Tracking & Monitoring Guide

This document guides the practice facilitator in providing support for the tracking and monitoring Building Block.

# Example timeline of tracking & monitoring activities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Prepare & Launch** | **Design & Implement** | | | | **Monitor & Sustain** |
| **Tracking & monitoring activities** | **mo. 1-2** | **mo. 3-5** | **mo. 6-8** | **mo. 9-11** | **mo. 12-14** | **mo. 15** |
| Identify existing tracking & monitoring resources |  |  |  |  |  |  |
| Gather baseline data to share at the Kickoff |  |  |  |  |  |  |
| Make calculating MED possible and easy for clinicians and staff |  |  |  |  |  |  |
| Sign up all clinicians for the prescription monitoring program |  |  |  |  |  |  |
| Create a list of patients on chronic opioid therapy |  |  |  |  |  |  |
| Identify data needed for point-of-care use and for monitoring overall success, quality of care, and clinical variation |  |  |  |  |  |  |
| Identify an approach to track and monitor success, care gaps, and clinician variation |  |  |  |  |  |  |
| Identify an approach to make data available for point-of-care use |  |  |  |  |  |  |
| Implement and iterate best possible tracking & monitoring approaches |  |  |  |  |  |  |

# Project provided resources to support the activities

**Morphine Equivalent Dose (MED) calculator**

**Approaches to identifying patients on chronic opioids**: *Suggested approaches to try when first attempting to identify your patients on chronic opioid therapy.*

**Purposes of tracking & monitoring**: *An outline of the key uses of data in tracking & monitoring patients on chronic opioid therapy to use when planning your approach.*

**Data to consider tracking:** *A list of variables to consider tracking and monitoring for care planning and measuring success.*

**Tracking and Monitoring example spreadsheet**: *An Excel spreadsheet a clinic can adapt to track and monitor key measures overall and by provider if they are unable to easily pull reports from their EHR.*

**List of opioid names:** *A list of opioids to use in identifying patients on chronic opioid therapy.*

**List of sedative names:** *A list of sedatives to use in identifying patients on concurrent sedatives and opioids.*

**Workflow examples:** *Opioid list manager workflow, Opioid refill workflow, chronic pain appointment workflow.*

**Measuring success metrics:** *A list of potential aims to use to measure success.*

# Identify existing tracking and monitoring resources

The following conversation takes place during the first team meeting of the Prepare and Launch Stage. It is included here as a reminder of the conversations that have already taken place.

## Objectives of this conversation

For the Practice Facilitator and the Opioid Improvement Team to better understand the current practices and capacity around tracking and monitoring. This will help the Opioid Improvement Team:

* Think through how to gather baseline data about their patients on chronic opioid therapy that they can present at the Kickoff Event.
* Think through how they might create or improve a tracking and monitoring system.

## Potential conversation language

Ahead of the next meeting, we will ask you to see what baseline data you can pull to share during our Kickoff Event. The following questions will help us explore the best way for you to do that.

## Discussion questions

Tell me how tracking and monitoring of patients on chronic opioid therapy currently works at your organization? (If none, are there similar models operating for other health issues, e.g., diabetes?)

What is your EHR?

Do you have a person in your clinic who tracks and monitors quality metrics or registries? Does anyone track opioid management in any way? If so, how much time does he/she spend tracking & monitoring opioid patients?

Do you have a flowsheet or template that guides your pain appointments? If yes, is it used across your organization?

Do you run any reports on your chronic opioid therapy patients? If yes, what is in those reports? What is their purpose? If not, do you have the capacity to produce reports about patients on chronic opioid therapy (EHR query, proprietary software, manual tracking, etc.)?

Is there a place in your EHR to enter MED? Is it a discrete field you can query? What about date patient agreement signed?

NOTE: If the site is ready and interested, refer them to the *Data to Consider Tracking* document and the *Purposes of Tracking & Monitoring* document.

# Gather baseline data to present at the Kickoff

The following is part of the pre-meeting 2 worksheet the site completes during the Prepare and Launch stage in preparation for the Kickoff.

Data is a critical motivator and we have found it is important to do what you can to identify key data points to share with clinicians and staff during the Kickoff Event. We understand that the data you produce for meeting 2 will not be perfect. Don’t worry. Over the next year, we will work together to create tracking and monitoring tools that will allow you to gather information about your chronic opioid therapy patients. For now, it is worth trying the following to begin **understanding the limitations and strengths of various tracking and monitoring approaches** for your particular organization, and to gather some type of data to share during the Kickoff Event.

Attempt to identify how many of your patients are on COT for non-cancer pain. We define this as a patient who has received at least two opioid prescriptions in the past 3 months, at least 28 days apart. Below are possible approaches to identifying these patients. This is also an excellent exercise in getting a sense of which approaches you will want to explore when you begin developing your tracking and monitoring approach.

