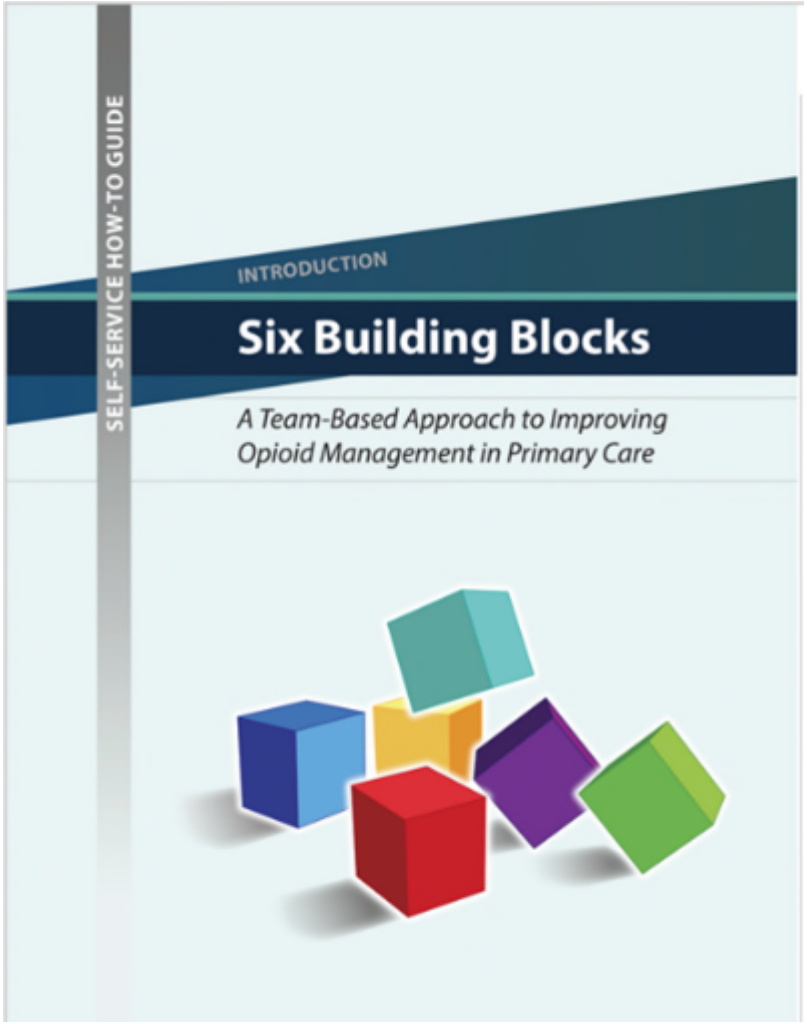
Six Building Blocks Team Approach to Improve Opioid Management in Primary Care

Site Launch Meeting

May 16, 2019



Agenda

- Welcome and Introductions
- Six Building Blocks Development, Evidence, and Approach
- *Six Building Blocks Clinic Implementation Guide*
- Common Challenges and Solutions
- Clinic Story
- Questions and Discussion

Welcome & Thank You

Welcome

- *Sarah Shoemaker-Hunt*, PhD, PharmD, Abt Associates, Project Director

Thank You

- *Deborah Perfetto*, PharmD, Agency for Healthcare Research and Quality (AHRQ), Project Officer

Study Team

Abt Associates

- *Sarah Shoemaker-Hunt*, PhD, PharmD
- *Leigh Evans*, MPH, PhD
- *Holly Swan*, PhD
- *Jaclyn Rappaport*, MPP, MBA
- *Olivia Bacon*

University of Washington

- *Laura-Mae Baldwin*, MD
- *Brooke Ike*, MPH

Kaiser Permanente Washington Health Research Institute

- *Michael Parchman*, MD, MPH

Project Overview

Aim

- AHRQ funded project to study the implementation and effectiveness of the *Six Building Blocks Clinic Implementation Guide* in primary care practices

Implementation (focus of today)

- What is the *Clinic Implementation Guide*?
  - A **self-service** guide designed to support clinics as they independently implement effective, guideline-driven care for their patients with chronic pain and using opioid therapy
- Self-service, but we can answer clarifying questions *and* we want to understand what else you needed to improve
  - Email: SixBuildingBlocks@abtassoc.com
  - Quarterly check-in calls

