BCBSM Care Management Recognition Award (Best Practice Submission)

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Executive Summary:

Great Lakes Medical Associates (GLMA) is an internal medicine and family practice office located in the rural town of Edmore, MI. Beginning in 2018, GLMA weaned all controlled substance use for chronic pain patients over a 15-month period while still retaining these patients to the practice. Initially, 170 unique patients were being prescribed controlled substances for chronic pain. By the end of the program, there were only 23 patients who met this criterion. Furthermore, the total number of chronic pain controlled substance prescriptions was reduced from nearly 800 prescriptions per quarter to less than 50 per quarter, over the same time period. Of note, it was discovered that the majority of the 23 patients who were still being prescribed these medications at the conclusion of the program were being treated for cancer or in hospice, demonstrating even further success. The success of this program relies greatly on the physician and care manager team management approach as opposed to other options such as Medication Assisted Therapy (MAT) programs.

Category: Care Management Workflow
Title: *Controlled Substance Tapering Practice Management*
Start date: January 2018 **End Date:** March 2019
Goal: The goal of this program was to leverage the physician-care management team to wean off all controlled substance use for every chronic pain patient at Great Lakes Medical Associates, excluding cancer and end of life management.

Development:

In the fall of 2017, the Great Lakes OSC (GLOSC) Care Management Lead and Practice Transformation Specialist (PTS) met with GLMA physician team and care manager to discuss care management opportunities. The discussion led to the practice physicians deciding to embark on engaging all chronic pain patients with the support of their care manager. The success of this program would rely on the development of a process to identify and taper controlled substance use patients through care management support.

Program Description:

In January 2018, a Controlled Substance Policy was created (Appendix B) to direct the office team on policy change and new processes to care for controlled substance use patients. All patients, including those that were new to the practice, were informed of practice moving to an "opioid free" office. A *Controlled Substance Management Agreement* & *Opioid 'Start Talking'* form provided by the Michigan Department of Health and Human Services (MDHHS), was signed by all patients after meeting with the prescribing physician. A Michigan Automated Prescription System (MAPS) report was reviewed at every patient visit and as needed. A quantity of one month's worth of any narcotic medication was provided at a time.

As patients were scheduled to come in for medical appointments and prescription refills, they were informed of the practice's new policy of managing chronic pain. The physician team began utilizing supportive measures including their care manager.

An opioid template was created in the practice EMR to assist with all team members being able to access the opioid plan of care, what the current medication regimen consisted of, what the taper plan was, and what were the next steps. This ensured the plan of care was accessible to all providers. Dosage increases were to be provided only by the provider on the *Controlled Substance Management Agreement*. This prevented patients from seeking another provider in the practice to obtain the desired, previous opioid dose prescription. Patients were also informed that other providers would not be deviating from the original physician's plan of care. Tapering doses

averaged 10% decrease per month. Urine drug screens were performed at discretion of the provider and at a minimum of every 3 months to ensure patient adherence to the care plan.

Care manager responsibilities were not prescribed and were continuously tailored throughout the project. For the most part, these responsibilities were personalized based on patient needs. The greatest responsibility for the care manager in this program was being accessible to patients, whether it be via phone or in-person. After initial consultation with the physician to discuss the new opioid plan of care, the physician provided a warm handoff of the patient to the care manager. At the initial care management meeting, the primary goal was to help the patient understand they were not going to have their pain medication removed abruptly and that the practice would provide ongoing support. Patients handed off to the care manger were visibly upset and needed immediate emotional support and education. Patients needed a clear understanding that they would not be left without physical and emotional support.

Education for patients and families included understanding withdrawal symptoms, managing anxiety, anatomy and physiology of pain, mechanisms of pain medications, and pain management alternatives. Helping patients to understand they will have some pain and to helping patients identify what level of pain is acceptable was essential. Education also centered on re-educating patients on previously attempted methods of pain control and their personal perceptions related to them, such as other medications or physical therapy.

