Using Data to Manage Providers & Patients in Our Communities Amidst the Opioid Crisis

Julianne M. Renz, *Vice President of Information Services / CIO*

Pain Management Group
BALANCED PAIN TREATMENT CENTERS

Contact Info

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OBJECTIVES

Identify key patient safety and accountability tools that support community-based, safe and responsible treatment of chronic pain conditions

Articulate how tracking specific metrics using technology can help influence provider practice, productivity, and safety.

Connect the power of technology with its potential to influence hospital revenue, high quality patient care, and program efficiency.

THE OPIOID EPIDEMIC
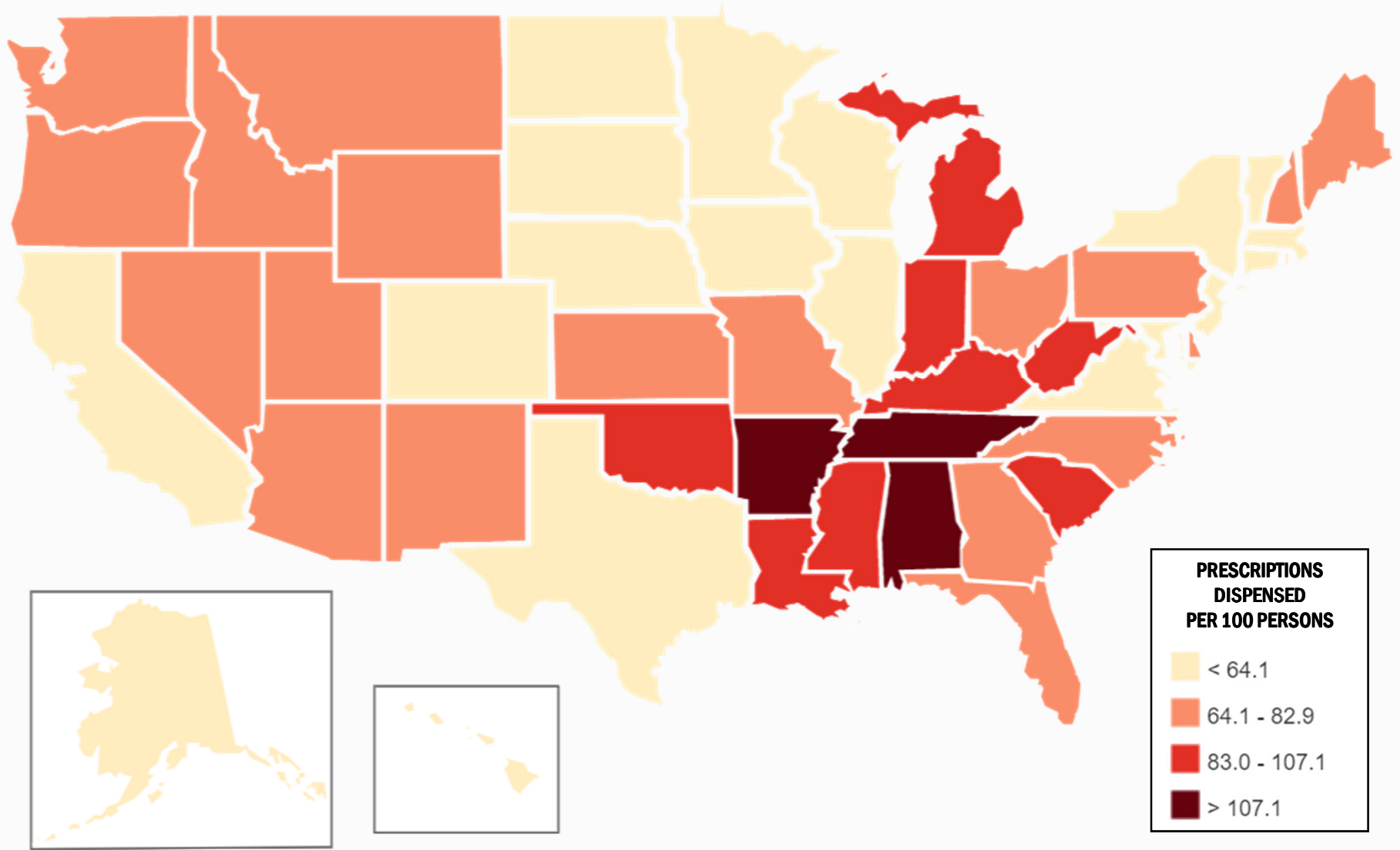
$78.5B Economic burden of prescription opioid misuse

