



Northwest (HHS Region 10)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Northwest ATTC presents:

The Six Building Blocks: A Team-Based Approach to Improving Chronic Pain Management in Primary Care Clinics

- Got questions? Type them into the chat box at any time and they will be answered at the end of the presentation. Participants are automatically muted during this presentation.
- An ADA-compliant recording of this presentation and the slides will be made available on our website at: <http://attcnetwork.org/northwest>

ATTC Network

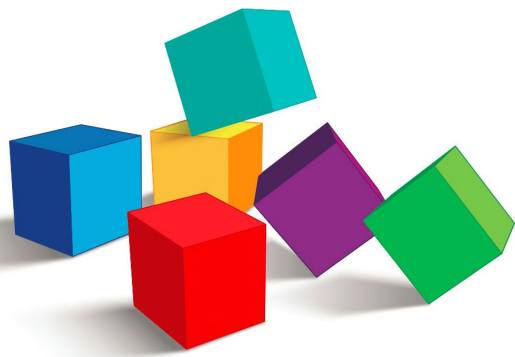
LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

We value your feedback on our ability to provide culturally-informed and inclusive services.

Please email us at northwest@attcnetwork.org with any comments or questions you have for us!



The Six Building Blocks Program

A Team-Based Approach to Improving Chronic Pain Management in
Primary Care Clinics

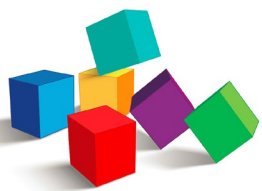
Michael Parchman, MD MPH

Kaiser Permanente Washington Health Research Institute

Laura-Mae Baldwin, MD MPH

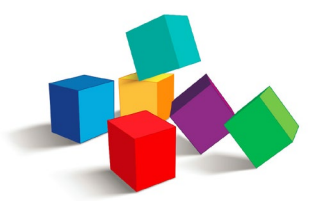
University of Washington, Department of Family Medicine

The Six Building Blocks program has received funding from the Agency for Healthcare Research & Quality (R18HS023750 and HHSP233201500013I), the Washington State Department of Health (Subcontract HED23124 of Cooperative U17CE002734, funded by the CDC), National Institute on Drug Abuse (Award UG1DAO13714), and the Washington State's Olympic Communities of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC, NIH, NIDA, the WA State Department of Health, or the Olympic Communities of Health.

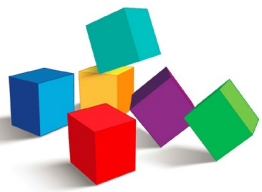


Agenda

- What is the Six Building Blocks Program & Why is it Needed?
- The Six Building Blocks Program and its response during the COVID-19 pandemic
- Connection between behavioral health, addiction management services, and the Six Building Blocks
- Six Building Blocks support for primary care providers in offering medication treatment for opioid use disorder
- Disseminating the Six BBs
- Learning from you – how might the Six BBs program interface with your organization?



Audience Poll!



Six Building Blocks Team



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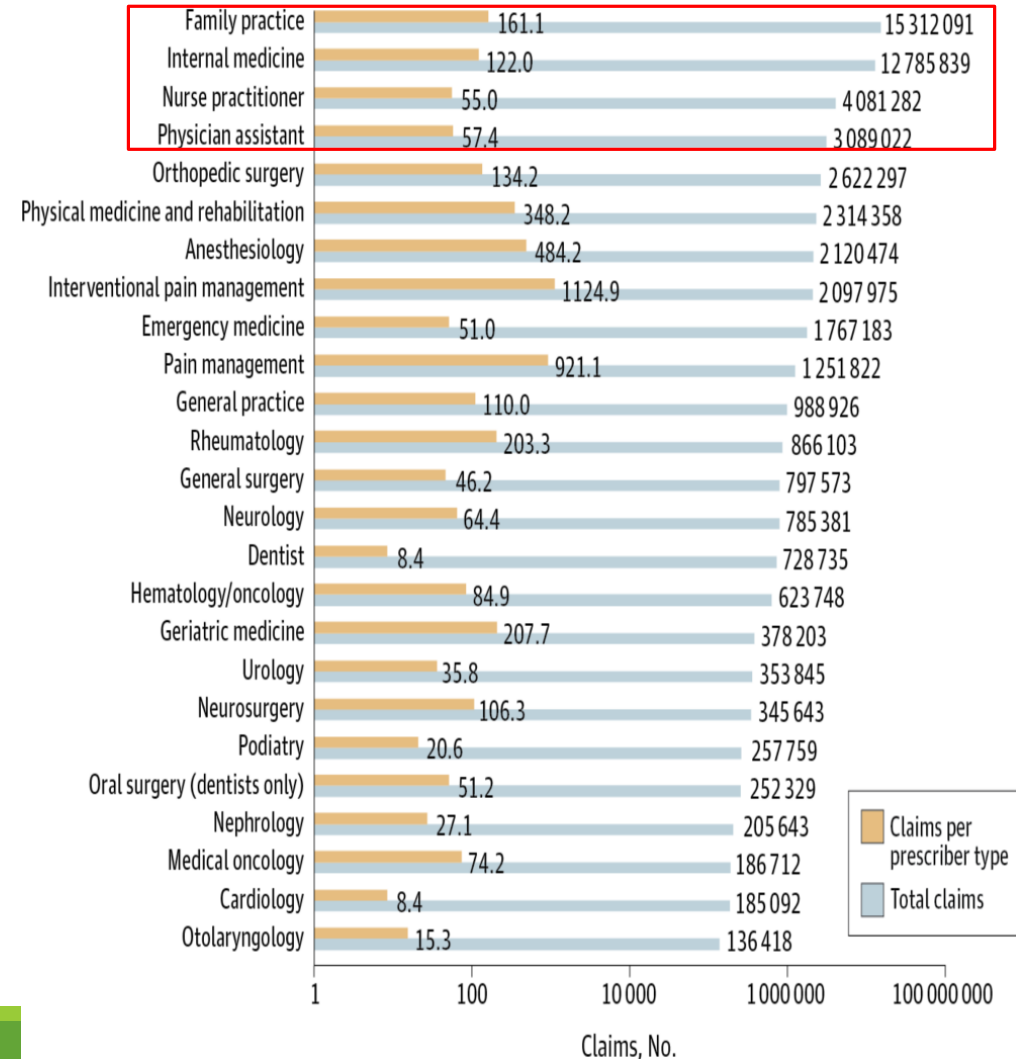
The Six Building Blocks team offers practice coaching, technical assistance, and training on implementing the Six BBs in your organization. Contact Brooke Ike at bike2@uw.edu for more information.

