

QI Project Application/Report for Part IV MOC Eligibility

Instructions

Complete the project application/report to apply for UMHS approval for participating physicians to be eligible to receive Part IV MOC credit through the Multi-Specialty Part IV MOC Pilot program. Questions are in bold font and answers should be in regular font (generally immediately below the questions). To check boxes electronically, either put an "X" in front of a box or copy and paste "☒" over the blank box.

Actions regarding the application depend on the stage of the project, as described below. As stages are accomplished, you may submit updates of the application with the description of planned activities replaced by descriptions of actual activities performed. A final application describing the completed project is required. Submitting earlier versions helps assure that when planned activities are carried out, they will meet Part IV requirements.

Preliminary approval. Plans are developed for the expected activities, but little actual work has been performed.

Part IV credit approval. Baseline data have been collected and the intervention performed, with completion of both steps documented on an application (or application update). The project has demonstrated its operational feasibility and the likelihood that subsequent data collections and adjustment will be performed.

Participation ("attestation") forms provided. The project has been completed with the expected sequence of activities performed and documented on a final application (or application update), which is the "final report" on the project.

For further information and to submit completed applications, contact either:

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Application/Report Outline

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QI Project Application/Report for Part IV MOC Eligibility

A. Introduction

1. **Date** (*this version of the application*): 2 February, 2013

2. **Title of QI project:** Improving the Process of Laxative Therapy Recommendation at the Time of Initiating Opioid Therapy during Palliative Care Consultations

3. Time frame

a. At what stage is the project?

Completed (*UMHS Part IV program began 1/1/11*)

b. Time period

(1) **Date physicians began participating:** September 1, 2012

(2) **End date:** actual 2 February, 2013

4. QI project leader [*responsible for attesting to the participation of physicians in the project*]:

a. **Name:** Daniel B. Hinshaw, M.D.

b. **Title:** Professor

c. **Institutional/organizational unit/affiliation:** Department of Surgery and Palliative Care Program, UM Geriatrics Center and Section of Geriatrics VA Ann Arbor Health Care System

d. **Phone number:** (734) 845-3072; cell phone: (734) 904-9732

e. **Email address:** hinshaw@umich.edu

f. **Mailing address:** Palliative Care Program, Geriatrics Section (11G), VAMC; 2215 Fuller Rd., Ann Arbor, MI. 48105

5. **What specialties and/or subspecialties are involved in this project?** Hospice and Palliative Medicine and Geriatrics

6. Will the funding and resources for the project come only from internal UMHS sources?

Yes, only internal UMHS sources

The Multi-Specialty Part IV MOC Program requires that projects engage in change efforts over time, including at least three cycles of data collection with feedback to physicians and review of project results. Some projects may have only three cycles while others, particularly those involving rapid cycle improvement, may have several more cycles. The items below are intended to provide some flexibility in describing project methods. If the items do not allow you to reasonably describe the methods of your specific project, please contact the UMHS Part IV MOC Program office.

B. Plan

7. General goal

a. Problem/need. What is the “gap” in quality that resulted in the development of this project?

Why is this project being undertaken? Opioid pain medications are frequently prescribed, especially in the context of palliative care for pain and dyspnea occurring in advanced cancer and other life-limiting illnesses. A very common, if not universal adverse side effect of their use is constipation due to opioid-related effects on smooth muscle action in the gut, causing delayed

transit of fecal material in the colon and increased absorption of water from the feces. These effects produce hard, dry stools at much less frequency. This side effect can be so distressing for patients that it may limit compliance with opioid therapy, thus limiting effective medical management of their suffering. If a laxative regimen is not initiated concurrently at the beginning of opioid therapy and/or opioid-related constipation persists for many days, patients may also be at risk for the serious complication of fecal impaction which can act like a bowel obstruction and in the elderly may also precipitate delirium. This latter, serious complication of fecal impaction is unfortunately seen on a fairly frequent basis in hospitalized patients receiving opioid therapy and indeed may be a primary reason for hospital admission. More consistent prescribing and compliant use of laxatives during opioid therapy should significantly reduce these types of complications.

b. Project aim. What aspects of the problem does this project aim to improve? This project addresses the problem of inconsistent concurrent recommendation of laxative regimens at the time opioids are recommended during palliative care consultations by postgraduate medical trainees and staff physicians rotating on a busy inpatient palliative care consultation service at a teaching hospital (VA Ann Arbor Health Care System). The general goal of the project is to reduce the incidence of opioid-related constipation in patients with advanced illnesses who require opioid therapy for relief of pain or dyspnea.

