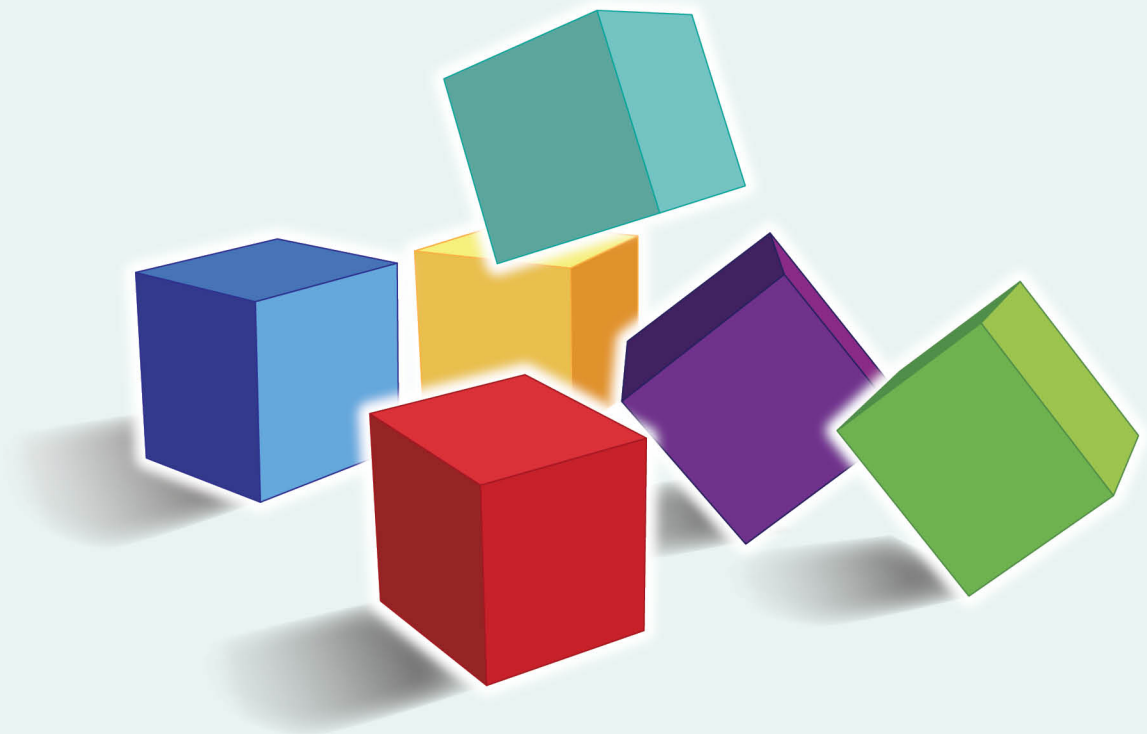


OVERVIEW

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

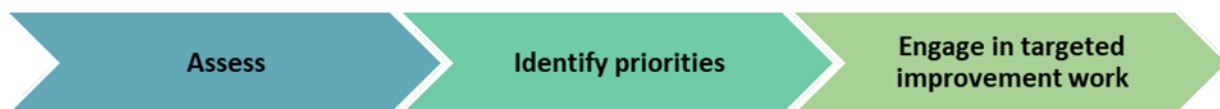
The 6BBs Implementation Toolkit offers **two potential approaches to engaging in this improvement work**, depending on an organization’s capacity and starting point, each of which is described below.

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

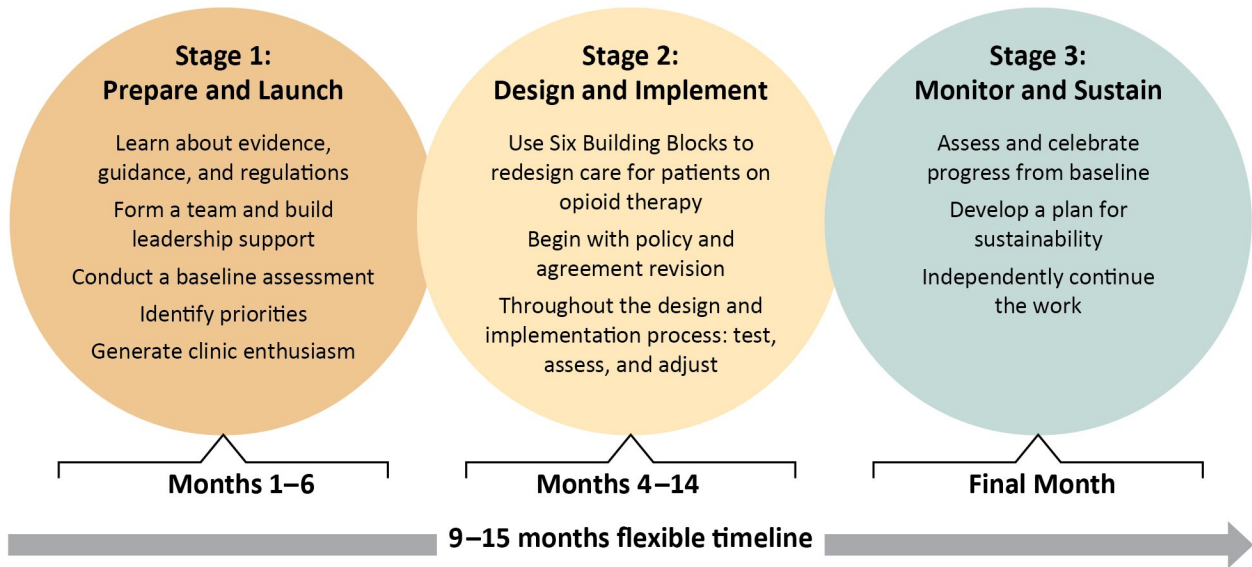


For organizations that want to engage in a systematic improvement effort using the evidence-based 6BBs approach, the **Full Program Approach** consists of three implementation stages: *Prepare and Launch*, *Design and Implement*, and *Monitor and Sustain*; see timeline below in Exhibit.

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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