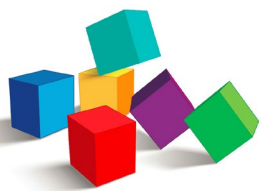
Why Six Building Blocks?

Chronic Pain & Opioids in Primary Care

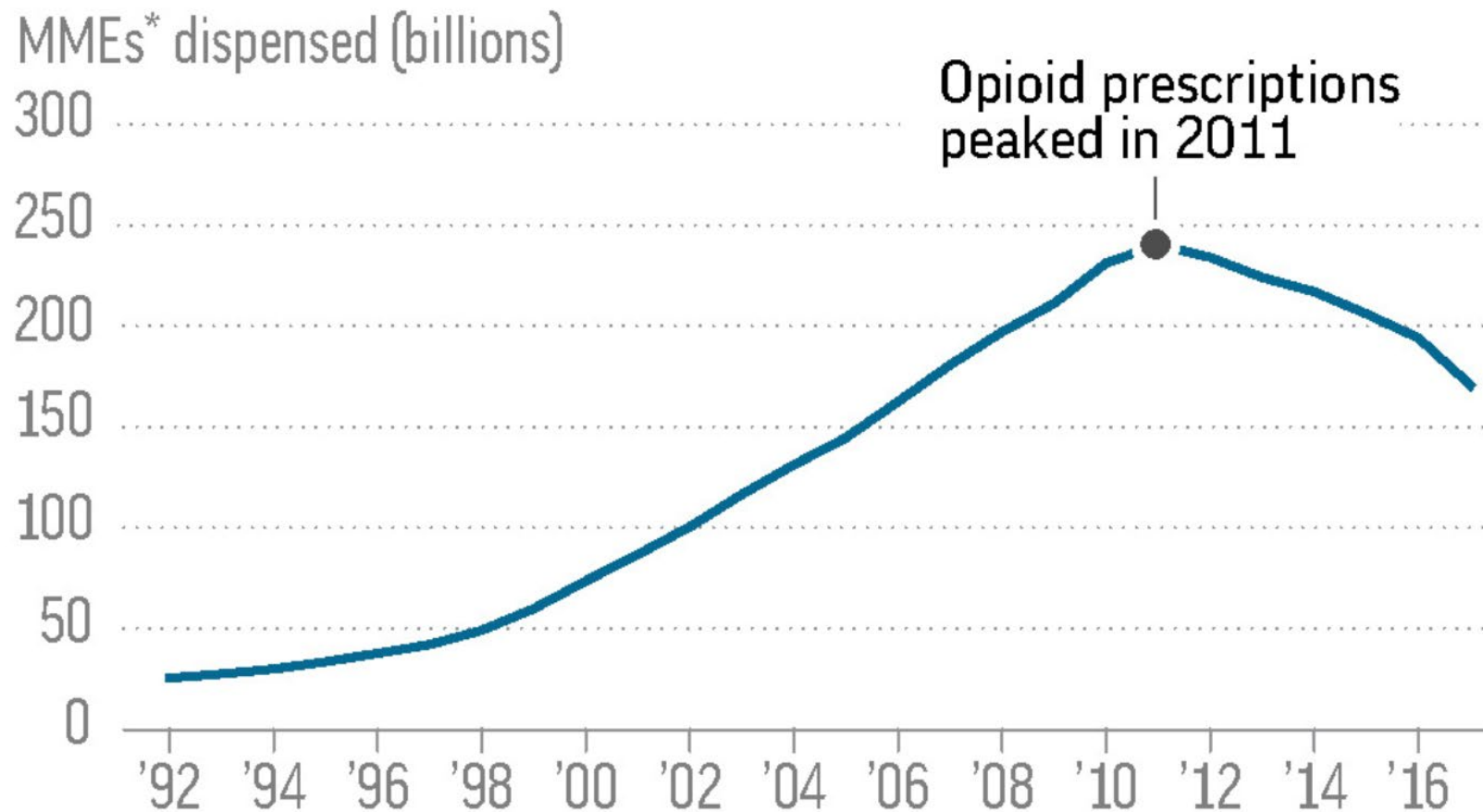
- Most opioids are prescribed by primary care providers.
- We are unlikely to address this iatrogenic epidemic without addressing the source.

Chen JH, Humphreys K, Shah NH, Lembke A. Distribution of opioids by different types of Medicare prescribers. JAMA Intern Med. 2016;176:259–61.

