Core Collaborative Measures and Reporting Resources

Cole Stanley, MD, CCFP

Family Physician, Raven Song & IDC

Medical Lead, Continuous Quality Improvement, Vancouver Coastal Health

Best-Practices in ORAL OPIOID AGONIST THERAPY Collaborative

Outline

- Outcome, process, and balancing measures
- EMR OUD visit template
- EMR Queries
- Excel reporting tool
- Population of focus
- Key Metrics
  - Engagement (1.2)
  - OAT access (1.3)
  - Active oOAT (2.2)
  - Optimal oOAT dosing (2.3)
  - Retention on oOAT (2.4)
  - Quality of Life score (3.2)
- Optional measures

Three types of measures

- How will we know that our changes resulted in an improvement?

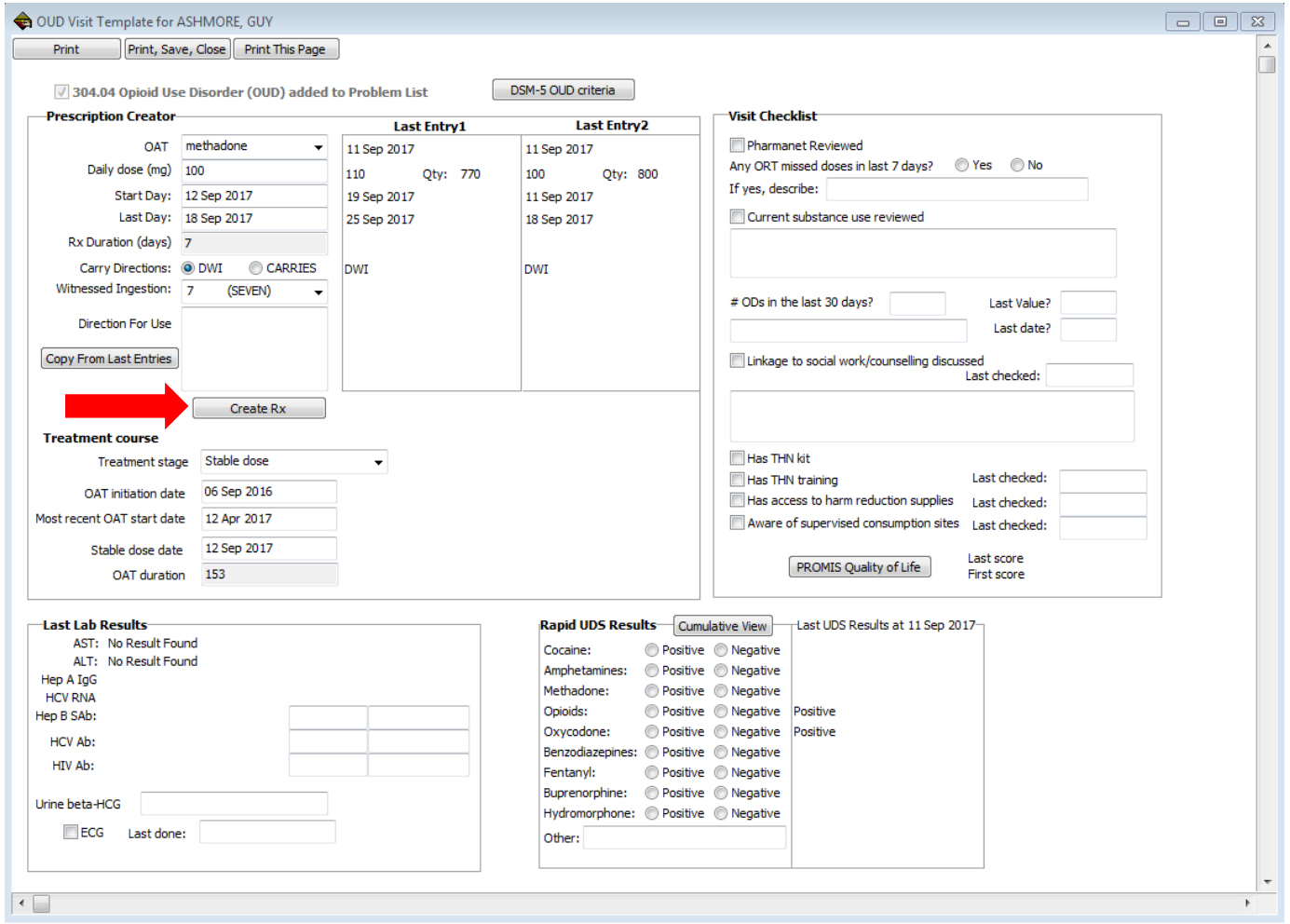
- **Outcome measures**: what are we trying to achieve?
- **Process measures**: Are we doing the right things to get there?
- **Balancing measures**: Are our changes causing problems to other parts of the system?

Three types of measures - Example

- The team decides to test a change where the LPN will call patients on day before rx is due as a check-in/reminder, with hopes of decreasing missed doses and increasing retention

- **Outcome measures**: Number of missed doses, Retention on oOAT
- **Process measures**: percentage of missed dose faxes from pharmacy that prompted a phone call to patient
- **Balancing measures**: Time taken by LPN to do this work

EMR OUD Visit Template



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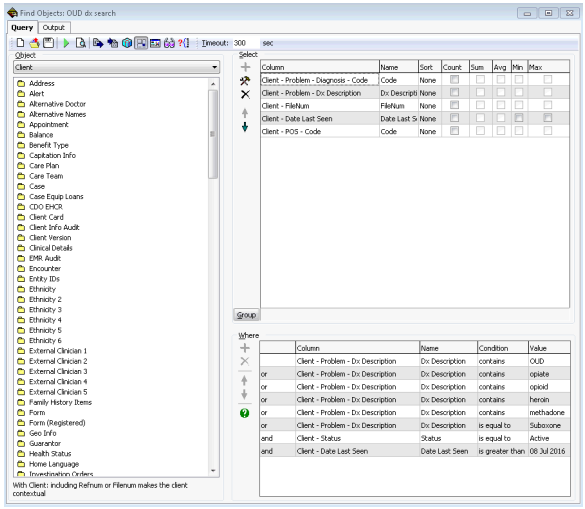
EMR Queries

- Each team on Profile EMR should have at least one person with access to QI/queries environment so that queries can be run and reports created monthly
- Contact cole.stanley@vch.ca if you need to gain access for a team member

Profile EMR queries - Examples

BOOST 1 POF baseline
BOOST 1 POF 304.0 opioid use disorder

BOOST 1.2N Engaged in care/lost to care
BOOST 1.2D Engaged in care/lost to care
BOOST 1.3N oOAT access



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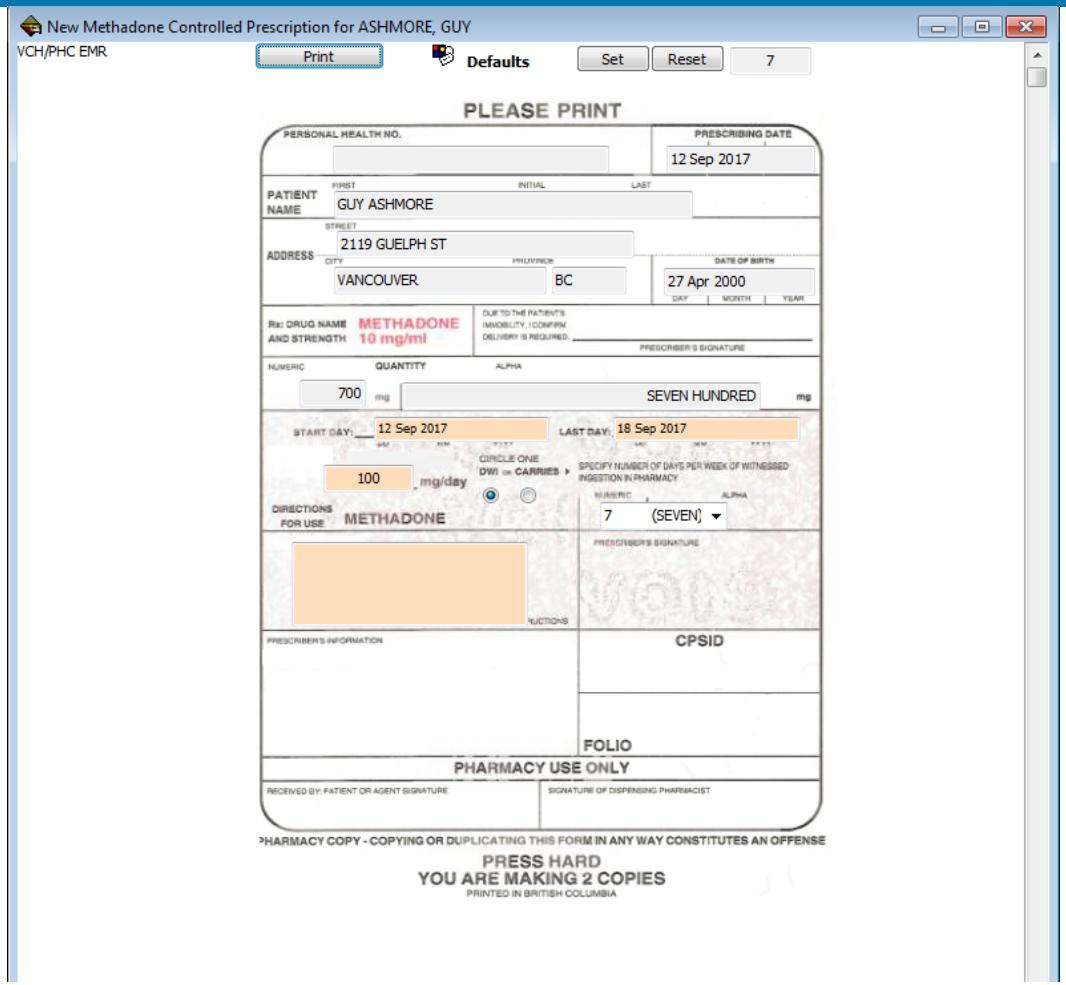
EMR OUD Visit Template



