



Advancing High Performance Health

AMGA Foundation

**Acclaim Award**  
*Ballad Health*

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2018 Honoree

**Narrative:**  
**Combating the**  
**Opioid Epidemic**



# Ballad Health: Health Elevated

*2018 Acclaim Award Honoree*

*Narrative: Reaching New Heights  
in Combating the Opioid Epidemic*

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In January of 2018, AMGA named Ballad Health (formerly Wellmont Medical Associates) as an honoree for the 2018 Acclaim Award. The award, supported by AMGA Foundation, the association’s nonprofit arm, is designed to recognize and celebrate the successes that medical groups and other organized systems of care have achieved in improving the value—the quality and cost of care—of the healthcare services they provide to their communities. It honors organizations that are meeting the IOM Aims for Improvement and are taking the necessary steps to become a High-Performing Health System™ as defined by the AMGA.

Ballad Health, also a 2014 Acclaim Honoree, had 250 providers with 135 physicians and a combined leadership team of nine corporate and 16 regional administrative staff at the time. Their region, which consists of urban and rural communities in the Appalachian Mountain area, is an area with a 17.5% poverty rate, a mean family income of \$27,000 and a ranking as the third least healthy area in the United States (according to the Gallup-Healthways Well-Being Index, April 2013). Simply delivering meaningful health care is a challenge. However, improving regional health care is a calling the group believes is the key to improving the overall regional economic dynamic.

As part of the Acclaim Award application process, the organization was asked to highlight narratives describing the design and deployment of major components—projects, phases, or tactical plans—that were part of their plan to transform the way they deliver health care in order to more fully achieve the AMGA High-Performing Health System™ attributes, improving both the quality and cost of care. Here, we share one of Ballad Health’s narratives.

## **The Opioid Crisis**

Recently, President Donald Trump declared the country’s opioid epidemic is “a national emergency.” Trump added that his administration is “going to spend a lot of time, a lot of effort and a lot of money on the opioid crisis.” The declaration of emergency permits the administration to remove some barriers and waive some federal rules enabling states and localities to have more flexibility to respond.

Controlled substance diversion and abuse has reached epidemic proportions nationally. Locally, on either side of Ballard Health's state lines, the organization daily fights the battle to improve health by addressing this crisis. Virginia had the second highest prescription rate for opioids, with 1,457 drug overdose deaths in 2015 while West Virginia had 1,420 drug overdose deaths in 2015.

Additional comorbidities are also tied to this epidemic and they affect the future population. Many of Ballard Health's patients already suffer from multiple chronic conditions and are vulnerable to opioid addiction. The group has also experienced a tenfold increase in the number of babies born with neonatal abstinence syndrome (NAS) in the region. Finally, 6% of children age 12-17 have engaged in the use of nonmedical opioids in the past year, according to a 2013 U.S. Department of Health and Human Services report. Therefore, the issue is relevant to all patients and all providers.

## **The Project**

Ballad Health's design process incorporated both providers and leadership in recognition that this crisis had to be addressed within the organization and in concert with the community and states. By addressing appropriate opioid use and inappropriate abuse, the group is affecting the population health management of the region both now and into the future.

### ***A Committee for Change***

The first step was to create a Controlled Substance Advisory Committee (CSAC) composed of representatives from primary care, pain management, quality, safety, risk management, legal, and information technology to create a practice-wide plan of action. Their charge from the group was to compile and review current best practice guidelines as well as to incorporate local, state, and federal regulations. In addition, recommendations from the Boards of Medicine of both states were studied with the most

stringent adopted by the group.

This committee worked collaboratively within the electronic medical record (EMR) to develop access to state websites for prescription monitoring, to create a robust EMR flowsheet with the strictest guidelines from all sources, to include a morphine milligram equivalents (MME) calculator and to write a reporting capability to monitor prescribing patterns of the providers.

### ***Practice Guidelines***

Additionally, Ballard Health developed and implemented an efficient, measurable way to embed practice guidelines and workflows for pain management into the EMR. Tools built into the EMR as adjuncts to treatment documentation include the ADHD Vanderbilt functional assessment screens, the PHQ-9 depression screening tool, an MME calculator (also known as the morphine equivalent dose or MED), a controlled substance flow sheet, and pain management guidelines. Educational handouts are also attached to the after-visit-summary (AVS) describing the visit and any medication/treatment changes.