Possible approaches to identifying patients on COT (validate lists with providers/MAs)

* MED query
* Patient agreement query
* Diagnosis/label query (potential ICD-10 code: Z79.891, Long term (current) use of opiate analgesic)
* Prescription Monitoring Program (PMP) report – further details on how to access this data are in the pre-meeting 2 worksheet
* Manual chart abstraction
* EHR-native registry
* Proprietary software for EHR reporting
* Manually create a list as patients get opioid refill prescriptions

Collect any other feasible data you might want to share at the Kickoff. If it is possible and simple to get data for any of the following, go for it.

* #/% with MED≥50, ≥90
* #/% with a signed patient agreement
* #/% also prescribed sedatives

However, it is perfectly understandable if you do not yet have a system to easily pull this data. Instead, you might just manually conduct an event tally of a measure of importance to you. An event tally form is included in pre-meeting 2 worksheet.

# Develop a tracking & monitoring approach

Once a site is ready to focus on developing a more comprehensive tracking and monitoring approach, they will need to consider:

1. Who are the patients on chronic opioid therapy?
2. What data will they track?
3. How will they collect the data?
4. How will they store the data?
5. How will they retrieve the data for monitoring success, care gaps, and clinical variation?
6. How will the data be accessed for pre-visit and pre-refill planning?

Guidance on how to help the sites think through these six questions are on the following pages. However, before diving more deeply into these key areas, it can be helpful to review the clinic resource, “Purposes of tracking and monitoring” on the next page.

# Purposes of Tracking and Monitoring (clinic resource)

This document tells you about four different reasons you might want to track and monitor.

#### Point-of-care data use (planning for visits and refills)

1. Ahead of visits or processing refills, identify patient care gaps
2. Communicate patient care gaps with staff to trigger action
3. Ensure data on current patient status is available to the care team (e.g., MED, last PEG score, etc.)

#### Monitor overall success

1. Determine what data are feasible to monitor. Prioritize which of these feasible data you want to use to monitor success.
2. Make a plan for regularly monitoring these data (e.g., query your EHR to produce a report of patient MED values by provider once per quarter).
3. Understand your baseline metrics.
4. Regularly share monitoring reports with clinicians and staff to help identify areas for improvement and to create buy-in.

#### Monitor your population of patients using chronic opioid therapy to ensure consistent, quality care

1. Regularly review patient data to check for care gaps and high risk patients
2. Create a plan to close care gaps and attend to high risk patients

#### Look for clinical variation

1. Regularly review patient data to check for clinical variation
2. Identify if a clinician has a high risk practice or is practicing outside of the clinic’s policies (e.g., many patients with high MEDs) and provide one-on-one consultation with the clinician to offer assistance
3. Review reports at regular medical staff meetings to facilitate conversations about how to handle complex patients
4. Inform clinicians of their prescribing patterns to create peer pressure as a motivator to adhere to agreed-upon practices

## 1. Who are the patients on chronic opioid therapy?

Knowing which patients are on chronic opioid therapy is critical to providing guideline-consistent opioid management. It ensures that staff and clinicians can identify patients for pre-visit planning and helps with the process of monitoring success, and identifying clinical variation, high-risk patients, and care gaps. Depending on the tracking and monitoring approach taken, this could mean:

* Keeping a list of patients in an Excel registry manually updated,
* Feeding a list of patients to proprietary software to pull reports, or
* Labeling patients using chronic opioid therapy within the EHR and pulling reports using EHR tools. (Potential ICD-10 code: Z79.891, Long term (current) use of opiate analgesic.)

Identifying these patients can be surprisingly challenging. It is best for sites to continue developing their tracking and monitoring approach even if they have not yet identified their patients.

The site already began this work during the Prepare & Launch stage. Review what they learned from that process and determine what further investigations are needed. What challenges are they trying to address? Help them pick two approaches to explore.

The below “Approaches to identifying patients on chronic opioids” is a helpful resource to review with the site.

# Approaches to identifying patients on chronic opioids (clinic resource)

This document offers suggested approaches to try when first attempting to identify your patients on chronic opioid therapy.

Definition of a patient on COT:  Generally, a patient who takes opioids for three consecutive months may be considered to be on chronic opioid therapy. How you practically define this can vary. A provider may know his or her patients and be able to identify these patients. Or a staff member who handles opioid refills may do so when refilling a patient's medications. One common definition using electronic health record data is any patient who has received at least two opioid prescriptions in the past 3 months, at least 28 days apart.

