Measuring Success

Introduction

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

Overview

Teams need to see that the changes they are asked to implement are having the desired effect. Selecting a set of one or more measures to track over time, and providing that information to the entire clinic team at the local level is crucial to improving and sustaining the work. Examples might include proportion of patients with a signed updated patient agreement or proportion of patients using high-dose opioids. Set an aim for improvement over a set time period and provide clinicians and staff with frequent updates on progress. Finally, make reporting of these measures a standing agenda item at monthly staff meetings, clinic huddles etc.

Summary of Milestones, Resources, and Common Challenges

Milestones	Relevant resources
Success measures identified	*Measuring success metrics* *Six Building Blocks milestones* *CDC QI metrics* *DIY Run chart* *Measuring outcomes survey*
Success measure regularly reviewed and reported at the clinician level	*Purposes of tracking and monitoring* *Chronic pain management teams*

Common Challenges
We do not have the infrastructure to pull EHR-based reports on patients using long-term opioid therapy.
We do not know enough about our patient population to set a goal.

Tips for Accomplishing Each Milestone

Success Measure Identified

- Do not let perfection get in the way of selecting a measure and sharing it with your clinic. The purpose is to be able to see your progress for any measurable aim that is important to your clinic. Start small and grow as your capacity to measure grows.
- See the resource Measuring Success Metrics for ideas about how to select measures.

Success Measure Regularly Reviewed and Reported at the Clinician Level

- Consider creating a Chronic Pain Management Team to monitor and respond to tracking and monitoring data. Refer to the *Chronic Pain Management Teams* resource for more information.
- Think through:
  - Who will be involved in putting reports together?
  - How frequently? Often, organizations will review reports quarterly.
  - What will they do with these data?
- Refer to the example *Opioid list manager workflow* for ideas.

LESSON LEARNED

One clinic used TVs in staff areas to report quality measures overall, by team, and by clinician. This demonstrated transparency and promoted a healthy culture of competition to achieve clinic quality goals.

Overcoming Common Challenges

What follows are approaches we have seen clinics use to overcome common challenges.

We Do Not Have the Infrastructure to Pull EHR-Based Reports

- Consider approaches that clinics used before the era of electronic health records. For instance, if early refills are an area of focus for your clinic, have an MA or refill coordinator hand *tally* calls for early refills for one week each quarter.
- Pick one feasible, important measure and focus on how to gather, review, and share those data quarterly in a consistent manner. The data do not need to be perfect. You can grow your reports as your capacity increases.
- Track MED manually with each refill and track how the data changes over time.

We Do Not Know Enough about Our Patient Population to Set a Measure of Success

- Even if your team does not have much formal data about your clinic's patient population, your clinicians and staff are familiar with what is currently challenging about providing care to patients using long-term opioid therapy. Talk with clinicians and staff to identify a goal that is meaningful to your organization and that you can feasibly measure.
- Remember that this can be as simple as a hand tally of a measure important to your staff or clinicians.

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- Consider measuring clinician and staff burnout over time as an outcome of this work.
- Add population health goals once your team has established a tracking and monitoring program.