### ***Provider Education***

After the build, provider education was the next step in adoption. Ballard Health is fortunate to have both pain management physicians as well as primary care physicians who are engaged on this subject. To promulgate and meet the requirements of the organization's new guidelines, the Quality Department in conjunction with Continuing Medical Education developed and presented national prescribing best practices at a Spring Provider Retreat.

In addition to local education, palliative medicine specialist developed a free, two-hour, online CME program for all providers that met both states' licensing requirements for opioid education. Ballard Health has carried the education to non-group members at

community hospital grand rounds and continues to create enduring educational CME programs on this topic. (This education consisted of current evidence-based interventions and best practices presented at each practice meeting. It also represented the best of guidelines from the American Boards of Pain Management, Addiction Medication, Medical Acupuncture and Neuromuscular & Electrodiagnostic Medicine.)

Lastly, Ballad Health partnered with their hospital emergency department providers to combine efforts in prescribing medications and therapies for pain management.

### ***Patient Education***

Patient education was the next step. Within Ballad Health's offices, video boards described the crisis facing us all and discussed how they would address pain collaboratively with their patients using all options available to treat, not just medication. They retooled patient handouts on the subject to reflect the same. Finally, they also took advantage of electronic media to make this a burning platform for change.

### ***Goals***

The group's goals were to change the dynamic of pain management to include safer treatment with lower doses while advocating for an increased acceptance of alternative treatments and an overall decrease in opioid prescriptions. Also included were behavioral health referrals to lower the co-prescribing of opioids and benzodiazepines. By meeting these goals, they expect to affect the number of adverse outcomes due to opioid misuse and the tragedies associated with diversion within the community.

### ***Technical Aspects***

Communication, collaboration and engagement are the keys to success in pain management. Prior to

initial opioid treatment, whether at the primary care or pain management level, the provider must discuss Ballad Health's policy and the risks and benefits of the therapy. Communication also centers on collaboration with the patient as they are tutored regarding their responsibilities, such as drug screening, pill counts, and medication agreements that must be signed annually. Patients are educated on the proper disposal of unwanted or unused drugs and given an exit strategy for discontinuation of opioid therapy.

Fostering this collaborative approach between patient and provider demonstrates a team approach to treatment. This shared decision-making process allows for easier discussions on alternative modalities or tapering plans and validates that both provider and patient have the same goals and outcomes in mind.

Every three months, each prescribing provider must evaluate the effectiveness of the treatment, document the rationale to continue opioid therapy, as well as review the patient's state database report to check for diversion. Should the patient be on benzodiazepines and opioids, which is to be avoided, any dose reaching 90 MEDD requires a mental health referral to assess the necessity of benzodiazepines.

### ***Measuring Results***

With the above, measurable results represented a major shift from a rise in prescribing to leveling out the number of prescriptions for the population on prescriptions in 2013. With regard to the growth of the practices versus the percentage of opioid prescribing overall, the percentage of patients to opioid prescriptions has declined. From 2015 to 2016, the PCP and Pain Management Service opioid total prescribing decreased by 10% (see Figure 1). In primary care, while the total population within primary care practices increased by 23% growth, the prescriptions decreased by 3.3%. Within the Pain Management Service, the total

population rose by 26%, while the opioids prescribed decreased by 26%.

The MME tool is now fully functional and the goal is to in FY2018 demonstrate a dose decline for those patients, not just a decrease in opioid prescriptions.

We achieve what we incent, therefore the group tied 15% of the quality bonus to this metric. The number of compliant providers associated with prescribing opioids showed success with education and through the implementation of standardized guidelines, provider audits demonstrated improvement from 47% in 2013 to 97.6% in 2016.

Urgent cares also have strict prescribing criteria to provide no more than three days of pain medication for acute needs only. Any other pain requirements for chronic conditions are routed to the patient's pain management provider or the specialist associated with their illness. With this implementation, the group saw prescriptions for opioids in urgent cares decrease 31% from 2015 to 2016.

## **Challenges and Insights**

As one might imagine, this change was not without obstacles. While education and cultural acclimatization were successful, it has taken two years to fully build and refine the process within the EMR. Many patients were dissatisfied with the new policy and sought providers with a more lenient prescribing policy. Patients, although aware of the negative consequences of opioid usage, still often are looking

for a "magic bullet" and not physical or behavioral therapy. Lastly, while Ballad Health has made a change, they know that these drugs are still available both licitly and illicitly within the community, leading to frustration.