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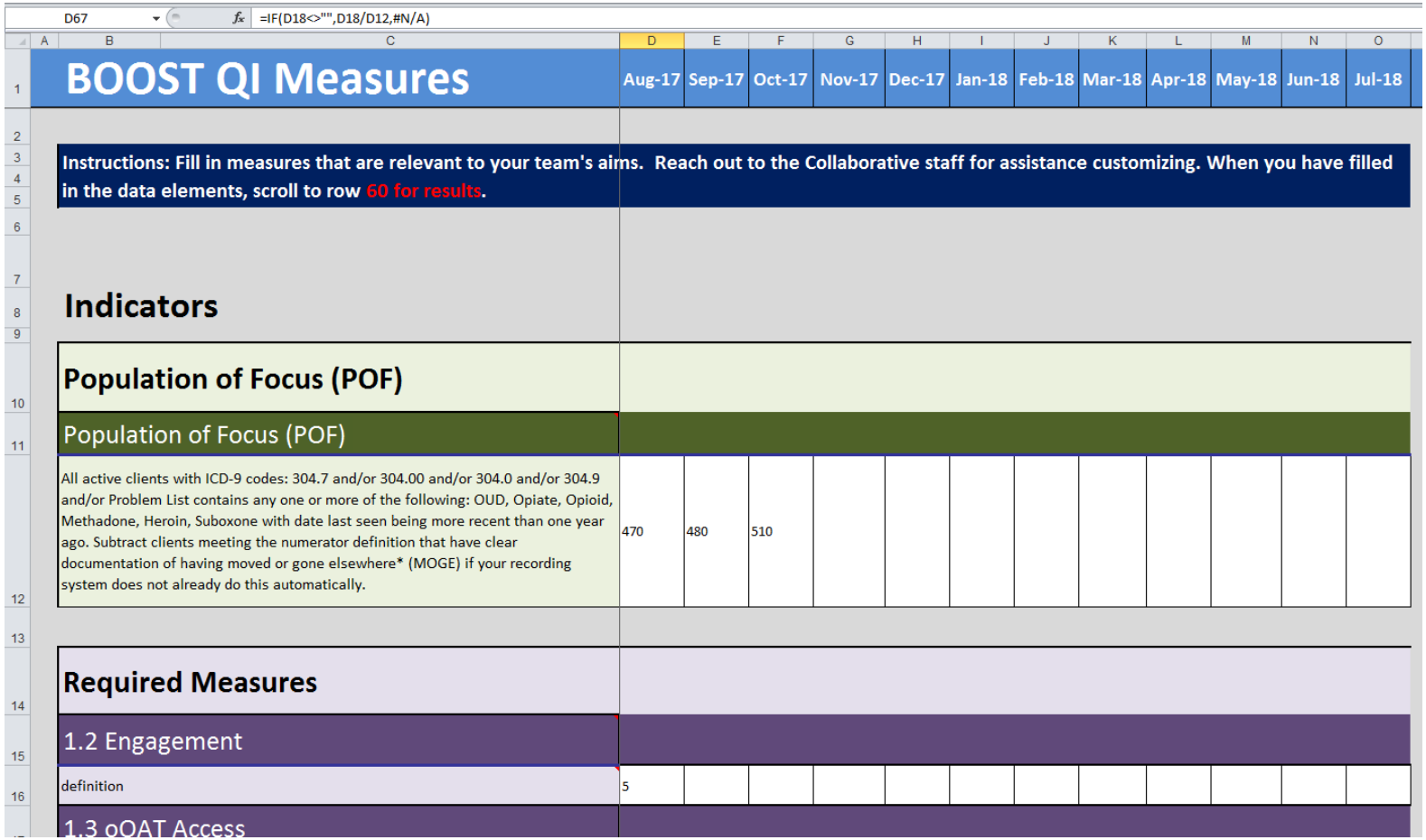
Excel Reporting Tool



D67 | =IF(D18<>"",D18/D12,#N/A)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1		**BOOST QI Measures**		Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
2															
3		**Instructions: Fill in measures that are relevant to your team's aims. Reach out to the Collaborative staff for assistance customizing. When you have filled in the data elements, scroll to row 60 for results.**													
4															
5															
6															
7															
8		**Indicators**													
9															
10		**Population of Focus (POF)**													
11		Population of Focus (POF)													
12		All active clients with ICD-9 codes: 304.7 and/or 304.00 and/or 304.0 and/or 304.9 and/or Problem List contains any one or more of the following: OUD, Opiate, Opioid, Methadone, Heroin, Suboxone with date last seen being more recent than one year ago. Subtract clients meeting the numerator definition that have clear documentation of having moved or gone elsewhere* (MOGE) if your recording system does not already do this automatically.		470	480	510									
13															
14		**Required Measures**													
15		1.2 Engagement													
16		definition		5											
		1.3 oOAT Access													

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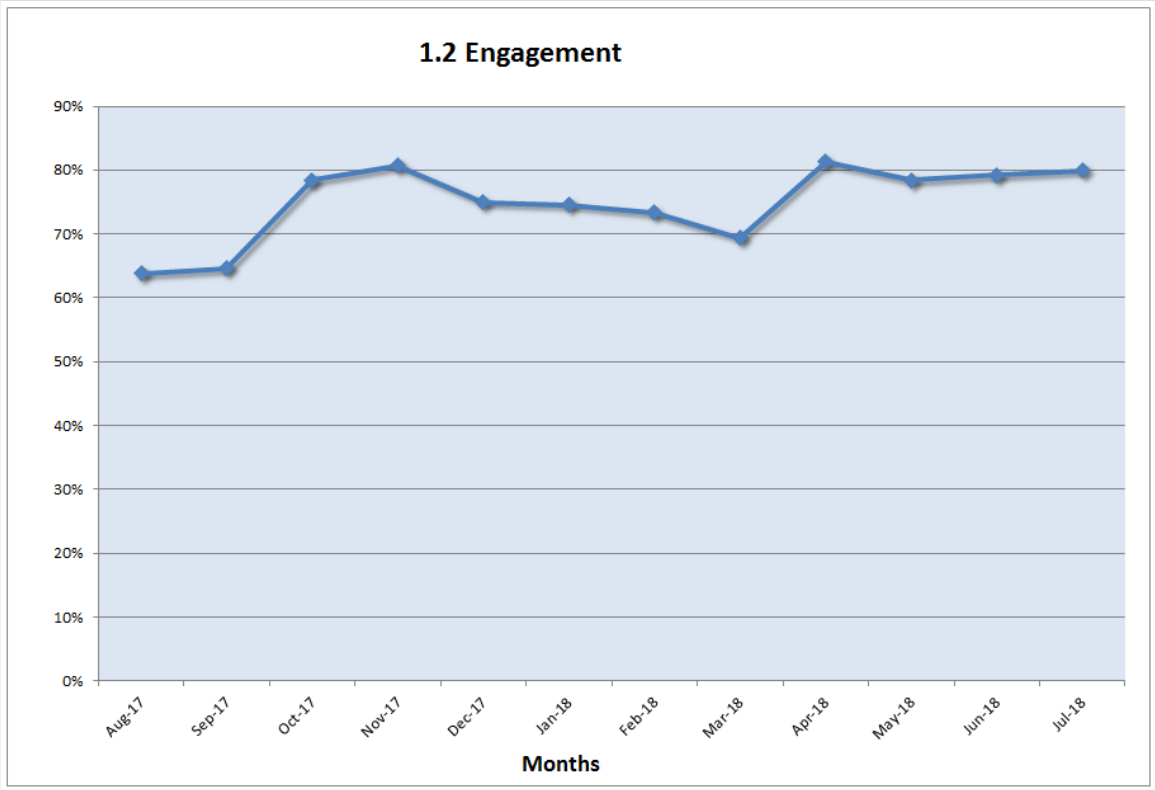
Excel Reporting Tool



1.2 Engagement | 1.3b | 1.4 | 2.2ab | 2.3 | 3.2 | 3.3 | 1.5 | 1.6 | 1.7 | 1.8 | 1.9 | 2.4 | 2.5 | 2.6 | 2.7 | 2.8 | 3.4 | 3.5 | BLANK

