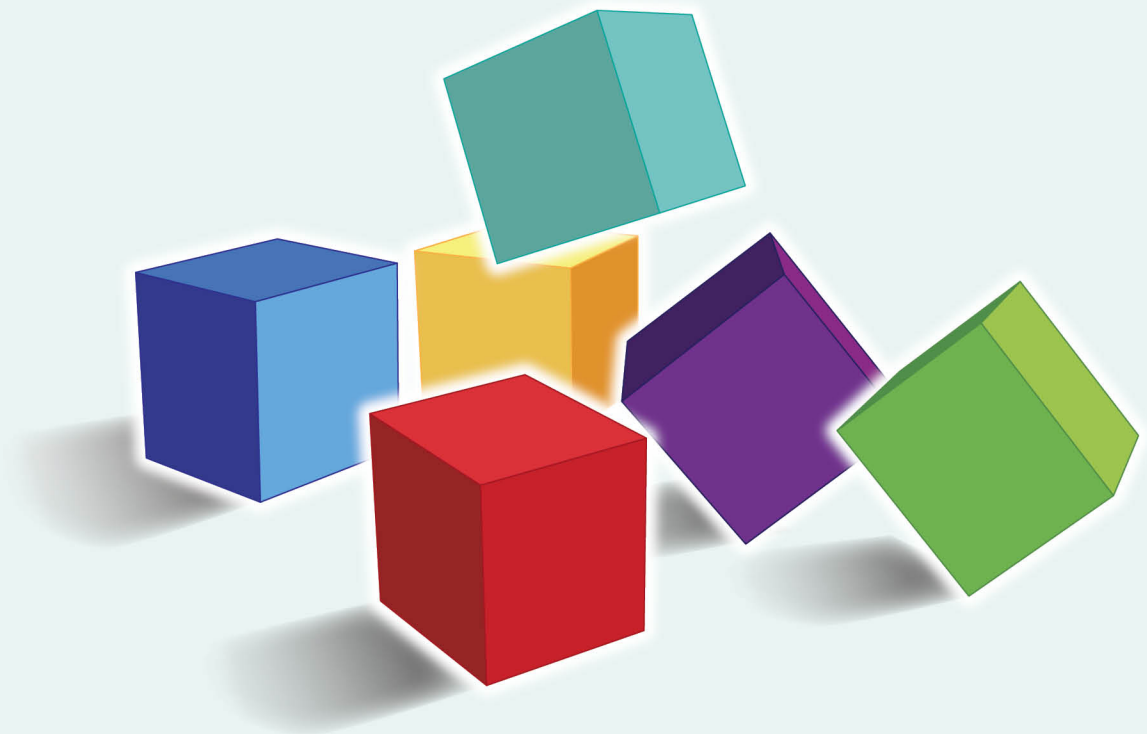


FULL PROGRAM:  
PREPARE AND LAUNCH GUIDE

# 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 (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 support;
- Revising and aligning clinic policies, patient agreements, and workflows;
- Tracking and monitoring the population of patients using LtOT;
- Conducting planned, patient-centered visits;
- Caring for patients with complex needs; and
- Measuring success.

A 6BBs How-To-Implement Toolkit (hereafter, Implementation Toolkit) was developed to support clinics in 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](#) for further information.

## What Is the Prepare and Launch Guide?

**The Prepare and Launch Guide is a resource for the first stage of the Full Program Approach: Prepare and Launch.** While anyone can use these materials to implement improvements in chronic pain and opioid medication management, it is specifically written for quality improvement (QI) 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 Prepare and Launch Guide?

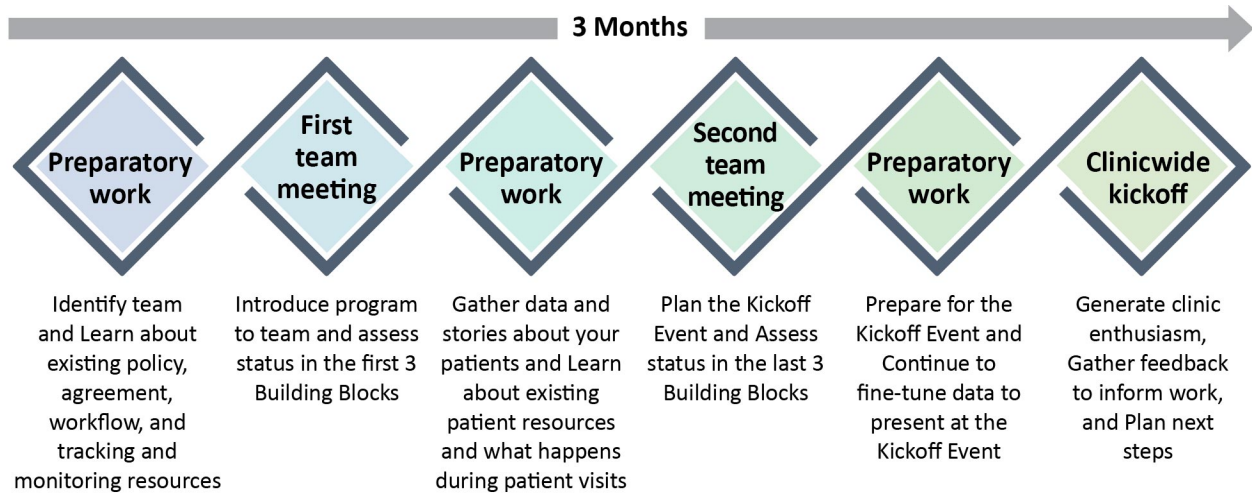
- The Prepare and Launch Guide walks you through preparing for and facilitating three meetings as outlined below. By going through the steps outlined in this guide, you will achieve the aims of this stage listed to the right.
- As the QI lead, you can use this guide to coach a primary care organization through the 3-month Prepare and Launch stage of the 6BBs program.
- Track your progress with the [Six Building Blocks coaching log](#).

