

PREPARE & LAUNCH

Six Building Blocks

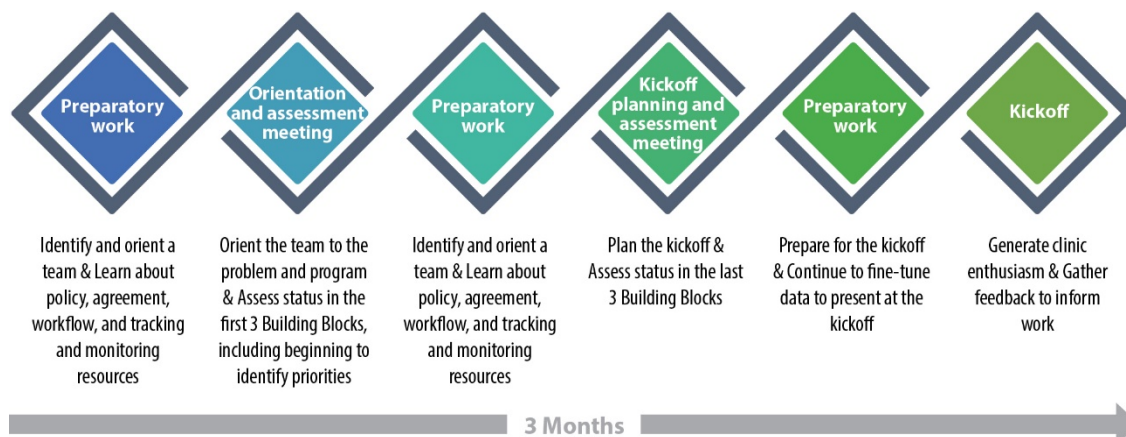
*A Team-Based Approach to Improving
Opioid Management in Primary Care*



Stage 1: Prepare & Launch

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

- You (QI Lead) can use this guide to coach a primary care organization through the three-month Prepare & Launch Stage of the Six Building Blocks program.
- The guide walks you through preparing for and facilitating three meetings as outlined below. Through this process you will achieve the aims of this stage.
- Track your progress with the Six Building Blocks coaching log.



Acronyms and Terms

The following acronyms are used in this Guide.

- **Agreement:** this refers to a Patient Agreement/Patient Contract
- **CDC:** Centers for Disease Control & Prevention
- **EHR:** electronic health record
- **LtOT:** Long-term opioid therapy, sometimes referred to as chronic opioid therapy (COT)
- **MA:** Medical Assistant
- **MAT:** Medication assisted treatment
- **MED:** morphine equivalent dose, also known as MME or morphine milligram equivalents.
- **PA:** Physician Assistant
- **PDMP:** state prescription drug monitoring program
- **QI lead:** the quality improvement lead for implementing opioid management improvements using the Six Building Blocks at your organization; one of the key roles on the opioid improvement team and the person this How-To Guide is primarily directed towards. This could be a person who does not have “QI” in their title or job description but wants help addressing opioid over-prescribing in their setting.
- **VA:** Department of Veterans Affairs
- **WA AMDG MED calculator:** the Washington State Agency Medical Director’s Group morphine equivalent dose (MED) calculator, which takes into account methadone’s exponential MED increases.



Preparatory Work Ahead of Orientation and Assessment Meeting

What's Going on During This Step

QI Lead (you):

- Builds an opioid improvement team.
- Schedules meetings.
- Collects existing policy, agreement, and tracking and monitoring resources, and relevant evidence, guidelines, and regulations.
- Prepares information to present to the team.

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 Six Building Blocks 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. Use the following table to identify your team membership. You might consider including a patient on your opioid improvement team. See [IHI](#) for more information.

Position	Time Commitment Estimates	Role Characteristics	Responsibilities
QI lead (required)	2-8 hours per month (more during early months)	QI experience, or ability to be trained (e.g., online quality improvement introductory courses) Interest in this topic	Leads the day-to-day work Organizes meetings Oversees quality improvement processes (e.g., test, assess, adjust)
Clinical champion (required)	2-4 hours per month	Critical to success Interest in this topic Sway in the organization	Builds consensus among clinicians and staff Maintains leadership support for program Lead clinical voice on the team
Tracking and Monitoring Lead	Highly variable depending on your system, 4+ hours per month	Protected time for tracking and monitoring Skills in clinical data and technology Ready access to prescription and refill data	Works with data to develop and generate reports
Others, as desired (medical assistant, nurse, social worker, behavioral health provider, clinic manager, pharmacist, MAT team member)	2-4 hours per month		Represents roles important to team-based care of patients on long-term opioid therapy



