

Addressing Pain and Opioid Prescribing in Oregon

PINPOINT: Improving Pain And Opioid Management in Primary Care is a 3-year study funded by the Centers for Disease Control and Prevention and awarded to the Oregon Health Authority (OHA). OHA has contracted the Oregon Rural Practice-based Research Network (ORPRN) to implement PINPOINT. The overall goal of PINPOINT is to address pain management and opioid prescribing practices in primary care clinics throughout Oregon.

PRIMARY GOALS

1. Reduce risks to patients by making pain treatment safer and more effective, emphasizing non-opioid and non-pharmacological treatment.
2. Reduce harms to people taking opioids and support recovery from substance use disorders by making naloxone rescue more accessible and affordable.
3. Protect the community by reducing the number of pills in circulation through the implementation of safe opioid prescribing, storage, and disposal practices.
4. Optimize outcomes by making state and local data available for informing, monitoring, and evaluating policies and targeted interventions.

THE SIX BUILDING BLOCKS

The Six Building Blocks is a team-based approach using population health strategies to improve opioid management in primary care. ORPRN will utilize the Six Building Blocks approach with clinics across Oregon to facilitate improvement in key areas, including:

- Building organization-wide consensus around cautious opioid prescribing
- Developing clinic policies and patient agreements to improve care of patients with chronic pain
- Tracking and monitoring patients on long term opioid therapy (LTOT) before, during, and between clinic visits
- Supporting patient-centered, empathic communication for care of patients on LTOT
- Developing policies and resources to ensure patients in need of mental/behavioral resources are identified and provided with appropriate care, either in the care setting or by outside referral

“After decades of increasing opioid availability, there is now an epidemic of opioid overdose. The PINPOINT project supports primary care clinics across Oregon as they work to improve prescribing safety and provide evidence-based care to patients with chronic pain and patients with addiction.”

BRIGIT HATCH, MD, MPH



PRINCIPLE INVESTIGATORS

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STUDY PARTNERS

Oregon Rural Practice-based Research Network (ORPRN) at Oregon Health & Science University

Comagine Health

Synergy Health Consulting

National Resource Center for Academic Detailing (NaRCAD)

TARGET SPECIALTY

Oregon Primary Care Clinics

PROJECT PERIOD

2019 – 2022

PINPOINT

IMPROVING PAIN AND OPIOID MANAGEMENT IN PRIMARY CARE

Approach + Methods

REGIONAL TRAININGS

ORPRN will host half-day regional trainings to introduce chronic pain identification and management, opioid prescribing and quality improvement basics to small teams from participating clinics.

- Practice participants will brainstorm potential practice change areas to bring back to their practice teams.
- Trainings includes lunch, CME and MOC II credits, and \$500 stipend.

SUPPORT STRATEGY

ORPRN will provide foundational and supplemental support designed to help clinics implement evidence-based guidelines for pain management and opioid prescribing.

Foundational Support

All clinics receive foundational support, including:

- One day regional training
- 2-hour baseline assessment to understand clinic culture, capacity, and needs
- Implementation toolkit
- 2-hour final assessment to evaluate program impacts

Supplemental Support

Supplemental support will be provided as needed.

Clinics can opt to receive tailored assistance, including:

- Up to 12 practice facilitation visits
- Peer-to-peer learning through ECHO tele-mentoring (www.oregonechonetwork.org)
- Maintenance of Certification Part IV credits
- Academic detailing

CLINIC QUALITY IMPROVEMENT PROJECTS

ORPRN practice facilitators can meet with clinics up to monthly to initiate quality improvement projects of their choosing related to pain management and/or opioid prescribing. Visit topic examples are shared below.

Pain

- Creating a registry for patients with chronic pain, and consistently use chronic pain ICD-10 codes.
- Developing protocols for treatment of acute pain.
- Utilizing standardized assessment of chronic pain.

“Chronic pain is one of the most common and complex problems managed by primary care practices. PINPOINT provides tailored support and real-world interventions to practices to help primary care teams diagnose, manage and support patients with chronic pain.”

MELINDA DAVIS, PHD.

Opioid Use Disorder

- Naloxone prescribing and training.
- Identifying of opioid use disorder.
- Identifying of polysubstance use.
- Identifying of diversion/risk.

Opioid Prescribing Policies and Practices

- Developing and implementing clinic policies for opioid prescriptions.
- Standardizing use of the PDMP by providers or staff.
- Tapering patients to lower average MED to clinic-selected targets of 90mg MED or 50mg MED.

STUDY PARTNERS



**FOR MORE INFORMATION CONTACT
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