Welcome!

If you are connecting to the audio by cellphone or landline (e.g., not your computer), your audio connection and visual connection need to be joined for the breakouts. To join them:

✔ First: Find your participant ID; if you are using your phone for your audio, your **Zoom Meeting Participant ID** should be at the top of your Zoom window

✔ Then: Once you find your participant ID, press: #number# (e.g., #24321#)

✔ The following message should briefly pop-up: “You are now using your audio for your meeting”

Please also rename yourself so we know what organization you’re from. This will help facilitate discussion and follow-up. To rename yourself:

✔ Find the participant list: Go to the bottom of your Zoom window and click on the word **Participants**

✔ Hover/click: Once the participant list pops up, hover over your name on the participant list; you may be able to click **rename** or you may have to click the **more** button and then click **rename**

✔ Enter your new name: Enter your first name and your clinic’s name (e.g., Briana – CCI, or Shelly – ATSH coach)
Webinar Reminders

1. Everyone is muted.
   - *6 to unmute
   - *6 to re-mute

2. Use the chat box for questions and to share what you’re working on.

3. This webinar is being recorded in the main room. The slides and webinar recording will be posted to the ATSH program page.
ATSH Webinar: Adjusting the Sails – Refining and Sustaining Our Work

August 19, 2020

Bridget Hogan Cole, MPH
Executive Director

Chris Hunt, MPH, LSSBB
Program Director
Agenda

• Reflecting on our current state – confirming or readjusting our program course
• Explore tools to help identify which of our project components to sustain and how to build operational supports to help sustain this work
• Review a Standardizing Change Checklist
Reflecting on Where We’ve Been, Where We Are Now, & Where We’re Going
Where are we now? **Looking Internally**

- Staffing – navigating hiring freezes, layoffs, staff working remotely
- Seeing less patients within the four physical walls of our organizations
- Building/Expanding internal support systems and oversight/management
- Programmatic and/or budget challenges – thinking about how do we sustain this program beyond the ATSH program lifecycle
- IT system updates, data capture and reporting challenges
Where are we now? Looking Externally

- Navigating a pandemic
- Implemented and/or expanded use of telehealth across the sector
- Patients have lost jobs, experiencing financial difficulties, hardships, housing and food insecurity.
- Concerned about the impact the pandemic will have on our communities’ mental health, higher risk for substance use.
- Shifting budgets and financial supports/priorities from Payers (state, health plans, foundations)
Project SWOT Analysis

Source: Minnesota Department of Health - https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swot.html
<table>
<thead>
<tr>
<th>Internal (Team/Project-Specific)</th>
<th>Helpful</th>
<th>Harmful</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
<td></td>
<td><strong>Weaknesses</strong></td>
</tr>
<tr>
<td>(e.g. resources that are</td>
<td>(e.g. staff skills/capabilities</td>
<td></td>
</tr>
<tr>
<td>accessible; time, funding,</td>
<td>not yet present; lack of</td>
<td></td>
</tr>
<tr>
<td>staff, leadership, systems,</td>
<td>management/team</td>
<td></td>
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<tr>
<td>facilities, infrastructure)</td>
<td>leadership; lack of</td>
<td></td>
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<tr>
<td></td>
<td>support/buy in from key</td>
<td></td>
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<tr>
<td></td>
<td>stakeholders; missing resources)</td>
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</tr>
</tbody>
</table>
# Project SWOT Analysis

<table>
<thead>
<tr>
<th>External (Environment/Org)</th>
<th>Helpful</th>
<th>Harmful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunities</td>
<td>(e.g. health plan priorities/interests; funding sources; external partnerships and collaborations; social, cultural, and technological factors that you could leverage)</td>
<td>Threats</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Health - [https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swot.html](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swot.html)
**Sample SWOT – Patient Engagement & Satisfaction Project**

