Strategies for Supporting and Motivating Providers Who are Slow to Adopt Policies

Commonly, in the process of redesigning care, organizations find providers or staff who are slower to adopt changes than others. Some may even object to the new organizational changes. It is important to recognize the extrinsic and intrinsic motivating factors that influence an individual's decision making. Below are suggestions for engaging providers who are slow to follow new or revised policies for chronic opioid management.

- Before finalizing policies, include providers in the conversation about their content and how to implement them.
- Establish an opioid chart review committee to examine the care of high risk and complex patients. If a provider has a high risk practice or is practicing outside of the clinic's policies (e.g., many patients with high MEDs), provide one-on-one consultation with the clinician to offer assistance. If there are gaps in care, work with staff to set appointments to close those care gaps.
- Hold a provider-only meeting and openly share providers' opioid prescribing data. Have the group discuss variation and possible solutions for building consistency. Providing food for these meetings is helpful!
- Emphasize that policy changes are about increasing patient safety. Share data about opioids and patient safety, such as how increased MED increases overdose risk.
- Establish clear clinic goals for improvement and provide internal reports to teams at the provider level in meeting those goals.
- Share individual patient success stories at medical staff meetings as a way to encourage providers and remind them of what's possible.
- Offer training on difficult conversations: it can be difficult for providers to say "no." Some providers may seek to avoid emotional conflict during visits with their patients.
- Review cases at regular medical staff meetings to facilitate conversations about how to handle complex patients.
- Use a team care model that engages nurses, MAs, pharmacists, and/or a care coordinator as extensively as possible to help support providers in adhering to policies and guidelines.
- Gather data on patient preferences for chronic pain management and use the data to dispel common assumptions about their use of opioids for pain (e.g., data showing % of patients interested in alternative treatments).
- Conduct peer-to-peer chart reviews during medical staff meetings.

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