6-BBs Prepare & Launch Workbook

This workbook takes us through the Prepare & Launch Stage of implementing the Six Building Blocks Program (6-BBs). The aims of this stage are to orient the Opioid Improvement Team and the clinic to the 6-BBs and to prepare for the work ahead by assessing baseline status.

### Prepare & Launch Stage Activities

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| Building Block | Activities |
| Leadership & consensus | * Make a leadership commitment and sign Partnership Agreement Letter
* Designate an improvement team
* Protect time for improvement team to meet
* Host a kick-off event with all clinicians and staff
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| Policies, patient agreements, and workflows | * Locate & assess use of existing documents
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| Tracking & monitoring | * Identify any existing tracking & monitoring resources
* Produce any possible baseline prescribing data reports
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| Planned, patient-centered visits | * Locate existing patient education/support resources
* Investigate what currently happens during patient visits and refill requests
* Identify training resources on empathic communication & patient involvement
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| Complex patients | * Locate existing resources for complex patients (e.g., mental health/behavioral health, addiction services, etc.)
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| Measuring success | * Assess current status of 6-BBs
* Agree on and write specific measurable aims for improvement
* Over 2 weeks, track a simple performance measure (e.g., # early refill calls each day)
* Create an action plan to achieve first design stage milestones
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The Practice Facilitator will use the workbook to facilitate the above activities through two team meetings and a Kickoff Event. The workbook is organized around the two post-commitment Prepare & Launch meetings, as follows.

## Team meeting 1: Orientation & assessment

1. Orientation to 6 Building Blocks Program
2. Leadership and Consensus
3. Policies, Patient Agreements, and Workflows
4. Tracking and Monitoring
5. Next assignment

## Team meeting 2: Assessment & Kickoff Event planning

1. Measuring Success
2. Planning the Kickoff Event
3. Planned, Patient-Centered Visits
4. Complex Patients

# Team Meeting 1, Orientation and assessing baseline

**Agenda**

Time: 1-2 hours

1. 6 Building Blocks Program orientation (PowerPoint)
	1. Introduction to the Six Building Blocks
	2. Steps to implementation
	3. Kickoff Event: setting a date and inviting all providers and staff
2. Assessing baseline status
	1. Leadership and Consensus
	2. Policies, Patient Agreements, and Workflows
	3. Tracking and Monitoring
3. Review next assignment

# Leadership and Consensus

What do you and your clinic hope to achieve through the Six Building Blocks Program?

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What do you think is going well in your organization in regards to patients on chronic opioid therapy? Why?

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What do you think are areas of challenge? What contributes to these struggles?

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# Policies, Patient Agreements, and Workflows

## Existing documents

Locate and compile any existing opioid policies, patient agreements, or workflows. Complete the table below to record what you find. The first row shows an example.

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| --- | --- | --- | --- |
| **Type of document** | **Name of document** | **Date of last update** | **Extent of use** |
| *Policy* | *Samson Clinic Opioid Prescribing Policy* | *8/13/2003* | *Not followed. Most care teams reported only vaguely knowing one existed.* |
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## Comments

Other key notes about the above documents?

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# Tracking and Monitoring

Ahead of our next meeting, we will ask you to see what baseline data you can pull to share during our Kickoff Event. The following questions will help us explore the best way for you to do that.

What is your EHR?

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## Personnel

Do you have a person in your clinic who tracks and monitors quality metrics or registries? Does anyone track opioid management in any way? If so, how much time does he/she spend tracking & monitoring opioid patients?

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## Existing EHR templates, flowsheets, and reports

Do you have a flowsheet or template that guides your pain appointments? If yes, is it used across your organization?

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Do you run any reports on your chronic opioid therapy patients? If yes, what is in those reports? What is their purpose? If not, do you have the capacity to produce reports about patients on chronic opioid therapy (EHR query, proprietary software, manual tracking, etc.)?

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## Discrete fields

Is there a place in your EHR to enter MED? Is it a discrete field you can query? What about date patient agreement signed?

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## Comments

Other key notes about entering or querying data in the EHR?

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# Pre-meeting 2 assignment

Let’s review your assignment ahead of our next meeting. (Talk through pre-meeting 2 worksheet.)