<table>
<thead>
<tr>
<th><strong>Strengths</strong></th>
<th><strong>Weaknesses</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recently launched patient advisory councils</td>
<td>• <strong>Recent provider turnover</strong></td>
</tr>
<tr>
<td>• <em>Priority area for leadership and providers (low pt. sat. scores)</em></td>
<td>• Don’t have budget for tech (tablets) to collect patient feedback</td>
</tr>
<tr>
<td>• CMO is interested in patient reported outcomes</td>
<td>• Ability to track improvement in Patient Engagement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Opportunities</strong></th>
<th><strong>Threats</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• <em>Health plan is also interested, could be $ tied to improvements</em></td>
<td>• If we focus on Pt Engagement will we lose potential P4P funding?</td>
</tr>
<tr>
<td>• Funders and Foundations are investing in Pt Engagement Initiatives</td>
<td>• If we focus on Pt Engagement how will it impact other improvement efforts?</td>
</tr>
<tr>
<td>• Potential to improve patient retention, increase pt. volume</td>
<td>• <strong>Would patients get frustrated and leave our practice if we over-survey?</strong></td>
</tr>
</tbody>
</table>

*IHQC INSTITUTE FOR HIGH QUALITY CARE*
### SWOT Reflections from Across the ATSH Teams - Internal Factors

#### Programmatic Strengths
- Routinely screening for OUD
- Increasing number of X-waivered Providers
- Senior leadership and internal support for our MAT program
- Use of telephone/telehealth visits helping to improve show-rates
- Established weekly case review with multidisciplinary care teams
- Reduced stigma with staff
- Established, well-attended group visits

#### Programmatic Weaknesses/Challenges
- Provider hesitance starting patients on medications without in-person visits.
- Ability to contact patients timely
- Clarity around team roles and responsibilities
- Coordinating care across multiple departments and/or organizations
- Standardized, automated data collection and reporting still requires some manual collection and analysis.
- Financial sustainability
SWOT Reflections from Across the ATSH Teams

External Factors

Program’s External Opportunities

- Leveraging telehealth for expanded support and use in MAT programs
- Stronger collaborative relationships with community partners
- Opportunities for reimbursement with telehealth
- Potential for continued funding to address overdose prevention and MAT

Program’s External Threats

- COVID – patient hesitance to come to clinic to visit provider and/or pick-up MAT prescriptions; staff juggling challenges of working from home
- Broader financial difficulties faced by organizations that have led to or may result in layoffs.
- Concerns about the pandemic’s effect on our communities’ mental health - potential increase in patient volume for patients with SUD and/or behavioral health needs.
Proactively address these program “Weaknesses” & “Threats” (and take advantage of any new opportunities)

Weaknesses
- Provider hesitance starting patients on medications without in-person visits.
- Ability to contact patients timely
- Clarity around team roles and responsibilities

Threats
- COVID – impact on patients and staff
- Broader financial difficulties
- Concerns about the pandemic’s effect on our communities’ mental health - potential increase in patient volume for patients with SUD and/or behavioral health needs.

High Probability/High Impact Risks

➢ Create Action Plan - Determine actions the team can take to address these risks (reduce occurrence, plan around, overcome, etc.)
ATSH Team Story:

Karlie Tepley, LCSW
Hill Country Community Clinic &
Addressing Provider/Staff Burnout

Dr. Stephen Campbell, Dmin
Founder & Director, Center

A spiritual guide for more than 25 years, Stephen founded Center to be a resource that helps individuals and organizations live from their Purposeful Center.

He developed Decompression Sessions as a tool for helping people deal with their stress and anxiety in ways that lead to greater personal resiliency.

Contact Stephen: scampbell@findmycenter.net or 530.945.3643

www.findmycenter.net
## Creating an Action Plan to Address These Challenges

<table>
<thead>
<tr>
<th>High-Impact Risks</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>(How team plans to reduce likelihood of occurrence of, or plan around, or overcome that risk)</td>
<td></td>
</tr>
</tbody>
</table>

### Program Weaknesses/Challenges
- Provider hesitance starting patients on medications without in-person visits.
- Ability to contact patients timely.
- Clarity around team roles and responsibilities.

