Opioid Process Improvement Change Package

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Acronyms

AHS: Alberta Health Services

AMA: Alberta Medical Association

ACTT: Accelerating Change Transformation Team

EMR: Electronic Medical Record

HQCA: Health Quality Council of Alberta

PBP: Potentially Better Practice

PEER: Patients Experience Evidence Research

PHC ORI: Primary Health Care Opioid Response Initiative

QI: Quality Improvement

Change Package Development

The opioid process improvement change package was developed by the Alberta Medical Association (AMA) Accelerating Change Transformation Team (ACTT). Input was sought from patients who have lived experience using opioids and providers with experience treating patients who use opioids. The opioid process improvement change package supports the Primary Healthcare Opioid Response Initiative (PHC ORI) which aligns provincial health partners supporting primary care teams to effectively tackle the opioid crisis in Alberta. Partners in this initiative include Alberta College of Family Physicians, Alberta Health, and Alberta Health Services. The opioid process improvement change package was developed, tested and disseminated to stakeholders between April 2018 and March 2020.

A review of existing literature related to opioid management in primary care was conducted by AHS as part of the PHC ORI.

Patients and providers with lived experience were engaged in the development of this change package. Providers were engaged through focus groups and individual consultation. Patient advisors were recruited in collaboration with AHS and were provided significant feedback on the practice facilitator training, website and supporting materials.
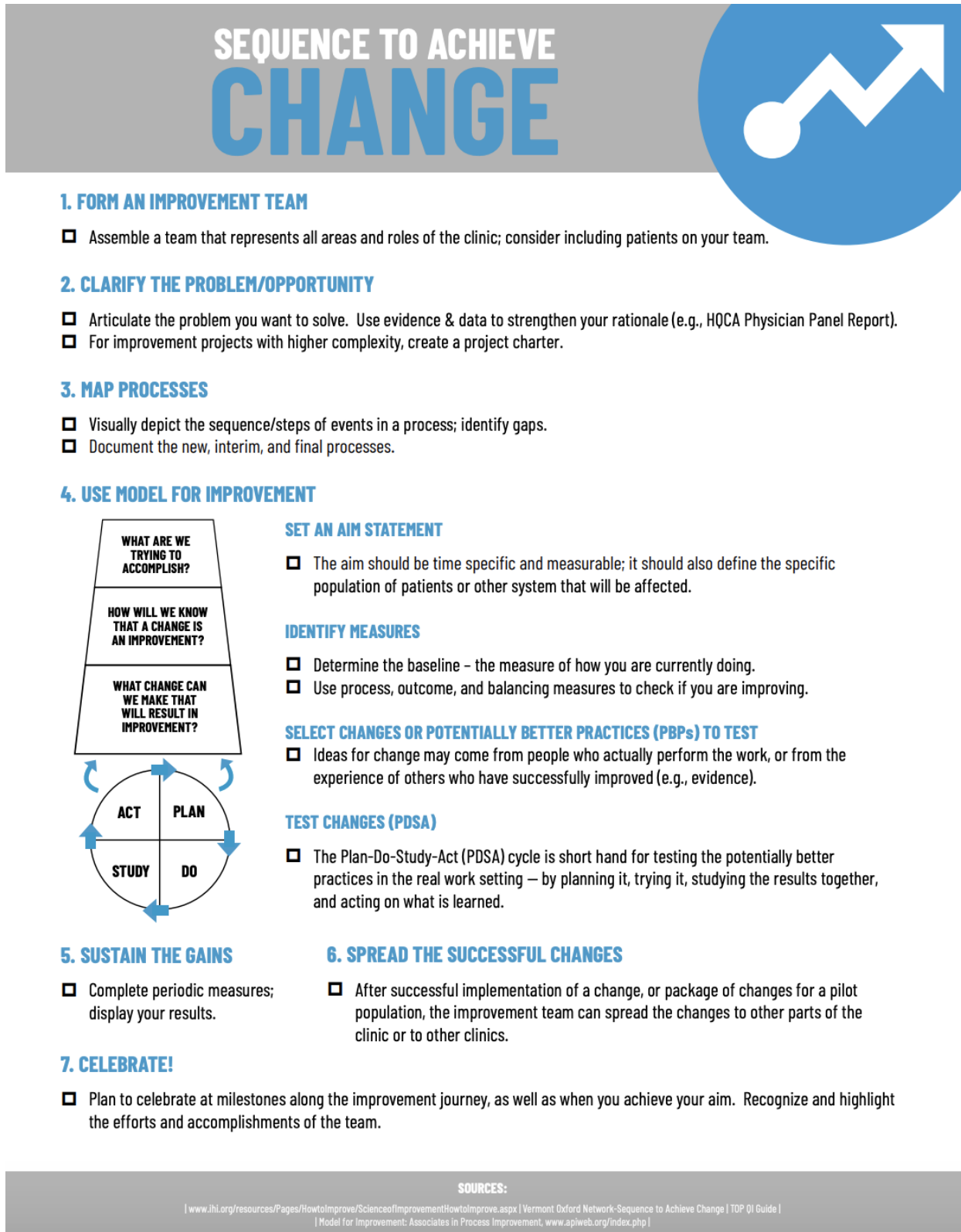
How to Use the Change Package