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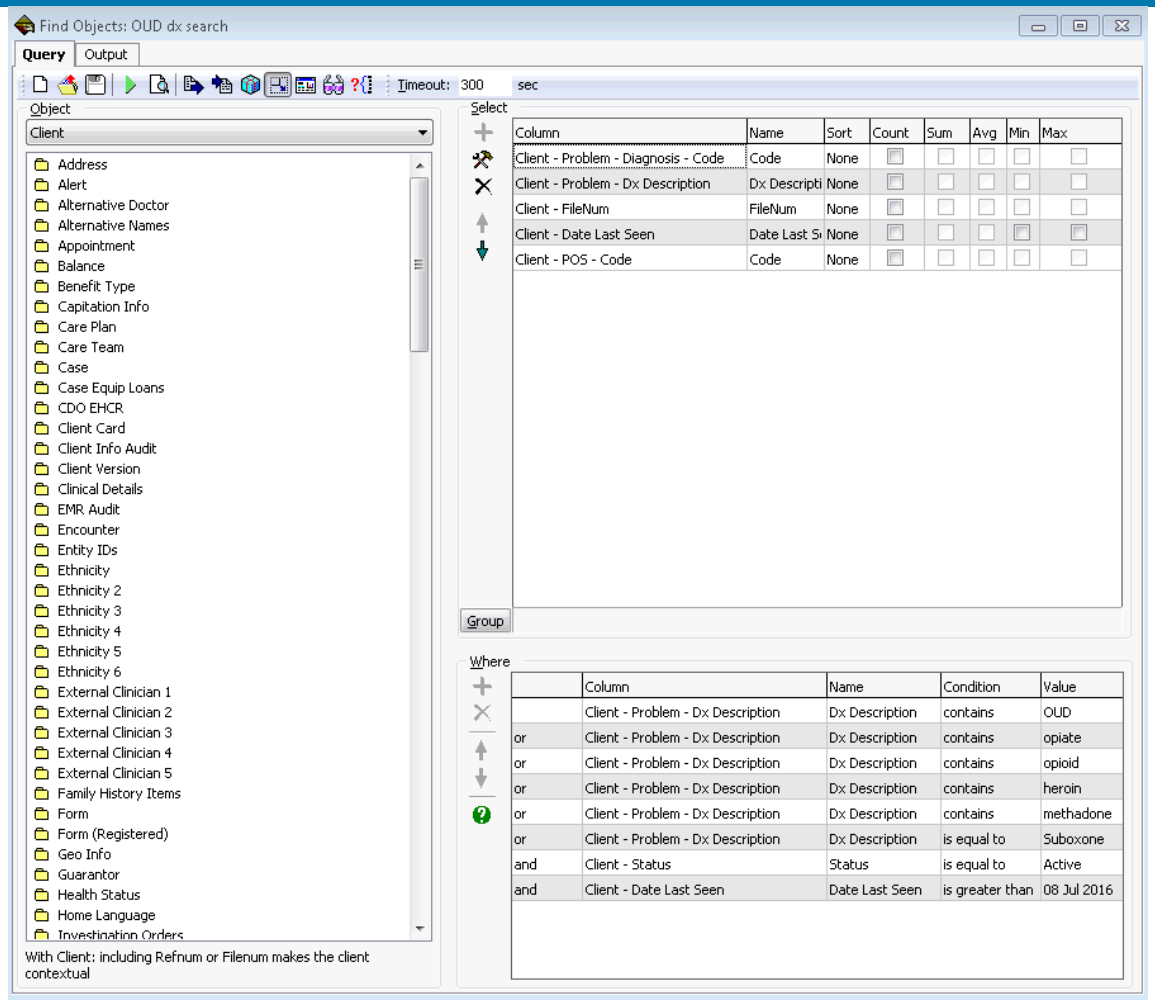
Population of focus (POF)

- List of active clients within our team who have opioid use disorder
  - Difficult to get list currently due to incomplete or inaccurate problem lists
- Operational definition for *baseline* data from Profile EMR (query "BOOST POF baseline" available in QI/query environment)
  - POS="our clinic code" (eg. Raven Song = RSG)
  - Status = "active"
  - Date Last Seen > today-1y (date last seen is within past year)
  - Problem list descriptions contain any ONE or more of the following:
    - OUD
    - opiate
    - opioid
    - methadone
    - heroin
    - Suboxone
- Teams not on Profile EMR will need different operational definition

Population of focus (POF)



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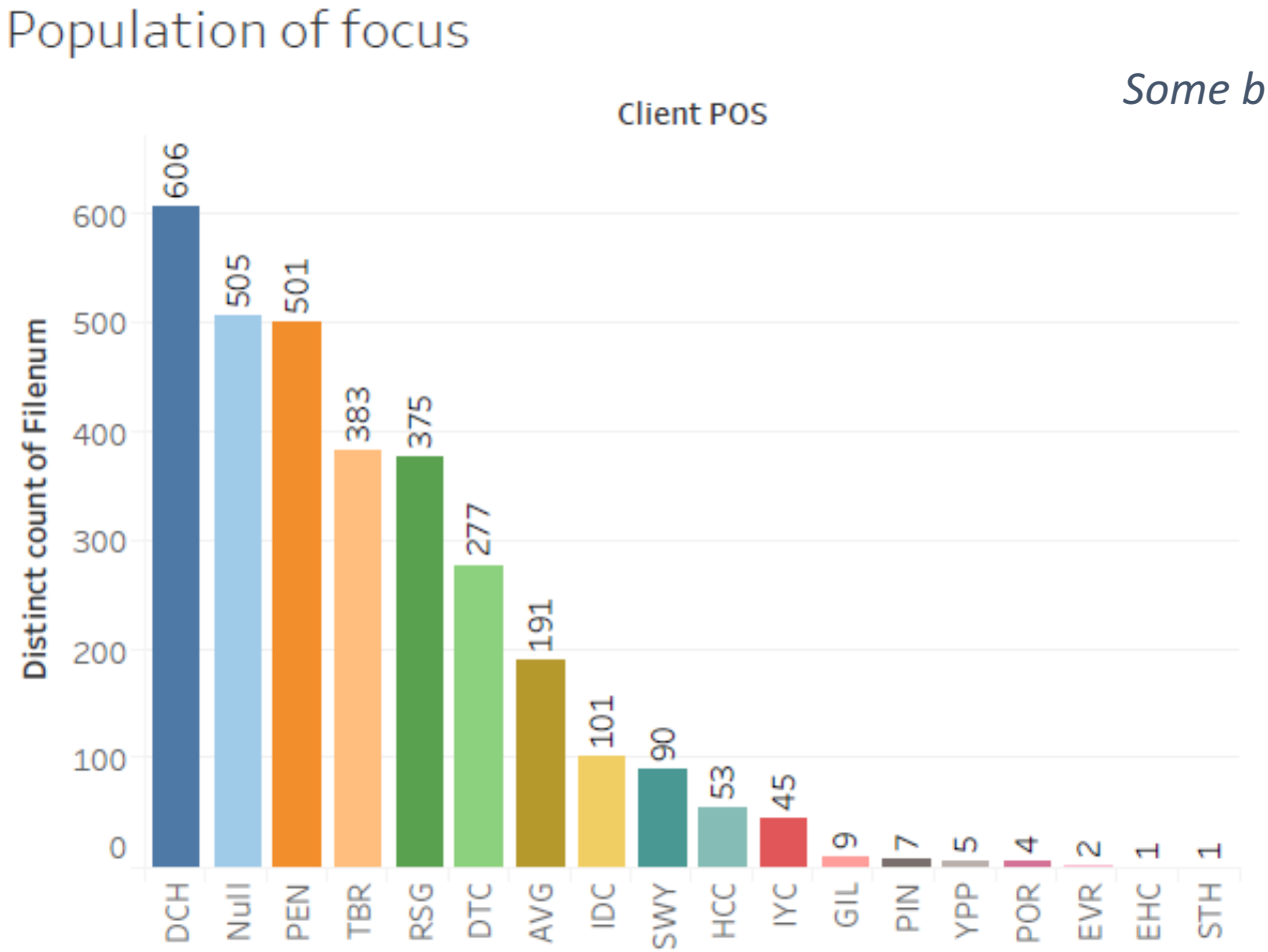
Population of focus (POF)



Some baseline data

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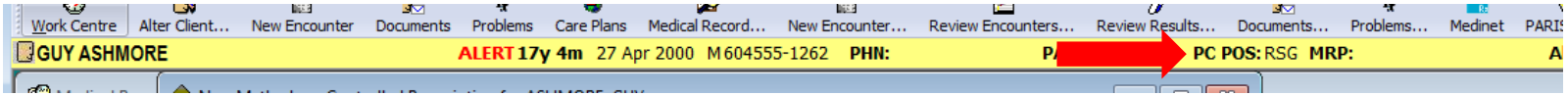
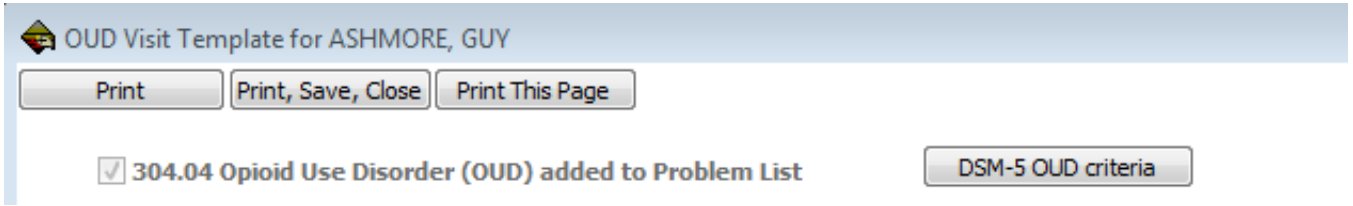
Population of focus (POF)

- Data clean-up
  - Ensure POS and MRP are correct
  - For patients who are no longer to be followed
    - Inactivate charts
    - Close PARIS referrals
    - Remove MRP designation



  - Ensure 304.0 Opioid Use Disorder added to Problem List
    - Once added for all, will simplify query and give more accurate POF list (BOOST 1 POF 304.0)



