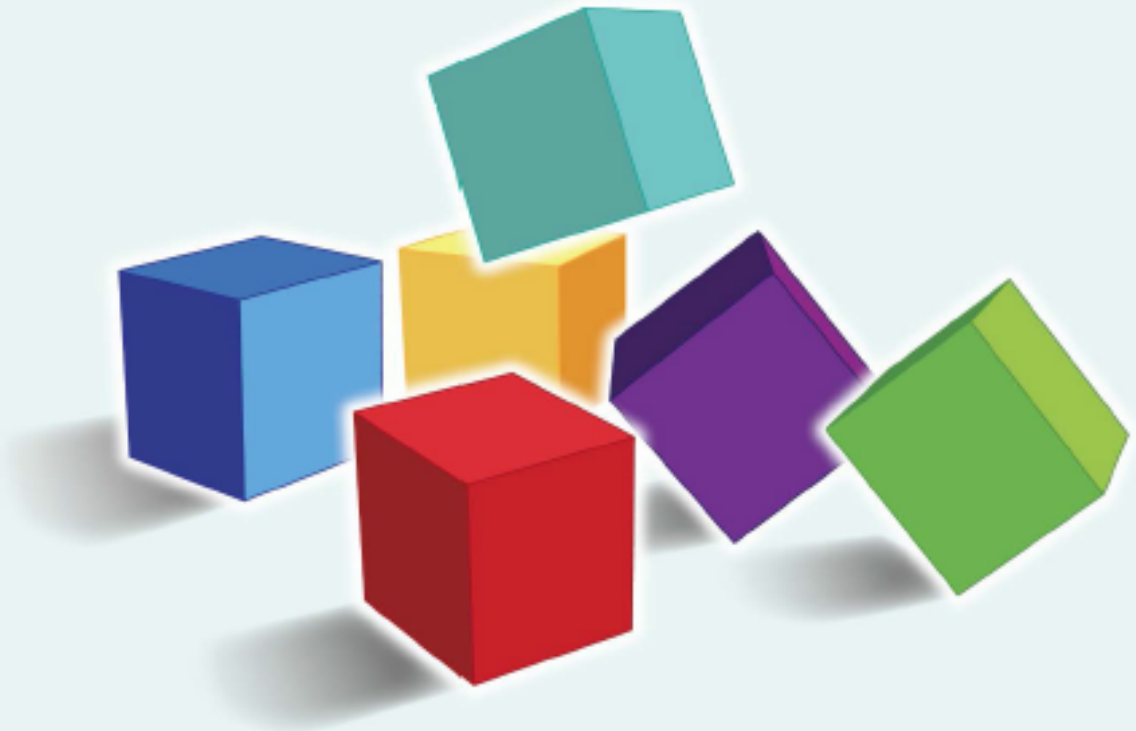
SELF-SERVICE HOW-TO GUIDE

Six Building Blocks

A Team-Based Approach to Improving Opioid Management in Primary Care



The Six Building Blocks: A Team-Based Approach to Improving Opioid Management in Primary Care
Self-Service How-To-Guide (Version 1.0)

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Disclosure

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SELF-SERVICE HOW-TO GUIDE

INTRODUCTION

Six Building Blocks

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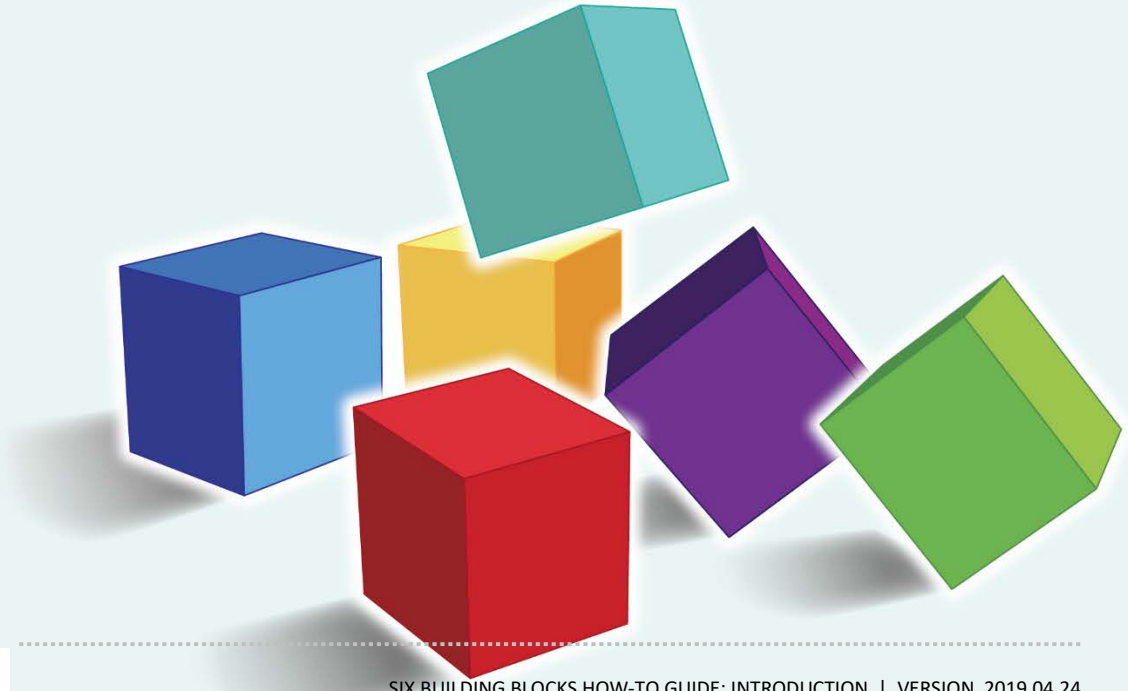