This change package is intended to be used by practice facilitators, physician champions and clinical improvement teams to support process improvements for patients in the practice who use opioids. While the change package is not comprehensive of all process improvements for patients who use opioids it provides clinical teams with a place to start.

Change does not always lead to an improvement. However, all improvement requires change. The opioid process improvement change package outlines a number of change ideas that have been derived from a review of the literature, clinical practice guidelines, and from expert recommendations. They are anticipated to improve the care of patients who are using opioids. The ultimate goal is for care teams to use the change ideas to drive improvement in their own practice, primary care network, health neighbourhood, and zone. There are many change ideas included in this change package. They serve as a menu of options. It is not recommended that any team attempt to implement all change ideas simultaneously, nor is it likely that all change ideas will be suitable for your practice setting.

The Opioid Process Improvement Change Package is organized around the Sequence to Achieve Change (Figure 1), which is a step-wise change management approach that incorporates the Institute for Healthcare Improvement Model for Improvement. This document follows the steps in the sequence to help teams select and test changes that can be applied in the care team's context.

Change does not always lead to an improvement. However, all improvement requires change.

Figure 1. **The Sequence to Achieve Change**

SEQUENCE TO ACHIEVE CHANGE

1. FORM AN IMPROVEMENT TEAM

☐ Assemble a team that represents all areas and roles of the clinic; consider including patients on your team.

2. CLARIFY THE PROBLEM/OPPORTUNITY

☐ Articulate the problem you want to solve. Use evidence & data to strengthen your rationale (e.g., HQCA Physician Panel Report).
☐ For improvement projects with higher complexity, create a project charter.

3. MAP PROCESSES

☐ Visually depict the sequence/steps of events in a process; identify gaps.
☐ Document the new, interim, and final processes.

4. USE MODEL FOR IMPROVEMENT

WHAT ARE WE TRYING TO ACCOMPLISH?

HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

WHAT CHANGE CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

ACT | PLAN
STUDY | DO

SET AN AIM STATEMENT

☐ The aim should be time specific and measurable; it should also define the specific population of patients or other system that will be affected.

IDENTIFY MEASURES

☐ Determine the baseline – the measure of how you are currently doing.
☐ Use process, outcome, and balancing measures to check if you are improving.

SELECT CHANGES OR POTENTIALLY BETTER PRACTICES (PBPs) TO TEST

☐ Ideas for change may come from people who actually perform the work, or from the experience of others who have successfully improved (e.g., evidence).

TEST CHANGES (PDSA)

☐ The Plan-Do-Study-Act (PDSA) cycle is short hand for testing the potentially better practices in the real work setting — by planning it, trying it, studying the results together, and acting on what is learned.

5. SUSTAIN THE GAINS

☐ Complete periodic measures; display your results.

6. SPREAD THE SUCCESSFUL CHANGES

☐ After successful implementation of a change, or package of changes for a pilot population, the improvement team can spread the changes to other parts of the clinic or to other clinics.

7. CELEBRATE!

☐ Plan to celebrate at milestones along the improvement journey, as well as when you achieve your aim. Recognize and highlight the efforts and accomplishments of the team.

