Learning Lab: Designing Your ATSH Project

Addiction Treatment Starts Here: Learning Session #1

April 10, 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 Morning Agenda

Visualizing Our Project: Driver Diagrams

- **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 ATISH 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.

- **Care Coordination**
  - 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).

- **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.

Designing Our Project: Drafting Our Project Plan

Section 1: Project Overview
- Current State Description/Problem Statement:

- Project Aim Statement:

<table>
<thead>
<tr>
<th>Project Goal/Objective (Link to your Primary and Secondary Objectives)</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

Project Assumptions

| 1. |
| 2. |
| 3. |
| 4. |

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First Step in Designing and Testing:

Know Your Improvement Framework
Foundation To Develop and Sustain Strong MAT Programs

Aims

• Defining SMART aims for your project

Current State

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

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

Goal Setting

Specific

Measurable

Attainable

Relevant

Time-Bound

Required – Access Measures

MEASURE

A. Adoption

A1 # of x-waivered prescribers

A2 # of x-waivered prescribers actively prescribing

A3 % of x-waivered prescribers of all eligible prescribers in practice

A4 Ratio of x-waivered prescribers actively prescribing to the clinic’s total patient panel size

B. Reach

B1 # of patients prescribed buprenorphine

B2 # of patients prescribed naltrexone long acting injection

B3 % of patients prescribed buprenorphine or naltrexone long acting injection of all patients with OUD

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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
SMART Statement Examples

**Time-Bound**

**Specific - What system/process**

**Specific - Where**

**Specific - Who**

By September 1, 2019, we will decrease wait times from sign-in to vitals from 40 min to 20 min for *scheduled patients* at our North Avenue clinic.
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?
Sample ATSH Project Aim Statement

“By December 2020, LAX Health – Westin Health Center will provide MAT services to 100 patients by getting x-waivers for 4 providers, adopting a comprehensive and efficient addiction screening process, and developing policies and procedures for MAT care delivery.”

- **Specific?**
- **Measurable?**
- **Attainable?**
- **Relevant?**
- **Time-bound?**
Drafting Our ATSH Project Aim Statement (5 min)

- **Specific?** Where?
- **Specific?** Who?
- **Specific?** How will it get done?
- **Measurable?** How many patients?
- **Attainable?**
- **Time-bound?** By when?
SMART Statements

- Specific
- Measurable
- Attainable
- Relevant
- Time-bound

Drafting Our ATSH Project Aim Statement (5 min)

- **Specific?** Where? Who?
- **Specific?** How will it get done?
- **Measurable?** How many patients?
- **Attainable?**
- **Time-bound?** By when?

05:00
Visualizing Our Project – Drafting a Driver Diagram
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?
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
Driver Diagram Template

AIM

Primary Drivers

Secondary Drivers

Actions/Change Ideas
Visualizing Your Project

Aim
Design and launch MAT services and enroll 50 patients by 12/2020

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.)

Measures
Jennifer in IT

Project Mgt.
Ana

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
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"
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
Where Can I Find Ideas for Secondary Drivers or Important Project Activities?

Primary Drivers
- Leadership and Culture
- Program Performance Monitoring
- Patient Identification and Initiating Care

Secondary Drivers & Change Ideas
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>
</tr>
</thead>
<tbody>
<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></td>
<td>A set of questions about substance use issues is routinely used</td>
<td></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>
</tr>
<tr>
<td></td>
<td><strong>Additional comments here:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</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></td>
<td>No formal standardized measure is used but OUD diagnosis is routinely documented</td>
<td></td>
<td>A standardized indicated screen (e.g. DSM5 checklist) is used to support documentation of an OUD diagnosis</td>
<td>2</td>
</tr>
</tbody>
</table>
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

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

MAT Care Delivery
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

Ø First few are never perfect.

Ø 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?

**Small Tests of change**
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
Addiction Screening Tools

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

| Vision + Skills + Will + Resources + Action Plan = Change |
| + Skills + Will + Resources + Action Plan = Confusion |
| Vision + Will + Resources + Action Plan = Anxiety |
| Vision + Skills + Resources + Action Plan = Resistance |
| Vision + Skills + Will + Action Plan = Frustration |
| Vision + Skills + Will + Resources + = Treadmill |
ATSH Project Plan

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

• Goals & Assumptions
• Team Roles
• Measures
• Activities
• Resources
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
  – Often linked to primary drivers or important deliverables
SMART Aim Statement & Goals

Sample ATSH SMART Aim Statement:
• By December 2020, LAX Health – Westin Health Center will provide MAT services to 100 patients by getting x-waivers for 4 providers, adopting a comprehensive and efficient addiction screening process, and developing policies and procedures for MAT care delivery.

