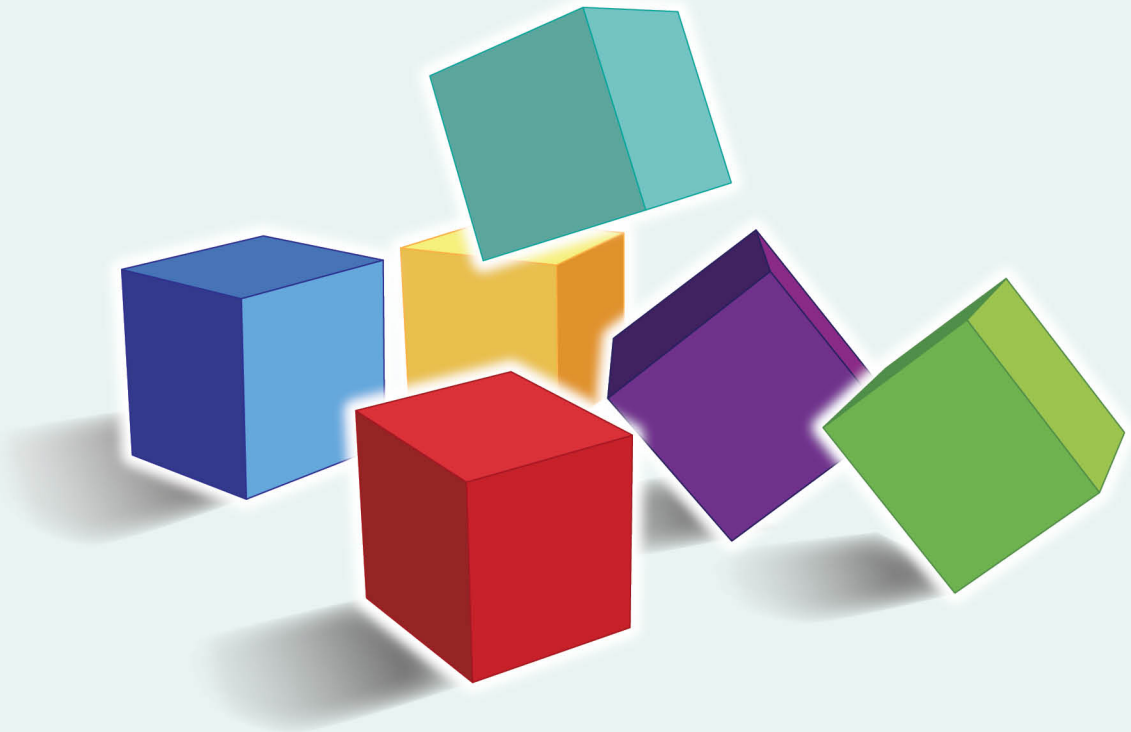
How-To-Implement Toolkit

OVERVIEW

Six Building Blocks

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



The Six Building Blocks: A Team-Based Approach to Improving Opioid Management in Primary Care How-To-Implement Toolkit: Overview

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Disclosure

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Six Building Blocks How-To-Implement Toolkit

Who Should Use This Toolkit?

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 address these key areas:

- 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 How-To-Implement Toolkit (hereafter, Implementation Toolkit) was developed to provide clinics with support for engaging in this improvement work. The Six Building Blocks Implementation Toolkit is meant to be used independently by primary care clinics and their organizations.

Two Approaches To Improve Opioid Management

The 6BBs Implementation Toolkit offers **two potential approaches to engaging in this improvement work**, depending on an organization's capacity and starting point, each of which is described below.

Fast Track Approach

The Six Building Blocks ***Fast Track Approach*** is intended to be used by organizations that have already completed some improvement work or intend to undertake a more targeted effort to make systems-based changes to the management of opioid prescribing and chronic pain care. A Fast Track Approach Guide has been written for **clinical leaders**, **quality improvement (QI) leaders**, or anyone who can drive change in a primary care organization.

The Fast Track Approach Guide leads you through an assessment of your organization's support systems and processes for chronic pain and opioid management, helps you identify priority areas ready for change, and directs you to resources to help you implement improvement in the areas you identify as being ready for change (see diagram below). Before engaging in this improvement work, it is important to gain organizational leadership and clinical care team support.

