Supporting Clinical Staff Who Prescribe Opioids to Older Adults: Providing Targeted Educational Sessions to Meet Needs

Case Study - Mayo Clinic

Intervention: Mayo Clinic in Rochester, Minnesota, has a large proportion of long-term opioid therapy (LTOT) patients who are 60 and older. The quality improvement (QI) team implemented a brief screening tool to identify the prevalence of opioid misuse among this patient population. They provided those who screened positive with referrals to opioid use disorder (OUD) resources within the Mayo Clinic's system. The QI-leads conducted an internal survey of prescribers and nurses to evaluate the process used to implement the screener. They also used the survey to obtain staff perspectives on opioid use among older adults and screening patients for OUD and substance use disorder (SUD). They found most nurses did not feel comfortable screening patients for OUD/SUD or discussing opioid misuse and OUD with patients. The QI-leads developed and provided an educational series for nurses to improve their comfort in discussing OUD with patients.

PRACTICE SNAPSHOT: Mayo Clinic

- A hospital-owned practice in Rochester, Minnesota
- Clinicians: 22 MDs/DOs, 16 NPs/PAs, 27 LPNs, 14 RNs[1]
- Number of patients: 24,000
- Quality Improvement team: The QI leads included one consultant of family medicine (MB BCh BAO, M.Sc., FAAFP[2]) and the Nurse Manager (MSN[1], RN)
- Electronic Health Records system: Epic
- Percent of older adult patients (60+): 30%

Implementing the Quality Improvement Project:

- **Screening.** The QI team at Mayo Rochester developed and implemented a one-question screening tool administered verbally to patients by a nurse to assess for opioid misuse among older adults on LTOT.
- **Huddles.** Over the pilot period, the nurses and prescribers implemented daily huddles to identify older adult patients with appointments that day who were on LTOT who could be screened for opioid misuse. The nurses screened eligible patients and then reported any patients who screened positive to the prescriber for a followup conversation.
- **Post-implementation survey.** After the pilot period, the QI leads conducted a post-implementation survey to solicit feedback from prescribers and nurses. The post-implementation survey explored how many prescribers and nurses conducted huddles, their knowledge about opioids and OUD, and comfort screening and talking with patients about opioids. Nurses reported hesitancy with asking questions about opioid misuse, low knowledge about opioid misuse and OUD in older adults, and lack of understanding of the resources available for treatment and other related supports within the Mayo system.
- **Clinician education.** Based on these results, the clinic developed a set of trainings to support nurse education on opioid misuse and OUD, risks of taking opioids for older adults, and available resources within the Mayo system and in the community for treating OUD. Using existing materials and resources, nurse leaders presented one topic per week for one month and a corresponding resource, such as a toolkit or patient assessments, reviewed any additional information related to the topic or resource, and facilitated a discussion of scenarios and solutions for the situations presented.

1 MD = Medical Doctor; DO = Doctor of Osteopathic Medicine; NP = Nurse Practitioner; PA = Physician Assistant; LPN = Licensed Practical Nurse; RN = Registered Nurse; MSN = Masters of Nursing.

2 MB BCh BAO = Bachelor of Medicine and Bachelor of Surgery and Bachelor of Obstetrics; M.Sc. = Master of Science; FAAFP = Fellow of the American Academy of Family Physicians.

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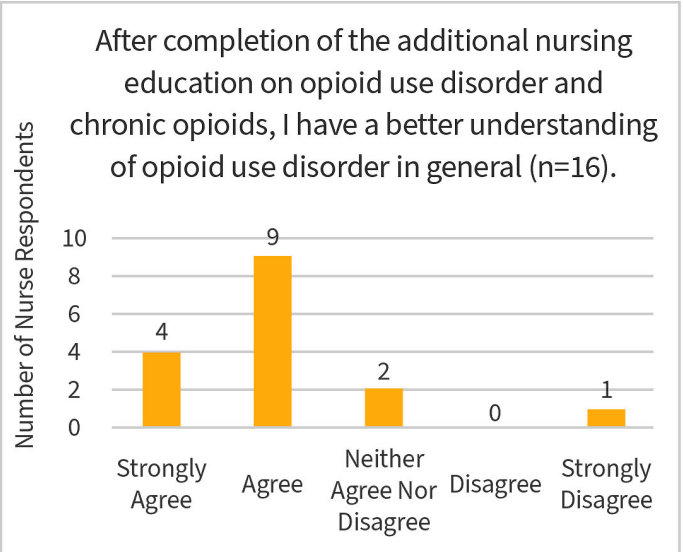
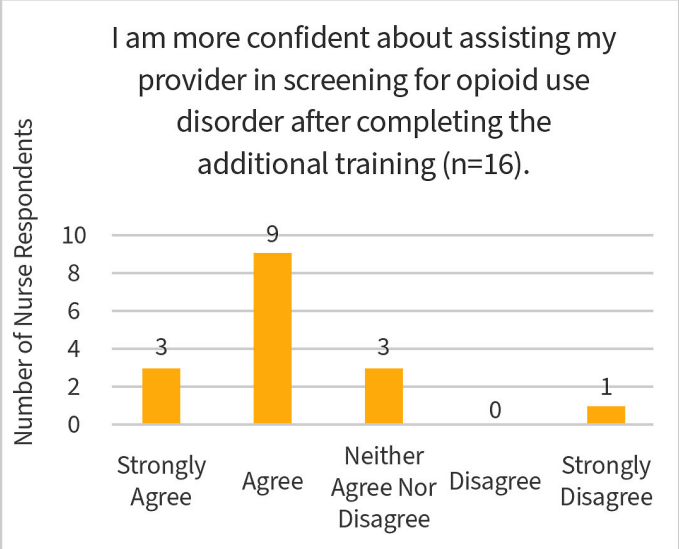
Quality Improvement Tools Implemented