4 in 5 new heroin users started out misusing prescription painkillers

175+ Americans die every day from unintentional drug overdoes
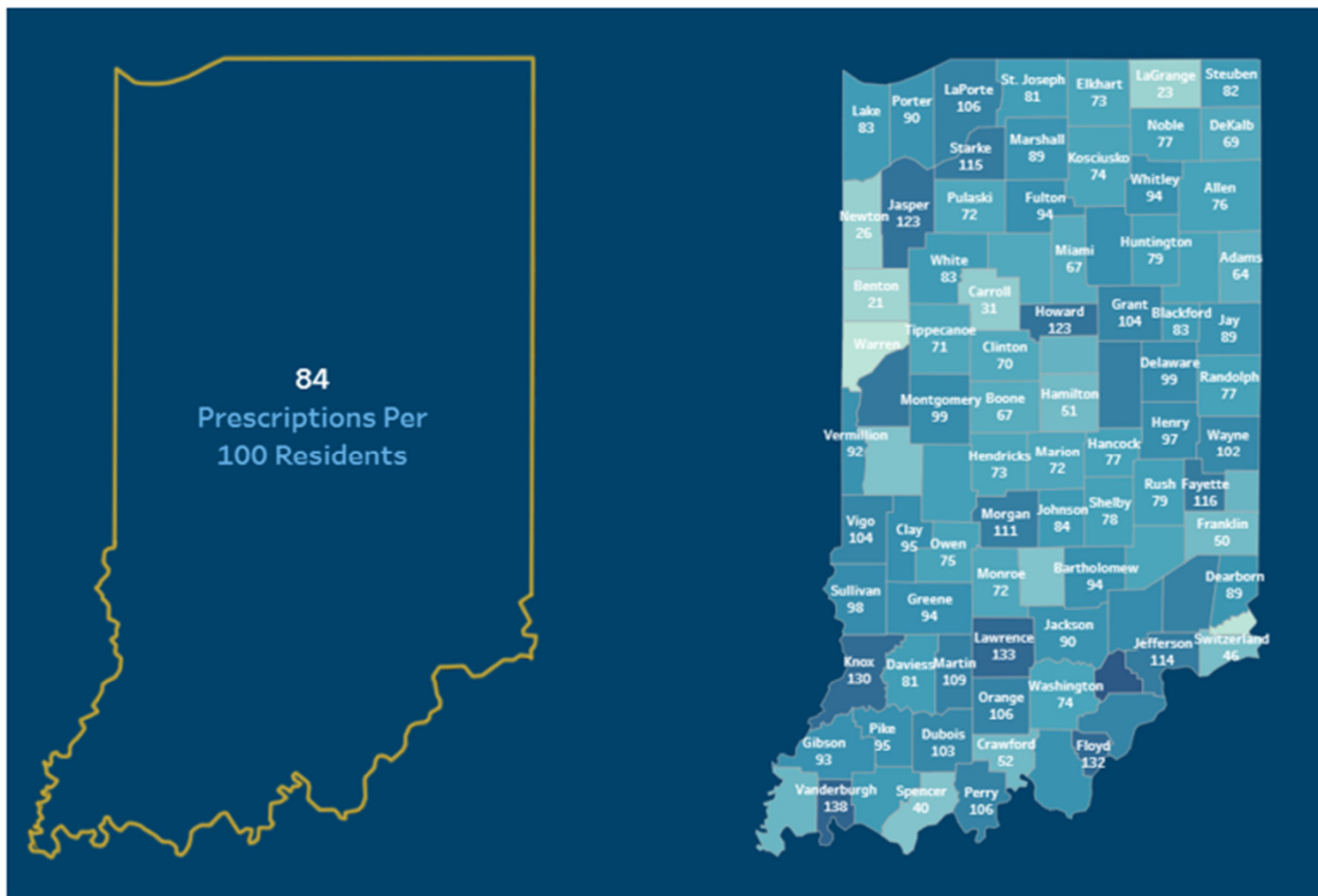
63,000+ American overdose fatalities annually