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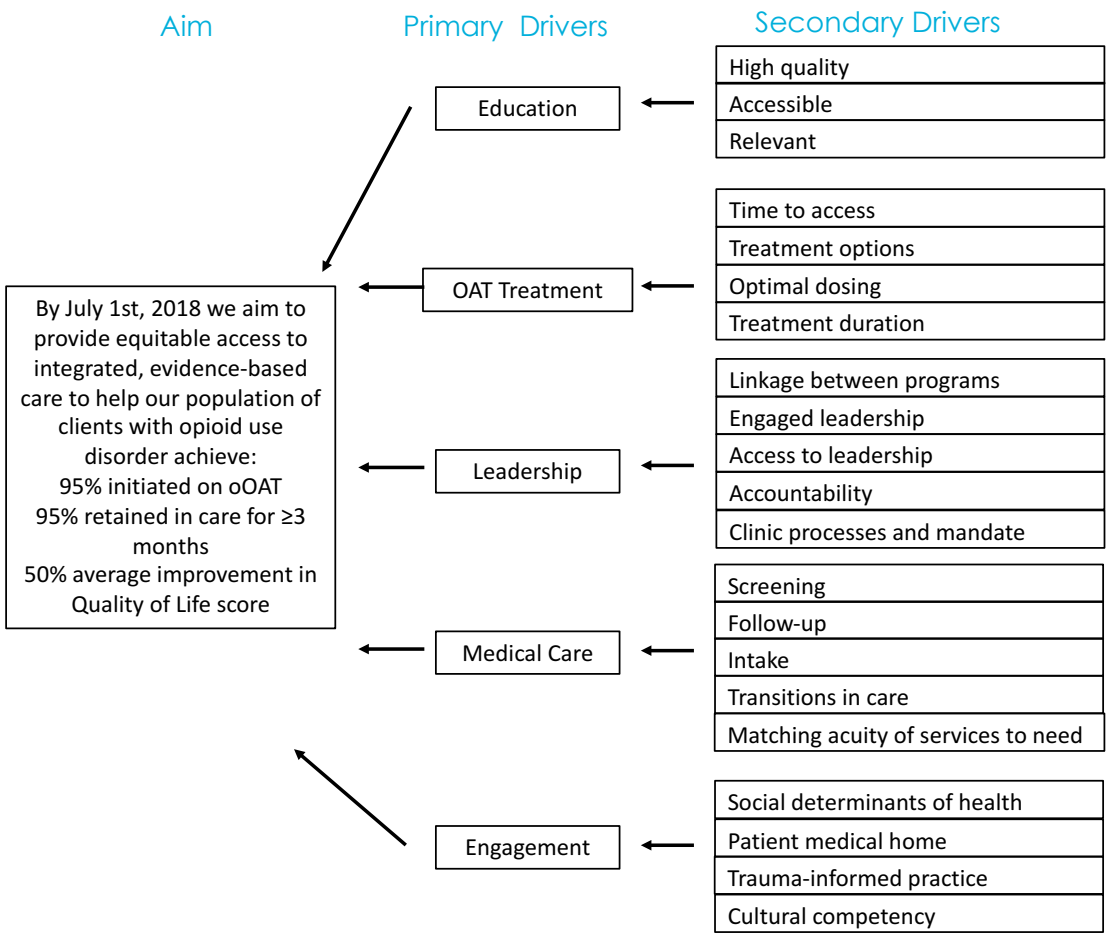
Population of focus (POF)

- Data clean-up
  - Patients who see us for one type of care but get their OAT elsewhere
  - Should we include these patients in POF?
  - Example: John Doe receives OAT from a private methadone clinic but follows up at our clinic for primary care
  - What do you think?

Driver diagram



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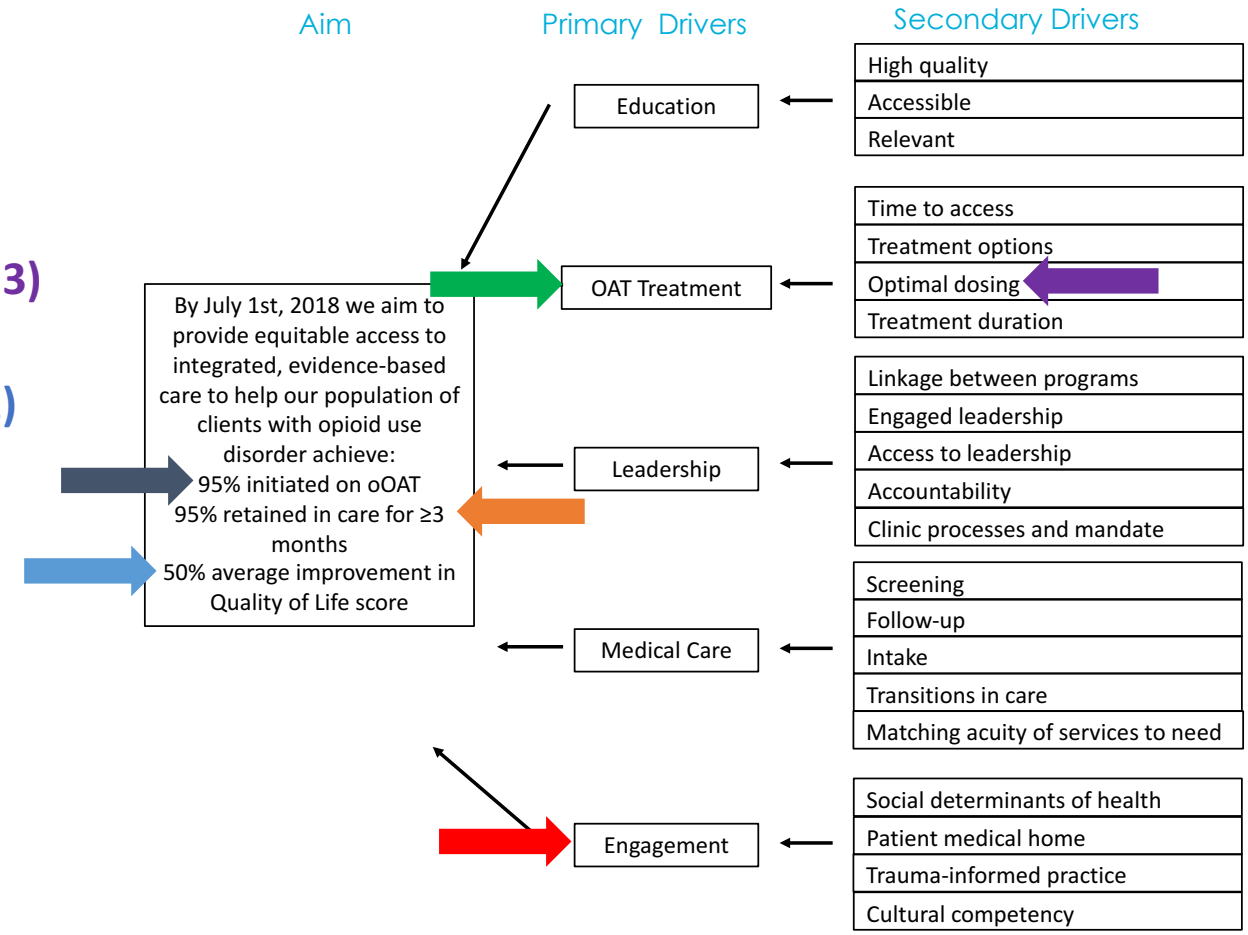
Key Metrics (Outcome Measures)

- **Engagement (1.2)**
- **oOAT access (1.3)**
- **Active oOAT (2.2)**
- **Optimal oOAT dosing (2.3)**
- **Retention on oOAT (2.4)**
- **Quality of Life score (3.2)**



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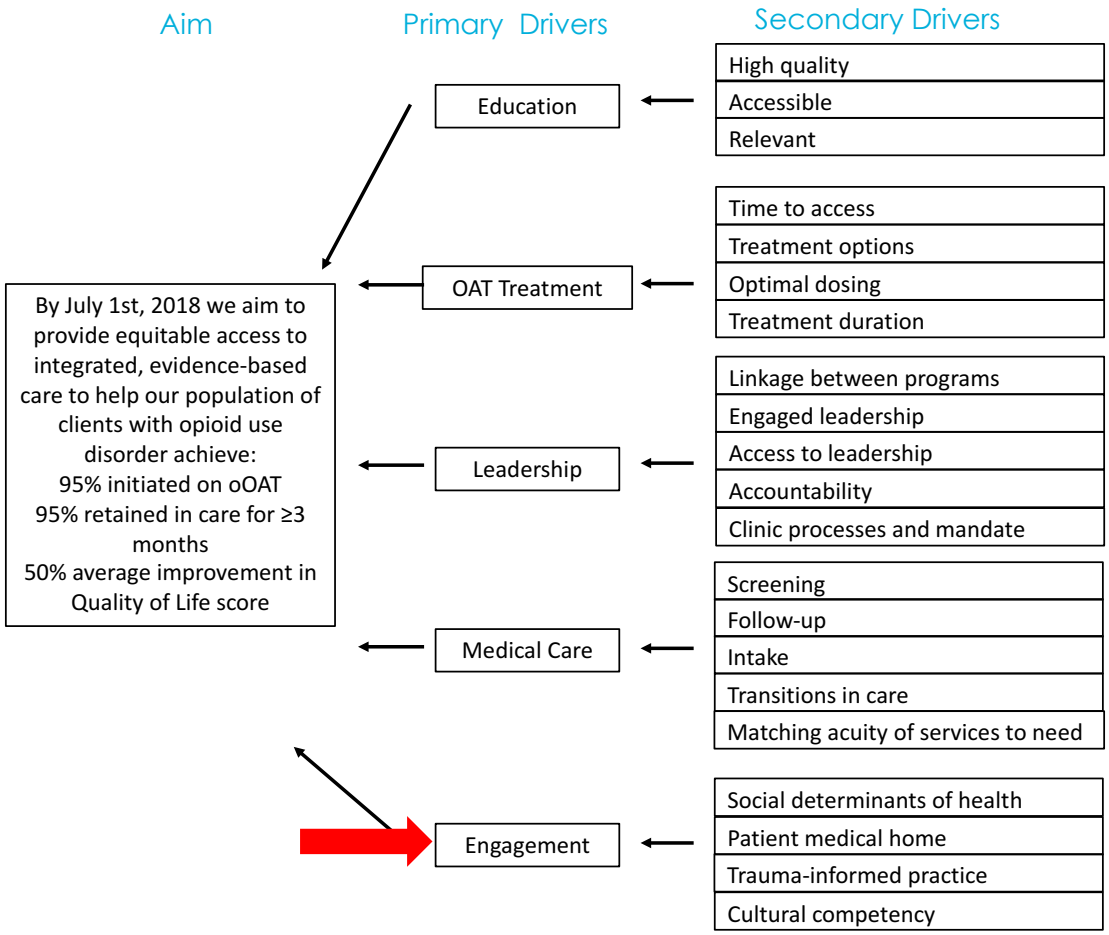
Engagement