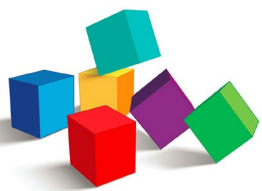




Prescription Opioid Morphine Milligram Equivalents Dispensed 1992-2017



SOURCE: IQVIA's Institute for Human Data Science



Chronic Pain is Common

- Chronic non-cancer pain affects more people in the United States than...
 - 4 X Diabetes
 - 6 X Cardiovascular disease
 - 9 X Cancer
- Opioid related deaths are 45% higher in rural areas than non-rural (National Rural Health Assoc. 2016)



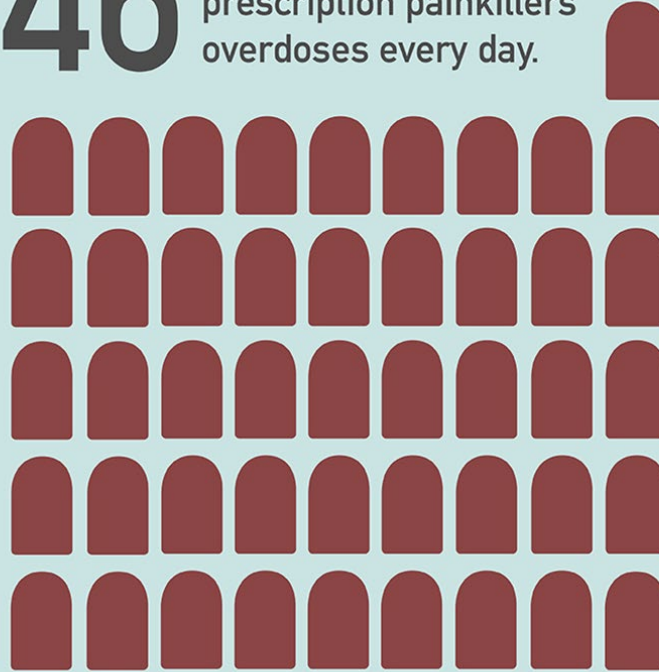
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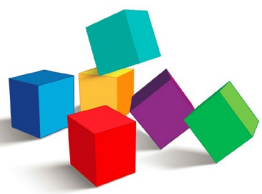
AMERICANS

die every day from an
opioid overdose
that includes
prescription opioids
and heroin

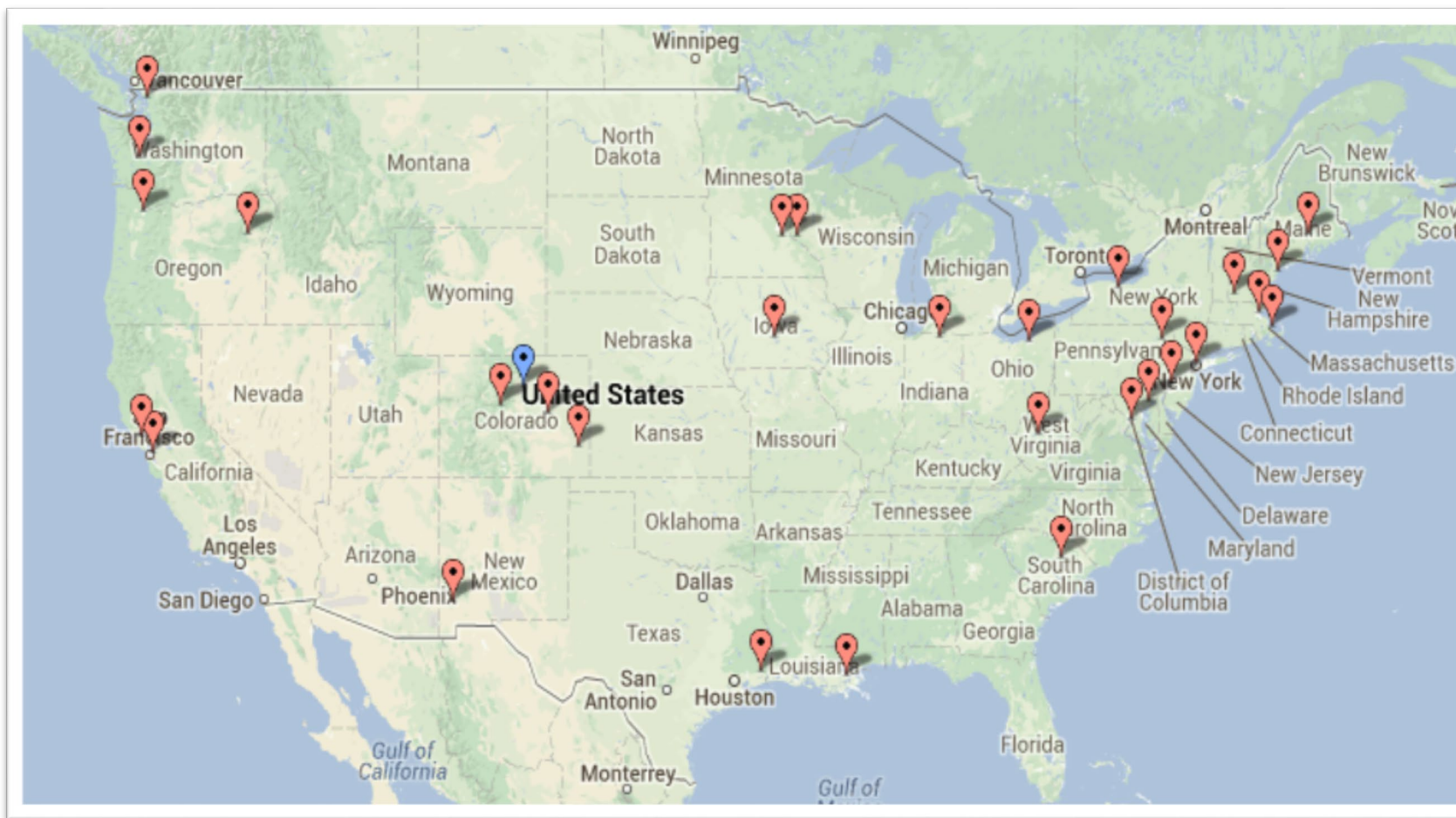


46 Americans die from
prescription painkillers
overdoses every day.

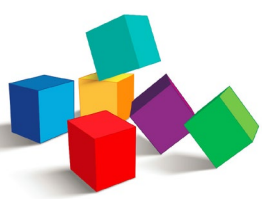




The Six Building Blocks derive from observations of approaches taken among **20 primary care practices** across the U.S. that were identified as having **exemplar, team-based clinical innovations**



Learning from Effective Ambulatory Practices (LEAP) study: <http://www.jabfm.org/content/30/1/44.full#abstract-1>



The Six Building Blocks



Leadership & consensus

Demonstrate leadership support and build organization-wide consensus to prioritize more selective and cautious opioid prescribing.