The GLMA team developed relationships and identified short wait times for open appointments at local pain clinics. If a patient was not able to taper their controlled substance dosage at the prescribed rate, they received a referral to a local pain clinic. The medical assistant set up the appointment and the care manager ensured the patient was informed of the pain clinic appointment, identified and removed barriers to attending the scheduled time at the pain clinic. Patients were also offered support through behavioral health services. These connections provided therapies related to underlying concerns with management of self or addiction during therapy changes.

The physician continued to manage patients in the practice every month. Patients were managed both in person and via the phone by the care manager. It was extremely valuable for the care manager to be accessible for patients to call when they became anxious, began having withdrawal symptoms, or had questions during opioid weaning process.

Patient Identification:

The lead physician ran reports on all controlled substance use patients using EMR and MAPS. Patients were flagged prior to their next appointment for the physician to discuss the new controlled substance use plan of care. The physician then discussed management of pain and intent to wean controlled substance medication with them at their appointment. Following this discussion, the patients were handed off to the care manager.

Measurement of Success:

Measurement of the success of this program would be based on outcome-based measures that look at the number of patients and prescriptions for controlled substances for chronic pain, in addition to process-based measures that reflect patient adherence and acceptance of new policies and procedures.

1. Decrease the number of patients weaned off controlled substance medications by 80%. (Outcome-based)
2. Decrease the number of controlled substance prescriptions refilled through MAPS reporting by 90%. (Outcome-based)
3. Less than 5% of patients leaving the practice as a result of incorporating the controlled substance policy. (Process-based)
4. Positive anecdotal patient responses were a significant source of demonstrating success. (Process-based)

Outcomes:

By the end of the program, all chronic pain management patients were successfully removed from controlled substance medications. Those residing at nursing homes, cancer, and end of life patients were included in MAPS reporting and therefore are included in the results (see Exhibit A). This demonstrates that a small percentage of patients remain on controlled substances attributed to this physician group. All other patients have been successful with alternative medications, which were often previously being utilized in combination with controlled substances.

At the beginning of the program, there were 170 unique patients on controlled substances for chronic pain. A steady decline was observed throughout the year and by the end of the program, there were just 23 patients identified as being on controlled substances for chronic pain. Included in this number are patients residing in nursing

homes, those with a cancer diagnosis, and those who were end of life patients being managed by this physician group.

During the same time period, the number of unique controlled substance prescriptions for chronic pain medications also demonstrated a steady decline over the 15 months. During this period, the number of prescriptions was dropped from 781 prescriptions to 45. Again, included in this number are patients residing in nursing homes, those with a cancer diagnosis, and those who were end of life patients being managed by this physician group.

Another indicator of success with regard to the program is the minimal number of patients who left the practice due to the new controlled substance policy at GLMA. It is estimated that 3 patients are suspect to have left the practice due to new controlled substance use policy. This cannot be adequately validated due to patients not providing reasons for finding a new provider or simply not coming back to the practice.

Anecdotal evidence from patient testimonials during follow up meetings with physician team members and RN care manager include several positive statements. These include: "I have more energy", "I am less groggy", and "I feel like I have a better quality of life now". Despite initial negative reaction from many patients, the positive feedback to the care team vastly outweighed the negative.

Resources & Processes Utilized:

During the first quarter of the program, Dr S. Sarvepalli, J Hutchinson RN, and several team members attended Michigan Center for Clinical System's Improvement's (MiCCSI) Treating Pain & Addiction program. Several key tools were adopted to assist with the Controlled Substance Tapering Practice Management program at GLMA. Michigan Medicine and Mary Free Bed's website tools were instrumental for care team members as well as patients. The RN Care manager utilized *Learning About Managing Pain (LAMP) Patient Workbook* by Beverly Thorn to work with patients to assist with education and to structure face to face meetings. Single-page, literacy-appropriate handouts for facts on pain medications were also utilized. Equal contributions from the physician team and care manager in terms of engagement were essential to the success of the program.