### Stage 1: Prepare and Launch Aims

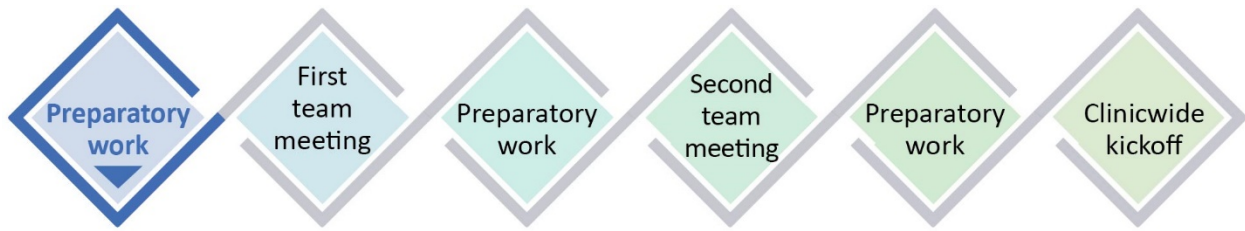
- Learn about evidence, guidelines, and regulations.
- Form a team and build leadership support.
- Conduct a baseline assessment.
- Identify priorities.
- Generate clinic enthusiasm.

## Prepare and Launch Process

This guide walks you through the process outlined below for preparing for and facilitating three meetings.



The following pages walk you step by step through the stages of this diagram.



# Preparatory Work Ahead of Orientation and Assessment Meeting

## What Is Going on During This Step

QI lead (you):

- Builds an opioid management improvement team.
- Schedule meetings.
- Collects *existing policy, agreement*, and *tracking and monitoring* resources and relevant evidence, guidelines, and regulations.
- Prepares information to present to the team.
- Talks with clinicians and staff about the Six Building Blocks.

**LESSON LEARNED**

Find your “Yoda.” Throughout the project you and the opioid improvement team will be approached with many clinical questions. It can be extremely helpful to identify a local expert in your own clinic system, an expert in a local pain clinic, or a consultant resource, such as ECHO, to reach out to when those questions arise.

## How To Do It

### 1. Build an Opioid Improvement Team

The opioid improvement team works in the clinic to support the implementation of opioid management improvements using the 6BBs program. The team is responsible for leading the work, such as revising policy, developing and implementing workflows, and tracking progress.

As it is a working group, consider keeping the team small. The team should meet at least monthly throughout the implementation process. You might consider including a patient on your opioid improvement team; see resources from the *Institute for Healthcare Improvement (IHI)* for more information on quality improvement teams.

Use the following table—which describes positions, time commitments, role characteristics, and responsibilities—to identify team members.

| Position  | Time Commitment Estimates                                    | Role Characteristics   | Responsibilities  |
|---|--|--|---|
| QI lead (required)  | 2 to 8 hours per month (more during early months)            | <ul style="list-style-type: none"> <li>• QI experience or ability to be trained (e.g., online <i>introductory QI courses</i> courses)</li> <li>• Interest in this topic</li> </ul>                       | <ul style="list-style-type: none"> <li>• Leads the day-to-day work</li> <li>• Organizes meetings</li> <li>• Oversees QI processes such as test, assess, and adjust</li> </ul>                           |
| Clinical champion (required)  | 2 to 4 hours per month                                       | <ul style="list-style-type: none"> <li>• Critical to success</li> <li>• Interest in this topic</li> <li>• Sway in the organization</li> </ul>  | <ul style="list-style-type: none"> <li>• Builds consensus among clinicians and staff</li> <li>• Maintains leadership support for program</li> <li>• Provides lead clinical voice on the team</li> </ul> |
| Tracking and monitoring lead  | Highly variable depending on your system, 4+ hours per month | <ul style="list-style-type: none"> <li>• Protected time for tracking and monitoring</li> <li>• Skills in clinical data and technology</li> <li>• Ready access to prescription and refill data</li> </ul> | <ul style="list-style-type: none"> <li>• Works with data to develop and generate reports</li> </ul>   |
| Others, as desired (e.g., medical assistant (MA), nurse, social worker, behavioral health provider, clinic manager, pharmacist, medication for opioid use disorder (MOUD) provider) | 2 to 4 hours per month                                       |  | <ul style="list-style-type: none"> <li>• Represents roles important to team-based care of patients on LtOT</li> </ul>   |

## 2. Schedule Prepare and Launch Meetings

Work with team members and the clinic to reserve meeting space and protect time for the following Prepare and Launch stage meetings.

| Prepare and Launch Meeting              | Who                      | Time           | Purpose   |
|---|--------------------------|----------------|---|
| Orientation and assessment meeting      | Opioid improvement team  | 1 to 1.5 hours | <ul style="list-style-type: none"> <li>• Orient the team to the opioid management problem, related guidelines and regulations, and the 6BBs approach.</li> <li>• Assess status of the first three Building Blocks, including beginning to identify priorities.</li> </ul> |
| Kickoff planning and assessment meeting | Opioid improvement team  | 1 to 1.5 hours | <ul style="list-style-type: none"> <li>• Plan the kickoff.</li> <li>• Assess status of the last three Building Blocks.</li> </ul>   |
| Clinicwide kickoff*                     | All staff and clinicians | 1 to 1.5 hours | <ul style="list-style-type: none"> <li>• Convene all staff and clinicians to share their ideas and concerns regarding opioid management in the clinic and to build enthusiasm for the work.</li> </ul>  |
| First action plan meeting               | Opioid improvement team  | 1.5 to 2 hours | <ul style="list-style-type: none"> <li>• Reflect on learnings from the Prepare and Launch stage and develop a plan for the next 3 months of work. This meeting generally happens directly after the clinicwide kickoff.</li> </ul>  |

\* This meeting is essential to the program's success.