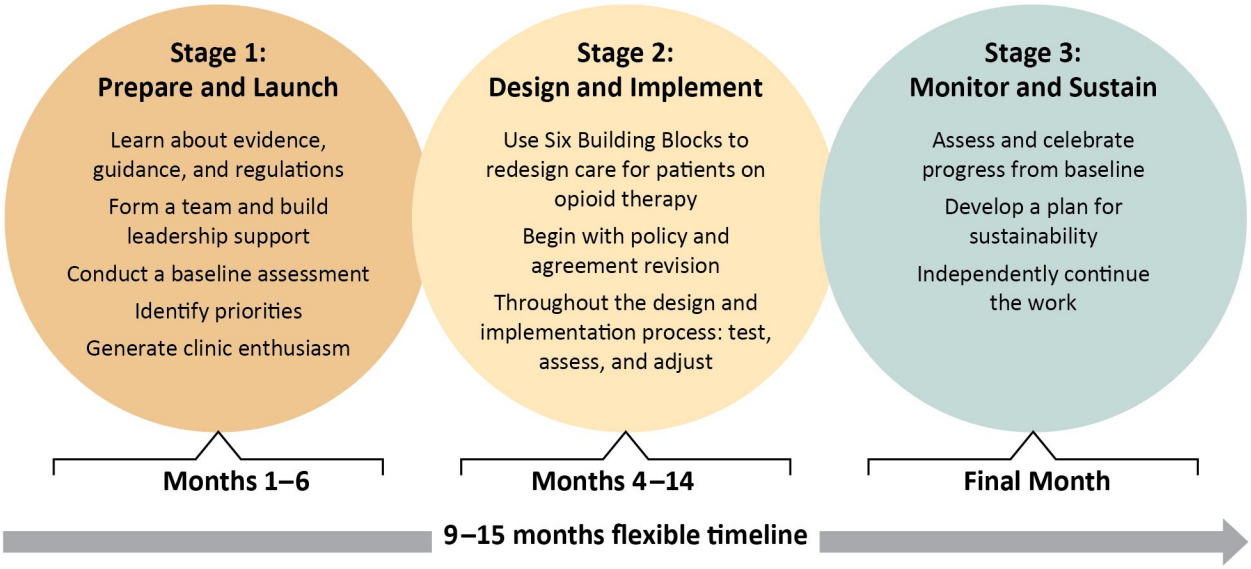
Full Program Approach

For organizations that want to engage in a systematic improvement effort using the evidence-based 6BBs approach, the **Full Program Approach** consists of three implementation stages: ***Prepare and Launch***, ***Design and Implement***, and ***Monitor and Sustain***; see timeline below in Exhibit.

A guide for each implementation stage includes step-by-step instructions and resources. While anyone can use these materials to implement improvements in opioid medication management, the target audience is **QI leaders** and **project managers**, who can use the materials to guide improvement and care teams through the 6BBs implementation process.

To learn more about whether the Full Program Approach is a good fit for your clinic, see the readiness assessment, ***Is Implementing the Six Building Blocks Independently Right for Us?***

Exhibit. Full Program Approach Timeline



Why This Work Is Important

We Are in the Midst of an Opioid Crisis

The opioid epidemic is hurting our communities. Listen to people affected by opioids tell their ***stories***. Opioids are one of the most commonly prescribed medications in the United States.[1] Another consideration complicating treatment is that the evidence base for use of opioids long-term is sparse.[2] In 2017, total outpatient prescription opioid expenses for adults totaled $7.7 billion.[3]

Furthermore, evidence shows that alternative, nonopioid medications can be as effective as opioid medications for acute pain.[4,5] Primary care providers prescribe over half of all prescription opioids in the United States.[6] Improving the management of chronic pain and opioid prescribing practices in primary care is a critical element in the effort to address the opioid crisis in the United States.

