



Leadership and Consensus: Resources and Tips

Introduction

This document offers resources and tips for achieving the milestones in the Leadership and Consensus Building Block. It also reviews approaches to overcoming common challenges.

Overview

Leadership plays an important role by both prioritizing the work and creating opportunities for conversations among clinicians and staff to reach a shared understanding of how patients on long-term opioid therapy are managed. Leaders help set clinic-wide performance goals and help clinicians and staff understand their roles and responsibilities with patients on long-term opioid therapy.

Summary of Milestones, Resources, and Common Challenges

Milestones	Relevant resources
Protected time for opioid improvement team to meet and work	<u>Building an opioid improvement team</u>
Regularly emphasize project importance and solicitation of feedback during staff & clinician meetings	<u>Opioid harm stories</u> <u>Motivating slow to adopt providers</u> <u>Levers of motivation guide</u> <u>Elevator speech on the Six Building Blocks</u>
Clinical education opportunities offered to staff and clinicians, including on the science of chronic pain	<u>University of Washington TelePain resources</u> <u>CDC training and webinars</u> <u>OPMC CME Pain Management Course</u> <u>Compilation of clinical educational opportunities</u> <u>Oregon Pain Guidance Online Courses</u>
Common Challenges	
Our Opioid improvement team/clinicians/staff/leadership are struggling to complete assigned tasks	
We are not sure how to encourage and help staff/clinicians get on board with the changes	
We have not been able to build consensus among clinicians on a specific issue	



Tips for Accomplishing Each Milestone

Protected Time for Opioid Improvement Team to Meet and Work

- The opioid improvement team should have a standing monthly meeting to work.
- If your opioid improvement team is large, consider forming a smaller core working group.
- Members of the larger team can be a part of subcommittees that take on specific assigned action items and provide input (e.g., as a representative for the Medical Assistant perspective).
- The larger team can meet less frequently (e.g., quarterly) to review reports on success (e.g., MED levels and co-prescribing statistics across the practice) and identify next steps (e.g., if further investigation or additional tests of change are needed).

Regular Emphasis of Project Importance and Solicitation of Feedback during Staff and Clinician Meetings

- Ask the clinical champion to keep the project on the mind of staff and clinicians by discussing it in meetings and informal one-on-one conversations.
- Make it a standing agenda item and provide updates at weekly & monthly staff meetings.
- Identify specific patients with early successes and share stories with clinicians and teams. Stories are important buy-in motivators.
- Offer opportunities for clinicians to share and discuss difficult cases at meetings.
- Consider doing peer chart reviews of patients using long-term opioid therapy.
- Transparently share measures of success with clinicians and staff.
- Obtain and respond to feedback from staff and clinicians about the Six Building Blocks efforts.
- Post data in a hallway or other commonly used area (e.g., a thermometer that tracks progress toward a success measure).
- Make clinic-wide goals fun (e.g., a prize for the first care team to accurately apply the appropriate diagnosis code to their patients using long-term opioid therapy)

Clinical Education Opportunities Offered to Staff and Clinicians, Including on the Science of Chronic Pain

- Start the opioid management improvement work by offering training on the science of chronic pain and chronic pain treatment to clinicians and staff. This could be a short video, such as *Tame the Beast*, or a training, such as the *Oregon Pain Management Commission Pain Management Course*.
- Identify a simple clinical education opportunity on chronic pain and opioid management to offer to your staff and clinicians. For example, *University of Washington TelePain* has a weekly webinar series.
- Advertise educational opportunities to care teams.



- If it is a regular virtual opportunity, like the weekly University of Washington TelePain series, then it can be helpful to assign someone to reserve a room and get the technology in place for anyone in the clinic to drop in and participate.
- Review other available clinical education opportunities, including any available through your organization, the [CDC](#), or local universities. For example, in one clinic a member of the team had the skills to train staff in Motivational Interviewing. That clinic invited that provider to three of their staff “Lunch and Learn” sessions to conduct the trainings.
- If possible, identify opportunities relevant for different learning styles and different time availabilities.
- Sometimes webinar series record the webinars or publish the slides. If so, assign someone to make these materials available to the clinic.
- During clinic and staff meetings you can ask if anyone wants to present on or share about learnings from these opportunities to further spread the knowledge.

