Learning Lab: Designing Your ATSH Project

Addiction Treatment Starts Here: Learning Session #1

November 7, 2019
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About the Institute for High Quality Care (IHQC)
IHQC – Applied Learning Model

• Our Mission – Increasing the quality and accessibility of safety net healthcare

• Since 2007, IHQC has created multiple learning communities – *participant-defined, applied learning* laboratories for clinics, provider care teams to:
  – Engage in quality and process improvement trainings
  – Interact and share promising practices with their peers
  – Apply tools and techniques that will advance their own improvement efforts
  – Prepare for an ever-changing healthcare environment
Our Agenda

Visualizing Our Project: Driver Diagrams

- Leadership and Culture
  - Leadership support the work, share vision for the program structure and staffing model, and staff training on terminology and reference eğitimi
- Program Performance Monitoring
  - MAF measures collected/tracked monthly, updated to AHA quarterly. Also collects/enhances patient level outcomes
- Patient Identification and Initiating Care
  - Criteria & procedures in place to identify patient eligibility for off-site MAF (screening, exams, receiving sternal MAF)
- MAF Care Delivery and Monitoring Treatment Response
  - Protocols in place for starting, stabilizing, and maintaining care
- Care Coordination
  - Processes for physical exams, lab draws, imaging, radiation, and other procedures, including MAF and stabilization
- Organizational Management Structures that Support MAF
  - Team identified with clear roles and responsibilities agreed to by entire MAF team, and collaborates regularly

Designing Our Project: Drafting Our Project Plan

- Project Plan
  - High-level project plan
  - Project Milestones
    - 1. ...
    - 2. ...
    - 3. ...
  - Project Activities
    - 1. ...
    - 2. ...
    - 3. ...

By September 2020, Main Street Clinic will build a MAF program that will include 3960 patients and 50 patients enrolled in MAF.
First Step in Designing and Testing:

Know Your Improvement Framework
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

1. Identify Drivers
   What are primary and secondary drivers that impact your aim?

2. Design Changes
   What can you test to effect the drivers for your aims?

3. Test Changes
   How are you prioritizing what you test?

4. Accelerate Learning
   Are you testing multiple changes at once? How do you disseminate learning from testing cycles?

5. Implement, Spread, Sustain
   When do you implement? When are you ready for spread? How do you sustain change?
Current State

Aims

Measures

**Current State**

**Aims**

**Measures**

**Required – Access Measures**

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Current State Activities To Date:

Capability Assessment

Refining Your Core Team

Learning From Your Patients & Staff
Initiative Aim Statements

**Elevator Pitch**

**Mission Statement for a Project**
The Aim Statement

• Like an organization’s mission statement, the Aim Statement sets the tone for the improvement project:
  – Defines purpose of project, what you hope to accomplish
  – Identifies system you want to improve
  – Identifies patient population the improvement will impact
  – Describes why project is a priority
  – Sets the stage for a time frame to complete the project
Project Aim Statements & Goals should include **SMART Elements**
By December 2020, WeCare Health’s Main Street Clinic will provide MAT services to 50 patients by getting x-waivers for 3 providers, adopting a comprehensive and efficient addiction screening process, and developing policies and procedures for MAT care delivery.
Aim Statements – What’s Missing?

• “We will increase the number of patients receiving MAT Treatment”

  • **Measurable?** How many patients?
  
  • **Time-bound:** By when?
  
  • **Specific?** Where? One clinic, all clinics?
  
  • **Specific?** How will it get done? Training additional x-waivered providers? Improved screening?
Drafting Our ATSH Project Aim Statement (5 min)

- **Specific?** Where? Who?
- **Specific?** How will it get done?
- **Measurable?** How many patients?
- **Attainable?** Do-able based on time, staff, resources, scale?
- **Time-bound?** By when?
Drafting Our ATSH Project Aim Statement (5 min)

- **Specific?** Where? Who?
- **Specific?** How will it get done?
- **Measurable?** How many patients?
- **Attainable?** Do-able based on time, staff, resources, scale?
- **Time-bound?** By when?
Visualizing Our Project – Drafting a Driver Diagram
Steps to Developing and Sustaining Strong MAT Programs

1. Identify Drivers
   - What are primary and secondary drivers that impact your aim?

2. Design Changes
   - What can you test to effect the drivers for your aims?

3. Test Changes
   - How are you prioritizing what you test?

4. Accelerate Learning
   - Are you testing multiple changes at once? How do you disseminate learning from testing cycles?

