


Pain Management Stewardship: Establishing a Multifaceted Organizational Plan


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Learning Objectives

- Describe the responsibilities and opportunities for pharmacy leaders in addressing pain management stewardship.
- Evaluate key areas of opportunity for ensuring safer, more effective opioid use for chronic pain.
- Evaluate key components of a comprehensive approach to improving patient safety and outcomes using a pain management stewardship model.
- Given a scenario, practice hands-on action planning leveraging the lessons learned and shared successes of workshop participants.



Pre-Post Questions

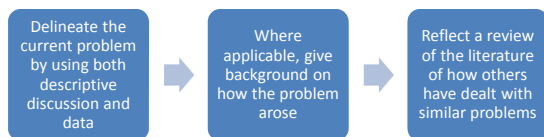
- Name at least two accrediting or governmental agencies that have prioritized pain management stewardship as a key practice area in 2018.
- Name three key members of any pain stewardship program.
- Articulate at least three components of a multifaceted organizational plan for pain stewardship.
- Describe at least one opportunity for pharmacy leaders in addressing pain management stewardship.
- Describe at least one strategy that both Kaiser Permanente and VA have deployed to address the Opioid Crisis.



Components of a Multifaceted Organizational Plan



Background on Issues, Problems, Opportunities



Market Analysis



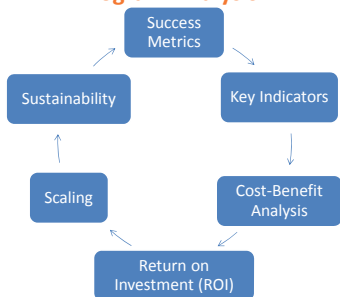
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Strategies and Implementation



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Program Analysis



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Executive Summary - Elevator Speech

- Generally written last as a quick synopsis
- Include objectives, missions, and keys to success
- Use the KISS (keep it simple stupid) method by being clear and concise
- Needs to be strong enough to make the reader want to review the entire proposal or believe you without reading it!





Pain Management Stewardship: Background on Issues, Problems, Opportunities



National Efforts to Combat the Opioid Crisis

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

THE SURGEON GENERAL'S CALL TO END THE OPIOID CRISIS

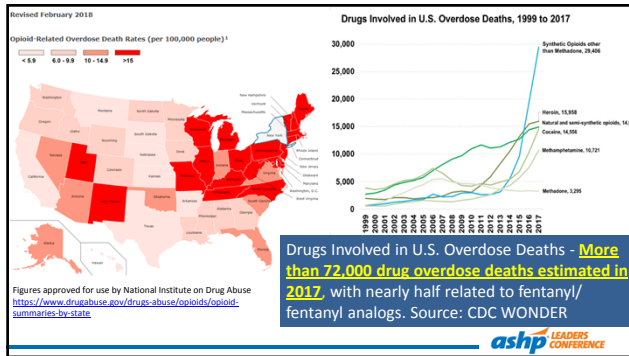
SAMHSA
Substance Abuse and Mental Health Services Administration
IMPROVING PRACTICE THROUGH RECOGNITION
CDC's Guideline for Prescribing Opioids for Chronic Pain is online, patients' about the risks and benefits of opioid therapy for chronic treatment, and reduce the risks associated with long-term opioid use. The Guideline is not intended for patients who are in active care.

THE PRESIDENT'S COMMISSION ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS

New and Revised Standards Related to Pain Assessment and Management

Surgeon General Releases Advisory on Naloxone, an Opioid Overdose-Reversing Drug

CDC (2016) → Surg Gen (2016) → JC (2017) → President (2017) → Surg Gen (2018)



Unintended Consequences

- Abrupt opioid discontinuation vs. tapering
- Lack of full risk vs. benefit analysis
- Other addiction undertreated, other medications being abused (gabapentin, benzodiazepines)
- Lack of chronic pain treatment and options
- Lack of community infrastructure and/or coverage to support treatment alternatives, especially rural/underserved
- Impact on palliative/hospice care
- Shortage of needed opioids

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Why Pain Stewardship?

