

# Breakout Session

## Introducing the OBI Guide to Project Success (GPS) for the COMFORT Clinical Practice Guideline

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of the Blue Cross and Blue Shield Association



# Disclosures

Dr. Peahl is a paid Consultant for Maven, Mirvie and has research support from Pulsenmore. She has no equity or executive leadership in these corporations. She also holds grant funding from the NIH and FDA.

Kimberly Brown has no disclosures.

# Why Postpartum Pain Management Matters



# A Tale of Two Patients

— “

One particular nurse was just like, ‘Well, it's in your record that you need to take these medications every eight hours. Here you go.’ It's just like, ‘But I'm not having pain right now. I know you want to stay on top of it, but can't we just switch it out for maybe Tylenol?’

— ”

— “

I told her I hadn't had any medicine in the last 24 hours, and I was literally being ignored. I was crying, because I told my husband, ‘They're ignoring me,’ and this is how, especially with Black women, this is how we die after childbirth or during labors, is because no one's listening.

— ”

# A Tale of Two Patients

**Maya**

Too many opioid tablets  
without guidance

Opioid use disorder

**Jamie**

Insufficient pain  
management, racism

Poor recovery, bonding,  
mental health

*Helping birthing people thrive postpartum starts with effective pain management.*

# Concurrent Crises



- >645,000 deaths from opioid overdose (1999-2021)
- Escalating rates of maternal OUD (Inc 131%)
- Increasing NOWS (Inc 82%)



- Highest Maternal Morbidity & Mortality rate of peer countries
- >50% deaths postpartum
- Significant disparities in care access, experience, & outcomes

## **#1 Cause of Maternal Death:**

Mental health conditions including overdose related to Opioid Use Disorder and Substance Use Disorder

# Postpartum Opioid Prescribing Contributes to the Opioid Crisis

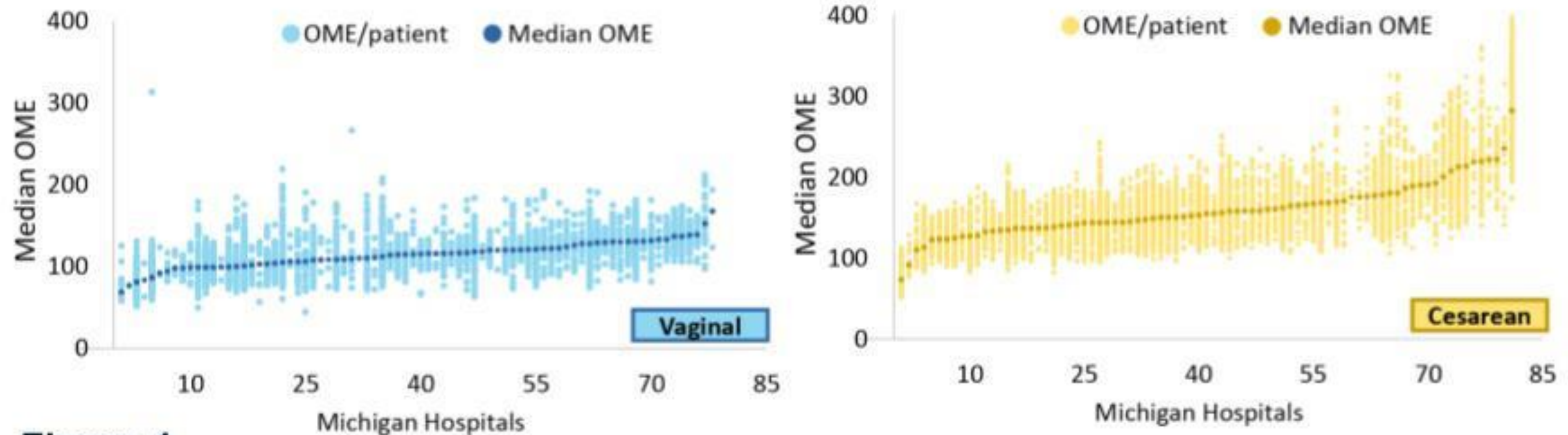


**1 in 75**

birthing people who receive an opioid prescription develop New Persistent Opioid Use (NPOU) in the year postpartum