Sample ATSH SMART Goals:
• By June 2020, 60% of patient population has been appropriately screened using Drug Abuse Screening Test (DAST)
• By January 2020, protocols will be tested and standardized for initiating, stabilizing, and maintaining MAT Care
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
- X-waivered providers will be able to see MAT patients and continue to manage most of their paneled 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, Titles, Contact Info

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

☑ 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

✅ Team Size

- The team has to be big enough for tasks to be spread out so that no individual is overwhelmed.
- The team has to be small enough that having meetings or communicating isn’t too difficult.
Effective Improvement Teams

☑️ **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

Recommended 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
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 legitimization of OUD treatment in primary care is emphasized
Section 5: Deliverables, Activities, & Timelines

Instructions:
Work with your team to identify the goals your team would like to achieve in the next two months. Once these goals have been identified, use the table list the major deliverables and related activities that would demonstrate that you achieved these goals. This page offers a sample goals and one deliverable/activity CCI has provided a sample deliverable and activities in the first few rows of the table.

Top three goals for your team to achieve in the next two months:
1. Design an education plan to provide foundational training on addiction for all staff
2. Get a 30-minute weekly core-team meeting on our calendars
3. Identify at least 3 prescribers who want to get x-waiver training

<table>
<thead>
<tr>
<th>Activity</th>
<th>Activity Lead</th>
<th>Team Members</th>
<th>Start Date</th>
<th>End Date</th>
<th>Notes (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Deliverable] Assess staff training needs</td>
<td>Angela</td>
<td>Core team</td>
<td>4/15</td>
<td>5/31</td>
<td></td>
</tr>
<tr>
<td>[Activity] Determine whether the clinic has previously assessed staff training needs</td>
<td>Chris</td>
<td>n/a</td>
<td>4/15</td>
<td>4/19</td>
<td>Need to ask office manager what’s been done in last 3 years</td>
</tr>
<tr>
<td>[Activity] As a team, review findings from capability assessment</td>
<td>Angela</td>
<td>Core team</td>
<td>4/16</td>
<td>4/16</td>
<td>Use 20 min of core team weekly meeting</td>
</tr>
<tr>
<td>[Activity] Determine method to assess staff training needs and then conduct assessment</td>
<td>Rich</td>
<td>Core team</td>
<td>4/16</td>
<td>4/19</td>
<td>Angela to propose options at weekly core team meeting and team decides</td>
</tr>
<tr>
<td>Conduct assessment of staff training needs</td>
<td>Michelle</td>
<td>n/a</td>
<td>4/19</td>
<td>5/29</td>
<td>Will likely use Survey Monkey</td>
</tr>
<tr>
<td>[Deliverable] Design a 30-minute training for all staff</td>
<td>Rich</td>
<td>Core Team</td>
<td>4/29</td>
<td>5/24</td>
<td></td>
</tr>
<tr>
<td>[Activity] Analyze findings from staff training needs assessment to determine the top needs</td>
<td>Rich, Chris, Michelle</td>
<td>4/29</td>
<td>5/3</td>
<td>Rich reviews findings and shares at weekly core team meeting</td>
<td></td>
</tr>
<tr>
<td>[Activity] Review previous trainings to determine if there is existing content that can be re-used</td>
<td>Chris</td>
<td>n/a</td>
<td>5/3</td>
<td>5/10</td>
<td>Chris will let us know if there’s anything to be repurposed</td>
</tr>
<tr>
<td>[Activity] Post note on ATSH forum to see who can share a draft</td>
<td>Angela</td>
<td>n/a</td>
<td>5/3</td>
<td>5/10</td>
<td></td>
</tr>
<tr>
<td>[Activity] Prepare first draft of training</td>
<td>Angela, Chris</td>
<td>5/10</td>
<td>5/17</td>
<td>Team reviews at weekly core team meeting</td>
<td></td>
</tr>
<tr>
<td>[Activity] Finalize slides</td>
<td>Angela</td>
<td>n/a</td>
<td>5/17</td>
<td>5/24</td>
<td></td>
</tr>
</tbody>
</table>

* 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
  - Excel

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)

Primary Drivers

Patient Identification & Initiating Care

Internal Measures

- 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

Update assessment/screening tool

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

Improve documentation of OUD diagnosis
• **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?

EHR

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

Manually

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

• *Lingering Questions?*