Addiction Treatment Starts Here: Primary Care

February 27, 2019
Pre-Work Webinar

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Webinar Reminders

1. Everyone is muted.
   - Press *7 to **unmute and** *6 to re-mute yourself.

2. Remember to chat in questions!

3. Webinar is being recorded and will be sent out via email.

Agenda

1. Welcome & Introductions

2. Your Roadmap for Change

3. Pre-Work Elements

4. Coming Soon: Improvement Resources

5. Pre-Work Checklist + Resources

6. Questions + Answers

Welcome + Introductions

Addiction Treatment Starts Here: Program Team

Primary Care + Behavioral Health Collaboratives

Tammy Fisher
Senior Director
tammy@careinnovations.org

Sandy Newman
Principal, LSN Health Strategy
sandy@lsnhealthstrategy.com

Brian Hurley, MD
Addiction Physician and
General Psychiatrist, L.A.
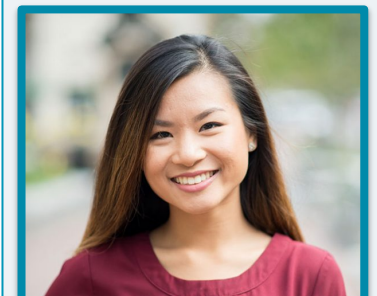County Dept. of Mental Health

New team member alert!
Briana Harris-Mills will join the ATSH team this week.

