



Levers of Motivation and Six Building Blocks

Engaging Doctors in the Health Care Revolution

Thomas H. Lee, MD, and Toby Cosgrove, MD, published *Engaging Doctors in the Healthcare Revolution* in the Harvard Business Review in June 2014. Their concept of the four *levers of motivation* are useful when considering how to motivate clinicians and staff in Six Building Blocks opioid management improvement work. The below table summarizes the levers of motivation concepts from Lee and Cosgrove's article.

Motivation	How to apply it
To engage in a noble shared purpose	Appeal to the satisfaction of pursuing a common organizational goal
To satisfy self-interest	Provide financial or other rewards for achieving targets
To earn respect	Leverage peer pressure to encourage desired performance
To embrace tradition	Create standards to align behaviors and make adherence a requirement for community membership

Applying the Levers of Motivation to Opioid Management

What follows are our learnings from applying these levers of motivation in Six Building Blocks opioid management improvement work, including examples of how clinics have engaged each lever of motivation.

To engage in a noble shared purpose

Helping patients and the community is a facilitator to opioid management work. Clinicians and staff want to help their community by decreasing opioid overuse and addiction.

"I think the most important to us was the patient care, just how to help our patients."

Here are some ways clinics have used this lever:

- ☐ Emphasized that the project is about increasing patient safety. Shared data about opioids and patient safety, such as how increased MED increases overdose risk.
- ☐ Shared individual patient success stories at medical staff meetings as a way to encourage clinicians and remind them of what's possible.
- ☐ Set a goal to decrease the number of patients on high-dose long-term opioids by 50% in the next 18 months.

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To satisfy self-interest

Wanting to decrease work life stress can be a big driver of opioid management improvement work. Clinicians, clinical staff, and front desk staff often report the current approach to opioid management in their clinic is stressful and they are ready for a change.

“Our providers have some experience picking up difficult cases from colleagues who’ve left and that has been... so difficult that they want to do their part in not getting in that pickle again.”

Here are some ways clinics have used this lever:

- ☐ Highlighted how implementing consistent approaches:
 - ☐ Makes it easier to cover for one another,
 - ☐ Makes it easier for clinical staff working across teams,
 - ☐ Makes it clearer for patients, and
 - ☐ Reduces the chance of inheriting patients on legacy prescriptions in the future.
- ☐ Emphasized:
 - ☐ The program is about providing support for clinicians and staff,
 - ☐ The team-based care model spreads the work across roles, and
 - ☐ The clinical education and evidence-based changes increase confidence and comfort.

To earn respect

Transparency can be a motivator. By sharing data, clinicians and care teams can compare their long-term opioid prescribing and care processes with other clinicians’ and care teams.

“We showed [the report] to them in the fall and they were very competitive... ‘I only have [this many patients] over the 120 [MED] mark, how many do you have?’”



Here are some ways clinics have used this lever:

- ❑ Held a clinician-only meeting and openly shared clinicians' opioid prescribing data. Had the group discuss variation and possible solutions for building consistency. Provided food!
- ❑ Reviewed cases at regular medical staff meetings to facilitate conversations about how to handle complex patients.
- ❑ Conducted peer-to-peer chart reviews during medical staff meetings.

To embrace tradition

Clinics that actively engaged in providing the highest quality care to patients on long-term opioid therapy felt good about the work and had success.

"I was happy how people were engaged in this work and the practice as a whole really kind of came together on it."

Here are some ways clinics have used this lever:

- ❑ Emphasized this is a clinic-wide process. The opioid improvement team sought everyone's input in order to re-design care together. Valued that each role had a different, valuable, perspective.
- ❑ Established clear clinic goals for improvement and provided internal reports to teams at the clinician level in meeting those goals.

