

MAYO CLINIC ROBERT D. AND PATRICIA E. KERN CENTER FOR THE SCIENCE OF HEALTH CARE DELIVERY



Andrea Cheville, MD, MSCE & Jon Tilburt, MD Mayo Clinic August 14, 2020

NOHARM

- Non-pharmacological
- Options in post-operative
- Hospital-based
- And
- Rehabilitation pain
- Management



NOHARM: The Idea

- Opioids are necessary but insufficient in post-surgical care
- Guidelines recommend non-pharm pain care (NPPC)
- No studies showing how to make NPPC more viable
- EHRs can help elicit and advance patients' NPPC preferences
- Goal: test bundled pragmatic intervention w/in EHRs
 - Portal-based conversation guide
 - Clinician-directed decision support
- Improve pain & function <u>as</u> post-op opioid prescribing declines
- Testing usual care vs. EHR-facilitated guideline-based care



Non-Pharm Pain Care – Validated for Post-Op Pain Management

Movement

- Walking
- Yoga
- Tai Chi

Physical

- Acupressure
- Acupuncture
- Massage
- Cold or Heat
- TENS

Relaxation

Meditation

- Breathing
- Music
- Guided Imagery
- Muscle Relaxation
- Aromatherapy

Question: Can these help preserve function, mitigate pain, and maybe reduce opioid consumption?



NOHARM

- NIA/NICHD UG3 planning grant
- Intervention: Epic NPPC bundle
 - Conversation guide
 - Decision support
- Outcomes: pain, function, anxiety, opioid use
- Eventual Trial: Stepped-wedge, Cluster-randomized
 Rigorous pre-post design
- 2019-2020 Pilot Year



NOHARM Stepped Wedge Design

UC*	NOHARM
UC*	NOHARM



Tranche 1

Rochester Cardiac, C-section Florida Ortho Eau Claire Ortho, Colorectal, Gyn, C-section La Crosse Gyn, C-section

Tranche 2

Rochester Ortho, Gyn, Lung Arizona Lung, Cardiac Mankato Colorectal

Tranche 3

Rochester Colorectal Arizona Colorectal, Transplant, Gyn Florida Transplant Tranche 4 Florida Colorectal, Gyn, Lung, Cardiac Eau Claire Lung, Cardiac Mankato C-section

Tranche 5

Rochester Transplant Arizona Ortho Mankato Ortho La Crosse Ortho, Colorectal



NOHARM Cluster "go live" schedule

	Tranche 1 Rochester Cardiac, C-section Florida Ortho Eau Claire Ortho, Colorectal, Gyn, C-section La Crosse Gyn, C-section	Tranche 2 Rochester Ortho, Gyn, Lung Arizona Lung, Cardiac Mankato Colorectal	Tranche 3 Rochester Colorectal Arizona Colorectal, Transplant, Gyn Florida Transplant	Tranche 4 Florida Colorectal, Gyn, Lung, Cardiac Eau Claire Lung, Cardiac Mankato C-section	Tranche 5 Rochester Transplant Arizona Ortho Mankato Ortho La Crosse Ortho, Colorectal
Control condition	Data collection 7/1/2020				
Step 1	Go live 1/1/2021				
Step 2		Go live 7/1/2021			
Step 3			Go live 1/1/2022		
Step 4				Go live 7/1/2022	
Step 5					Go live 1/1/2023







Our Year In Hindsight

- Intervention Prototyping & Refinement
 - Epic Portal CG
 - Epic CDS
 - Self-management education & support
- Organizational Navigation
- Stakeholder Training & Engagement
- Piloting* & Take Homes
- Next Steps
- * COVID-modified UG3



Intervention Prototyping & Refinement

PAIN CARE PLANNNG ACROSS THE PERIOPERATIVE CARE CONTINUUM









Choosing Surgery

Ambulatory care team members prepare patients to engage with the NOHARM intervention and a portal-based decision tool.

Pre-operative Planning

Patients review nonpharmacologic pain management options and inform care team of selections via portalbased decision tool.