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Introduction to Six Building Blocks How-To Guide

Who can use this guide?

This step-by-step guide is designed to support clinics as they independently implement effective, guideline-driven care for their patients with chronic pain who are using opioid therapy. While anyone can use these materials to implement improvements in opioid management, it is specifically written for **quality improvement personnel** and **project managers** to use in guiding an improvement team and care teams through the Six Building Blocks implementation process. To learn more about whether an independent implementation of the Six Building Blocks is a good fit for your clinic, *see Is implementing the Six Building Blocks independently right for us?*

Throughout this document "you" refers to the quality improvement project lead.

Why is this important?

We are in the midst of an opioid crisis

The opioid epidemic is hurting our communities. Listen to people affected by opioids tell their stories.

Opioids are one of the top prescribed medications in the United States,[i] even though the evidence base for use of opioids long term is sparse,[ii] and there is evidence that alternative, nonopioid medications can be as effective as opioid medications for acute pain.[iii,iv] Primary care providers prescribe over half of all prescription opioids in the United States.[v] Improving the management of chronic pain and opioid prescribing practices in primary care is a critical element in the effort to address the opioid crisis in the United States.

Opioid management contributes to worklife stress

There is growing evidence that caring for patients with chronic pain on long-term opioid therapy contributes to stress among providers and staff in primary care settings.[vi] Providers, staff, and patients with chronic pain alike describe their interactions as challenging and frustrating.[vii-ix] Providers struggle with uncertainty and a lack of comfort and satisfaction with their ability to provide effective chronic pain management.[x,xi]

How can the Six Building Blocks program help?

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 a treatment plan that minimizes risk to patients and their providers.

The Six Building Blocks and this How-To Guide serve as an evidence-based **roadmap** or implementation blueprint to guide you in **redesigning opioid management** processes by addressing six key areas: 1) providing leadership support; 2) revising and aligning clinic policies, patient agreements, and workflows; 3) tracking and monitoring the population of patients using long-term opioid therapy; 4) engaging in planned, patient-centered visits; 5) identifying resources for complex patients; and 6) measuring success.

The Six Building Blocks derive from the approaches taken among 20 primary care clinics across the country that were identified as having exemplar, team-based clinical innovations. Kaiser Permanente of Washington Health

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Research Institute (KPWHRI) and the University of Washington tested the Six Building Blocks program in a 15-month practice facilitator guided program to help six rural-serving primary care organizations with 20 clinics improve opioid management. Following program implementation, clinics saw a significant **decrease in both the number of patients using long-term opioid therapy** and the **proportion of patients on high doses of opioids.**[xii]

In addition, **providers and staff in clinics that participated in the Six Building Blocks program reported an improvement in their worklife** after implementation.[xiii] Reported improvements to worklife included increased confidence and comfort, increased collaboration and teamwork, improved ability to respond to external administrative requests (e.g., from insurers, governmental organizations), and improved relationships with patients. These improvements contributed to an overall reported decrease in stress among providers and staff.

> "Everybody that works in this clinic says to me, 'Do you remember how much turmoil there was around it? Wow, we don't have any of that anymore." – Medical Director

So what are the Six Building Blocks?

