

Addressing Chronic Pain Through Patient- and Clinician-Facing Clinical Decision Support: Practice Implementation Guide

Prepared for

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Introduction

Over the last 20 years, the prescribing of opioids for chronic pain has created a population of patients who have been on long-term opioid therapy for several years, if not decades.¹ The Centers for Disease Control and Prevention recommends tapering for all patients on long-term, high-dose opioid regimens for non-cancer pain if benefits do not outweigh harms of continued opioid therapy.² Challenges with long-term opioid use and tapering include:

- Long-term opioid use is linked to physical dependence, increased pain over time, constipation and nausea, and depression.
- Patients may be reluctant to taper, fearing withdrawal and increased pain. Clinicians must assess and weigh risks versus benefits to decide whether tapering is indicated.
- Tapering plans should be individualized (minimize symptoms of opioid withdrawal, maximize pain treatment with nonpharmacologic therapies and nonopioid medications).

Non-pain management specialists require additional support to manage opioid tapers safely and effectively for patients on long-term opioid therapy. This support is particularly true for patients managed in primary care.

- Chronic pain is the second most common reason for outpatient primary care visits.³
- Treatment and clinical management is a challenge currently faced by primary care providers.⁴
- Optimal pain management requires clinicians to create individualized treatment plans.⁵
- Clinical barriers to implementing tapering include challenging patient-clinician communications, inadequate resources to support tapering decision making in collaboration with patients, and lack of training on how to taper.⁶

Clinical decision support (CDS) tools for patients and clinicians can help improve the safety and effectiveness of the tapering process by:

- Providing usable data visualizations for clinicians to observe a patient's progress through the taper process.
- Integrating patient-reported outcomes on pain intensity and pain interference and providing information on non-opioid pain management strategies (e.g., massage, physiotherapy, exercise).
- Enhancing patient-clinician communication and engagement in the taper process.

The Tapering and Patient Reported Chronic Pain Management (TAPR-CPM) application (app) gives clinicians and their patients the necessary tools to successfully manage and optimize the safety and effectiveness of opioid tapering. The TAPR-CPM app can be implemented as a quality improvement project within practices whose goal is to improve pain management and reduce long-term opioid use among their patients.

This implementation guide provides detailed support to primary care practice leaders, pain specialists, and practice implementation champions to successfully implement the TAPR-CPM app into their practice workflow. The companion Technical Implementation Guide has the information your electronic health record (EHR) administrators will need to integrate the TAPR-CPM app with your EHR and patient portal.

Getting Started - Implementation Steps

Step 1. Review Materials and Identify Your Team

- **Review the materials in the implementation package.** Review the materials outlined in [Appendix A](#). Understand the purpose, use, and benefits of the materials and the TAPR-CPM app for clinicians and patients. Be sure to have each member of your implementation team review the materials available to help support your practice's implementation planning.
- **Identify your practice champion(s).** A practice champion or champions lead the implementation efforts. The champion provides tangible support for implementing the TAPR-CPM app into your practice's workflow. You may want to identify champions from the clinical, administrative, and information systems (information technology) teams to encourage active engagement from all perspectives. The practice champions will use the materials outlined in [Appendix A](#) and provided in [Appendices B-J](#) to help them plan and launch the TAPR-CPM app implementation within your practice.
- **Secure leadership support.** Strong leadership support is important to any successful improvement activity. Practice champions should orient leadership to the scope of the problem of tapering patients from long-term opioid therapy within your practice. Practice champions should also regularly update leaders on the progress of the implementation.
- **Identify your stakeholders and their role in implementation.** Stakeholders for implementing opioid tapering and the taper app in your practice may include:
 - Primary care clinicians

- Pain management specialists
- Pharmacists with experience in creating opioid tapering plans
- Nurses and nurse educators
- Medical assistants
- Institutional-level leadership committees
- Patients and family members
- Any others (specific to your local practice)

Engaging stakeholders early in the design process should facilitate adoption and the sustainability of your efforts.

Tips for Effective Quality Improvement

1. Place a priority on encouraging communication, engagement, and participation for all the stakeholders affected by the quality improvement (QI) process.
2. Start your implementation of improvements with small-scale demonstrations.
3. Keep in mind and remind others that QI is an iterative process.