The Inpatient Stay

Inpatient staff notice, acknowledge, discuss, and support provision of non-pharmacologic pain management modalities.

Post-operative Recovery Patients continue to

Patients continue to access and use nonpharmacologic pain management resources and modalities.

Intervention Prototyping & Refinement: Epic Portal CG

- CG content
- Epic portal functionality
- CG design
- Assignment logic & timing



CG content

1. Pain is normal, requires a plan

Healing after surgery	
Introduction	
Pain and Surgery Pain is a normal part of surgery	^
It is normal to experience some pain and discomfort after surgery.	
Medicines and other techniques can usually reduce your pain to a tolerable level.	
Back Next	



CG content

2. Opioids, blocks, PCAs, etc. are a short term fix, not long term

Healing after surgery

Medicines for pain

Limiting the time on opioid medicines

For most people, it is best to limit the amount of time that they take opioid medications.

This helps avoid complications including constipation, dizziness, confusion, and possible addiction to the medications.

Next

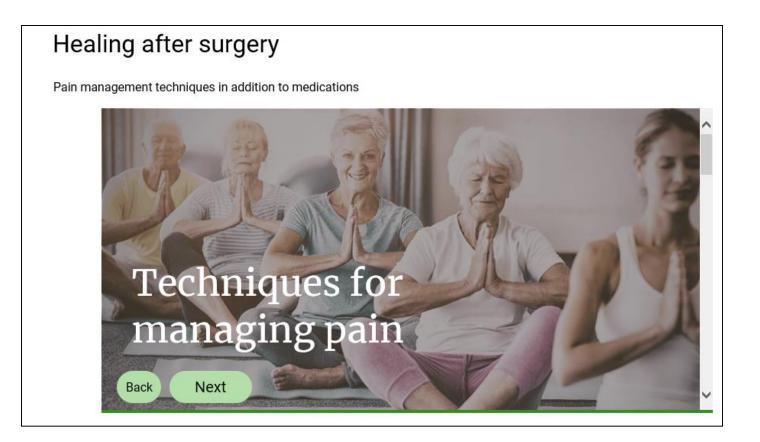
Back







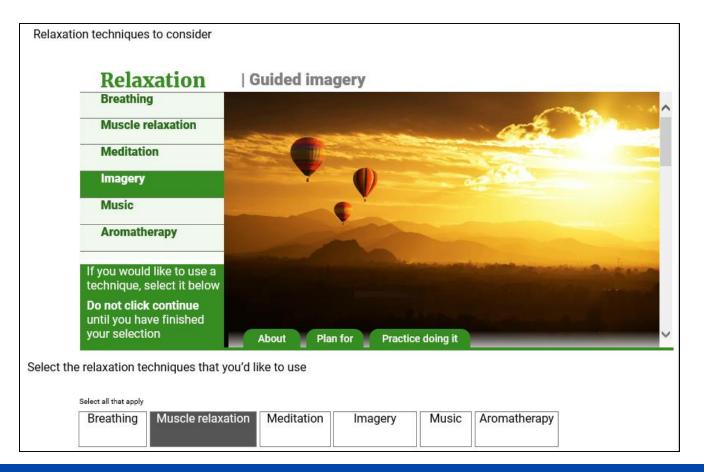
3. Safer and beneficial tools exist





CG content

4. Start your plan, select modalities





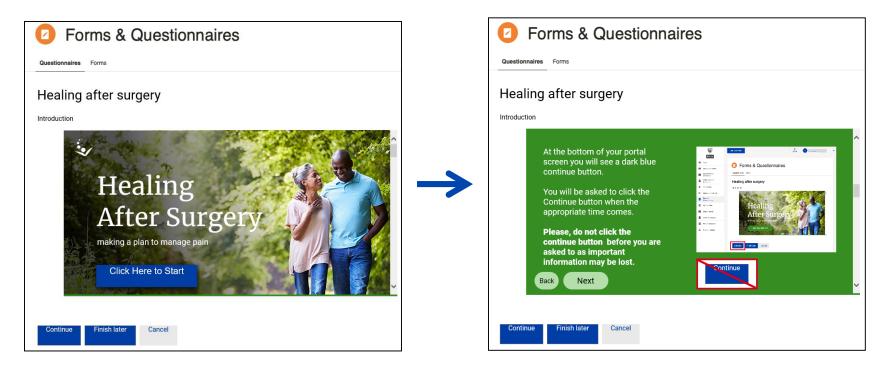
Epic portal functionality

		Candidate Portal Functionalities		
		Inbox message	Questionnaire	Interactive Care Plan
	Text	\checkmark	\checkmark	\checkmark
nt	Embedded photos	\checkmark	\checkmark	\checkmark
Efferent	Embedded HTML		\checkmark	
Ē	Linked questionnaires	\checkmark	\checkmark	\checkmark
	External links	\checkmark	\checkmark	\checkmark
nt	Text in notes	\checkmark		
Afferent	Flowsheet data		\checkmark	
Aff	Questionnaire data		\checkmark	\checkmark



CG design

- Portal message with attached CG link
- CG is a <u>very large</u> questionnaire with HTML





CG design

Healing after surgery
Physical techniques to consider