Opioid Management Contributes to Work Life Stress

Evidence is growing that shows caring for patients with chronic pain on LtOT contributes to stress among providers and staff in primary care settings.[7] Providers, staff, and patients with chronic pain alike describe their interactions as challenging and frustrating.[8,9,10] Providers struggle with uncertainty and a lack of comfort and satisfaction with their ability to provide effective chronic pain management.[11,12]

What Are the *Six Building Blocks*?

The 6BBs focus on improving care quality for patients with chronic pain using LtOT. When implemented, the Building Blocks can improve the health of your patients and the work life experience of your providers and staff. The six key work areas are described below.

Leadership and Consensus

Demonstrate leadership support and build organizationwide consensus to prioritize more selective and cautious opioid prescribing.

Policies, Patient Agreements, and Workflows

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.

Tracking and Monitoring

Implement proactive population management before, during, and between clinic visits of all patients on chronic opioid therapy.

Planned, Patient-Centered Visits

Plan and prepare for the clinic visits of all patients on chronic opioid therapy. Support patient-centered, empathic communication for care of patients on chronic opioid therapy.

Caring for Patients With Complex Needs

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

Measuring Success

Continuously monitor progress and improve with experience.

How Can the Six Building Blocks Help?

The ultimate goal of the Six Building Blocks is to support clinics in building their capacity to help patients with chronic pain maximize their functional status and quality of life with a treatment plan that minimizes risk to patients and their providers.

The 6BBs derive from ***the best practices*** taken among 20 primary care clinics across the United States that were identified as having exemplar, team-based clinical innovations. Kaiser Permanente of Washington Health Research Institute and the University of Washington (UW) tested the Six Building Blocks program in an AHRQ-funded practice facilitator-guided program to help rural-serving primary care organizations with 20 clinics make improvements in opioid management. After the program was implemented, clinics saw a significant **decrease in both the number of patients using LtOT** and the **percentage of patients on high doses of opioids.**[13]

In addition, **providers and staff in clinics that participated in the 6BBs program reported an improvement in their work life** after implementation.[14]. Reported improvements in work life included increased confidence and comfort in caring for patients using LtOT, increased collaboration and teamwork, improved ability to respond to external administrative requests (e.g., from insurers, government organizations), and improved relationships with patients. These improvements contributed to an overall reported decrease in stress among providers and staff.

> *"Everybody that works in this clinic says to me, "Do you remember how much turmoil there was around it [opioid prescribing]? Wow, we don't have any of that anymore."*
>
> – Medical Director

Ready To Start?

If you think your organization should begin the 6BBs right away, open the ***Fast Track Approach Guide***.

If you think the 9- to 15-month **Full Program Approach** is the right fit for your organization, gather together the appropriate leadership to approve your taking on this program—such as your medical director—and those who will likely be involved in implementing the changes (e.g., QI personnel, clinic manager, clinician champion, behavioral health provider, pharmacist, and data manager).

Convene a ***Leadership Commitment Meeting*** to formally determine if, and when, you want to begin implementing improvements to opioid management. Once you have leadership commitment, open the first of the Full Program Approach three stage guides, the ***Prepare and Launch.***