- Opioid crisis isn't really getting better and affects everyone
- Pain management is complex, yet central to opioid stewardship
- Clinicians treating pain must understand
 - Pain classifications (acute, chronic, cancer) and pathology
 - Pain treatment options and psychosocial factors impacting pain
 - Risk and addiction
- And the Joint Commission Standards...
- **Pain management stewardship programs must coordinate actions** to drive safe use of opioids, reduce addiction risks, overdose, suicide, and other adverse events

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Joint Commission
Requirement

Official Publication of Joint Commission Requirements
New and Revised Standards Related to Pain Assessment and Management

Requirements:

- Identify pain assessment and pain management, including safe opioid prescribing, as an organizational priority (LD.04.03.13).
- Actively involve the organized medical staff in leadership roles in organization performance improvement activities to improve quality of care, treatment, and services and patient safety (MS.05.01.01).
- Assess and manage the patient's pain and minimize the risks associated with treatment (PC.01.02.07).
- Collect data to monitor its performance (PI.01.01.01).
- Compile and analyze data (PI.02.01.01).

https://www.jointcommission.org/topics/pain_management.aspx
8/28/2018: [JC Advisory on non-pharmacologic and non-opioid solutions for pain management](#)

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**Pain and Opioid Stewardship:
Advocacy for Pharmacist Integration**

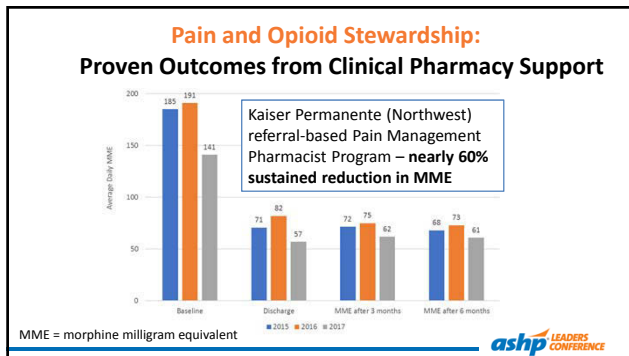
- Pharmacists have been described as critical to the opioid epidemic in prevention and treatment of opioid use disorder and overdose¹
- ASHP advocates for the roles of the pharmacist in the opioid crisis:
 - Pharmacists unique knowledge, skills, responsibilities in substance abuse prevention, education and assistance, including in the hospital setting
 - Pharmacists, as health care providers, are involved in reducing negative effects of substance abuse²
- The CDC promotes integrated, collaborative pain management and practice models that include pharmacists³
- NQP Opioid Stewardship Action Team: Pharmacy was a key team member

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**Pain and Opioid Stewardship:
Evidence for Pharmacist Integration and Leadership**

- Pharmacist-led interdisciplinary controlled substance stewardship has been shown effective for population health management in the opioid epidemic⁴
- The award-winning University of Kentucky HealthCare pain and opioid stewardship program includes pharmacists as key stakeholders for success⁵
- Pain Programs inclusive of pharmacist-led academic detailing, pain management, and opioid stewardship have demonstrated⁶⁻⁹
 - Improved opioid prescribing, guideline adherence, high dose prescribing
 - Improved risk mitigation implementation, reduced costs from adverse events
 - Better patient satisfaction

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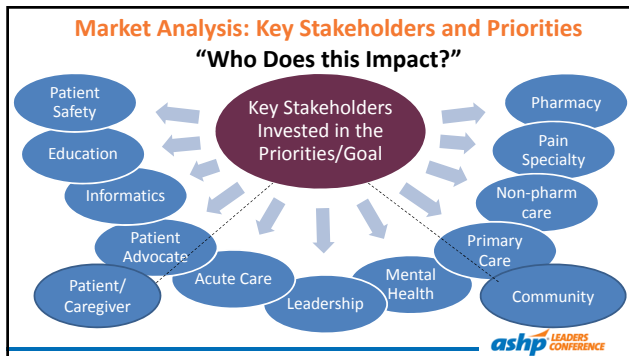
**Interactive Session: Background on
Issues, Problems, Opportunities →
Description of Product or Service**

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Where Do I Start?

