Addiction Treatment Starts Here: Primary Care Learning Collaborative
Virtual Learning Session 1 – Part 2
June 23, 2021

While we’re waiting, please:

**Rename yourself**

1. Click the Participants icon
2. Hover over your name & click “Rename”
3. Add your name, pronouns and organization name
4. Click OK

If you connected to the audio using your phone:
- Find your participant ID; it should be at the top of your Zoom window
- Once you find your participant ID, on your phone press: #number# (e.g., #24321#)
- The following message should briefly pop-up: “You are now using your audio for your meeting”
Housekeeping Reminders

Mute
Please mute when not speaking. Please don’t put the call on hold!

Chat Box
Use the chat box to introduce yourself and ask questions

Slides + Recording
Slides and recording will be posted to the ATSH Online Home

Tech Issues
Chat for assistance
Re-cap of ATSH Teams
Addiction Treatment Starts Here

**ATSH Core Team**

- Lydia Zemmali
  - Program Coordinator
  - lydia@careinnovations.org

- Kristene Cristobal
  - Program Consultant
  - kristene@cristobalconsulting.com

- Meaghan Copeland
  - Program Manager
  - meaghan@careinnovations.org

- Juliane Tomlin
  - Senior Manager
  - juliane@careinnovations.org

- Juan Carlos Piña
  - Program Manager
  - juancarlos@careinnovations.org

- Michael Rothman
  - Executive Director
  - michael@careinnovations.org

**Extended Team**

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

- Mark McGovern, PhD
  - ATSH Evaluator
  - Medical Director, Integrated Behavioral Health, Stanford University School of Medicine

- Briana Harris-Mills
  - Senior Program Coordinator
  - briana@careinnovations.org
  - Out on leave until December 2021
## Addiction Treatment Starts Here: Coaches!

<table>
<thead>
<tr>
<th>Photo</th>
<th>Name</th>
<th>Title and Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.jpg" alt="Brian Hurley" /></td>
<td>Brian Hurley, MD</td>
<td>Addiction Physician and General Psychiatrist, L.A. County Dept. of Mental Health</td>
</tr>
<tr>
<td><img src="image2.jpg" alt="Dominique McDowell" /></td>
<td>Dominique McDowell, BA RLPS SUDCII</td>
<td>Director of Addiction &amp; Homeless Services, Marin City Health and Wellness</td>
</tr>
<tr>
<td><img src="image3.jpg" alt="Katie Bell" /></td>
<td>Katie Bell, MSN, RN-BC, CARN, PHN</td>
<td>Marin City Health and Wellness</td>
</tr>
<tr>
<td><img src="image4.jpg" alt="Joe Sepulveda" /></td>
<td>Joe Sepulveda, MD</td>
<td>Assistant Medical Director, Family Health Centers of San Diego</td>
</tr>
<tr>
<td><img src="image5.jpg" alt="Ginny Eck" /></td>
<td>Ginny Eck</td>
<td>JWCH Institute</td>
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</tbody>
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Note: The images of the individuals are represented by placeholders. Actual images would be replaceable with the actual photos.
ATSH:PC Wave 3 Cohort

- Adventist Health
- Bartz Altadonna Community Health Center
- County of Santa Cruz Health Services Agency
- Family Health Centers of San Diego
- Glendale Community Health Center
- Los Angeles Department of Health Services
- Moreno Valley Community Health Center
- San Francisco Health Network
- Santa Barbara Neighborhood Clinics
- Southland Health Center
- Via Care Community Health Center
- Feather River
- Lemoore
- City Heights Family Health Center
- Grossmont Spring Valley Health Center
- Edward R. Roybal Comprehensive Health Center
- H. Claude Hudson Comprehensive Health Center
- High Desert Regional Health Center
- Rancho Los Amigos National Rehabilitation Center
- Castro Mission Health Center
- Family Health Center
- Richard Fine Peoples Clinic
Values & Agreements

- Speak your truth and think about impact
- Value and acknowledge vulnerability
- Ground in curiosity and openness
- Celebrate joy and share in accomplishments
- Query silence for meaning
- Attend to power dynamics
Virtual Learning Session 1 – Two Parts

• **Part 1: June 15, 2021 | Part 2: Today**

• **Objectives** – By the end of the two-part learning session, participants will have:

  • Learned about the goals of treatment and creating a culture of support for patients with addiction

  • Understood the key components of strong MAT programs that support treatment of OUD in primary care

  • Gained knowledge in topics including MAT prescribing, identifying patients for MAT, behavioral health resources that support treatment

  • Begun to apply quality improvement approaches and structure to bolster their efforts to implement MAT programs
## Today’s Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>12:00</td>
<td><strong>Welcome and Introduction</strong></td>
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<tr>
<td>12:10</td>
<td><strong>Understanding Your Current State</strong>&lt;br&gt;Kristene Cristobal, Meaghan Copeland</td>
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<tr>
<td>12:30</td>
<td><strong>Working SMARTER with SMART Aim Statements</strong>&lt;br&gt;Team Time Breakouts&lt;br&gt;Sharing Aim Statements</td>
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<tr>
<td>1:10</td>
<td><strong>Break</strong></td>
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<td>1:15</td>
<td><strong>Measures</strong></td>
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<tr>
<td>1:30</td>
<td><strong>Using Driver Diagrams to Organize Your Ideas</strong></td>
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<tr>
<td>1:45</td>
<td><strong>Bringing Your Current State and QI Structure Together</strong></td>
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<tr>
<td>1:55</td>
<td><strong>Next Steps and Closing</strong></td>
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Note: The agenda is subject to change.
Chat it in!

What one thing did you hear about last week that you took steps to begin implementing already?
The ATSH Program Journey

**JULY 2021 - APRIL 2022**
Design, Test, & Implement Changes

**MARCH - JUNE 2021**
Understand Current State & Define Ideal Future State

**MAY - AUGUST 2022**
Commit to Sustaining & Spreading
Understanding Your Current State
Components of your Current State

IMAT - Capability Assessment (1st one done)

Refining your core team (ongoing now)

Learning from your team and patients (over the next 3 months)

• Could use small group conversations; observations; ask 5 patients; humble inquiry; journey mapping

Your Current State will inform your goals and we’ll be asking for this info on your first progress report
Reflection in the chat box

What gaps are you seeing in your team roles as you’re formulating your plans?
ATSH By the Numbers

Integrating Medications for Addiction Treatment (IMAT)

Team Summaries (N=18)

23 June 2021
IMAT Total Scores at Baseline by Team

IMAT Total Score at Baseline
Program Average at Baseline

ATSH Team
(by blinded ID)

IMAT Total Score

1 2 3 4 5
IMAT average and range:
Dimensions & Total score

Note: Error bars represent the range (max & min)
ATSH3 IMAT: Key Takeaways at Baseline

• Great response rate: 100% of all ATSH teams
• Staff Training and Development typically the first area to target quality improvement: Essential first step
• Use these data to develop SMART goals and PDSAs for process improvement
• Work with your coach on how to make the changes you want to make
Chat it in!

What surprised you about your scores or the process of completing the IMAT assessment?

Is there a particular domain that your team is drawn to to prioritize in your work?
Working SMARTER with
SMART Aim Statements
Adapted from IHQC
What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Model for Improvement

Act

Plan

Study

Do

Aim Statement

SMART Aim Statements

SMART means:

- **S**pecific
- **M**easurable
- **A**chievable/Attainable
- **R**elevant
- **T**ime-bound
Aim Statements – What’s Missing?

• “We will increase the number of patients receiving MAT Treatment”
  • **Specific?** Where? One clinic, all clinics?
  • **Specific?** How will it get done? Training additional x-waivered providers? Improved screening?
  • **Measurable?** How many patients?
  • **Time-bound:** By when?
**SMART Statement - Examples**

**By December 2021**, 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.
WeCare Health’s Main Street Clinic will provide MAT services to 50 patients by December 30, 2021, as measured by:

- Increasing the percentage of increasing x-waivered providers from 0 to 3
- Increasing the percentage of addiction screening of patients from 50% to 80%
- Increasing the percentage of staff trained on terminology and reducing stigma from 25% to 90%
Drafting Our ATSH Project Aim Statement

- **Specific?** Where? Who? How will it get done?
- **Measurable?** How many patients?
- **Attainable?** Do-able based on time, staff, resources, scale?
- **Relevant?** Aligned with org? With patient needs?
- **Time-bound?** By when?
Breakouts - Team Time
Your Turn!

- Team breakouts; if you’re by yourself, click the help button and we’ll join you with someone
- Multiple sites (e.g., SFHN) will be all together - work on one aim statement
- Link in chat box → spreadsheet → everybody click on your team name → your team’s Brainstorming Document
- Refine an aim statement together
Aim Statement Template

Will improve ____________________________
(High-level broad focus area, e.g., health of our patients, operational efficiency, patient experience, etc.)

By ________________________________
(Reducing/decreasing or raising/increasing, etc.)

(Specific area of focus or patient population, e.g., diabetes management, breast cancer screening, etc.)

From ___________________________ to ___________________________
(Baseline) (Target goal)

By ________________________________
(Target date – specify exact date)
**Organization:** WeCare Health’s Main Street Clinic

**Sample Aim Statement:** (Use this aim statement as a template to create your own)

Will improve ___ treatment of patients with OUD _________________________________________
(High-level broad focus area, e.g., health of our patients, operational efficiency, patient experience, etc.)

By ___ increasing _____________________________________________
(Reducing/decreasing or raising/increasing, etc.)

___ MAT services _____________________________________________
(specific area of focus or patient population, e.g., diabetes management, breast cancer screening, etc.)

From ___ 0 __________________________ to ___ 50 patients __________________________
(Baseline) (Target goal)

By ___ December 30, 2021 _________________________________
(Target date-specify exact date)

<table>
<thead>
<tr>
<th>SMART aim brainstorm</th>
<th>“Final” aim statement</th>
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Sharing our SMART Aim Statements
Break

1:10-1:15 pm
Measures
What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Model for Improvement

Act

Plan

Study

Do

Measurement

Measurement

From Associates in Process Improvement.
Family of Measures

**Outcome**
- Relates directly to the project aim
- Did we achieve the target?
- THINK: program measure set (NICHQ)

**Process**
- Measures whether parts/steps of the system are performing as planned
- Are we on track in our efforts to improve?
- THINK: IMAT

**Balancing**
- Unintended impact (can be + or -)
- Are our changes impacting another part of the system?
Aim Statement: WeCare Health’s Main Street Clinic will provide MAT services to 50 patients by December 30, 2021

Outcome
1. # Pts Prescribed OUD Meds
2. % Addiction screening of patients
3. % MAT f/up appointments scheduled
4. % Staff trained on stigma
5. # x-waivered providers
6. Waiting time for appointments

Process

Balancing
How will you measure progress to your goal?

Go back to your Brainstorming Document

Type into the document:

• 1 outcome measure
• 1 process measure
• 1 balancing measure (if time)
Activity #2 (Main Session)

<table>
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<th>Outcome Measures</th>
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<table>
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<tr>
<th>Process Measures</th>
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<table>
<thead>
<tr>
<th>Balancing Measures</th>
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Using Driver Diagrams to Organize Your Ideas
What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Model for Improvement

Change Ideas

From Associates in Process Improvement.
Purpose of Driver Diagram

**Purpose**
- Translates a high-level improvement goal into sub-projects
- Helps organize change concepts and ideas
- Tests theories about cause and effect
- Serves as a communication tool
Primary Drivers
(Problems with the System)

Secondary Drivers
(Change Concepts/Areas for Improvement)
Visualizing Your Project

Aim
- Design and launch MAT services and enroll 50 patients by Dec 2021

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

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

Project Mgt.
- Ana

Measures
- Jennifer in IT
Tools to Draft Driver Diagrams

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

- **Post-It Notes**
ATSH Primary Drivers

- Infrastructure
- Clinic Culture & Environment
- Patient Identification & Initiating Care
- Care Delivery & Treatment Response Monitoring
- Care Coordination
- Workforce
- Staff Training & Development
- Health Equity
- Trauma-Informed Care
Sample ATSH Project Driver Diagram

Aim Statement
By September 2021, Main Street Clinic will build a MAT program that will include 3 x-waivered providers and 50 patients enrolled in MAT.