Susannah Brouwer
Senior Manager, Operations
susannah@careinnovations.org

Meaghan Copeland
Program Consultant
meaghan@careinnovations.org

Community Partnerships

Jennifer Wright
Senior Program Manager
jennifer@careinnovations.org

Diana Nguyen
Program Coordinator
diana@careinnovations.org

Addiction Treatment Starts Here: IHQC Team

Institute for High Quality Care

Bridget Hogan Cole, MPH
Executive Director

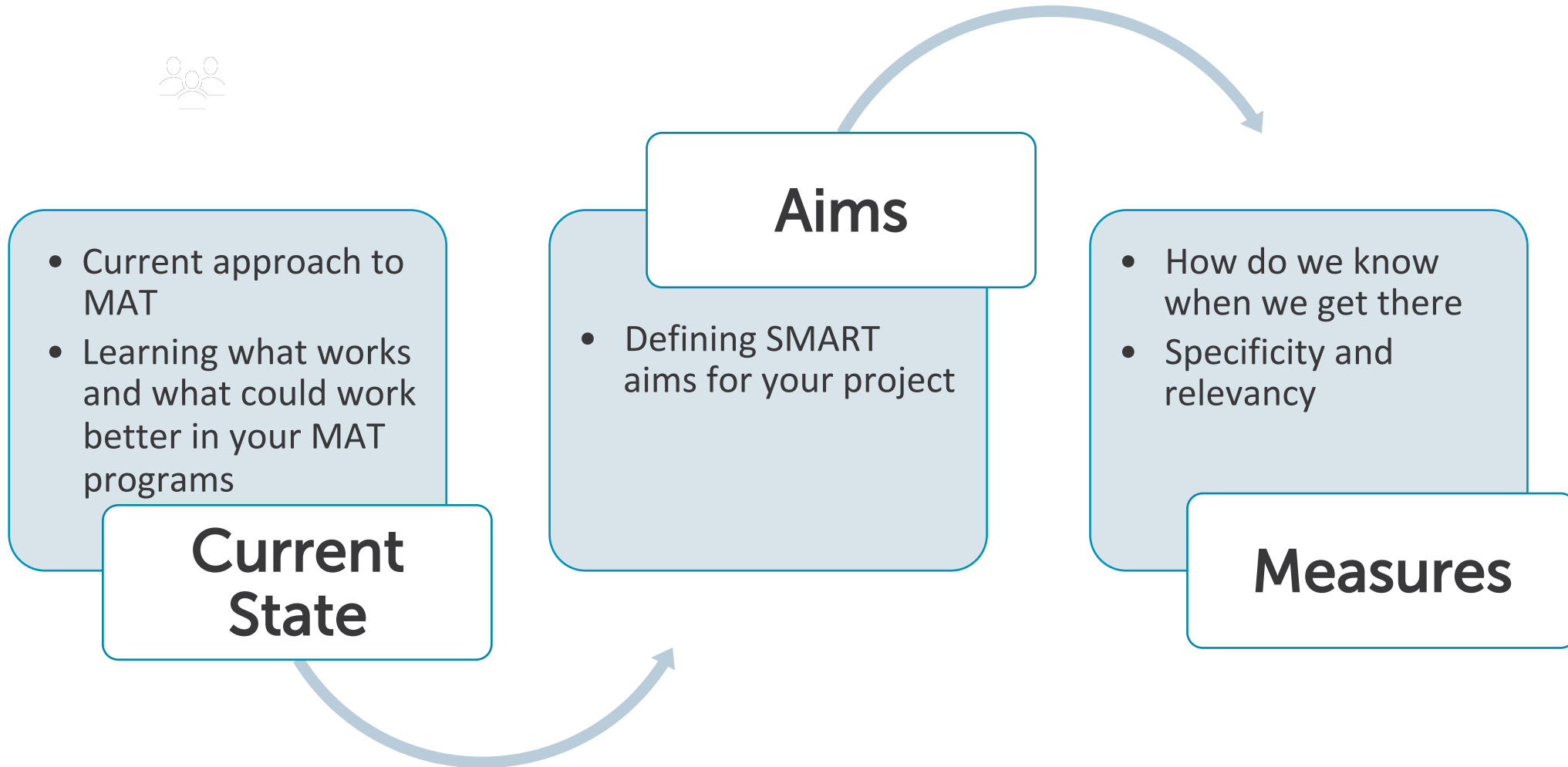
Chris Hunt, MPH
Program Director

Program Goal

Increase access to **MAT in primary care by working with up to 40 community health center sites** to advance the learning and sharing of best practices in integrating MAT into primary care services through a 18-month learning collaborative.
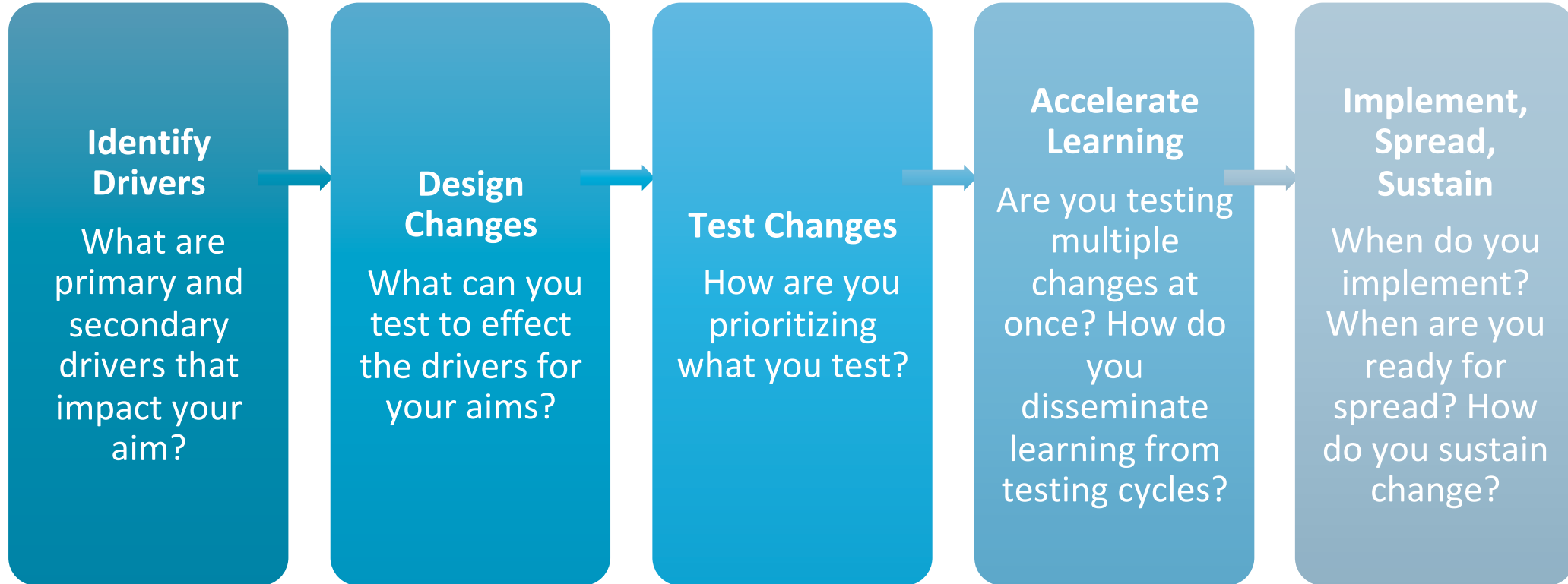
Zooming in . . . on MAT programs