2. Schedule Meetings

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

Meeting	Who	Time	Purpose
Orientation and assessment meeting	Opioid improvement team	1-1.5 hours	Orient the team to the opioid management problem, related guidelines and regulations, and to the Six Building Blocks approach & Assess status in the first 3 Building Blocks, including beginning to identify priorities
Kickoff planning and assessment meeting	Opioid improvement team	1-1.5 hours	Plan the kickoff & Assess status in the last 3 Building Blocks
Clinicwide kickoff	All staff and clinicians	1.5 hours	All staff and clinicians come together to share their ideas and concerns regarding opioid management in the clinic, and to build enthusiasm for the work. <u>This meeting is essential to the program's success.</u>
First action plan meeting	Opioid improvement team	1.5-2 hours	Reflect on learnings from the Prepare and Launch stage and develop a plan for the next three months of work. Generally happens directly after the kickoff.
Monthly post-kickoff meetings	Opioid improvement team	1 hour	Move the work forward

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, including a review of relevant evidence, guidelines, and regulations related to opioid management. Prepare for this meeting by doing the following:

Orientation materials

- Collect relevant evidence, guidelines, and regulations. For example, are there any state regulations related to opioid prescribing (maximum dose? prior authorization? PDMP checks? CME requirements?). This is covered in the Commitment Presentation.

Policies, Patient Agreements, Workflows

- Collect any existing policies, patient agreements/contracts, and workflows related to opioid management.
- Look at the examples provided on the Six Building Blocks website.
- Complete the following table.

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.



Type of document	Name of document	Date of last update	Extent of use	Where are there opportunities for aligning with guidelines/regulations and each other? You can also compare them to the examples provided on the Six Building Blocks website.
Policy				
Patient agreement				
Workflow				

Tracking and Monitoring

- Identify any existing electronic health record (EHR) templates, EHR clinical decision support tools, flow sheets, 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 long-term opioid therapy? If yes, how does that currently work?
 - Are all of our clinicians signed up for the PDMP? Any designees?

Helpful Website Resources

The following resources can be found at <https://comagine.org/program/six-building-blocks/resources>.

- [Model opioid prescribing policy](#)
- [Model patient agreement](#)
- [Model workflows \(chronic pain appointment, opioid refill, opioid list manager\)](#)
- [Approaches to identifying patients](#)

Milestone Aims

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

- Learned about relevant evidence, guidelines, and regulations
- Formed an opioid improvement team
- Protected time for the opioid improvement team and clinic to meet

END of Preparatory Work



Orientation and Assessment Meeting

Time

1-1.5 hours

Objectives

Orient the opioid improvement team to the breadth of the opioid management problem, current evidence/guidelines/regulations, and the Six Building Blocks 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 can be found at <https://comagine.org/program/six-building-blocks/resources>.

- [Commitment Presentation](#)
- [Opioid harm stories](#)
- [CDC Guidelines for Prescribing Opioids for Chronic Pain](#)
- [CDC training and webinars](#)
- [Six Building Blocks Self-Assessment](#)
- [Data to Consider Tracking](#)

Agenda (outline)

1. Six Building Blocks program orientation (NOTE: this is only necessary if members of the opioid improvement team were not at the leadership commitment meeting)
2. Assessing baseline status in the first 3 Building Blocks
 - a. Leadership and Consensus: complete [Six Building Blocks Self-Assessment](#)
 - b. Policies, Patient Agreements, and Workflows
 - c. Tracking and Monitoring
3. Review preparatory work to be done 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.



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 guidelines and regulations) and the Six Building Blocks program. This is a chance to build support for this work. Let the team know that the ultimate goal of the Six Building Blocks program is to support clinics in building their capacity to help patients with chronic pain maximize their functional status and quality of life with treatment plans that minimize risk to the patients and their clinicians.

