Practice Self-Assessment Tool for Opioid Use in Older Adults

Instructions: This quality improvement self-assessment tool is best completed in a group discussion with all staff involved in this work. It can also be completed by staff individually and the results can be compiled and discussed. The tool is organized into seven high-leverage change (HLC) areas related to providing care for your older adult patients who use opioids. Each HLC area has strategies for improvement. Each strategy has four statement answers in the boxes to the right of it. The statements allow you to rate your organization's current level of activity for each improvement option. From left to right they go from a scale of not doing this right now (lower numbers) to being fully operational (higher numbers).

- ✓ Review each strategy and circle ONE of the four statement answer boxes that best reflects your organization's current status. There are three number options for each answer statement box to allow you to score how far along you are.
- ✓ Circle the number score in that statement answer box that best represents how far along your practice is in this. The higher the number, the further along you are in that domain.
- ✓ Complete the entire tool.
- ✓ Tally the scores for each HLC area.
- ✓ Review the tool to identify the areas that have low scores. These low scores indicate areas for potential improvement in your practice.
- ✓ Discuss the results as a team to identify which strategies to work on, and which have priority.
- ✓ Use the Compendium to find your selected HLC and accompanying change activities and resources and tools to support your improvement efforts. The Compendium corresponds to the Practice Self-Assessment Tool for Opioid Use in Older Adults.

For more detail on how to use this Self-Assessment please see the *How to Complete the Practice Self-Assessment Tool* document.

High-Leverage Change Area: Opioid Data

	1 2 3	4 5 6	7 8 9	10 11 12
1. **Use of a data system to proactively track & monitor older adult patients prescribed long-term opioids to ensure their safety…**	…has not been explored or is not possible with existing data systems.	…is technically possible, but systems to get useful reports are not yet in place.	…is possible and systems are in place to produce basic reports on a regular basis.	…is possible, systems are in place, and reports are produced that allow for tracking of patient care and monitoring of clinician practices.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
2. **Care gap reports for older adults on long-term opioid therapy…**	…are not available.	…are available for all patients but not specifically for older adults.	…are available for older adults but not consistently produced or distributed to providers.	…are available for our older adult population and routinely produced and distributed to providers.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
3. **Collection and analysis of data on disparities in chronic pain care and opioid management based on race/ethnicity or other patient characteristics within the older adult population in our practice…**	…is not available or feasible.	…is potentially feasible but has not been done.	…has been done and resulted in a preliminary report to providers and staff but has not been shared widely.	…is done at regular intervals and a report is shared with providers and staff.

OPIOID DATA TOTAL SCORE: _____

High-Leverage Change Area: Processes and Workflows

	1 2 3	4 5 6	7 8 9	10 11 12
4. Review of the chart of an older adult on long-term opioids prior to a scheduled visit (scrubbing charts) to identify care gaps…	…is not done.	…is done ad hoc but there is no agreed upon workflow indicating who is responsible and when it is done.	…is done but varies in its completeness across teams because there is no agreed upon workflow indicating who is responsible and when it is done.	…is done consistently across all primary care according to an agreed upon workflow with clear responsibility for when it is done and by whom.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
5. Current clinic policies/ guidelines about opioid prescribing for patients with chronic pain…	…do not include any recommendations specific to older adults.	…consider age as a risk factor but do not provide specific recommendations or guidance specific to older adults, such as screening for opioid-related risks (falls, etc.) or medication management.	…include age as a risk factor and provide limited guidance specific to older adults, such as screening for opioid related risks (falls, etc.) and recommendations for medication management.	…include age as a risk factor and provide clear and comprehensive guidance specific to older adults, such as screening for opioid-related risks and recommendations for improved medication management and chronic pain care.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
6. Visit templates within the EHR for chronic pain and opioid therapy specific to older adults…	…do not exist.	…exist, but do not align with current clinic policies and/or are not consistently used.	…exist, align with current clinic policies, but are not consistently used.	…exist, align with current policies, and are consistently used.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
7. Policies that foster equity, such as empowering older adult patients to report discrimination and ensuring that all our patients have equitable access to resources such as complementary and rehabilitative therapies…	…do not exist.	…have been discussed but not written and approved.	…have been discussed and approved but not widely implemented.	…have been approved and consistently implemented by providers, staff, and patients.

PROCESSES and WORKFLOWS TOTAL SCORE: _____

High-Leverage Change Area: Risk Assessment

	1 2 3	4 5 6	7 8 9	10 11 12
8. Screening for risk factors associated with opioid use in older adults, such as falls or cognitive impairment…	…is not done.	…is done occasionally, when prompted by patient history.	…is done frequently but on an ad hoc basis, based on patient history.	…is done proactively and routinely, based on overall risk level of the older adult. Workflows exist that include who does the screening and how it is documented.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
9. A policy and agreed upon standard of practice about screening for risks of adverse events in older adults using opioids …	…does not exist.	…has been discussed but there is no agreement.	…has been discussed and agreed upon but not been formalized into policies and workflows.	…has been discussed, agreed upon, and incorporated into clinic policies and workflows specific to older adults.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
10. An opioid treatment agreement/plan customized for older adults that describes risks specific to older adults and incorporates caregivers' role…	…does not exist.	…does not exist but has been discussed/considered.	…has been developed but not widely implemented.	…has been widely implemented, consistently used, and reviewed at least annually with older adult patients and/or their caregiver.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
11. Within the past year, education for care team members about the evidence regarding specific types of risks from opioid use in older adults (e.g., falls, cognitive impairment, etc.) …	…has never or very rarely occurred.	…has occurred sporadically in the past but there have been no recent updates.	…has occurred recently but has not resulted in changes in care for older adults with chronic pain.	…has occurred recently and has prompted changes in the care provided to older adults with chronic pain.