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How-To-Implement Toolkit

FAST TRACK APPROACH GUIDE

Six Building Blocks

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

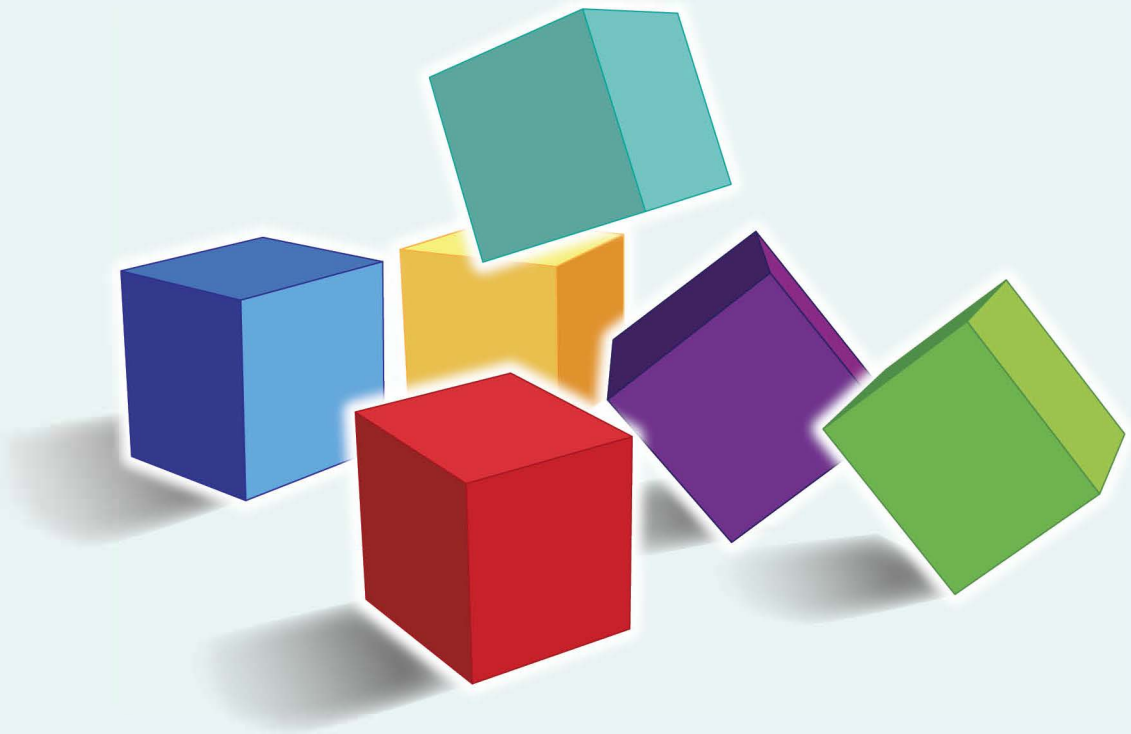


Table of Contents

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, the Implementation Toolkit has two approaches: the Fast Track Approach and the Full Program Approach; see ***Six Building Blocks Overview***.

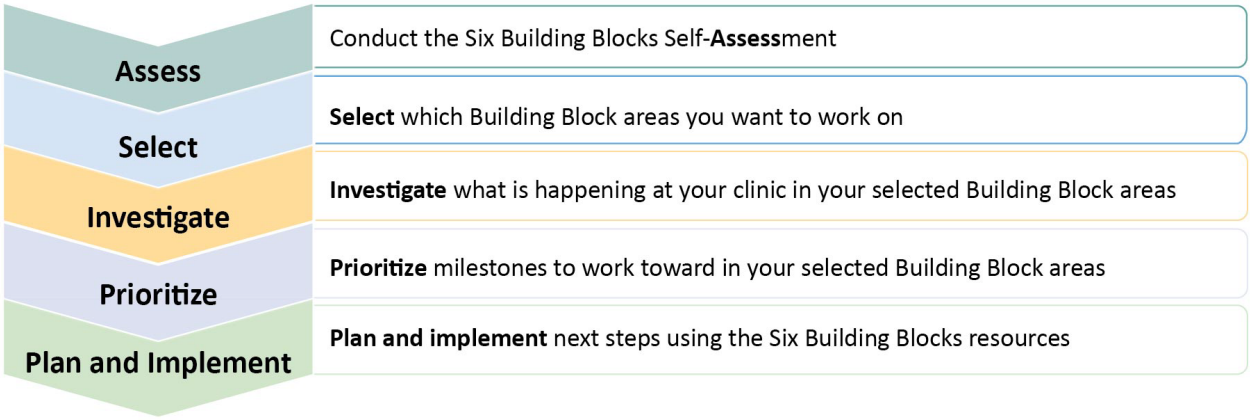
What Is the Fast Track Approach?

The Fast Track Approach is for organizations that have already completed some improvement work or intend to undertake more targeted efforts to make systems-based changes to the management of opioid prescribing and chronic pain using the ***Six Building Blocks*** framework.

The Fast Track Approach is to be used by clinical leaders, quality improvement (QI) managers, or anyone who can drive change in clinics. Optimally, it will facilitate teams collaborating on improving the implementation of opioid management. Before engaging in this improvement work, it is important to gain organizational leadership and clinical care team support.