Why does this work matters:

Chronic pain associated controlled substance use has been associated with higher morbidity & mortality. Work such as that demonstrated in this project is both a statewide and national priority to improve outcomes and reduce costs. GLMA & GLOSC are most proud of this work as it is changing peoples lives today and in the future. In less than one-year, controlled substance prescription refills for chronic pain conditions were drastically reduced. Patients reported having a better quality of life and were able to manage their pain effectively. Patients reported feeling less "groggy" and having more energy in their daily lives.

Utilization of Funds:

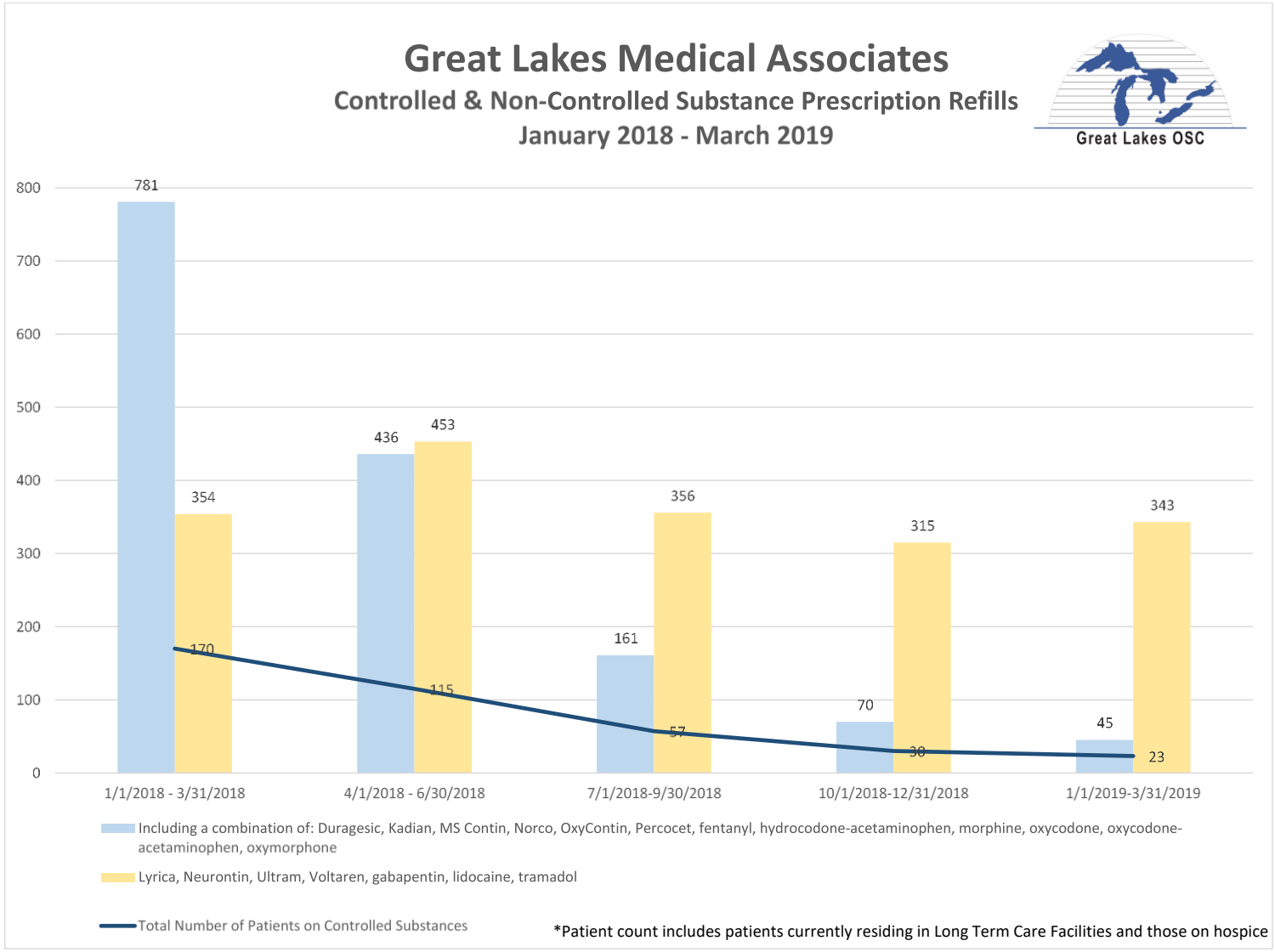
Funds received for this award will be applied in several ways. The outcomes of this program have garnered such success that expanding this to all primary care practices is essential. This would include physicians, nurse practitioners and physician assistants, care managers, and medical assistants attending MiCCSI's pain and addiction course. Fees to attend the course as well as time away form the office to attend would be reimbursed. GLOSC offices span over 8 counties and some are in very rural areas that make it difficult to pull staff away for hours at a time if not an entire day. Attending SBIRT training would be encouraged for further educational development for care managers. The amount of funding that would be dedicated to these efforts would be approximately $10,000.