### Potential approaches to identify patients on chronic opioid therapy

#### Query your EHR using one of the following search variables and have clinicians/MAs validate the list:

* How many patients have an **MED calculated** in the past 3 months?
* How many patients have a **signed patient agreement** in the past 3 months?
* If you use any kind of **label or specific diagnosis code for patients on chronic opioid therapy**, how many patients have that label/diagnosis? (Potential ICD-10 code: Z79.891, Long term (current) use of opiate analgesic.)
* How many patients have been **prescribed any opioid medication** (refer to reference opioid list)?

#### Use the Prescription Monitoring Program to create a list by:

* Having each clinician or his/her designee generate a summary report from the Prescription Monitoring Program.
* Copying and pasting all patients who have an MED calculated for each clinician into a spreadsheet.
* Verifying the list with each clinician.

#### Build an EHR-native registry

If this is within your capacity, an EHR-native registry can be a highly functional way to identify, track, and monitor care of patients on chronic opioid therapy. The registry can then automatically pull patients from the EHR into the registry based on programmed criteria, such as 2 opioid prescriptions in the last 90 days.

#### Use proprietary software to produce reports from your EHR

Proprietary software can have the capacity to reach into your EHR to produce reports about patients on chronic opioid therapy. If you use such a proprietary software, it is worth exploring what it would take to use it to identify patients on chronic opioid therapy and/or to track and monitor patients on chronic opioid therapy.

#### Manually develop a list

Manually create a list as patients get opioid refill prescriptions or use lists that providers or staff have created for their own use. Providers or MAs may be keeping their own lists or they can write down the names of patients receiving opioid prescriptions over the course of 3 months. This should gather the names of all patients receiving chronic opioid therapy.

# What data are possible to track and monitor? (clinic resource)

Before identifying what data to track and how, it is helpful to first review potential data to track and whether it exists in a form that can be easily stored and pulled for monitoring. Review the below “Data to consider tracking” clinic resource with each site to determine whether the data below exist in discrete fields in their EHR system and whether they have the capacity to pull these data to use with one of the approaches noted above. If the discrete fields do not exist, does the site have the capacity to create them?

| **Information** | **Discrete EHR field exists?** | | **If it does not exist, could a discrete field be created?** | | **If it exists, is it being used?** | | | **If it is used, who enters the data?** | **If it is used, can it currently be pulled into a report?** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **yes** | **no** | **yes** | **no** | **yes** | **some-times** | **not at all** |  | **yes** | **no** |
| Date of last appointment |  |  |  |  |  |  |  |  |  |  |
| Date of next appointment |  |  |  |  |  |  |  |  |  |  |
| Diagnosis to identify COT patients |  |  |  |  |  |  |  |  |  |  |
| Morphine Equivalent Dose |  |  |  |  |  |  |  |  |  |  |
| Co-prescription of opioid & sedative |  |  |  |  |  |  |  |  |  |  |
| Date patient agreement signed |  |  |  |  |  |  |  |  |  |  |
| Function assessment (PEG) |  |  |  |  |  |  |  |  |  |  |
| Risk assessment (ORT) |  |  |  |  |  |  |  |  |  |  |
| Depression assessment (PHQ) |  |  |  |  |  |  |  |  |  |  |
| Date of last PMP check |  |  |  |  |  |  |  |  |  |  |
| Result of last PMP check |  |  |  |  |  |  |  |  |  |  |
| Date of last urine drug test |  |  |  |  |  |  |  |  |  |  |
| Result of last urine drug test |  |  |  |  |  |  |  |  |  |  |
| Sleep apnea assessment (STOPBang) |  |  |  |  |  |  |  |  |  |  |
| PTSD assessment |  |  |  |  |  |  |  |  |  |  |
| Anxiety assessment (GAD-7) |  |  |  |  |  |  |  |  |  |  |

Once the site understands the current capacity of data tracking and monitoring, help them begin exploring:

* What data will they track?
* How will they collect the data?
* How will they store the data?
* How will they retrieve the data for monitoring success, care gaps, and clinical variation?
* How will the data be access for pre-visit and pre-refill planning?

## 2. What data will they track?

Review the table above with the site. Based on what they currently record in discrete fields, what is possible, and what their goals are through this program, what data do they want to track? The site does not need to choose only those variables that are currently in discrete fields. Encourage the site to start with a do-able tracking plan. Create an ideal list and create a list of one or two variables to prioritize tracking at first. (Unless they are a high-resourced site with the capacity to dive into their ideal list right away.)

## 3. How will they collect the data?

Are the one or two prioritized variables currently collected? When? By whom? How? Is it done consistently? What needs to change? Help them make a plan.