SOURCES:
| www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx | Vermont Oxford Network-Sequence to Achieve Change | TOP QI Guide |
| Model for Improvement: Associates in Process Improvement, www.apiweb.org/index.php |

1

Form an Improvement Team

Quality improvement focuses on improving processes that often affect many different team members. The first step is to assemble a quality improvement team in your clinic if one has not already been created. To engage the care team, consider using engagement tools such as an elevator speech (see Sequence to Achieve Change Workbook, activity 1 ([Appendix A]), linking the features and benefits of working on opioid process improvements, and focusing on WIIFM (what's in it for me?) and WIIFMP (what's in it for my patients?). You can reference the opioid 'Statistics and Guiding Principles' document (Appendix B) as a support in developing these.

Ideally, the quality improvement team should have representation from all areas and roles in the clinic (e.g., physician, allied health professionals, reception). You may wish to consider including a patient with lived experience using opioids on your team. If so, you can reference the 'Ideas to Support Patient Representatives on Opioid Process Improvement Teams' guide (Appendix C). It is recommended that you include someone with quality improvement and facilitation skills (e.g., a Primary Care Network Practice Facilitator) on your team so that they can support you with getting started and measuring progress. Additionally, it is recommended that you include someone with decision making authority (e.g., the clinic owner, physician lead or office manager) on your team as leadership will help to guide, support, and encourage the team and ensure changes made are sustainable in the long term.

2

Clarify the Problem or Opportunity

It is critical to define the problem or opportunity related to opioid processes that your team will begin working on. Have the quality improvement team discuss their current processes for patients who use opioids that have the highest need for improvement. Consider the following questions:

- What is the problem?
- Who does the problem affect?
- When is it a problem?
- Why should we care?
- How does it affect patients?

It may be helpful to use quality improvement tools here such as a Fishbone Diagram, 5 Why's, or a Pareto Chart. Use this QI Guide as an aid.

When brainstorming, be sure to focus on the problem and not the solution. After your discussion, articulate the problem or opportunity in a sentence or two. Use evidence and data to strengthen your rationale (e.g., from a Health Quality Council of Alberta [HQCA] Panel Report, the physician's MD Snapshot or EMR report). For improvement projects with higher complexity, consider creating a project charter (QI Guide, page. 19).

An example of a problem statement for opioid process improvements is:

"Team members at X clinic are frustrated because they are not able to produce a reliable list in the EMR of all patients who are currently using opioids. This prevents the team from planning proactive care."

3

Map the Process

Visually identifying the sequence or steps within a specific process will help care teams to identify redundancies and gaps. Start by naming the process under investigation so that all team members are focusing on the same thing. Next, determine the start and ends points in the process. Use your team to brainstorm all of the steps that happen in between. Finally, arrange your steps in order. You may wish to distinguish steps by clinical role. Use this Process Mapping Guide as an aid. Leverage process mapping skills from your practice facilitator, if possible.

Once you have your current state mapped, review it as a team. Consider the following questions:

- Where are the bottlenecks?
- Where is work being duplicated?
- Are their inconsistencies?
- What can be standardized?
- Does each step add value (for the patient and/or for the providers)? If not, can it be eliminated?

Examples of processes your team may wish to map for this change package include:

- Process for scheduling appointments for patients using opioids
- Process for having Netcare reviewed prior to prescribing opioids
- Process for reassessing patients who are taking opioids for changes in their function, pain, side effects, and mental health
- Process for screening for opioid use disorder

See sample process map below (Figure 2).