8. Patient population. What patient population does this project address. Patients with advanced illnesses seen by the Palliative Care Consultation Team at the VA Ann Arbor Health Care System for whom opioids are recommended as part of the palliative care consultation will be impacted by this project.

9. What is the experimental design for the project?

X Pre-post comparisons (baseline period plus two or more follow-up measurement periods)

10. Baseline measures of performance:

a. What measures of quality are used? If rate or %, what are the denominator and numerator?

The percentage of palliative care consultations in which opioid medications are recommended in which a laxative regimen is also recommended at the time the opioid recommendation is made. The denominator is the number of palliative care consultations in which opioid medications are recommended and the numerator is the number of these same consultations in which laxative regimens are also recommended at the time opioid recommendations are made.

b. Are the measures nationally endorsed? Yes.

In Schenck, A., et al. The PEACE Project: Identification of Quality Measures for Hospice and Palliative Care *J Pall. Med.* 2010; 13: 1451-1459, the authors have recently presented a comprehensive list of many potential measures of quality palliative care, including monitors related to pain and other forms of physical distress that were developed in response to a request from the Centers for Medicare and Medicaid Services (CMS). One of the measures they have listed in the article is: *Percent of patients with bowel regimen initiated within 24 hours of opiates among those treated with narcotics*. The proposed measure in this application will look at the quality of the process proximal to this measure from the PEACE (“Prepare, Embrace, Attend, Communicate, Empower,”) project which hopefully will be used for a subsequent QI project growing out of the current proposal.

c. What is the source of data for the measure (e.g., medical records, billings, patient surveys)?

Medical records – review of the palliative care consultation in the electronic medical record.

d. What methods were used to collect the data (e.g., abstraction, data analyst)?

Data were abstracted from the medical record.

e. How reliable are the data being collected for the purpose of this project?

They are highly reliable since the documentation will be either present or not in the initial palliative care consultation in the medical record. It is an expectation within the health care system and the training program that trainees (or attending physicians in the absence of trainees) provide a written consultation in the medical record (at least with initial recommendations) within one business day of a consult request. Availability of material for review should be high.

f. How are data to be analyzed over time, e.g., simple comparison of means, statistical test(s)?

The data were analyzed by simple comparison of means.

g. To whom are data reported? The data are reported to the Chief (supervisor) of the Geriatrics Section at the VA Ann Arbor Health Care System – Dr. Robert Hogikyan. They are also reported to participating physicians (postgraduate medical trainees and attending physicians) on the inpatient palliative care consultation service at the VA Ann Arbor Health Care System.

h. For what time period were baseline data collected? September 1-30, 2012

11. Specific performance objectives

a. What is the overall performance level(s) at baseline (e.g., for each measure: number of observations or denominator, numerator, percent)?

Time Period	N of Inpatient Palliative Care Consults	N with recommendations for opioids	N with opioid recommendations that also had recommendations for laxatives	% with opioid recommendations that also had recommendations for laxatives
Baseline: 9/1-30/12	27	18	6	33.3% (6/18)

b. What are the targets for future performance on the measures? The target for improvement in this process is to see $\geq 90\%$ of consultations in which opioids are recommended also having documentation of concurrent recommendations for laxative therapy.

c. How were the performance targets determined, e.g., regional or national benchmarks?

Clinical judgment

12. Problems and their underlying (root) causes.

a. How did the following processes occur:

- **Review the baseline performance data and other information to identify current problems.** (*Problems were summarized in #7.a.*) During the last week of November, 2012 the initial baseline data from September 2012 that had been obtained by chart review was reviewed with participating physicians (attending palliative care physicians and postgraduate medical trainees) via email and during discussion in a teaching conference to identify potential reasons for lack of compliance with the performance measure. The article describing the PEACE project was also distributed to all participating physicians for their review to help familiarize them with the types of quality measures that have been developed of which this particular measure is representative.

15. Who is involved in carrying out the intervention(s) and what are their roles?

The attending physician on the palliative care consultation team (Dr. Hinshaw) provided the educational intervention/reminder as well as collected and analyzed the data for later review with the postgraduate medical trainees and other attending physicians. The other attending physicians will also provide the educational materials about the measures to trainees during their months of service to help sustain the effort. In addition, Dr. Hinshaw met with two members of the VA Ann Arbor Health Care System QA Department and two nursing members as well as the palliative care coordinator of the palliative care consultation team on December 20, 2012 to review the quality measure, its significance, and current progress with the project. The members of the group expressed their support for the project and offered assistance, if needed.

