Prepare & Launch Workbook for Practice Facilitators

* This workbook guides you, the Practice Facilitator, through coaching the Opioid Improvement Team during the three-month Prepare & Launch Stage of the Six Building Blocks Program.
* The workbook walks you step-by-step through preparing for and facilitating four meetings as outlined [below](#_Prepare_&_Launch) in the process diagram. Through this process you will help the site achieve the aims of this stage.
* To keep track of the Prepare and Launch baseline assessment process, we suggest you take notes in this document (e.g., use checkboxes and notes sections provided). To track your overall progress through this and future stages for multiple sites, use the [Multi-Site Log](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/06/Multisite-PF-Log.xlsx).

## Acronyms and terms

The following acronyms are used in this Workbook.

* **Agreement**: this refers to a Patient Agreement/Patient Contract
* **Clinic, organization, and site:** These terms are used interchangeably to refer to the organization implementing the opioid management improvements.
* **CDC**: Centers for Disease Control & Prevention
* **EHR**: electronic health record
* **LtOT**: Long-term opioid therapy, sometimes referred to as chronic opioid therapy (COT)
* **MA**: Medical Assistant
* **MAT**: Medication assisted treatment
* **MED**: morphine equivalent dose, also known as MME or morphine milligram equivalents.
* **PA**: Physician Assistant
* **PDMP**: state prescription drug monitoring program; also referred to as PMP
* **VA**: Department of Veterans Affairs
* **WA** [AMDG MED calculator](http://www.agencymeddirectors.wa.gov/calculator/dosecalculator.htm): the Washington State Agency Medical Director’s Group morphine equivalent dose (MED) calculator, which takes into account methadone’s exponential MED increases.

## Prepare & Launch process

*Plan the Kickoff*

*&*

*Assess status in the last 3 Building Blocks*

*Introduce program to all clinicians and staff*

*&*

*Gather feedback to inform work*

*Introduce problem and program to team*

*&*

*Assess status in the first 3 Building Blocks, including beginning to identify priorities*

*Learn more*

*&*

*Commit to the program*

*Prepare for the Kickoff*

*&*

*Continue to fine-tune data to present at the Kickoff*

*Gather data and stories about patients*

*&*

*Learn about existing patient resources and what happens during patient visits*

*Identify team*

*&*

*Learn about existing policies, agreement, workflow, and tracking and monitoring resources*

3 Months

# Prepare and Launch Progress Tracking

Use this section to track the site’s progress through the Prepare and Launch Stage. If you are working with multiple sites, you can also track progress in the [Multi-Site Log](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/06/Multisite-PF-Log.xlsx).

## Meetings checklist

These are the meetings you will facilitate during the Prepare and Launch Stage. As you schedule and complete meetings, it can be helpful to record them here.

### ​[ ]  Leadership Commitment Meeting: Click or tap to enter a date.

#### Objectives

Introduce the Six Building Blocks Program to the organization leadership so they may determine if they want to commit to participating. If they do, introduce next steps.

### [ ]  Orientation and Assessment Meeting:  Click or tap to enter a date.

#### Objectives

Orient the Opioid Improvement Team to the breadth of the opioid management problem, current evidence/guidelines/regulations, and the Six Building Blocks Program; begin identifying priorities; and assess the status of the first three Building Blocks.

### [ ]  Kickoff Planning and Assessment Meeting:  Click or tap to enter a date.

#### Objectives

Plan the Kickoff and assess the status of the last three Building Blocks.

### [ ]  Kickoff:  Click or tap to enter a date.

#### Objectives

Orient all clinic staff and clinicians to the breadth of the opioid management problem and the Six Building Blocks Program, share ideas and concerns regarding opioid management, and build enthusiasm for implementing improvements to opioid management.

## Milestones checklist

These are activities the sites will do throughout the Prepare and Launch process. As they accomplish each activity, it can be helpful to check it off here.