Project Overview

Evaluation

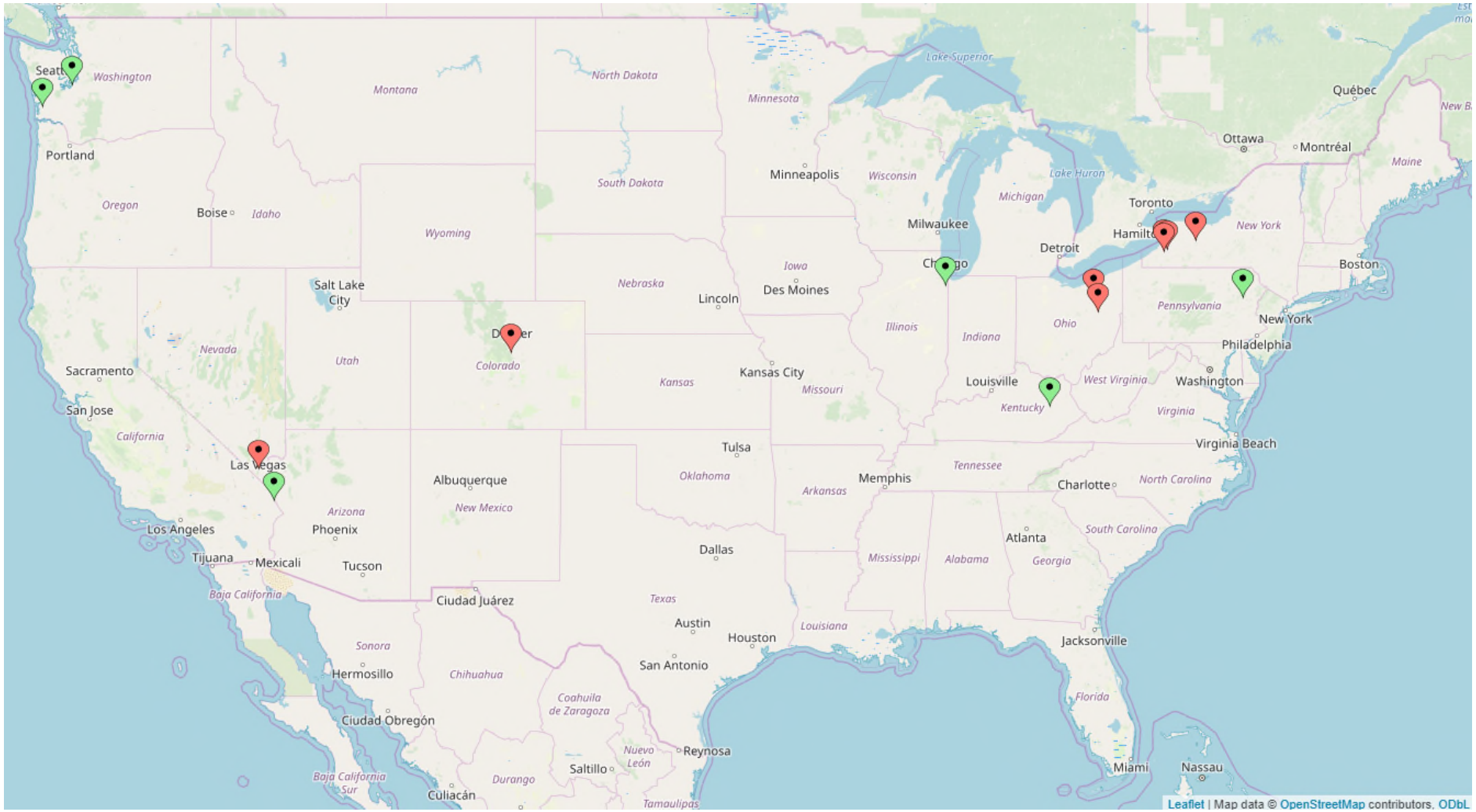
- **Interviews** with QI lead and four additional staff at several time points
- Two brief **online surveys** for clinical staff in participating practices
- Reported quality improvement (QI) **measures**
- Six Building Blocks' milestone worksheet, self-assessment, and other **documents** related to the implementation process

*Note: we will not start collecting data until late fall 2019.

Participating Practices

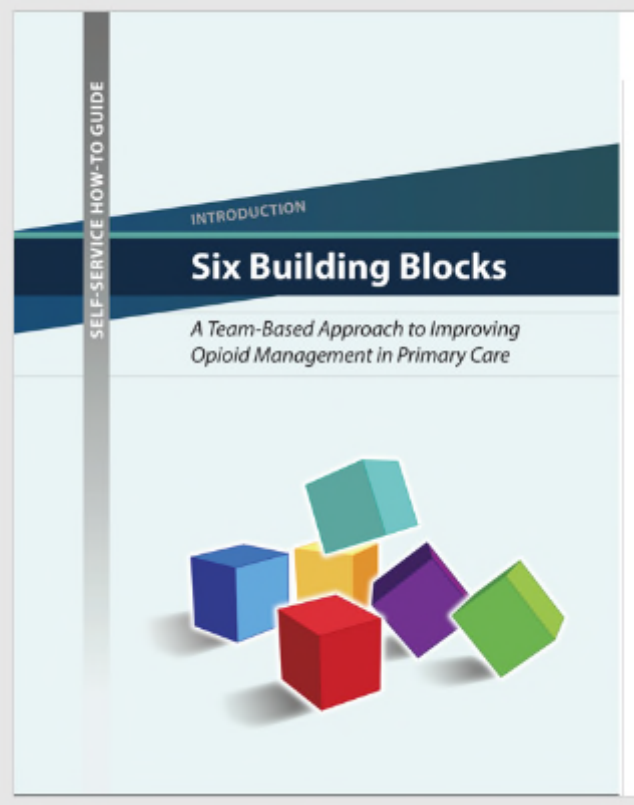
- Recruited primary care practices across the U.S.
- 43 practices from 14 health care organizations
- 9 states represented
- Diverse range of types of practices:
  - 5 academically-affiliated
  - 4 federally-qualified health center (FQHC)
  - 4 patient-centered medical homes (PCMH)
  - 10 part of a health system or hospital affiliated
  - 4 solo/independent practices

Participating Practices



Participating Practices

- Harbor Medical Group - WA
- Highland Family Medicine - NY
- Huntridge Family Clinic - NV
- Jericho Road Community Health Center - NY
- Mile Square Health Centers - IL
- North Buffalo Medical Park - NY
- North Country Health Care - AZ
- Peninsula Community Health Services - WA
- Sheridan Medical Group - NY
- St. Claire Health Care - KY
- Summa Health System, Family Medicine Center - OH
- University Hospitals Cleveland Medical Center - OH
- Westminster Medical Clinic - CO
- The Wright Center for Graduate Medical Education - PA



The Six Building Blocks How-To Guide

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

The Six Building Blocks program has received funding from the Agency for Healthcare Research & Quality (R18HS023750), the Washington State Department of Health (Subcontract HED23124 of Cooperative U17CE002734, funded by the CDC), and the Washington State's Olympic Communities of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC, NIH, the WA State Department of Health, or the Olympic Communities of Health. The Six Building Blocks Train-the-Trainer program is funded by the National Institute on Drug Abuse (Award UG1DAO13714). This program has not been reviewed by NIDA and does not necessarily reflect the views of the Institute.

What is the Six Building Blocks program?