- ? Description of Product or Service: Pain Stewardship Program, Pharmacist Leadership
- ? Market Analysis: Key Stakeholders and Priorities
- ? Strategies and Implementation: Program Components and Scope, Stewardship Team
- ? Program Analysis: Metrics, Tracking Success, Sustainability

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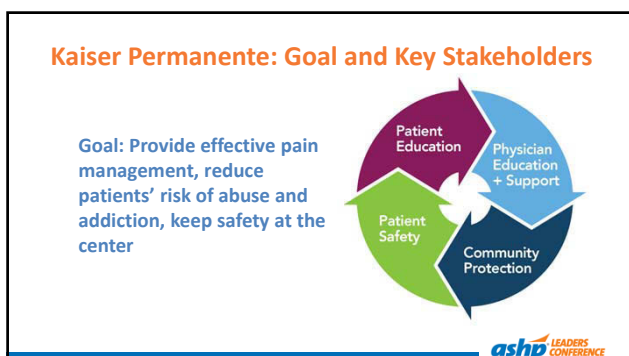


Kaiser Permanente: Background

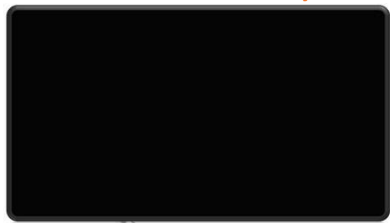
- Kaiser Permanente noted growing use of opioids for pain management in the late 2000s
- Opioid stewardship programs focus on:
 - Limiting opioid prescriptions overall
 - Providing effective pain management alternatives
 - Prescribing lower doses and shorter courses when opioids are medically necessary
 - Helping patients on opioid medications reduce or discontinue use
 - Eliminating brand-name opioids whenever possible
 - Increasing access to naloxone
 - Robust pharmacy support (e.g., tapering, detailing, monitoring)

8 Regions
550 Pharmacy Sites
12.2 Million Members

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Kaiser Permanente: Patient as Key Stakeholder



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Kaiser Permanente: Determining Priorities

- **Workgroups with stakeholders across the program identify gaps and opportunity**
 - Physician leaders and subject matter experts
 - Pharmacy leaders and subject matter experts
 - Pharmacy and Therapeutics Committees
 - Multidisciplinary workgroups
- **Regional opioid stewardship committees address local issues and priorities**
- **Alignment on key priorities, for example:**
 - Reduction in high dose opioid use
 - Reduction in opioid use with benzodiazepines

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VA Approach: Background

- **2007** – Buprenorphine in VA initiative
- **2009** – VA Pain Directive
- **2011/2012** – Opioid Safety Initiative (OSI) launched, Academic Detailing Pilot
- **2014** – Targeted interventions for high-risk opioid patients, naloxone campaign
- **2016** – Academic Detailing expansion; Comprehensive Addiction Recovery Act
- **2017** – New VA/DOD practice guidelines: Opioid therapy for chronic pain
- **2017** - President's Commission Combating Drug Addiction, Opioid Crisis led to VA STOP PAIN:
 - Stepped Care Model of Pain Management
 - Treatment options and complementary care
 - Ongoing monitoring of opioid usage
 - Practice guidance implementation in opioid/substance use disorder
 - Prescription monitoring
 - Academic Detailing
 - Informed consent for patients on chronic opioids
 - Naloxone distribution

VA Footprint: 18 networks
172 VA Medical Centers
1,062 Outpatient Clinics
Over 9 million Veterans

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VA Example: Individualizing Priorities

PACT (VA Primary Care Medical Home Model) focus

- Multidisciplinary Team Developed Pain Road Map with Gap Analysis and Implementation Tracker

APPENDIX A: GAP ANALYSIS AND IMPLEMENTATION CHECKLIST

Use this tool to identify your pain care gaps and track your implementation progress. Click on the hyperlinks to go to the section of the Pain Roadmap with more information on that topic.

Facility and Primary Care Leadership Checklist

Action Item	Yes	No	Implementation Plan (Who, what, when, where)	Date Completed
1. Have you and other facility and OEND leaders met to develop a Shared Vision for pain care?				
2. Do you provide educational opportunities for PACT team?				
3. Have you provided resources for implementation and integration health modalities that are readily accessible from Primary Care?				
4. Have you provided resources for laboratory and diagnostic services that are readily accessible from Primary Care?				

Leadership Checklist

APPENDIX A: PACT Roadmap for Managing Pain Gap Analysis and Implementation Checklist

PACT Members Checklist

Action Item	Yes	No	Implementation Plan (Who, what, when, where)	Date Completed
1. Are your team identified and connected with your PACT Pain Operations and Policy Committee Pain Management Team?				
2. Have you completed contact information on important stakeholders?				
3. Do you have assigned individuals with programs that can help manage Veterans with pain?				
4. Have you assessed the pain care program across the entire pain team?				