Foundation To Develop and Sustain Strong MAT Programs

Current State
- Current approach to MAT
- Learning what works and what could work better in your MAT programs

Aims
- Defining SMART aims for your project

Measures
- How do we know when we get there
- Specificity and relevancy

Steps to Developing and Sustaining Strong MAT Programs

Identify Drivers

What are primary and secondary drivers that impact your aim?

Design Changes

What can you test to effect the drivers for your aims?

Test Changes

How are you prioritizing what you test?

Accelerate Learning

Are you testing multiple changes at once? How do you disseminate learning from testing cycles?

Implement, Spread, Sustain

When do you implement? When are you ready for spread? How do you sustain change?

Pre-Work Elements

Capability Assessment

Storyboards

Refining Your Core Team

Learning from Your Team and Your Patients

# Capability Assessment: Your MAT Infrastructure

- **Medications for Addiction Treatment in Primary Care (IMAT-PC)** will support teams to better understand their current state, identify areas to make better, and evaluate change over time

  - The goal is to better understand MAT processes, approaches and environment – evaluating from multiple perspectives across multiple dimensions

- Developed primarily by Mark McGovern, leveraging evidence-based processes, with support from Brian Hurley the CCI team

- Teams will complete the capability assessment three times:

  - Baseline, midpoint, ATSH conclusion

Capability Assessment: Completing the Assessment

Schedule time! We suggest that you set aside **75 minutes** to complete it.
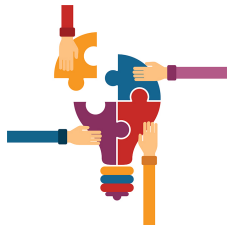
Work with your team! This is an opportunity for you to learn more about your colleague's perspectives.

Rate conservatively! Select the lower of the two ratings when you're in between.

This isn't a test! Be candid and use the tool to support transformation.

Capability Assessment: Completing the Tool *cont.*

- Complete the tool by April 1, 2019
  - You'll be using the data in your storyboard and at Learning Session 1 so let us know if there are barriers to meeting this timeframe!

- Office hours for questions on the Measurement Strategy (capability assessment or program measure set):
  - March 8 (12pm – 1pm)
  - March 11 (12pm – 1pm)
  - March 15 (12pm – 1pm)

- If you can't make office hours but still have questions, get in touch! Email Tammy at tammy@careinnovations.org

Beta Tester Feedback

"It would be good to have a behavioral health team member, administrative team member and primary care team member participate; as well as the Champion. **I think this is a good starting point for the CORE teams to look at their programs and it also a good guide for programs that have already rolled out MAT** to think about how to further integrate at both the Clinic and Organizational level."

"It was very thorough and definitely **gave us some ideas for how we can develop and/or augment our current MAT treatment**. We don't routinely check CURES bimonthly; not sure if this is the new best practices guideline, but we usually just check CURES each time we prescribe."

"We printed out the survey for each member of the team and went through each question together. One team member recorded any notes we wanted to have for ourselves, as **we saw this as a great tool to use to find the gaps in our program and begin to tackle the gaps**. It took us about an hour to answer the questions, but we were rushed at the end. I would tell people it takes 75 minutes to complete. The questions spurred some great discussion amongst the team."

Storyboards

- Also part of pre-work – completing a storyboard

- Start sharing in a visual way!

- Storyboard gallery at LS 1 to support learning from each other

- We want to hear what you learned through your pre-work, where you have best practices to share and what support you need

