



CPD ECOACH

SAMPLE RESPONSE 1 – PAIN MANAGEMENT

STEP 1: DEFINE YOUR TOPIC

1.1 Think back to what inspired you to change and improve your practice. Briefly summarize the encounter or situation. Consider the following questions as you reflect:

- What about the situation made you feel challenged or uncomfortable?
- What specifically piqued your interest?

The college has sent me a warning letter about my opioid prescribing habits and identified a couple of my more difficult patients that they are concerned about the amount of opioid that they are using daily. I've just finished the PSP Pain Management course and learned about setting functional goals with patients and using Brief Action Planning with them to accomplish this.

1.2 What area(s) of your practice would you like to focus on?

Setting Functional goals for patients with chronic non-cancer pain and decreasing opioid use in my practice.

1.3 What specifically would you like to improve in your practice? Define your improvement goal(s). It should be specific, measureable, achievable, realistic, and time-bound (SMART).

Within two months I would like to have all my patients on less than 100mg morphine equivalent opioid dose per day and try Brief Action Planning with some of my patients.

Time spent completing Step 1 (in hours): 0.25

STEP 2: SELF-DIRECTED ASSESSMENT: MEASUREMENT

STEP 2A: CREATING A MEASUREMENT STRATEGY

2A.1 List one or more measures you can use to assess your progress towards your improvement goal(s).

- i. Number of patients with non-cancer chronic pain
- ii. Number of patients with NCCP who are on opioids
- iii. Number of patients on more than 100mg morphine equivalent
- iv. Patients with NCCP who have had functional goals set
- v. Patients with NCCP for whom Brief Action Planning has been done (self-management support)

2A.2 After considering the different types of information sources, you may need to refine the measures you listed previously. Did you refine your list of things to measure?

No



2A.3 If yes, what are your new measures?

n/a

2A.4 How will you collect the information for your measures?

- If you are using an EMR, what queries will you run?
- If you are using other existing information sources, what are they?
- If you are creating your own information source, describe your collection process

I will run the following queries in my EMR:

- i. List and give me the Number of my patients who have non-cancer chronic pain
- ii. List and give me the Number of my patients with NCCP who are on opioids
- iii. List and give me the Number of my patients on more than 100mg morphine equivalent
- iv. List and give me the Number of my Patients with NCCP who have had functional goals set
- v. List and give me the Number of my Patients with NCCP for whom Brief Action Planning has been done (self-management support)

2A.5 What do you predict your practice baseline will be?

- i. I would predict that I have about 60 patients with NCCP
- ii. I would predict that I have about 30 patients on opioids for NCCP
- iii. I would predict that I have about 2 patients on more than 100mg morphine equivalent
- iv. I would predict that I have no patients on whom functional goals have been set
- v. I would predict that I have about 20 patients on whom BAP has been done

STEP 2B: GATHERING THE INFORMATION

2B.1 Was your baseline what you expected? If not, does it change your improvement plan?

- i. Number of my patients who have non-cancer chronic pain = 72
- ii. Number of my patients with NCCP who are on opioids = 25
- iii. Number of my patients on more than 100mg morphine equivalent = 3
- iv. Number of my Patients with NCCP who have had functional goals set = 0
- v. Number of my Patients with NCCP for whom Brief Action Planning has been done (self-management support) = 32

It took me a while to find out how to run the reports. I have more patients with NCCP than I thought and I had one patient on oxycodone that I didn't realize was actually on a dose that was more than 100mg morphine equivalent. I'm wondering if I'm missing some patients on opioids that I didn't record their duplicate prescriptions in my EMR.

Time spent completing Step 2 (in hours): 3

STEP 3: CREATE AN IMPROVEMENT PLAN

3.1 Based on your comparisons with clinical guidelines, what values for your measures will indicate success? How will you know when you have achieved your improvement goal(s)?

By the end of 3 months, I will have all patients on less than 100mg morphine equivalent opioid dose per day.

By the end of 3 months, I will have recorded Functional goals and tried Brief Action Planning with 2 patients per week for 3 months.