## 3. Collect Existing Resources and Prepare Information To Present to the Team at the Orientation and Assessment Meeting

In the Orientation and Assessment Meeting, you will report out and discuss what resources and processes currently exist in your organization related to the first three Building Blocks: Leadership and Consensus; Policies, Patient Agreements, and Workflows; and Tracking and Monitoring. It is also an opportunity to review relevant evidence and guidelines related to opioid management. Prepare for this meeting by completing the following items:

### Orientation Materials

- Collect relevant evidence, guidelines, and regulations. For example, are there any State regulations related to opioid prescribing, such as maximum dose, prior authorization, prescription drug monitoring program (PDMP) checks, or continuing medical education (CME) requirements? A slide in the [commitment presentation](#) provides more information.

### Policies, Patient Agreements, and Workflows

- Collect any existing policies, patient agreements/contracts, and workflows within your organization related to opioid management.
- Look at the examples provided on the Six Building Blocks [website](#).
- Complete the following Policy, Patient Agreement, and Workflow table.



| Type of Document  | Name of Document | Date of Last Update | Extent of Use | Opportunities To Align With Guidelines/Regulations and Each Other* |
|-------------------|------------------|---------------------|---------------|--|
| Policy            |                  |                     |               |  |
| Patient agreement |                  |                     |               |  |
| Workflow          |                  |                     |               |  |

\*Refer to the examples provided on the Six Building Blocks website.

### Tracking and Monitoring

- Identify any existing electronic health record (EHR) templates, EHR clinical decision support tools, flowsheets, reports, or registries related to opioid management.
- Research the following questions:
  - Does our clinic or do any of our care teams track and monitor patients on LtOT? If yes, how does that currently work?
  - Are all the clinicians signed up for the PDMP? Any designees?

### 4. Talk With Clinicians and Staff About the 6BBs

- As you build an opioid improvement team and start learning about current resources and processes, clinical staff will be curious about the work being taken on by your organization. It can be useful to prepare for discussions with clinical staff by reviewing the “[Elevator Speech on Six Building Blocks](#).”

## Helpful Website Resources

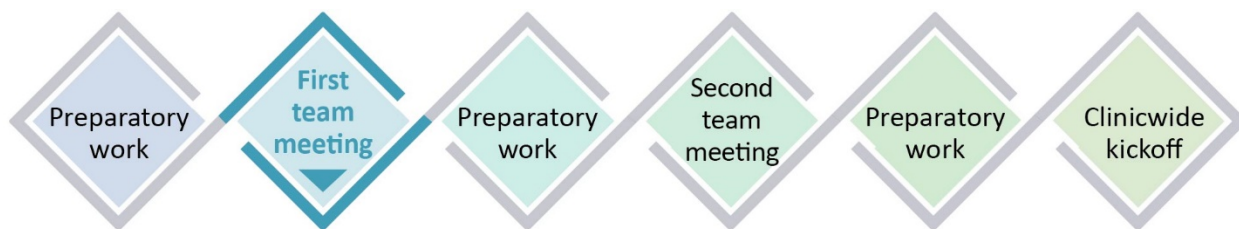
The following resources relevant to the preparatory work ahead of the first team meeting are available in the Resource Library at [www.improvingopioidcare.org](http://www.improvingopioidcare.org).

- [Building an opioid improvement team.](#)
- [Model opioid prescribing policy.](#)
- [Model patient agreement.](#)
- Model workflows such as [chronic pain appointment](#), [opioid refill](#), [tracking and monitoring](#), and [remote urine drug testing](#).
- [Approaches to identifying patients on LtOT.](#)
- [Elevator speech on the Six Building Blocks.](#)

## Milestone Aims

Once you have finished the preparatory work ahead of the first team meeting, you should have:

- Collected existing policies, patient agreements, and workflows within your clinic.
- Learned about relevant evidence, guidelines, and regulations regarding opioid prescribing.
- Formed an opioid improvement team.
- Protected time for the opioid improvement team and clinic to meet.



# Orientation and Assessment Meeting

## Time

1 to 1.5 hours.

## Objectives

Orient the opioid improvement team to the breadth of the opioid management problem, current evidence/guidelines/regulations, and 6BBs program; begin identifying priorities; and assess the status of the first three Building Blocks.

## Who Should Attend

Opioid improvement team.

## Helpful Website Resources

The following resources for the Orientation and Assessment Meeting are available at the Resource Library at [www.improvingopioidcare.org](http://www.improvingopioidcare.org).

- [Commitment presentation.](#)
- [Opioid harm stories.](#)
- [CDC Guideline for Prescribing Opioids for Chronic Pain.](#)
- [CDC training and webinars.](#)
- [Six Building Blocks Self-Assessment.](#) (See Appendix.)
- [Data To Consider Tracking.](#)

## Agenda (outline)

1. [Six Building Blocks program orientation.](#) *NOTE:* This orientation is only needed if members of the opioid improvement team were not at the leadership commitment meeting—see [Six Building Blocks Implementation Toolkit Overview.](#)
2. Assess baseline status for the first three Building Blocks:
  - a. Leadership and Consensus: complete the [Six Building Blocks Self-Assessment](#);
  - b. Policies, Patient Agreements, and Workflows; and
  - c. Tracking and Monitoring.
3. Review [preparatory work](#) to be completed ahead of the second team meeting.

## Agenda (details)

Use what you learned during the preparatory work to lead the opioid improvement team through the following tasks.

### 1. Six Building Blocks Program Orientation

Use the introductory section of the *commitment presentation* to orient the opioid improvement team to the opioid management problem—why this work is important, relevant evidence, guidelines, and regulations—and the Six Building Blocks program. This meeting is a chance to build support for this work.

