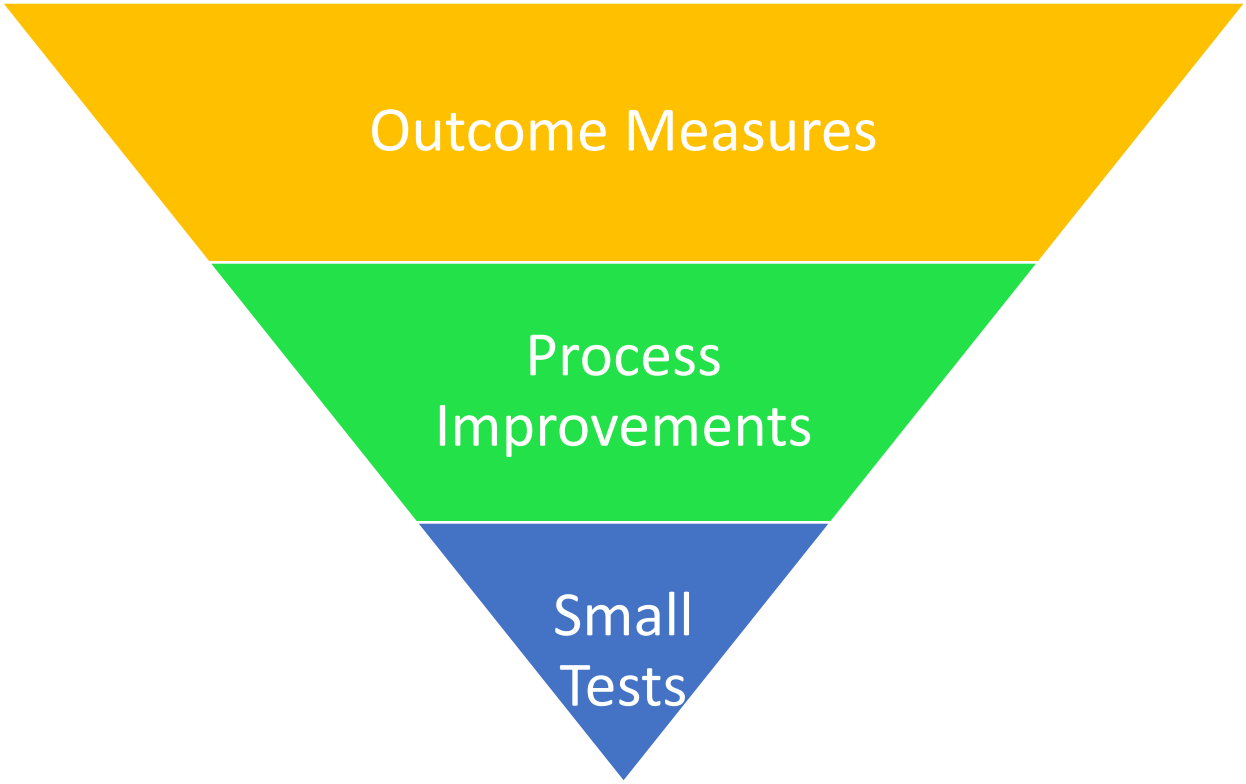
Measuring Success Metrics

Throughout the Design and Implement stage, it is important for the opioid improvement team (and the clinic) to review data to support continual improvement. This can be both quantitative (e.g., percent of patients with a signed agreement in the chart) and qualitative (e.g., perspectives from MAs on current patient visit workflows). You will be guiding the team in making and testing changes to improve how your clinic helps patients using long-term opioid therapy. Data allows you to see how those changes are going and to think through how make plans to adjust as appropriate.

Types of Data Measures

There are three basic elements to measuring success: outcome measures, process improvements, and small tests of change.



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Outcome Measures

It is vital to consider why your clinic is doing this work. What is important to your clinic in improving care? Identify what these overarching aims are and consider how it might be possible to measure them. Examples of aims include:

- Reduce the number of patients with an **MED of 50/90** or higher by XX% by DATE.
- Reduce the number of patients on **concurrent sedatives** and opioids by XX% by DATE.
- Increase the number of patients using long-term opioid therapy prescribed **naloxone** by XX% by DATE.
- XX% of patients using long-term opioid therapy have reviewed and signed an updated **patient agreement** that reflects our policies by TARGET DATE.
- XX% of patients' **function** was assessed at their last patient visit by TARGET DATE.

Think through what is feasible to measure now and increase the number of measures as your tracking and monitoring capacity grows. When considering which of the above aims your clinic want to measure and track, consider if you have the capacity to measure:

- Number and proportion of patients on LtOT with an MED of 50/90 or higher
- Number and proportion of patients on LtOT who are on concurrent sedatives
- Number and proportion of patients on LtOT with a prescription for naloxone
- Number and proportion of patients on LtOT who have reviewed and signed an updated patient agreement
- Number and proportion of patients on LtOT whose function was assessed at their last patient visit

Additional examples may be found in the *CDC quality improvement metrics* and *Pharmacy Quality Alliance Opioid Measure Set*.

Process Improvements

To improve safety and reach your aims, you will be leading the team and clinic in making process improvements. The Six Building Blocks lays out key process improvements that other clinics have found important to improving opioid management (see *Six Building Blocks Milestones*). Consider what your team's current process improvement focus is and how you will measure success of that process improvement. Examples of process improvement aims include:

- Identify and label all **patients using long-term-opioid therapy** with the same ICD-10 code by DATE.
- Provide a **dashboard of measures** that track our improvement, e.g., MED average and by patient, to the opioid improvement team and to clinicians and staff quarterly by DATE.
- By DATE, have a process in place to **identify care gaps** for all patients using long-term opioid therapy, and discuss them during morning huddles, e.g., no state prescription drug monitoring program check in the last 6 months.
- Develop, train, and implement **new workflows** that support our revised policies by DATE.
- Have an **MED on record** for all patients on long-term opioid therapy by DATE.

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Small Tests of Change

Throughout the Design & Implement stage, you will be guiding the opioid improvement team and your clinic in running *small tests of change* and then assessing if these changes are associated with improvements. Generally, it is a good idea to test a change on a small scale, evaluate how it went, and adjust as appropriate before implementing a change clinic-wide. You and the QI team will need to look at data to evaluate these small tests. Examples of small test measures include:

- Experience of front desk staff in using an iPad to give patients **annual pain visit forms** over the course of one week.
- Ease of use of a **new EHR template** by a pilot care team during two weeks of patient visits.

Selecting Initial Aims

Select one or two outcome or process improvement aims to begin tracking, monitoring, and sharing with care teams that are:

- Important to the clinic
- Feasible to measure
- Motivating to clinicians and staff (encourages buy-in)

It is useful to look at these measures by clinic, by provider, and by patient. You might also consider using a *run chart* to track your measures. Keep in mind that it takes effort and resources to produce these measures of success, so start small. You can add to it over time as your capacity to track grows.

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