Strategic Plan

Rural Emergent Alternative Surgical Opioid Non-Use (rEASON)

Idaho

5.26.21

Grantee Organization	Cornerstone Whole Healthcare Organization, Inc. (C-WHO)	
Grant Number	6 G25RH40035-01-02	
Address	[redacted]	

Service Area	Congressional District 1:
	• Rural Counties: 1) Benewah, 2) Adams, 3)Valley, 4) Washington, 5) Payette,
	• Partial Rural or Urban serving rural residents:
	  ○ Gem County: 16045960100
	  ○ Canyon: 16027022100
	  ○ Owyhee: 16073950200
	Congressional District 2:
	• Rural: Twin Falls
	• Urban and Rural:
	Bannock: 16005001900	

Project Director	Name:	Denise Jensen
	Title:	Chief Officer, Clinical Innovation and Advancement Division
	Phone number:	[redacted]
	Email address:	denisej@c-who.org
Contributing Consortium Members and Stakeholders	C-WHO: Denise Jensen, Jennifer Yturriondobeitia, Megan Gomeza, Alec Barnhart	
	Health West, Inc.: Lyn McArthur; Tim Palmer; Kendra Westerhause	
	Weiser Memorial Hospital: Madora Albertson, Tanya Ebbers	
	Dr. David Hadlock	
	Department of Health and Welfare, DOPP: Caroline Messerschmidt	

	Gooding Pharmacy: Shelby Lancaster

A. Vision

Enhance the ability of Primary Care and Pediatric practices, and their care teams, to educate and train patients, legal guardians, and other health partners to prevent and address chronic opioid use due to pain management for perioperative and postoperative surgery.

B. Mission

To improve patient and parent knowledge and advocacy of opioid as a surgical-gateway to rural adult and pediatric surgical settings by teaching providers, patients, and legal guardians how to speak to surgeons and anesthesiologists about non-opioid surgical options.

C. Assessment Summary

Opioid use is a significant concern across the country. With over 72,000 deaths due to drug overdoses in 2017, the majority caused by opioids, the United States is facing an epidemic. At 197 deaths per day, this is more than homicides or car accidents. This is concerning not only in regard to the sheer volume but also the pace at which the epidemic has escalated. In 2017, the number of deaths due to opioid overdose was six times that of those in 1997 (Centers for Disease Control, 2018). Opioid use has evolved over this time shifting from legally prescribed access, to heroin, to synthetic opioids. At the same time, opioids continue to be a major weapon in the health care system's arsenal to fight pain. This means that there is a constant tension between legitimate, medically required access and the perpetuation of an epidemic of addiction.

Additionally, higher opioid prescribing puts patients at risk for addiction and overdose. Following national trends, Idaho saw a wide variation in opioid prescribing across its counties in 2015, suggesting a lack of consistency among providers when prescribing opioids. Nationally, Idaho has the 34th highest age-adjusted rate of drug overdose deaths (14.2 per 100,000 in 2015). However, outliers for high prescribing are consistently rural counties. Idaho saw a significant increase in the rate of drug overdose deaths between 2010 and 2015 yet remains slightly below the national average rate of 17.8 per 100,000 (Idaho's Response to the Opioid Crisis, 2018). With an ever-changing landscape of drug use, continual education to key stakeholders is essential. Regarding opioid misuse; prescribers, patients, and the public have a need to be more informed of the ways in which opioids can be misused. Specifically, Idaho prescribers could benefit from additional education regarding evidence-based prescribing guidelines, unintended consequences of inappropriate prescribing practices, effective prescription monitoring program (PMP) usage, and holistic or alternative options for treatment that do not include opioid prescriptions.

Research shows that expert-guided education focused on opioid-sparing analgesia guidelines delivered to health care providers, parents/legal guardians, patients, and families will mitigate surgical-gated OUD at one-year follow-up. Currently, this type of education is not delivered in rural Idaho, and as such, rural Idahoans are at significantly increased risk of the following areas of concern:

- Opioid use contributed to hyperalgesia, escalating medical management, and resulting in chronic post-surgical pain ranging from 10 – 75% of postoperative patients.

- Probability of continued use of opioids becomes independent of the scope of surgical trespass (minor versus major surgical procedure)
- Continued use of opioids after day 5 of surgery.
- Lack of follow-up by knowledgeable health care provider at 7-14 days is critical for the transition to non-opioid multimodal analgesia to prevent both OUD and chronic pain.
- Chronic pain resulting in increased utilization of healthcare resources for the treatment of preventable conditions.

D. Problem Statement

Currently, there are limited OUD/MOUD prevention strategies, and most are targeting providers and patients after patients are opioid addicted. There is a significant need to focus efforts toward educating patients and providers to prevent opioid abuse. Many patients and providers are unaware of the hidden Opioid Use Disorder (OUD) exposure for opioid naïve children, adolescents, and adults to prescription narcotics as part of a perioperative experience that has resulted in as many as 6% of patients reporting opioid misuse 12 months following surgery. The public and many rural health care providers are not aware of best practices for opioid-sparing analgesic alternatives.