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Action Item 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Action Item 2</td>
</tr>
<tr>
<td></td>
<td>Action Item 3</td>
</tr>
</tbody>
</table>

### External Threats
- COVID – impact on patients and staff.
- Broader financial difficulties.
- Concerns about the pandemics effect on our communities’ mental health - potential increase in patient volume for patients with SUD and/or behavioral health needs.
SWOT Analysis Activity

- Randomly assigned into breakout rooms
- Chose two program challenges or external threats, and identify 3+ actions that could be taken to address these project risks.

(7 minutes)
Audience Feedback

What action items and activities did you come up with?

Type these action items into the chat box now.
## SWOT Analysis Template

Instructions: Use the SWOT Analysis template below to brainstorm the Strengths, Weaknesses, Opportunities, and Threats that would affect your project.

<table>
<thead>
<tr>
<th></th>
<th>Helpful</th>
<th>Harmful</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
<td>Team characteristics that help achieve outcome/goals</td>
<td>Team characteristics that hinder achievement of outcome/goals</td>
</tr>
<tr>
<td></td>
<td>(e.g. staff skills/capabilities that contribute to success, existing management/team leadership, support for area of focus, resources that are accessible – time, funding, staff, systems, facilities, infrastructure)</td>
<td>(e.g. staff skills/capabilities not yet present, lack of management/team leadership, lack of support/buy-in from key stakeholders, missing resources)</td>
</tr>
<tr>
<td><strong>Opportunities</strong></td>
<td>Environmental factors that facilitate success</td>
<td>Environmental factors that prevent success</td>
</tr>
<tr>
<td></td>
<td>(e.g. health plan priorities/interests, funding sources, external partnerships and collaborations; social, cultural, and technological factors that you could leverage, such as the increase in social media use)</td>
<td>(e.g. uncertainty of current health policy, withholding funding sources, impacted projects as a result of diverse economic social, cultural, and technological factors that could put your project efforts at risk)</td>
</tr>
</tbody>
</table>

Following the SWOT analysis, consider:

- Which strengths you can use to your advantage to address/minimize weaknesses.
- How your team could take full advantage of the opportunities.
- How realistic are the threats, and how you might plan for/address those threats.
Building the Operational* Supports to Help Sustain Our ATSH Project

*Note: we won’t be exploring the financial component of this work in today’s webinar. Instead, we’ll focus on the operational considerations.
We’ve Heard About Many Successes from Your ATSH Projects

Will these programs and improved outcomes continue on after the program ends?

If we were to check back in on you all in 12 months, will you have sustained these gains?
Research suggests it’s going to be a challenge

- Only 33% of QI projects in the UK are not sustained >1 year after completion\(^1\)
- Only 30% of innovation projects at Fortune 500 companies actually stick\(^2\)

\(^1\) Maher L, Gustafson D, Evans A.: Sustainability model and guide 2010.
\(^2\)John Kotter. The 8-Step Process for Leading Change. 2013
Why aren’t successful projects sustained?

- Lack of support systems developed to help sustain work;
- Lack of communication and intentional effort to help staff understand and manage changes brought by the program;
- Changes in the financial drivers and organizational budgets;
- *Staff turnover and challenges backfilling project leads.*
Project teams need to be very intentional and strategic about

Sustaining Changes

&

Spreading Changes
Adopt, Adapt, or Abandon
Traffic Light to Sustaining Change

**RED LIGHT:** Abandon - What Should We Stop Doing?

**YELLOW LIGHT:** Adapt - What Should We Adjust & Refine?

**GREEN LIGHT:** Adopt - What Should We Continue Doing? What should be embedded & sustained?
Abandon: What Should We Stop Doing?

• Despite multiple attempts & testing under multiple conditions, outcomes are not improving, staff don’t like it, or it’s not worth the staff time/resources

• Avoid seeing this as a failure - you still learned many important lessons from these efforts

• Opportunity to redirect time, resources, energy to something else that we’re excited to work on
What to do if your team decides to “abandon” an aspect of your project?

Consider taking the following steps

- **Communications** – Team, Leadership, & Key Stakeholder
  - Highlighting what’s changing *and* what’s staying the same

- **Knowledge Management** - File Management and Project Documentation
  - Documenting lessons learned and organizing relevant documents and resources for future reference.

Adapt – What Should We Adjust & Refine?