Let the team know the ultimate goal of the 6BBs is to build clinic capacity to help patients with chronic pain maximize their function and quality of life while minimizing risk to the patients and their clinicians.

### 2. Assess Baseline Status of the First Three Building Blocks

Walk the opioid improvement team through an indepth assessment of the first three Building Blocks: Leadership and Consensus; Policies, Patient Agreements, and Workflows; and Tracking and Monitoring.

#### Leadership and Consensus

Complete the *Six Building Blocks Self-Assessment* questionnaire as a team to begin building leadership and consensus on where the clinic is starting from and where you want to go. Make sure all voices in the room are heard. Use this process to foster a conversation about:

- Where are the overall gaps and strengths in the organization’s current approach to care of patients using LtOT?
- Why are you implementing improvements to opioid management using the 6BBs? What motivated you to take on this project? What do you hope will change?
- What are your improvement priorities/aims? The *Six Building Blocks Milestones* can be a useful resource to have on hand for this discussion.

#### Policies, Patient Agreements, and Workflows

Present information on and facilitate a conversation about your clinic’s current policies, agreements, and workflows based on your preparatory work. This presentation should cover:

- Whether these documents exist;
- How recently they were reviewed;
- How they were developed;
- Extent of use; and
- Opportunities for aligning these documents with one another, and with evidence, national or State guidelines, and regulations.

#### IMPORTANT LESSON LEARNED

The purpose of self-assessment is to start a conversation about the current state of opioid management in the clinic and any opportunities for improvement.

Doing the self-assessment with others tends to highlight different perspectives and why they exist. It also is a practical way to dig into the Six Building Blocks concepts. Pay attention to the “level 12” descriptors as they give a picture of where the work is heading.

Later, at the kickoff, the entire clinic will have a chance to go through this process.

## Tracking and Monitoring

Present information on and facilitate a conversation about current tracking and monitoring processes and capacity. Based on existing capacity, the QI lead and the tracking and monitoring lead should propose an approach to identifying patients on LtOT for the kickoff presentation.

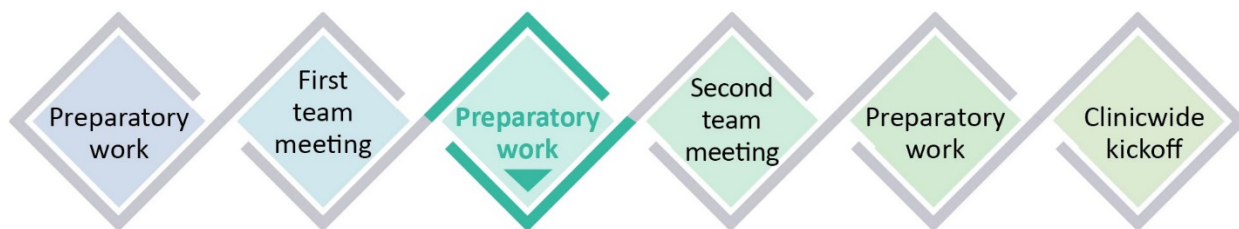
### 3. Review Preparatory Work To Be Done Ahead of the Kickoff Planning and Assessment Meeting

Work with the team to make a plan to complete the next *preparatory work* activities.

## Milestone Aims

By the end of this meeting, the opioid improvement team should have:

- Learned about the opioid management problem, guidelines, regulations, and 6BBS.
- Built team support for the opioid improvement work.
- Completed the *Six Building Blocks Self-Assessment* questionnaire.
- Begun identifying improvement priorities/aims.
- Located and assessed use of existing opioid management policies, agreements, and workflows.
- Identified any existing tracking and monitoring resources.



# Preparatory Work Ahead of the Kickoff Planning and Assessment Meeting

## What Is Going on During This Step

QI Lead (you):

- *Collects available resources for patients related to opioid management.*
- *Learns what happens during patient visits and refill requests related to opioid management.*
- Reviews the *kickoff manual* in order to lead a discussion during the Kickoff Planning and Assessment Meeting.

Tracking and Monitoring Lead:

- *Gathers baseline data to present at the kickoff.*

Clinical Champion:

- Identifies stories to share at the kickoff.

## How To Do It

### 1. Collect Existing Resources and Prepare Information To Present to the Team at the Kickoff Planning and Assessment Meeting

In the Kickoff Planning and Assessment Meeting, you will report out and discuss what resources and processes currently exist in your organization related to the last three Building Blocks: Planned, Patient-Centered Visits, Caring for Patients With Complex Needs, and Measuring Success. Prepare for this meeting by completing the following tasks.

#### Planned, Patient-Centered Visits

- Identify currently used patient education materials related to opioid management.
- Locate existing nonopioid treatment resources for patients with chronic pain, such as physical therapy and behavioral health.

#### Caring for Patients With Complex Needs

- Find existing resources in the community and clinic for patients with opioid use disorder (OUD) or mental health concerns such as depression, anxiety, and post-traumatic stress disorder (PTSD).

## Measuring Success

- Begin to gather baseline data by following step 3 below.

## 2. Learn What Happens During Patient Visits and Refill Requests

Talk with care teams to answer the questions below.

- How do staff and clinicians prepare for visits with patients using LtOT?
- How does your organization prepare for opioid-related visits? For example, do you use chart reviews, a tracking system, or PDMP?
- What happens when a patient comes in for an appointment that will include an opioid prescription? What is the process? Do any State laws require a check of the PDMP before refilling? How is this task completed and documented?
- What happens when a patient calls for an opioid refill? What is the process?
- What clinical tools are available and in use to support assessment and management of patients using LtOT? Listed below are examples of **assessment resources** available in the Resource Library at [www.improvingopioidcare.org](http://www.improvingopioidcare.org):
  - Calculation of **morphine equivalent dosing (MED)**;
  - Patient function (e.g., **PEG**);
  - Risk for OUD (e.g., **ORT**);
  - Opioid misuse (e.g., **COMM**);
  - Anxiety, depression (e.g., **PHQ**, **GAD-7**);
  - PTSD (e.g., **PC-PTSD**); and
  - Sleep apnea (e.g., **STOP-Bang**).

