

AMA OPIOID RESPONSE

BUILDING CAPACITY IN PRIMARY CARE TO RESPOND TO ALBERTA'S OPIOID CRISIS

DECEMBER 2017 – MARCH 2020

PRIMARY HEALTH CARE OPIOID RESPONSE INITIATIVE

The Accelerating Change Transformation Team (ACTT) at the Alberta Medical Association received a sub grant from the Alberta College of Family Physicians to support the Primary Health Care Opioid Response Initiative (PHCORI). The ACTT team committed to:

- Develop and make available tools and supports for practice level change (change package)
- Train practice facilitators (PFs) to support practice level change
- Support panel processes and identification of patients with, or at risk of, opioid use disorder
- Support practices to measure offers of appropriate care, including opioid agonist therapy

OPIOID CHANGE PACKAGE

The ACTT team developed an [Opioid Process Improvement Change Package](#) with input from patients with lived experience using opioids and providers with experience treating patients who use opioids.

The opioid change package outlines a number of change ideas (high impact changes) to improve the care of patients who are using opioids. The goal of this change package is for care teams to use the change ideas to drive improvement.

Change does not always lead to an improvement. However, all improvement requires change.

Institute for Healthcare Improvement

CHANGE PACKAGE

A change package is a guide to support clinical teams with topic-specific improvement work. Each guide presents change ideas based on evidence from literature, research and expert experience. It serves as a menu of options. Change packages are intended to be used by practice facilitators, physician champions and teams to support process improvements, behaviour change and improved continuity.



The Opioid Change Package is one step in the Sequence to Achieve Change, a step-wise change management approach¹. Each high impact change has a list of potentially better practices, tools and recommended measures. The tools include resources to help assess patients using opioids, as well as quality improvement tools, a measurement toolkit, and comprehensive specific EMR guides.

“The tools and resources were beneficial.... doctors didn’t know about them or how to use them so the guidance [from the change package] was helpful.”

-Focus Group Participant



HIGH IMPACT CHANGES

- Improve the patient experience
- Identify paneled patients for care improvements
- Optimize care management and prescribing
- Standardize documentation
- Coordinate care in the medical home
- Coordinate care in the health neighbourhood

¹Based on the Institute for Healthcare Improvement Model for Improvement.

HEALTH TRANSFORMATION WORKFORCE

The ACTTeam hosted one-day in-person training across the province.

- 92% of attendees agree that the material was helpful
- Attendees reported value in the interactivity and networking opportunities

Training was comprehensive and valuable, but many attendees felt the timing was misaligned to the readiness of PCNs to support opioid process improvement.

After training many attendees were able to articulate and explain why the Patient's Medical Home (PMH) is the most appropriate place to care for patients using opioids.

PRACTICE FACILITATORS AND OPIOID RESPONSE COORDINATORS

3 of 5 zones created and invested in an Opioid Response Coordinator (ORC) role. Many of these ORCs were existing clinical staff, given a small FTE as an ORC.

Survey data indicated that what was implemented at the clinic level depended on what role was supporting the implementation. PFs tended to focus on panel processes, optimizing the EMR and linking to the PMH, while ORCs tended to focus on clinical aspects of the work, coordinating care and helping with referrals.

CAPACITY BUILDING

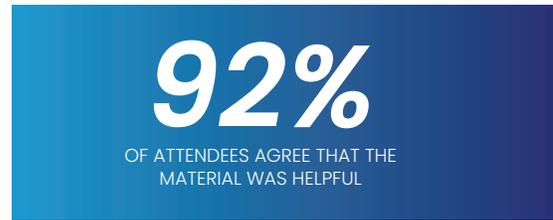
Engagement in the opioid process improvement change package built capacity in primary care on many levels.

CLINIC LEVEL

Engaging in any process improvement within a clinic is an opportunity to practice quality improvement skills. In this opioid work, there is evidence to show advancement in optimization of the EMR, panel processes, and team-based care. As well, access to tools and resources and raised awareness about opioid use were reported as achievements at the clinic level.

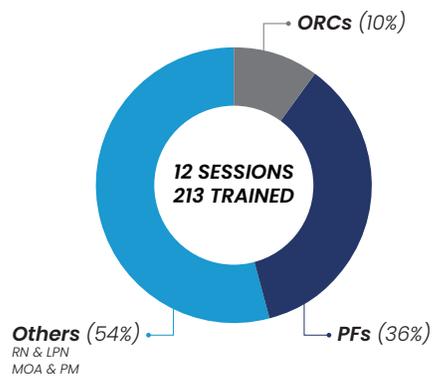
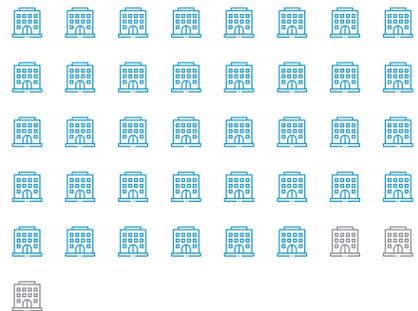
Panel Identification Process

We found evidence of progress in panel identification processes at the clinic level. The ability to identify and monitor a specific clinical population from panels was not in place, due to the needed EMR standardization processes to make that identification. Panel and EMR optimization are critical starting points to population health-based approaches.



“Good to network with other clinics to hear about change improvements within their clinics.”
- Training Attendee

38/41 PCNS IN ALL 5 ZONES SENT INDIVIDUALS TO IN-PERSON TRAINING



Team-based Care

Using clinical team members to full scope is critical to allow physicians to engage in physician work. Clinic team members expressed an interest in a role to support the opioid crisis. Descriptions of clinical teams supporting this work included clinic staff, but also PCN staff and Zone team members - a novel and important expansion of the PMH team.

Patient-centred Care

One of the major successes and achievements from this grant was simply in starting conversations. Raising awareness with care providers and, in turn, allowing for conversations with the patient that acknowledge the patient's goals and desires and state of readiness were major shifts. Allowing a harm reduction approach and reducing stigma were important to success.

PCNS AND ZONES

PCNs collaborated within and between zones, sharing materials and approaches. The Opioid Response was the first initiative implemented through the new zonal governance structure. Zones were able to support PCN collaboration and identify opportunities for zone-wide care coordination, advancing integration of primary care within the health neighbourhood.

LINK TO PATIENT'S MEDICAL HOME

PCNs are presented with numerous opportunities to engage in quality improvement, research and programmatic initiatives. It is important that these opportunities are aligned with broader PCN objectives and visions, including advancement of the PMH. The Opioid Change Package is one opportunity to engage member physicians and clinics in a clinically-specific initiative that concurrently advanced PMH core concepts.

The recognition of a link between the opioid change package and the PMH indicates progress in shifting the mental model from "one-off initiatives" to aligning with PCN objectives. In focus groups, PFs and ORCs indicated that teams selected components of the change package that were most meaningful to them and targeted PMH elements, such as access, care coordination, team-based care, among others.



**2/3 OF SURVEY RESPONDENTS
RECOGNIZED A LINK BETWEEN THE
OPIOID CHANGE PACKAGE AND
THE PMH**

OPPORTUNITIES FOR IMPROVEMENT

PFs indicated that more attention to reducing the stigma associated with opioid patients would have been helpful.

There was room for improvement in drawing a connecting between the PHCORI and other initiatives across the province addressing the opioid crisis. This may have precluded some activity in linking with community resources and may have impeded care coordination progress.

Measurement was not often incorporated into practice level change. Many PFs indicated lack of clarity on what or how to measure, or required more support. Many PCNs have measurement experts or evaluators who may be able to assist in measurement or tracking efforts to maximize value of quality improvement efforts.

WHAT'S NEXT?

The opioid crisis still exists in Alberta. Undoubtedly, the PHCORI grant activities have been instrumental in saving lives and raising awareness of the role of primary care. The ACTTeam is continuing to support practice level change for opioid care. The in-person training has moved to [virtual training modules](#) and all tools and resources will be maintained on the website.

PFs and ORCs generally indicated that the work completed so far is just a start, cut short by the time limitation of the grant. Transitioning this work from grant-funded opportunities into PCN operations promotes the sustainability of these achievements.

The Opioid Change Package is one of many opportunities to engage physicians and to advance the PMH.

“The underlying or overarching theme that improvement initiatives – opioid and others – can be part of on-going improvement/practice change work rather than separate/stand-alone efforts. This is a huge, positive, shift in approach.

...Supporting our colleagues through their own transition to operating from this holistic perspective might be the largest, most comprehensive and meaningful improvement opportunity in healthcare as a whole.”

– Training Attendee

“PMH is the best place for patients to access consistent continuous care so it makes sense to provide resources for opioids at the family practice level.”

–Survey Respondent