### Leadership & consensus

[ ]  Learn what is needed to participate in the work and make a leadership commitment

[ ]  Build an Opioid Improvement Team

[ ]  Learn about existing evidence, guidelines, and regulations as an Opioid Improvement Team and as a clinic

[ ]  Protect time for improvement team to meet (e.g., schedule Prepare & Launch meetings and monthly team meetings)

[ ]  Host a Kickoff with all clinicians and staff, during which feedback is gathered and enthusiasm generated

### Policies, patient agreements, and workflows

[ ]  Locate and assess use of existing policies, agreements, and workflows

### Tracking & monitoring

[ ]  Identify existing tracking & monitoring resources

[ ]  Begin to create a list of patients on long-term opioid therapy

### Planned, patient-centered visits

[ ]  Locate and assess use of patient education/support resources related to opioid management

[ ]  Investigate what currently happens during patient visits and refill requests related to opioid management

### Complex patients

[ ]  Locate existing assessment tools and resources for complex patients (e.g., mental health, opioid use disorder services)

### Measuring success

[ ]  Complete Self-Assessment as an Opioid Improvement Team and as a clinic

[ ]  Assess current status of Six Building Blocks through Prepare and Launch meetings

[ ]  Produce and share with the clinic baseline data reports, as possible

[ ]  Identify and share with the clinic stories that exemplify why this work is important

[ ]  Begin identifying project aims

Leadership commitment meeting

Time

1 hour

Objectives

Introduce the Six Building Blocks Program to the organization leadership so they may determine if they want to commit to participating. If they do, introduce next steps.

## Who Should Attend

Members of the organization who can decide if the organization will participate in the Six Building Blocks Program.

## Helpful Website Resources

The following resources can be found at [www.improvingopioidcare.org](http://www.improvingopioidcare.org).

* [Introduction to the Six Building Blocks PowerPoint](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2020/05/Intro-6BB-Support-Offerings_2020-05-18.pptx)
* [JABFM article about the development of the Six Building Blocks](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2018/02/JABFM-article_2017.pdf)
* [Partnership Commitment Letter](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/05/Six-Building-Blocks-commitment-letter.docx)

Agenda

1. Introduction to evidence on opioids and guidelines (NOTE: update the slide about local regulations and guidelines)
2. What are the Six Building Blocks?
3. What do clinics need to be successful?
4. Are you ready to commit?
5. Next steps: share the Partnership Commitment Letter that lays out overall program roles and activities.

Prepare and Launch site activities

By the end of this meeting, the site should have:

[ ]  Learned what was needed to participate and made a leadership commitment

**END of Leadership Commitment Meeting**

Preparatory Work Ahead of Orientation and Assessment Meeting

## Objective

Prepare for the Orientation and Assessment meeting.

What’s Going on During This Step

### Coaching the site

Share the [*Preparatory Work Ahead of the Orientation and Assessment Meeting Handout*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/06/Preparatory-Work-Ahead-Of-Orientation-and-Assessment-Handout-1.docx) with the site and use it to guide the site in:

[ ]  Building an Opioid Improvement Team.

[ ]  [Scheduling meetings](#_Schedule_upcoming_meetings).

[ ]  Completing the [Self-Assessment](https://depts.washington.edu/fammed/improvingopioidcare/self-assessment/).

[ ]  Collecting and sharing their existing [policies, agreement](#_Policies,_Patient_Agreements,), and [tracking and monitoring](#_Tracking_and_Monitoring) resources.

### Preparing for the meeting

Find your “Yoda.” Throughout the project you will be approached with many clinical questions. It can be extremely helpful to identify a local expert in your own clinic system, an expert in a local pain clinic, or a consultant resource, such as ECHO, to reach out to when those questions arise.

LESSON LEARNED

Prepare for the upcoming Orientation and Assessment meeting by:

[ ]  Filling in the Orientation and Assessment Meeting section of the Prepare & Launch Guide based on information given by the site (e.g., completed Self-Assessment learnings, available policies, agreements, workflows, and tracking and monitoring resources).

[ ]  Finding and connecting with a [clinical advisor](#_Find_and_connect). See side bar “Find your Yoda.”

Prepare and Launch site activities

By the end of this step, the site should have:

[ ]  Built an Opioid Improvement Team

[ ]  Protected time for the improvement team to meet

[ ]  Assessed current status of Six Building Blocks as a team using the Self-Assessment

**END of Preparatory Work**

# Orientation and Assessment Meeting Overview

## Time

1-1.5 hours

## Objectives

Orient the Opioid Improvement Team to the breadth of the opioid management problem, current evidence/guidelines/regulations, and the Six Building Blocks Program; begin identifying priorities; and assess the status of the first three Building Blocks.