### LESSON LEARNED

Clinics sometimes find an individual care team with a high-functioning approach to patient visits or refills, which can help inform future workflow development across the entire clinic.

## 3. Gather Baseline Data To Present at the Kickoff

Work with the tracking and monitoring lead to identify baseline data to share with clinicians and staff during the kickoff. In trying to produce baseline data, you will have a chance to learn more about the limitations and strengths of your tracking and monitoring capacity. For example, does your EHR have discrete fields (e.g., MED) you can query on your patients using LtOT?

### Suggested Ideas of Data to Share, Based on Your Current Tracking and Monitoring Capacity:

- How many patients do you have on LtOT for noncancer pain (by clinic and by clinician)?
- If you can, consider reporting by clinic, by clinician, and by patient:
  - #/% of patients on LtOT with MED  $\geq 50$ ,  $\geq 90$
  - #/% of patients on LtOT with a signed patient agreement
  - #/% of patients on LtOT also prescribed sedatives

### CAUTION

Depending on your data capacity, trying to identify data to share about your patients on LtOT can be challenging. You are not alone. Remember, these are just first steps to identify who your patients are and how you might track their care in the future.

**Definition of a patient using LtOT:** Generally, a patient who takes opioids for 3 consecutive months is considered to be using LtOT. How you practically define this term can vary. A clinician may know his or

her patients and be able to identify these patients. Alternatively, a staff member who handles opioid refills may do so when refilling a patient's medications. One common definition when using EHR data is any patient who has received at least two opioid prescriptions in the past 3 months, at least 28 days apart.

#### Approaches To Identify the Above Data:

Query your EHR for one of the following and have clinicians/MAs validate the list:

- How many patients have an **MED calculated** in the past 3 months?
- How many patients have a **signed patient agreement** in the past 12 months?
- If you use any kind of **label or specific diagnosis code for patients using LtOT**, how many patients have that label/diagnosis? (potential ICD-10 codes: Z79.891, F11.90)
- How many patients have been **prescribed any opioid medication** (refer to *opioid list*)?

Once you know who your patients using LtOT are, consider using the list to apply a consistent diagnosis code to all these patients to track and monitor them more easily. Clinics often ask MAs to help track patients.

Use the Prescription Drug Monitoring Program to create a list by:

- Having each clinician or designee generate a summary report from the PDMP, as possible.
- Verifying the list with each clinician.

Use proprietary software to produce reports from your EHR.

Proprietary software can be used to reach into your EHR to produce reports about patients using LtOT. If you use such proprietary software, it is worth exploring what it would take to use it to identify patients using LtOT and to track and monitor patients using LtOT.

Manually develop a list.

Ask clinic personnel who are responsible for refills to manually create a list as patients get their opioid refills over the course of 3 months. Alternatively, use lists that care teams have created for their own use. If you need to use this approach, you may not finish by the time of the kickoff, and you may need to consider other data to share at the kickoff so you do not stall progress.

#### 4. Identify Stories To Share at the Kickoff (Clinical Champion)

The clinical champion identifies stories about patients using LtOT to share during the clinicwide kickoff. These stories should represent why this project is important. For instance, the champion could share a story of an adverse outcome—such as overdose, death, or diversion—for a patient using LtOT or it could be a success story about tapering someone effectively while increasing function and quality of life. Stories are motivating and help center the organization on why this work is important. They are particularly important if no data are available for the kickoff.

## Helpful Website Resources

The following resources related to the preparatory work ahead of the Kickoff Planning and Assessment Meeting are available at the Resource Library at [www.improvingopioidcare.org](http://www.improvingopioidcare.org):

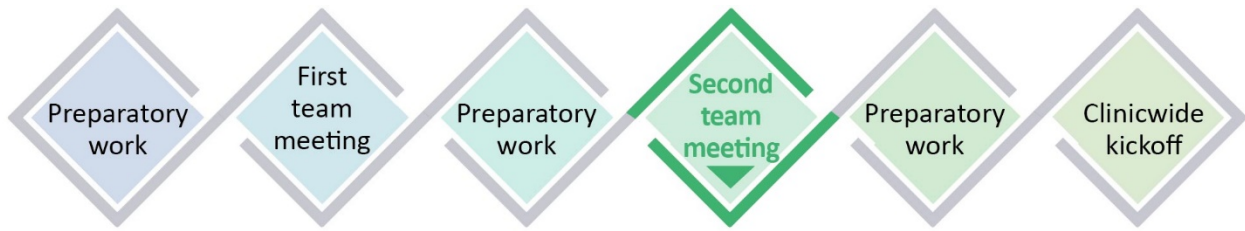
- *Approaches to identifying patients.*
- *List of opioid names.*
- *List of sedative names.*
- *Tracking and monitoring example spreadsheet.*
- *Event tally.*
- *Kickoff manual.*

## Milestone Aims

By the end of this step, you will have:

- Identified currently used patient education/support resources related to opioid management.
- Investigated what currently happens during patient visits and refill requests related to opioid management.
- Identified currently used resources for patients with complex needs, such as mental health conditions and OUD services.
- Produced baseline data reports, as possible.
- Identified stories to present at the kickoff.





# Kickoff Planning and Assessment Meeting

## Time

1 to 1.5 hours.

## Objectives

Plan the clinicwide kickoff and assess the status of the last three Building Blocks.

## Who Should Attend

Opioid improvement team.

## Helpful Website Resources

The following resources for the Kickoff Planning and Assessment Meeting are available in the Resource Library at [www.improvingopioidcare.org](http://www.improvingopioidcare.org).