The Six Building Blocks are six key work areas for improving care quality for patients with chronic pain using long-term opioid therapy. When implemented, the Six Building Blocks can improve the health of your patients and the worklife experience of your providers and staff. The six key work areas are described below.

LEADERSHIP AND CONSENSUS

Demonstrate leadership support and build organizationwide consensus to prioritize more selective and cautious opioid prescribing.

POLICIES, PATIENT AGREEMENTS, AND WORKFLOWS

Revise, align, and implement clinic policies, patient agreements, and workflows for healthcare team members to improve opioid prescribing and care of patients with chronic pain.

TRACKING AND MONITORING PATIENT CARE

Implement proactive population management before, during, and between clinic visits of all patients on chronic opioid therapy.

PLANNED, PATIENT-CENTERED VISITS

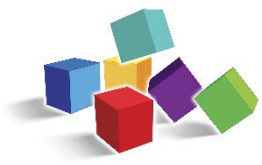
Prepare and plan for the clinic visits of all patients on chronic opioid therapy. Support patient-centered, empathic communication for care of patients on chronic opioid therapy.

CARING FOR COMPLEX PATIENTS

Develop policies and resources to ensure that patients who develop opioid use disorder and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the care setting or by outside referral.

MEASURING SUCCESS

Continuously monitor progress and improve with experience.



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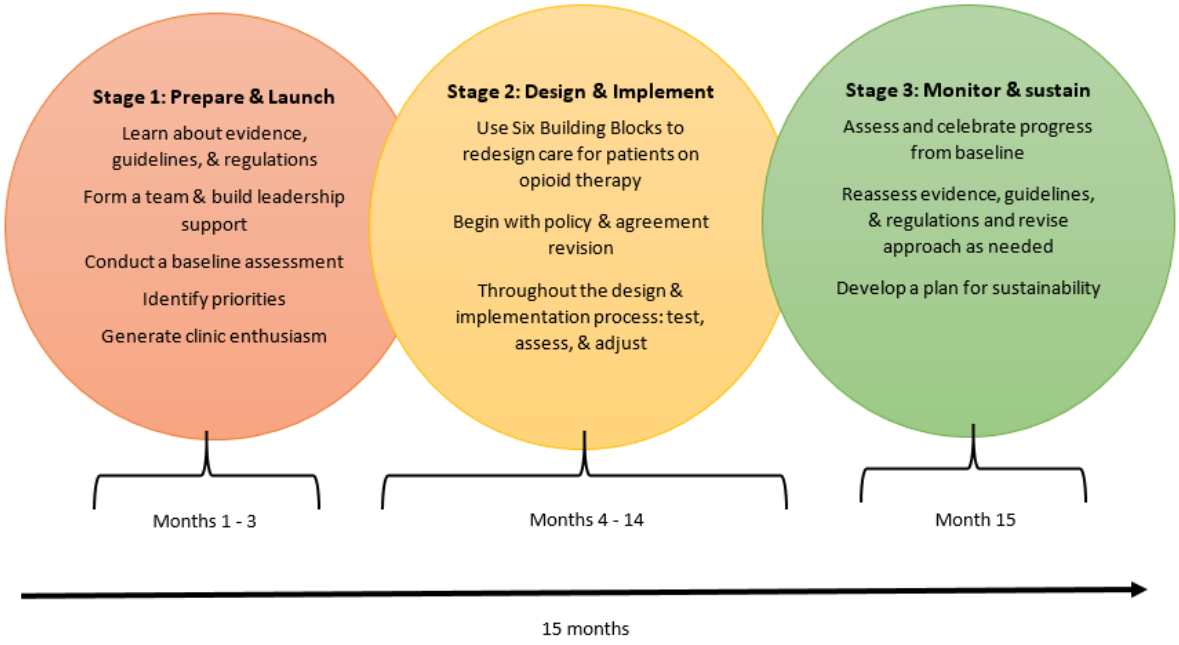
What will you find in this How-To Guide?

The University of Washington, KPWHRI, and Abt Associates collaborated to create this guide to help quality improvement personnel or project managers in clinics lead a team in making opioid management improvements without external support. The How-To Guide offers step-by-step instructions and resources to walk the quality improvement lead through the three stages of implementation. As outlined in the diagram below, implementation of the Six Building Blocks occurs in three stages over approximately 15 months: 1) Prepare and Launch, 2) Design and Implement, 3) Monitor and Sustain. There is a guide for each implementation stage.



Is implementing the Six Building Blocks independently right for us?

Is our organization ready for change?

