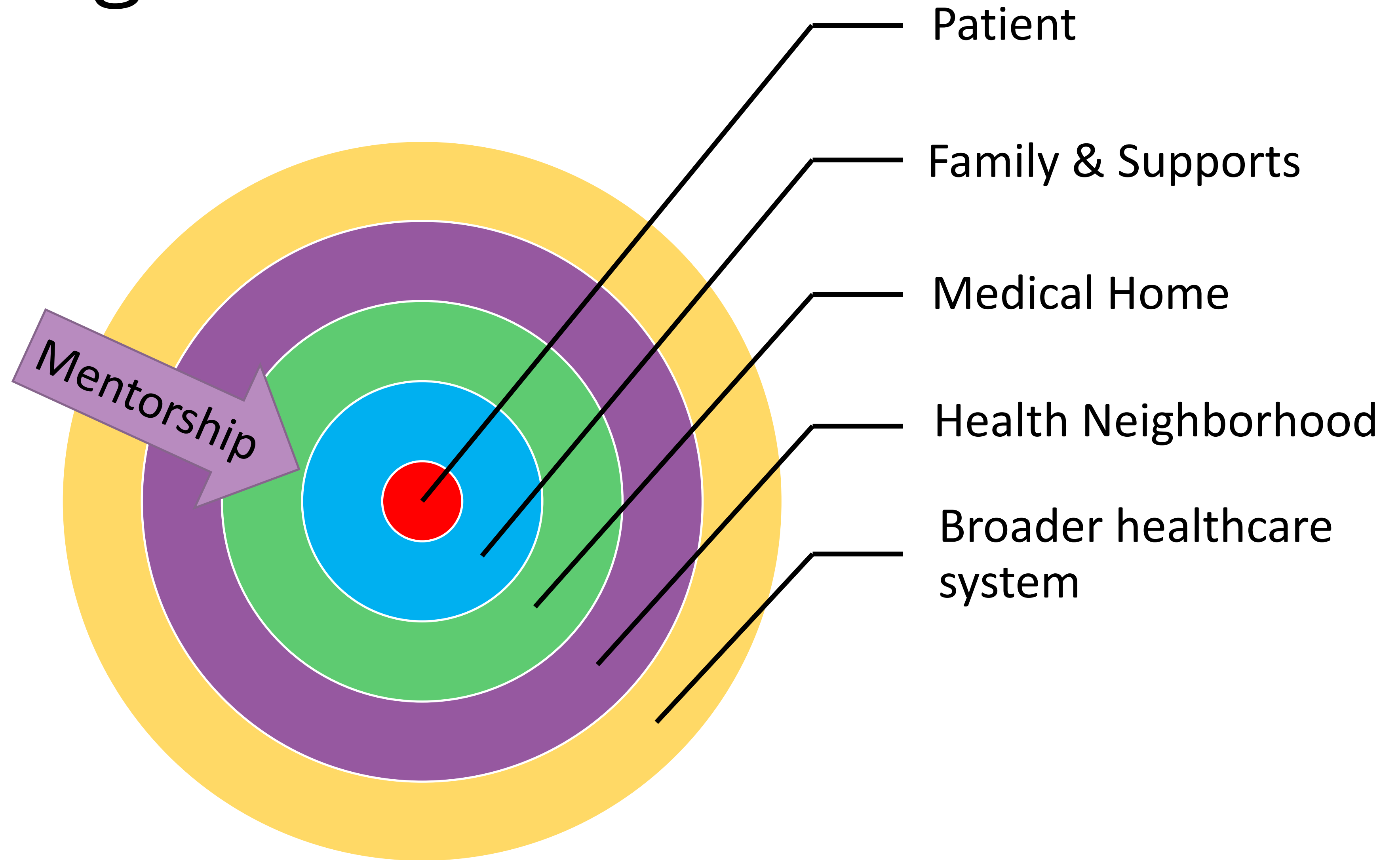
Coordinating the Care Team



Patient's Medical Home

Opioid Process Improvements: Team Assessment

Date: ______________________________

Team Name: ______________________________

Directions:

As a team, please circle the number (on a 1-5 scale) that most closely represents your current state between the two statements below. On the left hand side are statements that might closely reflect current common behaviors in practice and on the right hand side are statements that may reflect a practice team's desired behavior. How to use the 1-5 scale:

- 1 = statement to the left most accurately reflects our clinic's current state
- 2 = we are closer to the left statement but making progress to move towards the right
- 3 = we have made considerable progress in this area, but still have a ways to go before we are at the desired state
- 4 = we are closer to the right statement but aren't reliably at the desired state
- 5 = statement to the right most accurately reflects our clinic's current state

If it is difficult to assign a rating to your clinic, please use your current understanding and best estimate.

