

Implementing Bree Collaborative Opioid Metrics into Provider-facing Dashboards

In 2016 TEC recognized that there was a lack of opioid prescribing data transparency for their providers. It was difficult to define which patients should be monitored, to pull data on patients with opioid prescribing risks, to monitor patients, and no mechanism existed to help hold provider accountable for their prescribing practices. TEC leveraged the Bree Collaborative guidelines on long-term prescribing, prescribing in older adults, and opioid metrics to support their Chronic Opioid Therapy Program (COT).









Background

In 2013, Washington State changed its regulations and developed comprehensive guidelines on opioid prescribing. The Bree Collaborative helped define strategies to implement these regulations through the development of their guidelines, including new opioid prescribing metrics. Snohomish County was at the heart of Washington State's opioid epidemic. To help address this, the Everett Clinic (TEC) launched the Chronic Opioid Therapy (COT) program that helped identify and manage patients prescribed chronic opioid therapy to improve

appropriate pain control and safe opioid prescribing using opioid metrics for prescription monitoring.

Investments and tools

In 2016/17 TEC invested staff time and financial resources into developing and disseminating policies to clinicians and relevant clinical staff. These were accompanied by in-person trainings that were tailored to the needs of different clinical roles, including clinicians, nurses, and office staff. A clinical-decision support tool within their EHR (Epic®) was launched that provided alerts (e.g., for co-prescribing), auto-generated UDT orders, auto-calculated MMEs, order sets (e.g., referrals to pain management specialists, non-pharmacologic providers, etc.).

Advice

Using patient contracts for opioid prescribing can help establish expectations for both patients and providers.

Providing data transparency for provider panels allows for better adherence to best practices and better identification of patient risks.

Implementing a continuing education program and education about prescribing best practices and dashboard use increases provider adherence.

Implementation

Implementation of the Chronic Opioid Therapy Program was piloted at TEC in 2016 and spread to TPC in 2023 d/t TEC & TPC merger to become = Optum WA (Optum WA, PLLC & The Polyclinic d.b.a. Optum WA, PLLC).

There were three main components of this implementation which used Bree guidelines, which were: 1) help define patients eligible for the COT program, 2) provide education to providers on opioid prescribing best practices, and 3) develop metrics to be included in a provider facing dashboard.

2021

Outcomes and impact

The development and spread of the COT program resulted in fewer patients being prescribed long-term opioids, better care for COT patients, and fewer COT patients because of reduced prescribing in acute care.

Overall adherence to prescribing metrics increased at Optum WA (TEC & TPC) from 7/2023 - 6/2025

Bree guidelines help accelerate TEC and TPC's ability to implement WA regulation changes and increased the efficacy of their prescribing practices.

SB 1427 passed



2013

WA State Regulation

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COT Program Development at TEC

Quality

Karie Nicholas **Evaluation and Measurement** Manager The Foundation for Health Care

2016

Seven Quality metrics included in COT program

2017

2018

Bree guidelines/Metrics for Opioid Prescribing

2019

TEC and TPC become part

of OPTUM

COVID-19 Pandemic

2020

Bree Opioids for Older Adults

2022

2023

COT program adopted at TPC; COT dashboard for Optum WA launched/

implemented

2024

Outcomes assessment begun