• We’re not confident that we’ve optimized this change
• We still think this effort will lead to improvements, we just need more data and continue to test and streamline
• How can we optimize this aspect of the project? What can we alter/refine to make this change even better? Continue to do PDSA’s.
**PDSA’s and Small Tests of Change**

- **Small Scale Experiments**
- **Iterate & Iterate**
Reminder: One of the reasons why changes don’t stick is because they are challenging for staff to adopt/remember.

HBR: To Get People to Change, Make Change Easy
ATSH Team Story:

Ginny Eck, SUD Program Manager
JWCH

Policies and Procedures (P&P’s) and Cheat Sheets
Adopt: What should we continue doing? What should be embedded and sustained?

- Which components of our MAT program have been proven effective? Which have been optimized to ease staff participation in these changes?
- How can we build supports and position this project component to be sustained over the long-term?
Sustaining Change Requires...

• Project Ready to Be Embedded/Sustained

• Staff Capacity
  – Skills, bandwidth, interest in adopting the change?
  – Champions (Change Agents) closer to the front lines to help monitor and troubleshoot

• Organization/Leadership Capacity
  – Infrastructure
  – Increased leadership engagement
  – Systems in place for escalating questions and issues
Moving from Quality Improvement to Quality Control

**Quality Improvement**

QI/PI Tools
- Root Cause Analysis
- Process Improvement
- PDSA’s
- Improvement Team

**Quality Control**

QC/QA Strategies
- Standard Work
- Monitor
- Train
- Visual Management

Problem? Not meeting goals?

Embed & Sustain

Adapted From Scoville et al. "Sustaining Improvement.” Institute for Healthcare Improvement
Helpful Quality Control Strategies and Tools

**WORKFLOW DESIGN**
- Standard Work
- Workflow Maps
- Integrate into existing workflows
- Error Proofing

**TOOLS**
(To Help Staff Adopt & Sustain Changes)
- New Staff Orientation
- Training Materials
- Checklists
- Kits of related materials
- Forms

**ACCOUNTABILITY**
- Policies and Procedures
- Guidelines
- Job Descriptions
- Performance Evaluations
- Performance Data Reports

Source: Crystal Eubanks, MS. Produced for the San Francisco Health Network Quality Improvement and Leadership Academy, 2016.
1) Workflow Design: Workflow Maps

1) Workflow Design: Workflow Maps

**Opioid Refill Workflow**

- Patient calls & providers requesting a refill
  - Has the patient agreement been signed within the last year?
  - Does the patient agree to a urine drug test?
  - Was the urine drug test completed according to risk level?
  - Was the refill been scheduled according to risk level?
  - Is the patient due for a refill?
  - Refill staff sends refill to the PMP and sends to the provider with patient status information
  - **NOTE:** We recommend that you see patients before you give them an opioid prescription. However, if you choose to do refills, this workflow is a way to check that the patient is up to date or an important care process...

**New or Chronic Pain Appointment Workflow**

- Schedule appointment
- Check PMP (print patient notification) for the patient
- Verify patient has paid their copays
- Prescribe medication
- Provide patient with medication
- Print patient medication
- Provide a copy of the prescription
- Provide a copy of the medication
- Include patient in the next dose of medication
- Include patient in the next dose of medication
- Include patient in the next dose of medication
- Include patient in the next dose of medication
- Include patient in the next dose of medication
1) Workflow Design: Standard Work

Providing clarity about what is expected of each team member and how the team should be operating/functioning

1. Standardized tasks
2. Standardized sequences
3. Standard timing
4. Standard documentation
5. Standard expected performance/behavior
Why Standard Work?