## 4. How will they store the data?

Are their prioritized variables in discrete fields? If not, are they able to create those fields? Help them make a plan. EHR templates are often available through their “Help System.” If they are planning to manually track data, help them modify the Tracking and Monitoring Example Spreadsheet to meet their needs.

## 5. How will they retrieve the data for monitoring success, care gaps, and clinical variation?

How will the site pull these prioritized variables into reports for monitoring success, care gaps, and clinical variation? It is useful to start by focusing on the prioritized measure of success identified in the action planning meeting during the Kickoff. How will the site begin measuring and reporting this metric? What are the next steps? Even if the approach is not perfect, that is okay. We suggest that by 4 months after the Kickoff event the site selects the best possible approach to tracking and monitoring the prioritized measure of success and sticks with it. It will not be perfect, but it is worth trying to regularly review and share data about patients on chronic opioid therapy as soon as possible. They can always continue working on a better approach and adding other success measures while using the less than perfect one.

Approaches used by other sites:

* Querying the EHR
* Using proprietary software to pull reports from the EHR
* Querying an external registry connected to the EHR
* Querying an external manual registry (e.g., an Excel spreadsheet maintained by staff)
* Pulling reports from the state prescription monitoring program database

Who will do this? How frequently? Who will see these reports? What will they do with these data?

## 6. How will the data be accessed for pre-visit and pre-refill planning?

Keeping in mind what they know about how data is stored in the EHR and the capacity to access it for monitoring, how they will use data for pre-visit planning? Consider the following questions.

* What data are needed for pre-visit planning? What steps are needed to make that data consistent and available?
* How do they know when a patient on chronic opioid therapy has an upcoming appointment that needs pre-visit planning?
* What will the process be to review and use data for pre-visit and pre-refill planning?
* How will they train on these processes?

Once a new policy is in place, having a workflow in place for pre-visit and pre-refill planning helps support policy implementation. Have the site identify and implement the best possible workflows for tracking and monitoring data for pre-visit and pre-refill planning and iterate this approach over time as experience and capacity grows. Refer to example workflows.

# Other tracking & monitoring activities

The following activities can be done at any time, but are generally easy wins for the start of the project.

## Activity: Make calculating MED possible and easy for providers and staff

Having an MED calculator available on all computers makes it more likely MED will be checked prior to a change in opioid prescription. Does the team want to put the link to the AMDG calculator on every computer, use the downloadable Excel version of the AMDG calculator, which will need updating when new versions are available, or does the EHR have a viable option?

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Will training be necessary? \_\_\_\_\_\_ If so, who will manage this? \_\_\_\_\_\_\_\_\_\_

## Activity: Sign up all clinicians for the prescription monitoring program and assign delegates, as appropriate

Regularly checking Prescription Monitoring Program data allows prescribers to determine whether a patient is using opioids as prescribed and whether dangerous opioid dosages or combinations (e.g., with sedatives) are putting him or her at high risk for adverse events. In order to access the data, prescribers and their delegates need to register. Signing up staff (delegates) who might have more time to check the data ahead of patient visits is a strategy many clinics use.

Which approach will the site take to sign up prescribers (and staff)? Suggestions:

* All clinicians sign up during a Med Staff meeting where they are guided by someone through the process
* A staff member works with clinicians individually to coach them through the sign-up process

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix: Tracking and monitoring patient care self-assessment questions

*Implement pro-active population management before, during, and between clinic visits of all patients on chronic opioid therapy.*

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| --- | --- | --- | --- | --- |
| **Tracking & monitoring of patients prescribed chronic opioids** | **1 2 3** | **4 5 6** | **7 8 9** | **10 11 12** |
| 1. Use of a system to pro-actively track & monitor patients prescribed chronic opioids to ensure their safety… | …has not been explored or is not possible with existing data systems. | …is technically possible, but systems to get useful reports are not yet in place. | …is possible and systems are in place to produce basic reports on a regular basis. | …is possible, systems are in place, and reports are produced that allow for tracking of patient care and monitoring of clinician practices. |
| Tracking & monitoring data collection workflows established | **1 2 3** | **4 5 6** | **7 8 9** | **10 11 12** |
| 1. Workflows to enter data into the tracking & monitoring system… | …have not been developed. | …are in development, but not established. | …are established, but aren’t consistently implemented. | …are established and consistently implemented. Responsibilities are assigned and protected time is available to complete assigned responsibilities. |
| Tracking & monitoring data use workflows established | **1 2 3** | **4 5 6** | **7 8 9** | **10 11 12** |
| 1. Workflows to use data to track patient care and monitor clinician practices… | …have not been developed. | …are in development, but not established. | …are established, but aren’t consistently implemented. | …are established and consistently implemented. Responsibilities are assigned and protected time is available to complete assigned responsibilities. |