# Wide Variation in Postpartum Opioid Prescribing Across MI



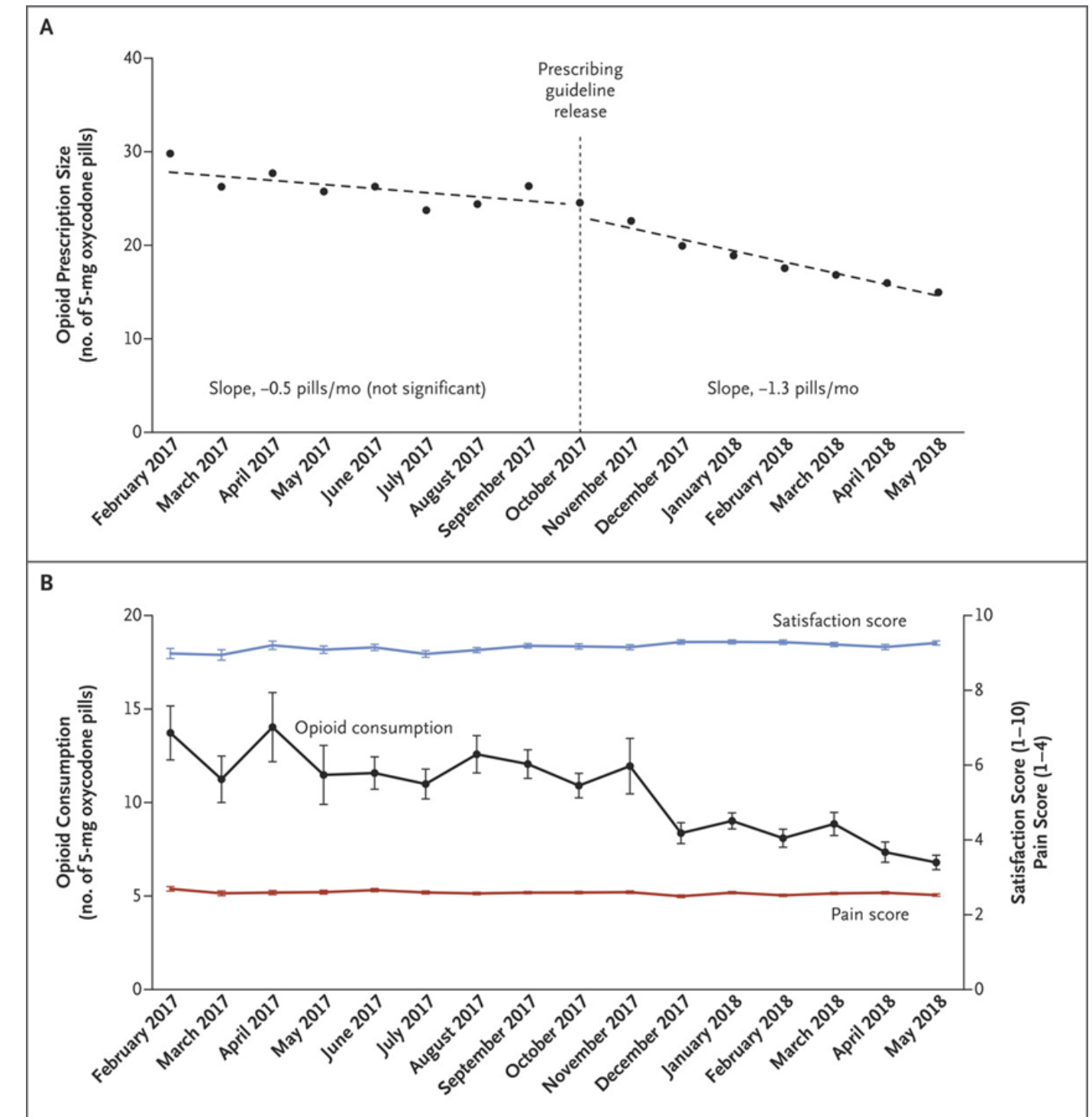
**Figure 1.**

*This variation represents an opportunity for improved pain management*



# CPG Can Reduce Opioid Prescribing without Compromising Pain Management

- CPG developed for 9 procedures
- Statewide dissemination through MSQC (BCBS CQI)
- Interrupted time series of 11,716 patients, prescription & patient reported data
  - 80% decrease in opioid Rx
  - Equivalent pain scores & satisfaction
  - Decreased disparities in pain management



