

MSQC

Opioid Prescribing 2018 QII Project

Webinar

March 8, 10 a.m.

Today's Agenda:

- Why MSQC QI matters to your hospital
- QI 101: PDCA
- Data
 - Using Box to receive and download files
 - What's in the spreadsheet
 - Using workstation reports to see outcomes measures
- Your questions!

Why does QI matter?

- It's the right thing for your patients
- Your hospital earns an incentive payment for participating in CQIs like MSQC and performing well on the PI Index
- This pay for performance payment is over and above the FTE payment that supports the SCQR salary

Pay for Performance Example: Large Hospital

Annual BCBSM total billing = \$500M

- 5% (potential incentive) of \$500M = \$25M
- 44% (CQIs) of \$25M = \$11M
- This hospital participates in 10 CQIs = \$1.1M per CQI

In this example, the hospital could receive a \$1.1M incentive for full participation in MSQC!

Pay for Performance Example: Small Hospital

Annual BCBSM total billing = \$20M

- 5% (potential incentive) of \$20M = \$1M
- 44% (CQIs) of \$1M = \$440K
- This hospital participates in 4 CQIs = \$110K per CQI

In this example, a small hospital could receive a \$110K incentive for full participation in MSQC!

**Performing well on the MSQC
Performance Index is in your
hospital's best interest!**

So... how do you do it?

Quality Improvement 101: PDCA

- Plan: Identify problem(s) & a potential solution
- Do: Implement the solution
- Check: Evaluate data to determine if solution is successful
- Act: Follow up with parts of the solution that are struggling and/or need attention

Data tells us where we are, where we should head, and whether we got there on time!



Plan: Identify problem & possible solution

- Where does the data show an issue?
- What can change to improve the problem?
- Should you tackle the whole mess or break it down into pieces? (Hint: smaller pieces are better!)

Example: There are too many unused opioids in the community and we are overprescribing to patients. Solution: Reduce opioid prescribing by setting reduced prescribing targets

Do: Implement the solution

- Work with team members to *change* something
- Use data to convince stakeholders of the problem
- Use your own knowledge + other experts/organizations to identify solution

Example: Hold a meeting with surgeons, residents, PA/NPs, nurses, etc. to set a new reduced prescribing target. Use tools at your disposal ([Michigan OPEN recs](#)) to set this target.

Check: Evaluate your data

- Did it work? What does the data say?
- Do people hate it?
- How are your outcomes?
- Can it be sustained?

Example: Was the prescribing actually reduced? If not, are there prescribers that need to be targeted for intervention? If prescribing was reduced, are there still problem areas? Can we/should we go lower?

Act: Adjust to improve the project

- What needs to change based on your data review?
- How can you make these changes?
- Who needs to get on board?

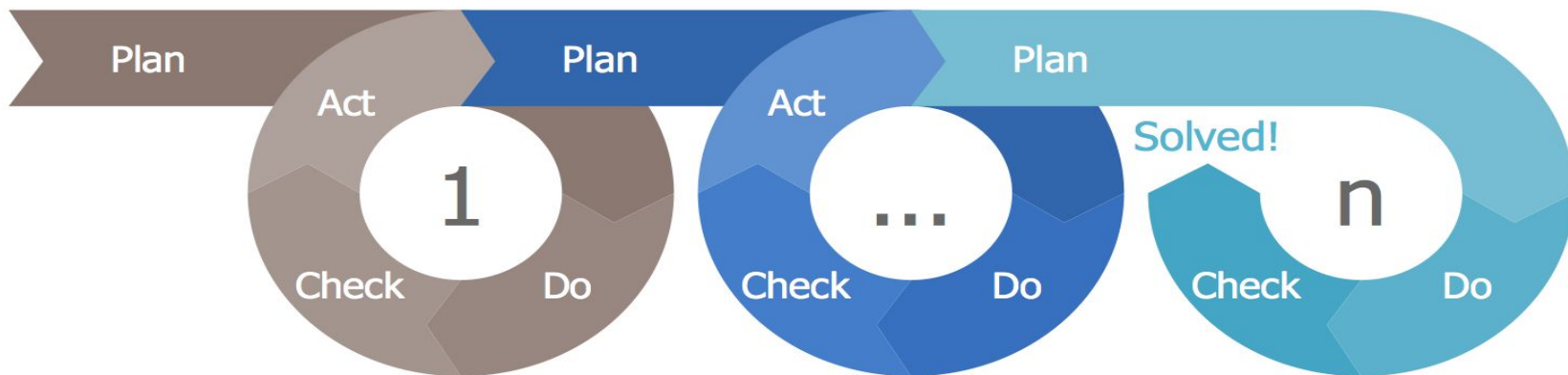
Example: The data showed that X procedure group still had high prescribing even though other areas decreased. Talk to surgeons A & B who perform X procedures and demonstrate the value of reducing prescribing.

You've done all that...now what?

Do it AGAIN!

Keep what worked,
change what didn't.
Launch a new experiment

Where are we now?
Did we make
progress?