- **Identify your team.** A small multidisciplinary team can help the practice champion make important decisions about strategies, timelines, implementation approaches, and evaluation. Working with patients or family members as part of the implementation team can help the practice to identify the best approaches to support patient uptake of the TAPR-CPM app. Be sure to identify at least one member of your team to serve as a liaison with the technical implementation team. This step will allow for enhanced communication about technical decisions that will have implications on your practice's workflow.
- **Assess your practice's readiness.** Use the initial practice readiness checklist in [Appendix B](#) to evaluate your practice's readiness to start a new QI initiative. Be sure to invite all practice stakeholders to participate in the readiness assessment. Ideally, you will be able to collect this information anonymously. In this way, you will be able to identify any critical impediments to your practice's successful implementation of the TAPR-CPM app and work with your implementation team to develop strategies to overcome them.

Step 2. Make Decisions for Your Implementation

- **Set the scope of your implementation.** Your implementation team will work together with the frontline clinicians to make key decisions for the implementation of the TAPR-CPM app within your practice. Some of these decisions are outlined in the Implementation Quick Start Guide ([Appendix C](#)). Review which clinicians and patients will be engaged in the implementation and at which stage of the implementation (early, mid, late).
- **Set a reasonable timeline.** Successful implementation planning takes dedication and time. We recommend a 3-month implementation and evaluation window. This

will give your practice time to plan, implement, and evaluate the TAPR-CPM app's impact on your clinical workflow and patient's opioid tapering experience.

- **Decide which implementation materials you will use.** As you plan the implementation, you will need to decide which materials and approaches are most appropriate for your practice. For example, you may want to focus your initial implementation on a specific patient population (e.g., patients with evidence of opioid use disorder, patients on high-dose opioids), or how to manage in-between visit communication between patients and clinicians, or what to do when a patient experiences an exacerbation of their pain as identified by the patient reported outcomes in the TAPR-CPM app. These are important considerations as you design the plan for implementing the TAPR-CPM app into your existing opioid tapering workflow. The Quick Start Implementation Guide ([Appendix C](#)) will help you to think through some of these important decisions.
- **Determine a standardized implementation process.** There is no one best approach to planning, implementing, and evaluating practice improvements. If your practice does not have a standardized approach to quality improvement, you may want to explore the Institutes for Healthcare Improvement's (IHI's) approach⁷. The Model for Improvement provides several key steps to consider as you and your practice plan your TAPR-CPM app implementation.
 - [The IHI approach to quality improvement](#)
- **Develop and establish your workflow.** Use the Workflow Design Guide ([Appendix D](#)) to examine your practice's current workflow for opioid medication tapering and to redesign it to support the integration of the TAPR-CPM app. Some of the key decisions to help inform the workflow design are outlined in the design guide, as well as on the Implementation Quick Start Guide ([Appendix C](#)).
- **Establish how your practice will measure success.** Consider the following when selecting measurements to assess the effectiveness of any process improvement:
 - **Identify stakeholders and their data needs.** This includes internal stakeholders (e.g., patients, clinicians, practice staff, administrators, and leaders) as well as external stakeholders (e.g., payers, regulators). Ideally, you should select evaluation measures that meet the information needs of both internal and external stakeholder groups.
 - **Identify outcomes and implementation process.** Establish both outcome and process measures to examine implementation success. Consider patient measures of pain before, during, and after the taper initiation. These data should be available from within the patient-facing TAPR-CPM app. Your practice may choose to examine the number and percentage of patients who engage in a taper, or the number of patients on long-term opioid therapy. The TAPR-CPM app collects data that can help you to evaluate your practice's success.

- **Ease of data collection.** Consider measures that you are already collecting to help evaluate your implementation. Routinely collected administrative data such as patient satisfaction surveys or adverse event reporting may be helpful in evaluating the impact of the intervention.
- **Measure before your implementation.** To evaluate the impact of your intervention, be sure to select measures early and collect baseline data before you start the implementation.

Step 3. Customize Training for Your Practice and Train Your Team

- **Customize your training and implementation materials.** The training materials in [Appendices G-I](#) need to be customized to support your adapted workflow and your key practice decisions about how to engage patients in using the TAPR-CPM app to support their opioid tapering. Look for the green star throughout the presentations for opportunities to tailor the slides to best reflect your practice's implementation plan.
- **Train your team.** Use the training materials ([Appendices G-I](#)) to prepare your clinicians and practice staff to support the implementation and sustainability of the TAPR-CPM app. Key attributes of the training include:
 - Short training sessions of 15 and 30 minutes have been successful to reduce training burden on clinicians and staff.
 - Identify routine meetings that you can leverage for training to minimize disruption to practice and patient workflow.
 - Make sure you have copies of the materials for everyone who is attending the training session.
 - Provide enough time to answer questions and discuss any concerns.