- See the template in the Appendix (we will also send the template to you)
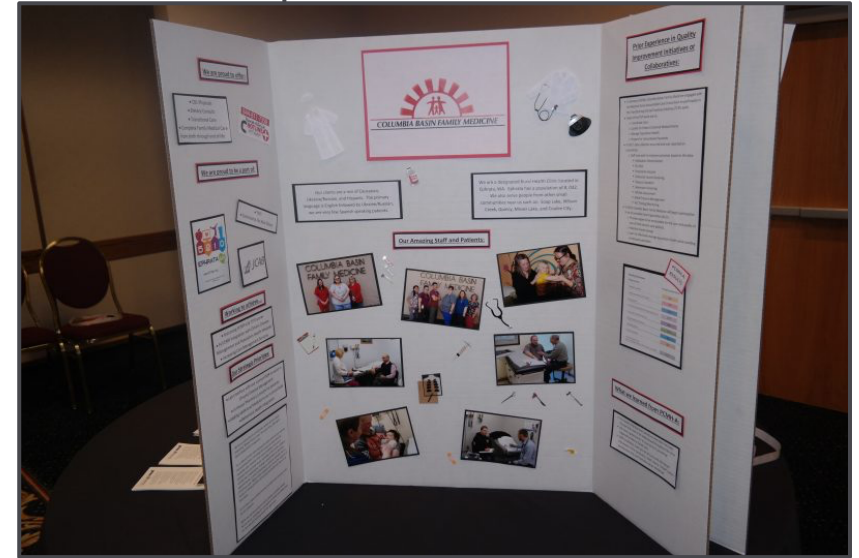
Defining Your Core Team

- Who's on the core team for your MAT program? Go beyond titles, and think about the what functions are needed to support your program and your patients.

  - Core team attends all in-person convenings.

  - Consider who may be part of your extended team (inside and outside your clinic).

  - What mechanisms will you use to support communication between your team and your clinic?

  - Use the capability assessment as a jumping off point to establish regular touchpoints with your team on your MAT program.

  - For Track 2 teams:

    - How might your core team change as you expand to new sites?

    - Will you need to formalize communication methods as your program grows?

Learning From Your Team and Your Patients

- Leverage all the resources you have, including people!

- Understand your processes better: Get closer to the ground by observing and talking to people

"…as front-line workers, supervisors, clinicians, our observations of our patients as they interact with us, in the context of the systems and workflows that we created, offers a wealth of data about the quality of the work we do."

"We have a sense of when our patients are struggling with something we ask of them; we hear them speak about their lives and we learn about barriers they face to taking steps in favor of their own health."

Learning From Your Team

- Define your stakeholders:

  - Who do you want to learn from?

  - What do you want to learn?

- Methods

  - Small group discussions as part of existing meetings

  - 1:1 discussions out of the office, walks, over coffee

  - Observation – because you are curious and working to make things better!

  - Surveys

- You'll get started when completing your baseline capability assessment!

Learning From Your Team and Your Staff: Sample Questions

- What is working well at our site?

  - MAT patient flow

  - Staff utilization

  - Clearly defined staff roles

  - Inter-team communication

  - Inter-department cooperation (i.e., lab, pharmacy, call center, front desk reception)

- What could be better?

  - Relational coordination questions found here:

Use a Rating Scale!
0 1 2 3 4 5 6 7 8 9 10

Learning From Your Patients

- What do you want to learn from your patients?

- Get started, feedback from 5 patients provides a lot of insight!

- Leveraging existing structure – part of MAT intake process?

- Methods:

  - Observations

  - Using Humble Inquiry to do:

    - "Intercepts" or after visit discussions

  - Track 2: Journey and Empathy Mapping (combined with observation and/or humble inquiry)

Observation plus Humble Inquiry

Human-Centered Design

What it is: Looking at participants of a process in the fullest context, where the process normally occurs, and asking open ended questions

How to Tips!

- **Avoid carrying assumptions from prior experience**

- **Keep an open mind; use a beginners mindset**

- **Note things that surprise you**
- **Look for disconnects, 'workarounds' and contradictions; things people do to make their lives easier**