## Who Should Attend

Opioid Improvement Team

## Helpful Website Resources

The following resources can be found at [www.improvingopioidcare.org](http://www.improvingopioidcare.org).

* [Commitment Presentation](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2020/05/Intro-6BB-Support-Offerings_2020-05-18.pptx)
* [Opioid harm stories](https://www.cdc.gov/rxawareness/stories/index.html)
* [CDC Guidelines for Prescribing Opioids for Chronic Pain](https://www.cdc.gov/drugoverdose/prescribing/guideline.html)
* [CDC training and webinars](https://www.cdc.gov/drugoverdose/training/index.html)
* [Six Building Blocks Self-Assessment](https://depts.washington.edu/fammed/improvingopioidcare/self-assessment/)
* [Data to Consider Tracking](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/01/Data-to-consider-tracking.docx)

## Agenda

*See the* [*Content Section*](#_Orientation_and_Assessment) *for details on facilitating this meeting.*

1. Introductions and Six Building Blocks Program orientation
2. Assess baseline status in first 3 Building Blocks
	1. Leadership and Consensus
	2. Policies, Patient Agreements, and Workflows
	3. Tracking and Monitoring
3. Review [preparatory work](#_Preparatory_work_ahead) to be done ahead of the second team meeting

## Prepare and Launch site activities

By the end of this step, the site should have:

[ ]  Learned about relevant evidence, guidelines, and regulations

[ ]  Begun identifying project aims

[ ]  Located and assessed use of existing policies, agreements, and workflows

[ ]  Identified existing tracking & monitoring resources

# Orientation and Assessment Meeting Content

Use what you learned during the preparatory work to lead the Opioid Improvement Team through the following.

## Introductions and Six Building Blocks Program Orientation

Use the introductory section of the [Commitment Presentation](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2020/05/Intro-6BB-Support-Offerings_2020-05-18.pptx) to orient the Opioid Improvement Team to the opioid management problem (why this work is important, relevant guidelines and regulations) and the Six Building Blocks Program. This is a chance to build support for this work. Let the team know that the ultimate goal of the Six Building Blocks Program is to support clinics in building their capacity to help patients with chronic pain maximize their functional status and quality of life with treatment plans that minimize risk to the patients and their clinicians.

## Assess Baseline Status in Leadership and Consensus Building Block



### Discuss

* What do you think is going well in your organization in regards to patients on chronic opioid therapy? Why?
* What do you think are areas of challenge? What contributes to these struggles?
* What do you and your clinic hope to achieve through the Six Building Blocks Program?

### Notes

#### General information

Use this section to record general information about the clinic (e.g.,#providers and #clinics)

#### Team

|  |  |
| --- | --- |
| Position | Name and organizational role |
| Clinical Champion (required) |  |
| QI Project Manager (required) |  |
| Tracking and Monitoring Lead |  |
| Other team members: |  |

#### Strengths

#### Challenges

#### Hopes for the project

#### Action items

## Assess Baseline Status in Policies, Patient Agreements, and Workflows Building Block



### Discuss

* Have you recently reviewed your policies/agreement/workflows?
* How were they developed?
* Do they support one another?
* Often the first step a clinic takes is to revise policies. Are you open to revising them?

### Notes

#### Existing documents

During the preparatory work, the Opioid Improvement Team hopefully located and compiled any existing opioid policies, patient agreements, or workflows. Complete the table below to record what they found. You can add to it during the meeting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of document** | **Name of document** | **Date of last update** | **Extent of use**  | **Notes** |
| Policies |  |  |  |  |
| Patient agreement |  |  |  |  |
| Workflow |  |  |  |  |

#### Other thoughts

#### Action items

## Assess Baseline Status in Tracking and Monitoring Building Block



### Discuss

* Existing capacity to track and monitor patients on long-term opioid therapy, including:
* What is your EHR?
* Is there a person in the clinic who tracks and monitors quality metrics or registries?
* Is there a flowsheet or template that guides pain appointments? If yes, is it used across the organization?
* Are reports run on long-term opioid therapy patients? If yes, what is in the reports? What is their purpose? If no, is there capacity to produce reports (e.g., through an EHR query, proprietary software, manual tracking, etc.)?
* Is there a place in the EHR to enter MED? Is it a discrete field that can be queried?
* What about date patient agreement signed?
* Are your providers and delegates signed up for the state prescription data monitoring database?
* What is the plan for identifying information about patients on long-term opioid therapy to share at the Kickoff? A common approach includes:
* Having each provider run a list of their patients filling opioid prescriptions from the PDMP
* Having the MA/provider vet the list for who is currently a long-term opioid therapy patient
* Comparing this list to any lists you can pull from your EHR (e.g., through a query using patient agreement signed or medications)