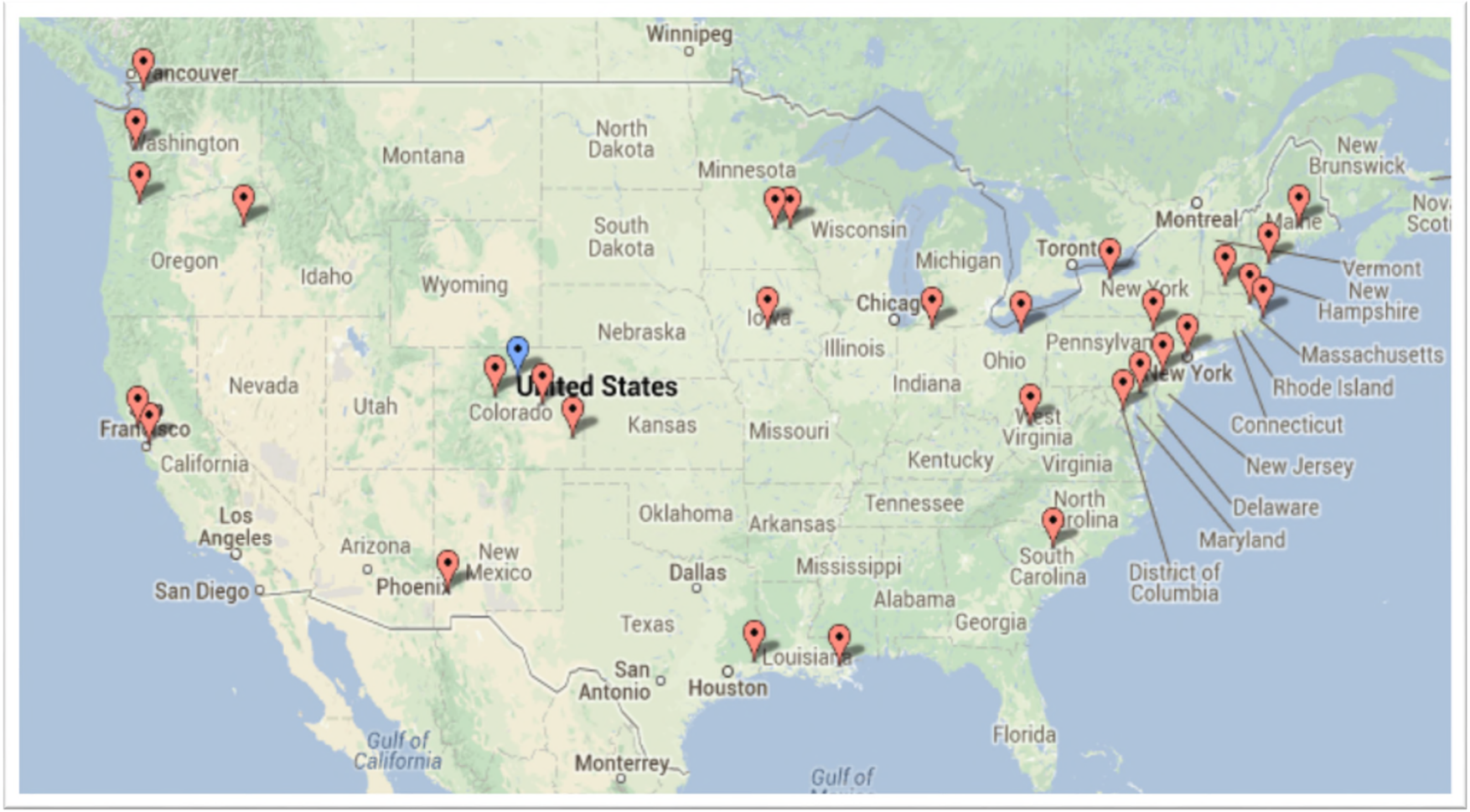
An evidence-based* **'roadmap'** or implementation blueprint to guide clinics and health care organizations in **redesigning opioid management** processes to improve care

*Parchman ML, et al. Ann Fam Med May 13, 2019

The goal of the Six Building Blocks program

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 the patients and their providers

The Six Building Blocks derived from approaches taken among **20 primary care practices** across the U.S. that were identified as having **exemplar, team-based clinical innovations**.



Learnings from these practices were organized into the Six Building Blocks for Improved Opioid Management and **published in the Journal of American Board of Family Medicine** in February 2017

JABFM

JOURNAL OF THE AMERICAN BOARD OF FAMILY MEDICINE

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Primary Care Clinic Re-Design for Prescription Opioid Management

Michael L. Parchman, MD, MPH, Michael Von Korff, PhD, Laura-Mae Baldwin, MD, Mark Stephens, BS, Brooke Ike, MPH, DeAnn Cromp, MPH, Clarissa Hsu, PhD and Ed H. Wagner, MD, MPH

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http://www.jabfm.org/content/30/1/44.full#abstract-1

The Six Building Blocks

Leadership and consensus

Demonstrate leadership support and build organization-wide 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 health care 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 long-term opioid therapy.

The Six Building Blocks

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.

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.

The Six Building Blocks program has been tested in primary care

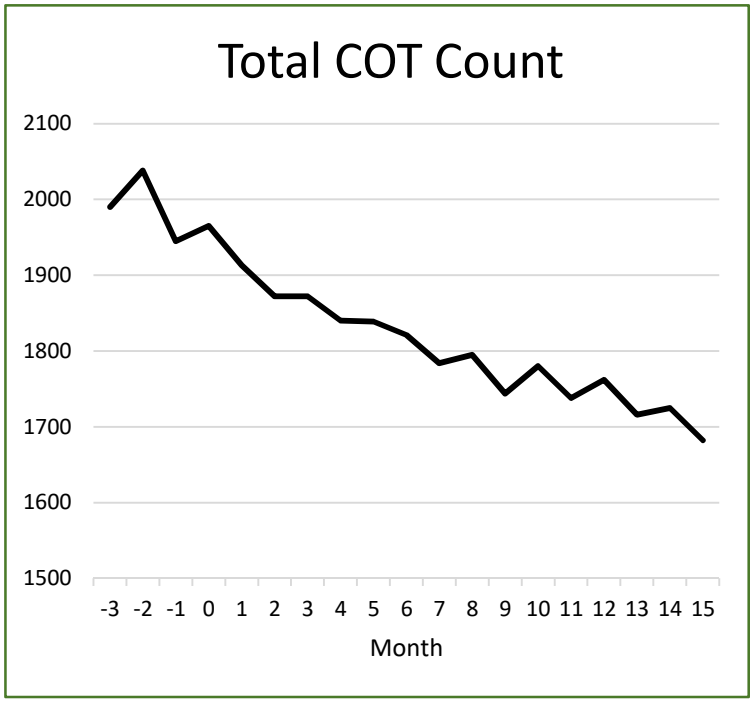
A research project in 20 rural and rural-serving clinics in Eastern Washington and Central Idaho

