

Hub Team Introductions



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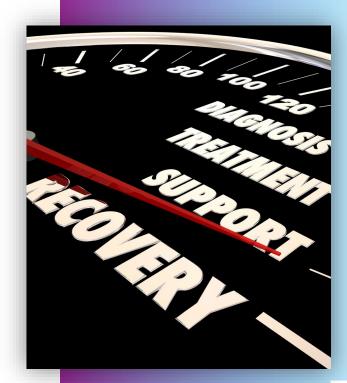
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Our Goal

- Combat the substance use crisis through education on best preactices in a safe space for peer-to-peer learning
- Engage healthcare providers in the primary care setting to increase skills to safely and compassionately manage, treat, and support their clients with a substance use disorder
- Recognize the importance of reducing stigma to advance equity and improve access to care for patients with substance use disorders



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Quality Improvement Applications: Case Study

Presented by:

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Financial Disclosures

- The following sessions leader(s) have no relevant Financial relationships with ineligible companies to disclose:
 - Mohammad Addar
 - James Bailey
 - Clement Chen

Learning Objectives

- Review the Model for Improvement PDSA Cycle
- Understand How to Create an AIM Statement
- Understand How to Use a Driver Diagram to Identify Change Ideas

*Model For Improvement – PDSA Cycle

Part 1: Three Fundamental Questions Part 2: Test Changes AIM Plan the Test Make a plans for your next step. What are we Adapt (make modifications and run another Team Formation · Where? trying to Standard Work AIM Statement • Who? Adopt (test the change on a larger scale), or accomplish? Data Collection Plan Discard (don't test on this change idea again). How Good? Staffing Plans Prepare a plan for the next PDSA. Bv When? Plan Act Spread: Measurement How will we of Success know that a **Process Measures** change is an Outcome Measures improvement? **Balancing Measures** Study Do

What change can we make that

will result in improvement?

Changes

What Improvement will be put in place?

Analyze the results

- · Analysis of the data
- Compare the data to your expectation
- · Summarize what your findings

Part 3: Implement & Spread

Implementation:

Permanent change to the way work is done

- Policy Creation

Run the test on a small scale

Document problems and

unexpected observations.

data

Collect and begin to analyze the

- · Competency Creation
- Process Control Plans

Taking a successful implementation from initial area and replicating that change or package of changes in other parts of the same organization or other organizations.

> The Model for Improvement,* developed by Associates in Process Improvement



Quality Gap and Aim Statement

Primary Areas of Concern:

• Have you seen many cases where clients are coming to OBAT on scheduled medications (Benzodiazepine, stimulants, opiate's) from primary providers and how to best manage mental illness while treating substance use disorders.

Identified Quality Gap

- What is the practice that you are trying to change
- What is the evidence that achieving AIM closes the gap?

Aim Statement

- Specific
- Measurable
- Achievable
- Relevant/Realistic
- Time bound



Creating The Aim Statement

An aim statement is a clear, explicit summary of what your team hopes to achieve over a specific amount of time including the magnitude of change you will achieve. The aim statement guides your work by establishing what success looks like

Part 1: Three Fundamental Questions

What are we trying to accomplish?



AIM

- Where?
- Who?
- How Good?
- By When?

How will we know that a change is an improvement?



Measurement of Success

- **Process Measures**
- **Outcome Measures**
- **Balancing Measures**

What change can we make that will result in improvement?



Changes

What Improvement will be put in place?

- What's the issue or opportunity? Make sure it relates to a fundamental need.
- Where is the problem occurring? What is the starting and ending point of the process or system you're trying to improve?
- Who is going to benefit from the improvement?
- By how much to you want to improve? Or "how good" do you want to get?
- In what timeframe do you expect to make this improvement?

Creating The Aim Statement

Primary Areas of Concern:

- Have you seen many cases where clients are coming to OBAT on scheduled medications (Benzodiazepine, stimulants, opiate's) from primary providers and how to best manage mental illness while treating substance use disorders.
 - What's the issue or opportunity? Reference the Quality GAP
 - Where is the problem occurring?
 - Who is going to benefit from the improvement?
 - By how much to you want to improve? Or "how good" do you want to get?
 - In what timeframe do you expect to make this improvement?

Identifying Improvements

Part 1: Three Fundamental Questions

What are we trying to accomplish?



AIM

- Where?
- Who?
- How Good?
- By When?

2. How will we know that a change is an improvement?



Measurement of Success

- Process Measures
- Outcome Measures
- Balancing Measures

3. What change can we make that will result in improvement?



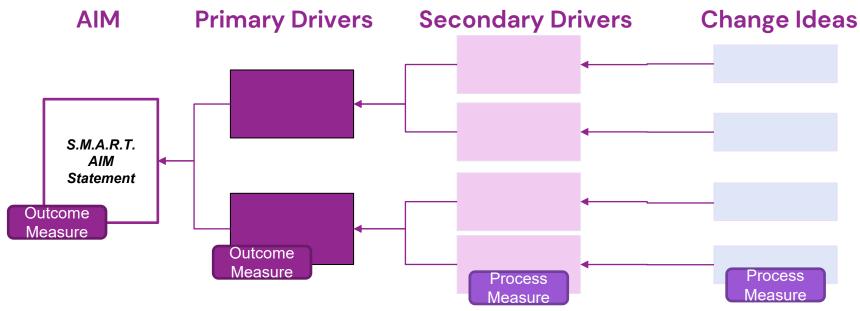
Changes

What Improvement will be put in place?