- **Engagement (1.2)**



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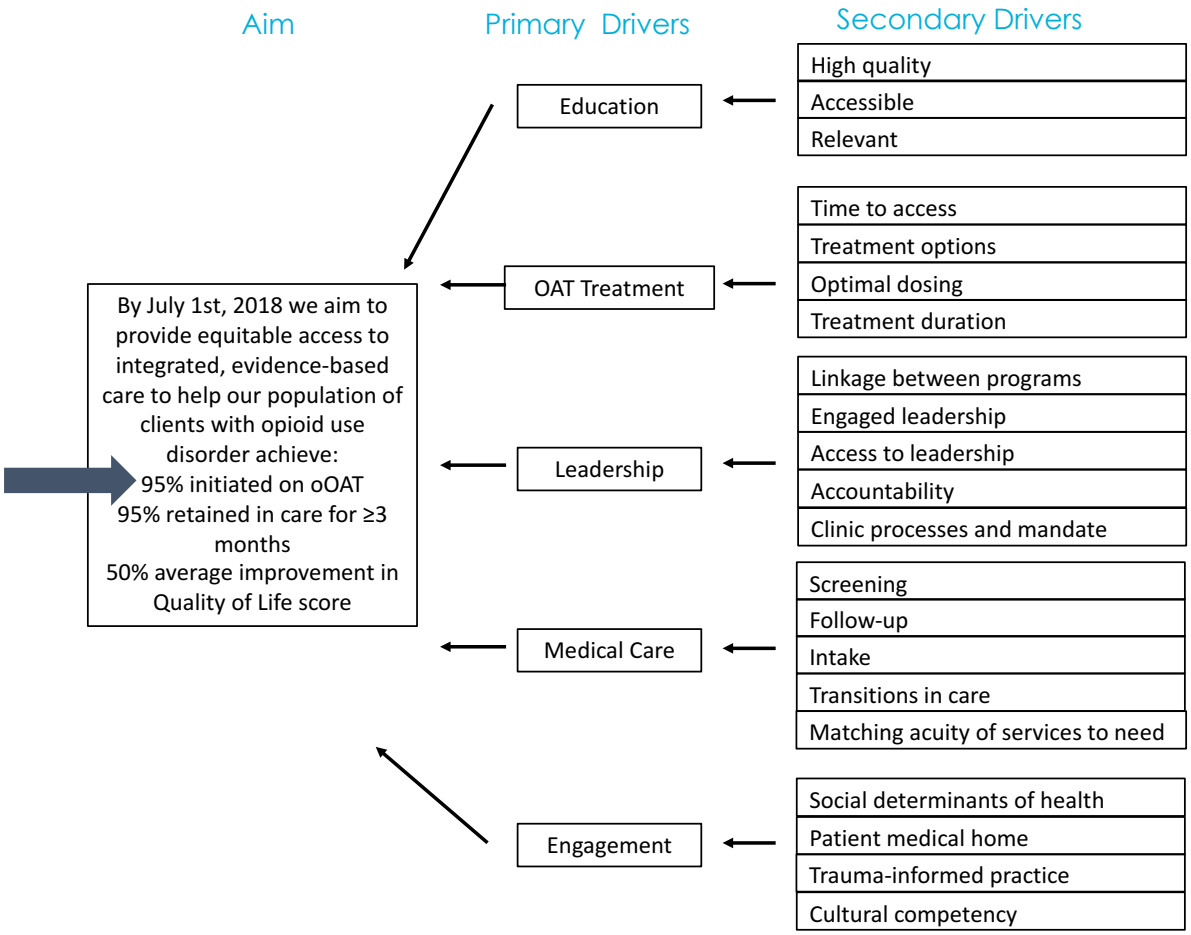
Engagement

- **Engagement (1.2)**

Numerator	Teams will determine their definition of “engagement” and/or “lost to care” based on their client population and program. For example, a team can define engaged in care as all clients with at least two care visits (with MD, NP, RN, etc.) in the last 12 months.
Denominator	POF
Calculation 1	(Numerator / Denominator) x 100% = [Proportion Engaged in Care]
Calculation 2	100-[Proportion Engaged in Care] = Lost to Care
Suggested goal	95% Engaged in Care
Notes	Teams will work together to come up with a definition that is feasible and hopefully comparable between teams.
Profile EMR queries	BOOST 1.2N Engaged in care/lost to care BOOST 1.2D Engaged in care/lost to care = POF

oOAT Access

- **oOAT access (1.3)**



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oOAT Access

- **oOAT access (1.3)**

Numerator	Number of clients with a treatment initiation date entered in OUD form (notNull)
Denominator	POF
Calculation	(Numerator/Denominator) x 100%
Suggested goal	95%
Notes	Using the new OUD visit template, providers will fill in approximate first OAT initiation date if person has ever been on OAT. This can then be used to accurately identify all those who have accessed treatment. This differs from baseline data presented that was based on having an OAT prescription in the EMR in the past 12 months.
Profile EMR queries	BOOST 1.3N oOAT access BOOST 1.3D oOAT access = POF

oOAT Access

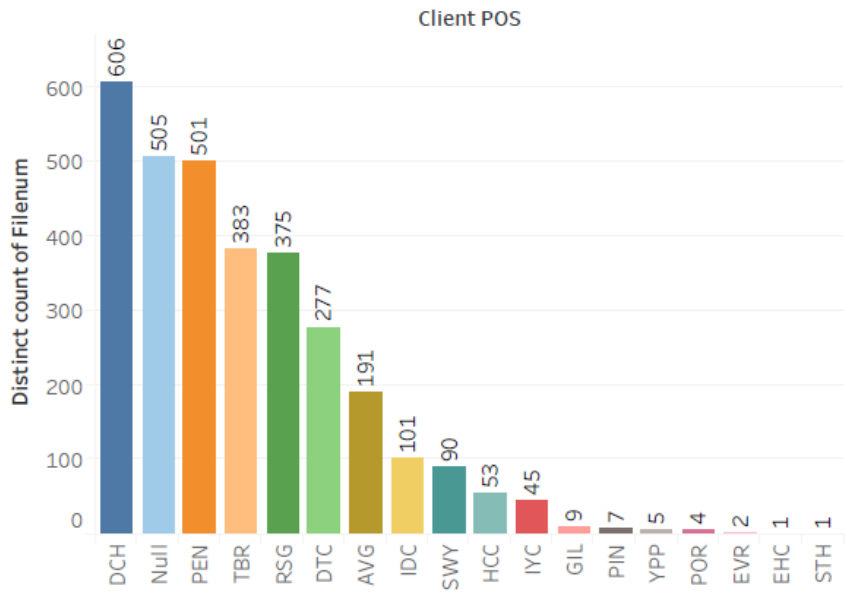
- **oOAT access (1.3)**
  - Baseline - Proportion of clients in POF who have at least one prescription for methadone, Kadian (SROM), or Suboxone on EMR (any POS)
  - When new EMR form used – Proportion of clients with an OAT initiation date entered (notNull)
  - For baseline data - need to run query of ALL MMT and duplicate rx in the EMR, then link this data to OUD clients identified in POF query
  - Simpler query when new EMR form used