Primary Care Team Members Checklist

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Interactive Session: Market Analysis – Key Stakeholders and Priorities

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Strategies and Implementation: Components, Scope
National Quality Forum (NQF) National Quality Partners (NQP)
Playbook: Opioid Stewardship Fundamental Actions

- NQF is the nation's resource for healthcare quality measurement and improvement with multi-stakeholder membership of 400+ organizations.
- NQP is an NQF initiative of 40+ stakeholders including: CDC, ASHP, AMCP, AHRQ, AHA, ANA, CMMS, VHA, Kaiser Permanente, Mayo Clinic, etc.
- ✓ Promote leadership commitment and culture
- ✓ Implement organizational policies
- ✓ Advance clinical knowledge, expertise, and practice
- ✓ Enhance patient and family caregiver education and engagement
- ✓ Track, monitor, and report performance data
- ✓ Establish accountability
- ✓ Support community collaboration

It's a Journey!

Source: http://www.qualityforum.org/nqf_store.aspx



Strategies and Implementation: Management Team
The Team Essentials

- ☐ **Clear vision** – focus on goals and outcomes
- ☐ **Inspiring leadership**
- ☐ **Constructive communication** – open, honest, transparent
- ☐ **Team players** – everyone has time, committed, passionate, contributes
- ☐ **Appreciation and support** – safe environment with mutual respect, learn together
- ☐ **Diversity** – group composition and ideas
- ☐ **Organized** – regular meetings, agendas, minutes, deadlines
- ☐ **Have fun!** Get to know each other and celebrate wins along the journey



Strategies and Implementation: Management Team
Selecting Team Members

- ☐ Define the task at hand, talk about it, make it compelling!
- ☐ Find those with passion AND match the “essentials”
- ☐ Ensure team has needed skills for knowledge, action, success
- ☐ Create a team of solution-oriented, committed, passionate leaders
- ☐ Limit team size to a manageable number (6-12 probably ideal, max 20)



VA Approach: Pain Management Stewardship Components

Multidisciplinary team with **Pharmacist and Physician Champions** to coordinate and align efforts to foster safe pain care through key focus points:

- ✓ Regulatory Compliance and Policy Implementation
- ✓ Pain Management Treatment Options, Multi-modal
- ✓ Community Collaboration and Partnerships
- ✓ Opioid Safety Initiative Metrics and Risk Mitigation Strategies
 - Includes Monitoring and Oversight
- ✓ Addiction Awareness and Treatment
- ✓ Education – Provider, Team, Patient, Caregiver
- ✓ Ambulatory and Acute Care Focus



VA Approach: Forming Stewardship Teams

Veteran JB: "Thank you. I no longer feel tethered to a pharmacy."

Veteran AG: "I needed help and didn't know it. You saved my life."

- ❑ Made it **compelling** through patient success stories
- ❑ **Identified leaders:** Pharmacy, Pain Physician, and Primary Care
- ❑ **Multidisciplinary Team:** front line staff, Mental Health, Pain, Primary Care, patient advocates, social work, academic detailing, nurses
- ❑ VA has established "stewardship teams" at **each level of the organization**
 - ❑ Bidirectional communication and overlapping representation
 - ❑ Regular meetings and prioritized action items
- ❑ Teams evolve regularly, **dynamic**
 - ❑ Solution-oriented, committed, passionate leaders, including front line



Pharmacy Roles and Leadership

Advanced Practice Provider

- Chronic pain management, prescriptive authority
- Opioid taper
- Safety monitoring
- Overdose education, naloxone
- Referrals for needed care
- Population health

Stewardship Champion

- Team leadership, direction
- Policy development, implementation
- Multidisciplinary high risk case reviews
- Gap analysis and direction
- OSI metric oversight
- Academic Detailing



Kaiser Permanente: Components

- **Opioid therapy plans if taking chronic opioids**
 - Expectations around office visits, urine drug screens, etc.
- **Teams available to support physician efforts**
 - E.g., multidisciplinary opioid tapering team that accepts referrals
 - Training on pharmacist responsibility to escalate concerns
- **Access to additional resources to manage pain**
 - E.g., pain management classes, acupuncture
- **Utilization management controls**
 - Support making the right thing to do the easy thing to do



Kaiser Permanente: Management Team

- **Multidisciplinary teams support physician efforts**
 - Pharmacists, both leaders and front-line staff, play key roles
- **Physician endorsement and support are key**
- **Types of pharmacy programs include:**
 - Opioid tapering
 - Clinical management of chronic pain
 - Academic detailing
 - Safety net monitoring
 - Fraud and abuse monitoring

Patient testimonial:
“Working with your team has changed my life. I feel like I’ve gotten my life back.”