5. Implement, Spread, Sustain
   - When do you implement? When are you ready for spread? How do you sustain change?
What are project drivers?

- **Drivers** = Topic areas, themes, and/or **high-level changes** that your team will be focusing on to help achieve your project aim

- **Driver Diagrams** show the relationship between your aim statement, these drivers, and your key activities
Visualizing Your Project

Aim

Complete the DTLA 10K on July 4th without stopping

Primary Drivers

Train & Practice

Equipment

Accountability

Secondary Drivers/Change Ideas

- Download the Couch to 10K App
- Hold times after work for training
- My running shoes are ancient. Get the right shoes
- Find a friend to join the 10k and practice with me
Visualizing Your Project

Aim
Design and launch MAT services and enroll 50 patients by Dec 2020

Primary Drivers
- Patient Screening and Identification
- MAT Care Delivery
- Care Coordination

Secondary Drivers/Solutions
- Staff training on stigma & motivational interviewing
- Research and Pilot Use of a Screening Tool
- Get 2 more providers x-waivered
- Create referral P&P for MAT patients (recovery, social serv.)

Project Mgt.
Ana

Measures
Jennifer in IT

Maria
Jose
Dan
Tools to Draft Driver Diagrams

- **SmartArt** hierarchy feature in Microsoft PowerPoint or Word

- **Post-It Notes**
Drafting Our ATSH Project
Driver Diagram
Recommended ATSH Primary Drivers

- Leadership & Culture
- Patient Identification & Initiating Care
- Care Coordination
- Program Performance Monitoring
- MAT Care Delivery & Monitoring Treatment Response
- Org Management Structures that Support MAT
Sample
ATSH
Project
Driver
Diagram

Aim Statement
“By September 2020, Main Street Clinic will build a MAT program that will include 3 x-waivered clinician and 50 patients enrolled in MAT”

Leadership and Culture
- Leadership support the work, share vision for the program structure and staffing model, and all staff training on terminology and reducing stigma.

Program Performance Monitoring
- MAT measures collected/reviewed monthly (submit to ATSH quarterly). Also collect/monitor patient level outcomes
- Review barriers and facilitators to MAT success in weekly or biweekly meetings with MAT team

Patient Identification and Initiating Care
- Criteria & procedures in place to identify patient eligible for office-based MAT (screening, exams, reviewing clinical data)
- Motivational interviewing employed to engage patients in MAT program

MAT Care Delivery and Monitoring Treatment Response
- Protocols in place for starting, stabilizing, and maintaining care
- Processes for physical exams, lab draws, conducting toxicology and other lab tests, refill and stabilization appointments (or groups), etc.
- MAT care is coordinated; protocols and processes are defined and optimized; registry is used to monitor MAT initiation and response
- Referral processes are in place (specialty care, recovery services, social services)

Care Coordination
- Team identified with clear roles and responsibilities agreed to by entire MAT team, and collaborates regularly (weekly or biweekly)
- Coordinate identification, recruitment, and training for more providers to get x-waivered

Organizational Management Structures that Support MAT
Aim Statement
"By September 2020, Main Street Clinic will build a MAT program that will include 3 x-waivered clinician and 50 patients enrolled in MAT"
Sample ATSH Project Driver Diagram

**Aim Statement**
"By September 2020, Main Street Clinic will build a MAT program that will include 3 x-waivered clinician and 50 patients enrolled in MAT"

- **MAT Care Delivery and Monitoring**
  - Treatment Response
  - Protocols in place for starting, stabilizing, and maintaining care
  - Processes for physical exams, lab draws, conducting toxicology and other lab tests, refill and stabilization appointments (or groups), etc.
  - MAT care is coordinated; protocols and processes are defined and optimized; registry is used to monitor MAT initiation and response

- **Care Coordination**
  - Referral processes are in place (specialty care, recovery services, social services)

- **Organizational Management Structures that Support MAT**
  - Team identified with clear roles and responsibilities agreed to by entire MAT team, and collaborates regularly (weekly or biweekly)
  - Coordinate identification, recruitment, and training for more providers to get x-waivered
Where Can I Find Ideas for Secondary Drivers or Important Project Activities?
Where Can I Find Ideas for Secondary Drivers or Important Project Activities?