oOAT Access

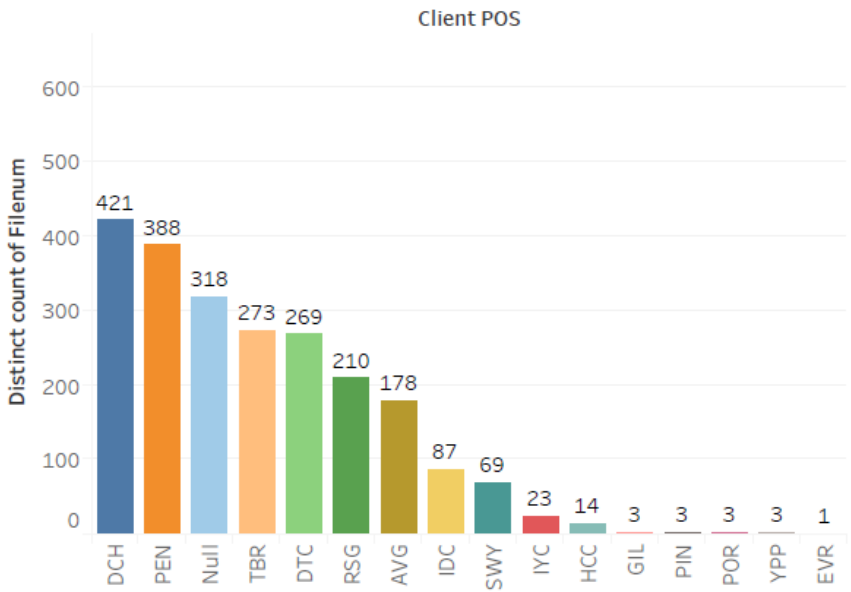
- **oOAT access (1.3)**

Some baseline data

Population of focus



OAT accessed in past 12 months



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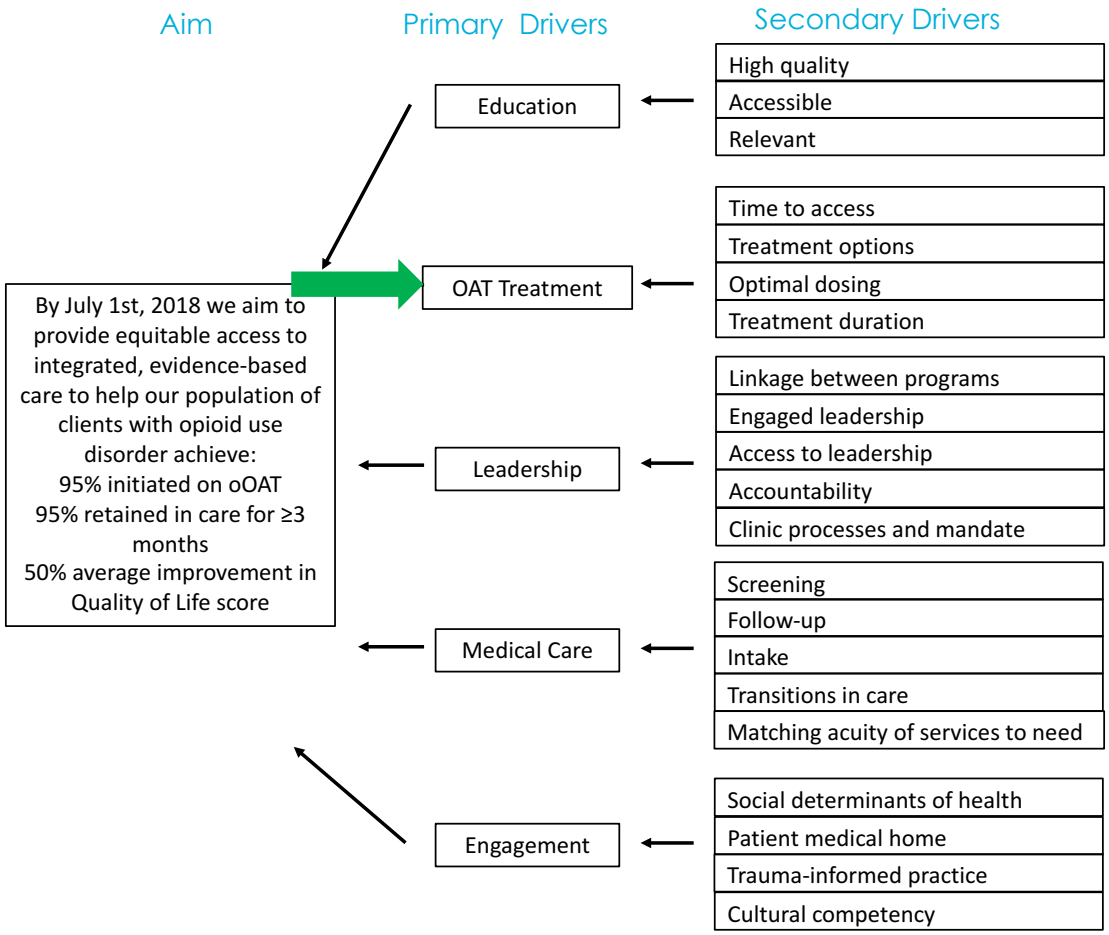
Active oOAT

- **Active oOAT (2.2)**



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Active oOAT

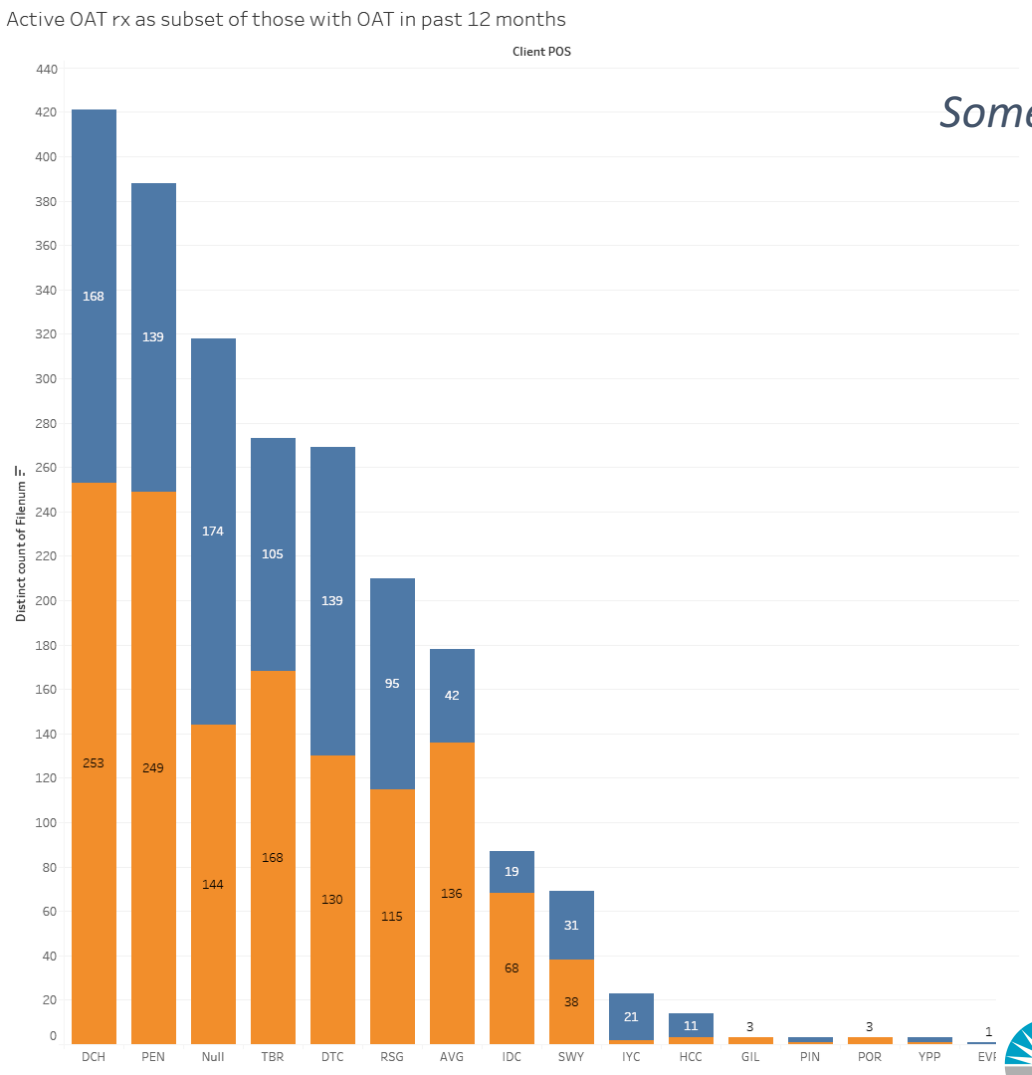
- **Active oOAT (2.2)**

Numerator	Number of clients who have an active (non-expired) prescription for Methadone, Kadian (SROM), or Suboxone – operationally in EMR Profile this is number of clients with a Last Day in the Prescription Creator on the OUD visit template form that is greater than the refresh date of the QI/query environment
Denominator	POF
Calculation	(Numerator/Denominator) x 100%
Suggested goal	95%
Profile EMR queries	BOOST 2.2N Active oOAT BOOST 2.2D Active oOAT

Active oOAT

- **Active oOAT (2.2)**

Some baseline data



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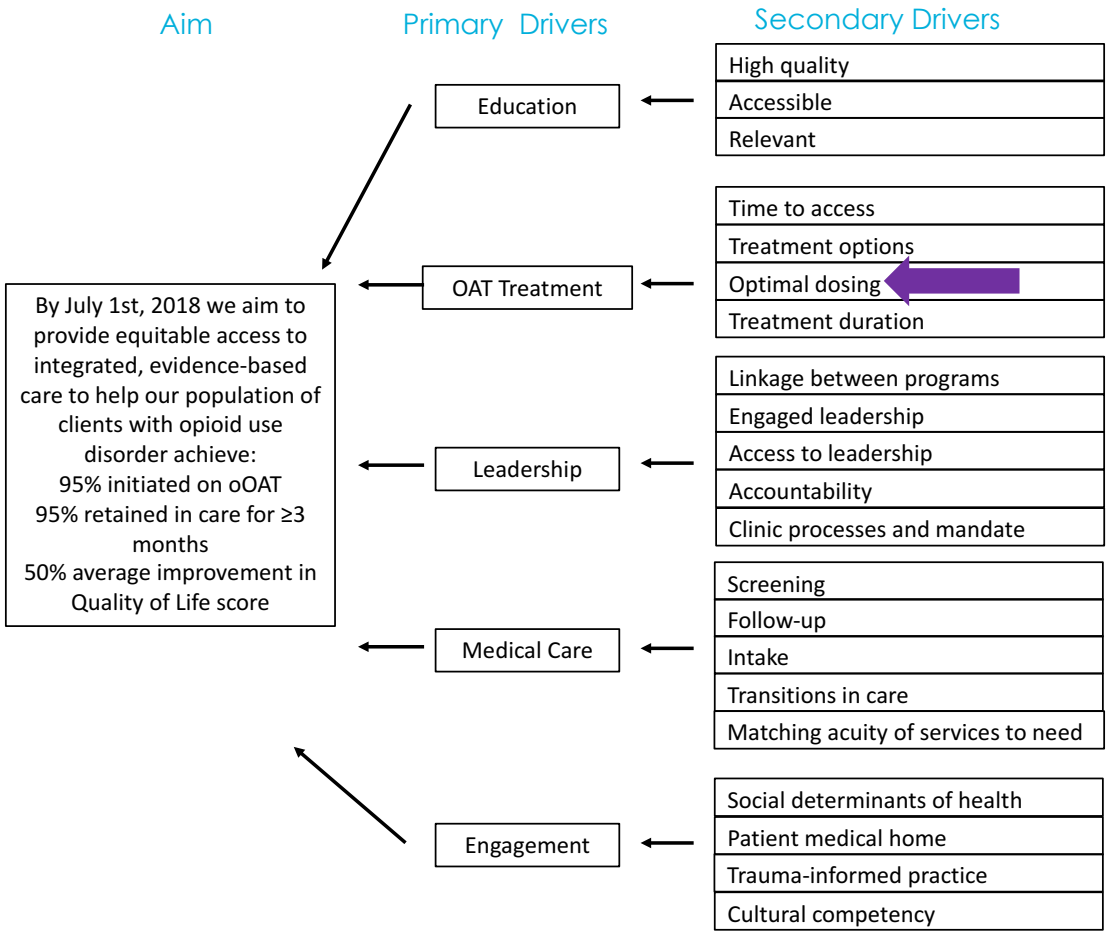
Optimal oOAT dosing