• Teams are juggling a lot right now and it can be tough to remember every step, tool, and protocol.
• We don’t want to lose any institutional knowledge and expertise when there is staff turnover.
Samples of Standard Work from the ATSH Teams
2) Tools: Training Materials & New Staff Orientation

- Reoccurring training opportunities for staff to sharpen skills, build interest and exposure of the program
- Ultimate goal to foster sustainability: building these training materials into staff onboarding plans

Substance Use Disorders and Stigma

Shawna Adkins, LCSW; Debra Montoya; David Tian, MD; Jessica Wang, MD; and Denise Williams-Taylor, RN

Alameda Health System, Eastmont Wellness Center
ATSH Team Story:

Shannon Shaffer-Killey
Operations and Compliance Manager
West County Health Centers
& Provider and Staff Training
3) Accountability: Formalizing and Updating Job Descriptions & Program Policies

ATSH Team Story:

Rheena Pineda, PhD
Behavioral Health Director
Livingston Community Health
& MAT Team Job Descriptions
3) Accountability: Ongoing Measurement Strategy

Develop a strategy for continued monitoring of select program measures

- Which measures? Which measure(s) will provide a helpful and timely indicator for how the program is functioning?
- Is the data collection process standardized/automated?
- Who is going to monitor this measure(s)? How frequently should this data be pulled and reviewed?
- If the data is trending in a negative direction, who should be alerted/informed?
Control Charts

If you see the data trend in a negative direction, it’s time to conduct some root cause analysis work to determine what’s going wrong.

More About Control Charts:
Problem? Not meeting goals?

Embed & Sustain

Quality Improvement

QI/PI Tools
- Root Cause Analysis
- Process Improvement
- PDSA’s
- Improvement Team

Quality Control

QC/QA Strategies
- Standard Work
- Monitor
- Train
- Visual Management

Adapted From Scoville et al. "Sustaining Improvement." Institute for Healthcare Improvement
Picking The Right Measure(s) for Longer-Term Monitoring

- **Communication Power** – does the indicator communicate to broad range of audiences?

- **Proxy Power** – Does indicator say something of central importance? And is it a good proxy for other indicators?

- **Data Power** – Is there quality data for this measure that can be collected on a timely, regular basis? And in a way that isn’t burdensome for staff to collect?

Based on the [Results-Based Accountability Framework](#)
Consider identifying a few core measures and internal measures that have solid Proxy, Data, and Communication Power.
Which Measures Should We Continue to Track?

SAMPLE Ongoing Measures Monitoring Plan

- **Screening**: % of patients screened for Opioid Use.
- **Engagement**: % of patients with 2 follow up visits within 30 days of initial prescription
- **Retention**: % of patients enrolled that adhere to medication/program for 6+ months
- **Internal**: pulse surveys gauging patient and staff experience

**Frequency**: Collect/Review Monthly through end of 2021, and if all goes well we’ll switch to Quarterly collection/review in 2022.
IHQC’s Sustainability Checklist

1. Perceived Value
2. Complexity of the Change
3. Measurement, Monitoring, & Feedback
4. Leadership
5. Staff
6. Processes, Equipment, and Technology
7. Organizational Fit
8. Infrastructure for Sustainability
9. External Influences
Individual Activity
(5 minutes)

- Consider which of the 9 sections in the sustainability assessment might be challenging for your team and read through those sections.

- Identify 2-3 areas that your team should invest time exploring over the next few weeks to help position your MAT program for longer-term sustainability.

- When you’re done, type one of those activities into the chat box.
Scale-Up and Sustainability Resources

- IHQC’s Sustainability Assessment
- Assessment of Spread Frameworks: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4731989/

Change Management
- “Made to Stick” and “Switch” by Chip and Dan Heath
- Health Quality Ontario’s Change Management Primer
Questions?
Bridget Hogan Cole, MPH, Executive Director  
213-346-3238, bcole@IHQC.org

Chris Hunt, MPH, LSSBB, Program Director  
213-346-3245, chunt@IHQC.org
Poll

1. On a scale of 1-5, please select the number that best represents your overall experience with today’s session.

   5 - Excellent
   4 - Very Good
   3 - Good
   2 - Fair
   1 - Poor

2. Please select the number that best represents your response to the statement:
   Today's session was a valuable use of my time

   5 - Strongly Agree
   4 - Agree
   3 - Neutral
   2 - Disagree
   1 - Strongly Disagree
ATSH
Coming Attractions

August 31: Final Progress and Financial Reports Due. Endpoint Capability Assessment (IMAT) Due.

September 29: Celebrate & Learn Webinar (11am – 1pm) Register Here

September 30: Project Conclusion.