."

"Our caregivers feel more ownership in helping with comfort."



Successes

- Resident 1
 - Taking high dose opioids
 - Neuropathy identified as specific indication
 - Gabapentin dose adjusted and opioids reduced
 - Up more and has a better quality of life
 - Is satisfied with pain control despite initially being hesitant to reduce opioids
- Resident 2
 - Facility started music therapy, coloring activities
 - Resident is learning how to read, going outside and participating in activities
 - Hydrocodone reduced from four to three times a day
 - Says he feels better and the facility reports that he looks better now

Successes

"We've had a significant change in our way of thinking from our initial resistance to the notion of taking anything away that's intended to help our elders with pain. Nonpharmacological approaches to pain and comfort have always been available; however, we have a more clear and direct pathway to use these interventions after conducting huddles soliciting input from our staff, our elders and their family members. We've empowered their voices by committing to develop a Comfort Menu listing their ideas and to provide the resources and tools they've requested to bring the menus into practice. This investment has already paid off immensely. Our caregivers feel more ownership in helping with comfort as they've bolstered their ability to make a difference in the lives of the people we serve."

Lisa Biddle-Puffer, Administrator, Nazareth Home Clifton, Louisville, KY

Challenges and Lessons Learned

- Survey concerns: What if there is a specific indication for opioids, but then they are given for another type of pain?
 - Need specific indication to determine if opioids are the most effective pain treatment
 - New pain outside the specific indication triggers evaluation
- Culture is that opioids are the best or only option for treating pain
 - There is insufficient evidence to determine if pain relief, function, or quality of life improves with long-term opioid therapy
 - Non-opioid therapies are effective for chronic pain with fewer risks than opioids

Challenges and Lessons Learned

- Resident or family concerns with decreasing or stopping opioids
 - Training is available: Effectively Communicating with Patients about Opioid Therapy

https://emergency.cdc.gov/coca/calls/2016/callinfo 121316.asp

- NHs are sometimes reluctant to speak up on group calls
 - One-on-one technical assistance from atom Alliance to the NHs proved to be a vital component of the project
 - NHs share their needs and specific process improvements can be discussed confidentially

Looking Ahead: Strategies for Sustainability and Action





Your Menu of Personal Comfort Items

Menu of Comfort Items Available

Sleep

- · Warm bath or shower
- Essential oil
- Darkness
- Eye mask
- Night Light
- Quiet
- Music
- No interruptions
- Herbal tea
- Snack or sandwich
- Massage
- Television
- Sound machine

Relaxation

- Soothing sounds recording
- Snoezelen Room (sensory experience)
- Stress ball

Entertainment

- Adult coloring book
- Book (large print, audio)
- Magazine
- Deck of cards
- · Reading visit
- Talking visit
- Hand-held electronic game

Feeling Better

- Shampoo
- Scalp massage
- Toothbrush and floss
- Mouthwash
- Pet visit
- Prayer
- · Pastoral care visit
- Meditation
- · Deep breathing
- Guided imagery
- Sunshine
- Lollipop
- Chocolate
- Walk in the hallway
- Gentle stretching

Comfort

- Warm blanket
- Warm washcloth
- Extra pillows
- Ice pack
- Hand massage
- Hand-held muscle massager
- Neck pillow
- Temperature adjustment
- Lotion
- Lip balm
- Repositioning
- Straightening bed linens

Contact Information



Amanda Ryan, PharmD, BCGP atom Alliance Medication Safety Subject Matter Expert amanda.ryan@area-g.hcqis.org



Sarah Sutherland, RT(R), MBA atom Alliance Quality Improvement Advisor Sarah.potter@area-g.hcqis.org



Lindsey Jett, CPhT, MALT atom Alliance Medication Safety Quality Improvement Advisor Lindsey.Jett@area-g.hcqis.org



Thank You

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