Planned, patient-centered visits

Prepare and plan for the clinic visits of all patients on long-term opioid therapy. Support patient-centered, empathic communication for care of patients on long-term opioid therapy.



Policies, patient agreements, & workflows

Revise, align, and implement clinic policies, patient agreements, and workflows for health care team members to improve opioid prescribing and care of patients with chronic pain.



Caring for complex patients

Develop policies and resources to ensure that patients who develop opioid use disorder and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the care setting or by outside referral.



Tracking & monitoring patient care

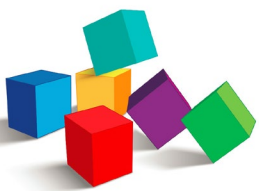
Implement proactive population management before, during, and between clinic visits of all patients on long-term opioid therapy.



Measuring success

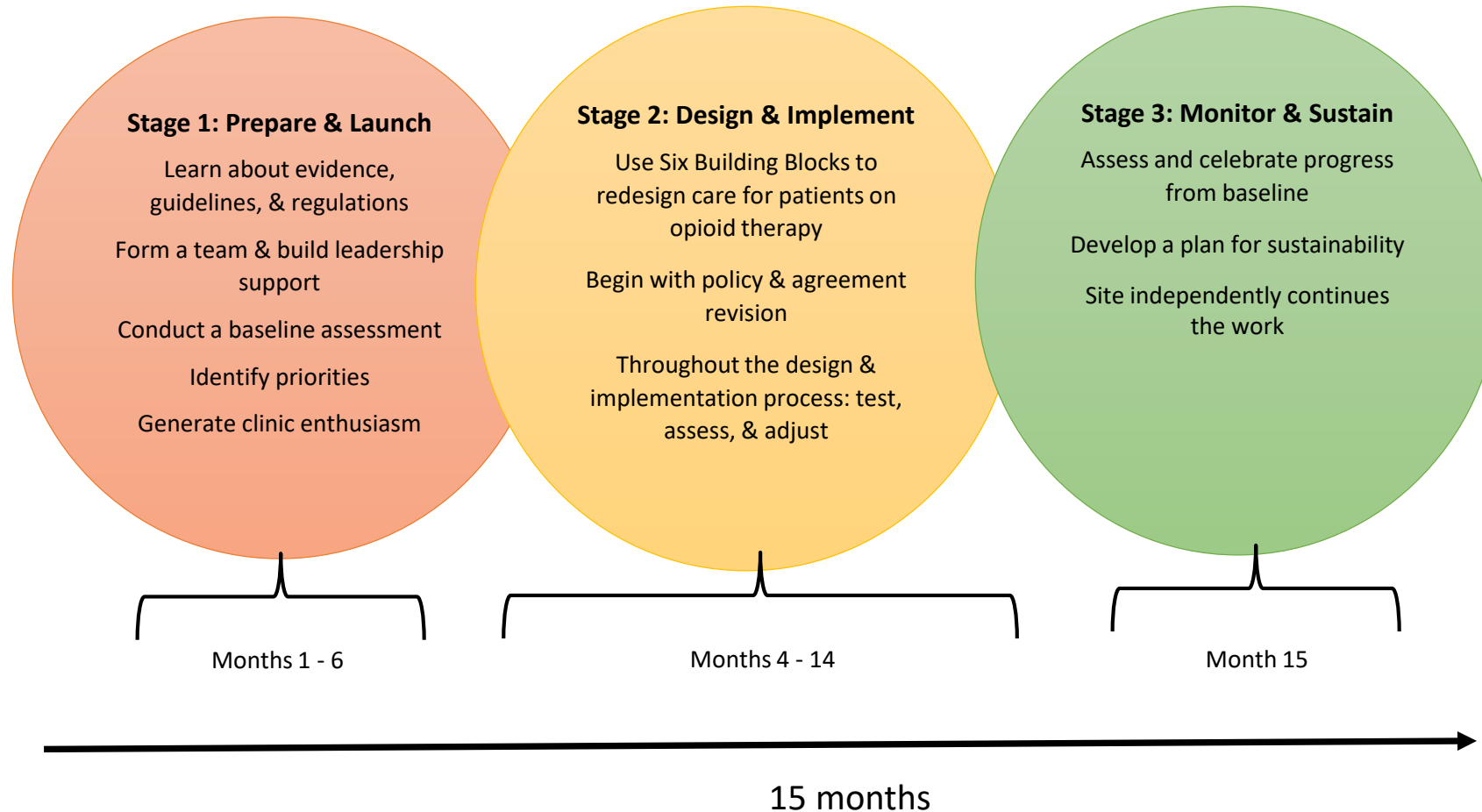
Continuously monitor progress and improve with experience.