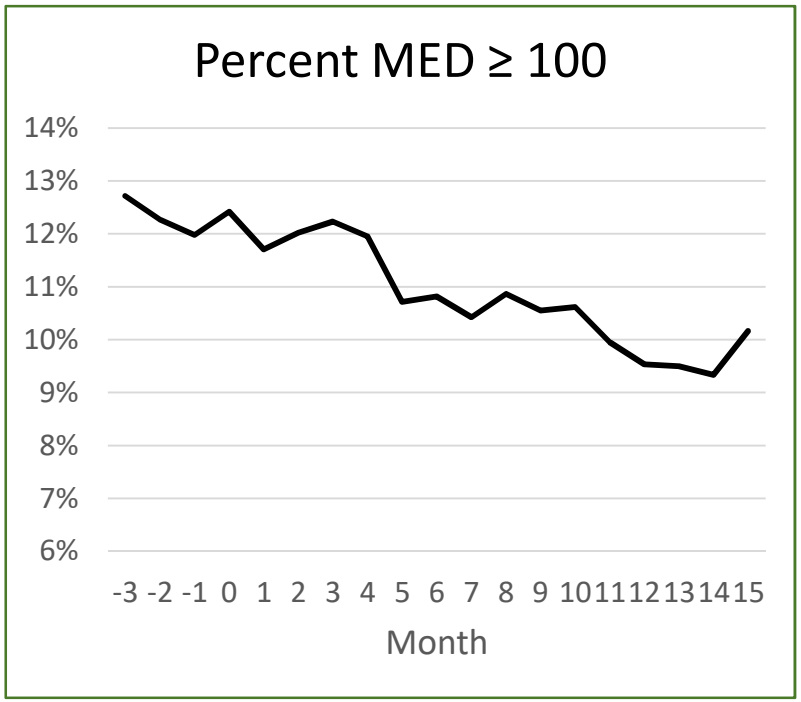
Provided coached support for 15 months to implement the Six Building Blocks:

- Creation of an opioid quality improvement team at each site
- Team-building Kickoff Event where clinic providers and staff completed a self-assessment of the Six Building Blocks
- Coaching from an external practice coach on implementing best practices for opioid prescribing – quarterly action planning
- Monthly Shared Learning Calls with other participating clinics
- Monthly UW TelePain participation

Outcomes from the Six Building Blocks Program

The number of patients using long term opioid therapy and the proportion on high dose opioids decreased after implementing the Six Building Blocks





What one clinician said about how he felt after his clinic implemented improvements to opioid management using the Six Building Blocks:

"Having a defined care pathway for an emotionally charged and complex area of care - to walk in with a plan. It's like walking into the ER and someone having a cardiac arrest. Not the most stressful thing I do because we have a clear plan. Now I have the same kind of pathway for opioids. Having what we are going to do defined."

What clinic staff and providers have said about working in the clinic after implementing the Six Building Blocks:

"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

"Hopefully there's no going back. It works. I don't think any one of us wants to go back."

Medical Assistant

"The teamwork, there's been a lot of teamwork regarding it. I wouldn't say that was a surprise, but it's been nice."

Nurse

"I saw one of the high MED patients that I inherited… we got him down to 80... just for him to say, 'You know, I'm more functional — my pain is not different, might be better."

Physician

After implementing the Six Building Blocks, clinical teams have reported:

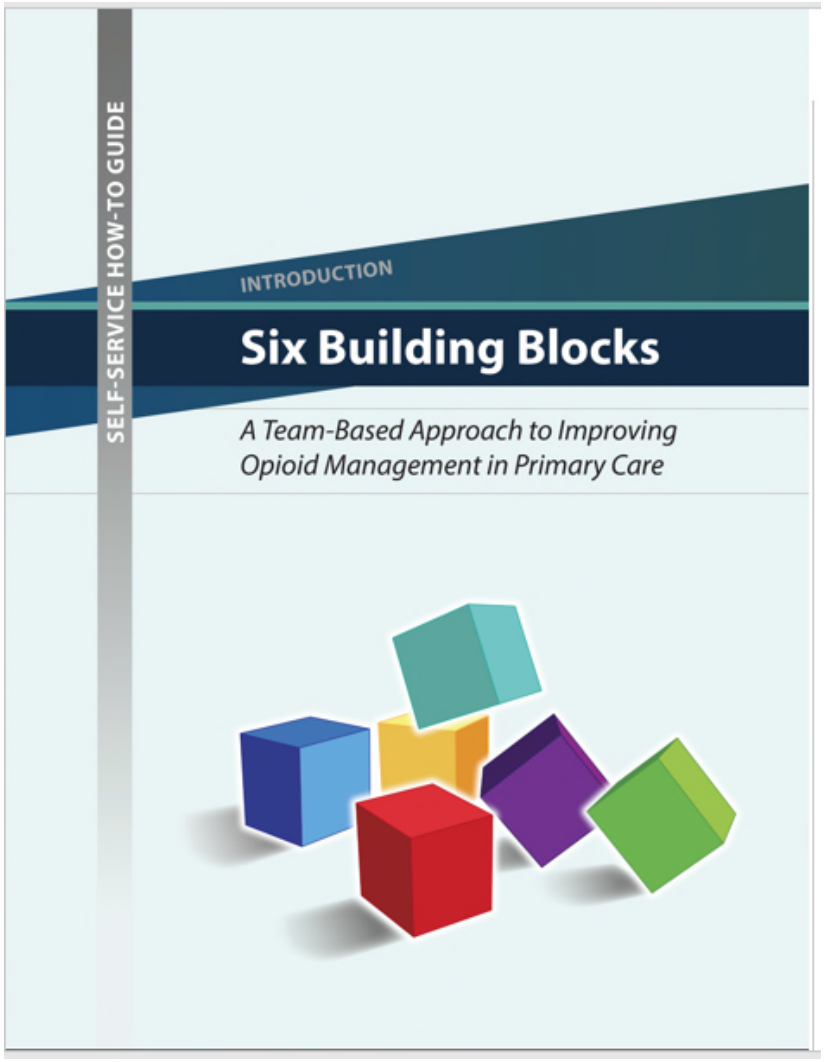
- Increased confidence and comfort in clinical practice
- Improved relationships with patients using long term opioid therapy
- Increased collaboration and teamwork
- Improved ability to respond to external administrative requests (e.g., from insurers, governmental agencies)

With these successes, we are ready to scale up and spread the Six Building Blocks program!

- We have brought the best practices and learnings from clinics that have implemented the Six Building Blocks into a self-service guide

- With an effective self-service guide, any clinic has the opportunity to implement the Six Building Blocks.