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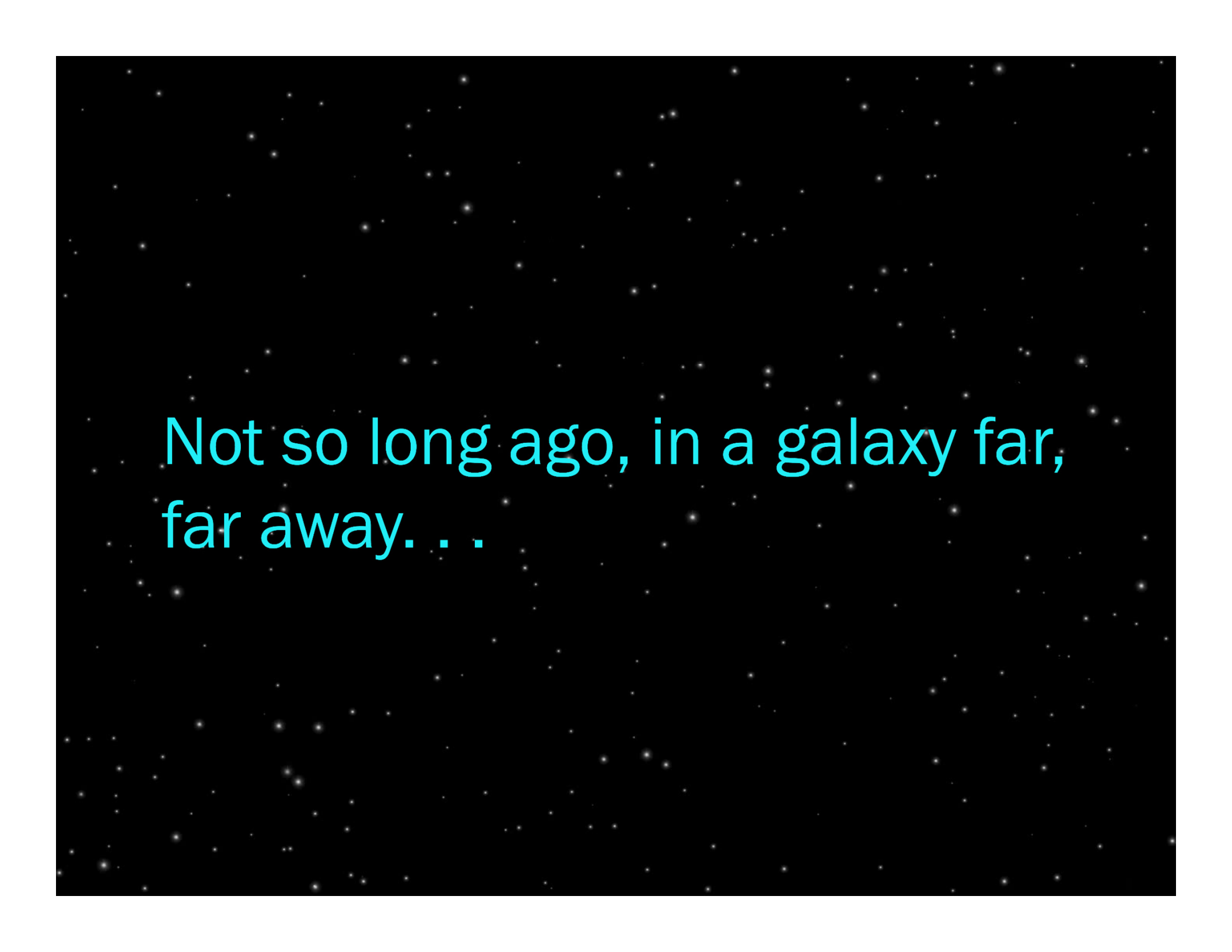
THE OPIOID EPIDEMIC
2016 STATE PRESCRIBING RATE

PRESCRIPTIONS DISPENSED PER 100 PERSONS

- < 64.1
- 64.1 - 82.9
- 83.0 - 107.1
- > 107.1

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https://www.cdc.gov/drugoverdose/maps/rxstate2016.html

THE OPIOID EPIDEMIC
2016 INDIANA PRESCRIBING RATE

84
Prescriptions Per
100 Residents

Lake 83, Porter 90, LaPorte 106, St. Joseph 81, Elkhart 73, LaGrange 23, Steuben 82, Starke 115, Marshall 89, Kosciusko 74, Noble 77, DeKalb 69, Jasper 123, Pulaski 72, Fulton 94, Whitley 94, Allen 76, Newton 26, Miami 67, Huntington 79, Adams 64, White 83, Benton 21, Carroll 31, Howard 123, Grant 104, Blackford 83, Jay 89, Warren, Tippecanoe 71, Clinton 70, Delaware 99, Randolph 77, Montgomery 99, Boone 67, Hamilton 51, Henry 97, Wayne 102, Vermillion 92, Hendricks 73, Marion 72, Hancock 77, Rush 79, Fayette 116, Vigo 104, Clay 95, Owen 75, Morgan 111, Johnson 84, Shelby 78, Franklin 50, Sullivan 98, Greene 94, Monroe 72, Bartholomew 94, Dearborn 89, Lawrence 133, Jackson 90, Jefferson 114, Switzerland 46, Knox 130, Daviess 81, Martin 109, Washington 74, Orange 106, Gibson 93, Pike 95, Dubois 103, Crawford 52, Floyd 132, Vanderburgh 138, Spencer 40, Perry 106