<https://www.jabfm.org/content/30/1/44>



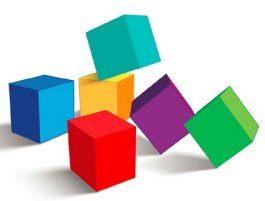
The Six Building Blocks Program Study

Six rural-serving primary care organizations with 20 clinic locations



Support provided along the way

- Clinic-wide [Kickoff](#) to facilitate discussions on the Six Building Blocks self-assessment
- Ongoing guidance from a [Practice Coach](#) to support the [opioid improvement team](#) in developing and implementing [action plans](#)
- Monthly [shared learning calls](#) at which all clinics share lessons learned and help problem-solve challenges
- Provision of [resources](#): policy, patient agreement, workflows, tracking approaches, patient education, etc.
- [Clinical education](#) through UW TelePain

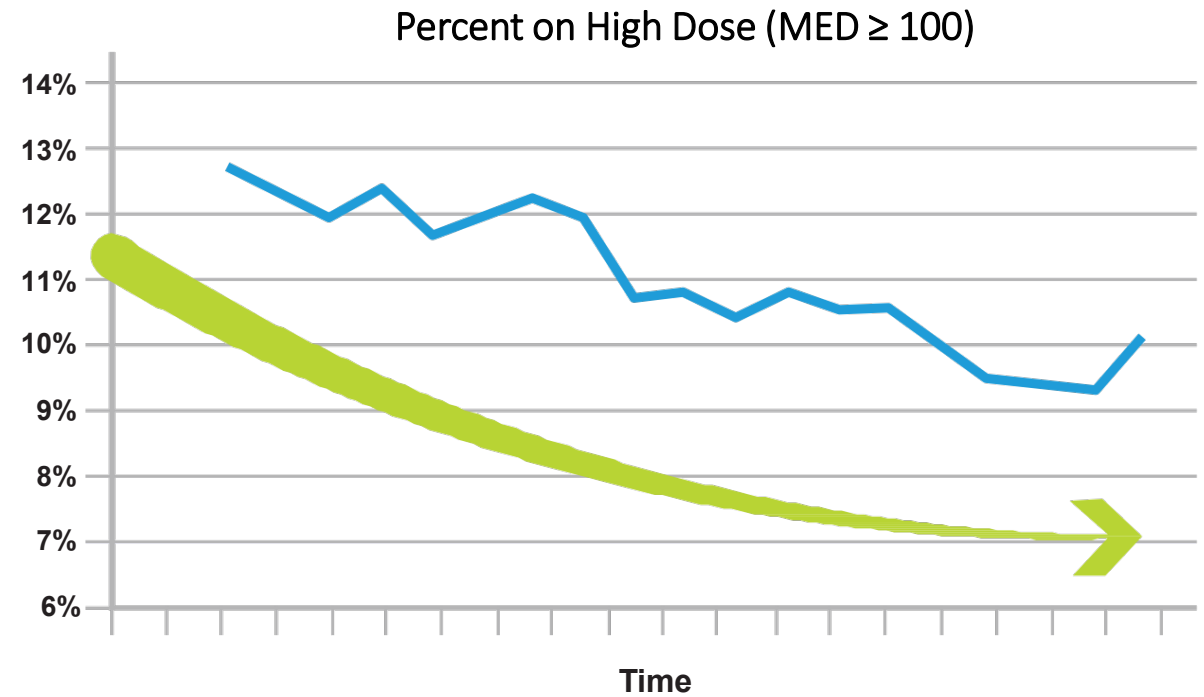
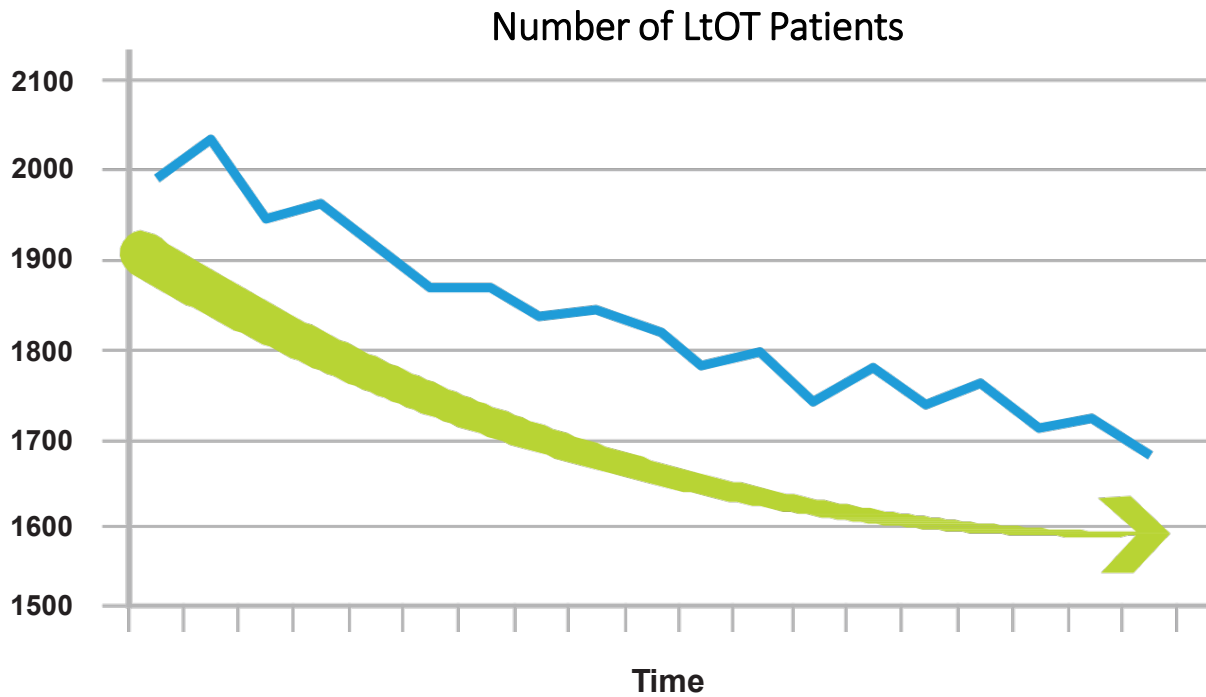


Prescribing Outcomes

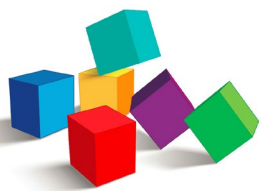
“I feel like our patients are safer and there’s less disruption in the practice.”