### Resources to support this conversation include:

* **Starting Place**: Preparatory Work Ahead of the Kickoff Planning and Assessment Meeting Handout
* How to pull MEDs from the PDMP
* Tracking and monitoring example spreadsheet
* Approaches to identifying patients on chronic opioids
* Data to consider tracking
* List of opioid names
* List of sedative names

### Notes

#### EHR

#### Tracking and Monitoring lead

#### Existing EHR templates, etc.

#### Reporting capacity (e.g., current reports pulled, quality of reports, how pulled)

#### Data that can be pulled into reports

#### Plan for identifying baseline data to share at the Kickoff

#### Action items

## Review the next preparatory assignment

Distribute and review the *Preparatory Work Ahead of the Kickoff Planning and Assessment Meeting Handout* to make sure the Opioid Improvement Team understands next steps.

END of orientation and assessment meeting

# Preparatory Work Ahead of the Kickoff Planning and Assessment Meeting

## Objective

Prepare for the Kickoff Planning and Assessment meeting.

What’s Going on During This Step

### Coaching the site

Use the [*Preparatory Work Ahead of the Kickoff Planning and Assessment Meeting Handout*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/06/Preparatory-Work-Ahead-Of-Orientation-and-Assessment-Handout-1.docx) to guide the site in:

[ ]  Collecting and sharing their available resources for patients.

[ ]  Learning what happens during patient visits and refill requests.

[ ]  Identifying their patients on long-term opioid therapy in order to gather baseline data to share at the Kickoff.

[ ]  Identifying potential stories to share at the Kickoff.

### Preparing for the meeting

Prepare for the upcoming Kickoff Planning and Assessment meeting by:

[ ]  Having the information your site has shared with you at your fingertips. Fill in the Kickoff Planning and Assessment Meeting section of the Prepare & Launch Guide based on information given by the site. See the *Prepare & Launch Notes Sample* for an example.

Prepare and Launch site activities

By the end of this step, the site should have:

[ ]  Located existing patient education/support resources related to opioid management

[ ]  Located existing resources for complex patients (e.g., mental health, opioid use disorder services)

[ ]  Produced baseline data reports, as possible, including a list of patients on long-term opioid therapy

**END of Preparatory Work**

# Kickoff Planning and Assessment Meeting Overview

## Time

1-1.5 hours

## Objectives

Plan the Kickoff and assess the status of the last three Building Blocks.

## Who Should Attend

Opioid Improvement Team

## Helpful Website Resources

The following resources can be found at [www.improvingopioidcare.org](http://www.improvingopioidcare.org).

* [Recommended assessment table](http://depts.washington.edu/fammed/improvingopioidcare/helpful-resources/recommended-assessments/)
* [Success](https://www.cdc.gov/rxawareness/stories/index.html) metrics

## Agenda

*See the* [*Content Section*](#_Kickoff_Planning_and) *for details on facilitating this meeting.*

1. Plan the clinic-wide Kickoff
2. Assess baseline status in the last three Building Blocks
	1. Measuring Success
	2. Planned, Patient-Centered Visits
	3. Complex Patients

Prepare and Launch site activities

By the end of this step, the site should have:

[ ]  Investigated what currently happens during patient visits and refill requests related to opioid management

[ ]  Identified stories to present at the Kickoff

# Kickoff Planning and Assessment Meeting Content

## Plan the Kickoff

The clinic-wide Kickoff is a 1.5 hour meeting for all staff and clinicians to come together to share their ideas and concerns regarding opioid management in the clinic, and to build enthusiasm for the Six Building Blocks Program. Coming together as a clinic to share perspectives and priorities is an essential step to successful implementation of improvements to opioid management.

After the clinic-wide Kickoff, the Opioid Improvement Team meets with the Practice Facilitator for 1.5 – 2 hours to develop a plan for the next 3 months of work.