Acupressure Acupressure Acupressure Acupressure Cold or Heat TENS If you would like to use at technique, select it below until you have finished your selection Do not click continue until you have finished your selection
Select the physical techniques that you'd like to use
Acupressure Acupuncture Massage Cold or Heat TENS

Relaxation techniques to consider

Healing after surgery



Select the relaxation techniques that you'd like to use

elect all that apply					
Breathing	Muscle relaxation	Meditation	Imagery	Music	Aromatherapy

CG design

• Patient must "submit" their CG questionnaire



Questionnaires Forms

Healing after surgery

Confirm your selected techniques to complete your pain management plan.

Please review your responses. To finish, click Submit. Or, click any question to modify an answer.

Question	Answer
Would you like to start at the beginning of this guide or skip to the section on pain management techniques?	Start at the beginning
Surgery and Pain	
How concerned or nervous are you about your ability to cope with an manage pain?	Very concerned
Over the last 2 weeks, how often have you not been able to stop or control worrying?	Not at all
When I'm in pain, I fell that it is terrible and will never get better.	Not at all
Medicines for Pain	
In the past 12 months, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?	Never
Techniques for Pain	
Select the movement techniques that you would like to use after surgery.	Walking
Select the relaxation techniques that you would like to use after surgery.	Breathing Music
Select the physical techniques that you would like to use after surgery.	Cold or Heat
Back Submit Finish Later Cancel	

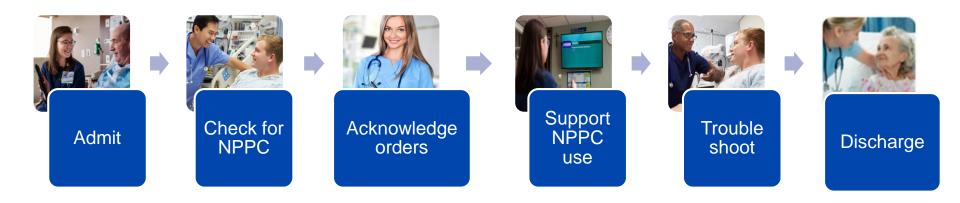
Assignment logic & timing

- Electronic event trigger
 - Elective surgeries \rightarrow order
 - Unplanned (day of)→ Post-op CPT code
- Assignment algorithm
 - Site
 - Department
 - Epic surgical ORP code
 - Provider
- Procedure/site-specific tailoring of content



Epic CDS

- Mapped clinical workflows of key stakeholders
- Emphasis on inpatient nursing and PT/OT