# Inequities in Pain Management Must Be Addressed



Patients who are Black, Hispanic, or living on low incomes are **less likely to receive pain assessments.**

They **receive less treatment** for the same pain scores.

They are **more likely to experience disrespectful maternity care, paternalism, & neglect of autonomy.**

# The Solution: COMFORT CPG

**Creating Optimal pain Management FOR Tailoring care**

FDA Sponsored U01 grant to develop comprehensive, patient-centered, clinical practice guideline for postpartum pain management across populations and procedures.

# COMFORT CPG

Brand new recommendations and they will evolve with

- Patient feedback
- Published studies
- Expert Opinion

We're dedicated to continuously improving the recommendations using the most current data and evidence available.

Providers should use their clinical judgement to make educated determinations about prescribing and care.

# What the COMFORT Recommendations Are





# Overarching Recommendation: Person Centeredness and Health Equity

Principles derived from patient and provider interviews

1

Clinicians may benefit from self-reflection and education on how biases and social stigma may influence clinical counseling and decision-making related to pain management.

2

Clinicians can seek to build trusting, collaborative alliances with patients by offering non-judgemental, compassionate, respectful care that is responsive to patient's lived experiences, preferences, and values.

3

Standardizing pain management offerings may promote more equitable care and pain management outcomes, particularly for historically marginalized groups. Using shared decision-making to tailor pain management plans to individuals' needs and preferences may promote more patient-centered care for all patients.

# COMFORT Content Overview



Education & Counseling



Scheduled Non-Opioid Medications



Non-Pharmacologic Strategies



Inpatient Strategies



Tailored Opioid Prescriptions



Principles-Based Approach to Patients with OUD & Complex Pain



# COMFORT Recommendations

1

Patients should receive robust **education and counseling** about pain management, risks of opioid prescribing, & risk-reduction strategies.

2

**Scheduled non-opioid medications** with acetaminophen & ibuprofen should be used first-line for postpartum pain.

3

**Non-pharmacologic strategies** should be offered to augment pain management following vaginal & cesarean birth.

4

**Inpatient strategies** may be considered, particularly for patients with more complex postpartum pain or who are unable to receive standard treatments.

5

After optimizing non-opioid strategies, patients & clinicians may consider **tailored opioid prescriptions** through a shared decision-making process.

6

Maternity care professionals should use a **principles-based approach** to postpartum pain management for patients with **OUD, chronic pain, & other complex pain** accounting for the characteristics of the birthing person.

# Interested in Learning More?

## October Webinar Recording

Scan the QR Code



or visit

<https://rb.gy/0q1im>

to watch the webinar!

## October Webinar Slides

Scan the QR Code

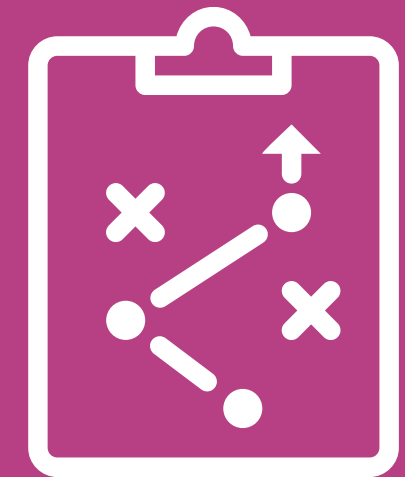


or visit

<https://rb.gy/jm3hp>

to view the slides!