- **Optimal oOAT dosing (2.3)**



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Optimal oOAT dosing

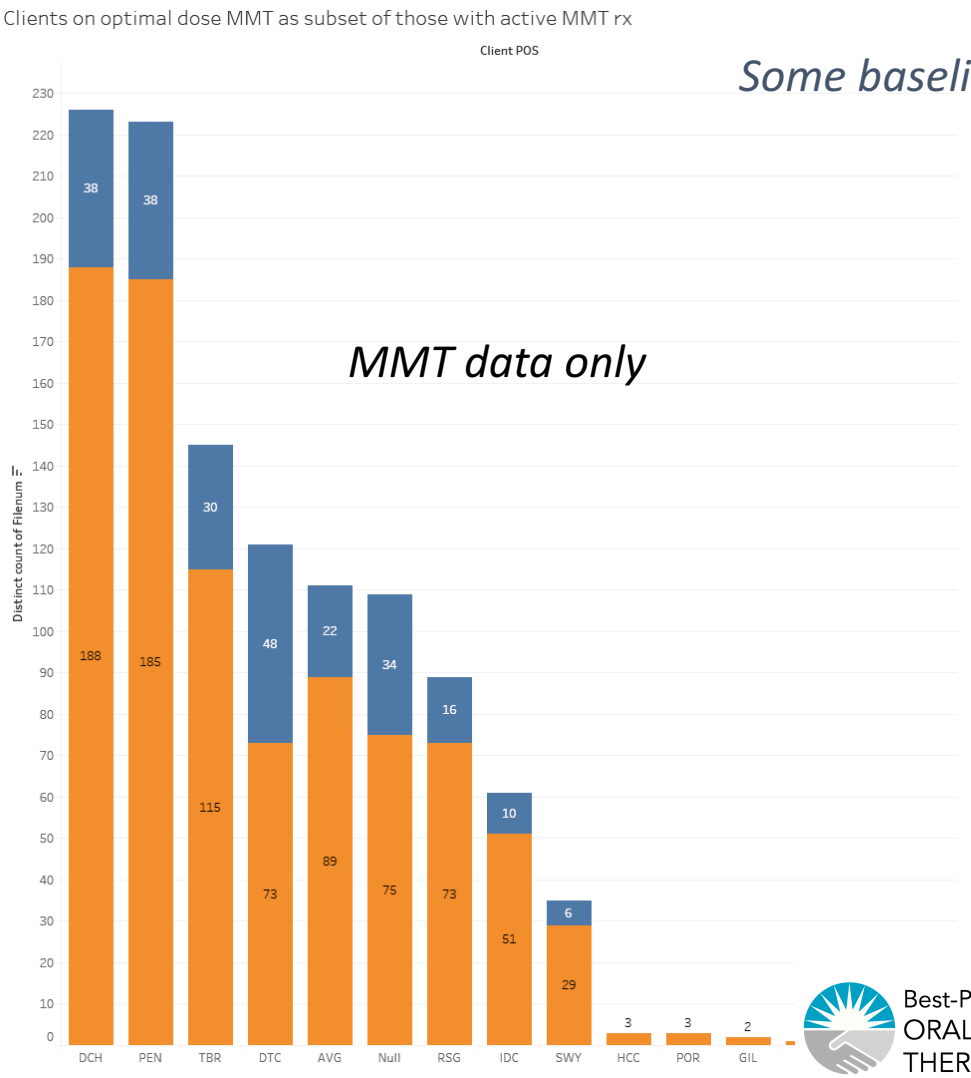
- **Optimal oOAT dosing (2.3)**

Numerator	Number of clients receiving at or above 60mg for Methadone and 16mg for buprenorphine
Denominator	Numerator from 2.2 Active oOAT excluding those clients on Kadian (SROM)
Calculation	(Numerator/Denominator) x 100%
Suggested goal	95%
Notes	*The denominator for this calculation is the numerator of the Active oOAT excluding those on Kadian (SROM) as there is no commonly accepted value for optimal dose
Profile EMR queries	BOOST 2.3N Optimal oOAT dosing BOOST 2.3D Optimal oOAT dosing

Optimal oOAT dosing

- **Optimal oOAT dosing (2.3)**

Some baseline data



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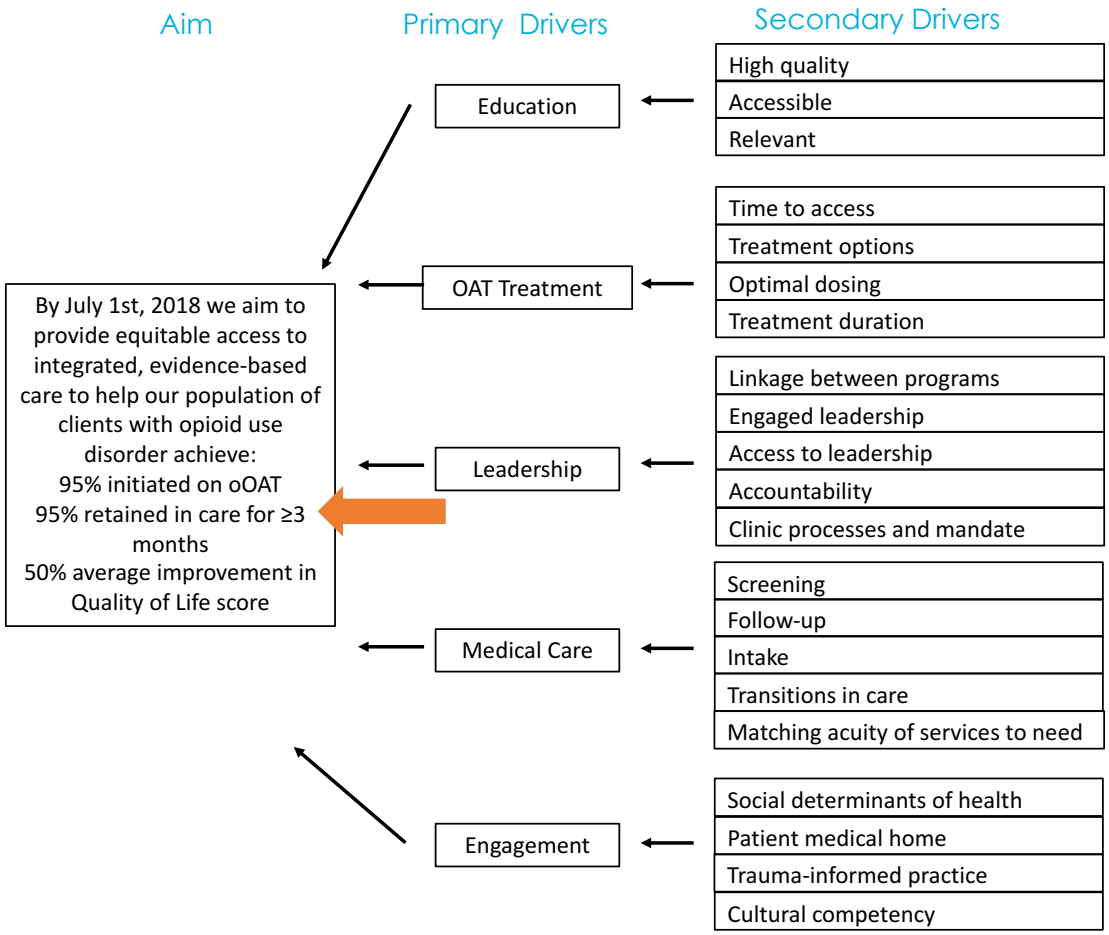
Retention on oOAT

- **Retention on oOAT (2.4)**



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Retention on oOAT

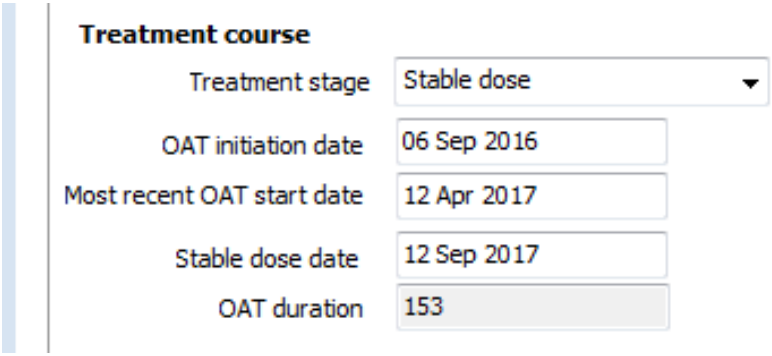
- **Retention on oOAT (2.4)**

Numerator	Number of clients with OAT duration > 90 days on OUD visit template form
Denominator	Numerator from 2.2 Active oOAT
Calculation	(Numerator/Denominator) x 100%
Suggested goal	95%
Profile EMR queries	BOOST 2.4N Retention on oOAT BOOST 2.4D Retention on oOAT