Tools to Use: DATA

- What is Box?
- Receive and download files
- What do the spreadsheets include?
- Using workstation reports to see outcomes measures

Viewing your data & tracking progress

- Go to Box.com and sign in
- Share this folder with anyone who needs access
- View document(s) and download (top right)
- Make changes and upload new version
 - Right click on name of document in box, click upload new version and select your document from your computer

Opioid QI Tracking Sheet

Hospital Name:

Project: Postoperative Opioid Prescribing

Population:

- Appendectomy
- Cholecystectomy
- Colectomy
- Hernia Repair
- Hysterectomy

*See included CPT code list for each patient population

Target Outcome:

Team Members & their role in the project:

Person Responsible for Submitting this Report:

	Data Location	Baseline Compliance Rate	Target Compliance Rate	Cumulative 1 Rate	Cumulative 2 Rate	Cumulative 3 Rate	Cumulative 4 Rate	Overall Rate (1/1/2018 - 12/1/2018)
Selected population receives standard # of pills identified as new prescribing target	Opioid tab		90%					
Complete 30-day/Opioid Assessment	Opioid tab		80%					
Email address for 90-day PRO assessment	Opioid tab		80%					
Steps to Implement	<i>Please indicate, in detail, what steps were necessary in order to implement each process measure listed above.</i>							
Successes	<i>Please describe, in detail, what changes you implemented (or attempted to implement) that were successful. Why do you think they were successful, what were the critical elements that made these steps work?</i>							
Barriers/challenges	<i>What roadblocks did you encounter along the way? What things made your project difficult to implement?</i>							
Analysis/Next Steps	<i>Overall, would you say the changes you implemented as part of your 2018 QI project were successful? Why or why not? What are your plans for continuing this work? Were the results what you expected or were there surprises? How would you change things in the future?</i>							

Outcome Measure	Baseline Rate (10/1/2015-5/31/2017)	Goal Rate (10% reduction from baseline)	Cumulative Rate 1	Cumulative Rate 2	Cumulative Rate 3	Cumulative Rate 4	Overall Rate (1/1/2018 - 12/1/2018)
LOS							
ED Visits							
Readmissions							

Quality Implementation Goals:

- Capture the discharge opioid prescription in the workstation for 100% of the selected population [20 points]
- 90% of the selected population receives the standard number of pills identified as the new prescribing target* [20 points]
- 80% of the selected population has a complete 30-day Pain/Opioid assessment [20 points]
- 80% of the selected population has an email address for 90-day PRO assessment [10 points]

Don't forget to set targets and upload to Box!

Prescribing Target (to be completed by April 30, 2018):

Procedure Population	Hydrocodone (Norco) 5 mg Tablets Codeine (Tylenol #3) 30 mg Tablets Tramadol 50 mg Tablets	Oxycodone 5 mg Tablets
Laparoscopic Appendectomy		
Laparoscopic Cholecystectomy		
Laparoscopic Colectomy		
Open Colectomy		
Major Hernia Repair		
Minor Hernia Repair		
Vaginal Hysterectomy		
Laparoscopic Hysterectomy		
Abdominal Hysterectomy		

Baseline compliance rates

Procedure Group	Average # pills prescribed (Norco/Tylenol 3/Tramadol)	Average # pills prescribed (Oxycodone)	% cases with discharge opioid prescription captured	% cases with complete pain/opioid tabs	% cases with email address captured
Appendectomy	26.7	30.0	100.0	9.1	49.4
Cholecystectomy	33.9	50.0	89.7	13.1	51.0
Colectomy (Lap)	25.0	22.0	100.0	19.7	50.0
Colectomy (Open)	61.0	30.0	100.0	8.5	40.9
Hernia Repair (Major)	38.3	33.3	90.0	18.8	68.8
Hernia Repair (Minor)	30.3	36.7	88.2	20.6	60.3
Hysterectomy (Vaginal)	18.5	25.8	100.0	37.5	75.0
Hysterectomy (Lap)	33.2	31.3	98.0	19.1	57.4
Hysterectomy (Abdominal)	n/a	n/a	n/a	0.0	100.0

Review individual cases

	D	E	G	H	I	J	K	L
	Surgical Group	CPT Code	Procedure group	Surgical approach	Opioid type 1	Opioid type 2	Opioid type 3	Opioid dose 1
	Hernia Repair (Minor)	49585	Hernia Repair	Open - V4	Hydrocodone	.	.	5
	Colectomy (Lap)	44204	Colectomy	Laparoscopic - V4	Oxycodone PO	.	.	5
	Colectomy (Lap)	44205	Colectomy	Laparoscopic - V4	Oxycodone PO	.	.	5
	Hysterectomy (Lap)	58571	Hysterectomy	Robotic - V4	Oxycodone PO	.	.	5
	Cholecystectomy	47562	Cholecystectomy	Laparoscopic - V4	Hydrocodone	.	.	5
	Hysterectomy (Lap)	58571	Hysterectomy	Robotic - V4	Hydrocodone	.	.	5
	Cholecystectomy	47562	Cholecystectomy	Laparoscopic - V4	Hydrocodone	.	.	5

Your Questions

- Missing emails
- Working with outside abstractors
- Multiple procedure groups
- Other concerns?