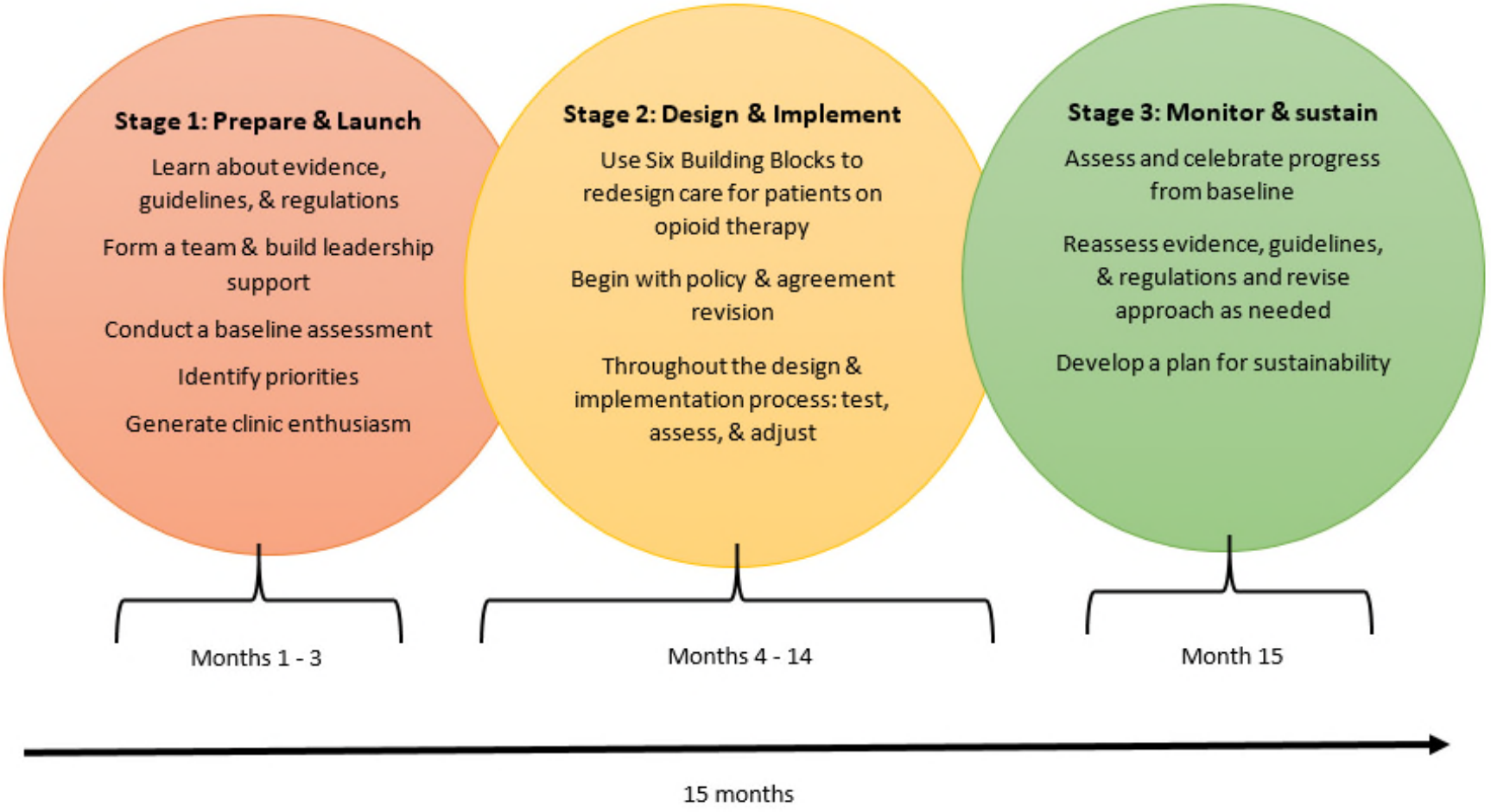
Questions?



The Six Building Blocks:

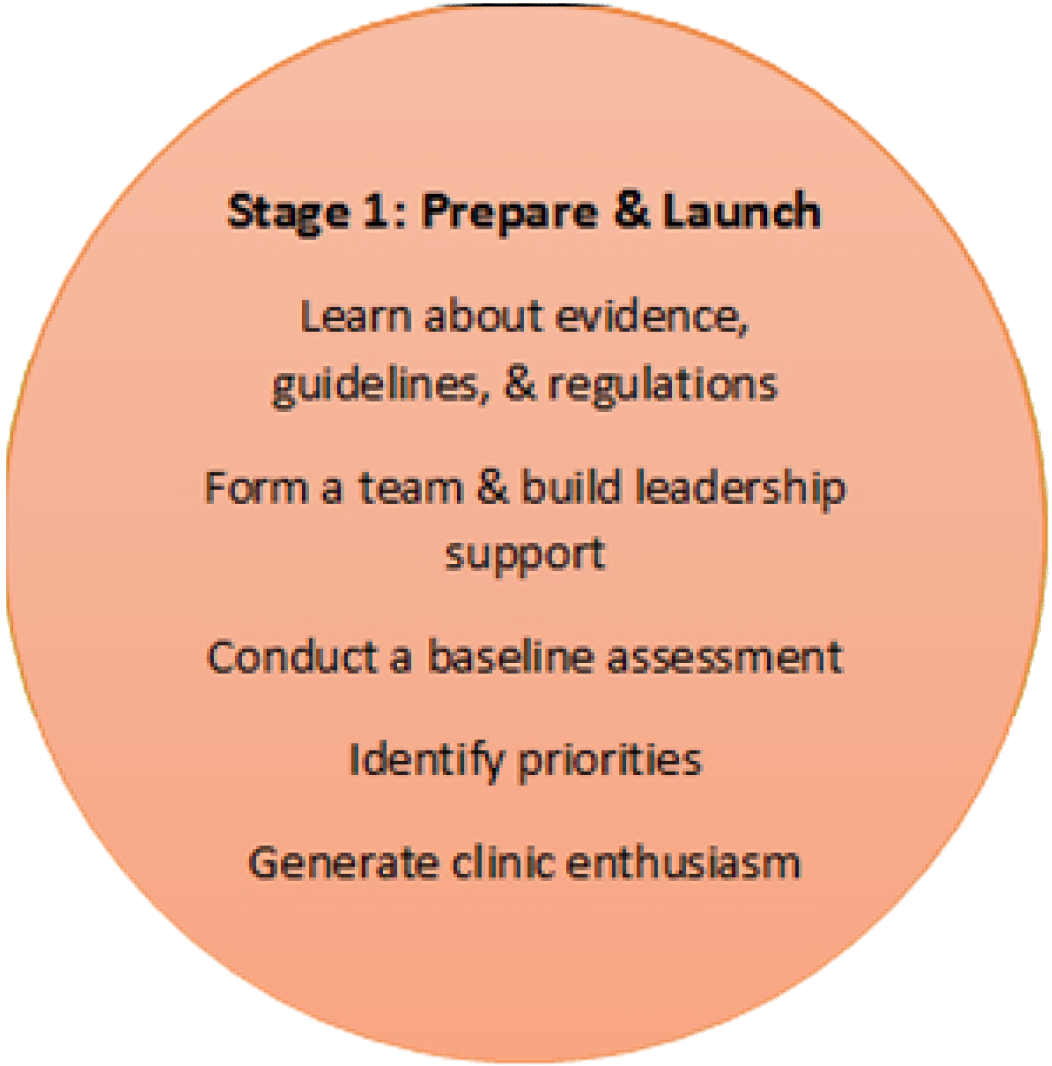
A guide to making improvements to opioid management

