

Implementing Opioid Risk Screening for Older Adults Using Automated Patient Reminders in an Electronic Health Record

Case Study - Pearl Family Medicine



Intervention: Many older adults experience chronic pain that requires long term opioid therapy (LTOT). The physician- owner, who also acts as a quality improvement (QI) lead at Pearl Family Medicine, recognized the need to implement an opioid misuse and fall-risk screening program for the practice's older adults to identify patients at risk of experiencing negative side effects, misusing opioids, or developing opioid use disorder. The physician-owner/QI lead opted to screen with existing, validated screening tools available for clinicians in the practice. The Pearl team, the physician-owner/QI lead and office manager, planned and implemented an intervention in which each older adult patient on LTOT completed two annual screenings: the Stopping Elderly Accidents, Deaths & Injuries (STEADI)² tool for assessing risk of falls and the Current Opioid Misuse Measure (COMM)³ tool for assessing opioid misuse.



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PRACTICE SNAPSHOT: Pearl Family Medicine

- ▶ A new, physician-owned practice in Denver, Colorado
- ▶ Clinicians: 1 MD, 1 PA¹
- ▶ Number of patients: 1,200
- ▶ Quality Improvement team: The (MD) practice owner was the QI Lead for this project and has led many past QI projects. The Office Manager also supported the QI project.
- ▶ Electronic Health Records system: Athena
- ▶ Percent of older adult patients (60+): 30%

Implementing the Quality Improvement Project: The team at Pearl Family Medicine paired the practice's electronic health record (EHR), Athena, with a software, Epion, capable of automating regular screening processes. The STEADI screener was already available in Epion and linked to the EHR and had been used by other clinics. The team simply selected the tool to begin its use. However, the team at Pearl Family Medicine did not have a model to follow for implementing the automated COMM screener. The QI team worked with Epion's developers to implement the COMM screener within their system, experiencing months of delay due to the screener not working properly. This required working with Epion's developers to troubleshoot and make revisions. Ultimately, the team was successful in creating a system process with automated reminders to staff to administer both patient screening tools.

The newly designed system and screening process included:

- ▶ Completion of two screeners linked to the annual wellness visits of older adults on LTOT: the STEADI tool for assessing fall risk and the COMM screening tool for assessing opioid misuse. This ensured the team administered the screeners at the intended annual cadence.
- ▶ EHR messages prompting patients to complete the screeners prior to attending the wellness visit.
- ▶ Reminders to clinic staff to ensure completion of two screeners by every older adult on LTOT prior to or at their annual wellness visit.
- ▶ Clinic staff requesting patients complete the screener upon arrival if they had not already done so.

1 MD = Medical Doctor; PA = Physician Assistant.

2 The STEADI algorithm for fall risk screening, assessment, and intervention is a tool developed by CDC for clinicians to help reduce fall risk among older adult patients.

3 The Current Opioid Misuse Measure (COMM)TM is a brief patient self-assessment to monitor chronic pain patients on opioid therapy for aberrant medication- related behaviors.





Quality Improvement Tools Implemented

- ▶ Epion, a programming tool that works with the Athena EHR to design, automate, and optimize business processes and tasks.
- ▶ Stopping Elderly Accidents, Deaths & Injuries (STEADI) tool for assessing fall risk.
- ▶ Current Opioid Misuse Measure (COMM) screening tool for assessing opioid misuse.

QI Metrics: To track implementation progress, the Pearl team selected rates of older adults with opioid-related risk/ fall risk screening as their QI metric.

The practice identified 35 older adults age 65 and up on LTOT. Of those, 31 (89%) completed the STEADI screener and 5 (14%) completed the COMM screener. The relatively low number of COMM screeners was due to the period when the COMM screener was not working properly through the Epion system.

Barriers to Implementation: The QI team faced implementation barriers, including limited staff capacity during the COVID-19 emergency. Other barriers included:

- ▶ **Adding the screener to Epion.** The Pearl team found that setting up the COMM screener to run as expected with the Epion software was more time-consuming than expected.
- ▶ **Competing priorities.** The practice transitioned into new physical locations more than once during the project, which diverted staff efforts off this project.

Learning Collaboratives: AHRQ funded two 15-month learning collaboratives (LC) to support primary care practices like Pearl Family Medicine that are improving opioid prescribing and treatment of opioid use disorder among older adults. The LC included monthly calls to provide opportunities for peer-learning and expert presentations, and monthly calls between QI leads and LC coaches.

Facilitators to Implementation:

- ▶ **Professional motivation.** The physician-owner/QI lead at Pearl Family Medicine felt a professional obligation to make improvements for this population.
- ▶ **Nimble practice.** The clinic's small size and lack of bureaucracy made it easy to make changes to its processes.
- ▶ **Flexible EHR software.** The practice's team was able to take advantage of its flexible EHR (Athena) to easily integrate screeners and track process and patient data.
- ▶ **Incentives.** The practice is part of an Accountable Care Organization (ACO) that tracks and aims to improve opioid prescribing as part of its quality improvement metrics and goals.
- ▶ **Learning collaborative participation.** Progress was driven by participation in the AHRQ LC activities such as sharing resources and lessons across practices, as well as one-on-one check-ins with LC coaches. This was especially motivating in the face of competing priorities, such as office moves.

Lessons Learned from Pearl Family Medicine:

- ▶ **Be realistic.** Implementing the new risk assessment protocols was challenging for the practice given major transitions (moving clinical offices) and staff shortages.

Next Steps:

To make these changes permanent, Pearl is focusing on the following steps:

- ▶ **Compliance.** Using the patient screeners that are now in place on a regular basis.
- ▶ **Troubleshooting.** Addressing technical challenges with Epion as they arise.
- ▶ **Evaluation.** Running reports through Epion to understand the use of new screening tools.

A New Resource for Primary Care Practice

The Agency for Healthcare Research and Quality published the Opioid Use in Older Adults Compendium, developed by Abt Associates through the *Identifying and Testing Strategies for Management of Opioid Use and Misuse in Older Adults in Primary Care Practices* contract # HHSP233201500013I.

The Compendium was developed through a three-stage process:

- (1) an environmental scan and literature review that identified knowledge gaps, tools, and resources,
- (2) input from experts in quality improvement, geriatrics, and pain management, and
- (3) testing of the Compendium strategies by primary care practices that participated in the AHRQ Learning Collaboratives.