- *Success metrics.*
- *Kickoff manual.*

## Agenda (outline)

1. *Plan the clinicwide kickoff.*
2. *Assess baseline status of the last three Building Blocks:*
  - a. Planned, Patient-Centered Visits;
  - b. Caring for Patients With Complex Needs; and
  - c. Measuring Success.

## Agenda (details)

### 1. Plan the Clinicwide Kickoff

The clinicwide kickoff is a 1.5-hour meeting for **all** staff and clinicians to come together to share their ideas and concerns regarding opioid management in the clinic and to build enthusiasm for the Six Building Blocks program. Coming together as a clinic to share perspectives and priorities is an essential

step to successful implementation of improvements to opioid management. An example agenda for this meeting is provided below.

| Topic   | Person                   | Time       |
|---|--------------------------|------------|
| Why addressing LtOT is important to our patients, staff, and leadership         | Clinical champion        | 15 minutes |
| What is happening—the data and stories—at our clinic                            | Clinical champion        | 10 minutes |
| Overview of the Six Building Blocks program                                     | Quality improvement lead | 10 minutes |
| We want to hear from you! Small group activity: <i>baseline self-assessment</i> | Quality improvement lead | 25 minutes |
| Self-assessment reflection and feedback   | Quality improvement lead | 25 minutes |
| Program next steps and how you can help (complete <i>kickoff survey</i> )       | Clinical champion        | 5 minutes  |

When planning the clinicwide kickoff, lead the team in:

- Reviewing the purpose and activities of the kickoff.
- Editing the above agenda template.
- Confirming that all care teams, front desk staff, clinicians, and administrators have been invited to the kickoff, that space is reserved, and that the required technology (laptop/projector/screen) is available.
- Deciding if you want to provide food and beverages.
- Reviewing what the clinical champion will say about why addressing LtOT is important.
- Looking at the *Six Building Block resources* and deciding which ones to share during the kickoff. Typical resources to include are:
  - *CDC guideline factsheet*;
  - *CDC patient education handout*;
  - *VA tapering guidelines*;
  - *Tips for difficult conversations*;
  - Clinical education resources handout; and
  - PDMP registration information.

## 2. Assess Baseline Status of the Last Three Building Blocks

Walk the opioid improvement team through an indepth assessment of baseline status of the last three Building Blocks: Planned, Patient-Centered Visits; Caring for Patients With Complex Needs; and Measuring Success.

### Planned, Patient-Centered Visits

The QI lead (you) presents information on and facilitates a conversation about:

### CAUTION

Do not let data woes hold you back from hosting the kickoff. Sometimes organizations cannot identify their patients before the kickoff. If that is true for you, focus on telling stories to paint a baseline picture instead. There might also be other, simpler data you could present. For instance, you could use the *event tally* form to track a measure of interest over the course of 2 weeks (e.g., early refill calls).

When clinics cannot gather data to share at the kickoff, they often include this situation as part of the story of why this project is important and emphasize that building a tracking and monitoring system is a program goal.

- Existing patient education materials related to opioid management.
- Existing nonopioid treatment resources, such as physical therapy and behavioral health.
- Current processes that occur during patient visits and refill requests related to opioid management.
- Existing *assessment tools* in use and suggested by the Six Building Blocks.

### Caring for Patients With Complex Needs

The QI lead (you) presents information on and facilitates a conversation about existing resources for patients with complex needs (e.g., OUD, substance use disorder, or mental health concerns, such as depression, anxiety, and PTSD). These could be resources within your clinic or resources that require a referral or other process to ensure patients are connected to these resources.

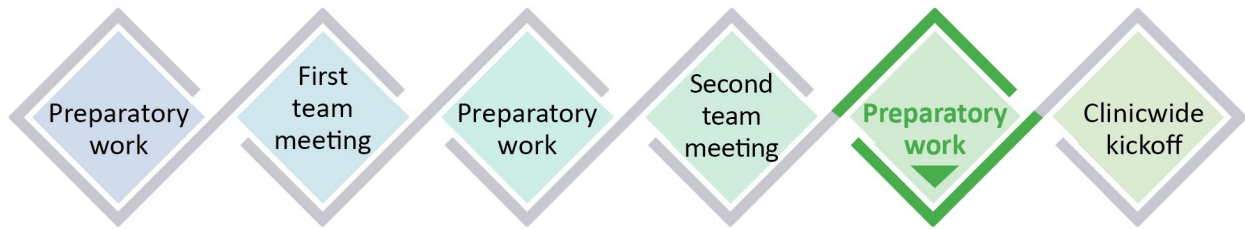
### Measuring Success

The tracking and monitoring lead presents information on and facilitates a conversation about:

- Currently available data on patients using LtOT for noncancer pain.
- Strengths and weaknesses of the organization's current capacity to measure success.

The clinical champion shares deidentified patient stories of harm from opioids or of success in improving function and quality of life and opens it up to the group to share their stories. The clinical champion then leads a discussion on what **data** and **stories** they should present during the clinicwide kickoff to build buy-in for improving care of patients using LtOT and to give a picture of the baseline story.

The opioid improvement team reviews the *Measuring Success Metrics* document to begin considering what metric it would like to use to measure success and what is feasible to measure with the clinic's data. The team will select at least one measure at the first action plan meeting to begin tracking.



# Preparatory Work for the Clinicwide Kickoff

## What Is Going on During This Step

QI Lead (you):

- Reviews the *kickoff manual* to understand how to run the kickoff.
- Makes copies of agreed-on resources to share during the clinicwide kickoff.
- Makes copies of *Six Building Blocks Self-Assessment* for the small group activity and the *clinicwide kickoff survey*.
- Confirms room reservation and arranges for appropriate technology, such as laptop, screen, and projector, and room setup that is conducive to small-group activity.
- Ensures all presenters have their materials.
- Compiles clinicwide kickoff materials such as PowerPoint presentation and pens to complete self-assessment small group activity.