Figure 2. **Sample Patient Visit Process Map**
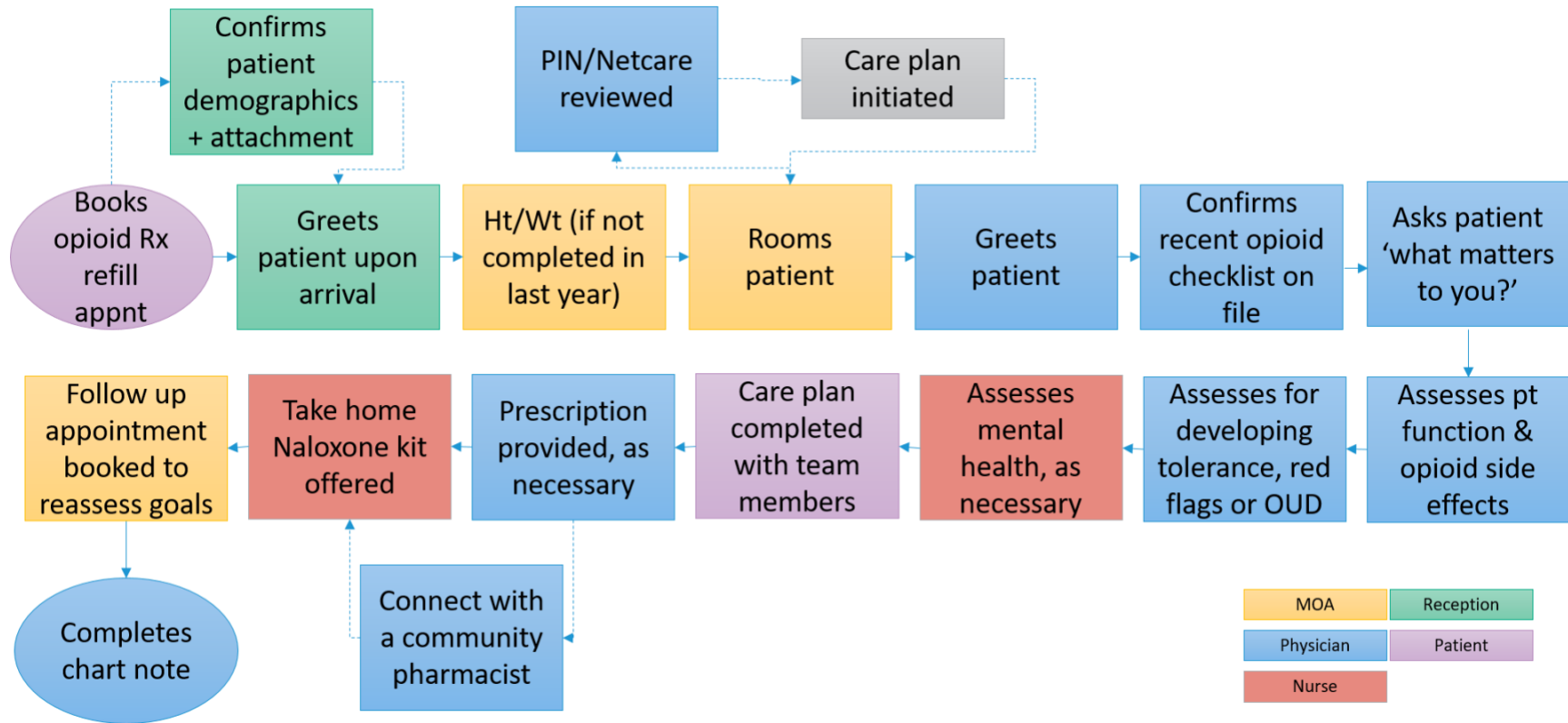
4

Use the Model for Improvement

When making a change, the Institute for Healthcare Improvement 'Model for Improvement' asks three questions:

AIM What are we trying to accomplish?	**MEASURE** How will we know that a change is an improvement?	**CHANGE** What change can be made that will result in an improvement?

These three questions are followed by small tests of change called Plan-Do-Study-Act (PDSA) cycles.

Aim Statement

When developing an aim statement, first consider your current circumstances. Then consider what aspects you would like to improve. An aim statement should define a specific population of patients or part of the system that will be affected. The statement should answer the questions:

1. What are we trying to improve?
2. By how much?
3. By when?

An example aim statement for the Opioid Process Improvement Change Package is:

> *"By x date x clinic will have improved their reassessment rate of patients taking opioids, by X%"*

Teams may also need to develop aim statements specific to each of the potentially better practices (PBPs) that are selected to be tested (PBPs defined and detailed below, page 10).

Identify Measures

Measurement is a key component of good quality improvement. Measurement allows you to track the changes that are occurring and assess their impact. **Process**, **outcome** and **balancing** measures should be collected to ensure that the change you're making is an improvement. However, remember to collect just enough data to inform decisions.

A process measure measures whether an activity has been accomplished. Often used to determine if a PDSA cycle was carried out as planned (e.g., # of patients using opioids with a documented care plan in last 12 months).

An outcome measure measures the performance of the system under study. Often relates directly to the aim of the project and offers evidence that changes are actually having an impact (e.g., # of patients prescribed opioid agonist

A balancing measure determines the impact of a change on a separate part of the system (e.g., patient satisfaction).

Sample process, outcome and balancing measures for this change package are include in Table 1 below (page 11). The sample process measures are listed as counts (e.g., # of patients with any opioid prescription). However, if you wish you wish to present your measures as rates, simply use the suggested process measure as the numerator and determine your denominator.