Journey Map

A Journey Map is a visualization of a user's experience in a flow-chart like form that can include experiences, quotes, and emotions
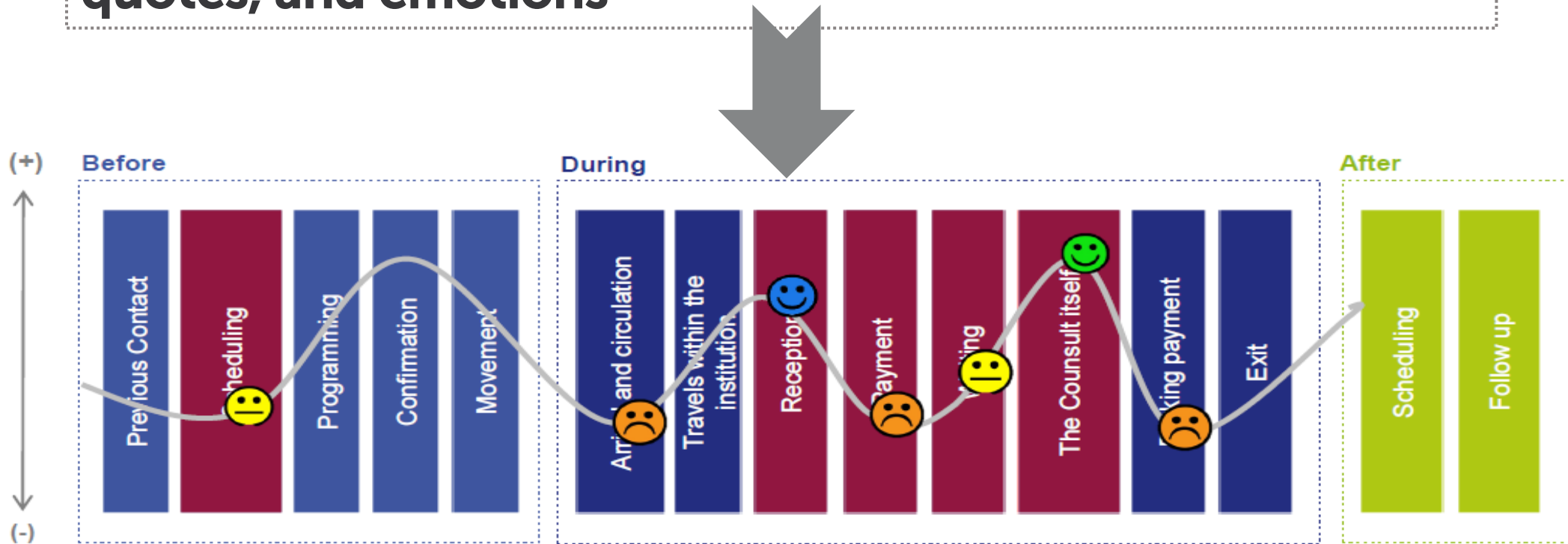
What are Your Favorite Methods and Questions?

- Have you ever received care at a program that specialized in addiction—such as a residential rehab, detox, or outpatient program?

  - If so: What is different about getting care for addiction here in a general medical setting? What things are better? Not better?

- How do the people who work here make you feel about being here?

- What worked well about today's visit?

- What did you like least about today's visit?

  - Follow-up question: What could have made your visit even better? Or,

  - For the things that didn't go well, what could have made them go better?

- What are some words or things you remember about today's visit?

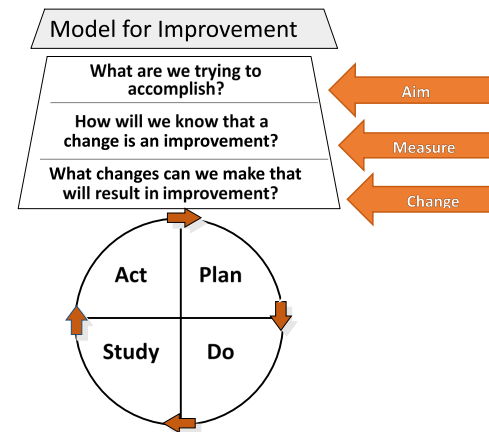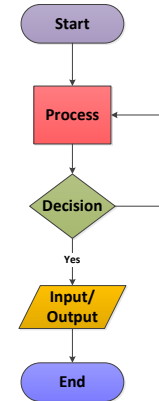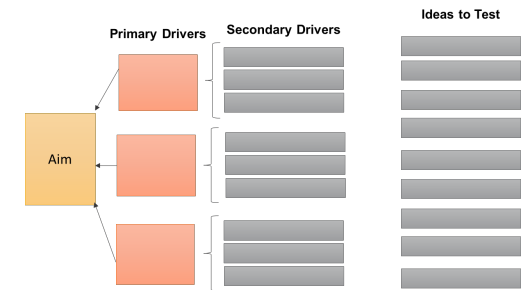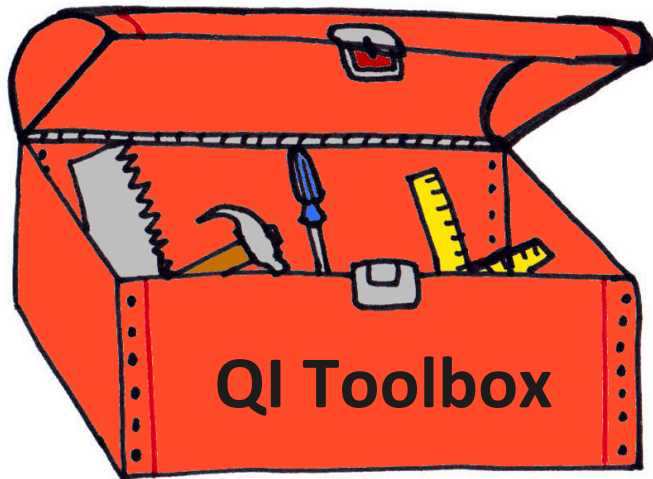- What surprised you about today's visit?