16. The intervention was initiated when? (For multiple interventions, initiation date for each.)

December 3 and 4, 2012

D. Check

17. Post-intervention performance measurement. Is this data collection to follow the same procedures as the initial collection of data described in #11: population, measure(s), and data source(s)?

X Yes

18. Data collection following the intervention.

a. The time period for collection of performance data following the intervention either:

Has occurred for the period: December 3-31, 2012

b. If the data collection has occurred, what is post-intervention performance level (e.g., for each measure: number of observations or denominator, numerator, percent)?

Time Period	N of Inpatient Palliative Care Consults	N with recommendations for opioids	N with opioid recommendations that also had recommendations for laxatives	% with opioid recommendations that also had recommendations for laxatives
Baseline: 9/1-30/12	27	18	6	33.3% (6/18)
Intervention: 12/3-31/12	25	15	15	100% (15/15)

E. Act/Adjust

19. Process for review following the collection of post-intervention data:

a. When did the review of post-intervention data and plans for adjustments occur?

At the end of December, 2012

b. How did the following processes occur:

- Review the most recent performance data to identify current problems

- **Analyze the current underlying causes of those problems**

- **Redesign the intervention to address underlying causes**

The attending physician responsible for this project reviewed the post-intervention data and then, in collaborative discussions with the other attending physicians and postgraduate medical trainees rotating on the palliative care consultation service, determined that the target for the performance measure had been met ($\geq 90\%$ compliance) after the intervention. No further adjustments to the intervention were deemed necessary pending another intervention cycle to determine the reproducibility of the outcome of the first cycle.

20. The adjustment (second intervention):

a. The adjustment (second intervention) was initiated when? (For multiple interventions, initiation date for each.)

January 2, 2013

b. If the adjustment has occurred, (1) what problems were identified in the review and (2) what adjustments/interventions occurred to address those problems?

(1) Problems and their underlying causes.

No additional problems were encountered or identified.

(2) Adjustments to address causes.

Participants had initially identified several potential root causes for poor compliance with this performance measure. These included issues related to physicians' priorities:

- a. Simple omission due to haste
- b. Not a priority - forgetting its importance
- c.. Competing priorities – too busy

The education and discussion about the importance of providing laxative recommendations at the time of making opioid recommendations was highly successful. No adjustments to the intervention were needed.

F. Recheck

21. Post-adjustment performance measurement. Is this data collection to follow the same procedures as the initial collection of data described in #11: population, measure(s), and data source(s)?

X Yes

22. Data collection following the adjustment.

a. The time period for collection of performance data following the adjustment(s) either:

Has occurred for the period: January 2-31, 2013

b. If the data collection has occurred, what is post-adjustment performance level (e.g., for each measure: number of observations or denominator, numerator, percent)?

Time Period	N of Inpatient Palliative Care Consults	N with recommendations for opioids	N with opioid recommendations that also had recommendations for laxatives	% with opioid recommendations that also had recommendations for laxatives

Baseline: 9/1-30/12	27	18	6	33.3% (6/18)
Intervention: 12/3-31/12	25	15	15	100% (15/15)
Post-Adjustment: 1/2-31/13	21	16	13	81.2% (13/16)*

* Two of the three consults with opioid recommendations which did not also have recommendations for laxatives had documentation that the patients were having loose stools (diarrhea) at the time of the consultation. If this rare situation is taken into account (i.e., that there were two consults in which opioid recommendations were made in which laxative recommendations at the time of consultation were not needed or were inappropriate due to the presence of diarrhea), 13/14 or 92.8% of consultations with opioid recommendations in which laxatives should have been recommended, were recommended.

G. Readjust

23. Process for review following this post-adjustment collection of data:

a. When did the review of post-adjustment data occur?

At the end of January, 2013

b. How did the following processes occur:

- **Review the most recent performance data to identify current problems**
- **Analyze the current underlying causes of those problems**
- **Redesign the intervention to address underlying causes**

The attending physician responsible for this project reviewed the post-adjustment data and then the data were shared in collaborative discussions and via email with the other attending physicians and postgraduate medical trainees rotating on the palliative care consultation service.

c. If the post-adjustment review has occurred, (1) what problems were identified in the review and (2) what adjustments/interventions are planned to address those problems?

- (1) Problems and their underlying causes. The rare and unusual instance of two patients who were determined to be candidates for opioid therapy also presenting with diarrhea occurred during this intervention cycle.
- (2) Adjustments to address causes. Appropriate clinical judgment was used in not initially recommending laxatives in these two patients. Since these are quite unusual occurrences, there is no plan to alter the basic intervention except to emphasize in future communications with trainees the need for discretion in prescribing laxatives (i.e., consider the current bowel pattern at the time of making the recommendations and continue to monitor over time).