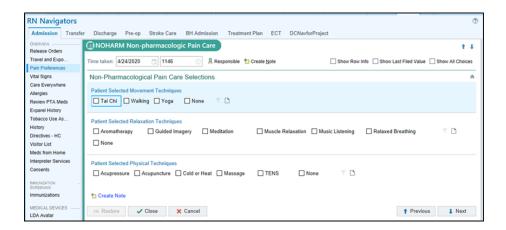






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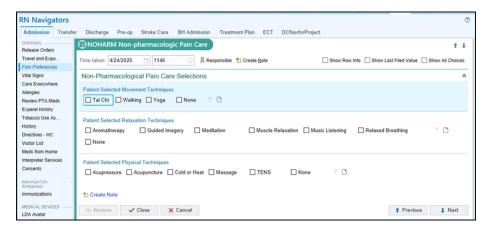
Admission Navigator





- Admission Navigator
- Acknowledge Orders

Orders to be	Acknowledged
(From admission, onw	ard)
	Acknowledge All
New Orders	
New Orders	
Ordered	
	Educate and support the patient in the practice of Tai Chi for pain management Start: 04/24/20 1143, Until discontinued, R Comments: Restrictions: Bending and t

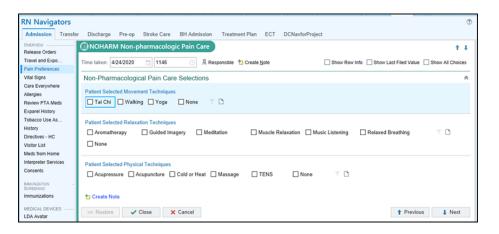




- Admission Navigator
- Acknowledge Orders

Orders to be Acknowledged	
From admission, onward)	
	Acknowledge All
New Orders	
Ordered	
and the second sec	practice of Tai Chi for pain management Start: 04/24/20 1143, Until
04/24/20 1142 > Educate and support the patient in the discontinued, R Comments: Restriction	

Best Practice Advisory





- Admission Navigator
- Acknowledge Orders

RN Navigators		7
Admission Transfe	or Discharge Pre-op Stroke Care BH Admission Treatment Plan ECT DCNavforProject	
OVERVIEW	INOHARM Non-pharmacologic Pain Care	
Travel and Expo Pain Preferences	Time taken: 4242020 📋 1146 📀 🚊 Responsible 🐮 Create Note 🗋 Show Row Info 🗋 Show Last Filed Value 🗋 Show All Choices	
Vital Signs	Non-Pharmacological Pain Care Selections	
Care Everywhere Allergies Review PTA Meds Exparel History	Patient Selected Movement Techniques Tai/Chi Walking Yoga None T	
Tobacco Use As History Directives - HC Visitor List Meds from Home	Patient Selected Relaxation Techniques Aromatherapy Guided Imagery Muscle Relaxation Muscle Listening Relaxed Breathing T None	
Interpreter Services Consents IMMUNZATION - SCREENING	Patient Selected Physical Techniques Acupressure Acupuncture Cold or Heat Massage TENS None T	
Immunizations	1 Create Note	
MEDICAL DEVICES LDA Avatar	H Restore Close X Cancel	1

Orders to be Acknowledged	
(From admission, onward)	
	Acknowledge All
New Orders	
Ordered	
	rt the patient in the practice of Tai Chi for pain management Start: 04/24/20 1143, Until imments: Restrictions: Bending and t
	Acknowledge All

Best Practice Advisory

Educational Activity

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CLINIC

Non-Medication Management of Pain After Surgery

Aromatherapy

Pain Management: Aromatherapy *

 Explain that aromatherapy is the use of plant-derived essential oils to promote physical and psychological well-being and assist with symptoms such as pain, headache, stress, hiccups, nausea and anxiety.

- Validate your patient's selection of aromatherapy as a way to manage their pain. Example statements:
- a. "Aromatherapy has lots of benefits. It can help relieve your pain and stress."
- 3. Remind your patient that pain medicines and aromatherapy work well together.

4. If the patient has brought their own essential oils, help them get started. Diffusers are not permitted in the hospital. The oil can be applied to a cotton ball that is placed in small plastic ziplock bag with a paper tag that identifies the essential oil being used.