—Physician

The number of patients using long-term opioid therapy (LtOT)
and the proportion on high dose opioids decreased



<http://www.annfammed.org/content/17/4/319.long>

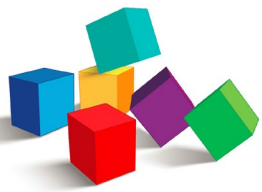


Clinician & Staff Experiences

Improved Work Life

- ❑ Increased confidence and comfort in caring for patients with chronic pain
- ❑ Increased collaboration and teamwork across the clinic
- ❑ Decreased stress in providing care to patients using long-term opioid therapy
- ❑ Improved relationships with patients using long-term opioid therapy
 - ✓ Seeing patients were receptive to change
 - ✓ Fewer negative interactions

<https://www.jabfm.org/content/32/5/715.abstract?etoc>



Explore this website to learn more:


www.improvingopioidcare.org

The screenshot shows the homepage of the Six Building Blocks website. At the top is a dark blue navigation bar with white text links: HOME, 6 BUILDING BLOCKS, SELF-ASSESSMENT, IMPLEMENTATION GUIDE, HELPFUL RESOURCES, COVID-19 RESOURCES, and ABOUT US. Below the navigation bar is a light blue banner featuring the logo and the title "Six Building Blocks" with the subtitle "A Team-Based Approach to Improving Opioid Management in Primary Care". A pink call-to-action bar below the banner reads "Click here for resources applicable during the COVID-19 outbreak." The main content area is divided into three vertical panels. The first panel, titled "What are the Six Building Blocks?", has a teal background and contains text about the program's development by the University of Washington and Kaiser Permanente. The second panel, titled "Who are the Six Building Blocks for?", has an orange background and lists target audiences: practice coaches, quality improvement personnel, clinicians and staff, and clinic administrators. The third panel, titled "What will you find on this website?", has a green background and describes the website's content, including tools, resources, and implementation guidance.

HOME 6 BUILDING BLOCKS SELF-ASSESSMENT IMPLEMENTATION GUIDE HELPFUL RESOURCES
COVID-19 RESOURCES ABOUT US

 **Six Building Blocks**
A Team-Based Approach to Improving Opioid Management in Primary Care

[Click here for resources applicable during the COVID-19 outbreak.](#)



What are the Six Building Blocks?

The Six Building Blocks program was developed by the University of Washington Department of Family Medicine and Kaiser Permanente Washington Health Research Institute. It provides an evidence-based quality improvement roadmap to help primary care teams implement effective, guideline-driven care for their chronic pain and long-term opioid therapy patients.


Who are the Six Building Blocks for?

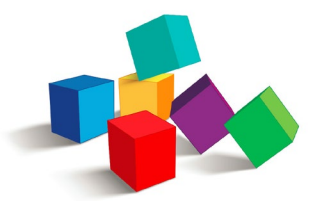
The Six Building Blocks can help anyone who is interested in improving the care of patients using long-term opioid therapy, such as:

- practice coaches
- quality improvement personnel
- clinicians and staff
- clinic administrators

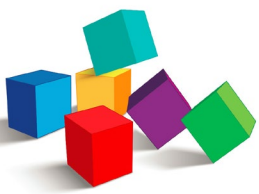

What will you find on this website?

This website introduces the Six Building Blocks, provides tools and resources for improving care, and offers implementation guidance. Click "start here" to begin by learning more about the Six Building Blocks.





Audience Poll!



Chronic pain can usually be managed without an in-person visit

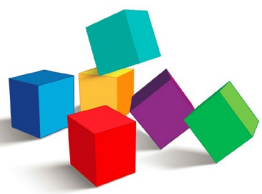
To protect patients and health care workers, **most visits for chronic pain can be conducted virtually, ideally by live two-way video, alternately by telephone.**

Exceptions to consider:

- Dose escalation
- Transitions from acute to subacute, subacute to chronic pain
- Urgent new pain complaints

Virtual visits have potential advantages:

- Insight into a patient's home setting
- Some with a history of traumatic events may be more comfortable
- Fewer access barriers (e.g., transportation, shorter time off work)



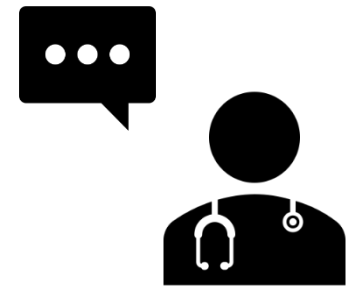
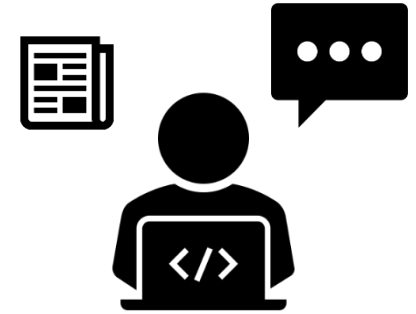
Most patient assessments can be conducted remotely

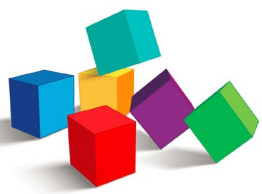
Commonly Used Assessments:

- PEG: Pain, Enjoyment, General Activity
- PHQ-9: Depression
- GAD-7: Anxiety
- PC-PTSD: Post Traumatic Stress Disorder
- PDMP: Prescription Drug Monitoring Program

Implementation Strategies:

- Send to the patient before the visit through EHR patient portal
- Have a medical assistant conduct these assessments by phone before the visit
- Conduct the assessments during the visit
- Use usual workflow for checking PDMP before the visit

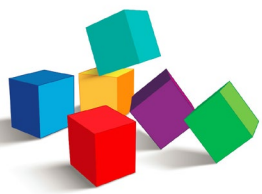




Managing pain and prescribing opioid medications during the pandemic

- Increased risk of dose-escalation, pain flare-ups, diversion, and abuse due to disruption and social isolation
- Expect flares of PTSD, anxiety, and/or depression which contribute to a pain flare

Consider pro-active outreach to chronic pain patients to provide support and anticipate exacerbations.



