QI Project Preliminary Worksheet for MOC Eligibility (ABMS Part IV, NCCPA PI-CME)

Basic components of an eligible project are outlined below. Briefly highlight plans for each step.

- *If not yet known, enter "TBA."*
- *To check boxes, hover pointer over the box and click (usual "left" click).*

Review the overview with either of the following individuals for suggestions to facilitate completing the formal application for MOC credit.

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1. **Date** *(this version)***:** 2/25/15

2. **Key individuals**
   a. Project leader: Heather Holmstrom, MD
   b. Clinical leader who oversees the project leader regarding the project: Grant Greenberg, M.D., and David Serlin M.D.

3. **Title of QI project:** Improving management and monitoring of use of controlled substance by patients prescribed these medications on a chronic basis.

4. **Approximate number (by specialty/subspecialty for physicians) for MOC:**

Participating for MOC	Primary Specialty	Subspecialty, if any	Number
Practicing physicians	Family Medicine		50
Residents/Fellows	Residents – Family Medicine		15
Physicians' Assistants	(N/A)	(N/A)	4

5. **Patients involved** *(e.g., age, medical condition, where seen/treated)***:** Adult patients (age >=18 years) with 2 visits in the past 2 years and one visit in the past 13 months to a Family Medicine clinic who received either:
   - A new prescription for Schedule II, Ill, IV Opioid with qty 150,or
   - A renewal for a Schedule II Opioid with qty > 30, or
   - A renewal for a Fentanyl Patch with qty 10, or
   - A renewal for a Schedule Ill or IV Opioid with qty: > 90 and > 2 refills, or
   - A new prescription for Benzodiazepine with qty > 90, or
   - A renewal for Benzodiazepine with qty > 90 and >2 refills

PLAN

6. **General purpose**
   a. Problem with patient care ("gap" between desired state and current state) *(from logic diagram):*
      (1) What should be occurring and why should it occur (benefits of doing this)?

      Prescribing controlled substances may be an important and appropriate aspect of patient care for chronic pain or anxiety. However, controlled substances have several medical and safety concerns. Patients on these medications may become medically addicted, may take increasing amounts without physician guidance, may take non-prescription illicit substances placing their health at grave risk, and may illegally resell their medications. Important monitoring activities that help identify and reduce these risks include:

      - A Controlled Substance Agreement (CSA) in place and annually reviewed.
      - The Michigan Automated Prescription System (MAPS) checked at least annually for controlled substance prescriptions from other sources
      - A random urine drug test performed at least annually to screen for both the presence of the prescribed agent and the absence of non-prescribed agents and illicit drugs.

      (2) What is occurring now and why is this a concern (costs/harms)?

      The rates of performing these three activities are substantially below the targets established by the UMHS Controlled Substance QI Steering Committee. Low levels of management and monitoring of controlled substances increase medical and safety risks for these patients.

b. Project goal *(from logic diagram)*: Improve performance and documentation of CSA, MAPS, and Urine Drug testing for eligible patients on controlled substances.

7. Measure(s). For each performance measure, list its name *(e.g., Percent of . . ., Mean of . . ., Frequency of . . .)* **and how it is calculated** *(denominator and numerator)***:**

- Percent of patients with a CSA. Of the number of patients in the defined population (denominator), the number with a CSA documented in the medical record (numerator).
- Percent of patients with MAPS assessment in the past year. Of the number of patients in the defined population (denominator), the number with a MAPS assessment in the past 365 days (numerator).
- Percent of patients with a drug screen within the past year. Of the number of patients in the defined population (denominator), the number with a drug screen (Drug10, Drug Comp, GCMS, or Drug 6) in the past 365 days (numerator).

(Data 1) **8. Baseline performance**

a. What are the beginning and ending dates for the baseline measurement period *(from timeline)*?
The UMHS registry of patients on controlled substances was checked for the status of Family Medicine patients on 12/31/14 regarding: whether they had a CSA, whether MAPS had been checked within the previous 12 months, and whether a drug screen had been performed within the previous 12 months.

b. By when will the data be collected and reported *(from timeline)*?
1/31/15

c. Insert or attach an example of a table or figure that will be used to present the results. *(It should display the time periods, the measures, and places to enter the sample sizes and results).*

Measures	Time Periods		
	Baseline (12/31/14)	2 Months Post-Intervention (4/30/2015)	2 Months Post-Adjustment (8/31/2015)
N patients in registry	N	N	N
% with Controlled Substance Agreement	%	%	%
% with Michigan Automated Prescription System	%	%	%
% with Urine Drug Screen	%	%	%

9. Review baseline results, identify causes, and plan interventions

a. Who is involved (e.g., by profession or role)? Physicians, Advance Practice Providers (APP's: PA's and NP's), Medical Assistants (MAs), nurses, LPNs, and health center management staff

b. How will they meet (e.g., clinic staff meeting)?

- Departmental Population Improvement Group, which is includes representatives of all of these team members. Practice Improvement Group Meetings are held on a monthly basis. (January 21, 2015 and February 18, 2015 during this review period).
- Faculty business forums held bi-weekly
- Clinic/Site team meetings held at each clinic, on each team, monthly (dates vary based on site)
- E-mail Communication was encouraged as a venue for follow up questions, input, and discussion after each of the various in-person meetings.

c. On approximately what date will the review of baseline data and planning occur *(from timeline)*?
1/31/15 – 2/24/15

10. Baseline underlying/root cause(s) and planned interventions to address each cause.

As background, some summary examples of common causes and interventions to address them are presented in the table immediately below. The entries reflect linked causes and interventions illustrated in the center section of logic diagram for structured problem.