Questions + Answers

Coming Soon: Improvement Resources

Improvement Resources

- Resources and learning opportunities that will be made available to your teams over the course of the ATSH Program
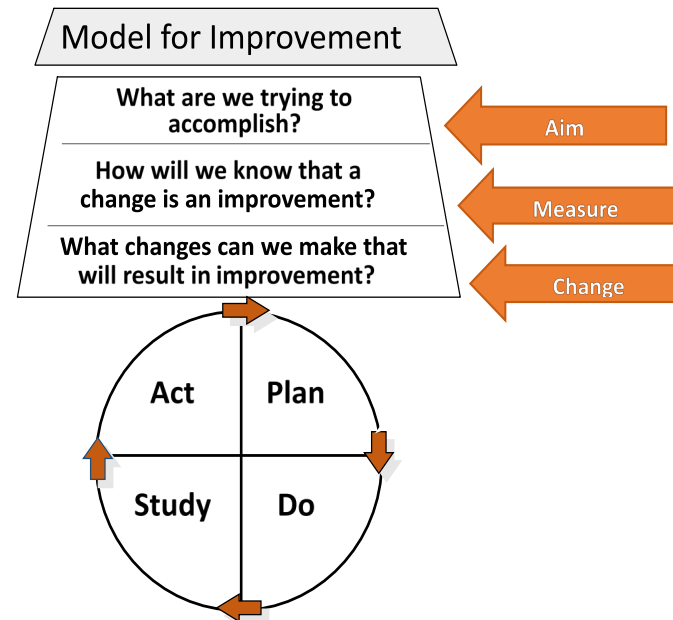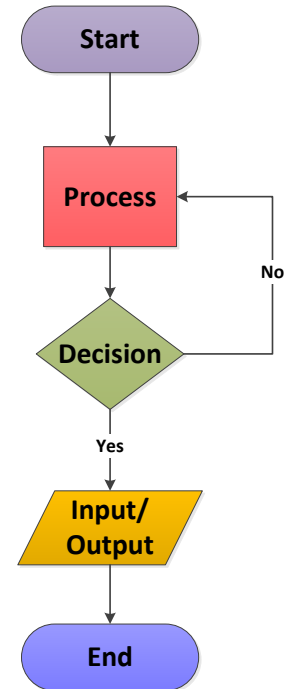
OPTIONAL LS 1 QI Bootcamp
(April 10, 9:30 – 11:30 am)

- Introduction to the Model for Improvement, a framework that many project teams use to guide and accelerate their project activities and change ideas. Participants will also practice creating and refining process maps.

- *Who Should Attend:* Team members new to QI or interested in a quick refresher.

Model for Improvement

What are we trying to accomplish? — Aim

How will we know that a change is an improvement? — Measure

What changes can we make that will result in improvement? — Change

Act | Plan
Study | Do

From Associates in Process Improvement.