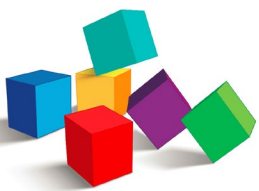
Managing pain and prescribing opioid medications during the pandemic

Reduced access to non-pharmacological pain care modalities (e.g., physical therapy).

- ✗ In general, this should not be a reason to initiate opioid therapy or escalate opioid dose.
- ✓ Alternate non-pharmacologic self-management strategies should be pursued instead.

Opioid medication should not be abruptly discontinued or tapered quickly unless there are immediate safety concerns.

Consider slowing or taking a pause in a taper regimen.



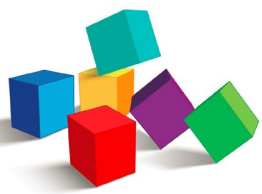
Urine Drug Testing (UDT)

Consider delaying routine scheduled UDT during the time of a public health emergency unless you have concerns about diversion or other safety concerns.

If you feel it is critical to conduct a UDT with a patient during the pandemic:

- Ask the patient to come to the lab for the UDT only
- Conduct a UDT or saliva-based drug test remotely via a live, two-way telehealth appointment



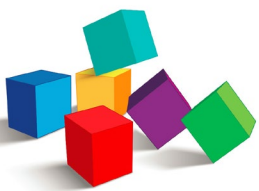


Non-opioid treatments

Evidence-based non-opioid treatments such as physical therapy, acupuncture, and behavioral therapy play a crucial role in managing chronic pain.

- Have a conversation with each patient to weigh the risk of COVID-19 exposure with the benefits that may come from in-person treatments.
- Encourage continuation of behavioral therapy remotely.
- Advise patients that this might be an ideal time to explore alternative treatment methods including yoga, meditation, and self-/app-guided therapies.





Examples of self-management resources

PTSD Coach: PTSD Coach assists individuals with chronic pain who experienced trauma to learn about, track, and manage symptoms. <https://www.ptsd.va.gov/public/materials/apps/ptsdcoach.asp>

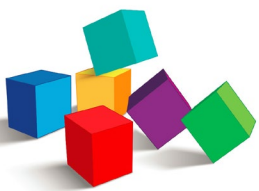
Breathe2Relax: This stress management app trains on the “belly breathing” technique. It provides breathing exercises to learn and practice the breathing technique. <http://t2health.dcoe.mil/apps/breathe2relax>

Headspace: Meditation app. The Basics course of this app is free and teaches the fundamental techniques of meditation and mindfulness.

<https://www.headspace.com/headspace-meditation-app>

Stop Breathe Think: This app supports you with checking in with your emotions, and then recommends short, guided meditations, yoga, and acupressure videos. <https://www.stopbreathethink.com/>

The Three Minute Breathing Space: This 3-minute practice is great to use in the middle of the day, with stressful situations as they arise. Available as a handout, app, and recording. <http://franticworld.com/the-three-minute-breathing-space-meditation-is-now-free-to-download/>



Stress and general wellness

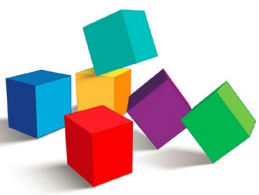
It is a stressful time, stress responses are more likely from:

- People aged 65 and older
- People with chronic diseases who are at a higher risk for COVID-19
- People who are part of the critical infrastructure
- People who have mental health conditions, including problems with substance abuse

Stress responses may look like:

- Fear and worry about personal health or that of loved ones
- Changes in sleep or eating patterns
- Worsening chronic health problems
- Increased use of alcohol, tobacco, or other drugs





How to support patients during this stressful time:

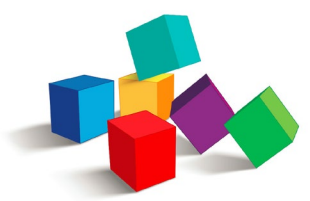
Factually communicate COVID-19 risks to patients and how to reduce their risk of exposure.

Encourage patients to:

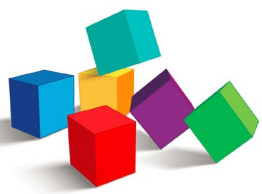
- Take breaks from the media
- Take extra care of their body, such as eating healthy, exercising, getting enough sleep, and avoiding alcohol and drugs
- Develop self-care plans compatible with social distancing/shelter-in-place orders
- Find ways to connect with other people
- Take time to participate in enjoyable activities

Prolonged stress and self-isolation can increase risks for self-harm and reactivation of PTSD.

Consider increasing the frequency with which you conduct anxiety, depression, and PTSD screens, such as [PHQ](#), [GAD-7](#), or [PC-PTSD](#).



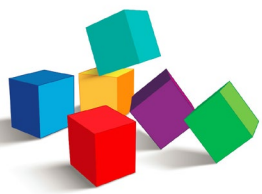
Audience Poll!



The Six Building Blocks Program, Behavioral Health Resources, and Addiction Treatment

- Strong relationship between chronic non-cancer pain & mental and behavioral health
- The Six Building Blocks promotes recognition of Opioid Use Disorder (OUD)
- The Six Building Blocks as an “on-ramp” to offering medication treatment for OUD





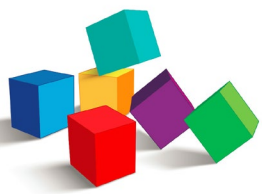
Many connections between chronic pain and mental/behavioral health conditions

Building Block 5 – Caring for Complex Patients



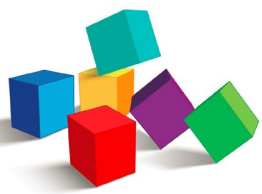
Develop policies and resources to ensure that patients who develop opioid use disorder and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the care setting or by outside referral.

