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. The University of Utah joined Cohort 2 in April 2019.

Health System Overview

University of Utah Health (UUHealth) is the only academic medical center in Utah and the Mountain West. The system provides patient care for the people of Utah, Idaho, Wyoming, Montana, western Colorado, and much of Nevada. UUHealth includes more than 1,400 board-certified physicians and more than 5,000 health care professionals who staff four hospitals and 12 community clinics. The primary care network includes 12 multidisciplinary primary care practices with diverse patient populations, settings, and organizational cultures. This primary care partnership includes the Community Physician Group (CPG), the Department of Family and Preventive Medicine (DFPM), the Department of Pediatrics, and the Department of Internal Medicine. Three DFPM clinics serve as academic clinical training sites for family medicine residents. The individual clinics are distributed geographically to serve their diverse patient populations. All clinics have similar facilities and resources. The clinics participate regularly in research projects involving patients, personnel, and facilities, and engage with the Practice Based Research Network. Of the four clinics participating in the QI Opioid Collaborative, three are part of DFPM, and one is part of the Community Physician Group.

Opioid-Related QI Efforts

UUHealth has a strong history of QI excellence, including Patient-Centered Medical Home (PCMH) certification. DFPM has a formal QI process, in which new QI projects are initiated each August in alignment with the academic training cycle for residents. At least four QI projects are conducted annually at each site, in compliance with the PCMH designation. In July 2017, UUHealth issued “Opioid Use and Treatment of Chronic Pain,” a comprehensive guideline that incorporated content from both CDC and Utah Department of Health guidelines. UUHealth leadership disseminated the guideline system-wide. Primary care managed the majority of patients on long-term opioid therapy (LTOT). Tools included a patient controlled substance agreement, standardized pain note, and a pop-up morphine milligram equivalent (MME) calculator. UUHealth also used pharmacist-managed controlled substance registries to track patients on prescribed opioids and benzodiazepines. At the start of UUHealth involvement with the CDC Opioid QI Collaborative, there had been no systematic measurement of how well the guidelines were implemented.

Strategies Used to Implement the CDC Guideline

UUHealth used a range of strategies in their QI efforts. Overall strategies are included in the text box above, and a selection of these are described in further detail below.

Opioid Prescribing Data Dashboard

The primary strategy that UUHealth used was to develop an opioid prescribing data dashboard. The dashboard was designed to be a flexible data tool that could be used for many purposes in support of quality improvement. The tool pulls electronic health record (EHR) data from their data warehouse into a customizable dashboard. Anyone in the health system can use the dashboard to collate data on prescribed opioids and monitor changes resulting from new initiatives.
Standardized Note

UUHealth implemented a standardized note for use during clinic visits with patients prescribed opioids for pain. The pain note included components of UUHealth’s opioid guideline, including completing pain and functional assessments, checking Utah’s Controlled Substance Database, and completing the urine toxicology screen.

Tailor Strategies to Each Clinic

Each clinic is offered the opportunity to choose different implementation strategies. One clinic utilized a nurse champion working with a senior family medicine resident (i.e., a team-based approach) to implement and monitor progress. Another clinic, they used a pharmacist champion to implement and monitor the intervention. A third clinic used a physician assistant champion. At the fourth clinic, the clinic medical director led the implementation. The medical director was the primary author of UUHealth’s “Opioid Use and Treatment of Chronic Pain” guideline. The teams from each of the four clinics monitor these different approaches for effectiveness and distribute the results to other clinics to showcase a variety of models.

Measures Used to Monitor Improvement

The QI team at UUHealth selected five QI measures from the CDC Prescribing Guideline and included them on the opioid prescribing dashboard. They measured the number of patients taking more than 90 MME per day, the percent of patients with a quarterly follow-up visit, the percent of patients with a standardized pain assessment, the percent of patients with a quarterly prescription drug monitoring program check, and the percent of patients with a yearly urine drug test.

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
- Opioid Overdose | Drug Overdose | CDC Injury Center