We suggest using this assessment at the start of your opioid process improvement efforts in order to identify strengths and opportunities for improvement. It may be helpful to repeat this activity again at six months to assess your progress.

Questions you may want to consider:

- What is the range of responses across team members (consensus/cohesiveness)? What factors influenced this range of responses? How did team members in different roles differ in their responses?
- What were some of the highest scoring statements? What were some of the lower scoring statements?
- Where might you begin your improvement efforts?

Opioid Process Improvements: Team Assessment

Patient Experience

1	2	3	4	5
We do not have any standardized practices to engage with patients using opioids.		Our team has tested scripting for encounters with patients using opioids		Our team has established scripting and outreach processes to engage with patients using opioids
We do not have treatment options for patients with OUD in our clinic.		We have processes in place to offer Opioid Agonist Therapy (OAT) for patients with OUD		We assess readiness for change in all patients using opioids to understand their unique situation and offer support that meets the patient where they are
Our team is not confident in our ability to address social determinants of health in our patients who may be misusing opioids		Our team takes opportunities to participate in and apply additional education or training for opioid care (e.g., harm reduction, trauma-informed care modules)		Our team has established processes to address social determinants of health for any patient

Identifying Patients

1	2	3	4	5
We do not have panel identification processes in place; we do not ask all patients to verify their primary care physician at every visit		Our team is working on establishing panel identification processes, with dedicated roles and responsibilities.		Our team has consistently achieved a panel confirmation rate of 90% or greater
We are not able to systematically identify patients using opioids in our EMR.		Our team reviews the MD snapshot report on a quarterly basis and cross-references with the EMR.		Our team has an established process for using the prescribing module in the EMR to enter all opioid prescriptions
We are not able to identify patients using illicit opioids in our EMR.		Our team has tested ways to identify patients using illicit opioids (e.g. posters, questionnaires, scripting)		Our team has an established process for documenting substance use in the EMR

Roles & Responsibilities

Refer to Printed Materials

Process Steps	Who?			
	could do it (in scope)	has interest/ experience/availa bility	RESPONSIBLE	CROSS-TRAIN

Warm Handoffs & Huddles

Refer to Printed Materials

Patient's Medical Home

WHO CAN HELP
PATIENTS TAKING OPIOIDS?

Refer to Printed Materials

ACTION	PATIENT	MEDICAL HOME	HEALTH NEIGHBORHOOD: *IMMEDIATE NEED*	*PCN SUPPORTS*	*HEALTH SERVICES*	*COMMUNITY*
			Consider the resources in your health neighborhood. Some examples may include:			

	• Does the patient have employee assistance plan or benefits?
	• Can the patient access private treatment / therapy?
	• Is there a supportive relationship with a family or friend?
		• Does your clinic have a written process in place for what to do with patients taking opioids when their family physician is away?
		• Are there multidisciplinary team members that can help the family physician care for patients taking opioids?
		  • Admin/front desk
		  • Nursing
		  • Allied health
		  • Referral coordinator
		  • Social worker
		  • Pharmacist
		  • Other
			• Distress Centre
			  • Calgary: 403-266-HELP (4357)
			  • Edmonton: 780-482-HELP (4357)
			  • Rural North: 1-800-232-7288
			  • Rural SW: 1-888-787-2880
			• Urgent care or the nearest emergency room
			• 911
				• Centralized teams
				• Programs
				• Workshops
				• Other physicians in community or PCN
					<u>Zone & Medical Specialty:</u>
					• AHS Clinical therapy OR psychiatry
					  • Calgary urban: Access mental health 403-943-1500
					  • Calgary rural mental health intake: 1-877-652-4700
					  • Edmonton: Access 24/7 (coming soon) 780-488-2395
					• Calgary Specialist Link: specialistlink.ca
					<u>Provincial supports:</u>
					• Patient information:
					  • Online: MyHealth.Alberta.ca
					  • Telephone: 811
					  • Better Choice, Better Health: https:/betterchoicesbetterhealth.ca
					• PEER Collaborative Mentorship Network: www.cmnalberta.com
					• Virtual Opioid Dependency Program (AHS) 1-844-383-7688
					• Opioid use disorder telephone consultation:
					  • For providers north of Red Deer: RAAPID North 1-800-282-9911 or 780-735-0811
					  • For providers south of Red Deer: RAAPID South 1-800-661-1700 or 403-944-4486
					• eReferral advice request: albertanetcare.ca/ereferral.htm
						• 211 for social supports
						• Family & Community Support Services (FCSS)
						• Mental health and addiction supports (ex. Canadian Mental Health Association)
						• Therapists in the community or technology enabled (ex. Calgary Counselling Centre)
						• Community pharmacists