E. Target Population

The rEASON project targets several rural counties within Idaho. These include: Benewah, Adams, Valley, Washington, Payette, Gem, Canyon, Owyhee, Twin Falls and Bannock counties. The rEASON consortium will additionally target individuals receiving surgery (and their families) and their Primary Care Provider(s).

F. Goal

The rEASON consortium will reduce, by 5%, opioid use at one year post surgery of the identified target population by August 2025.

G. SMART Objective #1

Increase patient awareness of self-advocacy for non-opioid surgical options with surgeons and anesthesiologists by 75%, by August 31, 2025.

Strategy #1: Train clinic staff and providers to the training modules developed during the planning phase.
Strategy #2: Provide clinical consultation from subject matter experts on surgically gated use of opioids.
Strategy #3: Train patients at annual wellness visits on opioid addiction beyond 5 days of use.
Strategy #4: Provide consultation and brochures to patients at surgery with information on points in time to request non-opioid options for pain management.

H. SMART Objective #2

Increase primary care screening of individuals at risk for surgically gated opioid misuse by 25% by August 31, 2025.

Strategy #1: Identify a risk screening questionnaire.
Strategy #2: Implement risk screening questionnaires as a part of wellness visits in primary care settings.
Strategy #3: Train providers and clinic staff on the use of the screening tool.
Strategy #4: Track screening tool utilization.

I. **SMART Objective #3**
Increase the number of patients receiving post-surgical follow up in the primary care setting to monitor and intervene with opioid use >5 days post surgery by 30% by August 31, 2025.

Strategy #1: Develop and distribute patient cards to be provided to hospitals at surgery identifying how the primary care providers wishes to receive admission and discharge information from the hospital per CMS eCOP requirements.
Strategy #2: Develop and implement follow up protocols in primary care clinics to track patient use of opioids post surgery to include # of pills provided to patient and # taken daily.
Strategy #3:
Develop and implement clinic workflow for patients identifying as high pain and continued use of opioids >5 days post surgery to receive Behavioral Health Consultant Services targeted torward pain management and reduced opioid use.

Strategy #4: Measure the number of patients receiving follow up.

Action Plan

Objective 1: Increase patient awareness of self-advocacy for non-opioid surgical options with surgeons and anesthesiologists by 75%, by August 31, 2025.

Strategy #1: Train clinic staff and providers to the training modules developed during the planning phase.

Activities	Timeline		Who Is Responsible?	Process Indicators with Metrics
	Start Date	End Date		
Identify training dates	10/31/21	12/31/21	Project Director	Dates Identified
Conduct 7 module training series in year 1	1/1/22	7/30/22	Project Coordinator	# of participants trained # of trainings conducted
Conduct 7 module training series annually years 2, 3, & 4	1/1/23	8/30/25	Project Coordinator	# of participants trained # of trainings conducted

Strategy #2: Provide clinical consultation from subject matter experts on surgically gated use of opioids.

Activities	Timeline		Who Is Responsible?	Process Indicators with Metrics
	Start Date	End Date		
Contract with SME	1/1/22	3/30/22	Project Director	Contract executed
Identify consultation cadence	3/30/22	4/30/22	Project Manager	Dates of consultation
Track attendance and discussion topics to determine need for academic detailing	5/1/22	8/30/25	Project Coordinator	# of attendees # topics discussed

Strategy #3: Train patients at annual wellness visits on opioid addiction beyond 5 days of use.

Activities	Timeline		Who Is Responsible?	Process Indicators with Metrics
	Start Date	End Date		
Develop provider talking points on risks of opioid use	4/1/22	7/30/22	Project Manager	Talking points developed # providers distributed to
Develop clinic procedure to include review of talking points at annual wellness visits	8/1/22	10/31/22	Clinic Manager	Procedure developed Y/N # of clinics with procedure outlined
Track bi-annually the number of patients who receive	11/1/22	8/30/25	Project Evaluator	# patients who received counseling

counseling during wellness visits on the risks of opioid use.					

Strategy #4: Provide consultation and brochures to patients at surgery with information on points in time to request non-opioid options for pain management.

Activities	Start Date	End Date	Who Is Responsible?	Process Indicators with Metrics	
Distribute brochures developed during planning phase to clinics	9/1/21	12/31/21	Project Coordinator	# of clinics receiving brochures	
Develop clinic workflow to include the BHC providing counseling to patient when patients and/or provider identifies a patient will have surgery in the next 1-3 months	12/1/21	7/30/22	Project Director, Project Coordinator, Project Manager, Consortium	# clinics with a workflow	
Provide 7 module training series to clinic BHCs	1/1/22	8/30/25	Clinic BHCs Trainers	# BHCs attending training # trainings provided	
BHC to provide direct intervention to identified patients including consultation and brochures to assist patient with identifying points in which they can request non-opioid strategies for surgery	8/1/22	8/30/25	Clinic BHCs	# patients receiving consultation # patients receiving a brochure	

Objective 2: Increase primary care screening of individuals at risk for surgically gated opioid misuse by 25% by August 31, 2025.

Strategy #1: Identify a risk screening questionnaire.