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Not so long ago, in a galaxy far, far away. . .
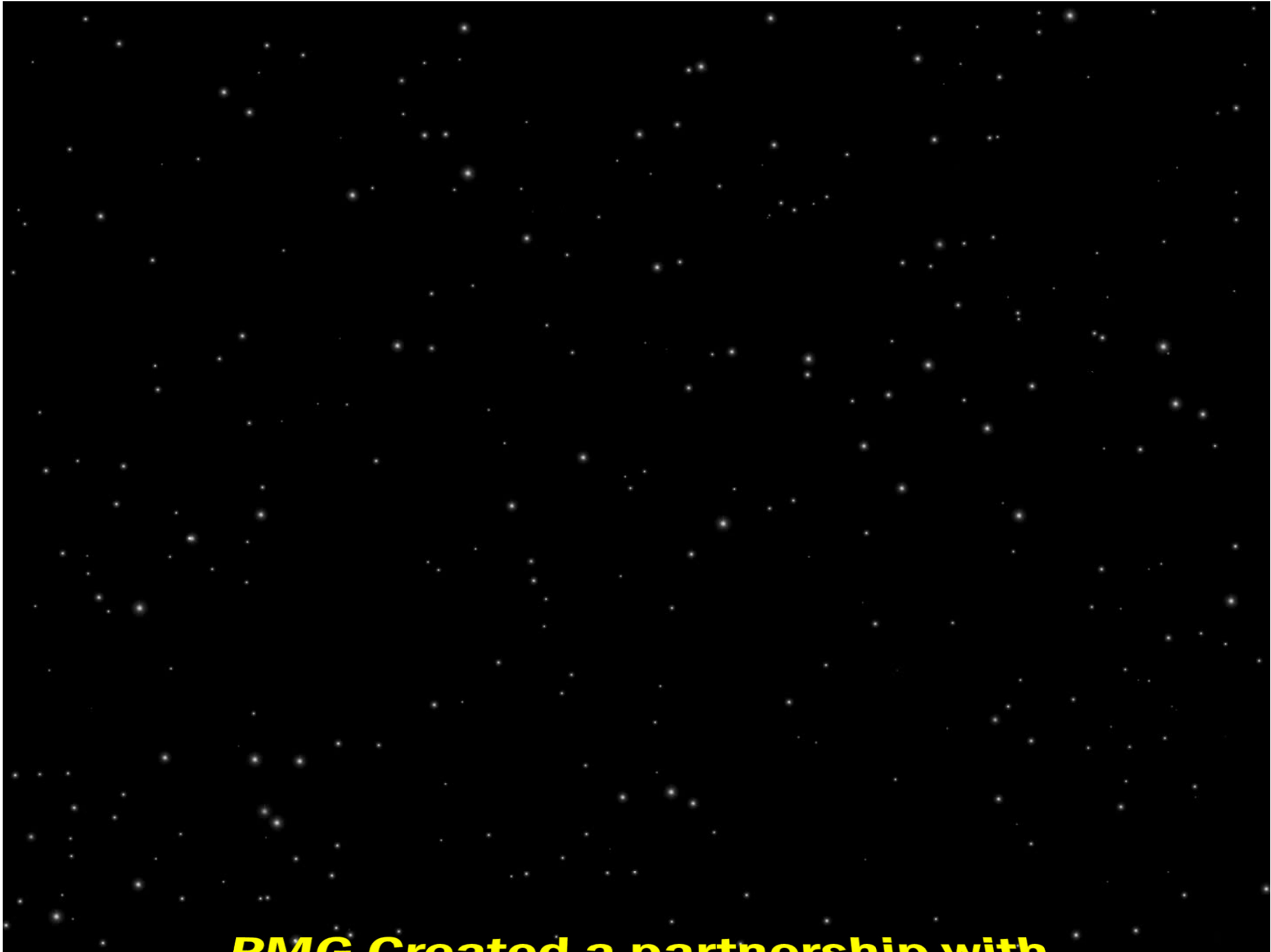
BMG Created a partnership with

Mitigating Risk: Endor Medical Center Case Study

How PMG used technology & data to mitigate risk

LACK OF
ACCOUNTABILITY

POOR QUALITY

INEFFICIENCY

POOR
COMMUNICATION

MISSED FINANCIAL
OPPORTUNITY

LACK OF
ACCOUNTABILITY

Endor: THEN

Patients were not being held accountable to an abbreviated PTA agreement.

Providers did not consistently utilize non-narcotic care plans when patients displayed non-compliance.

Staff was not well-educated on pain management patients (utilized float staff) and standard processes and physicians didn't empower staff to learn or ask questions.

LACK OF ACCOUNTABILITY

Pain Treatment Agreement

Compliance Management List

UTOX

Key Accountability Tools

Centralized Compliance Management List

- Automatic search of CML when enter a NP referral
- Supports PMG's key business and clinical processes

We see you have previously been seen at our **Daviess Community Hospital** facility. We encourage you to call that facility to reschedule. Do you need the phone number for that facility? Phone: **812-254-2952**

Q CML Results

Name	Physician	DOB	Location	Reason	Date Added	Notes
Darth Vader	Dr. Lynch	01/01/2001	Daviess Community Hospital	NNCP (Medication Management)	12/10/2014	violated at MCHS also

No Patient Found

👤 Referral Log   *Darth Vader is entered into Referral Log . . .*   ⊕

Referral Date:	Month:
02/27/2018	02

Pt. First: Darth   **Pt. Last:** Vader

Pt. DOB: 01/01/2001   **Pt. Zip Code:**

Q Search Referrals   ⊕

✎ Work Queue

10 ▼ records per page   Search:

Last Action:

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Compliance Management List Benchmarking

Exception Reporting	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	PMG AVG
% Wrong Site Procedure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Infection Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Admissions Following Surgery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Pts. with Dural Puncture	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Death / Overdose	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Pts w ED Visits [1]	1.0%	0.6%	0.0%	0.6%	0.0%	0.7%	0.0%	0.0%	3.7%	2.4%	0.0%	0.0%	0.0%	2.1%