- Literature Reviews
- Evidence Best Practices
- Lean Six Sigma (DMAIC)
- Brainstorming

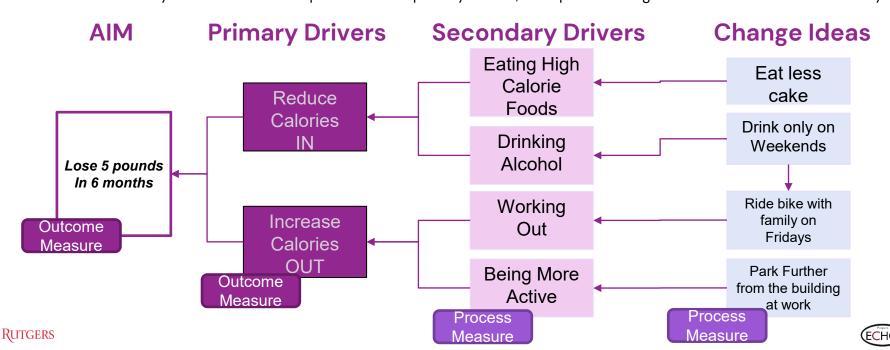
Driver Diagrams

- A driver diagram is a visual display of a team's theory of what "drives," or contributes to, the achievement of a project aim
- It shows the relationship between the overall aim of the project, the primary drivers that contribute directly to achieving the aim, the secondary drivers that are components of the primary drivers, and specific change ideas to test for each secondary driver



Driver Diagrams - Example

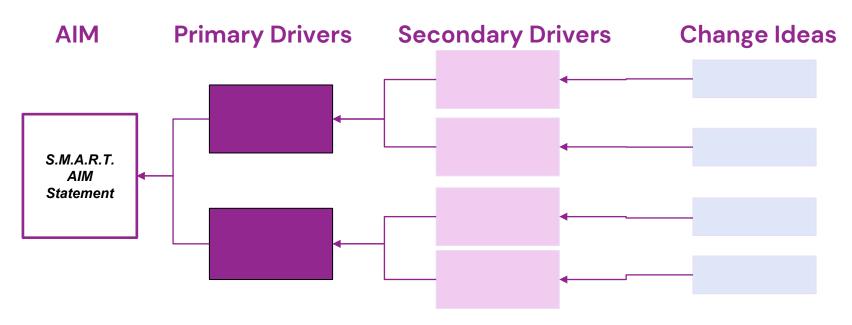
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Driver Diagram Brainstorming

Primary Areas of Concern:

Have you seen many cases where clients are coming to OBAT on scheduled medications (Benzodiazepine, stimulants, opiate's) from primary providers and how to best manage mental illness while treating substance use disorders.



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REFERENCES

- Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. <u>The Improvement Guide: A Practical Approach to Enhancing Organizational Performance</u> (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.
- 2. IHI Institute for Healthcare, How to Improve. http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
- 3. IHI Driver Diagram How to Improve. https://www.ihi.org/resources/Pages/Tools/Driver-Diagram.aspx
- 4. IHI Aim Statement Worksheet

 https://www.ihi.org/resources/Pages/Tools/Aim-Statement-Worksheet.aspx



Drivers & Change Ideas

Exhibit 2.1. Six Guiding Principles in Treating Clients With CODs

- Use a recovery perspective.
- 2. Adopt a multiproblem viewpoint.
- **3.** Develop a phased approach to treatment.
- Address specific real-life problems early in treatment.
- Plan for the client's cognitive and functional impairments.
- Use support systems to maintain and extend treatment effectiveness.

ADVICE TO ADMINISTRATORS: RECOMMENDATIONS FOR PROVIDING ESSENTIAL SERVICES FOR PEOPLE WITH CODS

Develop a COD program with these components:

- Screening, assessment, and referral for people with CODs
- 2. Physical and mental health consultation
- 3. Prescribing onsite psychiatrist
- 4. Psychoeducational classes

- 5. Relapse prevention
- 6. Case management
- 7. COD-specific treatment components
- 8. Continuing care services
- 9. Double Trouble groups (onsite)
- 10. Dual recovery mutual-help groups (offsite)

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-004_Final_508.pdf

Driver Example

Co-Occurring Disorders Response for People in the California CJ System

Improved outcomes for people with both mental illness and substance use disorders (co-occurring disorders - COD) in the CJ and MH/SUD (BH) Systems

Enhance public safety mission by effectively responding to people with COD presenting from jail, prisons, and in community supervision

Improved recovery, stability and tenure in the community for people with COD served

Increased alignment and efficiency of public agencies addressing mental health and substance use disorders

Engage and provide evidence-based SUD treatment to people with behavioral health needs where they present in the CI or BH systems

Consistent and effective coordination of referrals and transitions between all service providers and partners in the ecosystem

Access to seamless and non-redundant care management and services across mental health, addiction and criminal justice systems that support mental, physical, social, and spiritual well-being

Person-centered integrated recoveryoriented services for individuals with COD to support stability in the community and reduce recidivism

Safe and thriving communities in partnership with local, state, federal and private funding partners

Implemented model to engage people where they are and connect them to effective treatment, interventions, support and harm reduction

Workflows and pathways that support seamless coordination at key transition points

Screening and assessment of risk and needs; reliable care management across levels and stages of risk and recovery; connection to wraparound needs

Evidence-based interventions at appropriate levels of care. Model to manage SMI and SUD as chronic illnesses in justice settings and in the community.

Implement policies that destignatize SUD and SMI; build and reinforce trauma-informed systems; and reduce criminogenic risk LEARNING

COLLABORATIVE:

Optimizing

Community

Approaches to

Challenging

Populations with

Opioid and Stimulant

Use in the Justice

<u>System</u>

(caduimat.com)