- Over 50% of patients with chronic pain have comorbid depression or anxiety related disorders
- Patients with chronic pain have prevalence rates as high as 25% for substance use disorders.
- Behavioral health (BH) care services for chronic pain improve multiple patient-centered outcomes
- Many primary care settings do not have access to integrated BH



The Six Building Blocks Program promotes recognition of Opioid Use Disorder

- By implementing a comprehensive reliable approach to opioid medication management, many providers began to recognize signs of opioid misuse and abuse leading to a diagnosis of Opioid Use Disorder.
- In some settings, the lack of access to local addiction services resulted in some providers pursuing an X waiver to prescribe buprenorphine.

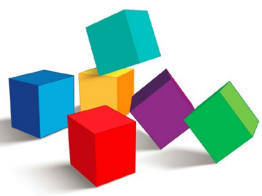


The Six BBs team is currently working on a Buprenorphine Initiation Checklist for Clinics

We are currently developing a buprenorphine treatment program for opioid use disorder in primary care.

- Staffing
- Training
- Billing
- Supporting Clinicians
- Psychosocial treatment and recovery support services
- Urine drug testing
- Mitigating diversion
- Administration





Disseminating the Six Building Blocks

Clinics are at different stages of development in creating chronic pain and opioid management programs:

Full Six Building Blocks Program

Comprehensive 9-15 month program

Six Building Blocks Consult

Facilitated 6BBs self-assessment with a recommended action plan, and connection to supporting resources.

Technical Assistance (TA)

Ad-hoc support and TA in opioid management areas

Targeted Education

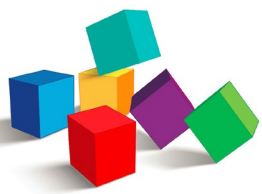
Educational opportunities in opioid management areas

Intro to the Six Building Blocks

Introduction to the Six Building Blocks approach and tour of website resources to support opioid management improvements.

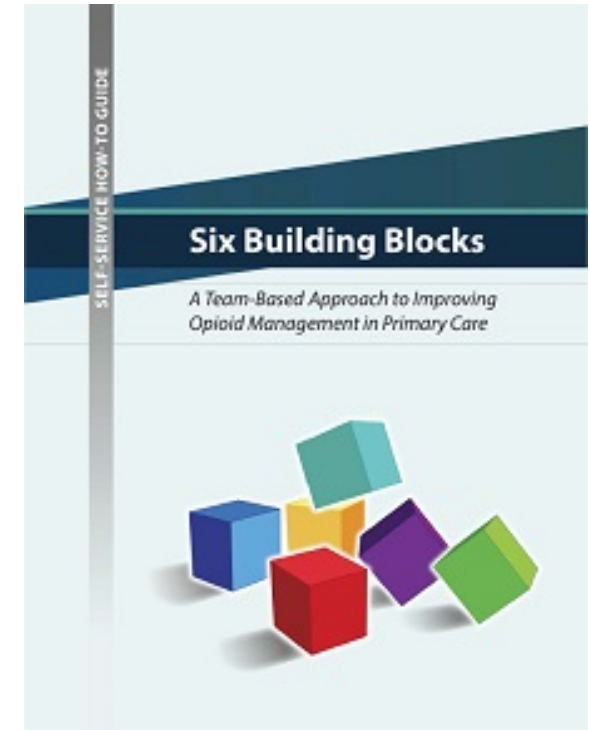
Shared Learning Calls

Periodic, facilitated, and shared learning calls between clinics engaged in opioid management improvement work.

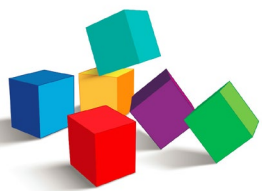


Spreading the Six Building Blocks Program

- We offer our menu of options with direct coaching to practices across Washington state through a contract with the Washington Department of Health
- We contract with organizations (e.g., Accountable Community of Health) to work with practices in their geographic regions
- We provide consultation through the Opioid Response Network to practices nationally
- We worked with Abt Associates to develop [a Six Building Blocks Self-Service How To Guide](#)

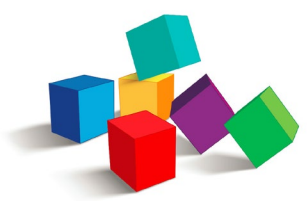


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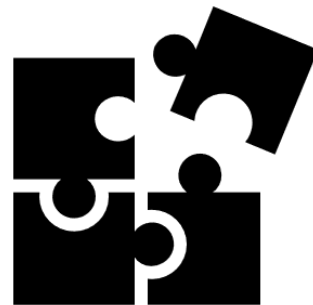
Practice Facilitator Training for Six Building Blocks

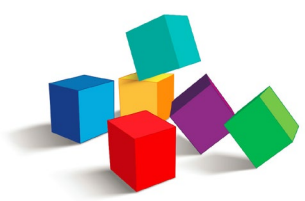
- **Who could join?** QI personnel or an external facilitator with QI skills and experience
- **What will they learn?** How to coach clinics through the Six Building Blocks Program
 - Introductory webinar with Six Building Blocks leadership team
 - Virtual Training Sessions
 - Learning Modules
 - Shared Learning Calls
 - Mentorship, support, technical assistance, and ad-hoc guidance from the Six Building Blocks leadership team



We would like to hear from you...

How might the Six Building Blocks interface with your organization? Your region? Your state?





Contact information

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Clinician Leads



gracias cảm ơn bạn धन्यवाद 고맙습니다
شكرا جزيلًا salamat благодарю вас 谢谢
Dziękuję Ci **Thank** ευχαριστώ
quyana tack **you!** አመሰግናለሁ
धन्यवाद danke asante grazie
hík'wu? merci הודת obrigado ขอบคุณ
ありがとうございました спасиби mahalo