Six Building Blocks Self-Assessment

The Six Building Blocks Self-Assessment is a good starting place for identifying and reflecting on where there are opportunities for improvement in your clinic's chronic pain and opioid management work. The purpose of the self-assessment is to offer you a big-picture view of what is currently happening within your organization. It also is a practical way to dig into the Six Building Blocks concepts.

Instructions: Review each question and circle the answer that best reflects your organization's current status. There are three number options for each answer to allow you to select how far along you are. The higher the number, the further along you are in that domain.

Leadership & consensus

Demonstrate leadership support and build organization-wide consensus to prioritize more selective and cautious opioid prescribing.

Leadership prioritizes the work	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
1. The commitment of leadership in this clinic to improving management of patients on long-term opioid therapy…	…is not visible or communicated.	…is rarely visible, and communication about use of opioids for patients with chronic pain is ad hoc and informal.	…is sometimes visible and communication about patients on long-term opioid therapy is occasionally discussed in meetings.	…is communicated consistently as an important element of meetings, case conferences, emails, internal communications, and celebrations of success.
Shared vision	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
2. A shared vision for safer and more cautious opioid prescribing…	…has not been formally considered or discussed by clinicians and staff.	…has been discussed, and preliminary conversations regarding a clinic-wide opioid prescribing standard have begun.	…has been partially achieved, but consensus regarding a clinic-wide opioid prescribing standard has not yet been reached.	…has been fully achieved. Clinicians and staff consistently follow prescribing standards and practices.
Responsibilities assigned	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
3. Responsibilities for practice change related to patients on long-term opioid therapy…	…have not been assigned to designated leaders.	…have been assigned to leaders, but no resources have been committed.	…have been assigned to leaders with dedicated resources, but more support is needed.	…have been assigned. Dedicated resources support protected time to meet and engage in practice change.

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Policies, patient agreements, & workflows

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

Policy development/revision	1 2 3	4 5 6	7 8 9	10 11 12
4. Comprehensive policies* regarding long-term opioid therapy that reflect evidence-based guidelines, such as the CDC Guideline for Prescribing Opioids for Chronic Pain or state-based opioid prescribing guidelines…	…do not exist.	…exist, but have not been recently revised and updated.	…exist, have been recently updated, but are still lacking essential components.	…exist, and have been recently updated to reflect recent evidence-based guidelines, and are comprehensive.
Policy implementation	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
5. Policies regarding long-term opioid therapy…	…have not been distributed to clinicians and staff.	…have been distributed to clinicians and staff, but have not been discussed.	…have been distributed, have been discussed with all clinic staff and clinicians, but are not consistently followed.	…have been distributed, have been discussed with all clinic staff and clinicians, and are consistently followed.
Patient agreements	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
6. Formal signed patient agreements regarding long-term opioid therapy…	…do not exist.	…exist, but do not align with current clinic policies and/or are not consistently used	…exist, align with current clinic policies, but are not consistently used.	…exist, align with current policies, and are consistently used with all patients on chronic opioid therapy.
Workflows	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
7. Clinic workflows for managing patients on long-term opioid therapy…	…do not exist.	…exist, but do not support current clinic policies.	…exist, support current clinic policies, but are not fully implemented.	…exist, support current clinic policies, and are fully implemented

*Examples of areas that a comprehensive policy might address include:

- Prescribing opioids for acute pain (CDC #6, #7)
- Duration and dose of opioids for chronic pain (CDC #4, #5, #8)
- Use of non-opioid and non-pharmacological therapies (CDC #1)
- Co-prescribing of opioids and benzodiazepines (CDC #11)
- Urine drug screening (CDC #10)
- Monitoring of state controlled substances database (CDC #9)
- Patient agreements (CDC #2)
- Patient education (CDC #2, #3)
- Tapering of opioids (CDC #5, #7)
- Use of naloxone (CDC #8)
- Use of buprenorphine (CDC #12)
- Use of methadone (CDC #4, #7)

Tracking & monitoring patient care

Implement pro-active population management before, during, and between clinic visits of all patients on long-term opioid therapy.

Tracking & monitoring of patients prescribed long-term opioids	1 2 3	4 5 6	7 8 9	10 11 12
8. Use of a system to pro-actively track & monitor patients prescribed long-term opioids to ensure their safety…	…has not been explored or is not possible with existing data systems.	…is technically possible, but systems to get useful reports are not yet in place.	…is possible and systems are in place to produce basic reports on a regular basis.	…is possible, systems are in place, and reports are produced that allow for tracking of patient care and monitoring of clinician practices.
Tracking & monitoring data collection workflows established	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
9. Workflows to enter data into the tracking & monitoring system…	…have not been developed.	…are in development, but not established.	…are established, but aren't consistently implemented.	…are established and consistently implemented. Responsibilities are assigned and protected time is available to complete assigned responsibilities.
Tracking & monitoring data use workflows established	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
10. Workflows to use data to track patient care and monitor clinician practices…	…have not been developed.	…are in development, but not established.	…are established, but aren't consistently implemented.	…are established and consistently implemented. Responsibilities are assigned and protected time is available to complete assigned responsibilities.