Impacting the Opioid epidemic is a state and national priority, therefore incentivizing practices to adopt a controlled substance tapering program is necessary in order to spur adoption of such a program. The total cost of this incentive program would be $10,000 – $15,000 annually.

Reimbursement monies would also be used to provide self-management courses to enable the growth of care coordinator teams in all practices. This would require approximately $20,000 in funding.

Lastly, it has long been a goal of Great Lakes OSC to employ a pharmacist to aid in programs such as the one described above for our high-risk populations with respect to use of chronic pain medications. The remaining funding (approximately $50,000) would be applied towards funding this position with a long-term commitment in mind.

Appendix A – Controlled & Controlled Substance Prescription Refills over Study Period



Appendix B – Controlled Substance Policy

Great Lakes Medical Associates

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Prakash Sarvepalli, M.D., CMD | Sailaja Sarvepalli, M.D. | Stephanie Boring, PA-C | Rebecca Enright, NP, Daniel Brennan, PA, Jackie Lewis PA

Controlled Substance Policy

You have been given this policy statement because you will be entering into a contract with your provider to receive a prescription which is considered a controlled substance by the Drug Enforcement Agency. These medications have a special designation because they are at increased risk for serious side effects which may include, but are not limited to, sedation, addiction, respiratory depression or overdose. This clinic is dedicated to the safety of our patients and our policies reflect the most recent guidelines set forth by the Center for Disease Control. These policies are as follows:

You will be required to submit a urine specimen when requested for drug screening purposes.

You may need to bring your medication in on request for a pill count. We will regularly, and sometimes randomly, obtain your prescription history from the Michigan Automated Prescription Service (MAPS).

You must select a single pharmacy where you will be filling these medications. You will be required to notify your provider if this pharmacy changes for any reason.

You will be required to be seen at regular intervals in the clinic as determined by your provider. This interval must not exceed 90 days.

Refills which are needed between visits must be picked up in person at the clinic or will be sent electronically by your provider to your chosen pharmacy. Prescriptions are valid for 48 hours from time of e-prescribing or drop off. We require 48 hours for all refill requests.

These medications must only be taken as prescribed by your provider and according to the instructions on your prescription.

These medications are dangerous to pets and children and are at risk for theft. Medications must be kept in a secure location, as they will not be replaced if lost or stolen, and will not be filled before they are due.

You may not be prescribed controlled substances for routine use by another provider. Controlled substances which are needed on an emergency basis and are obtained from another source (such as an emergency department) must be reported to your provider within 24 hours of the next business day.

Recreational/street drugs may not be used with these medications. If you have a card for medical marijuana, this must be discussed in advance with you provider.

Failure to comply with these policies may result in discontinuation of the controlled medication and/or discharge from Great Lakes Medical Associates, PC.

By signing below, I certify that I have been given these policies and will abide by them as a requirement for continuing care at Great Lakes Medical Associates, PC. I understand that any questions I have regarding these policies may be asked and will be answered.

Patient Name_____ Date of Birth_____

Patient Signature_____Date_____

Patient declines copy of Policy: _____ _____

Staff initials Patient Signature