2. Assessing Baseline Status in the First 3 Building Blocks

Walk the opioid improvement team through an in-depth assessment of the first 3 Building Blocks: Leadership and Consensus; Policies, Patient Agreements, and Workflows; and Tracking and Monitoring.

a. 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 the overall gaps and strengths are in the organization's current approach to care of patients using long-term opioid therapy?
- Why are you implementing improvements to opioid management using the Six Building Blocks? What motivated you to take on this project? What do you hope will change?
- Begin identifying improvement priorities/aims. The [Six Building Blocks Milestones](#) can be a useful resource to have on hand for this discussion.

b. Policies, Patient Agreements, and Workflows

Present information on and facilitate a conversation about your clinic's current policy, agreement, 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
- Opportunities for aligning these documents with one another, and with evidence, national or state guidelines, and regulations

c. 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 Tracking and Monitoring Lead should present a proposed approach to identifying patients on long-term opioid therapy for the kickoff presentation.

IMPORTANT

The purpose of the self-assessment is to start a conversation about the current state of opioid management in the clinic and where there are opportunities for improvement. Doing the self-assessment with others tends to highlight where there are different perspectives and why. 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.

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 set of preparatory work.

Milestone Aims

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

- Learned about the opioid management problem, guidelines, regulations, and the Six Building Blocks program
- 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 policy, agreement, and workflows
Identified any existing tracking & monitoring resources

END of orientation and assessment meeting



Preparatory Work Ahead of Kickoff Planning and Assessment Meeting

What's 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 on the kickoff during the next 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 Available Patient Resources

Gather currently available resources for patients including:

- Currently used patient education materials related to opioid management
- Existing non-opioid treatment resources for patients with chronic pain (e.g., physical therapy, behavioral health)
- Existing resources in the community and clinic for patients with opioid use disorder or mental health concerns such as depression, anxiety, and PTSD

2. Learn What Happens During Patient Visits and Refill Requests

Talk with care teams to answer the questions below. This will lay the groundwork for future workflow development.

- How do staff and/or clinicians prepare for visits with patients using long-term opioid therapy?
- If your organization prepares for opioid-related visits, what information is used? (e.g., chart reviews, a tracking system, PDMP)

LESSON LEARNED

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

- What happens when a patient comes in for an appointment that will include an opioid prescription? What is the process? Are there any state laws requiring a check of the PDMP before refilling? How is this done/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 long-term opioid therapy?
 - Assessment resources
 - Calculation of morphine equivalent dosing
 - Patient function (e.g., PEG)
 - Risk for opioid use disorder (e.g., ORT)
 - Opioid misuse (e.g., COMM)
 - PTSD (PC-PTSD)
 - Sleep apnea (STOPBang)
 - Anxiety and Depression (PHQ-9, GAD-7)

Please reference the CDC toolkit Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain. It contains examples of existing materials, tools and resources developed and used by other practices, including assessments for anxiety and depression and diagnostic criteria and questions for opioid use disorder, that you can use as is or modify to meet your needs.

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 long-term opioid therapy?

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

- a) How many patients do you have on long-term opioid therapy (LtOT) for non-cancer pain (by clinic and by clinician)?
- b) If you are able, consider reporting by clinic, by clinician, and by patient:
 - #/% of patients on LtOT with MED ≥ 50 , ≥ 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 long-term opioid therapy 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 three consecutive months is considered to be using LtOT. How you practically define this can vary. A clinician may know his or her patients and be able to identify these patients. Or a staff member who handles opioid refills may do so when refilling a patient's medications. One common definition when using electronic health record 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 3 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**?

Use the Prescription Monitoring Program (PDMP) to create a list by:

- Having each clinician or his/her designee generate a summary report from the PDMS, as possible.
- Verifying the list with each clinician.

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

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 a proprietary software, it is worth exploring what it would take to use it to identify patients using LtOT and/or 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 three months. Or, 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 long-term opioid therapy to share during the clinicwide kickoff. These stories should represent why this project is important. For instance, this could include a story of an adverse outcome (e.g., overdose, death, diversion) for a patient using long-term opioid therapy, 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 there are no data to share at the kickoff.

Helpful Website Resources

The following resources can be found at <https://comagine.org/program/six-building-blocks/resources>.

- [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:

- Located existing patient education/support resources related to opioid management
- Investigated what currently happens during patient visits and refill requests related to opioid management
- Located existing resources for complex patients (e.g., mental health, opioid use disorder services)
- Produced baseline data reports, as possible
- Identified stories to present at kickoff

END of Pre-Meeting 2 Work



Kickoff Planning and Assessment Meeting

Time

1-1.5 hours

Objectives

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

Who Should Attend

Opioid improvement team

Helpful Website Resources

The following resources can be found at <https://comagine.org/program/six-building-blocks/resources>.