What Is in the Six Building Blocks Fast Track Approach Guide?

This guide leads you through an assessment of your organization's chronic pain and opioid management support systems and processes, helps you identify priority areas ready for change, and directs you to resources to support improving the areas you identify as being ready for change. The Fast Track Approach Guide's process includes five steps outlined in the figure below.



Assess

The Six Building Blocks Self-Assessment (Self-Assessment; see Appendix) is a good starting place for identifying and reflecting on where opportunities exist for improvement in your clinic's chronic pain and opioid management work. The assessment's purpose is to offer you a big-picture view of what is currently happening within your organization. It also is a practical way to deepen your understanding of the 6BBs concepts.

While you can complete the assessment on the next pages independently and get a good sense of where to target the improvement work, it is valuable to have others who will be affected by the improvement work complete the Self-Assessment as well. These individuals may include clinicians, medical assistants, nurses, care coordinators, information technology (IT)/data leads, social workers, behavioral health providers, clinic managers, and pharmacists. Involving others builds support for the coming changes and can highlight different viewpoints and why those differences exist.

Consider who the stakeholders are in this work and invite them to complete the Self-Assessment either independently or as a group.

Select

Which Building Blocks need attention in your organization

Now that you and fellow stakeholders have completed the 6BBs Self-Assessment, reflect on what you learned. Which Building Block areas seem ripe for improvement? Where would you like to focus your attention in the coming months?

Select which Building Blocks you want to work on and follow the links to those sections to learn more about each Building Block and resources, investigate what is happening at your clinic in that Building Block, prioritize milestones to work toward, and plan and implement the improvement work.

- ***Leadership and Consensus***
- ***Policies, Patient Agreements, and Workflows***
- ***Tracking and Monitoring Patient Care***
- ***Planned, Patient-Centered Care***
- ***Caring for Patients with Complex Needs***
- ***Measuring Success***

Leadership and Consensus

Building Block Overview

Leadership plays an important role by both prioritizing the work and creating opportunities for conversations among clinicians and staff to reach a shared understanding of how patients on LtOT are managed. Leaders help set clinicwide performance goals and help clinicians and staff understand their roles and responsibilities with patients on LtOT.

Investigate

Through the 6BBs Self-Assessment, you identified that you wanted to do improvement work in building leadership support and consensus. In collaboration with stakeholders:

- Speak with leaders and decision makers in the organization to see if they support an opioid initiative. Are there particular areas they believe are going well or need improvement?
- Reach out to clinicians and staff to see if they believe addressing opioids for chronic pain is important. Are there particular areas they believe are going well or need improvement?
- Learn what educational opportunities already exist, or not, related to opioid management.

Prioritize

Which of the following milestones do you want to prioritize to support your work?

☐ Leadership regularly emphasizes the importance of improving opioid management and solicits feedback during staff and clinician meetings.
☐ Safer and more cautious opioid prescribing has been discussed with clinicians and staff across the clinic with agreement that this is an area for improvement.
☐ Clinical education opportunities are offered to staff and clinicians, including on pain etiology.
☐ Other: _____.

Plan and Implement Improvements

When you are ready to work on these milestones, see the document ***Leadership and Consensus: Resources and Tips*** for tips on how to achieve each milestone and suggestions for overcoming common challenges. Some of the tools and resources in this document may be useful in supporting your work to improve leadership and consensus. You might also want to use the ***Action Plan Guide*** to help organize your next steps.

Policies, Patient Agreements, and Workflows

Building Block Overview

Clinic **policies** about opioid prescribing for chronic pain create a shared understanding and agreed-on standards about how patients on LtOT are to be managed by all clinicians and staff.

A **patient agreement** is a document that communicates key clinic policies that affect the logistics of patient care and the practice's philosophy around chronic pain management. It is important that the patient agreement aligns with clinic policies; many clinics find it helpful to view the signed patient agreement as a type of informed consent that is used to communicate risks to patients.

Finally, **workflows** illustrate the step-by-step procedures for putting the policy into action.