Planned, patient-centered visits

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

Planned opioid patient visits	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
11. Before routine clinic visits, patients on long-term opioid therapy…	…are not identified. There is no advance preparation for patient visits for long-term opioid therapy.	…are sometimes identified, but there is no discussion or advance preparation for visits with patients prescribed long-term opioids.	…are identified, and a discussion or chart review to prepare for the visit sometimes occurs.	…are consistently identified and discussed before the visit. The chart is reviewed and preparations made to address safe opioid use.
Empathic communication	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
12. Training on patient-centered, empathic communication emphasizing patient safety, e.g., risks, dose escalation, and to tapering…	…has not been offered to clinicians and staff.	…has been offered to clinicians and staff, but there was limited participation.	…has been offered and the majority of clinicians and staff participated.	…is consistently offered with widespread, regular participation.
Patient involvement	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
13. Training on how to involve patients on long-term opioid therapy in decision-making, setting goals for improvement, and providing support for self-management…	…has not been offered to clinicians and staff.	…has been offered to clinicians and staff, but there was limited participation.	…has been offered and the majority of clinicians and staff participated.	…is consistently offered with widespread, regular participation.
Care plans	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
14. Chronic pain care plan* templates for chronic pain management…	…do not exist.	…exist, but do not align with current clinic policies and/or are not consistently used	…exist, align with current clinic policies, but are not consistently used.	…exist, align with current policies, and are consistently used.
Patient education	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
15. Patient education materials that include explanation of the risks, and limited benefits of long-term opioid use…	…do not exist.	…exist, but strategies to disseminate to patients do not exist.	…exist and dissemination strategies exist, but the strategies have not been fully implemented.	…exist, dissemination strategies exist, and the strategies have been fully implemented.

* A chronic pain care plan is a tailored set of written steps and key information that a provider and patient agree will be used to manage the patient's pain. It can include: goals (e.g., functional activities), current or planned treatments (e.g., physical activity prescription, medications), and a timeframe for reevaluation (e.g., follow-up in 3 months).

Caring for patients with complex needs

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 primary care setting or by outside referral.

Identifying patients with complex needs	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
16. Policies, clinic-selected screening tools, and workflows to identify opioid misuse, diversion, addiction, and to recognize mental/behavioral health needs…	…do not exist.	…partially exist.	…exist, but are only partially implemented.	…exist and are consistently implemented.
Opioid use disorder resources	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
17. Opioid use disorder treatment…	…is difficult to obtain reliably.	…exists but isn't timely or convenient.	…is available and is usually timely and convenient.	…is readily onsite or available from an organization that has a referral protocol or agreement with our practice setting.
Opioid use disorder training	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
18. Training on diagnosing opioid use disorder…	…has not been offered to clinicians.	…has been offered to clinicians, but there was limited participation.	…has been offered and the majority of clinicians participated.	…is consistently offered with widespread, regular participation.
Behavioral health resources	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
19. Mental/behavioral health services…	…are difficult to obtain reliably.	…are available from behavioral health specialists but aren't timely or convenient.	…are available from behavioral health specialists and are usually timely and convenient.	…are readily available from behavioral health specialists who are onsite or who work in an organization that has a referral protocol or agreement with our practice setting.
Stigma training	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
20. Training on addressing stigma surrounding opioid use disorder and mental/behavioral health needs…	…has not been offered to clinicians and staff.	…has been offered to clinicians and staff, but there was limited participation.	…has been offered and the majority of clinicians and staff participated.	…is consistently offered with widespread, regular participation.

Measuring Success

Continuously monitor progress and improve with experience.

Monitoring progress	1 2 3	4 5 6	7 8 9	10 11 12
21. A system to measure and monitor progress in opioid therapy practice change…	…does not exist.	…exists, including overall tracking goals, but regular tracking reports on specific objectives have not been produced.	…is used to produce regular tracking reports on specific objectives. Leadership reviews are done occasionally, but not on a formal schedule.	…has been fully implemented to measure and track progress on specific objectives. Leadership reviews progress reports regularly and adjustments and improvements are implemented.
Assessing and modifying	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
22. Adjustments to achieve safer opioid prescribing based on monitoring data…	…are not being made.	…are occasionally made, but are limited in scope and consistency.	…are often made and are usually timely.	…are consistently made and are integrated in overall quality improvement strategies.