Non-Compliance Metrics	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	PMG AVG
% Pt Encounters Non-Compliant due to Medication Management	2.0%	1.3%	1.2%	1.1%	0.0%	0.7%	0.0%	0.0%	2.8%	2.4%	1.0%	0.0%	0.0%	1.6%
% Pt Encounters Non-Compliant due to Attendance	2.0%	3.8%	2.5%	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	0.8%	1.0%	4.3%	0.0%	1.2%
% Pt Encounters Non-Compliant due to Behavior	0.5%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	1.6%	1.0%	0.9%	0.0%	0.4%

Customer Satisfaction	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	PMG AVG
Clinic Survey Score	90.0%	100%	95%	100%	80%	83%	100%	100%	100%	100%	100%	94%	100%	--
Clinic Survey Sample Size	--	17	18	12	10	29	8	30	20	30	3	18	10	--
Procedure Survey Score	90.0%	100%	94%	96%	100%	100%	--	100%	100%	100%	100%	94%	100%	--
Procedure Survey Sample Size	--	16	15	35	16	10	0	13	7	10	16	16	6	--

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Endor: THEN

Patients were not being held accountable to an abbreviated agreement.

Providers did not consistently utilize non-narcotic care plans when patients displayed non-compliance.

Staff was not well-educated on pain management patients (utilized float staff) and standard processes and physicians didn't empower staff to learn or ask questions.

Endor: NOW

Patients are educated about, sign, and held accountable to a robust, standard Pain Treatment Agreement.

Centralized Compliance Management List. Benchmarking metrics re: provider use of CML.

Strong manager to provide uniform physician & staff education, consistent messaging, and administration of patient safety policies & procedures.

LACK OF ACCOUNTABILITY

Endor: THEN

The providers were maintaining MED levels
that were outside of the CDC guidelines

Utilizing high number of pain pumps

Regular chart reviews were not completed

No consistent quality data was tracked

POOR QUALITY

Electronic Chart Audit

Prescription & Procedure Benchmarking

Key Quality Tools

Chart Audit Application: Patient Safety

Risk Management Metrics

PTA

Select One ▼

PMP checked

Select One ▼

SOAPP *(preferred NP tool)*

Select One ▼

ORT

Select One ▼

Utox

Select One ▼

History of overdose in last 1 year?

No ▼

Chart Audit Application: Prescription Metrics

Provider Metrics

Brand Name (generic): Prescription not listed?

Dose

Frequency

[ ]	[ ]	mg ▼

HS (at night) ▼   Ordered PRN ? ☑   [Add]

Record rationale for opioid prescription:

[   ]

Rationale not found: ☐

Current MED   **Preferred Calculator:** https://www.ohiopmp.gov/MED_Calculator.aspx
[   ]   https://www.easycalculation.com/medical/opioid-conversion-calculator.php

Within the last year was

If the patient was opiate naive, did provider initiate an opiate at the NP visit?

No ▼

High Risk Medication Prescribed?   **Opiate + Benzo˚ ?**   **An opiate prescribed when history of Suboxone (Bupenorphine) ?**

No ▼   No ▼   No ▼

Chart Audit Summary

	Q2 17	Q3 17	Q4 17	Q1 18	PMG AVG Q1 18
Charts Audited					
Total Encounters	2388	2356	2515	2718	882
Charts Audited	61	61	60	60	22.54
Total Visits Audited	206	246	245	235	106.38
% Visits Audited	8.63%	10.44%	9.74%	8.65%	12.06%
Staff Metrics					
PTA % Complete	96.72%	100%	95%	98.33%	96.42%
PMP % Complete	88.52%	88.52%	96.67%	88.33%	93.17%
Risk Tool % Complete	100%	100%	100%	98.33%	99.66%
High Risk Patients	11	20	18	19	5.96
Utox % Complete	96.72%	96.72%	95%	90%	66.21%
Prescription Metrics					
% Patients on Opiate	59.02%	68.85%	56.67%	46.67%	51.02%
Average MED	26.68	28.14	39.22	21.97	33.57
Max MED[†]	135.00	180.00	240.00	60.00	218.00[†]
% Patients w/ MED >= 80	3.28%	1.64%	6.67%	0%	3.24%
% High Risk Meds Prescribed	1.64%	3.28%	3.33%	0%	2.73%
% w/ Opiate + Benzo	1.64%	8.2%	11.67%	5%	4.44%
% High Risk Pts Prescribed Opiates	13.11%	18.03%	15%	15%	13.14%

[†] Max MED is highest reported MED across all locations.