Retention on oOAT

- **Retention on oOAT (2.4)**

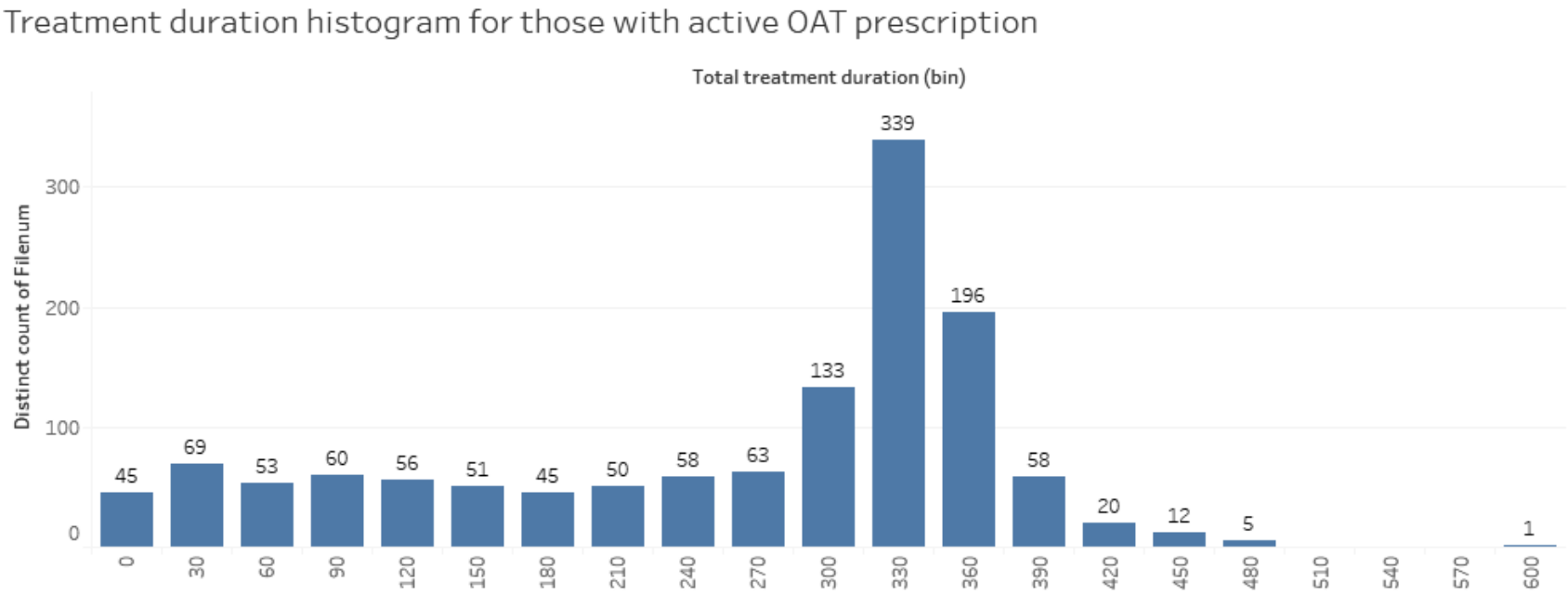
  - For baseline data, can look over past year and calculate sum of all prescription durations for the client
  - Difficult to do accurately because some people get multiple prescriptions on same day, or prescription durations overlap
  - Prospectively, we built this into our EMR form so it is easier to track
    - Form will be able to show clinician how long client has been retained on treatment



Retention on oOAT

- **Retention on oOAT (2.4)**

Some baseline data



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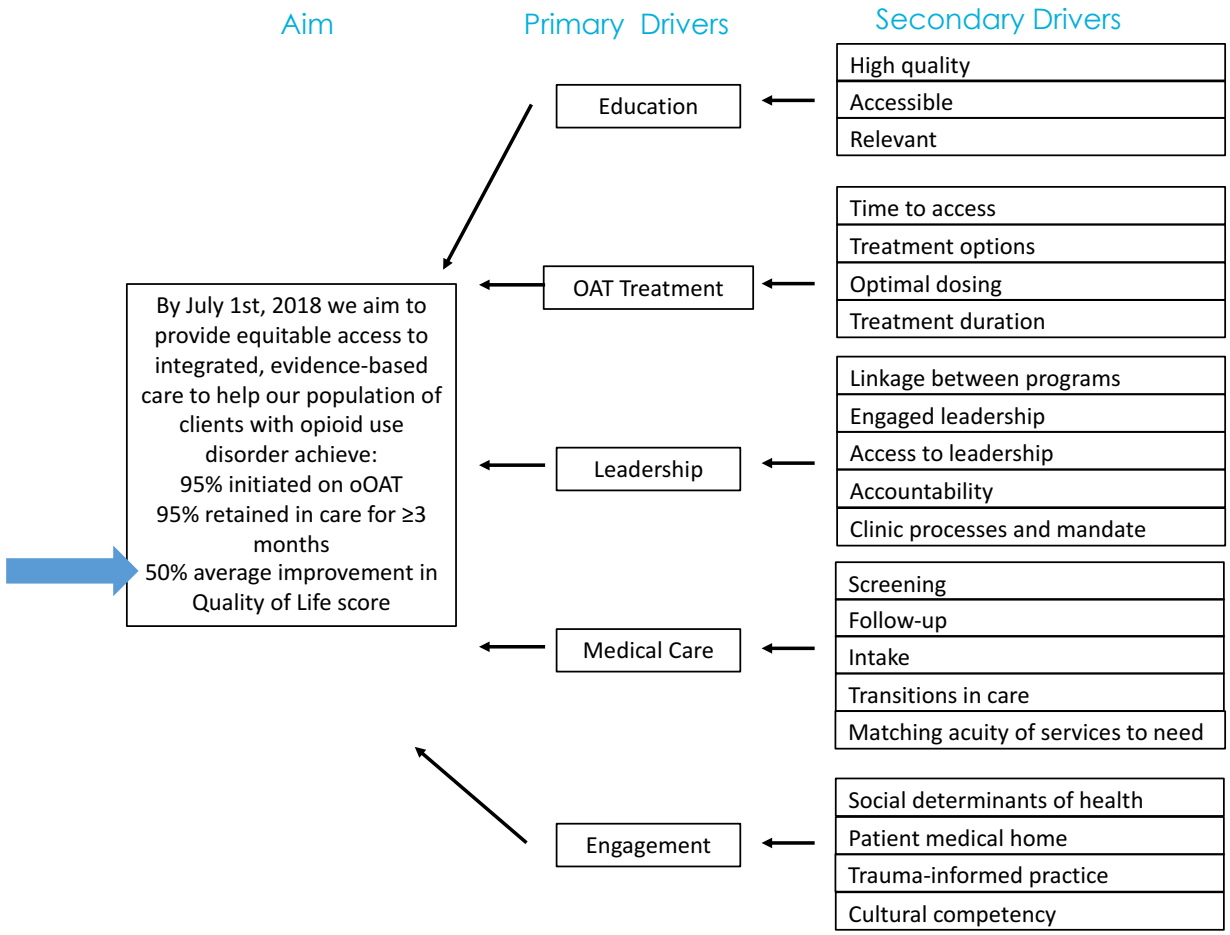
Quality of Life score

- **Quality of Life score (3.2)**



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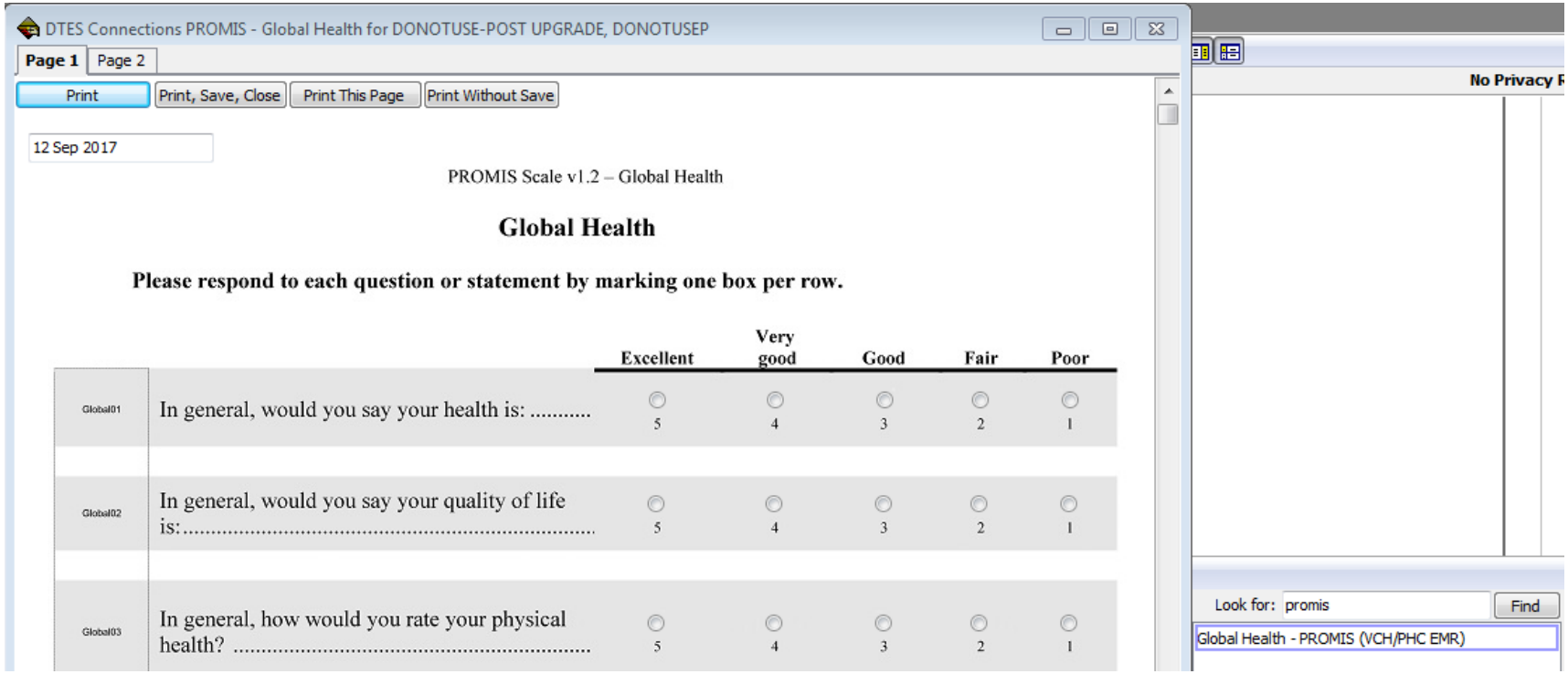
Quality of Life score

- **Quality of Life score (3.2)**

Calculation	Using the PROMIS v1.1 scoring method for this 10 question Quality of Life scale, find the raw score out of 50 and then average all the results for most recent completed PROMIS forms
Suggested goal	Increase average score by 50%
Profile EMR queries	BOOST 3.2 Quality of life

Quality of Life score

- **Quality of Life score (3.2)**



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Optional Measures

Optional Measures
1.4 Outreach
1.5 Rate of THN training
1.6 Self-reported number of Ods
2.5 Time from Induction to Optimal Dose
2.6 Other Substance Use
3.3 HIV Screening Rate
3.4 HCV Screening Rate
3.5 Syphilis Screening Rate
3.6 Hep A and B Vaccinations
3.7 Depression Screening with PHQ-9

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