If no additional cycles of adjustment are to be documented for the project for Part IV credit, go to item #24.

If a few additional cycles of adjustments, data collection, and review are to be documented as part of the project to be documented, document items #20 – #23 for each subsequent cycle. Copy the set of items #20 – #23 and paste them following the last item #23 and provide the information. When the project to be documented for Part IV credit has no additional adjustment cycles, go to item #24.

If several more cycles are included in the project for Part IV credit, contact the UM Part IV MOC Program to determine how the project can be documented most practically.

H. Future Plans

- 24. How many subsequent PDCA cycles are to occur, but will not be documented as part of the “project” for which Part IV credit is designated?** No further PDCA cycles will occur.
- 25. How will the project standardize processes to maintain improvements?** The other attending physicians on the palliative care consult service will provide reminders about the importance of this performance measure to trainees coming on duty during their time on service.
- 26. Do other parts of UMHS face a similar problem? If so, how will the project be conducted so that improvement processes can be communicated to others for “spread” across applicable areas?** The results of this project will be shared with the other palliative care consultation teams (adult and pediatric teams at UMMC) during palliative medicine teaching/administrative conferences or via email.

I. Physician Involvement

Note: To receive Part IV MOC a physician must both:

- a. Be actively involved in the QI effort, including at a minimum:*
- Work with care team members to plan and implement interventions*
 - Interpret performance data to assess the impact of the interventions*
 - Make appropriate course corrections in the improvement project*
- b. Be active in the project for the minimum duration required by the project*

27. Physician’s role. What are the minimum requirements for physicians to be actively involved in this QI effort?

There was only one attending physician who participated in this project for MOC Part IV credit. This project was designed and planned by an attending physician on the palliative care consultation team at the VA Ann Arbor HealthCare System who is also a faculty member in the Hospice and Palliative Medicine and Geriatrics Fellowship programs. This attending physician was responsible for data collection, interpretation, and implementing changes with the consultative support and collaboration of colleagues and postgraduate medical trainees in the process of reviewing the data at the VA and with oversight by the Chief of the Geriatrics section at the VA who provided overall supervision. Active participants in this project who were seeking MOC Part IV credit were directly involved in the planning, implementation, interpretation of performance data, and corrections to the course of the project.

28. If not addressed in #25, in conjunction with each cycle of data collection, what local (physician-level or practice/unit-level) feedback report and what overall project level report will be provided to physicians? See above

29. If not addressed in # 25, how are reflections of individual physicians about the project utilized to improve the overall project? See above

30. How will the project ensure meaningful participation by physicians who subsequently request credit for Part IV MOC participation? See above; one physician expressed strong interest in participating in the project for Part IV MOC credit but was unable to participate due to illness.

31. What is the approximate number of physicians anticipated to participate in this project?***[Provide number or range – by specialties and/or subspecialties if more than one.]***

One surgeon/palliative care sub-specialist participated for Part IV MOC credit. Four palliative care attending physicians (including the chief of the Geriatrics section at the VA Ann Arbor Health Care System) plus three postgraduate fellows in Hospice and Palliative Medicine participated in the review and provided feedback regarding the project.

J. Project Organizational Role and Structure**32. Is this project part of a larger UMHS institutional or departmental initiative?**

No *If No, go to #31.*

a. What UMHS unit/group is overseeing or coordinating the larger initiative?

b. What is the larger initiative?

c. How does this project advance it?

d. Is this project coordinated with related quality improvement activities?

e. Has someone at a higher institutional level authorized/approved this project? If so, who?

33. What is the organizational structure of the project? *[Include who is involved, their general roles, and reporting/oversight relationships.]*

One surgeon/palliative care sub-specialist who collaborates with 3 other attending physicians and reports to the Chief, Geriatrics Section at the VA Ann Arbor Health Care System has organized the project.

34. Are resources needed beyond those under the control of the project lead(s)?

No *If No, go to #33.*

a. What types of resources are needed and who has agreed to provide them?

35. To what oversight person or group will project-level reports be submitted for review?

Robert Hogikyan, M.D., Chief, Geriatrics Section at the VA Ann Arbor Health Care System

36. Have UMHS physicians who will participate in this project had the opportunity to participate in a UMHS Part IV project within the past two years?

No

a. If “Yes,” why do these physicians need more frequent opportunities for Part IV credit (*e.g., board gives additional credit for more Part IV activities in a time period; qualify for CMS incentive payment*)?