Group Brainstorms

Toolkits and Best Practices

IMAT-PC Assessment
<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>SCORE</th>
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<tr>
<td>D3 - 1</td>
<td>All new and existing patients are screened using a standardized universal measure for opioid use risk</td>
<td>No standardized measure or set of questions is used</td>
<td>A set of questions about substance use issues is routinely used</td>
<td>A standardized and validated universal screen (e.g. TAPS, NIDA Quick Screen, DAST) is used with all new and annual visits</td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>D3 - 2</td>
<td>All patients who screen positive receive a standardized indicated assessment and, if positive, an OUD diagnosis is made and documented</td>
<td>No standardized measure is used, and documentation of OUD diagnosis varies</td>
<td>No formal standardized measure is used but OUD diagnosis is routinely documented</td>
<td>A standardized indicated screen (e.g. DSM5 checklist) is used to support documentation of an OUD diagnosis</td>
<td>2</td>
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Change Ideas

• Category/Primary Driver: Patient Identification and Initiating Care

• Change Ideas:
  - Update assessment/screening tool that staff use
  - Improve the frequency that this screening tools is used with *all* patients (at appropriate intervals)
  - Improve documentation of OUD diagnosis
Visualizing Your Project

Aim

Increase number of patients enrolled in MAT services by 50 patients

Primary Drivers

Patient Identification & Initiating Care

MAT Care Delivery

Secondary Drivers/Change Ideas

Update assessment/screening tool

Update workflows to use screening tool in all new and annual visits

Improve documentation of OUD diagnosis
By September 30, 2020, MCHWC will expand its MAT program to its Bayview Clinic to treat 50% more patients (45 total active MAT patients) engaged in recovery.

Leadership and Culture
- All staff training on empathy and stigma surrounding SUD treatment - new hire training, and regularly reinforced.
- Develop at least 5 community partnerships as a referral base for patients in Bayview.
- Develop & sustain policies/procedures that allow for the program to be continued despite staff turnover.

Program Capacity
- Adding refill groups in Marin City and Bayview (offer an additional day in MC).
- Offer incentive for 90 day retention in recovery.
- Standardize process for home inductions and introduce as option to our prospective patients.

Patient Identification
- Use standardize tool to screen patients for SUD to identify potential MAT participants.
- Train staff on internal referral process that is electronically monitored and tracked.
- Develop procedure to properly screen, document and bill for SBIRT services.
Begin Drafting Your Driver Diagrams

1. Review your IMAT-PC Results, and start identifying your MAT project drivers.
2. Then start identifying changes or key project activities for each driver
Pair and Share

• For the next 5 minutes, share your driver diagram with another team in the room

• Which Primary Drivers did you chose?
• What are 2-3 of the important change ideas or secondary drivers that your team will prioritize over the next 2 months?
Reminder – Use PDSA’s to Pilot and Scale-Up Your Change Ideas
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?
Making Pancakes

➢ First few are never perfect.

➢ So we experiment or practice until we get it right.
The Model for Improvement

**Aim**
- What are we trying to accomplish?

**Measure**
- How will we know if a change is an improvement?

**Change**
- What changes can we make that will result in an improvement?

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**AIM**

**Measurement**

**Effective Ideas**

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**Small Tests of change**

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IHQC INSTITUTE FOR HIGH QUALITY CARE
PDSA – Rapid Cycle Improvement

Act
- What changes are needed?
- Next cycle?

Plan
- Questions & predictions (why?)
- Plan to carry out the cycle

Check/Study
- Analyze Data
- Compare data to predictions
- Summarize what was learned

Do
- Carry out the plan
- Document problems & observations
- Begin data analysis

Adapted from the Institute for Healthcare Improvement Breakthrough Series College.
The Model for Improvement and PDSAs essentially rely on:

*Small Scale Experiments*

*Iterate & Iterate*
Why Experiment & Iterate?

- Pancakes – Our first drafts are never perfect
- Opportunity for learning from “failures” without impacting performance
- Increase your belief that the change will result in improvement
- Easier to take one or two small steps than one giant leap
- Document how much improvement can be expected from the change
- Evaluate costs and side-effects of the change

Adapted from: Associates in Process Improvement (API)
Patient checks in, given forms to complete

Patient completes forms & assessments in waiting room

Patient taken to exam room; vitals and Hx taken

TAPS Score = 2+?