Step 4. Go Live

Once your team is trained and materials are obtained and ready to use, it is time to go live. Your practice may also choose to go live in stages, with one or two physicians in the practice testing how the TAPR-CPM app works prior to a full-scale launch.

- Inform staff and clinical teams of the go-live date and timelines for adoption and evaluation using the Practice Orientation slides ([Appendix G](#)).
- Reinforce the training by using staff meetings and huddles (i.e., short daily or weekly meetings to support team sensitivity to operations and situational awareness) to discuss challenges to implementation and share successful stories at least weekly.
- Inform patients and their families about what the practice is implementing and what the patients' and families' roles are in the opioid tapering process.

- Introduce opioid tapering, as appropriate, including the risks and benefits of prolonged opioid use, the concept of tapering, and the TAPR-CPM app. Encourage clinicians to discuss with patients whether an opioid tapering plan is right for them and whether the TAPR-CPM app may help.
- As you look to move beyond your initial soft launch, look for individuals who can serve as peer coaches or mentors to other clinicians within the practice.

Recognize your team's efforts and successes

Discuss your team's implementation progress regularly. Share success stories and discuss challenges during huddles and regular practice meetings. Sharing stories of success and openly discussing challenges will support sustainability and help to design any adaptations to the interventions needed to fit your practice.

Step 5: Evaluate Your Implementation

Evaluation is a crucial part of the quality improvement process. Use the evaluation measures that your practice selected in Step 3 to evaluate your team's progress toward your quality improvement goals. The Agency for Healthcare Research and Quality's Practice Facilitation Handbook provides several resources for practice champions to collect and use data for improvement.

- [The Agency for Healthcare Research and Quality's Practice Facilitation Handbook](#)

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Appendix A. Materials and Design Guidance

This Appendix A provides short descriptions of [Appendices B-J](#). The Appendices below help the Practice Champion with the implementation planning.

Appendix B. Practice Readiness Assessment

Use the practice readiness assessment before starting and again every 3 months during the implementation phase of the TAPR-CPM app. Remember to get input from all stakeholders from within your practice.

Appendix C. Implementation Quick Start Guide

The Quick Start Guide supports implementation decisions through a series of questions that will help you design your implementation. These include decisions on how you will integrate the TAPR-CPM app into your workflow, train your teams, and evaluate your progress. Practice champions should start with the Quick Start Guide and supplement their improvement teams understanding of the project using the Practice Implementation Guide.

Appendix D. Workflow Design Guide

Use the Workflow Design Guide to evaluate your practice's current workflow for opioid tapering and identify how to adapt it to support the integration of the TAPR-CPM app for patients and clinicians.

Appendix E. Sample Clinical Practice Guidelines

Appendix E provides an example of clinical practice guidelines for opioid tapering that were integrated into the TAPR-CPM app. These guidelines may serve as a template for updating or establishing your practice's clinical guidelines. The guidelines meet current evidence-based guidelines from the CDC and Veterans Affairs for opioid tapering.^{2,8-10}

Appendix F. Patient-Facing TAPR-CPM App Fact Sheet

The fact sheet provides patients with important information on the TAPR-CPM app. This may be used as a handout, be embedded within your patient portal, or be emailed to prospective patients. This fact sheet should be customized to fit within your practice's workflow.

Appendix G. Practice Orientation Slides

These slides will help the practice champion orient the entire practice to the problem of opioids, the importance of opioid tapering, and how the TAPR-CPM app will help clinicians and patients address these challenges for your practice. These slides should be customized to reflect your practice's implementation decisions.

Appendix H. Training Slides for the Clinician-Facing TAPR-CPM App

The slides will help the practice champion to orient practice clinicians and relevant staff on how to access and use the clinician-facing TAPR-CPM app within their EHR. The slides provide the rationale for using the resource, an overview of the practice's workflow that has been adapted to integrate the TAPR-CPM app, screenshots of the TAPR-CPM app interface, and use cases. These slides should be customized to reflect your practice's implementation decisions, workflow, and navigation to the TAPR-CPM app in your EHR.

Appendix I. Training Slides for the Patient-Facing TAPR-CPM App

The slides will help the practice champion to orient practice clinicians and relevant staff on how to integrate the patient-facing TAPR-CPM app within their workflow. The slides provide the rationale for using the resource, an overview of the practice's workflow that has been adapted to integrate the TAPR-CPM app, and screenshots of the TAPR-CPM app interface that patients and clinicians will see. These slides should be customized to reflect your practice's implementation decisions and workflow.

Appendix J. Additional Resources

This document provides practice champions with links to additional information and resources that may prove helpful during the planning, implementation, and sustainment of the TAPR-CPM app in the practice.