### Discuss

* The purpose and activities of the Kickoff.
* Agenda content and presenters (edit agenda template below). Who will represent your organization in discussing why this work is important to you?
* How many people (i.e., care teams, front desk staff, clinicians, and administrators) are expected to attend?
* What space is reserved for the meeting and is it conducive to a small group activity?
* Will required technology (laptop/projector/screen) be available?
* Will you provide food and/or beverages?
* Which [Six Building Block resources](https://depts.washington.edu/fammed/improvingopioidcare/helpful-resources/resources-for-clinics/) do you want us to bring to the Kickoff? Common resources to include are:
* [CDC Guidelines factsheet](https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf)
* [CDC patient education handout](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/CDC-patient-education_6BB.CME_.pdf)
* [Six Building Blocks website resources summary](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/06/Six-Building-Blocks-Website.docx)
* [Tips for difficult conversations](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/Principles-and-language-suggestions-for-talking-with-patients.pdf)
* [Clinical education resources handout](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/05/Clinical-Education-Opportunities-on-Opioids.pdf)

### Notes

##### Kickoff Agenda Template

|  |  |  |
| --- | --- | --- |
| Topic | Person | Time |
| 1. Overview of the evidence, guidelines, and how the Six Building Blocks Program can help
 | Six Building Blocks team member | 25 minutes |
| 1. Why improving opioid management is important to our patients, staff, and leadership (e.g., data and stories)
 | Clinic staff person (e.g., Champion) | 10 minutes |
| 1. Small group activity: baseline Self-Assessment
 | Practice Facilitator | 25 minutes |
| 1. Self-assessment reflection and feedback
 | Practice Facilitator | 20 minutes |
| 1. Program next steps and how you can help (complete Kickoff survey)
 | Six Building Blocks team member | 5 minutes |

##### Logistics (e.g., number of attendees, location, confirmation of needed resources)

## Assess Baseline Status in the Measuring Success Building Block



### Discuss

Don’t let data woes hold a site back from hosting the Kickoff. Sometimes organizations cannot identify their patients ahead of the Kickoff. If that is true for your site, suggest they focus on telling stories to paint a baseline picture instead. There might also be other, simpler data they could present. For instance, they could use the [Event Tally](https://www.improvingopioidcare.org/wp-content/uploads/2019/01/Event-Tally.docx) Form to track a measure of interest over the course of two weeks (e.g., early refill calls).

When clinics are not able to gather data to share at the Kickoff, they often include this as part of the story of why this project is important and emphasize that building a tracking and monitoring system is a program goal.

CAUTION

* How did it go trying to gather baseline data?
* Did you identify your patients on long-term opioid therapy? How? How many did you identify?
* Were you able to pull any other baseline data about patients?
* What did you learn about the strengths and weaknesses of your capacity to measure success? How does that inform next steps in building a tracking and monitoring approach?
* Did you identify any stories to share at the Kickoff that exemplify why the project is important?
* Distribute the *Measuring Success Metrics* document to begin considering what is a feasible measure of success. Let them know they will select a measure at the first Action Plan Meeting.

### Notes

##### How they approached identifying patients on long-term opioid therapy

##### What they know about their patients on long-term opioid therapy

##### Strengths and weaknesses of measuring success capacity

##### Stories to share at Kickoff

## Assessing Baseline Status in the Planned, Patient-Centered Visits Building Block



### Discuss

* What resources currently exist to educate patients? (refer to Six Building Blocks resources, as appropriate)
* What non-opioid treatment resources (e.g., physical therapy, behavioral therapy) are currently available for your care teams to use with patients? (refer to Six Building Blocks resources, as appropriate)
* What currently happens during patient visits with an opioid prescription (e.g., planning, standard activities)?
* What clinical tools are used to support assessment and management of patients using long-term opioid therapy? (Refer them to the [recommended tools](https://depts.washington.edu/fammed/improvingopioidcare/helpful-resources/recommended-assessments/).)

### Notes

##### Patient education resources

##### Non-opioid treatment resources

##### Current patient visit processes

##### Available/used assessment tools

[ ]  Calculation of morphine equivalent dosing

[ ]  Patient function (e.g., PEG)

[ ]  Risk for misuse, abuse, opioid use disorder (e.g., ORT, SOAPP, COMM, DAST, TAPS, DSM-5)

[ ]  Anxiety, depression (e.g., PHQ, GAD-7)

[ ]  PTSD (PC-PTSD)

[ ]  Sleep apnea (STOPBang)

[ ]  Fibromyalgia (FIQ)

[ ]  Urine drug testing

[ ]  Checks of the state prescription data monitoring program

## Assessing Baseline Status in the Complex Patients Building Block



### Discuss

* What resources exist in the organization and community for patients with complex issues, such as opioid use disorder, or mental health concerns, such as depression, anxiety, and PTSD?
* Barriers that prevent patients from accessing the above resources?