Yes

No

MA Documents in EMR and adds note for Provider

Provider enters room; reviews intake forms and primary reason(s) for visit

Provider addresses chief medical need(s)

Patient eligible for MAT?

Yes

Provider discusses MAT program with patient. Creates referral for patient to meet with MAT Coordinator

No
PDSA’s For Your ATSH Project Ideas

Addiction Screening Tools PDSA’s

1. Have care team use TAPS screening tool with 5 patients in the morning
2. Use DAST screening tool w/ 5 patients in afternoon
3. For 2 days, front desk to give screening to all new patients
4. For 2 days, front desk to give screening to existing patients who haven’t completed screening 1+years.
Questions?
Stretch Break
Designing Our Project:
Drafting Our Project Plan
How to Create Change?

Vision + Skills + Will + Resources + Action Plan = Change
Diagnosing what’s missing

Vision + Skills + Will + Resources + Action Plan = 🙌
Diagnosing what’s missing

\[ \text{Vision} + \text{Skills} + \text{Will} + \text{Resources} + \text{Action Plan} = \text{Change} \]

\[ \text{Vision} + \text{Skills} + \text{Will} + \text{Resources} + \text{Action Plan} = \text{Confusion} \]

\[ \text{Vision} + \text{Will} + \text{Resources} + \text{Action Plan} = \text{Anxiety} \]

\[ \text{Vision} + \text{Skills} + \text{Resources} + \text{Action Plan} = \text{Resistance} \]

\[ \text{Vision} + \text{Skills} + \text{Will} + \text{Action Plan} = \text{Frustration} \]

\[ \text{Vision} + \text{Skills} + \text{Will} + \text{Resources} + = \text{Treadmill} \]
ATSH Project Plan

Template with considerations to help organize what’s needed to reach your aims:

• Goals & Assumptions
• Team Roles
• Measures
• Activities
• Resources
ATSH Project Plan Template

We’re going to focus on Sections 1, 2, and 4 this morning
Section 1: Project Overview

1. Description of Current State
2. Aim Statement
3. Goals/Objectives
4. Assumptions
Project Overview

• **Description of Current State**
  – Provides an overview of what the current state looks like and why this project is a priority for your organization, your patients, or your staff
  – Brief description of what’s working well
  – Brief description of what’s been challenging
  – *Extra Credit*: references to baseline measures or data that highlights why this project should be a priority.
SMART Aim Statement & Goals

• 1 Project **Aim Statement**: 1-2 sentence summary of what you hope to accomplish

• Multiple **Goals** (3-6) for your project
  – A SMART sentence that describes how you are going to accomplish your aim (referencing a primary driver or important deliverables)
SMART Aim Statement & Goals Examples

Project Aim Statement: By September 30, 2020, MCHWC will expand its MAT program to its Bayview Clinic to treat 45 patients engaged in recovery.

Goals:

- By February 2020, empower staff with the knowledge and skills needed to identify and support patients with addiction through trainings in empathy, stigma reduction, and screening protocols.
- By July 2020, develop 5 community partnerships (e.g., local emergency department) to build collaboration and referral networks.
- By Dec 2019, expand the Marin City and Bayview MAT programs to include refill groups.
Assumptions

= Conditions that must exist and expectations that must be met in order for your project to come through – i.e., your logic or theory of change to hold true

• Some assumptions to consider:
  o Expectations, commitment, engagement of leadership
  o Expectations of patient, provider or other staff behavior
  o Linkage between behavior and health outcomes
  o Results of a certain intervention
  o Dependence on system or technology
Assumptions - EXAMPLES

- We’ll be given the time, support and resources to pursue this project
- Home inductions and multiple refill groups will better fit the unique needs of our patients
- By training staff in stigma reduction and best practices in screening patients for substance abuse, patients will answer these screening questions honestly and we will be better positioned to identify and support patients who would benefit from MAT services.
Section 2: Team Roles & Responsibilities

1. Team Member Names (Optional: Titles, Contact Info)

2. Specific Roles & Responsibilities for each team member
Team Members
Effective Improvement Teams Roles

☑ Multidisciplinary Teams
  - More creative, better brainstorming
  - Bring multiple perspectives, including what “current state” actually looks like and what’s already been tried/tested
  - Share responsibilities and distribute tasks across the team

☑ Clarity on team roles and responsibilities
  - Sets expectations for each team member
  - Helps ensure tasks are dispersed/shared across full team
  - Shared responsibility and accountability
Effective Improvement Teams **Communicate**

- **Formal Team Meetings**
  - **Frequency:** More frequent meetings set up teams for success
  - **Roles:** Who attends, who facilitates, who follows-up with reminders for action items.
  - **Meeting Norms**
  - **Subgroups meeting**

- **Frequent Informal Team Meetings**
  - Huddles, quick phone calls, email updates, quick brainstorm conversations
  - Not always the entire team, may be 2-3 people focusing on a specific project activity or deliverable.