Tracking and Monitoring Lead:

- Makes any last-minute adjustments to the data that will be presented during the kickoff.

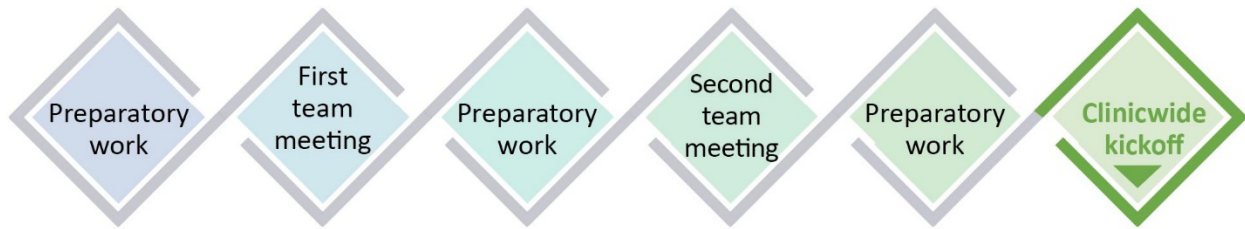
Clinical Champion:

- Prepares to talk about why the project is important to the clinic with baseline data and stories to support that message.

## Helpful Website Resources

The following resources for the clinicwide kickoff are available in the Resource Library at [www.improvingopioidcare.org](http://www.improvingopioidcare.org).

- *Kickoff manual*.
- *Kickoff slides*.
- *Six Building Blocks Self-Assessment*. (See Appendix.)
- Clinicwide *kickoff survey*.
- *Six Building Blocks “shared” resources*.
- *CDC opioid harm stories*.
- *CDC Guideline for Prescribing Opioids for Chronic Pain*.
- *CDC training and webinars*.



# Clinicwide Kickoff

## Time

1.5 hours with all clinicians and staff.

## Objectives

Orient all clinic staff and clinicians to the breadth of the opioid management problem and the Six Building Blocks program, share ideas and concerns regarding opioid management, and build support for implementing improvements to opioid management.

### Who Should Attend

All clinicians and staff, including front desk staff and administrators.

### Agenda

1. Why addressing LtOT is important to our patients, staff, and leadership. What are the current evidence, guidelines, and regulations? What is the breadth of the problem?
2. What is happening—data and stories—at our clinic.
3. Overview of the Six Building Blocks program.
4. Your ideas and input! Small group activity: baseline self-assessment.
5. Next steps and how you can help.

## Milestone Aims

By the end of this step, you should have:

- Hosted a kickoff with all clinicians and staff, during which feedback was gathered and project support was generated.
- Assessed the clinic’s current status on all 6BBs.

**LESSON LEARNED**

The clinicwide kickoff is a critical step in the implementation process. It allows everyone in the clinic to engage with the process and helps garner buy-in and good ideas. When thinking back on the process, many participants emphasize that the kickoff was essential.

*“For this project, just to have them all in the room and talking to each other. Because there are some providers that talk to their MA’s but maybe not talk to another MA. So, we broke into groups, and there was just a lot of good discussions, and they asked everyone what they felt they would like to get out of the project. There were some really, really good conversations.”*

—Clinic Manager

*“We presented what our plan was and where we were going with this to all the different clinics. That helped to get buy in and also it gave us a launching point so that we really could accomplish the goals that we wanted to accomplish. So, I think that was the most useful part of this whole thing.”*

—Clinical Champion

## End of Prepare and Launch Stage

**NEXT UP:** First action plan meeting with opioid improvement team; *see the Design and Implement Guide.*

# Appendix

## Six Building Blocks Self-Assessment Tool

**Instructions:** Review and consider each question and circle the answer that best reflects your organization’s current status. Three numbered options for each answer allow you to select how far along you are within that answer. If completing this assessment with other stakeholders, keep in mind that it is okay if the group disagrees on the answer. It is helpful to know that not everyone has the same experience at your organization and discuss why differences exist.

### Leadership and Consensus Building Block

*Demonstrate leadership support and build organizationwide 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 LtOT... | ...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 clinicwide opioid prescribing standard have begun. |   |   | ...has been partially achieved, but consensus regarding a clinicwide 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 LtOT...                        | ...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.   |    |    |

## Policies, Patient Agreements, and Workflows Building Block

*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.*

| <b>Policy development/revision</b>   | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>   | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
|--|---|----------|----------|--|----------|----------|--|----------|----------|--|-----------|-----------|
| 4. Comprehensive policies* regarding LtOT 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 and have been recently updated but still lack essential components.                                   |          |          | ...exist, have been recently updated to reflect recent evidence-based guidelines, and are comprehensive.           |           |           |
| <b>Policy implementation</b>   | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>   | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 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 and 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. |           |           |
| <b>Patient agreements</b>  | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>   | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 6. Formal signed patient agreements regarding long-term opioid therapy...  | ...do not exist.                                      |          |          | ...exist but do not align with current clinic policies or are not consistently used. |          |          | ...exist and 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.      |           |           |
| <b>Workflows</b>   | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>   | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 7. Clinic workflows for managing patients on LtOT...   | ...do not exist.                                      |          |          | ...exist but do not support current clinic policies.                                 |          |          | ...exist and 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 these areas from the CDC Guidelines:

- *Prescribing opioids for acute pain*
- *Duration and dose of opioids for chronic pain*
- *Use of nonopioid and nonpharmacologic therapies*
- *Coprescribing of opioids and benzodiazepines*
- *Urine drug screening*
- *Monitoring of state-controlled substances database*
- *Patient agreements*
- *Patient education*
- *Tapering of opioids*
- *Use of naloxone*
- *Use of buprenorphine*
- *Use of methadone*