- Have we identified opioids as an area of concern and prioritized it as an area of focus?
- On a scale of 1 to 10, how big of a priority is improving opioid management? Why? What are the competing demands?
- Is organization leadership supportive of making systems-based improvements to the management of chronic pain and opioid prescribing? Are care teams supportive?
- Do we have any major changes happening in the coming 15 months that may affect our ability to commit to the Six Building Blocks program?

Do we have engaged leadership with time for the work?

- Do we have committed providers and staff (e.g., medical assistants, nurses, social workers, behavioral health specialists, pharmacists, and/or other staff who are willing to engage in and champion the project (general time needed: 2-4 hours per month)?

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Do we have the capacity to track and measure data?

- Do staff have dedicated time to work on data collection and monitoring (time needed dependent on type of system and resources)?
- Will we be able to identify which patients are using long-term opioid therapy?
- Do we have a way to look at opioid prescribing data by clinic, by provider, and/or by patient (e.g., querying the EHR, creating discrete fields in the EHR, using software that interacts with the EHR, creating an external Excel spreadsheet and providing staff time to maintain it)?
- Of the top 10 health IT/data reporting priorities we have, where does this project fit?

Do we empanel patients?

- Are we willing to assign each patient using long-term opioid therapy to one care team for his or her chronic pain care and opioid medication management?

Do we have quality improvement experience?

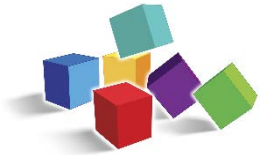
- Do we have quality improvement experience (e.g., Lean, Model for Improvement)?
- Do we have a staff member with quality improvement skills and experience who is interested in and available to lead this process improvement project (general time needed: 2-8 hours per month)?
- Are we willing to provide time for a staff member to gain quality improvement skills if we do not have anyone with experience? For instance, take the online quality improvement introductory courses available at the Institute for Healthcare Improvement?
- Do we have a clinician who is passionate about improving the care of patients with chronic pain using long-term opioid therapy and who has time to champion the work?

Do we use team-based care?

- Are we willing to engage the whole care team (e.g., providers, nurses, MAs) in taking care of patients using long-term opioid therapy?

Ready to start?

If this program sounds like it might be right for your organization, gather together the appropriate leadership to approve your taking on this program (e.g., your Medical Director) and those who will likely be involved in implementing the changes (e.g., quality improvement personnel, clinic manager, clinician champion, behavioral health provider, pharmacist, data manager). Convene a *Leadership Commitment Meeting* in order to formally determine if and when you want to begin implementing improvements to opioid management using the Six Building Blocks How-To Guide. Details on the content of the Leadership Commitment Meeting follow.



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Leadership Commitment Meeting

Time

1 hour

Objectives

During this meeting, you will introduce the Six Building Blocks Program to your organization's leadership and key staff to determine if they will commit to implementing improvements to opioid management using the How-To Guide. If they do, introduce next steps.

Who Should Attend

- Person who will lead the quality improvement work (QI Lead)
- Medical Director and other leadership, as appropriate
- Potential clinician champion
- Clinic manager
- Other key staff, as desired (e.g., behavioral health provider, pharmacist, data manager)

Helpful Website Resources

The following resources can be found at www.improvingopioidcare.org.

- Commitment Presentation to use in introducing the program to your organization's leadership
- Article about the development of the Six Building Blocks for distribution to the leadership and staff

Agenda

Use the *Commitment Presentation* to cover the following topics:

1. Why is this work important?
2. What are the Six Building Blocks?
3. What do we need to be successful?
4. Are we ready to commit?
5. Next steps.

If after this meeting your organization is ready to commit and begin the work, then take a look at the Stage 1: Prepare and Launch Guide to introduce and assign work to be done.

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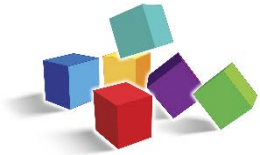
Acronyms

The following acronyms are used in this Guide.

- **Agreement**: refers to a Patient Agreement/Patient Contract
- **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
- **QI lead**: quality improvement lead for implementing opioid management improvements using the Six Building Blocks at your organization; one of the key roles on the opioid improvement team and the person this How-To Guide is primarily directed toward. This could be a person who does not have "QI" in his or her title or job description but wants help addressing opioid overprescribing in his or her setting.
- **VA**: Department of Veterans Affairs
- **WA AMDG MED calculator:** Washington State Agency Medical Director's Group morphine equivalent dose (MED) calculator, which takes into account methadone's exponential MED increases



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Endnotes

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