RISK ASSESSMENT TOTAL SCORE:_____

High-Leverage Change Area: Opioid Use Disorder Assessment and Treatment

	1 2 3	4 5 6	7 8 9	10 11 12
12. Opioid use disorder (OUD) assessment protocols and tools developed or adapted specifically for older adults…	…are not available.	…have been discussed and developed or adapted but are not used.	…have been developed or adapted and are used on an ad hoc basis.	…have been developed, disseminated, and are consistently used.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
13. Within the past year, training and discussions among care team members regarding ageism and stigma associated with OUD that might impede recognition and treatment of OUD among older adults …	…has not occurred.	…has occurred but without any follow-up discussions or application to patient care.	…has occurred with follow up discussions but has not influenced the recognition of OUD in their older adult patients.	…has occurred and has resulted in more accurate and appropriate recognition of OUD in their older adult patients.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
14. Medication therapy for OUD for our older adults who are in rehabilitation after hospitalization or long-term care settings…	…is not available.	…has been discussed as a need but is not currently available.	…has been discussed and there are plans for our clinicians to do so.	…is available and provided by at least one of our clinicians.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
15. Within the past year, discussions during primary care team huddles about specific older adult patients on long-term opioids and their risk of OUD…	…never occur.	…occur infrequently.	…occur regularly but rarely impact care planning.	…occur regularly and result in changes to care plans and chronic pain management.

OPIOID USE DISORDER TOTAL SCORE: _____

High-Leverage Change Area: Patient Engagement

	1 2 3	4 5 6	7 8 9	10 11 12
16. Within the past year, training on how to involve older adult patients on long-term opioid therapy in shared decision making…	…has not been offered to care team members.	…has been offered to care team members, but there was limited participation.	…has been offered and the majority of care team members have participated.	…is consistently offered with widespread, regular participation of care team members.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
17. Educational materials specific to older adult patients and caregivers that support shared decision making regarding chronic pain management and opioid use…	…are not available.	…are available but rarely used by care team members.	…are available and occasionally used by care team members.	…are available and consistently used by care team members to support shared decision making.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
18. Workflows and templates to elicit and document older patient goals for managing their chronic pain for the purpose of shared decision making…	…are not available.	…are available but rarely used by providers and staff.	…are available and occasionally used by providers and staff.	…are available and consistently used by providers and staff to support shared decision-making conversations.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
19. Interdisciplinary discussions (involving others such as behavioral health providers, pharmacists, social workers, etc.) of specific cases of older adults on long-term opioids…	…never occur.	…occur infrequently.	…occur regularly but rarely impact care planning.	…occur regularly and result in changes to care plans and chronic pain management.

PATIENT ENGAGEMENT TOTAL SCORE: _____

High-Leverage Change Area: Nonpharmacologic Pain Management

	1 2 3	4 5 6	7 8 9	10 11 12
20. Up-to-date patient-facing materials about Medicare or other insurance coverage for nonpharmacologic treatment for pain…	…are not available.	…are available but rarely used.	…are available and occasionally used during or after patient encounters.	…are available and are consistently provided to patients and their caregivers.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
21. Referral resources for nonpharmacologic pain treatment providers/programs (e.g., physical therapy, massage, acupuncture, etc.) in your community…	…are not available.	…are available but rarely used.	…are available and occasionally used by care team members.	…are available and are consistently used by care team members.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
22. Staff support within the clinic for linking older adults with chronic pain to local community resources for nonpharmacologic therapy…	…are not available.	…are available but rarely used.	…are available and occasionally used by care team members.	…are available and are consistently used by care team members.

NONPHARMACOLOGIC PAIN MANAGEMENT TOTAL SCORE: _____

High-Leverage Change Area: Medication Management

	1 2 3	4 5 6	7 8 9	10 11 12
23. Medication reconciliation during a visit by an older adult on long-term opioid therapy…	…is not done.	…is done but with considerable variation across care teams.	…is consistently done across care teams but rarely results in any changes in medication management.	…is consistently done across care teams and potentially inappropriate medications flagged and discussed with the patient and/or their caregiver.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
24. Evidence-based guidelines about initiating opioids in older adults…	…are not available.	…are available but have not been discussed.	…have been discussed but are not consistently followed.	…have been discussed, disseminated, and are consistently followed.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
25. Discussions with older adult patients about how they organize their medications and ensure they have safe and secure systems for tracking when they take their medication…	…never occur.	…occur infrequently.	…occur regularly but do not impact care planning.	…occur regularly and result in changes to care plans and chronic pain management.
	1 2 3	**4 5 6**	**7 8 9**	**10 11 12**
26. Within the past year, educational opportunities for providers and staff about pain treatment disparities experienced by older adults based on race, ethnicity, or social class…	…are not available.	…are available but with sporadic participation.	…are available and well attended but with little engagement afterwards.	…are available, well-attended, and result in quality improvement initiatives for older adults.

MEDICATION MANAGEMENT TOTAL SCORE: _____

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