Agenda

Welcome, grounding

Measuring to learn from prototypes and PDSAs

Closing, next steps

Share one or two words to describe how your coalition work has been since we were together in Oakland
Meaningful Measurement & Tracking

Questions you surfaced about measurement

- How to report or track the data from our prototype
- Meaningful measurement and tracking
- How to incorporate data tracking in next steps?
- Databases
# Measuring for learning as we go

<table>
<thead>
<tr>
<th>Vision &amp; Goal Setting</th>
<th>Frame the opportunity (seeing the system)</th>
<th>Brainstorm &amp; prioritize</th>
<th>Prototype</th>
<th>Testing</th>
<th>Sustaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are we progressing towards our goals at a macro level? (May be long term measures)</td>
<td>How can we impact the system - within and across actors?</td>
<td>What is your hypothesis and which ideas will support it? What ideas will have systemic impact?</td>
<td>Is it desirable, viable, repeatable? Does it make a difference? (May be intermediate or short term measures)</td>
<td>What are your hunches behind the PDSAs? Are you building evidence to support further implementation and scaling (deep)?</td>
<td>Which key subset of measures will signal a process ‘in control’? What will trigger any necessary actions?</td>
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</table>
Measuring for learning as we go

<table>
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<tr>
<th>Stage of design, systems thinking, improvement</th>
<th>Vision &amp; Goal Setting</th>
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<tr>
<td>Evaluation &amp; measurement considerations</td>
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**Examples of measures**

**Family of measures (macro):**
- Outcomes
- Process
- Balancing

- # actors involved
- # power centers
- # of strategies at landscape, regime, niche

**Family of measures (micro):**
- Outcomes
- Process
- Balancing

- # of un/successful PSDSAs
- Staff/patient/coalition member satisfaction
- Depth of relationships

**Example in practice - Decrease overdoses**

<table>
<thead>
<tr>
<th>O-# gap in overdose deaths between groups</th>
<th># primary care settings with MAT providers</th>
<th># EDs with MAT providers</th>
<th># of items on brainstorm list addressing warm handoff process</th>
<th>O-# pts starting MAT in ED transferred to MAT in PC</th>
<th># times an ED provider starts MAT</th>
<th>% of successful handoffs between ED and PCP Review triggered if dips below 80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-# MAT providers</td>
<td># primary care settings with MAT providers</td>
<td># EDs with MAT providers</td>
<td># of prioritized ideas involving new EDs/PCPs</td>
<td>O-# pts starting MAT in ED transferred to MAT in PC</td>
<td>P-# MOUs btw ED and PCPs</td>
<td>B-staff sat</td>
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<tr>
<td>B-#s on waitlist</td>
<td></td>
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# Measuring for improvement “Quick Hit”

## Family of measures

<table>
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<tr>
<th>Type of measure</th>
<th>Goal of measure</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Outcomes**    | Where are we ultimately trying to go? | ● # of OD deaths  
                  |                  | ● # of lives saved by naloxone  
                  |                  | ● % gap in overdoses between groups |
| **Process**     | Are we doing the right things to get there? | ● # of MAT prescribers  
                  |                  | ● # of school-based educational talks  
                  |                  | ● # of people with lived experience are active members |
| **Balancing**   | Are there any unintended consequences of our changes? | ● # of incidents of community backlash  
                  |                  | ● waitlists |
Tracking measures from your prototype

**Prototype Measures Workbook**

- Title of prototype
- Goal of prototype
- Description
- Measurement considerations: Is it desirable, viable, repeatable? Does it make a difference?
- Family of measures (numerators, denominator, source, who will collect)
- Run chart
Tracking measures from your PDSAs

PDSA data tracking sheet

- Title of PDSA
- Hypothesis/goal/objective of PDSA
- What piece of data will help you know whether your PDSA is meeting its goal? This should be easy to track.
Annotated Run Charts

IHI’s run chart template

Simple steps:

- Plot the data in a graph over time
- Plot the median (aka as center line)
- Apply 3 of the run chart rules
- Annotate the chart with PDSAs, explanation
- [Extra step for one of the rules: count the # of runs, i.e., consecutive data below or above the median]
Run Chart Rules

Does your data show “common cause variation” or are there signals of non-random patterns of variation?

Source: IHI
Too few or too many runs

**Expected Runs Table**

Checking for too many or too few runs on a run chart. Table is based on about a 5% risk of failing the run test for random patterns of data.

Source: Table 1, Perla et al. (2010), p. 49.

Source: IHI
Databases - What would you like to learn?

Welcome to the California Opioid Overdose Surveillance Dashboard

The dashboards and data available through this application are the result of ongoing collaboration between the California Department of Public Health (CDPH), Office of Statewide Health Planning and Development (OSHPD), Department of Justice, and the California Health Care Foundation.

Data Available

Data last updated on: 01/13/2020

- Deaths: 2006* - 2018
- ED Visits: 2006* - 2018
- Hospitalizations: 2006* - 2018
- Prescriptions: 2008* - 2018

*Zip code level data for counties are only available starting in 2010

For more information on what California is doing to address the opioid epidemic, visit the following CDPH sites:

- Prescription Drug Overdose Prevention (PDOP) Initiative
- California's Approach to the Opioid Epidemic

Source: CA Opioid Safety Network