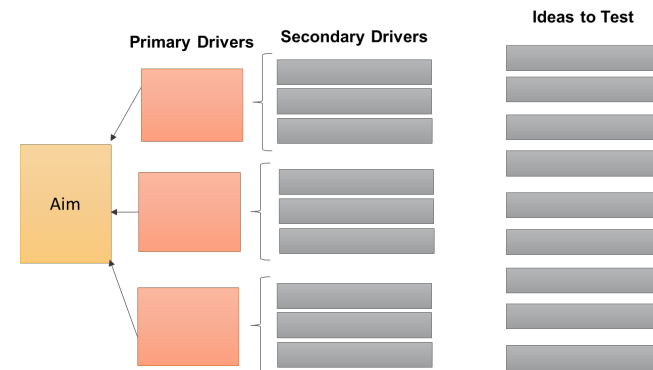Start → Process → Decision → Yes → Input/Output → End; No

LS1 Learning Lab: Designing Our ATSH Project (April 11, 9:00 – 11:30 am)

Teams will review and begin drafting:

1. A project driver diagram

2. ATSH Project Work Plan.

Pre-Work Checklist + Resources

Pre-Work Checklist

| Action Item	Date	
Finalize team composition and send list with contact information to Meaghan Copeland	ASAP!	
Schedule first coaching call!	March 8	
Measurement Strategy - Capability Assessment + Program Measure Set: Office Hours (optional!)	March 8 March 11 March 15	All office hours: 12 pm – 1 pm
Team registration for LS 1	March 15, 2019	
Team registration for QI Boot Camp (optional!)	March 15, 2019	
Data portal webinar (program measure set)	March 18, 2019	
Complete baseline capability assessment	April 1, 2019	
Prepare storyboard for LS 1	April 1, 2019	
Clinic Team + Patient Feedback	April 1, 2019	

Coaches Are Here To Help!

- You will receive information on coach assignments by the end of the week

- Your coach will reach out to schedule your first check-in!

Resources
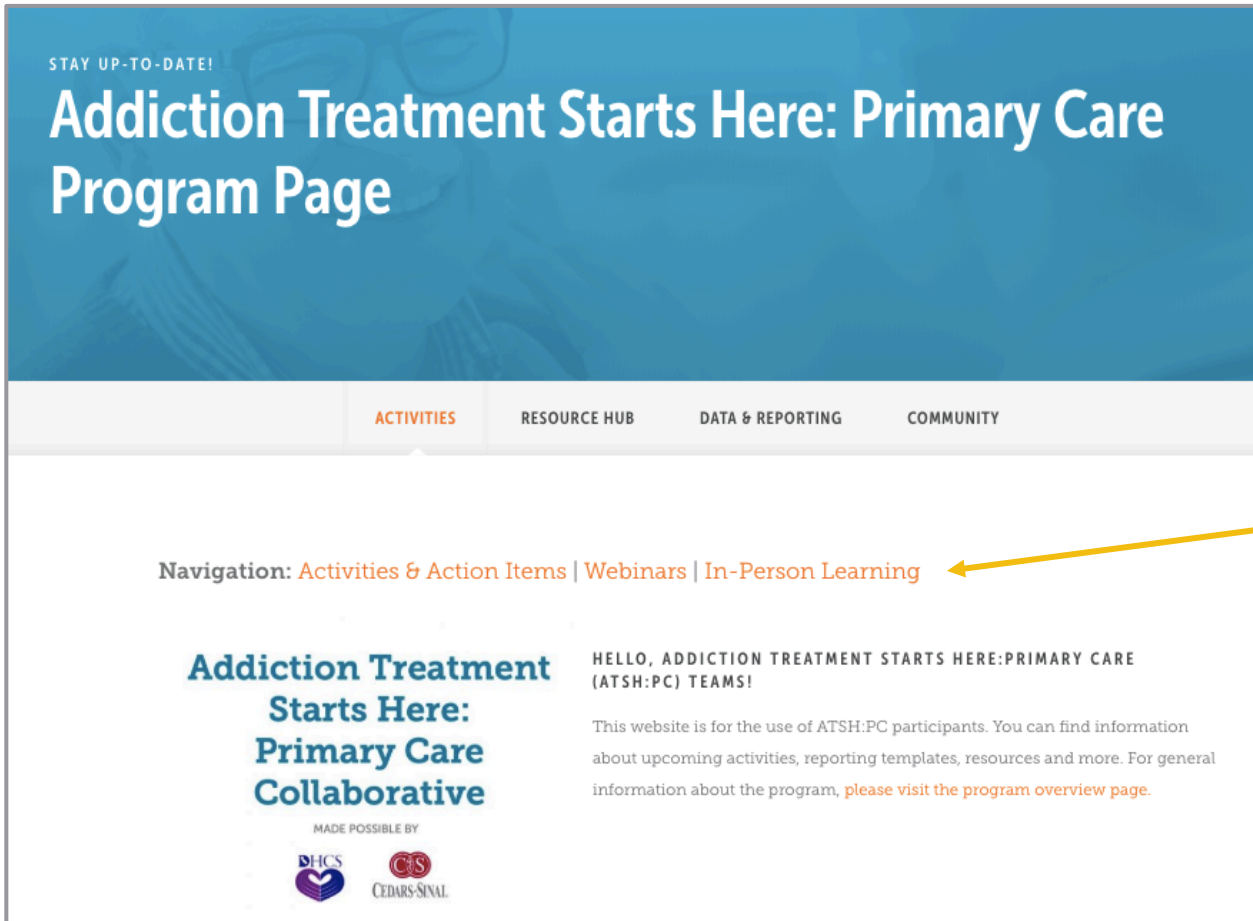
Information about Learning Session 1, including:
1. **Link to registration**
2. **Venue information**
3. **Preliminary agenda**