- Infrastructure: CEO, CMO, board and medical dirs strongly support OUD Rx
- Clinic Culture & Environment: All staff welcome persons with OUD without stigma or discrimination
- Patient Identification & Initiating Care: Use a standardized measure for opioid use risk
- Care Delivery & Treatment Response Monitoring: At least 1 f/up visit w/ 2 weeks
- Care Coordination: Registry of pts with OUD Rx
- Workforce: X-waivered prescribers onsite
- Staff Training & Development: Ongoing training in OUD Rx, addiction, BH
- Health Equity: Equity in mission, vision, values
- Trauma-Informed Care: Screening for trauma in place
Sample ATSH Project Driver Diagram

**Aim Statement**
By September 2021, Main Street Clinic will build a MAT program that will include 3 x-waivered providers and 50 patients enrolled in MAT.

**Patient Identification & Initiating Care**
- Use a standardized measure for opioid use risk
- Implement policy for pain management incl. tapering and alt treatment

**Workforce**
- X-waivered prescribers onsite
- Licensed behavioral health clinician w/addiction treatment expertise

**Health Equity**
- Equity in mission, vision, values
- Data is disaggregated by race/ethnicity to identify inequities
- Increase staffing with lived experience
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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<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>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>
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<td><strong>Additional comments here:</strong></td>
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<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>
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Change Ideas

• Category/Primary Driver:
  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

Primary Drivers

Aim

Increase number of patients enrolled in MAT services by 50 patients

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
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 standardized 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.

ATSH Wave 1 Example: Marin City HWC
What primary and secondary drivers relate to your aim statement?

Activity #3 (Main Session)

<table>
<thead>
<tr>
<th>Aim</th>
<th>Primary Drivers</th>
<th>Secondary Drivers and Change Ideas</th>
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Bringing Your Current State and QI Structure Together
Using QI to Structure Your Next Steps

1. Progress report due Aug 1:
   • Aim statement, measures, driver diagram, and workplan

2. QI office hours with Kristene in July

3. Links for progress report template and QI office hours emailed by July 1
## Upcoming Events & Deliverables

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>June 15</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Grant Installment Release (from Sierra Health Foundation)</td>
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<tr>
<td>July 15</td>
<td>Quarterly Data Submission Due (submit via data portal)</td>
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<tr>
<td>August 1</td>
<td>Progress Report 1 Due</td>
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<tr>
<td>September TBD</td>
<td>Topical Webinar #2</td>
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<tr>
<td><strong>Still to be scheduled - Summer</strong></td>
<td>Prescriber Forum led by Dr. Joe Sepulveda, ATSH Coach, Family Health Centers of San Diego</td>
</tr>
</tbody>
</table>
| **Still to be scheduled - Fall** | Nurse Forum led by Katie Bell, ATSH Coach  
SUD Counselor Forum led by Danny Contreras, Santa Cruz Co. Health Services Agency  
Behavioral Health Staff Forum - led by Cherokee Health Systems (Tennessee) |
Closing
## Poll Questions

1. On a scale of 1 – 5, please select the number that best represents your 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

3. I can apply learnings from today's webinar to my MAT work.

   - 5 – Strongly Agree
   - 4 – Agree
   - 3 – Neutral
   - 2 – Disagree
   - 1 – Strongly Disagree
ATSH Online Home

https://academy.careinnovations.org/
Thank you for joining us today!

For questions contact:

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