THREE LEGS OF THE STOOL

The policies, patient agreement, and workflows are like three legs of a stool. They support and align with each other. The policies outline the critical guides for opioid management, the patient agreement informs patients about these policies and educates them about risks of opioid medications, and the workflows support practical implementation of the policies.

Investigate

Before making a plan on how to engage in the improvement work, take some time to investigate what is happening in your organization in this area. In collaboration with key stakeholders:

- Collect any existing policies, patient agreements/contracts, and workflows within your clinic related to opioid management.
- Look at the examples provided on the Six Building Blocks website—***model policy***, ***model patient agreement***, ***chronic pain appointment workflow***, and ***opioid refill workflow***.
- Collect evidence, guidelines, and regulations that influence your organization's opioid management work. For example, do any State regulations pertain to opioid prescribing, such as maximum dose, prior authorization, Prescription Drug Monitoring Program (PDMP) checks, and continuing medical education (CME) requirements? Compare what you learn from this research with what currently happens at your organization.

The following table is another tool that may assist you as you investigate.

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? Compare them to the examples provided on the *Six Building Blocks website*.
Policy				
Patient agreement				
Workflow				

Prioritize

Consider what you learned about the existing policies, patient agreements, and workflows in your organization. Then, determine which of the following milestones you want to prioritize:

- ☐ Policy revised to align with evidence-based guidelines such as those from the Centers for Disease Control and Prevention (CDC).
- ☐ Patient agreement revised to support the policy and educate patients about risks.
- ☐ Workflows written to support policies.
- ☐ Training conducted on policies, agreement, workflows, and supporting electronic health record (EHR) templates.
- ☐ Other: _____.

Plan and Implement Improvements

When you are ready to work on these milestones, see the document ***Policies, Patient Agreements, and Workflows: Resources and Tips*** for tips on how to achieve each milestone, suggestions for overcoming common challenges, and tools and resources to support this work.

You might also want to use the ***Action Plan Guide*** to help organize your next steps.

Tracking and Monitoring

Building Block Overview

Identifying which patients are using LtOT for their chronic pain is important for several reasons:

1. Any patient using LtOT, regardless of dose, has a risk of adverse events, including overdose;
2. Identifying patients using LtOT provides an opportunity to identify those at highest risk so that they do not "fall between the cracks" in a busy primary care clinic;
3. A population tracking system can be used to identify care gaps between scheduled visits and to conduct outreach and followup with those patients; and
4. Population tracking provides an opportunity to know if efforts to improve care are successful.

Investigate

Before making a plan on how to engage in the improvement work, take some time to investigate what is happening in your organization in this area. In collaboration with key stakeholders:

- Identify any existing EHR templates and clinical decision support tools, flowsheets, reports, or registries related to opioid management.
- Research the following questions.
  - Does your clinic or do any of your care teams track and monitor patients on LtOT? If yes, how does that currently work? What gets tracked and monitored? By whom?
  - Is morphine equivalent dose (MED) calculated for patients? When? How? Does everyone use the same approach?
  - Are all our clinicians signed up for the PDMP?
- Look into your EHR's capacity to track important data points. A table in the resource ***Data To Consider Tracking*** can help you explore this question.

Prioritize

Based on what you discovered about the current capacity to track and monitor your patients on LtOT, which of the following milestones do you want to prioritize?

- ☐ Patients on LtOT are identified.
- ☐ All clinicians are signed up for the PDMP.
- ☐ Clinicians and staff are able to easily calculate MED.
- ☐ A dashboard of key measures is developed for all patients on LtOT.
- ☐ Data are used to monitor care gaps, high-risk patients, and clinical variation.
- ☐ Other: _____.

Plan and Implement Improvements

When you are ready to work on these milestones, see the document ***Tracking and Monitoring: Resources and Tips*** for tips on how to achieve each milestone, suggestions for overcoming common challenges, and tools and resources to support this work. You might also want to use the ***Action Plan Guide*** to help organize your next steps.

Planned, Patient-Centered Visits

Building Block Overview

Planning for patient visits can make a big impact. Care gaps can be identified by "scrubbing charts" the day before or during the morning huddle, resulting in delegation of tasks to different team members to close the gaps. For example, who is going to review the new patient agreement form with the patient and get it signed? Who is going to check the State PDMP database before the visit? If needed, who will order and ensure the patient goes to the lab for a urine drug test?