### Notes

*END of Kickoff planning and assessment meeting*

# Preparatory Work for the Kickoff

## Objective

Prepare for the Kickoff.

## What’s Going on During This Step

### Coaching the site

Guide the site in:

[ ]  Final logistics, such as reserving a room, making a projector available, etc.

[ ]  Making any last-minute adjustments to the data that will be presented during the Kickoff.

[ ]  Preparing to talk about why the work is important, with baseline data and stories to support that message. Gather their slides to merge into the presentation, as appropriate.

### Preparing for the meeting

Prepare for the Kickoff by:

* Reviewing the [*Kickoff content*](#_Clinic-Wide_Kickoff_) to understand how to run the Kickoff
* Making copies of agreed upon resources to share during the Kickoff
* Making copies of [*Six Building Blocks Self-Assessment*](https://depts.washington.edu/fammed/improvingopioidcare/self-assessment/) for the small group activity and the [*Kickoff survey*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/06/Kickoff-Survey.docx)
* Confirming room reservation and arrange for appropriate technology (laptop, screen, projector) and room set-up (conducive to small-group activity)
* Assuring all presenters have their materials ready to go (e.g., update slides)
* Compiling Kickoff materials (PowerPoint, pens to complete Self-Assessment small group activity)

## Helpful Website Resources

The following resources can be found at [www.improvingopioidcare.org](http://www.improvingopioidcare.org).

* [Kickoff slides](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/06/Kickoff-Event-Presentation_2019-06-20.pptx)
* [Six Building Blocks Self-Assessment](https://depts.washington.edu/fammed/improvingopioidcare/self-assessment/)
* [Kickoff survey](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/06/Kickoff-Survey.docx)
* [Six Building Blocks resources](https://depts.washington.edu/fammed/improvingopioidcare/helpful-resources/resources-for-clinics/)
* [Opioid harm stories](https://www.cdc.gov/rxawareness/stories/index.html)
* [CDC Guidelines for Prescribing Opioids for Chronic Pain](https://www.cdc.gov/drugoverdose/prescribing/guideline.html)
* [CDC training and webinars](https://www.cdc.gov/drugoverdose/training/index.html)

# Clinic-Wide Kickoff Overview

## Time

The clinic-wide Kickoff is a critical step in the implementation process. It allows everyone in the clinic to engage with the process and helps garner buy-in and good ideas. When thinking back on the process, many participants emphasize that the Kickoff was essential.

*“For this project, just to have them all in the room and talking to each other. Because there's some providers that talk to their MA's but maybe not talk to another MA. So we broke into groups, and there was just a lot of good discussions, and they asked everyone what they felt they would like to get out of the project. There were some really, really good conversations.”* – Clinic Manager

*“We presented what our plan was and where we were going with this to all the different clinics, that helped to get buy in and also it gave us a launching point so that we really could accomplish the goals that we wanted to accomplish. So I think that was the most useful part of this whole thing.”* – Clinical champion

LESSON LEARNED

1.5 hours with all clinicians and staff

## Objectives

Orient all clinic staff and clinicians to the breadth of the opioid management problem and the Six Building Blocks Program, share ideas and concerns regarding opioid management, and build enthusiasm for implementing improvements to opioid management.

## Who Should Attend

All clinicians and staff, including front desk staff and administrators.

## Agenda

*See the* [*Content Section*](#_Clinic-Wide_Kickoff_) *for details on facilitating this meeting.*

1. Overview of the evidence, guidelines, and how the Six Building Blocks Program can help
2. Why improving opioid management is important to our patients, staff, and leadership (e.g., data and stories)
3. Small group activity: baseline Self-Assessment
4. Self-assessment reflection and feedback
5. Next steps and how you can help (complete Kickoff survey)

## Prepare and Launch activities

By the end of this step, the site should have:

[ ]  Hosted a Kickoff with all clinicians and staff, during which feedback was gathered and enthusiasm generated

[ ]  Learn about existing evidence, guidelines, and regulations as a clinic

[ ]  Completed assessing baseline status of Six Building Blocks

# Clinic-Wide Kickoff Content

## Overview

The Kickoff is a critical step in the implementation process. It allows everyone in the clinic to engage with the process and helps garner buy-in and good ideas. When thinking back on the process, many participants emphasize that the Kickoff Event was essential.

