

Enabling Quality Improvement in Practice for Controlled Prescribing (EQUIP-4-CRx)

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Hypothesis: The prescription drug abuse management issues faced by Kentucky primary care providers are amenable to quality improvement research that uses a model of facilitated quality improvement for primary practices that we have developed.

Background: Recent primary care practitioner focus groups conducted in preparation for this project have revealed that these providers are struggling to take care of patients with legitimate needs for controlled prescription drugs, while trying not to contribute to the problems of drug diversion and addiction. These groups also revealed that the primary care providers in rural Kentucky are very concerned about the problem of prescription drug abuse in their communities and want to do what they can as practitioners to improve the situation.

Methods: This is a quasi-experimental pilot study conducted in eleven small primary care practices in Kentucky and coordinated via the five UK Center for Clinical & Translational Science (CCTS) Office of Research Engagement for Advancing Community Health (REACH) field offices at five UK Centers for Rural Health. Community-based participatory principles were used to design the intervention and select outcomes measures. The intervention had four main components: 1) formation of a collaborative of the participating primary care practices to share ideas and best practices, 2) tailored change facilitation at each practice, using trained facilitators external to the practice; 3) group CME, 4) a project website for sharing practice management tools and evidence-based practice guidelines. Pre-intervention and post-intervention measures of practice-level use of supplied QI tools and strategies, ease of adherence to guidelines for prescription of controlled drugs, and practitioner / staff satisfaction and confidence with processes related to these prescriptions are being compared. The pilot study follow-up period in each participating practice was restricted to 6 months, in order to expeditiously serve the objectives while recognizing that obtaining clinically-significant outcomes data on the intervention is not a pilot study objective.

Outcome measures: Baseline and 6 month follow-up data were collected at each of the practices from physicians and clinic staff persons enrolled in the study to assess the following related to the care of patients receiving with chronic pain, or those receiving controlled medication prescriptions for other chronic conditions:

- Distributing responsibility among practice personnel
- Use of standardized policies and procedures for staff interactions
- Use of standardized records to facilitate regulatory compliance

- Use of patient education
- Use of prescribing contracts
- Use of standardized pain assessment scale
- Use of standardized records to facilitate evidence-based care
- Use of standardized screening tools
- Planned primary care visits for pain management
- Enhanced communication with pharmacy and/or other providers
- Use of tracking and reminder systems