Outcome & Benchmarking Reporting

Exception Reporting	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	PMG AVG
% Wrong Site Procedure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Infection Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Admissions Following Surgery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Pts. with Dural Puncture	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Death / Overdose	0.0%	0.3%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Pts w ED Visits [1]	1.0%	2.4%	2.6%	2.1%	0.2%	1.5%	1.1%	0.1%	0.4%	0.4%	0.2%	0.6%	0.7%	2.1%
Meet or exceed goal = green. Miss goal = red.														
[1]ED Visits 2% or less = green. 2% - 4% = yellow. >4% = red.														
Non-Compliance Metrics	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	PMG AVG
% Pt Encounters Non-Compliant due to Medication Management	2.0%	14.3%	7.0%	4.0%	0.9%	1.1%	1.4%	1.2%	1.0%	0.8%	0.8%	0.5%	1.6%	1.6%
% Pt Encounters Non-Compliant due to Attendance	2.0%	0.6%	2.2%	1.4%	0.2%	0.0%	0.7%	0.8%	0.0%	0.0%	0.2%	0.0%	0.0%	1.2%
% Pt Encounters Non-Compliant due to Behavior	0.5%	2.7%	2.2%	1.2%	0.2%	0.1%	0.4%	0.1%	0.0%	0.5%	0.0%	0.2%	0.0%	0.4%

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Procedure Outcome & Benchmark Reporting

Procedures	Count	%Total Procedures Facility	%Total Procedures PMG
Epidural Steroid Injection	292	33.4%	14.1%
Medial Branch Block	247	28.3%	22%
Sacroiliac Joint Injection	58	6.6%	8.2%
Joint Injections: Shoulder, Knee, Hip, Bursa, Ankle	56	6.4%	6.1%
Radiofrequency Ablation	56	6.4%	15.4%
Other Diagnostic	50	5.7%	3.8%
Other Therapeutic	38	4.3%	6.3%
Caudal Epidural	25	2.9%	2.6%
Facet Injection	15	1.7%	8.3%
Nerve root / TFESI	14	1.6%	10.8%
Lumbar Sympathetic block	12	1.4%	0.7%
Intercostal Nerve Block	5	0.6%	0.3%
Ganglion Impar	3	0.3%	0.3%
Stellate Ganglion Block	2	0.2%	0.1%
Stimulator Trial, Implant, or Revision	1	0.1%	0.4%
Dorsal Ramus Block	0	0%	0.5%
Occipital Nerve Block: Greater, Lesser, Third	0	0%	0.3%
Grand Total	874	100%	100.2%
Cumulative ESI Rating[*]	331	37.9%	27.5%

Procedure Outcome & Benchmark Reporting

Procedures	Minor Improvement	Moderate Improvement	Significant Improvement	Mod / Sig Improvement	PMG AVG Mod / Sig
Epidural Steroid Injection	24%	33%	43%	76%	77%
Medial Branch Block	16%	24%	60%	84%	86%
Sacroiliac Joint Injection	26%	26%	48%	74%	82%
Joint Injections: Shoulder, Knee, Hip, Bursa, Ankle	27%	36%	38%	73%	82%
Radiofrequency Ablation	13%	20%	68%	88%	89%
Other Diagnostic	14%	22%	64%	86%	83%
Other Therapeutic	13%	45%	42%	87%	75%
Caudal Epidural	52%	24%	24%	48%	81%
Facet Injection	33%	33%	33%	67%	82%
Nerve root / TFESI	43%	36%	21%	57%	81%
Lumbar Sympathetic block	67%	25%	8%	33%	56%
Intercostal Nerve Block	0%	60%	40%	100%	79%
Ganglion Impar	33%	0%	67%	67%	71%
Stellate Ganglion Block	100%	0%	0%	0%	68%
Stimulator Trial, Implant, or Revision	0%	100%	0%	100%	89%
Dorsal Ramus Block	--	--	--	--	80%
Occipital Nerve Block: Greater, Lesser, Third	--	--	--	--	81%
Grand Total	22%	29%	49%	78%	83%
Cumulative ESI Rating*	27%	32%	40%	73%	79%

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Endor: THEN

The providers maintained MED levels that were outside of the CDC guidelines

Utilizing high number of pain pumps

Regular chart reviews were not completed

No consistent quality data was tracked

Endor: NOW

Defined responsibilities for all staff members

Routine completion of chart audits and time out audits, tracking of procedure quality metrics and completion of time out audits.

Reduced MED, less pain pumps

Regular chart reviews

Program and physician benchmarking

POOR QUALITY

INEFFICIENCY

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Endor: THEN

Department goals & expectations not clearly identified

An average of 2 patients per hour were seen on a regular basis.

Physicians drove throughput and not supportive of increased productivity

Facility Dashboard

Physician PpH Benchmarking

Operations Financial Review

Key Efficiency Tools

Facility Dashboard

Hospital Logo
TAGLINE. MOTTO. SLOGAN.

Stats Breakdown (prior week)

	NP Scheduled	NP Seen	Follow-Up Seen	Procedures Seen	Same Day Cx / Ns	Total Encounters	Scheduled / Day	Worked Hrs	Encounters / Hour
Monday	4	4	27	--	9	31	40	6.75	4.6
Tuesday	7	5	23	--	8	28	36	7.08	4
Wednesday	2	6	26	--	5	32	37	7.17	4.5
Thursday	--	--	--	11	3	11	14	5.33	2.1
Friday	7	8	26	--	2	34	36	6.53	5.2

CX/NS *(prior month)*

Clinic

136   25%

Procedure

18   16%

Patients / Hour
(prior week)

4.1

YTD: 15.8

Monthly Referrals

214 174 189 205

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
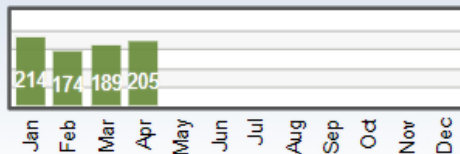
Patients in Queue

16

Pending Paperwork

3

New Patient Wait Time
(Days)

0

Effective Time Out
(prior month)

6 (n = 6)

Physician Efficiency *(worked hours prior week)*

Dr. Name **4.14** Patients per hour YTD: **3.71**

Physician Procedure Ratio *(prior week)*

Dr. Name **8%** YTD: **18%**

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Physician PpH Benchmarking

Q4 2017 Physician Comparison ⬤ Include Extenders ⦿ Exclude Extenders

Physician Comparison - Patients per Hour
Includes all locations for each provider
Goal = 4 patients per hour
(Excluding Extenders)

Physician	Q1 2017 Patients per Hour	Q2 2017 Patients per Hour	Q3 2017 Patients per Hour	Q4 2017 Patients per Hour	
PMG AVG	**3.5**	**3.5**	**3.4**	**3.3**	
	4.5	4.8	4.8	4.8	
	5.1	4.1	3.9	4.7	
	4.4	4.4	4.5	4.4	
	3.9	4.2	4.4	4.2	
	3.8	3.9	4.1	4.1	
	4.4	4.5	4.3	4.0	
	3.8	4.2	4.1	4.0	**GOAL = 4.0**
	4.1	4.0	4.1	3.9	
Dr. Name	**2.4**	**3.4**	**3.8**	**3.9**	
	--	1.5	2.2	3.6	
	3.3	3.4	3.5	3.6	

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Operations Financial Review

- **Physician Specific Procedure Quality Scores**

- **Physician Specific Exception / CML / Patient Satisfaction Scores**

- **Physician Comparison: Patient Encounters by Doctor (clinic, procedure, PpH, Procedure Ratio)**

- **Physician Comparison: PpH (current Q + prior 3 Q)**

- **Stats Service Report**

- **Financial Analysis (current revenue comparison with income support)**

Endor: THEN

Department goals & expectations not clearly identified

An average of 2 patients per hour were seen on a regular basis.

Physicians drove throughput and not supportive of increased productivity

Endor: NOW

Consistent tracking weekly monitoring of productivity / clear & consistent expectations established.

Balanced & engaged provider: an average of 3.9 patients per hour are seen.

INEFFICIENCY

THEN

Lack of communication with referring physicians and continuity of care which was hampered by EMR

Little to no education was completed to the community or medical staff limiting the understanding of the scope of the program.

POOR
COMMUNICATION

Outpatient EMR

Physician Education

Key Communication Tools

Endor: THEN

Lack of communication with referring physicians and continuity of care which was hampered by EMR

Little to no communication was completed to the community or medical staff limiting the understanding of the scope of the program

Endor: NOW

Improved communication within outpatient EMR

Marketing & education to referring physicians

Medical Staff buy in to pain provider care plan

POOR COMMUNICATION

MISSED FINANCIAL
OPPORTUNITY

THEN

Prior authorizations were not being completed in a timely fashion, therefore slowing down ability to get patients into procedures.

Difficulty supplying appropriate documentation in an inpatient EMR

Financial Benchmark Report

Encounters	1st Quarter 2017	2nd Quarter 2017	3rd Quarter 2017	4th Quarter 2017	Endor 2016 Consolidated	PMG 2016 Consolidated	Management Agreement 2016
Clinic Visits	1239	1898	1925	2067	1524		
Procedures	252	490	431	448	633		
Total Encounters	1491	2388	2356	2515	2157		
Clinic Visits % of Encounters	83%	79%	82%	82%	71%	74%	75%
Procedures % of Encounters	17%	21%	18%	18%	29%	26%	25%
Charge Analysis							
Gross Revenue per Encounter	$343.55	$545.67	$435.14	$465.70	$1,731.78	$963.01	$798.63
Net Revenue per Encounter	$113.37	$242.99	$202.94	$227.55	$513.91	$328.83	$261.91
Net Revenue % to Charge	33%	45%	47%	49%	30%	34%	33%
Cost Analysis							
Compensation % of GR	49%	17%	18%	17%	9%	9%	8%
Compensation % of NR	149%	38%	40%	35%	30%	26%	25%
Compensation % of Total Cost	68%	55%	60%	53%	29%	40%	47%
Compensation $ per Encounter	$168.77	$93.26	$80.40	$79.87	$152.78	$86.62	$65.07
Benefits % of Compensation	16%	26%	15%	22%	23%	30%	31%
Non-Wage Related % of NR	46%	21%	20%	23%	66%	32%	21%
Total Expense % of NR	219%	69%	66%	66%	102%	66%	51%
Profitability Analysis							
Net Operating Margin	-119%	31%	34%	34%	-2%	34%	47%

n = 10

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Endor: THEN

Prior authorizations were not being completed in a timely fashion, therefore slowing down ability to get patients into procedures