- [Success metrics](#)
- [Kickoff manual](#)

Agenda (outline)

1. [Planning the clinicwide kickoff](#)
2. Assessing baseline status in the last three Building Blocks
 - a. Measuring Success
 - b. Planned, Patient-Centered Visits
 - c. Caring for Complex Patients

Agenda (details)

1. Planning the Clinicwide Kickoff

The 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. Below is an example agenda for this meeting.



Kickoff Agenda Template

Topic	Person	Time
Why addressing long-term opioid therapy is important to our patients, staff, and leadership (e.g., current evidence, guidelines, regulations; breadth of the problem)	Clinical champion	15 minutes
What's happening at our clinic? (data and stories)	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: baseline self-assessment	Quality improvement lead	25 minutes
Self-assessment reflection and feedback	Quality improvement lead	25 minutes
Program next steps and how you can help (complete kickoff survey)	Clinical champion	5 minutes

When planning the 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/or beverages.
- Reviewing what the clinical champion will say about why addressing long-term opioid therapy is important.
- Looking at the [Six Building Block Resources](#) and deciding which resources to share during the kickoff. Common resources to include are:
 - [CDC Guidelines factsheet](#)
 - [CDC patient education handout](#)
 - [VA Tapering guidelines](#)
 - [Tips for difficult conversations](#)
 - [Clinical education resources handout](#)
 - PDMP registration information



2. Assessing baseline status in the last three Building Blocks

Walk the opioid improvement team through doing an in-depth assessment of baseline status in the last 3 Building Blocks: Measuring Success; Planned, Patient-Centered Visits; and Caring for Complex Patients.

a) Measuring Success

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

- Currently available data on patients using long-term opioid therapy for non-cancer pain.
- The strengths and weaknesses of the organization's current capacity to measure success.

The clinical champion shares de-identified patient stories (of harm from opioids or of success in improvement 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 working toward improving care of patients using long-term opioid therapy 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 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.

b. Planned, Patient-Centered Visits

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

- Existing patient education materials related to opioid management
- Existing non-opioid treatment resources (e.g., physical therapy, 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

c. Caring for Complex Patients

The QI lead (you) presents information on and facilitates a conversation about existing resources for patients with complex issues, such as opioid use disorder, or mental health concerns such as depression, anxiety, and PTSD.

CAUTION

Don't let data woes hold you back from hosting the kickoff. Sometimes organizations cannot identify their patients ahead of 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 two weeks (e.g., early refill calls).

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

END of kickoff planning and assessment meeting



Preparatory Work for the Kickoff Event

What's Going on During This Step

QI Lead (you):

- Reviews the [kickoff manual](#) to understand how to run the kickoff
- Makes copies of agreed upon resources to share during the kickoff
- Makes copies of [Six Building Blocks Self-Assessment](#) for the small group activity and the [Kickoff Event survey](#)
- Arranges for food and beverages, as decided
- Confirms room reservation and arranges for appropriate technology (laptop, screen, projector) and room set-up (conducive to small-group activity)
- Assures all presenters have their materials ready to go
- Compiles kickoff materials (PowerPoint, 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 can be found at <https://comagine.org/program/six-building-blocks/resources>.

- [Kickoff manual](#)
- [Kickoff slides](#)
- [Six Building Blocks Self-Assessment](#)
- [Kickoff survey](#)
- [Six Building Blocks resources](#)
- [Opioid harm stories](#)
- [CDC Guidelines 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 enthusiasm for implementing improvements to opioid management.

Who Should Attend

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

Agenda

1. Why addressing long-term opioid therapy is important to our patients, staff, and leadership (e.g., current evidence, guidelines, and regulations; breadth of the problem)
2. What's happening at our clinic? (data and stories)
3. Overview of the Six Building Blocks program
4. We want to hear from you! Small group activity: baseline self-assessment
5. Next steps and how you can help

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's 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

Milestone Aims

By the end of this step, you should have:

- Hosted a Kickoff Event with all clinicians and staff, during which feedback was gathered and enthusiasm was generated
- Completed assessing baseline status of Six Building Blocks

NEXT UP: First action plan meeting (opioid improvement team)

This is the start of the Design & Implement stage. See the Design & Implement Guide.

End of Prepare & Launch Stage