Visit: https://www.careinnovations.org/atshprimarycare-teams/

Resources *cont.*

- Capability assessment: https://www.careinnovations.org/atshprimarycare-teams/data-reporting/#assessment

- Ethnographic interviews – How to guide and video

    - https://www.careinnovations.org/resources/ethnographic-interviewing-discussion-guidelines/

- Humble Inquiry: https://keithdwalker.ca/wp-content/summaries/g-k/Humble%20Inquiry.Schein.EBS.pdf

- Empathy mapping: https://www.careinnovations.org/resources/catalyst-method-empathy-mapping/

- Empathy Mapping and Journey Mapping Webinar (March 12, 12-1pm): https://cc.readytalk.com/registration/#/?meeting=yo5hzuuijnvb&campaign=xb8yiwk5piom

- Effective team meetings: https://www.youtube.com/watch?v=jO6anVZ0JxA

Questions + Answers

Thank you!

For questions contact:

Tammy Fisher
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Center for Care Innovations
tammy@careinnovations.org

Sandy Newman
Principal
LSN Health Strategy
sandy@lsnhealthstrategy.com

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Appendix

Instructions

- This template outlines the information we would like you to include for your storyboard. Feel free to change font size, color, add slides, but please provide as much information as possible that is requested in this template. **Delete this slide from the presentation once you're done!**

- At Learning Session 1 (LS1), we will have a storyboard gallery for each team to present their storyboard and to engage in discussion with other teams.

- Teams will have about 10 minutes to share their storyboard; best to limit your storyboard to 10 slides.

- Display boards will be available at LS 1. Bring a printed color copy of your slides. You can attach them to the poster board the morning of April 10.

- **Display Tips**
  - Fewer words: more pictures and graphics
  - Real people pictures… at least of your teams
  - Font size as big as possible
  - Color to highlight key messages
  - Reach out to us if you have questions!

Organization/Site Name

Photo/Graphic (if possible)

Our ATSH Team

- Our Core MAT Team:

  - Name, title, areas of responsibility

  - Name, title, areas of responsibility

  - Name, title, areas of responsibility

  - Name, title, areas of responsibility

- Our Site's MAT Team by Function and FTE:

  - MAT Prescribers:

  - Nursing:

  - Social Work:

  - Behavioral Health:

Current State [site level]

- **Our community:** Short description of the community that your site is in (e.g., urban/rural, large OUD population, relationships with emergency departments and other organizations in the behavioral health ecosystem)

- **Current state:**

  - **Short description of our MAT program:** describe your MAT program model, whether you do home inductions, etc.

  - **Capacity:** # of waivered providers

  - **Patient population:** # of patients receiving MAT in the previous 6 months

- **Goals for ATSH participation:**

Capability Assessment: What We Learned

- In completing the assessment, we were surprised by:

- Our team's areas of strength:

- Areas for development:

Current State Assessment

- We used the following methods to learn more about our current state:

- We spoke to:

    - Staff:

    - Patients:

    - Anyone else?

- From providers and staff we learned:

- From patients we learned:

- Other insights we gathered from current state activities:

- We received the following feedback on the appropriateness and acceptability of using MAT in our clinic:

Our Team Has Been Wondering . . .

- Our questions to other teams:

- Our questions for faculty:

- We need support to accomplish:

Advice/Guidance/Tools For Other Teams

- Do you have policies, protocols, tools to share with others?

- Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing?