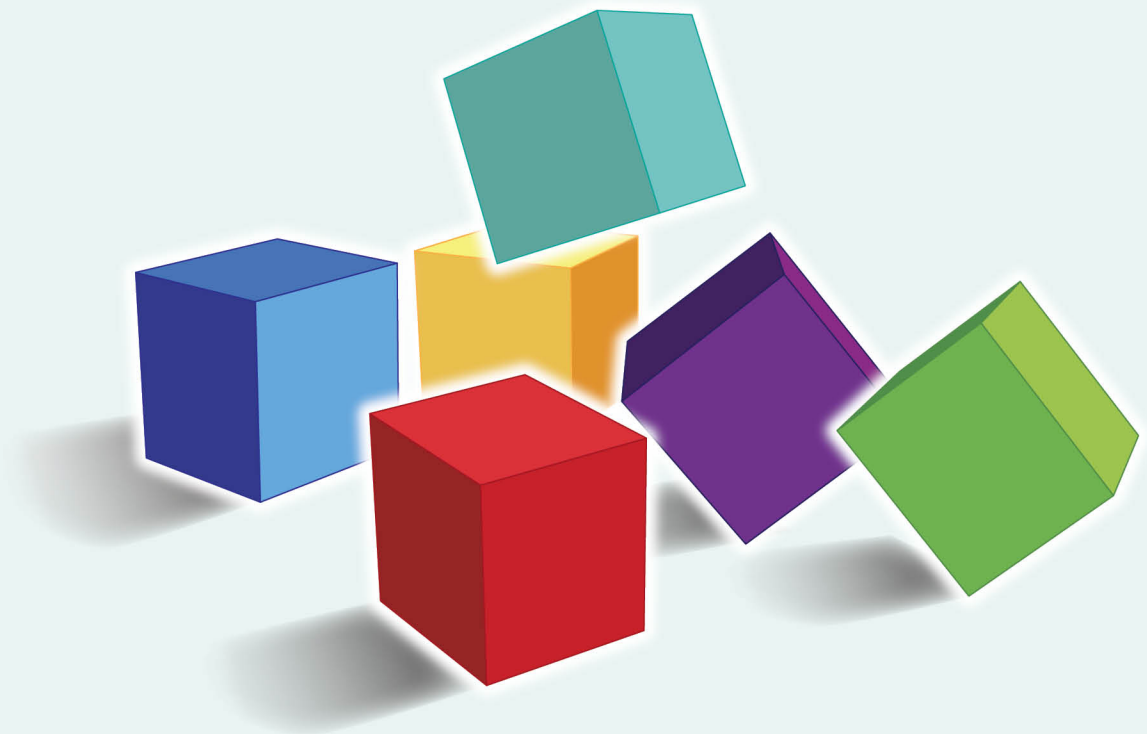


FULL PROGRAM:  
MONITOR AND SUSTAIN GUIDE

# Six Building Blocks

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



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# Introduction

The Six Building Blocks for Improving Opioid Management (Six Building Blocks or 6BBs) program offers a roadmap for improving a primary care clinic's management of patients who are on long-term opioid therapy (LtOT) for chronic pain. The 6BBs supports you in **redesigning opioid management** processes by addressing:



## **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**

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



## **Planned, Patient-Centered Visits**

Plan and prepare 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 Patients With Complex Needs**

Develop policies and resources to ensure that patients who develop opioid use disorder or 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.

A 6BBs How-To-Implement Toolkit (hereafter, Implementation Toolkit) was developed to provide clinics with support for engaging in this improvement work. Depending on an organization's capacity, there are two approaches: the Fast Track Approach and the Full Program Approach; see Six Building Blocks Implementation Toolkit Overview.

## What Is the Monitor and Sustain Guide?

The **Monitor and Sustain Guide** is a resource for the third stage of the Full Program Approach: **Monitor and Sustain**. The work of this stage focuses on setting up a plan for maintaining the improvement clinics have made during the Design and Implement stage. While anyone can use these materials to implement improvements in chronic pain and opioid medication management, it is specifically written for quality improvement leaders and project managers to use in guiding an improvement team and care teams through the Six Building Blocks implementation process.

## What Is in the Monitor and Sustain Guide?

- The Monitor and Sustain Guide walks you through transitioning your organization from intensive opioid management improvement work to less intensive continuous improvement and sustainability.
- The Guide walks you step by step through preparing for and facilitating a Success and Sustainability Meeting with your opioid improvement team.

### Stage 3: Monitor and Sustain

- Assess and celebrate progress from baseline
- Develop a plan for sustainability
- Reassess evidence, guidelines, and regulations and revise approach as needed

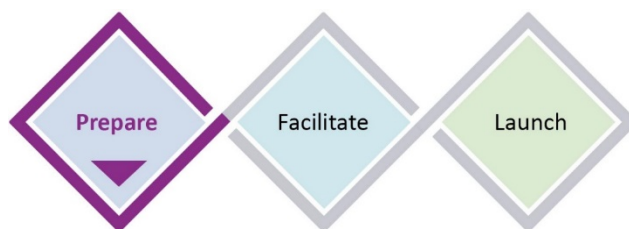
## Monitor and Sustain Process

An organization is ready to move on to the Monitor and Sustain Stage once it has completed most of its prioritized Six Building Blocks Design and Implement Milestones and feels capable of continuing the improvement work with less hands-on time.

Generally, this achievement happens about 6 to 12 months into the second stage, Design and Implement. The Monitor and Sustain Stage takes about 1 month to put into place and then it is a continuous process.

It is a time to thoughtfully transition to a less intensive focus on opioid management improvement while sustaining the successes achieved through the Design and Implement Stage. The three steps in the Monitor and Sustain Stage are:





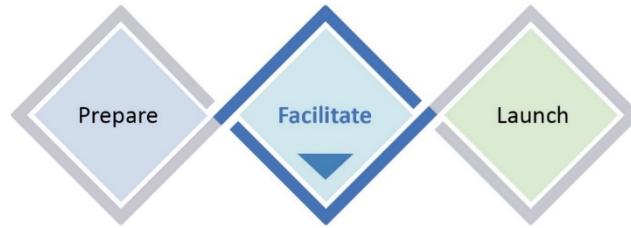
# Prepare for the Success and Sustainability Meeting

## Objective

Gather and summarize data that can be used in the Success and Sustainability Meeting.

## What Is Going on During This Step

- Complete the [Measuring Outcomes Survey](#).
- Prepare a summary of progress from baseline and potential next steps for the opioid improvement team.
  - Review your Prepare and Launch Stage notes, baseline Self-Assessment summary, Kickoff Survey summary, milestones checklist you have maintained, and Measuring Outcomes Survey.
  - Use these documents to prepare the summary. Consider using [the Success and Sustainability PowerPoint template](#).



# Facilitate the Success and Sustainability Meeting

## Success and Sustainability Meeting Overview

Time

1 hour

Objectives

Celebrate successes, identify potential next steps, and think through sustainability.

Who Should Attend

Opioid improvement team

Relevant Materials To Bring to This Meeting

- *Success and Sustainability slides*
- *Sustainability handout*
- *Monitor and Sustain activities checklist*
- *Relevant Six Building Blocks resources*

Agenda

1. Celebrate successes.
2. Plan next steps.
3. Think through challenges to sustainability.

## Success and Sustainability Meeting Details

Use the [Success and Sustainability slides](#) you updated to guide the opioid improvement team through the content of this meeting.

### Celebrate Successes

- Review and celebrate key successes of the opioid management improvement work.
- Share any data that illuminate progress over time. For example, show data comparing baseline and end of project data from the [Measuring Outcomes Survey](#) or any [run charts](#) in use.

### Plan Next Steps

- Reflect on challenges identified both at baseline and through the improvement process, as well as identified priorities. Celebrate progress and make a plan for any areas that present an opportunity for improvement.
- Review any [milestones](#) not yet achieved and develop a plan and supports for that work.

### Think Through Challenges to Sustainability

Consider the following sustainability concepts (from the [Sustainability Handout](#)) to help make a sustainability plan. The concepts were adapted from [How To Build Sustainability Into the Innovation Process](#).

#### Engagement

Continue to keep leadership, staff, and clinicians engaged in the process by:

- Continuing to share data related to opioid management publicly at clinician and staff meetings and promote success stories (both about patients and about improved worklife) to remind everyone of the value of the work.
- Checking in at least annually to see if the processes are still working and that any new changes are in fact improvements (e.g., by scheduling regular check-in meetings or integrating this work into standing quality improvement processes).
- Continuing to identify ways you can make changes in policies, agreements, workflows, tracking and monitoring, resources for complex patients, and other items in response to feedback. Ensure you have compelling reasons for any changes and that changes are supported and evaluated to see if a change results in an improvement.

#### Education

Continue to educate staff and clinicians by:

- Integrating opioid management training into regular staff meetings, trainings, newsletters, and other communication. Training is not “one and done.”
  - Including opioid management training in onboarding. Make sure new staff understand the key opioid policies and processes and why they are important.
  - Continuing to provide opportunities for staff and clinicians to receive education on opioid management. Evidence-based medicine evolves. See the [Clinical Education Opportunities](#) resource for ideas.
  - Continuing to adapt and improve in response to new evidence-based guidelines. Educate clinicians and staff about the compelling reasons for any changes and involve them in developing and iterating new workflows to support the changes.

## Culture

If possible, integrate opioid management into a culture of patient safety and continuous improvement at your organization. One way to do this is to make reviewing measures a regular part of clinic activities.

## Measurement

By continuing to monitor opioid management measures and share them with key stakeholders (e.g., leadership, involved staff and clinicians), you can:

- Encourage continual buy-in for the processes.
- Identify any issue that needs further investigation and adjustment.

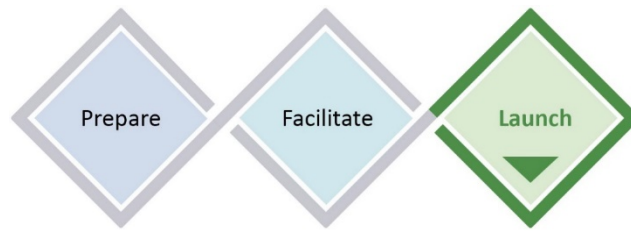
## Infrastructure

Identify ways to “hardwire” your changes. You have done much of this already by writing policies and workflows and updating your electronic health record templates. You might also consider including tasks integral to maintaining the opioid management program in job descriptions.

## Staffing

Your opioid improvement team has been instrumental in keeping this work moving forward. So what happens if one of you leaves? It is important to have a backup for key roles.





# Launch the New Stage of Work: Monitor and Sustain Improvements

You should now be able to transition to less intensive opioid management improvement in order to continually improve quality of care for patients on LtOT. Below are suggested activities for this new stage.

## Ongoing Activities

### Leadership and Consensus

- Continue to protect time to monitor and sustain the work (e.g., include opioid management improvements in standard quality improvement processes);
- Continue to engage leadership, staff, and clinicians by regularly sharing opioid performance measure data and stories;
- Periodically assess adequacy of resources needed to support opioid management processes and identify additional resources if needed;
- Obtain feedback from staff and clinicians about what is working and what is not working and test approaches to address concerns;
- Identify reluctant clinicians and staff and identify *strategies* to improve *engagement*; and
- Stay up to date with evidence-based guidelines and new regulations (Medicaid, Centers for Disease Control and Prevention, State).

### Policies, Patient Agreements, and Workflows

- Revisit and revise policies, patient agreements, and workflows; this task should be completed annually or as needed based on feedback, new evidence, and regulations.

### Tracking and Monitoring Patient Care

- Adjust and iterate best possible tracking and monitoring approaches.

### Planned, Patient-Centered Visits

- Offer educational opportunities in opioid management, empathic communication, and patient involvement to clinicians and staff;
- Integrate opioid management processes into standard training, including onboarding new employees; and

- When workflows need development or updating, involve those who will do the work and do small-cycle tests of change before implementing changes across the organization.

### Caring for Complex Patients

- Ensure clear referral pathways for complex patient resources and close the loop on referrals; and
- If not already in place, consider providing opioid use disorder treatment within the clinic.

### Measuring Success

- Produce clinician-specific reports on measures and discuss during medical staff meetings;
- Regularly review performance measure data at the level of the clinic during staff meetings and other opportunities; and
- Identify additional opportunities for improvement and implement small-cycle tests of change.

## Congratulations!

You have completed the Six Building Blocks How-To Implementation Toolkit, Full Program Approach.

Throughout the toolkit, we have referred to the many resources available from the Six Building Blocks [website](#). Appendix 1 shares information and links to the Six Building Blocks Resource Library sections.

# Appendix 1: Six Building Blocks Resource Library

The Six Building Blocks program has created a [Resource Library](#) to help clinics and practice facilitators improve opioid management using the Six Building Blocks.

The resources are divided into the following three sections.

## [Resources for Clinics](#)

These resources support clinics in implementing each Building Block. Resources include a model policy, tapering guidelines, and tips for having difficult conversations with patients on long-term opioid therapy.

## [Recommended Assessments](#)

This page contains clinical assessment tools, such as the Opioid Risk Tool and the Pain, Enjoyment, and General Activity assessment. It also includes suggested frequencies for tool use and relevant articles.

## [Resources for Practice Facilitators](#)

These resources support the practice facilitator in helping clinics implement the Six Building Blocks. The Prepare and Launch Guide, Design and Implement Guide, and Monitor and Sustain Guide walk the practice facilitator through the steps of each implementation stage.