3.2 Generate your improvement plan.

Action Plan

What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

Action Steps	Deadline	Resources/ Supports	Potential Challenges	Results
Use the PSP EMR pain management template with each patient with NCCP	Start in 3 days on Monday from April 3, 2017 to June 30, 2017	EMR User group support PSP Support EMR Vendor	Can't find it in my EMR – may need to ask super EMR user in user group about this	SOAP notes recorded on EMR pain template for each patient with NCCP
Ask NCCP patients about functional goals and record in EMR – Record goals at least once for each patient with NCCP	Start in 3 days on Monday from April 3, 2017 to June 30, 2017	MOA to open pain template for patient visit relating to NCCP	Not enough time to discuss with NCCP patients – book some NCCP patients with longer visit	At least one functional goal recorded for each patient with NCCP seen in 3 months
Try Brief Action Planning with at least one patient per week	Start in 3 days on Monday from April 3, 2017 to June 30, 2017	CCMI website – training on BAP from PSP coach. Course on BAP?	Not enough time to do BAP with patient in visit – make use of BAP template available in EMR visit	Brief Action Planning template used at least once per week with any patient, ideally with NCCP



3.3 Which CanMEDS-FM roles do your goals fit under?

	<i>CanMEDS Role</i>	<i>Description</i>
X	Collaborator	<i>Works with patients, families, healthcare teams, other health professionals, and communities to achieve optimal patient care.</i>
X	Communicator	<i>Facilitates the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.</i>
X	Family Medicine Expert	<i>Provides comprehensive, continuing care to patients and their families within a relationship of trust.</i>
X	Health Advocate	<i>Responsibly uses expertise and influence to advance the health and well-being of individual patients, communities, and populations.</i>
X	Professional	<i>Committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.</i>
	Scholar	<i>Demonstrates a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of knowledge.</i>
	Leader/Manager	<i>Uses resources wisely and organizes practices which are a resource to their patient population to sustain and improve health, coordinating care within the other members of the health care system.</i>

3.4 How confident do you feel about following through on your plan (on a scale from 0 to 10 with 10 being very confident)?

7

3.5 If you answered **less than 7**, what might you change in your plan to increase your confidence?

n/a

Time spent completing Step 3 (in hours): 2

STEP 4: EVALUATE THE IMPLEMENTATION

4.1 Did you observe any changes in your measures?

Yes

**4.1(1)** Describe the changes.

- i. Number of patients with NCCP on opioids decreased by 5 to 20.
- ii. Number of patients on greater than 100mg morphine equivalent opioid daily dose 2 – decreased by 1
- iii. Number of patients with functional goals documented 31
- iv. Number of patients whom I used BAP on 52
- v. Number of patients with success or partial success in BAP goals 37

Toughest conversations were with patients on higher doses of opioids. I think that if I persist with the tough conversations using motivational interviewing techniques and brief action planning to set functional goals, I will see more improvement with time.

4.1(2) What are some reasons why there was no change? Do you need to reconsider your improvement plan. If so, how?

n/a

4.2 Did you encounter unanticipated challenges or barriers while implementing your improvement plan?

Yes

4.2(1) If yes, what were the challenges and how did you manage them?

Time it took to do initial couple of conversations with patients was longer than expected. Once patients bought into the approach, I was saving time and visits felt like they had an agenda and went faster than the old approach to patients with chronic non-cancer pain. Need to book longer appointments – 30 minutes for the first two conversations with a patient.

People loved the Brief Action Planning and I felt that I had accomplished more in a visit with those patients.

4.3 Has there been a change in your comfort level/confidence in managing the situation/encounter?

Yes

4.4 Describe any steps you can take to increase your comfort level/confidence.

I would like to take more training on motivational interviewing and Brief Action Planning techniques.

4.5 How will you use the results of your improvement plan to inform your practice in the future? Describe your next steps.

I will continue to monitor these patients and any new NCCP patients. I will take more training.

Time spent completing Step 4 (in hours): 2



Total time spent on Steps 1 to 4 (in hours): 7.25

Mainpro+ credits earned: 21.75