**(END of Meeting 1)**

# Team Meeting 2, Assessing baseline status (continued) and planning the Kickoff Event

**Agenda**

Time: 1.5-2 hours

1. Measuring success – what you learned during your pre-meeting work
2. Planning the Kickoff Event
	1. Content development
	2. Practical preparation
3. Assessing baseline status (continued)
	1. Residual work from meeting 1
	2. Planned, Patient-Centered Visits
	3. Complex Patients

# Measuring Success

You did some investigating of baseline data ahead of this meeting. These investigations were useful so that a) you have data and stories to share at the Kickoff Event, b) you have data to help you set an aim at the Kickoff Event Opioid Improvement Team Action Plan Meeting, and c) you have a better sense of your tracking and monitoring capacity. Let’s take some time now to review what you learned.

## Stories

Are there any stories from your organization of adverse outcomes (e.g., overdose, death) for patients using chronic opioid therapy? If yes, record an example story here.

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## Data

Were you able to gather any data (e.g., number of patients receiving chronic opioids)? Let’s discuss what you learned. (Baseline status; where did you get the data; how did it go)

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# Planning the Kickoff Event

The Kickoff Event includes two meetings:

1. Kickoff meeting: A 1.5 to 2-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 6 Building Blocks Program. This meeting is essential to the program’s success.
2. Team action plan meeting: A 1.5 to 2-hour opioid improvement team meeting to develop a plan for the next three months of work.

## Content

### Kickoff Event agenda (for a 1.5 hour meeting; if longer, add time to the small group activities -#3,#4)

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| Topic | Person | Time |
| 1. Overview of the 6 Building Blocks Program
 | 6-BB team member | 25 minutes |
| 1. Why is the 6 Building Blocks Program important to leadership and the organization?
 | Clinic member (e.g., Champion) | 15 minutes |
| 1. Small group activity: baseline self-assessment
 | Practice Facilitator | 25 minutes |
| 1. Self-assessment reflection and feedback
 | Practice Facilitator | 20 minutes |
| 1. Program next steps and how you can help
 | 6-BB team-member | 5 minutes |

When you are creating your slides, think through what you want to say about why the 6 Building Blocks Program is important (see Leadership and Consensus, pg. 3) and what data and stories you want to share at the Kickoff Event in order to build buy-in (see Measuring Success, pg. 8).

## Practical preparation

Let’s decide:

* Who will present the importance of the 6 Building Blocks to your organizations?
* Who will be responsible for logistics at your organization? This includes:
	+ Inviting all clinicians and staff (if not already done)
	+ Reserving a room large enough to hold all clinicians and staff
	+ Arranging to have a laptop, projector, and screen

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The 6 Building Blocks team will bring the materials (slides on a USB drive, self-assessment, clinical education information, and survey).

Terrific. It was important for us to make sure we had time for that discussion as the Kickoff Event is so critical to a successful launch. If there are no other questions, let’s get back into assessing your baseline status.

# Planned, Patient-Centered Visits

How do staff and/or clinicians prepare for patients’ opioid visits?

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If your organization prepares for visits, what information is used? (e.g., chart reviews, a tracking system, Prescription Monitoring Program)

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## Assessments

Do you feel that you have the tools to measure the following in chronic opioid patients?

* Calculation of morphine equivalent dosing
* Patient function (e.g., PEG)
* Risk for opioid dependence and addiction (e.g., ORT)
* Opioid misuse (e.g., COMM)
* Anxiety, depression (e.g., PHQ, GAD-7)
* PTSD (PC-PTSD)
* Sleep apnea (STOPBang)
* Fibromyalgia (Patient-self-report survey)
* Urine drug testing
* Checks of the state prescription monitoring program
* Patient agreement

## Pain appointments

What is your understanding of what happens when a patient comes in for an appointment that will include an opioid prescription; how does this process generally work?

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## Opioid refills

What is your understanding of what happens when a patient calls for an opioid refill; how does this process generally work?

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## Patient education resources

What resources are currently used to educate patients about your organization’s approach to caring for patients on chronic opioid therapy and the risks of chronic opioid use?

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# Complex Patients

What resources exist in your organization for patients with opioid dependence, addiction, or mental health concerns such as depression, anxiety, and PTSD? What resources are you aware of in your community?

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What are some of the barriers that prevent patients from accessing the above resources?

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**(END of Meeting 2)**