# CPG Implementation



# Focus Groups

To Help Us Develop QI Resources for Pain Management after Childbirth



6

**Focus Groups**



3

**Topic Areas**



58

**Participants**



# Barriers & Facilitators

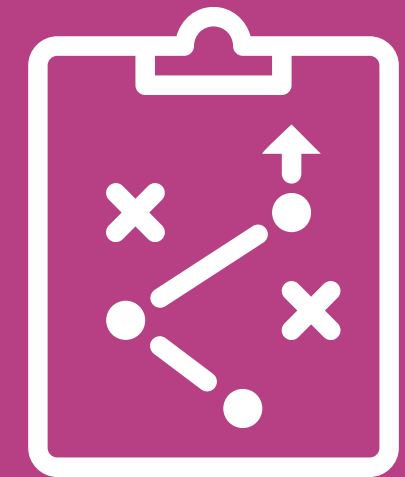
## ✘ Major Barriers

- Workflow incompatibility
- Clinician knowledge gaps
- Clinician resistance
- Access barriers to non-medication options

## ✔ Major Facilitators

- Perceived advantage to patients
- Perception that CPG is evidence-based, national standard
- Strong learning climate
- P4P Metric
- Prior opioid stewardship efforts

# Strategies for Implementation Success



# Optional & Essential Strategies



## Essential Strategies for the Successful Adoption of COMFORT CPG

Optimize Your Team	Plan	Engage	Reflect & Evaluate
<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify a multidisciplinary champion team (physician, RN/CNM, CDA)</li> <li><input type="checkbox"/> Build a coalition</li> <li><input type="checkbox"/> Secure administrative awareness, buy-in &amp; needed resources</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review baseline performance data</li> <li><input type="checkbox"/> Assess for readiness &amp; identify barriers/facilitators</li> <li><input type="checkbox"/> Tailor strategies</li> <li><input type="checkbox"/> Develop a QI blueprint</li> <li><input type="checkbox"/> Obtain stakeholder feedback about blueprint</li> <li><input type="checkbox"/> Conduct consensus discussions</li> <li><input type="checkbox"/> Mandate change</li> <li><input type="checkbox"/> Assess &amp; redefine workflow</li> <li><input type="checkbox"/> Develop/adapt policies &amp; protocols</li> <li><input type="checkbox"/> Plan education &amp; training activities</li> <li><input type="checkbox"/> Establish a communications plan</li> <li><input type="checkbox"/> Change EHR &amp; formulary as needed</li> <li><input type="checkbox"/> Involve patients in QI Planning</li> <li><input type="checkbox"/> Plan for outcome evaluation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide dynamic, interprofessional training</li> <li><input type="checkbox"/> Disseminate educational materials</li> <li><input type="checkbox"/> Conduct ongoing training</li> <li><input type="checkbox"/> Remind clinicians</li> <li><input type="checkbox"/> Relentlessly communicate to engage frontline workers</li> <li><input type="checkbox"/> Prepare patients to be active participants</li> <li><input type="checkbox"/> Intervene with patients to enhance uptake and adherence</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evaluate the QI effort</li> <li><input type="checkbox"/> Audit and provide feedback</li> <li><input type="checkbox"/> Facilitate the relay of clinical data to providers</li> <li><input type="checkbox"/> Obtain and use patient/family and clinician feedback</li> <li><input type="checkbox"/> Communicate with stakeholders to sustain gains</li> </ul>

### Optional Strategies for Tailoring

<input type="checkbox"/> Facilitation	<input type="checkbox"/> Access new funding	<input type="checkbox"/> Revise professional roles	<input type="checkbox"/> Engage community resources
<input type="checkbox"/> Engage local opinion leaders	<input type="checkbox"/> Peer mentorship	<input type="checkbox"/> Conduct cyclical small tests of change	<input type="checkbox"/> Alter incentives/allowance structures
<input type="checkbox"/> Change physical structure & equipment	<input type="checkbox"/> Identify early adopters	<input type="checkbox"/> Stage implementation scale-up	<input type="checkbox"/> Promote adaptability



# Essential Strategies



Optimize  
Your Team

- Identify a multidisciplinary champion team (e.g. physician, RN/CNM, CDA)
- Build a coalition
- Secure administrative awareness, buy-in, and needed resources

# Considerations



Optimize  
Your Team

## **Think about how change happens at your site.**

- Who needs to be on board to move the needle and ensure that the implementation is a success?