Stages of Six Building Blocks Implementation



Stage 1: Prepare & Launch

Purpose



Stage 1: Prepare & Launch

Organization of Guide

For the **preparatory work** we outline:

- ✓ What's going on in this step?
- ✓ How to do it
- ✓ Helpful resources
- ✓ Milestone aims

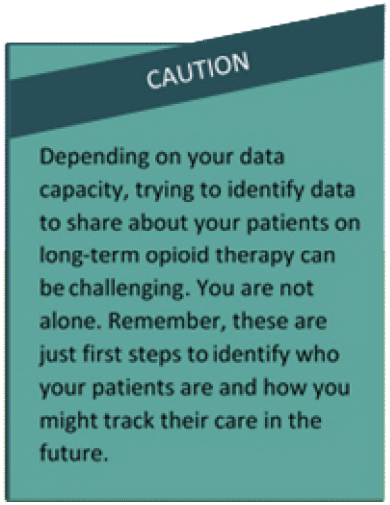
For each **meeting** we outline:

- ✓ Time
- ✓ Objectives
- ✓ Who should attend
- ✓ Helpful resources
- ✓ Agenda outline and details
- ✓ Milestone aims

Stage 1: Prepare & Launch

Tips

- ✓ Opioid improvement team
- ✓ Self-assessment
- ✓ Data
- ✓ Kickoff



Look for the callout boxes!

Don’t forget the hyperlinked resources!

Stage 1: Prepare & Launch

Questions?

Stage 2: Design & Implement

Purpose

Stage 2: Design & Implement

Organization of the guide

- ✓ Overview
- ✓ First Action Plan meeting guide
- ✓ Future opioid improvement team meetings guide
- ✓ Tips on how to achieve milestones and overcome common obstacles
- ✓ Action plan templates and an example

Overview

Leadership & Consensus
• Clinical champion and team continually provide visible leadership
• Solicit and respond to feedback
Policies, Agreements, Workflows
• Revise and align policies and agreement
• Redesign workflows to support policies
Tracking & Monitoring
• Develop tracking systems
• Track patient care
Planned, Patient-Centered Visits
• Train on and implement workflows
• Develop patient outreach & education
Caring for Complex Patients
• Implement assessment tools
• Identify and connect to resources for complex patients
Measuring Success
• Identify milestones & success metric
• Measure success & continue improvements
Redesigned Care for Patients using LtOT

First action plan meeting

Objectives

- ✓Reflect on what you learned
- ✓Decide on measures of success
- ✓Identify milestones
- ✓Develop an action plan

First action plan meeting

Objectives

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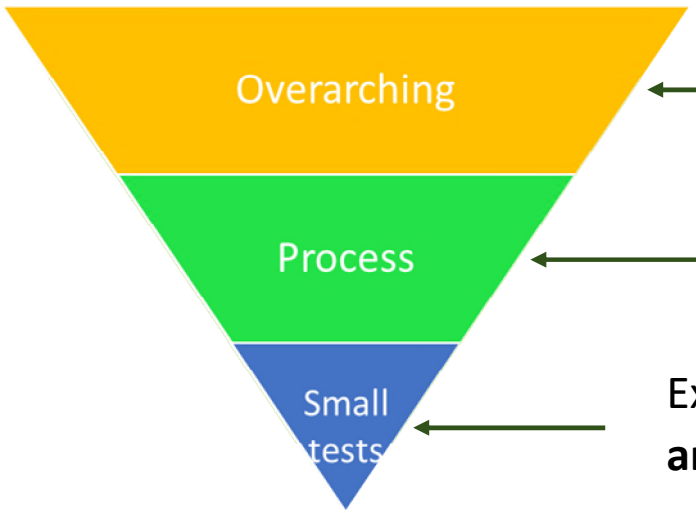
Types of measures



Reduce the number of patients with an **MED of 50/90** or higher by XX% by DATE.

Identify and label all **patients on long-term-opioid therapy** with the same ICD-10 code by DATE.

Experience of front desk staff using an iPad to give patients **annual pain visit forms** over the course of one week.