Common Causes	***Common Relevant Interventions***
Individuals: Are not aware of, don't understand.	*Education about evidence and importance of goal.*
Individuals: Believe performance is OK.	*Feedback of performance data.*
Individuals: Cannot remember.	*Checklists, reminders.*
Team: Individuals vary in how work is done.	*Develop standard work processes.*
Workload: Not enough time.	*Reallocate roles and work, review work priorities.*
Suppliers: Problems with provided information/materials.	*Work with suppliers to address problems there.*

For the baseline results, list the primary underlying/root causes for the problem(s) that the project can address and the planned intervention(s) to address each cause – from logic diagram resulting from review of baseline data. (If baseline results are not yet available, list the currently hypothesized causes and likely interventions to address them. After baseline data are reviewed, the causes and interventions identified at that time will be included on the report of the project.)

Cause(s) of Baseline Results	**Planned Intervention(s) to Address**
Health care providers not aware of expectations regarding controlled substance monitoring.	Educate providers and teams regarding monitoring expectations and reasons for them.
No agreement regarding roles of team members on processes for checking MAPS and urine collection	Develop standard roles for team members to carry out monitoring processes.
"FYI" flag that patient is on controlled substance not noted in electronic medical record, so electronic "best practice alert" prompts for monitoring do not occur	Educate physicians on how to initiate in the medical record a "FYI" flag that controlled substance have been prescribed.

DO

11. Intervention implementation. By what date are the intervention(s) implemented *(from timeline)*?
2/28/15

CHECK
(Data 2)

12. Post-intervention performance

a. What are the beginning and ending dates for the post-intervention measurement period *(from timeline)*? 3/1/15 – 4/30/15. (The registry of patients will be checked for patient status at 4/30/15, 2 months following the intervention. Most patients followed for controlled substances are seen every 1-3 months, the majority every 2 months.)

b. By when will the data be collected and reported *(from timeline)*? 5/10/15

ADJUST – REPLAN

13. Review post-intervention results, identify causes, and plan interventions

a. Who is involved (e.g., by profession or role)?

☒ Same as #9a? ☐ Different than #9a *(describe)*:

b. How will they meet (e.g., clinic staff meeting)?

☒ Same as #9b? ☐ Different than #9b *(describe)*:

c. On approximately what date will the review of post-intervention data and planning occur *(from timeline)*? 5/11/15 – 5/30/15

14. Post-intervention underlying/root cause(s) and planned interventions to address causes

For the post-intervention results, list the primary underlying/root causes for the problem(s) that the project can address and the planned intervention(s) to address each cause – from logic diagram

resulting from review of post-intervention data. (If post-intervention results are not yet available, list "TBA.")

Cause(s) of Post-intervention Results	Planned Intervention(s) to Address
(To be determined when data available.)	

REDO

15. Adjustment/second intervention implementation. By what date are the adjustments implemented *(from timeline)*? 6/30/15

RECHECK (Data 3)

16. Post-adjustment performance

a. What are the beginning and ending dates for the post-adjustment measurement period *(from timeline)*? 7/1/15 – 8/31/15. (The registry of patients will be checked for patient status at 8/31/15, 2 months following the adjustments. Most patients followed for controlled substances are seen every 1-3 months, the majority every 2 months.)

b. By when will the data be collected and reported *(from timeline)*? 9/10/15

READJUST PLAN

17. Review post-adjustment results, identify underlying causes, and plan interventions

a. Who is involved (e.g., by profession or role

☒ Same as #13a? ☐ Different than #13a *(describe)*:

b. How will they meet (e.g., clinic staff meeting)?

☒ Same as #13b? ☐ Different than #13b *(describe)*:

c. On approximately what date will the review of post-intervention data and planning occur *(from timeline)*? 9/11/15 – 9/30/15

18. Post-adjustment underlying/root cause(s) and planned interventions to address causes

For the post-adjustment results, list the primary underlying/root causes for the problem(s) that the project can address and the planned intervention(s) to address each cause – from logic diagram resulting from review of post-adjustment data. (If post-intervention results are not yet available, list "TBA.")

Cause(s) of Post-Adjustment Results	Planned Intervention(s) to Address
(To be determined when data available.)	

PARTICI-PATION FOR MOC

19. Do individuals desiring MOC participate in all of the following?

a. Review of baseline data, identifying underlying causes, and planning intervention (#9).
b. Implementing intervention (#11).
c. Review of post-intervention data, considering underlying causes, and planning changes (#13).
d. Implementing further intervention/adjustments (#15).
e. Review of post-adjustment data, considering underlying causes, and planning changes (#17).

☒ Yes ☐ No

OPERA-TIONAL PLANS

20. How will you provide a list of individuals who plan to participate for MOC as described in #19?

☒ Have participants individually enroll through an online form provided by the UMHS Part IV Program.

☐ Project lead will provide to the UMHS Part IV Program a list of individuals planning to participate.

21. Are you applying also to have "Performance Improvement" CME credit (30 AMA PRA Category 1 credits) designated for physicians participating in this QI project?

☐ Yes ☒ No

22. Are you planning to present this QI project and its results in a:

☒ Yes ☐ No Formal report to clinical leaders?

☐ Yes ☒ No Presentation (verbal or poster) at a regional or national meeting?

☐ Yes ☒ No Manuscript for publication?