- 5. Ask how confident your patient feels about using aromatherapy ("not at all," "a little," "a lot").
- . If "a lot," play the guided experience video

b. If "a little" or "not at all," ask if they would like to view a brochure before trying aromatherapy OR ask if they want to try another pain management approach

Obtain aromatherapy oils and cotton balls from your Unit Supervisor. Available oils include lavender, spearmint, lemon, mandarin, and ginger. Lavender, mandarin and lemon are used for calming and uplifting affect.

7. Help you patient to get comfortable. Apply 1-2 drops of an essential oil to a cotton ball placed in the plastic bag with paper tag for that oil. Instruct patient to wave under their nose for a few minute, close the bag and that they can reuse as often as needed. Show patients how to access information on the TV for future use.

Assess and evaluate learning and document response to intervention. Check on patient in 5
 -10 minutes and congratulate them for trying aromatherapy.

Description Titles for Educational Dainte

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After Visit Summary

After Visit Summary		
Documents to Print	Resolve these issues before printing	
AVS - For the Patient	Travel and exposure screening not complete.	
Avs - For the Patient Avs - For the Patient AVS - Facility/Next Level + AVS - For the Patient (Li + Medication Administratio + Advance Directives + Discharge Summary Note + Insulin Pump Settings +	"Discharge patient" order has not been placed/signed. AVS - For the Patient Selected to print Edit AVS Instructions No changes were made to your m Non Med Pain Managemnt Instru Do not use cold packs more than 15 mir Please continue Tai Chi and Aromathera pain management.	selections. Aromatherapy Getting started. Essential oils can be inhaled or applied to your skin. Do not ingest them. If you have not received essential oils in the hospital, you can purchase them at a health food or grocery store, or on-line. Lavender, mandarin, and lemon are most commonly used for stress reduction. Eucalyptus, peppermint, and rosemary essential oils can help reduce pain.
Change Font Size	Non-Med Pain Managemen Techniques YOUR PAIN MANAGEMENT AND HEALING SELEC We're glad that you've selected pain managemen approaches that will speed your recovery after su these approaches alone or with pain medications If you have questions or need help with your cho -919-1432, toll free. Remember that you can add or select different p	If you buy oils, they should be sold in a dark bottle with a stopper. The label should include information on the country of origin, Latin name of the parent plant, and method of extraction. Also look for the USDA certified organic label and assurance of 100% pure essential oil with no other ingredients. An easy way to get started is to apply the oil to a cotton ball and inhale the vapor. The cotton ball can be kept in a sealable plastic bag and reused. You can also mix oils in a spray bottle with water and mist over furniture, carpet, or linens. Diffusers spread essential oil vapors throughout at entire room and can be purchased for around

Modifiable components with EHR logic: Provider, procedure, site, etc.

Educate (TV) and	I support patient practice of Tai Chi for pain management	✓ <u>A</u> ccept	🗙 <u>C</u> ancel
Frequency:	Until discontinued Once Until Discontinued		
	For: Hours Days Weeks		
	Starting: 3/9/2020 🖬 Today Tomorrow At: 1100 🕗		
	Starting: Today 1100 Until Specified		
	Scheduled Times 🕿		
	03/09/20 1100		
Priority: Comments:	Routine P ⊕ ⊕		
*	Restrictions: Observe post-operative movement precautions when performing Tai Chi. Instruction: Patient Education is available through Mayo TV or tablet. Encourage viewing and use of modality Site specific consideration: Place orders if additional support resources are available to the patient while in th Other educational resources: Print materials or DVD may be available		< ==
B <u>N</u> ext Required	Link Order	✓ <u>A</u> ccept	X <u>C</u> ancel



Physician and APP roles in NOHARM

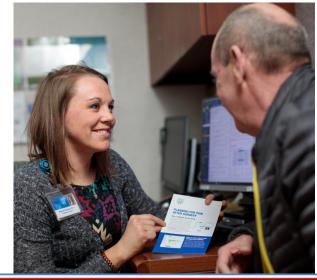
- Heterogeneous pre- and post-operative cadence
- Pre-hospital
 - Endorse NPPC and CG use
- Hospital
- Post-hospital