## Tracking and Monitoring Patient Care Building Block

*Implement proactive population management before, during, and between clinic visits of all patients on LtOT.*

| <b>Tracking and monitoring of patients prescribed long-term opioids</b>   | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>   | <b>11</b> | <b>12</b> |
|---|---|----------|----------|---|----------|----------|--|----------|----------|---|-----------|-----------|
| 8. Use of a system to proactively track and 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 tracking of patient care and monitoring of clinician practices.             |           |           |
| <b>Tracking and monitoring data collection workflows established</b>  | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>   | <b>11</b> | <b>12</b> |
| 9. Workflows to enter data into the tracking and monitoring system...   | ...have not been developed.   |          |          | ...are in development but not established.  |          |          | ...are established but are not consistently implemented.                             |          |          | ...are established and consistently implemented. Responsibilities are assigned and protected time is available to complete assigned responsibilities. |           |           |
| <b>Tracking and monitoring data use workflows established</b>   | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>   | <b>11</b> | <b>12</b> |
| 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 are not consistently implemented.                             |          |          | ...are established and consistently implemented. Responsibilities are assigned and protected time is available to complete assigned responsibilities. |           |           |

## Planned, Patient-Centered Visits Building Block

*Prepare and plan for the clinic visits of all patients on LtOT. Support patient-centered, empathic communication for care of patients on LtOT.*

| <b>Planned opioid patient visits</b>   | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
|--|---|----------|----------|---|----------|----------|--|----------|----------|--|-----------|-----------|
| 11. Before routine clinic visits, patients on LtOT...  | ...are not identified. There is no advance preparation for patient visits for LtOT. |          |          | ...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. |           |           |
| <b>Empathic communication</b>  | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 12. Training on patient-centered, empathic communication emphasizing patient safety, e.g., risks, dose escalation, and tapering...               | ...has not been offered to clinicians and staff.                                    |          |          | ...has been offered to clinicians and staff, but participation was limited.   |          |          | ...has been offered and most of the clinicians and staff participated.                           |          |          | ...is consistently offered, with widespread, regular participation.  |           |           |
| <b>Patient involvement</b>   | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 13. Training on how to involve patients on LtOT in making decisions, 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 participation was limited.   |          |          | ...has been offered and most of the clinicians and staff participated.                           |          |          | ...is consistently offered, with widespread, regular participation.  |           |           |
| <b>Care plans</b>  | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 14. Care plan* templates for chronic pain management...  | ...do not exist.  |          |          | ...exist but do not align with current clinic policies or are not consistently used.  |          |          | ...exist and align with current clinic policies but are not consistently used.                   |          |          | ...exist, align with current policies, and are consistently used.  |           |           |
| <b>Patient education</b>   | <b>1</b>  | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 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 a provider and patient agree will be used to manage the patient's pain. It can include goals such as functional activities; current or planned treatments, such as physical activity prescription and medications; and a timeframe for reevaluation, such as followup in 3 months.

## Caring for Patients With Complex Needs Building Block

*Develop policies and resources to ensure that patients who develop OUD or who need mental and behavioral health resources are identified and provided with appropriate care, either in the primary care setting or by outside referral.*

| <b>Identifying patients with complex needs</b>  | <b>1</b>   | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
|---|--|----------|----------|---|----------|----------|--|----------|----------|--|-----------|-----------|
| 16. Policies, clinic-selected screening tools, and workflows to identify opioid misuse, diversion, and addiction and to recognize mental/behavioral health needs... | ...do not exist.                                 |          |          | ...partially exist.   |          |          | ...exist but are only partially implemented.   |          |          | ...exist and are consistently implemented.   |           |           |
| <b>OUD resources</b>  | <b>1</b>   | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 17. OUD treatment...  | ...is difficult to obtain reliably.              |          |          | ...exists but is not 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.  |           |           |
| <b>OUD training</b>   | <b>1</b>   | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 18. Training on diagnosing opioid use disorder...   | ...has not been offered to clinicians.           |          |          | ...has been offered to clinicians, but participation was limited.                     |          |          | ...has been offered and most of the clinicians participated.                               |          |          | ...is consistently offered, with widespread, regular participation.  |           |           |
| <b>Behavioral health resources</b>  | <b>1</b>   | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 19. Mental/behavioral health services...  | ...are difficult to obtain reliably.             |          |          | ...are available from behavioral health specialists but are not 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. |           |           |
| <b>Stigma training</b>  | <b>1</b>   | <b>2</b> | <b>3</b> | <b>4</b>  | <b>5</b> | <b>6</b> | <b>7</b>   | <b>8</b> | <b>9</b> | <b>10</b>  | <b>11</b> | <b>12</b> |
| 20. Training on addressing stigma surrounding OUD and mental/behavioral health needs...   | ...has not been offered to clinicians and staff. |          |          | ...has been offered to clinicians and staff, but participation was limited.           |          |          | ...has been offered and most of the clinicians and staff participated.                     |          |          | ...is consistently offered, with widespread, regular participation.  |           |           |

## Measuring Success Building Block

*Continuously monitor progress and improve with experience.*

| <b>Monitoring progress</b>  | <b>1</b>               | <b>2</b> | <b>3</b> | <b>4</b>   | <b>5</b> | <b>6</b> | <b>7</b>  | <b>8</b> | <b>9</b> | <b>10</b>   | <b>11</b> | <b>12</b> |
|---|------------------------|----------|----------|--|----------|----------|---|----------|----------|---|-----------|-----------|
| 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. |           |           |
| <b>Assessing and modifying</b>  | <b>1</b>               | <b>2</b> | <b>3</b> | <b>4</b>   | <b>5</b> | <b>6</b> | <b>7</b>  | <b>8</b> | <b>9</b> | <b>10</b>   | <b>11</b> | <b>12</b> |
| 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.  |           |           |