For example,

$$\frac{(\text{\# of patients with any opioid prescription } [\text{n}=17])}{(\text{\# of paneled patients } [\text{n}=1100])} \times 100 = 1.5\,\%$$

After you've selected your measure(s), start by determining your baseline to understand your current state. Determine an appropriate measurement interval (e.g., daily, weekly, monthly) and plot results on a run chart. Use this QI Guide as an aid. Leverage measurement skills from your practice facilitator, if possible.

Select Changes or Potentially Better Practices (PBPs) to Test

Potentially Better Practices (PBPs) are change ideas that you might try out and test to understand if they actually make an improvement in your context. PBPs may come from peer-reviewed literature, the experience of others who have made successful improvements, or they may come from those who actually perform the work. It is important to select the PBPs that are endorsed by the clinical team members.

Table 1 below (PDF available, Appendix D) sets out possible changes a team can make to improve processes for patients using opioids. The table has the following headers:

High Impact Changes: These represent the main areas of focus that are considered most critical for a care team to work on to achieve optimal performance in a particular area such as opioids in this example.

Potentially Better Practice (PBP): These are the specific processes and practices that can be tested and implemented based on their context. They're typically derived from related literature, clinical practice guidelines, and expert recommendations.

Process Measures: Defined above, these measures are typically simple to implement and track.

Tools: These are resources that may support teams in implementing the PBP.

To see the rationale for why each PBP was selected as a change idea, and some ideas for implementing it in your own clinic, refer to the Opioid PBP Rationale and Implementation Advice document (Appendix E).

Test Changes (PDSAs)

After a change idea is selected, use PDSA cycles to test changes in a real-world setting. Consider starting with just one patient and one provider. Use this PDSA Cycle Documentation worksheet (Appendix F) as a guide

Table 1. **Opioid Process Improvements Change Package**

Foundational change packages to consider before implementing: Panel Processes, Relational Continuity

OPIOID CARE PROCESSES

Purpose: To assist primary care clinics in optimizing processes for paneled patients who use opioids
Aim Statement: By x date x clinic will have improved their reassessment rate of patients taking opioids, by X%
Outcome Measure: # of patients with documented reassessment within specific time interval
Balancing Measure: Time to third next available appointment.

High Impact Changes	Potentially Better Practices	Process Measures	Tools
Improve the patient experience	Establish a multidisciplinary quality improvement team and consider including a patient with lived experience	Regularly scheduled team meetings	Patient Representative Guide
	Test and implement a patient-centred care planning approach	# of patients using opioids with a documented care plan in last 12 months	Care Planning Template
	Create a culture that allows for open conversation about opioids	Patient survey or interview Team survey	ACFP 'Let's Talk' Poster
Identify paneled patients for care improvements	Generate lists of patients using prescribed opioids	# of patients with any opioid prescription	EMR Guide
	Generate lists of patients using illicit opioids	# of patients using illicit opioids	
Optimize care management and prescribing	**Initiating Opioids**		
	Assess the risk of opioid misuse for patients before initiating opioid therapy	# of patients using opioids with completed risk assessment	Opioid Risk Tool
	Engage patients in a conversation about the benefits, side effects, and risks prior to prescribing opioids	# of patients with a documented opioid pre-prescribing conversation	Opioid Provider-Patient Conversation Checklist
	Establish a process where Netcare is reviewed prior to prescribing opioids	# of patients with documentation of review in chart	Process Mapping Guide

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OPIOID CARE PROCESSES

High Impact Changes	Potentially Better Practices	Process Measures	Tools
Management of Patients Using Opioids			
Optimize care management and prescribing, con't	Reassess patient taking opioids for changes in functions, pain, side effects, and mental health	# of patients overdue for reassessment	Brief Pain Inventory Mental Health Assessment (e.g. PHQ9, GAD7, ACEs)
	Assess patients for Opioid Use Disorder (OUD)	# of patients screened for OUD	Prescription Opioid Misuse Index (POMI)
Standardize documentation	Record all opioid prescriptions in the EMR	# of patients with any opioid prescription	Process Map Guide
	Record illicit opioid use in the EMR	# of patients using illicit opioids	Process Map Guide
	Record offers of Opioid Agonist Therapy (OAT) in the EMR	# of document offers of OAT for patients with OUD	Measurement Guide
Coordinate care in the medical home	Establish clear roles and responsibilities and a shared mental model for opioid processes amongst your medical home team	Team Assessment	Role and Responsibilities Guide Team Assessment
Coordinate care in the health neighbourhood	Establish processes for coordinating care of paneled patients using opioids (e.g. specialty and community services, pain, mental health) within your community and zone	Team Assessment	Who Can Help Framework