Clinicians and staff may want to briefly rehearse how to have what might be difficult conversations with patients. One type of challenging conversation is with patients who have demonstrated aberrant behaviors such as early prescription refill requests or an unexpected urine drug test result.

Another issue is the most effective way to introduce the topic of tapering opioid medications with a patient who has been using high-dose LtOT for many years. Planning and rehearsing these conversations before the visit may reduce the stress associated with these visits.

Investigate

Before making a plan on how to engage in the improvement work, take some time to investigate what is happening in your organization in this area. In collaboration with key stakeholders, do the following investigative activities.

Gather currently available resources for patients, including:

- Patient education materials related to opioid management.
- Nonopioid treatment resources for patients with chronic pain, such as physical therapy and behavioral health.

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.

Learn what happens during patient visits and refill requests

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

- How do staff and clinicians prepare for visits with patients using LtOT?
- If your organization prepares for opioid-related visits, what information is used, such as chart reviews, a tracking system, and 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 done and documented?
- What happens when a patient calls for an opioid refill? What is the process?
- Do clinicians and staff feel confident having difficult conversations with patients? Engage in shared decision making? Have staff and clinicians received training on implicit bias and stigma?
- 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***:
  - Calculation of ***morphine equivalent dosing***;
  - Patient function (e.g., ***PEG***);
  - Risk for opioid use disorder (OUD) (e.g., ***ORT***);
  - Opioid misuse (e.g., ***COMM™***);
  - Anxiety, depression (e.g., ***PHQ***, ***GAD-7***);
  - Post-traumatic stress disorder (PTSD) (e.g., ***PC-PTSD***); and
  - Sleep apnea (e.g., ***STOP-Bang***).

Prioritize

Determine which of the following milestones you want to prioritize based on what you learned about patient visits at your organization:

☐ Data are used for previsit planning.
☐ EHR pain visit templates are in place to cover key elements of the pain visit as outlined in the revised policy.
☐ Standardized previsit planning and pain visits are integrated into the practice.
☐ Patients receive education on chronic pain management and opioid risks.
☐ Training in patient engagement, such as motivational interviewing, is offered to staff and clinicians.
☐ Alternatives to opioids are regularly considered, discussed, and integrated into care processes.
☐ Other: _____.

Plan and Implement Improvements

When you are ready to work on these milestones, see the document ***Planned, Patient-Centered Visits: Resources and Tips*** for tips on how to achieve each milestone, suggestions for overcoming common challenges, and tools and resources to support this work. You might also want to use the ***Action Plan Guide*** to help organize your next steps.

Caring for Patients With Complex Needs

Building Block Overview

Chronic pain can be complicated by other conditions that require special attention, namely mental/behavioral health conditions, OUD, and other substance use disorders (SUDs). Insufficiently addressed mental/behavioral health conditions can interfere with successful pain management.

For patients with OUD, the full agonist opioids used to treat pain—e.g., oxycodone, hydrocodone—are rarely the best choice and often the wrong medication for their pain. Medications such as buprenorphine, naltrexone, and methadone are needed for patients with OUD. Patients with other SUDs require assessment and treatment for their disorder in addition to treatment for their chronic pain.

Identifying additional and appropriate resources for these patients and creating systems to connect patients to these resources are essential for an effective chronic pain management plan. Some of these resources might be developed or brought "in-house" within the primary care clinic setting, while others will need to be identified in the local community and linkages established to them.

Through implementing opioid management improvements using the Six Building Blocks, clinics become more aware of the existence of OUD. Clinics find that offering buprenorphine treatment on-site allows them to provide their patients a full spectrum of care.

Investigate

Before making a plan on how to engage in the improvement work, take some time to investigate what is happening in your organization in this area. In collaboration with key stakeholders:

- Gather information about existing resources in the community and clinic for patients with OUD, SUD, or mental health concerns such as depression, anxiety, and PTSD. .
- Determine if clinicians and staff understand how to connect patients to existing resources.
- Determine if your organization can share patient information with other medical, behavioral health, and SUD clinicians?
- Explore if staff need training in recognizing and addressing stigma.

Prioritize

Based on your assessment discussion of the Caring for Patients With Complex Needs Building Block, which of the following milestones does your opioid improvement team want to prioritize?

- ☐ Tools are selected and consistently used to identify patients with complex needs, such as mental/behavioral health disorders, OUD, and other SUDs.
- ☐ Educational opportunities are provided to clinicians on how to identify and treat patients with OUD.
- ☐ The organization has an approach to connecting patients to mental/behavioral health resources integrated into the primary care setting, in the community, or through telehealth.
- ☐ The organization has an approach to connecting patients with OUD to treatment, either internally through waivered providers or externally through an identified treatment facility that provides medication for OUD.
- ☐ Confidentiality regulations and other information-sharing hurdles have been addressed so that patient information can be shared between medical, behavioral health, and SUD clinicians.
- ☐ Training is provided to clinicians and staff on overcoming stigma about patients with mental/behavioral health needs, OUD, and other SUDs.
- ☐ Other: _____.

Plan and Implement Improvements

When you are ready to work on these milestones, see the document ***Caring for Patients With Complex Needs: Resources and Tips*** for tips on how to achieve each milestone, suggestions for overcoming common challenges, and tools and resources to support this work. You might also want to use the ***Action Plan Guide*** to help organize your next steps.

Measuring Success

Building Block Overview

Clinical teams need to see that the changes they are asked to implement are having the desired effect. It is crucial to select a set of one or more measures to track over time and provide that information to the entire clinic at the local level to improve and sustain the work. Examples might include process measures, such as percentage of patients with a signed updated patient agreement, or more distal outcomes, such as percentage of patients using high-dose opioids.

Set a goal for improvement over a set period and provide clinical teams with frequent updates on their progress. Finally, reporting these measures should become a standing agenda item at monthly staff meetings or at clinic huddles to facilitate sustainability of the changes.

Investigate

Before making a plan on how to engage in the improvement work, you should take some time to investigate what is happening in your organization in this area. In collaboration with key stakeholders, see if you can gather data to serve as a baseline for improvement work. This task will provide an opportunity for you to learn more about the limitations and strengths of your capacity to measure success.

Suggested Ideas of Data To Collect, Based on Your Current Capacity

a. How many patients do you have on LtOT for noncancer pain? By clinic? By clinician?

b. If you can, 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, and
- #/% of patients on LtOT also prescribed sedatives.

Generally, a patient who takes opioids for 3 consecutive months is considered to be using LtOT. How you practically define this term can vary. Clinicians may know their patients and be able to identify these patients. Alternatively, a staff member who handles opioid refills may start a list to identify these patients 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.

You can also consider using the ***Measuring Outcomes Survey*** to record baseline data to later compare to end-of-project data.

Prioritize

If measuring success is important to your organization, consider prioritizing these milestones:

☐ Success metric identified, and
☐ Success metric regularly reviewed and reported at the clinician level.

Plan and Implement Improvements

When you are ready to begin measuring success, see the document ***Measuring Success: Resources and Tips*** for tips, suggestions for overcoming common challenges, and tools and resources to support this work. You might also want to use the ***Action Plan Guide*** to help organize your next steps.

End of Fast Track Approach

For further resources, see the *Full Program Three-Stage Approach.*

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.

Policy development/revision	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Policy implementation	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Patient agreements	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Workflows	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.

Tracking and monitoring of patients prescribed long-term opioids	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Tracking and monitoring data collection workflows established	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Tracking and monitoring data use workflows established	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.

Planned opioid patient visits	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Empathic communication	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Patient involvement	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Care plans	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Patient education	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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 need mental and behavioral health resources are identified and provided with appropriate care, either in the primary care setting or by outside referral.

Identifying patients with complex needs	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
OUD resources	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
OUD training	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Behavioral health resources	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Stigma training	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.

Monitoring progress	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.
Assessing and modifying	**1 2 3**	**4 5 6**	**7 8 9**	**10 11 12**
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.