Opioid Prescribing Improvement with QI Toolkit and Coaches

Agency of Healthcare Research and Quality

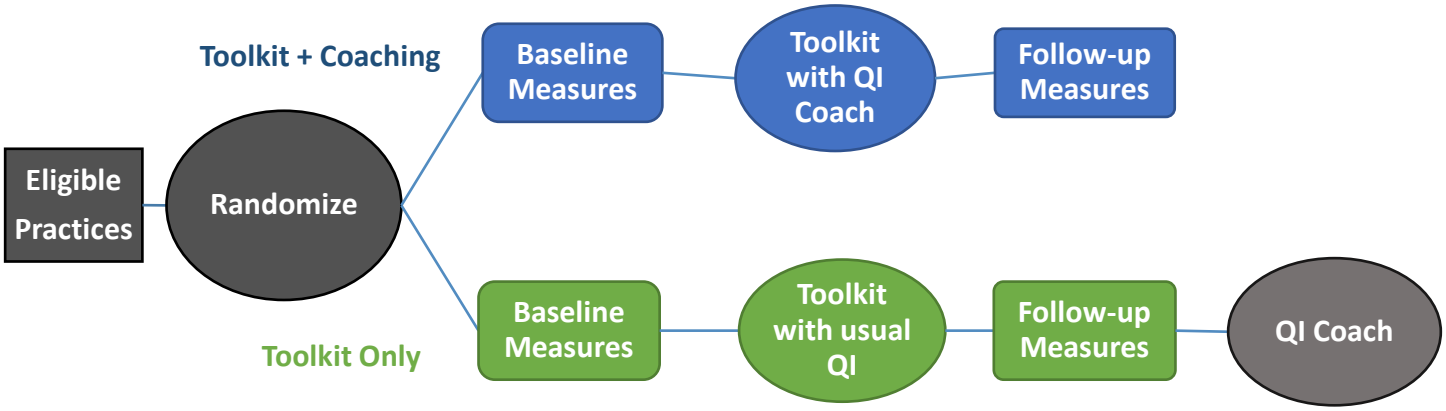
Study Focus: Does adding an expert Quality Improvement (QI) coach to a QI project on opioid prescribing increase adherence to established prescribing recommendations, reduce opioid use, and maintain or improve pain and functional for patients with chronic pain in primary care?

Design: Randomized comparison of the QI Toolkit for Opioid Prescribing *vs.* the QI Toolkit for Opioid Prescribing with a remote QI Coach. The Toolkit (provided to all practices) includes 28 evidence-based/field tested strategies for improving opioid prescribing and a step-by-step process to redesign clinical and office workflows. The common principles for all practices are:

- Use a team approach across the practice in helping patients with chronic pain
- Strategies selected for implementation by the practice are used consistently across all prescribers;
- Establish a Pain Management Council of prescribers to review practice performance toward goals, including peer comparison and review of specific patient care plans

The intervention is at the level of the practice. All participating practices complete a QI project on opioid prescribing focused on implementation of the Toolkit strategies that best suit their needs. The intervention arm includes an expert external coach for the practice QI facilitator and team.

Patient data are collected via telephone and web surveys. Data from the state-wide Prescription Drug Monitoring Program and electronic chart audits are collected by practice staff, separately contracted and trained, at start and end of the project. Practices randomized to the control arm have access to the QI coach at end of final data collection.



Benefits of the Study to the Practice:

- All practices will receive the full intervention: intervention practices will receive this support after randomization; control arm practices will get the support 24 months after randomization. General timeline:
  - 3 months from notice of eligibility to completion of subcontracts, local IRB, and data requirements
  - If in the intervention arm: up to 12 months of QI activity followed by 12 months of observation
  - If in the control arm: 24 months of self-paced QI followed by 9 months of coaching support
- Practices will receive a participation stipend of $10,000.
- Practices will gain access to tools that may help improve the health care and outcomes of their patients, as well as informing other primary care providers about how to help millions of Americans.

Administration and Management of Study

- This contract is proposed for funding by the Agency for Healthcare Research and Quality. The principal contractor is the University of Vermont with support from the Northern New England Clinical and Translational Research Network.
- The project is led by Connie van Eeghen, DrPH, with support from Charles MacLean, MD and Neil Korsen, MD.
- Questions or comments should be sent to Juvena Hitt, Project Manager, at Juvena.Hitt@med.uvm.edu.