Interactive Session: Strategies and Implementation Pain Management Stewardship Components and Management Team



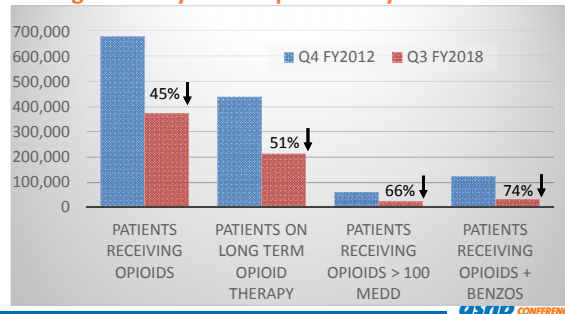
Selected Quality Measures to Address Opioid Safety

Measure Type	NCQA ¹⁰	CMS ¹¹	PQA ¹²
High Dose	120 MME or greater	90 MME or greater	120 MME or greater
Multiple Providers	4+ prescribers, 4+ pharmacies	4+ prescribers, 4+ pharmacies	4+ prescribers, 4+ pharmacies
Concurrent Benzodiazepines	N/A	Opioid + BZD for 30 days or more	Opioid + BZD for 30 days or more
Initial Opioid Prescribing	15+ days in 30-day period or 31+ days in 62-day period	Proposal regarding initial days supply and/or MME	In development: LA/ER opioids, 50 MME +, > 7 days supply

MME = morphine milligram equivalent; BZD = benzodiazepine; LA = long-acting; ER = extended release

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Program Analysis: VA Opioid Safety Initial Metrics



Program Analysis: Additional VA Metrics

Metric	Q1 FY2013	Q3 FY2018
% Veterans on Chronic Opioids with UDS	34.11%	80.03%
% Veterans with Informed Consent for Opioids	0.0%	89.26%
% Veterans Dispensed > 90 MEDD	1.85%	0.68%
% Veterans on Opioids with PDMP	0.15%	66.71%
Total Naloxone Kits dispensed		194,088

Additional Targets: ED/discharge opioid prescribing, Opioid prescribing > 2 SD of mean, risk reviews for very high risk patients, Veteran Satisfaction

Database reports: national, network, facility, provider, patient level

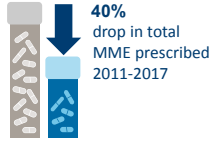
Tips for sustainment: Consistent culture, implement policy to prevent "doc shopping," establish policy for opioid prescribing limits

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Kaiser Permanente: Metrics and Tracking Success

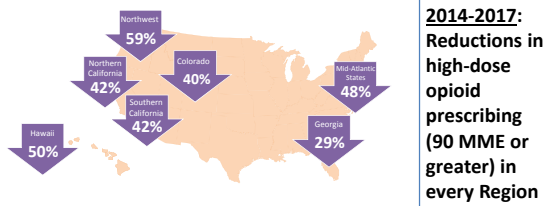
Selected Reporting to Support Principles and Goals

- **Opioid overutilization**
 - 4+ pharmacies, 4+ providers, high-dose
 - Chronic opioid utilization stratified by milligram morphine equivalence (MME)
- **Reporting on concurrent use of opioids with other medications**
 - Hydrocodone/oxycodone plus a benzodiazepine plus carisoprodol
 - Opioid plus benzodiazepine
- **Safety net reports**
 - Long-acting opioid new starts
 - “As needed” opioid use



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Kaiser Permanente: Metrics and Tracking Success



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Interactive Session: Program Analysis – Metrics and Tracking Success, Scaling, Sustainability

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Other Lessons and Tips

- ✓ Individualize approach, break into manageable pieces, have milestones
- ✓ Don't rely on one champion; shared ownership is required by everyone
- ✓ Ensure allocated time for participation
- ✓ Identify strong practice models, share – no need to recreate the wheel
- ✓ Establish baselines, track, market success stories, including patient successes
- ✓ Quantify return on investment to foster continuous buy-in
 - Leadership –
 - Financial impact (medication cost, access to care)
 - Regulatory (Joint Commission, State laws, other regulation)
 - Quality of care vs. competitors
 - Providers – office visit efficiency, burden of care, patient relationships
 - Front-line staff – clinic flow and patient burden
 - Everyone – patient outcomes, overdose and suicide prevention