## **Aim for every staff member to feel personal ownership of the project's success.**

- Acknowledge the increased workload, and emphasize the value of responsible, patient-centered pain management after childbirth.

# Resources



Optimize  
Your Team

- Provide the **C-Suite letter** to leadership/stakeholders to get policy changes approved and attain necessary buy-in

# Essential Strategies



## Plan

- Review baseline performance data
- Assess for readiness and identify barriers/facilitators
- Tailor strategies
- Develop a QI blueprint
- Obtain stakeholder feedback about the blueprint
- Conduct consensus discussions
- Mandate change
- Assess & redesign workflow
- Develop/adapt policies and protocols
- Plan education & training activities
- Establish a communications plan
- Change EHR & formulary as needed
- Involve patients in QI planning
- Plan for outcome evaluation

# Considerations



Plan

## **Know where your opportunity lies**

### **Determine your unit's readiness for change (barriers/facilitators)**

- Consider provider attitudes/beliefs/pain points, knowledge/skill gaps

### **Conduct consensus discussions and convey new standard of care**

- Familiarize all staff (providers, nursing, patient educators, etc.) with the COMFORT CPG, including the purpose, logistics, and their role.

### **Workflow mapping is critical**

- Determine who needs to do what differently when and how

### **Involve your patients**

# Resources



## Plan

- Complete the **QI Blueprint** to keep the implementation on track as well as think through barriers and strategies
- Decide if your site will utilize the **OPEN brochures** or the **COMFORT Discharge Summaries** for patient education
- Modify the editable **non-pharmacologic pain management recommendations** to interventions offered at your site/community
- Update the electronic health record with compliant **order sets**, counseling **SmartPhrases** and the **COMFORT discharge summary**

# Essential Strategies



- Provide dynamic, interprofessional training
- Disseminate educational materials
- Conduct ongoing training
- Remind clinicians
- Relentlessly communicate to engage frontline workers
- Prepare patients to be active participants
- Intervene with patients to enhance uptake and adherence



# Considerations



Engage

## **Provide dynamic training activities**

- Use a variety of interactive methods to teach stakeholders about the desired changes, with the goal of changing clinical behavior.
- Offer follow-up training, advanced training, booster training, purposefully spaced training, training to competence, structured supervision, and onboarding new staff.

## **Communication is key**

## **Prepare patients to be active participants**

# Resources



Engage

- Customize the **training documents** for your site's needs
- Carve out protected time for clinicians to review **training documents** (including **OBI COMFORT Webinar**)
- Distribute the **Clinician Guide**
- Disseminate educational materials (e.g. **opioid prescribing table, road map, patient video**)

# Essential Strategies



- Evaluate the QI effort
- Audit and provide feedback
- Facilitate the relay of clinical data to providers
- Obtain and use patient/family and clinician/staff feedback
- Communicate with stakeholders to sustain gains

# Considerations



Reflect &  
Evaluate

## **Use your data to guide process optimization**

- Monitor guideline concordance with counseling, opioid-sparing, and opioid prescribing and adjust as needed.

## **Share progress and discuss ways to optimize**

- Share results in regular intervals (e.g. staff meetings, signouts, etc.).

## **Elicit insights from staff and patients**

- Identify process concerns and engage in creative problem-solving.
- Consider talking with patients on postpartum rounds to assess patient awareness and satisfaction.

# Resources



Reflect &  
Evaluate

- Use **OBI Workstation & push reports**/internal reports to identify QI opportunities
- Utilize the **training documents** to reeducate

# Optional Strategies for Local Tailoring

- Facilitation
- Engage Local Opinion Leaders
- Change physical structure & equipment
- Access new funding
- Peer mentorship
- Identify early adopters
- Revise professional roles
- Conduct cyclical small tests of change
- Stage implementation scale up
- Engage community resources
- Alter incentive/allowance structures
- Promote adaptability

# Thank You!

## Questions?



**Break/Transition to Main Room: 1:25pm – 1:35pm**



**Awards: 1:35pm**



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