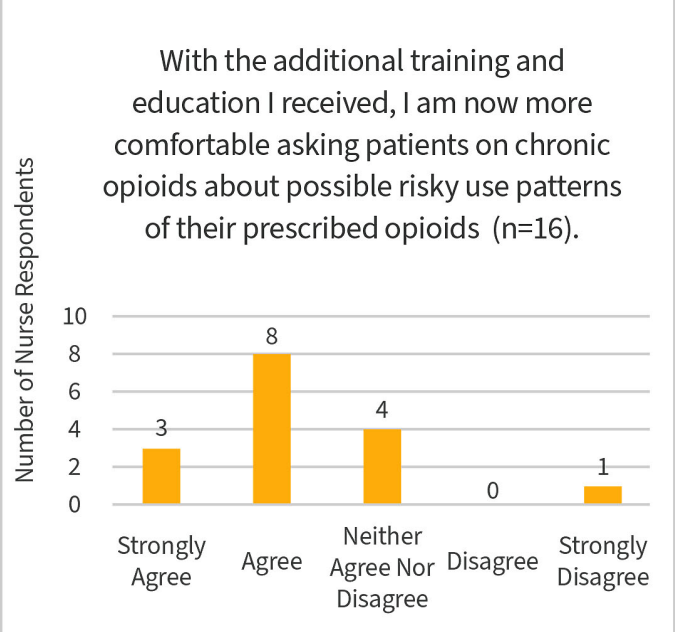
- Single-question screener. The QI team developed a one-question screening for this project that nurses administered verbally while reviewing medications with the patient. They derived the screening question from a previously used alcohol misuse screener. They asked the following: "In the last one year, have you used your opioid medication for purposes or at frequencies/ doses that are outside of what is prescribed?" Nurses asked eligible patients the screening question prior to the visit with the clinician, conveyed the screening result to the clinician for appropriate followup, and then recorded on paper the number of screens conducted and the number of positive screens for tracking purposes.
- Educational materials. One of the QI leads worked with nurses to develop and present several education activities at two Mayo Clinic sites. These activities included:
  - Educational sessions focused on opioid use that were tailored to regional trends in substance use/misuse and demographic characteristics specific to Southeast Minnesota.
  - A special training of trainers for a small group of nurse leaders who can act as champions and "lead the charge" among other nursing staff.
  - Workshops focused on improving nurses' comfort level in having conversations with patients about opioid use/misuse that included using person-first language and the most appropriate questions to ask patients.
- Feedback tools. After implementing the opioid misuse screener, the QI leads developed a survey to obtain feedback on the intervention from the clinics' nurses. The QI leads used responses to this survey to identify needs and develop educational activities to address these needs. They also developed a post-education survey to assess the effectiveness of the education activities. Post-education survey results are shared in the next section.