KEY TAKEAWAYS

- 1) PAIN STEWARDSHIP BRINGS CHALLENGES AND OPPORTUNITIES**
We must rise to the occasion and develop infrastructures and strategies to improve patient care during this epidemic.
- 2) SYSTEMATIC PROCESSES YIELD SUCCESS**
Establishment of specific targets and pulling together various disciplines in a common goal can lead to significant improvements in patient care.
- 3) PHARMACISTS PLAY AN IMPORTANT LEAD ROLE IN THIS FIGHT**
Using the principles and strategies outlined in this presentation, Pharmacy as a profession can rise to the occasion and challenge.



Pre-Post Questions

- Name at least two accrediting or governmental agencies that have prioritized pain management stewardship as a key practice area in 2018.
- Name three key members of any pain stewardship program.
- Articulate at least three components of a multifaceted organizational plan for pain stewardship.
- Describe at least one opportunity for pharmacy leaders in addressing pain management stewardship.
- Describe at least one strategy that both Kaiser Permanente and VA have deployed to address the Opioid Crisis.



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Questions?

Workshop Overview

- Groups of 8–10 people will have 30 minutes to discuss the framework of the creation of a Pain Stewardship program.
- Using the Templated Handout provided spend 5 minutes on each section
 - Background on issues, problems, opportunities
 - Description of product or service you are proposing
 - Market/gap analysis
 - Strategies and implementation
 - Management needs
 - Financial analysis
 - Long term plans, goals, threat assessment
 - Executive summary – elevator speech



Creating a Pain Stewardship Program Workshop Handout

Instructions: Groups will use the principles learned and discussed in the lecture sessions of the program to devise an multifaceted organizational action plan to develop and implement a pain stewardship program upon returning from these sessions. Key components are based on proven principals used by many organizations. Using this action plan template and key points will allow the participants to rapidly brainstorm through the document that will form the basis of their action plan moving forward. Items should be considered and worked on in the order they appear:

Element	Goals and Considerations	Key Stakeholders	Action Plan (Outline Components)	Target Date
Background description of the issues, problems or opportunity	<ul style="list-style-type: none"> • Delineate the current problem by using both descriptive discussion and data. • Where applicable, give background on how the problem arose. • Reflect a review of the literature andf how others have dealt with similar problems. 			
Product or Service you will be selling	<ul style="list-style-type: none"> • Describe exactly what you intend to do to solve the problem (i.e. establish a pain stewardship program) • Describe what type of evidence you will be using to demonstrate success and from who's perspective. • Focus on Customer (patient, provider, health care system) benefits. • Describe any technology you will be using. 			
Market Analysis	<p>Clearly examine your market to include:</p> <ul style="list-style-type: none"> • Customer needs (patients, caregivers, administrators, front line staff, etc.) • Market Trends & Market Growth • Problems that will occur if you don't solve the issues • Opportunities that exist if you are successful • Competition – can it be contracted or can someone else do it better (including other services like nursing)? 			

Strategies and Implementation	<p>Be specific and include:</p> <ul style="list-style-type: none"> • Management responsibilities • Team member responsibilities • Data/outcomes that will be collected • Timelines for specific milestones • Marketing and promotion • Distribution or implementation 			
Management Team	<p>Task force/team members:</p> <ul style="list-style-type: none"> • Identify team members and role considering qualifications/skills • Is the team already together or does it need to be assembled? • If already together have they been successful before? Any changes needed? • If not together, how will you approach assembling? • Team gaps or weaknesses need to be identified and a resolution 			
Program Analysis	<ul style="list-style-type: none"> • Identify metrics for success and key indicators; return on investment analysis • Outline plan to scale program • Identify sustainability needs • Identify any important assumptions 			
Executive Summary	<p>Write this LAST after completing the sections below. It is really the component of your 5-minute elevator speech or pitch to executive leadership. Generally written last as a quick synopsis of what the proposal is going to detail Should include objectives, mission and keys to success. Use the KISS (keep it simple stupid) method by being clear and concise. Needs to be strong enough to make the reader want to review the entire proposal or believe you without reading it!</p>			