## Day-of practical preparation

* Help set up the room so that it will be easy to move from chairs facing a screen to chair configurations for small group discussions.
* Put out the materials the site chose, including the Kickoff survey.
* Set up food and beverages, as desired.
* Test the laptop, projector, and screen to make sure everything is ready.

## Overview of the evidence, guidelines, and how the Six Building Blocks Program can help

Use the Kickoff slides to introduce clinicians and staff to the opioid problem, existing guidelines and regulations, and the background, purpose, and approach of the Six Building Blocks Program.

## Why is improving opioid management using the Six Building Blocks Program important?

This is the team’s opportunity to motivate the clinic and begin to build buy-in for this important work. Knowing that leadership is behind this work helps get people on-board. More important is making the mission real for people, why the program is important for patient safety and improving work life in the organization.

*“I just think [the Kickoff] really helped us cement the why and that was huge. Because if you don't get the why right, it's going to be hard to go forward. I think if I were picking a [critical] practice, you need to do it.”* – Clinician Champion

The data and stories the clinic shares are meant to tell the baseline story of the clinic to help everyone understand why the project is important and where they are starting from.

## Clinic-wide baseline Six Building Blocks assessment small group activity

The first step in beginning quality improvement change is to really get an accurate understanding of where you are now with management of patients with chronic pain. We know that depending on a person’s role or care team, they might have a different perspective than another person in the room. It is essential to get a sense of these different understandings to help inform the next steps for this project.

Give directions before you break them into smaller groups.

### Directions

* 4-5 people per group with various roles represented in each group (e.g., no group of only clinicians).
* Each group will start on a different page and finish as many as they can in 25 minutes.
* Select a scribe. That person will read the questions aloud (while others follow-along on their copies) and record answers.
* Circle the number that best reflects the organization’s current status. Answers should reflect the clinic as a whole, not your individual practice.
* There are three number options for each answer to allow you to select how far along you are within that answer. If the group cannot agree, mark both scores and make a note.
* **There are no right or wrong answers**; we just want to gather perspectives from across the clinic and across roles.
* If you finish the whole assessment, proceed with the challenges & successes discussion guide on page 8.
* Prepare to share your scores and discussion points with the other groups.

Divide the group into smaller groups and hand out the Self-Assessments to each group member, assigning the page on which each group should start (e.g., group 1 does page 1, group 2 does page 2, etc.).

During the activity, the Practice Facilitator should walk around to check on groups to see if they have any questions, need motivation moving past a question, or to encourage participation from all members if one person is dominating a group.

## Self-assessment reflection and feedback

After 25 minutes, the Practice Facilitator should facilitate a conversation about the assessment by asking groups to report on the answers from their first page of questions and asking others in the audience if they agree or disagree and why. It can be helpful to have someone circle responses and project them on the screen.

Instruct groups to turn in their scribe’s self-assessment form. You will summarize these responses after the Kickoff.

## Next steps and your role

This is a great time to introduce them to the website and point out the materials in the room they might want to grab on their way out. Let them know that the Opioid Improvement Team will be developing their first Action Plan right after the Kickoff and that they should complete and submit their Kickoff Survey to inform the team about challenges and priorities that they were not able to voice through the small group activity. If the team has any specifics of the kinds of help they will need from them in the coming weeks (e.g., putting a diagnosis code on their patients with long-term opioid therapy), let them know. If not, just let them know you look forward to working together and that they should feel free to reach out with any thoughts or questions.

## Survey

The Kickoff Survey assesses:

* Burnout
* How the management of chronic pain patients contributes to work stress
* Ideas for program implementation
* Participation in the state Prescription Database Monitoring Program
* Number of providers waivered to prescribe buprenorphine

**NEXT UP: First action plan meeting (Opioid Improvement Team)**

This is the start of the Design & Implement stage. See the Design & Implement Workbook.

*END of Prepare & Launch Stage*