



# Learning Collaborative Expression of Interest Form

## Management of Opioid Use and Misuse in Older Adults in Primary Care Practices

### Overview

You are invited to participate a learning collaborative, Identifying and Testing Strategies for Management of Opioid Use and Misuse in Older Adults in Primary Care Practices. The collaborative is funded by the Agency for Healthcare Research and Quality, an agency of the U.S. Department of Health and Human Services, and led by Abt Associates. This is an exciting opportunity for your organization to improve patient outcomes while participating in peer-to-peer learning. You will be offered strategies that span the continuum of care, from prevention to safe opioid prescribing, to the recognition and management and treatment of opioid misuse and opioid use disorder (OUD) in older adults. The learning collaborative will take place over a 15-month period beginning in June 2021. It will include a combination of virtual and in-person meetings (depending on current social distancing guidelines), webinars, group discussions, and monthly individual phone calls with a liaison from the project team.

### Goal of the Learning Collaborative

Although the use of opioids among older adults is associated with an increased risk of harm compared to a younger population, opioid misuse in the older adult population has increased in recent years. Many conditions that cause chronic pain are more common in older adults, and opioids may be indicated for some of these conditions. However, strategies for safely managing opioids in older adults are not one-size-fits-all. Their effectiveness depends on how well they address specific concerns and conditions as well as the clinical care context. Abt Associates, with input from a national technical expert advisory group, has identified nine high-leverage changes that can improve opioid management in older adults. We have included an associated set of specific activities, tools and resources that can be implemented to effect the high-leverage change, or we encourage practices to implement their own, self-determined innovative activities to effect the high-leverage change. The goal of the learning collaborative is to support the implementation of these high-leverage change strategies to improve the management of opioid use and misuse among the older adults in the primary care clinic setting using organization-specific outcomes to improve care while testing the high-level change strategies being implemented.

### Expectations for Participation

Prior to the start of the learning collaborative, participating practices will be expected to sign an agreement letter to demonstrate the following:

- Commitment to quality improvement (QI), as demonstrated by previous learning collaborative experience, embedded QI infrastructure (QI processes and data system), and/or staff commitment.
- Commitment from practice leadership (e.g., Chief Executive Officer, Chief Medical Officer, Clinical Manager, and QI Director) to provide time and resources for key staff to participate in all activities for the duration of the learning collaborative.
- Identification of a champion who will serve as a QI Lead and commitment from an interdisciplinary team of key primary care practice staff members to engage in monthly webinars and calls to review the key performance indicators and discuss both system and clinical issues.
- Capacity to develop and/or modify and implement a minimum of three change strategies to address one or more identified needs related to the opioid prevention, management, treatment continuum.
- Commitment to participate in evaluation activities, including a needs assessment, interviews, clinician surveys, and quarterly reporting of data on quality improvement measures.
- Ability to provide select metrics of opioid prescribing (e.g., average morphine milligram equivalents (MMEs), number of patients with > 50 MMEs) and change strategies (e.g., screened for OUD, prescription drug monitoring program checked, referred to medication-assisted treatment (MAT), prescribed MAT).

# Interest Form

If you are interested in learning more about this opportunity, please complete and submit the following form and a member of our team will contact you to schedule a brief phone call to gather additional information. You will be notified of selection by May 3, 2021. A virtual kick-off meeting for the learning collaborative is being planned for June 2021.

I. Please provide the following information:

a. Name of organization:
b. Name of site, clinic, practice, and/or department (if different):
c. Address/location:
d. QI Lead:
e. QI Lead email address:
f. QI Lead phone number:
g. Number of clinicians:
h. Business structure type, e.g., private practice, group practice, community health center, hospital-owned practice:
i. The percentage of your patient population that is enrolled in Medicare:
j. The priority issues you would like to address via the learning collaborative (e.g., screening for opioid use, misuse, and OUD; training staff to provide brief conversations regarding opioid risks; establishing goals and documentation for patient centered pain management goals):
k. The aspects of opioid prevention, management, and/or treatment for older adults that are the most challenging for your practice:

2. Do you have any comments or concerns about your organization's ability to actively participate in the learning collaborative as described above?
3. If you were to participate in the learning collaborative, what is your plan for disseminating the learnings across your organization and other partnerships?

Please note lessons learned from the learning collaborative will be shared with AHRQ and primary care practices beyond those participating in the collaborative.

Please direct any questions you have and submit your completed form to [Opioids\\_OlderAdults@abtassoc.com](mailto:Opioids_OlderAdults@abtassoc.com). Include "AHRQ Opioids in Older Adults Learning Collaborative" in the subject line.

Thank you for your interest!