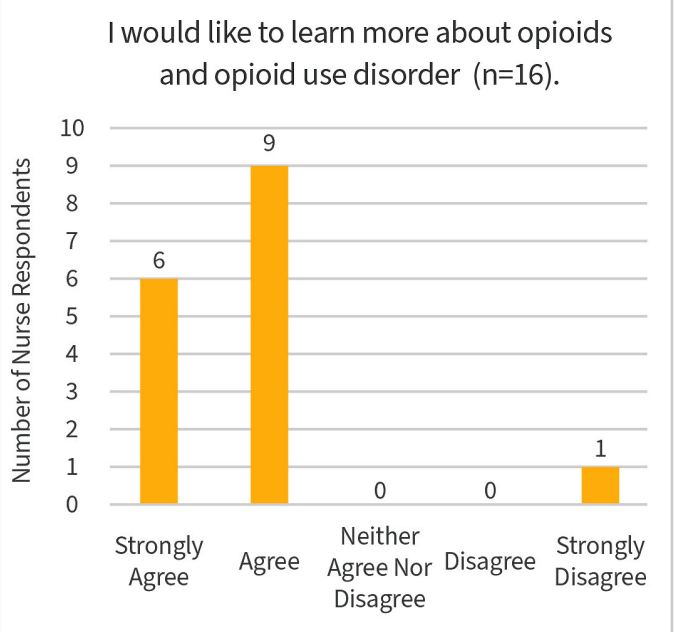
QI Metrics: The Mayo Clinic team used screening rate and post-education survey results to track implementation progress.

- During the 6 week pilot period, 22 older adult patients on LTOT were screened, which the QI team estimated to be lower than the number of eligible patients. Of those who were screened, two (17%) screened positive for misuse.
- Sixteen survey respondents were all nurses: five (31%) RNs and 11 (69%) LPNs. Key results from the post-education questionnaire included: most nurses reported an increased understanding of opioid use disorder (81%; n=13) and most (63%; n=10) reported improved confidence in screening for OUD.
- Most nurses felt more comfortable having conversations with patients about the risk of opioid use (69%; n=11) and reported wanting to learn more about opioids and opioid use disorder (94%; n=15).









Barriers to Implementation: The QI team faced implementation barriers, including limited staff capacity during the COVID-19 emergency. Other barriers included:

- **Lack of leadership support.** The QI team did not have support from leadership to make a system-level change, such as implementing the screening question as part of the EHR. Instead, they implemented a manual process.
- **Sensitivity of the screening question.** The QI leads reported the opioid misuse screener identified fewer patients than they expected and speculated that the one question may not have been effective at identifying all at-risk patients.
- **Competing priorities.** The Mayo team also discussed competing priorities in primary care and a lack of financial incentives or metrics around opioid misuse built into the system.

Learning Collaboratives: AHRQ funded two 15-month learning collaboratives LC to support primary care practices like Mayo Rochester that are improving opioid prescribing and treatment of opioid use disorder among older adults. The LC included monthly calls to provide opportunities for peer-learning and expert presentations, and monthly calls between QI leads and LC coaches.

Facilitators to Implementation:

- **Clinic staff buy-in.** The QI team was able to implement the opioid misuse screening question because of strong buy-in by the nursing team.
- **Huddles.** Use of daily huddles improved communication between nurses and clinicians on the issue.
- **Feedback tools.** Use of feedback tools helped the QI team discover gaps, including the nurses' discomfort speaking with patients on opioid misuse. They addressed the discomfort by providing educational activities.
- **Learning collaborative involvement.** The QI leads reported that monthly check-ins with the AHRQ learning collaborative coaches were helpful for accountability. They found the tools and websites provided at the learning collaborative facilitated their implementation.

Lessons Learned from Mayo Rochester:

- **Patient screening is important.** Nearly 20% of older adult patients screened were positive for opioid misuse, indicating the importance of screening. However, fewer older adult patients were screened during the six-week pilot period than anticipated.
- **Staff need support.** Implementing interventions can help identify areas of need for support among practice staff.
- **Staff education can be effective.** Nurses initially expressed discomfort discussing opioid misuse and OUD with patients. After receiving brief nursing education, their comfort level increased.

Next Steps:

In order to make these changes permanent, Mayo Rochester is focusing on the following steps:

- **Expand staff education.** The Mayo team plans to provide the opioid education to more nurses in primary care.
- **Expand screening.** The clinic is also considering incorporating Screening, Brief Intervention, and Referral to Treatment (SBIRT)[3] practices as part of regular nurse workflow in primary care.

A New Resource for Primary Care Practice

The Agency for Healthcare Research and Quality published the Opioid Use in Older Adults Compendium, developed by Abt Associates through the *Identifying and Testing Strategies for Management of Opioid Use and Misuse in Older Adults in Primary Care Practices* contract # HHSP233201500013I.

The Compendium was developed through a three-stage process:

(1) an environmental scan and literature review that identified knowledge gaps, tools, and resources,

(2) input from experts in quality improvement, geriatrics, and pain management, and

(3) testing of the Compendium strategies by primary care practices that participated in the AHRQ Learning Collaboratives.

3 SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

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