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Practicum Site:
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Qualitative Process Evaluation of a Pharmacist-to-Physician Opioid Outreach Program at axialHealthcare

Background: axialHealthcare partners with health insurers nationwide to optimize pain care outcomes, reduce opioid misuse, and materially improve financial performance. Through their Clinical Consult Services (CCS), axialHealthcare provides outreach reports to physicians and care teams by specifically addressing their prescribing patterns compared to their peers. These reports are designed to improve patient pain and opioid use disorder management and include patient alerts and supporting care pathways for high-risk patients, access to a referral network for interventional pain management providers, and various opioid-related resources.

Objectives: The primary goal of my practicum was to design and conduct an evaluation of axialHealthcare's physician outreach model, more specifically to systematically review the CCS method and process in order to inform future implementation. My specific aim was to identify process strengths, limitations, and outcomes of CCS. Data Capture at axialHealthcare tracks quantitative outcomes such as intended and discussed topics, call length, and call disposition. Results of this study will inform current and future CCS implementation and outreach.

Methods: I used the Rapid Identification of Themes from Audio Recordings (RITA) method for qualitative coding and analysis. Study data was collected in REDCap, linked to Data Capture, and cleaned in Trifacta. 108 calls were coded, and 103 calls were included in analysis conducted in Tableau.

Results: Highlighted results include: 1) 21.4% of providers had good recall of axialHealthcare, the portal, and/or the CCS member contacting them; 2) 20.4% of providers identified a lack of time to either discuss the portal, and/or log-on to the portal between outreaches; 3) 11.7% of calls identified data integrity concerns (expressed doubt over the veracity of axial's opioid-related data), and feedback which came largely from clinicians (vs. administrative staff member).

Conclusions: RITA is an efficient, low resource, and widely-used method in qualitative research. High-level steps include: 1) data collection, 2) preliminary themes and codebook, 3) revision of codebook, 4) coding of data, 5) data analysis, and 6) interpretation and conclusion. Limitations include loss of some context, the dependence on the researcher's skill set, and, as with all qualitative research, variability in interpretation. Full results of my systematic review have been presented to cross-cutting audiences, including the axialHealthcare Leadership Team and the Scientific Advisory Board. The results informed an organizational standard for escalation and referral to engineering and scientific teams when necessary, improved the technical logistics and method for Data Capture, created new metrics for quality assurance, and changed the standard operating procedures related to CCS outreach.