First action plan meeting

Objectives

- ✓Reflect on what you learned
- ✓Decide on measures of success
- ✓Identify milestones
- ✓Develop an action plan

Six Building Blocks Milestones

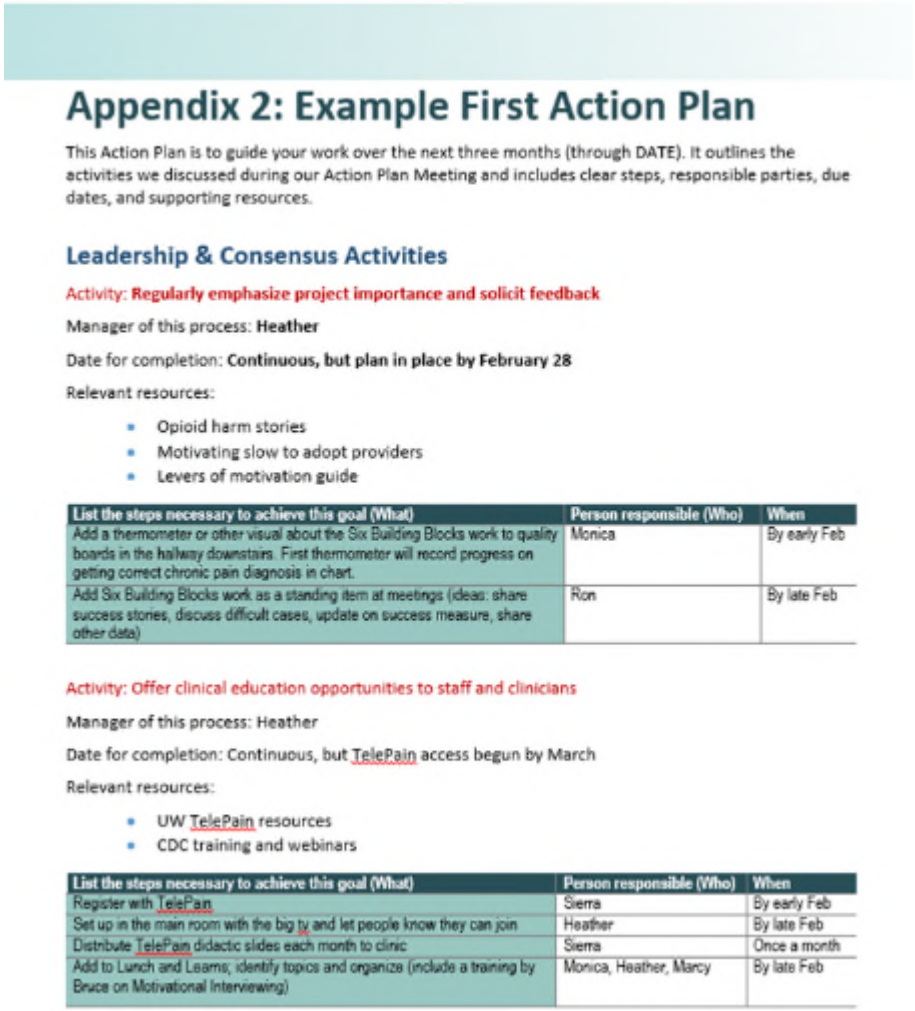
Below are key milestones of implementing system-based improvements to opioid management through the Six Building Blocks Program. Each milestone has associated resources to support your work toward achieving these milestones. When developing action plans and assessing progress, it is a good idea to do a quick check on where you are at in the process by updating this worksheet. For each milestone, please check the correct status box and, as appropriate, enter the month the milestone was achieved in the last column. Some organizations like to color-code rows based on progress status.

Milestone	Status	Relevant website resources
Leadership & consensus		
Assessed baseline status of the Six Building Blocks	☐ Complete ☐ In progress ☐ Plan to do in the future ☐ Not a priority	*Six Building Blocks Self-Assessment* *Prepare & Launch worksheets and guide*
Hosted a kickoff event for clinicians and staff	☐ Complete ☐ In progress ☐ Plan to do in the future ☐ Not a priority	*Kickoff slides* *Six Building Blocks Self-Assessment* *Site visit survey*
Protected time for improvement team to meet and work	☐ Complete ☐ In progress ☐ Plan to do in the future ☐ Not a priority	
Regularly emphasizing project importance and soliciting feedback during staff & clinician meetings	☐ Complete ☐ In progress ☐ Plan to do in the future ☐ Not a priority	*Opioid harm stories* *Motivating slow to adopt providers* *Levers of motivation guide*
Clinical education opportunities offered to staff and providers	☐ Complete ☐ In progress ☐ Plan to do in the future ☐ Not a priority	*UW TelePain resources* *CDC training and webinars*

First action plan meeting

Objectives

- ✓Reflect on what you learned
- ✓Decide on measures of success
- ✓Identify milestones
- ✓Develop an action plan



Appendix 2: Example First Action Plan

This Action Plan is to guide your work over the next three months (through DATE). It outlines the activities we discussed during our Action Plan Meeting and includes clear steps, responsible parties, due dates, and supporting resources.

Leadership & Consensus Activities

Activity: **Regularly emphasize project importance and solicit feedback**

Manager of this process: **Heather**

Date for completion: **Continuous, but plan in place by February 28**

Relevant resources:

- Opioid harm stories
- Motivating slow to adopt providers
- Levers of motivation guide

List the steps necessary to achieve this goal (What)	Person responsible (Who)	When
Add a thermometer or other visual about the Six Building Blocks work to quality boards in the hallway downstairs. First thermometer will record progress on getting correct chronic pain diagnosis in chart.	Monica	By early Feb
Add Six Building Blocks work as a standing item at meetings (ideas: share success stories, discuss difficult cases, update on success measure, share other data)	Ron	By late Feb

Activity: Offer clinical education opportunities to staff and clinicians

Manager of this process: Heather

Date for completion: Continuous, but TelePain access begun by March

Relevant resources:

- UW TelePain resources
- CDC training and webinars

List the steps necessary to achieve this goal (What)	Person responsible (Who)	When
Register with TelePain	Sierra	By early Feb
Set up in the main room with the big tv and let people know they can join	Heather	By late Feb
Distribute TelePain didactic slides each month to clinic	Sierra	Once a month
Add to Lunch and Learns; identify topics and organize (include a training by Bruce on Motivational Interviewing)	Monica, Heather, Marcy	By late Feb

Future opioid improvement team meetings guide

Time: 1 hour

Frequency: depends on team structure, but at least monthly as working group

Purpose: these meetings are the engines of the work

Resources: www.improvingopioidcare.org

Agenda

1. Review work accomplished
2. Review data
3. Brainstorm plans and resources to handle challenges
4. Develop next action plan

Tips on how to achieve milestones and overcome common obstacles

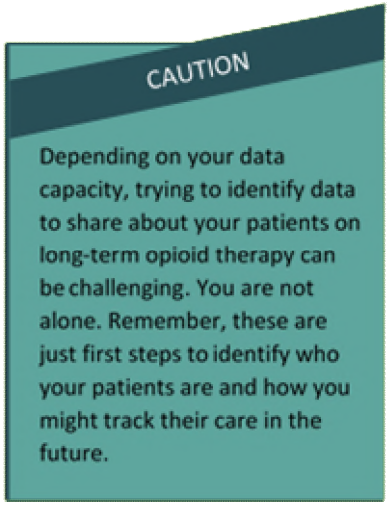
For each Building Block:

- ✓An overview of the work, milestones, relevant resources, and common challenges
- ✓Tips for accomplishing each milestone
- ✓Suggested approaches for overcoming common challenges

Stage 2: Design & Implement

Tips

- ✓ Include staff in education
- ✓ Make it a standing meeting item
- ✓ Three legs of the stool
- ✓ Incorporate the people doing the work



Look for the callout boxes!