Important learnings are that without EMR high-level functionality, much of what Ballad Health desired to achieve would not be possible. Guidelines, flowsheets, calculators, and links to state databases provided by the EMR are must-haves to allow for efficiencies in care and treatment. The culture between the technical team and the providers has to be one of respect for an effective plan with measurable outcomes to be produced.

Ballad Health also demonstrated they could expand their overall pain management program to include increased interventional, complementary, and alternative approaches, including electrophysiology, trigger point injections, behavioral health referrals, nerve blocks, life style changes, manipulation, massage, natural medicine, and acupuncture. This was very positive for both providers and patient health.

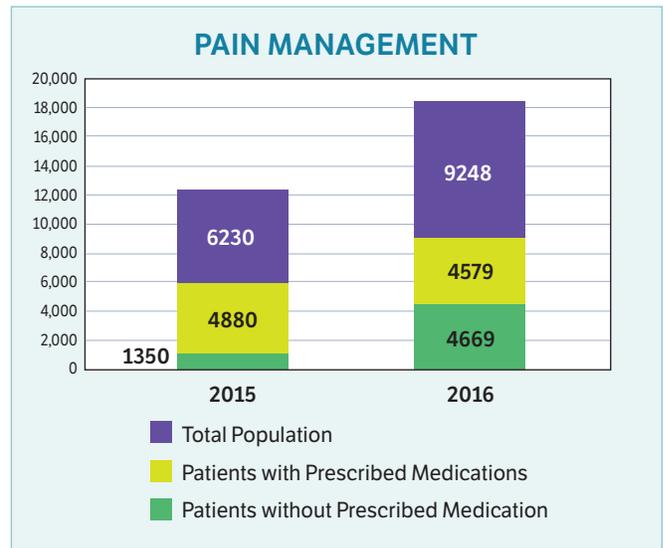
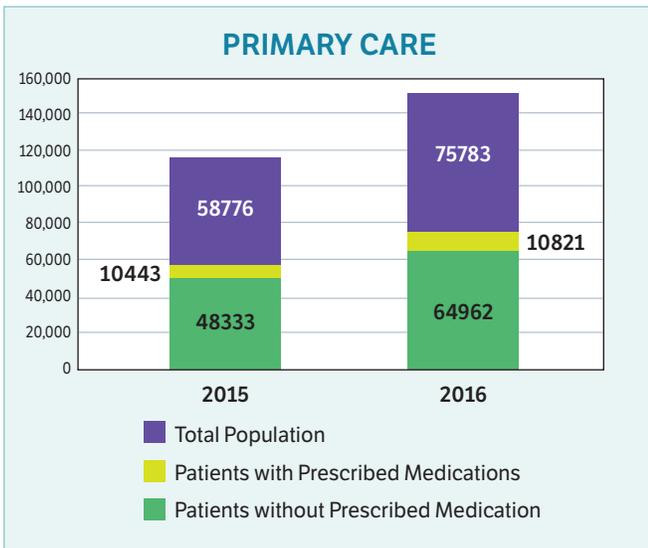
By virtue of the extreme competency and diversity of the pain management team involved in the Controlled Substances Advisory Committee, Ballad Health has been able to successfully develop, implement, and reduce opioid prescriptions within the community they serve.

*Adapted from Ballad Health's Acclaim Award application, submitted by Chief Executive Medical Officer Stephen P. Combs, M.D., CPE, FACFE, FAAP.*

# Figure 1: Opioid Prescription Comparisons

## Primary Care and Pain Management Opioid Prescription Comparison

- Comparing 2015 with 2016 Primary Care, while the total population within the *primary care practices* rose at a 23% growth, the prescriptions decreased by 3.3%
- 2015 PCP patient population with prescriptions 17.6%
- 2016 PCP patient population with prescriptions 14.3%
- For a decrease of 3.3%
- Comparing 2015 - 2016 Pain Management, while the total population within the *pain management practices* rose by 26%, the opioid prescriptions decreased by 26%
- Adding the two specialties together, it demonstrates a 10% reduction overall on opioid prescriptions





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