Overcoming Common Challenges

Building consensus and effectively getting work done can be challenging. What follows are common challenges that clinics have reported and approaches we have seen them use to overcome these challenges.

We Are Struggling to Complete Assigned Tasks

- Try breaking up your team’s work into smaller and more specific tasks rather than assigning large projects. Use shorter deadlines rather than deadlines scheduled far out.
- Start with tasks that interest the key individuals.
- Remember that you can engage clinicians and staff outside of the team to help complete tasks, which has the added benefit of encouraging ownership and buy-in of changes beyond the opioid improvement team.
- Try to work on doable, key tasks during meetings. For example, clearly highlight potential policy changes and discuss and edit during medical staff meetings.

LESSON LEARNED

Remember to include staff in the clinical education opportunities you provide. Staff report a growing empathy for patients and sense of pride in their work after participating in educational opportunities.

“People don’t start out [as] addicts, it evolves into that. And that’s what I learned from attending the webinars, from talking to people, from listening to the providers and their insight. So, it was a huge learning experience for me, and I hear the medical assistants and the LPNs say the same thing. It’s like my gosh, these are people – these are people with problems, you know, and they’re not the enemy. So, I think it has changed the way we look at that population.” – Staff member



We Are Not Sure How to Encourage Buy-In

- Emphasize that these changes are about reducing potential harm to patients from long-term opioid use and putting systems in place that support clinicians and staff in the practice.
- Train clinicians and staff together and in person to emphasize that caring for patients on long-term opioid therapy requires a team approach.
- Ensure that the workflow meets the needs of the practice to follow evidence-based guidelines. Teach staff how to change the workflow if it is not working for them.
- Make policies and workflows easily accessible so that clinicians and staff can reference them whenever needed. Consider storing them on a shared computer network and post them physically where clinicians and staff can see them.
- Use tracking and monitoring of data to ensure fidelity to the systems that have been tested and put in place to assure high quality care. Access to useful patient panel data (e.g., which patients are high-risk, have care gaps) helps clinicians and staff understand the utility of the new tracking and monitoring approaches.
- Have the clinical champion attend huddles to provide continued advocacy for following clinic policies and to answer questions as needed.
- As needed, assess the root cause of deviations from policies. Consider adjusting workflows and conducting refresher trainings to remind those in your clinic about the opioid management policy and workflow implementation, and to get those who have reverted to old ways back on track.
- Encourage participation in clinical training opportunities related to managing chronic pain. Regular discussion of challenging cases and education keeps clinicians and staff engaged with the topic and increases comfort in caring for patients with chronic pain.
- Identify champions/early adopters at each individual clinic location who can help encourage implementation and share success stories.

LESSON LEARNED

Stories about individual patients can be helpful in gaining and sustaining clinician and staff engagement in doing this work. It can be a story about a patient who was harmed, a patient or family member who expressed concerns about risks of opioid use, or a positive story about a patient or family member who is grateful for opioid dose reduction and improved functioning.

We Have Not Been Able to Build Consensus among Clinicians

- Invite a third party (pain expert/academic faculty/other respected external colleague) to give a short presentation and/or facilitate a discussion among clinicians, administrators, and the opioid improvement team.
- Meet after hours in more of a social setting to hold a discussion on issues for which your clinic is trying to build consensus.
- Focus on evidence about patient harm from long term opioid use to drive consensus-building.



- In some cases, it is more efficient to be prescriptive on specific aspects of the policy rather than leaving each decision up for debate among clinicians, especially if these segments of the policy can be supported by state regulations (e.g., states that have specific requirements for patients on higher dosages to be regularly assessed or referred to specialists). For critical issues, add core measures to performance appraisals and intervene as necessary.
- Be sure to use data to help providers see the need for change. Deeper analyses of patient panels will help to gain buy-in.