Difficulty supplying appropriate documentation in an inpatient EMR

Endor: NOW

Streamlined, centralized prior authorization
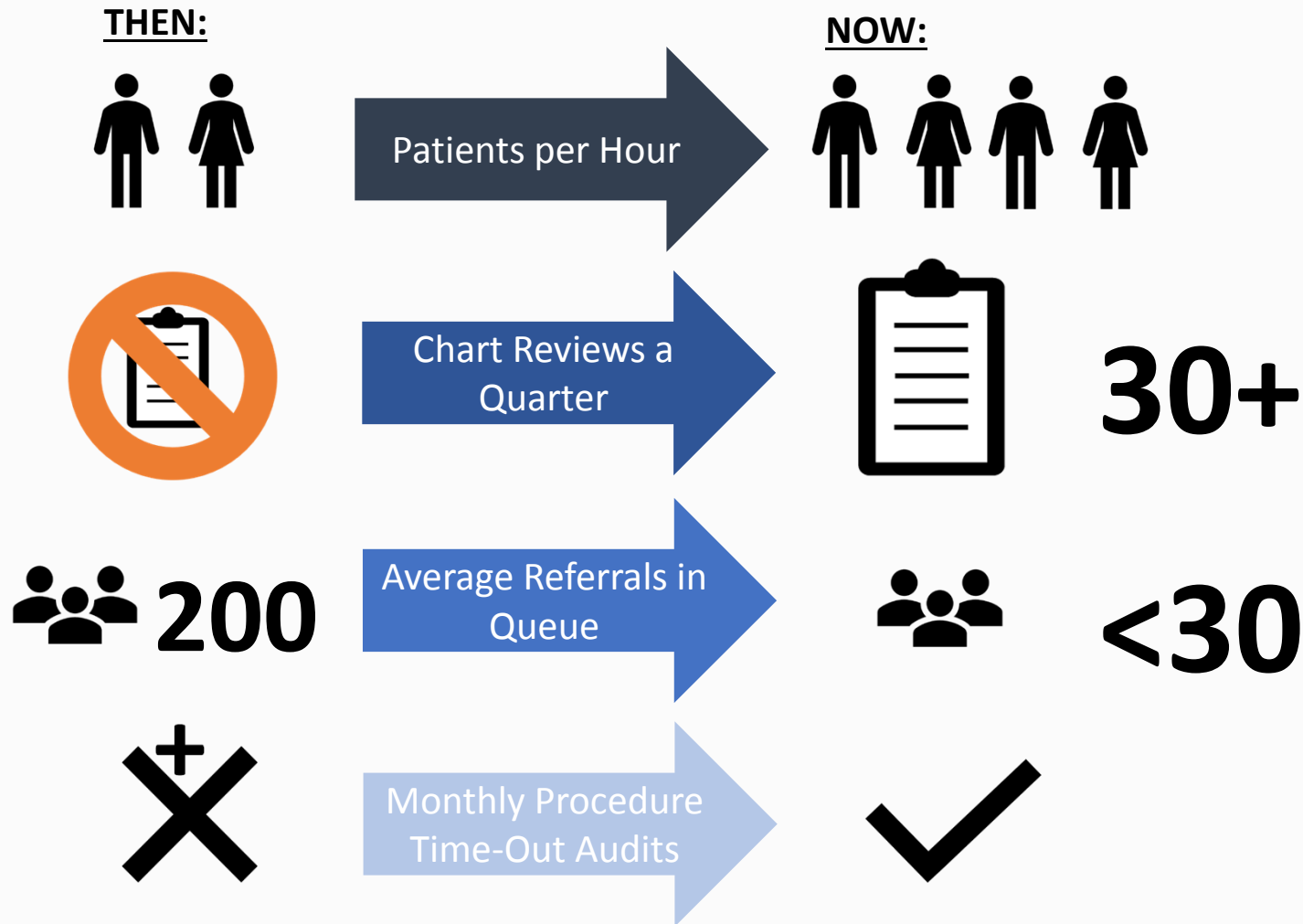
67% increase in total encounters
$100 increase in revenue / encounter
7x increase in NOM
50% decrease in compensation / encounter

Ease of documentation (and communication to referring physicians) in outpatient EMR.

MISSED FINANCIAL OPPORTUNITY

Questions?

Resources

Centers for Disease Control and Prevention (2017). CDC guideline for prescribing opioids for chronic pain. Retrieved from https://www.cdc.gov/drugoverdose/prescribing/guideline.html

National Institute on Drug Abuse. (2018, March). Opioid Overdose Crisis. Retrieved from https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis

National Center for Health Statistics Health, United States, 2006 With Chartbook on Trends in the Health of Americans Hyattsville, MD: 2006

Next Level Recovery Indiana (2018). 2016 Opioid Prescriptions per 100 residents. Retrieved from http://www.in.gov/recovery/1054.htm

Ohio Department of Health. (2017, November). 2016 Ohio Drug Overdose Data: General Findings. Retrieved from http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf

The President's Commission on Combating Drug Addiction and the Opioid Crisis. (2017, November 1). Retrieved from https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf

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