Activities	Timeline		Who Is Responsible?	Process Indicators with Metrics	
	Start Date	End Date			
Develop consortium workgroup to review screening tools	7/1/22	8/30/22	Project Manager	Workgroup developed	
Identify tool	9/1/22	11/30/22	Workgroup	Tool identified	
Distribute tool to consortium	12/1/22	12/30/22	Project Manager	# of individuals tool distributed to	

Strategy #2: Implement risk screening questionnaires as a part of wellness visits in primary care settings.

Activities	Timeline		Who Is Responsible?	Process Indicators with Metrics
	Start Date	End Date		
Develop clinic workflow to incorporate screening tool into wellness visits	1/1/23	3/30/23	Clinic Implementation Team	Workflow developed
Train clinic staff to the workflow	4/1/23	5/30/23	Clinic Implementation Team	# clinic staff trained in the workflow
Track number of patients who complete the screening as a part of the wellness visit.	6/1/23	8/30/25	Project Evaluator	# patients completing risk screening at wellness exam

Strategy #3: Train providers and clinic staff on the use of the screening tool.

Activities	Timeline		Who Is Responsible?	Process Indicators with Metrics
	Start Date	End Date		
Identify providers and staff to be trained	1/1/23	2/28/23	Clinic Staff	Staff identified Y/N
Identify training cadence	3/1/23	3/30/23	Clinic Staff and Project Coordinator	Training scheduled Y/N
Deliver training to identified providers and staff	4/1/23	5/30/23	Clinic Implementation Team	# clinic staff trained

Strategy #4: Track screening tool utilization.

Activities	Start Date	End Date	Who Is Responsible?	Process Indicators with Metrics
Complete BAA between Clinic and C-WHO	1/1/22	3/30/22	Project Director	# BAA executed
Identify screening tool in each clinic EMR	4/1/22	7/30/22	Clinic Staff	#EMR with screening tool entered
Develop cadence to pull EMR information bi-annually to identify # screening tools completed by patients	4/1/22	7/30/22	Data Scientist	Cadence developed
Pull EMR screening tool completion at the identified cadence	8/1/22	8/30/25	Data Scientist	# screenings completed # screenings partially completed

Objective 3: Increase the number of patients receiving post-surgical follow up in the primary care setting to monitor and intervene with opioid use >5 days post surgery by 30% by August 31, 2025.

Strategy #1: Develop and distribute patient cards to be provided to hospitals at surgery identifying how the primary care providers wishes to receive admission and discharge information from the hospital per CMS eCOP requirements.

Activities	Timeline		Who Is Responsible?	Process Indicators with Metrics
	Start Date	End Date		
Develop workgroup to create patient cards	1/1/22	3/30/22	Project Manager	Workgroup Developed
Determine key indicators to be included in patient cards	4/1/22	7/30/22	Workgroup	# indicators identified
Print and distribute patient card with key indicators to consortium.	8/1/22	8/30/25	Project Manager	# patient cards printed # patient cards provided to each clinic

Strategy #2: Develop and implement follow up protocols in primary care clinics to track patient use of opioids post surgery to include # of pills provided to patient and # taken daily.

Activities	Timeline		Who Is Responsible?	Process Indicators with Metrics
	Start Date	End Date		
Convene workgroup to develop sample protocols	8/1/22	3/30/23	Project Manager	Workgroup Convended Y/N
Distribute and train clinics sample protocol	4/1/23	10/31/23	Project Manager, Project Coordinator	# trainings conducted # clinics attending # clinic staff trained
Implement protocols in clinic	11/1/23	8/30/25	Data Scientist	# patients contacted post surgery # patients taking opioids > 5 days post surgery # pills prescribed by surgeon post surgery

Strategy #3: Develop and implement clinic workflow for patients identifying as high pain and continued use of opioids >5 days post surgery to receive Behavioral Health Consultant Services targeted torward pain management and reduced opioid use.

Activities	Timeline			

	Start Date	End Date	Who Is Responsible?	Process Indicators with Metrics	
Convene workgroup to develop workflow	8/1/22	3/30/23	Project Manager	Workgroup Convended Y/N	
Distribute and train clinic on workflow	4/1/23	10/31/23	Project Manager, Project Coordinator	# trainings conducted # clinics attending # clinic staff trained	
Train BHCs on behavioral interventions for pain management post surgery	11/1/23	8/30/25	Project Manager	# BHCs trained	
Deliver follow up per workflow for patients identifying with continued use of opioids >5 days post surgery and patients identifying with significant pain at follow up	11/1/23	8/30/25	BHC	# patients referred to BHC # patients with reduced opioid use post intervention	
Strategy #4: Measure number of patients receiving follow up.					
Activities	**Start Date**	**End Date**	**Who Is Responsible?**	**Process Indicators with Metrics**	
Develop measurement cadence	4/1/23	10/31/23	Project Director	Cadence developed	
Identify EMR structures to report on patients receiving follow up	4/1/23	10/31/23	Data Scientist	Structures identified Y/N	
Pull and evaluate data per identified cadence	11/1/23	8/30/35	Data Scientist	Data pulled according to cadence Y/N	