CDC Opioid Quality Improvement Collaborative

The Centers for Disease Control and Prevention (CDC) released the 2016 Guideline for Prescribing Opioids for Chronic Pain (the CDC Prescribing Guideline) to ensure that patients have access to safer, more-effective chronic pain treatment. To encourage uptake and use of the evidence-based CDC Prescribing Guideline, CDC engaged Abt Associates to develop quality improvement (QI) measures aligned with the CDC Prescribing Guideline recommendations, to create an implementation package for healthcare systems, and to support two cohorts of large healthcare systems in the CDC Opioid QI Collaborative. University of Pittsburgh Medical Center Pinnacle in Pennsylvania joined Cohort 2 in April 2019.

Health System Overview

The University of Pittsburgh Medical Center Pinnacle (UPMC Pinnacle) includes seven acute care hospitals with 1,256 licensed beds, over 160 outpatient clinics and ancillary facilities, more than 2,900 physicians and allied health professionals on its medical staff, and approximately 11,000 employees serving multiple counties in Pennsylvania. UPMC Pinnacle selected four clinics to engage in the CDC Opioid QI Collaborative based on their previous QI efforts and level of readiness to engage in the QI project. Clinics were also chosen based on their interest in providing medication for opioid use disorder in primary care as well as the clinic’s interest in building and strengthening integrated behavioral health within primary care.

Opioid-Related QI Efforts

Prior to joining UPMC in 2017, UPMC Pinnacle began measuring opioid prescribing rates, which included reviewing data and meeting with clinicians whose opioid prescribing practices fell outside average prescribing rates across the system. Since joining the CDC Opioid QI Collaborative, UPMC Pinnacle clinics have seen a 25% decrease in opioid prescribing in the Dauphin/Cumberland region of Pennsylvania. UPMC Pinnacle is committed to closely engaging with clinics to have the QI process be clinic-led to increase buy-in. The QI team recognized that each clinic had a different patient mix and culture and opted to collaborate versus require top-down change. UPMC Pinnacle relied on tools within their electronic health record (EHR), EPIC, including Slicer Dicer, Reporting Workbench, and Crystal Reports. Slicer Dicer allows for self-service reporting for clinicians to see their own patient populations, not requiring IT support. Reporting Workbench is a template-based reporting tool that allows clinic or administrative staff to generate reports with limited data support. Crystal Reports requires more support from IT but provides robust reporting and data visualization.

1 The content of this document does not necessarily reflect the views or policies of the US Department of Health and Human Services, the Centers for Disease Control and Prevention, the Office of the National Coordinator for Health IT, or the other organizations involved, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.
Strategies Used to Implement the CDC Guideline
UMPC Pinnacle used a range of strategies in their QI efforts. Overall strategies are included in the text box, and a selection of these are described in further detail below.

Opioid Prescribing Dashboard
The primary implementation strategy was creating and disseminating an opioid prescribing dashboard. Local data experts integrated EPIC Slicer Dicer and other tools to develop and implement a customized dashboard. The QI team provided the dashboard to the medical director to share with the clinicians, creating a tool for audit and feedback of opioid prescribing patterns as compared to other clinicians. The medical director conducted medical outreach visits to share the dashboard information with clinical practices and engage in case conferencing to improve clinician prescribing.

Gain Buy-In and Tailor Approaches to Each Clinic
UPMC Pinnacle was also intentional about approaching each clinic to gain buy-in and tailor approaches. First, the QI team discussed changes in opioid prescribing practices, measures to select for improvement, and the QI initiative more generally with each clinic. Through these local consensus-building discussions, they were able to identify a slight variation in measures based on clinic needs and to tailor strategies (i.e., the prescribing dashboard) to include the needs of each clinic.

Measures Used to Monitor Improvement
UPMC Pinnacle selected five measures focused on improving care for long-term opioid therapy (LTOT). They worked with each clinic to select measures appropriate for all sites and ruled out any measures they were already confident in from existing efforts or any measures deemed not ready to implement.

Trends in Select QI Measures
UPMC Pinnacle monitored trends for the QI measures over the course of their participation in the CDC Opioid QI Collaborative. The following are highlights of select opioid QI measures, each of which indicate an improvement in guideline-concordant care over 12 months:

- QI Measure 2: The percentage of patients for whom a PDMP was checked for a newly prescribed opioid for chronic pain increased by more than 15 percentage points.
- QI Measure 8: The percentage of patients on LTOT who were co-prescribed a benzodiazepine decreased by more than 3 percentage points.

Learn More about QI Efforts in Opioid Prescribing
To view this full resource and learn more, visit:  
- [https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html](https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html)  
- [Opioid Overdose | Drug Overdose | CDC Injury Center](https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html)