Physician and APP roles in NOHARM

- Heterogeneous pre- and post-operative cadence
- Pre-hospital
 - Endorse NPPC and CG use
- Hospital
- Post-hospital
 - Promote NPPC if refill requested







Self-management education & support

- Modality-specific material
- Website
- DVD & print versions

Tai Chi

Gentle Movements Tai Chi Qigong

This video leads you through a series of easy postures and a brief meditation performed while seated. Do not perform these movements after neck or shoulder surgery until you are cleared by your surgical team. Stop any movements that cause discomfort.



Tai chi: Discover the many possible health benefits



Organizational Navigation

- Committees
- Clinical Practice
- Epic
- Site & Divisional
- IRB
- Collaboratory (Biostat & Design, Eth & Reg, Steering)



Stakeholder Training & Engagement

- MyLearning training
- Practice supports
- JIT



"Keep an eye out..."



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The NOHARM Rack Card points patients in the right direction

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HEALING AFTER SURGERY: MANAGING PAIN

Step 1: Register for the portal

The patient portal (Patient Online Services) allows you to be actively involved in planning how to manage your pain post-surgery. By logging on to the portal, you can learn more about different pain management strategies, try them out on your own, and indicate your preferences for your hospital stay. For assistance setting up a new patient portal account, you can call Mayo Clinic customer assistance at **1-877-858-0398** or you can visit window 17 or 18 on the ground floor of the Gonda building at Mayo Clinic's Rochester site.

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Step 2: Learn about pain management options

Soon after your surgery is scheduled, you will receive a questionnaire called "Healing After Surgery" in your patient portal inbox. This questionnaire is different from other patient questionnaires. It includes information about different pain management options and guidance on how to practice them prior to your surgery.

Step 3: Choose pain management options

After learning about the different types of pain management options available to you, select the strategies that you are interested in trying during your hospital stay and after you return home. Your selections will then be shared with your care team, so that they can be used to assist with managing your pain during your recovery.



Step 4: Use pain management option at home



Once you are home and recovering from your surgery, you will be able to access videos and other resources that will help you in using your preferred pain management approaches. Just go to **healingaftersurgery.com**. Your care team may also follow up with you to ask how things are going and if you need any additional support.

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Pilot*

- Prospective Pilot (RST & MCHS)
 - Neurosurgery spine procedures
 - Integrated w/in hospital and post-op workflows
 - Turned CG&CDS on for spine procedures
 - Assessed experience
 - CG access and usability
 - CDS function
 - Outcome completion rates
 - Debrief with teams
- * COVID-modified UG3



COVID-modified UG3

- Restrictions
 - Mayo Clinic banned air travel
 - Precluded on-the-ground support at FL and AZ
 - Elective surgeries cancelled from March 15th to May 12th
- Modifications
 - Narrowed the site inclusion to Rochester, MN; Eau Claire, WI; and Mankato, MN
 - Manual vs. algorithmic CG assignment
 - Compressed outcome collection interval



Pilot*

- Participants, N=24
 - 17 from Rochester, 7 from MCHS
 - 42% female
- NPPC selection
 - 92% via portal prior to hospitalization
 - Modalities selected, mean 3.8, range 1-5
- CDS BPA misfires, otherwise OK
- Outcomes 92% complete





Pilot Take Homes

- Sequence of huddles with each cluster prior to "go live"
 - Pre- and post- hospitalization encounter sequence & roles
 - CDS specification
- Importance of JIT
- Need on-site support for TENS & exercise
- Work around for EHR portal non-users
- Accommodate patients discharged to PAC



Next Steps

- Refine role specifications for on-site support
- Expand self-management education
- Trouble shoot CDS, esp. BPAs
- Develop print workaround for portal non-users
 - Can be automated
- Initiate pre- "go live" Tranche 1 cluster engagement



Gratitude

- Mayo Clinic Team & Leadership
- Collaboratory
- NIA/NICHD partners





Thank You

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