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Sustain the Gains

You've gathered a team, set an aim and have tested and measured changes. Now you've got to maintain the gains the care team has made. Some strategies to consider for maintaining improvements are[1]:

- Standardization: helps to ensure that new processes are followed. Standardizing tasks by role may help to create clarity around who is responsible.
- Accountability: does not rely on hierarchical structures, rather it promotes comradery amongst the team.
- A visual management system (e.g., QI board); develop and continually update a compelling visual scoreboard to keep team members engaged and energized.
- Daily communication: beyond the quality improvement team. Ensure that everyone on the team is aware of the change and understands why it is being made.
- A problem-solving technique: when problems inevitably arise, use a PDSA cycle approach to solve them.

Additionally, measurement does not stop once you have improved your outcomes. Continue to periodically measure your results to ensure that improvements are sustained over time. To save time and increase accuracy, standardize measurement in the EMR (i.e., save your search) so that the same measure is run the same way at each time interval.

Measurement does not stop once you have improved your outcomes.

6

Spread Successful Changes

After successful implementation with the initial provider(s), the improvement team can work to spread learning and changes to other providers/areas of the clinic or to other clinics within the primary care network or zone. Although actual spread occurs at the end of a successful improvement initiative, improvement teams should develop plans for spreading improvements from the very beginning. Strategies for spread may include[2]:

- Engage leadership in the spread.
  - o Ensure opioid process improvements are a key strategic initiative, goals and incentives for the work are aligned, and an executive leader is assigned.
- Define the improvement ideas and communicate with the broader care team.
  - o Identify target patient population and adopter group, involve key partners, and develop an initial spread strategy.
- Communication
  - o Promote awareness of the improvement and technical support available.
- Organizational culture
  - o Form communities of practice, make technical support available, seek support from the primary care network.
- Measure and solicit feedback.
  - o Capture throughout the tests of change and compile so that it can be effectively communicated to others – supporting decision making.

Additionally, after successful implementation with the initial population of patients who use opioids, the improvement team can work to spread learning and changes to other aligned topics. Creating processes for this patient population supports care teams in developing processes for a wide range of paneled patients, such as patients with chronic pain (not prescribed opioids), mental illness, and other types of substance use disorders.

References

1. Scoville R, Little K, Rakover J, Luther K, Mate K. ***Sustaining improvement***. IHI white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at www.IHI.org)

2. Massoud MR, Nielsen GA, Nolan K, Schall MW, Sevin C. ***A framework for spread:fFrom local improvements to system-wide change.*** IHI innovation series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006. (Available at www.IHI.org)

Appendices

Appendix A: Sequence to Achieve Change Workbook:

https://actt.albertadoctors.org/_layouts/download.aspx?SourceUrl=/PMH/organized-evidence-based-care/Opioid/PublishingImages/Pages/Sequence-to-Achieve-Change/2.1-SequenceToAchieveChange%20-%20Activity%20Workbook.docx

Appendix B: Statistics and Guiding Principles

https://actt.albertadoctors.org/PMH/organized-evidence-based-care/Opioid/Documents/1.4-%20The%20Pledge%20-%20March%2027.pdf

Appendix C: Ideas to Support Patient Representatives on Opioid Process Improvement Teams

https://actt.albertadoctors.org/_layouts/download.aspx?SourceUrl=/PMH/organized-evidence-based-care/Opioid/Documents/2.2-Patient%20Rep%20Guide.doc

Appendix D: Opioid Care Processes Change Package Summary

https://actt.albertadoctors.org/file/opioid-change-package-high-impact-changes.pdf

Appendix E: Rationale for Each Potentially Better Practice and Implementation Advice

https://actt.albertadoctors.org/PMH/organized-evidence-based-care/Opioid/PublishingImages/Pages/Opioid-Change-Package/Opioid-PBP-Rationale.pdf

Appendix F: PDSA Cycle Documentation

https://actt.albertadoctors.org/_layouts/download.aspx?SourceUrl=/PMH/organized-evidence-based-care/Opioid/Documents/2.3-PDSA%20Cycle%20Documentation.docx