ATSH Project Team Considerations

**Sample Roles**
- Senior Executive Leader/Sponsor
- X-waivered Clinician
- MAT services coordinator
- Operations Lead

**Sample Responsibilities**
- Facilitating Meetings
- Reporting project updates to Sr. Leadership/Board
- Liaison to Care Teams to collaborate on screening patients
- Data Tracking
Section 4:
Key Success Factors/Risks

1. Anticipating Challenges

2. Identifying competing priorities

3. Plan to proactively address these risks
Why do good project ideas....

Sometimes Flop

NAILED IT!
Common Project Risks and Challenges

• **Team/Staff**
  – Staff resistance
  – Getting leadership & staff buy-in

• **Data**
  – Mining existing data to identify patients
  – Establishing criteria that will be used (e.g., patients on high doses of morphine equivalents)

• **Project Management**
  – Meeting frequency, communications (up, down, to patients).

• **Project**
  – Need for support for the patient during first few inductions

• **Patient Engagement**
  – Patients with complex social risk factors, sorting out pain management versus addiction

• **External Issues**
  – Logistical issues (e.g., locating pharmacies),
  – Establishing relationships with nontraditional community partners
What Can We Do to Plan for, or Mitigate, these Risks?

Lack of Staff Time

- Get senior leadership approval for regular meetings
- Leverage morning huddles 1x per week for quick project updates and brainstorming

Staff Biases or Resistance to MAT Treatment

- Short staff survey or interviews to better understand the current perceptions around addiction treatment and MAT services
- Staff training on stigma.
- Recurrent staff meetings where the role legitimation of OUD treatment in primary care is emphasized
Section 5: Deliverables, Activities, & Timelines

* We’ll spend time completing this later this afternoon
Team Time –
Drafting Our Project Plans

Focus on these sections:

- **Section 1:** Project Overview (Goals, Assumptions)
- **Section 2:** Team Roles & Responsibilities
- **Section 4:** Key Success Factors/Risks

~30 minutes
Data-Driven Improvement

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ATSH Project Measures Considerations
For an Improvement Project, What Data do we track?

• **At the end of the project:** Project data will help you tell your story – **did you achieve your goals?**

• **During Project:** Project data should also give staff working on the change ideas regular updates about the impact their efforts are having so that they can adjust the change ideas, continue to improve.
Measurement Strategy: How and When

- **Core**
  - Quarterly submission
  - NICHQ Data Portal

- **Optional**
  - Quarterly submission

- **Internal**
  - Site determines time frame
  - Clinic Maintains

- **Capability Assessment**
  - Baseline, midpoint, conclusion

Program Measure Set
Internal Performance Measures

Data to Inform our Day-to-Day Project Efforts

Aim/Goal

Increase number of patients enrolled in MAT services by 50 patients

Core Measure(s)

Patient Identification & Initiating Care

Primary Drivers

Update assessment/screening tool

Update workflows to use screening tool in all new and annual visits

Improve documentation of OUD diagnosis

MAT Care Delivery

Internal Measures

Data to Inform our Day-to-Day Project Efforts
• **Core Measures:**
  – Total Patients enrolled in MAT services
  – Total x-waivered providers

• **Internal Measures**
  – % of new patients seen this week that completed the addiction screening form
  – % of all patients (new or existing) that completed an addiction screening form in the last 12 months.
Data Collection – How/From Where?

- Which system?
- What query/parameters?
- Reports pulled by whom?

- How/with what tool(s)?
- Who completes/enters data? How?
- Who collects?

EHR ➔ Manually
What are some internal measures you plan to track for your ATSH Project?

• **Note**: Over the next few weeks as you develop your ATSH Project Plan, consider working with your coach about identifying internal measures to track.
Questions?