Provincial Access to Same Day Starts

- Treatment for any Alberta residents and access to a pharmacy
- Clients can self-refer
- 12 hours per day, 7 days per week

1-844-383-7688

https://rodp.ca/

Possible Supporting Billing Codes

Refer to Printed Materials

Patient's Medical Home

HSC	HSC Description	HSC Rate (GP)*	Modifier
03.03A	Limited assessment	$38.03	$18.27 (CMGP) Increase Base to 120% (TELES)
03.04A	Comprehensive assessment	$104.60	$31.27 (CMXC30) Increase Base to 120% (TELES)
08.19G	Psychiatric treatment / education / counseling / reassessment per 15 min	$47.54	Increase Base to 120% (TELES)
03.01NM	Advice to pharmacist	$17.23	
03.05JR	Call to patient	$20.00	Increase Base to 120% (TELES)
03.01S	Phys to patient e-communication	$20.00	
03.01T	Phys to patient video conference	$20.00	
03.05JH / JQ	Family conference community patient / re patient with a psychiatric disorder	$18.92 / $51.71	
03.05JA	Multi-disciplinary team conference per 15 min	$42.47	Increase Base to 120% (TELES)
03.04J	Comprehensive care plan	$190.17	

**Rates based on November 2018 SOMB; Modifiers only applicable when conditions are met.*
TELES modifier may only be claimed when both the physician and the patient are located at registered regional telehealth or Health Canada telehealth sites. TELES modifier is not for services provided via telephone.

Opioid Process Improvements: Getting Started Guide

Refer to Printed Materials

Patient's Medical Home

Opioid Process Improvement: Getting Started Guide

Opioid meeting #1 (45 minutes):

Why opioids?

- ☐ (Optional) Watch video and discuss
  - Government of Canada: [illegible]
  - Petra's story: [illegible]
- ☐ Review statistics and guiding principles from 'pledge document'. Any surprises?
- ☐ Discuss linkage to PMH & continuity

Quality Improvement approach

- ☐ Confirm improvement team members and discuss meeting schedule/norms/roles/etc.
- ☐ Consider inviting a patient to be an advisor on the QI team
  - *If yes, review 'Ideas to Support Patient Representatives' guide*
- ☐ Consider completing the 'Opioid Process Improvement: Team Assessment'
- ☐ Review panel readiness
  - *Consider using the STEP checklist as a guide*
- ☐ How do the physicians write opioid triplicate prescriptions? Are they documented in the EMR? Where? Does every physician do this?
- ☐ Are opioid contracts or other opioid tools used? Are they searchable in the EMR?

For the next meeting

- ☐ Using the EMR, identify which patients on the panel are taking opioids and bring the list.

Opioid meeting #2 (45 minutes):

Patients taking opioids

- ☐ Was the team able to pull the patient list?
  - If not, what were the issues? Should panel readiness be the starting point?
  - If yes, does the list look accurate? Why might some patients be missing?

Select initial area for process improvement

- ☐ If panel readiness needs attention, use STEP Tools to guide
- ☐ If ready to identify an opioid patient population to start with: continue to 'Improvement Planning'

Improvement Planning

- ☐ Decide which opioid patient population to start process improvements for:
  - Initiating opioids
  - Managing including OUD
  - Tapering
  - Other
- ☐ Set an aim
  - What are we improving? By how much? By when?
- ☐ Map current state process for the chosen patient population
- ☐ Identify areas to test potentially better practices (See High Impact Changes document)

As the team progresses, use the 'High Impact Changes' document to discuss potentially better practices that the team may want to test and implement.