Don’t forget the hyperlinked resources!

Stage 2: Design & Implement

Tips

- ✓ Include staff in education
- ✓ Make it a standing meeting item
- ✓ Three legs of the stool
- ✓ Incorporate the people doing the work

"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

Stage 2: Design & Implement

Tips

- ✓ Include staff in education
- ✓ Make it a standing meeting item
- ✓ Three legs of the stool
- ✓ Incorporate the people doing the work

"And we continue to tell patient stories as well, look at our data and the data is important and helpful, but also just telling good patient stories, because that's what sticks to physicians is that vignette, that experience that you're able to navigate a really successful transition for somebody or you're able to avoid a new start, or whatever the case may be." – Provider

Stage 2: Design & Implement

Tips

- ✓ Include staff in education
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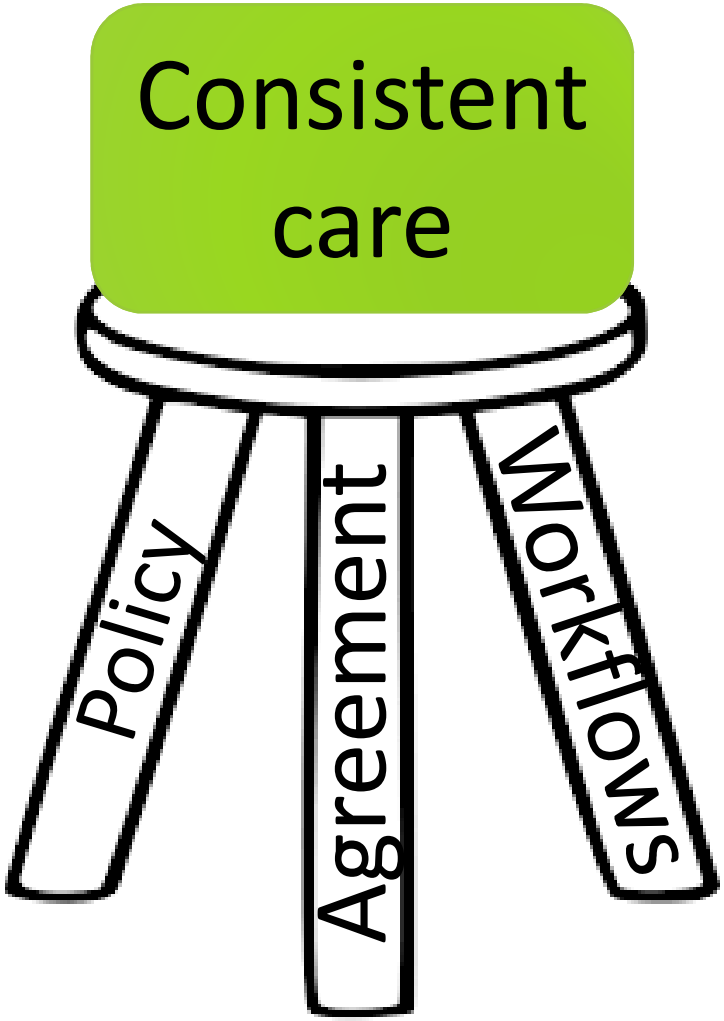

Stage 2: Design & Implement

Tips

- ✓ Include staff in education
- ✓ Make it a standing meeting item
- ✓ Three legs of the stool
- ✓ Incorporate the people doing the work

Overall hints for using these guides

- ✓ Confused by an acronym? Check the acronym list at the beginning of each guide.
- ✓ Use the “navigation pane” and search feature to find what you’re looking for
- ✓ There are additional resources hyperlinked to throughout the guides. Follow these links and also just explore www.improvingopioidcare.org
- ✓ The callout boxes give tips from clinics like yours who have done this work.

Stage 2: Design & Implement

Questions?

Common challenges & solutions

- Patient Stories of Harm: intrinsic motivator
- Data: stages of grief and good v. perfect
- Patient agreements as risk communication
- Let Medical Assistants re-design workflows
- Don’t abandon patients
- Find resources or train for MH/BH co-morbidities
- Look for opioid use disorder: diagnose and treat

Clinic Story

St. Mary's & Clearwater Valley HOSPITAL SYSTEM

Essentia Health
Here with you

- Frontier Area
- Loggers & Farmers
- 2 hospitals, 2 emergency rooms, 8 clinics served by 2 medical staffs
- Began our journey in 2015

Essentia Health
Here with you

First Steps

- Defining what chronic opioid therapy is
- Know which patients are COT
- Develop a practice philosophy
- Policy-offer clinical discretion

Essentia Health
Here with you

Changing Clinician Practices

Essentia Health
Here with you

Clinic Philosophy

Consistency & Support

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Nursing-Your Advocate

Essentia Health
Here with you

Define Your Goal

- It’s about safer prescribing-- not getting to 0
- Let clinicians decide who to taper
- Stick to your methodology for reporting

Essentia Health
Here with you

Challenges

It's Really Hard Work
But
It's Life Changing

Essentia Health
Here with you

Walk This Road Together

Essentia Health
Here with you

Operationalizing the Measures

Essentia Health
Here with you

Measures

- Balance your pace
- Baselines may challenge you
- PDSA

Essentia Health
Here with you

Pause and remember - Slow and steady will get you where you want to go. If you put too much pressure on yourself for results too quickly, you will quickly give up.

— Jennifer Young —

AZ QUOTES

Essentia Health
Here with you

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Essentia Health
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Questions

Next Steps and Wrap Up

- Please look out for information regarding scheduling the first check-in call
- *Stage 3: Monitor and Sustain Guide* will be provided in the coming months

For questions or comments, please contact us at:
SixBuildingBlocks@abtassoc.com