BOOST
Best-Practices in Oral Opioid agoniSt Therapy Provincial Collaborative

BOOST QI Network

Guide to Measurement

September 2020

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OVERVIEW

Measurement for improvement is an important part of participation in the Best Practices in Oral Opioid AgoniSt Therapy (BOOST) QI Network. Measurement tells us if we are improving, tracks progress toward reaching our aims, and helps teams communicate about their improvement efforts. Measurement for improvement should be useful, but need not be perfect. The goal is to obtain just enough "good enough" data to take action.

Each team will collect four quality improvement (QI) measures, accompanied by a qualitative narrative summary on a quarterly basis. Reports are due the 15th of the month. The first reporting date is scheduled for October 15th, 2020.

Why do we measure **improvement?**

How will you know if the changes you are making are improving outcomes? How will you demonstrate to clients, leaders, and peers that your efforts are contributing to better care? As we begin to make changes in the care and services we deliver, measurement helps us:

- Understand current performance
- Observe whether the changes we make are having a desired impact on the outcomes
- Compare our performance with similar sites to foster learning
- Communicate clearly about our improvement effort and outcomes
- Identify negative or unexpected outcomes related to changes we make
- Know if we have reached our aims

How do we measure **for improvement?**

Step 1: Develop an aim statement

An Aim Statement is a description of the current status and what you intend to accomplish at the end of your improvement work. Your aim should align well with the overarching Collaborative aims and include all the characteristics of a good aim (SMART):

- **S**pecific: target a specific area for improvement
- **M**easurable: quantify or at least suggest an indicator of progress
- **A**chievable: ensure this is doable in the time that you have
- **R**ealistic: state what results can realistically be achieved, given available resources
- **T**ime-related: specify when the result(s) can be achieved

An aim statement checklist can be found at the following link (under Tools & Resources):

http://stophivaids.ca/boost-tools-resources/#1502397009795-55c7a190-b1fc

The BOOST QI Network aims:

The aim of the BOOST QI Network is to provide equitable access to integrated, evidence-based care to help our population of clients with opioid use disorder (OUD) achieve:

- 95% of clients have an active OAT prescription
- 95% of those clients with an active OAT prescription will be retained on therapy for greater than 3 months
- 100% of teams have a process to monitor and incorporate the patient voice

Examples of SMART aims aligned with the BOOST aims:

- By November 1st, 2019 the team will decrease the number of 'no-shows' in both counselling and addiction medicine appointments to 1.9 per day (from 2.9 per day).
- By July 2019, 75% of clients who have been on oral opioid agonist treatment will be assessed by a Mental Health provider.
- By June 2019, 80% of the population of focus will be receiving an optimal therapeutic dose of OAT.
- By October 2019, we aim to achieve a 50% average increase in quality of life as scored using the 10 question PROMIS scale for clients with OUD.

How do we measure **for improvement?**

Step 2: Define your population of focus

Population of Focus refers to clients diagnosed with opioid use disorder and receiving OUD care from the participating team. We want to develop a list of who your relevant clients are. If we measure people we are NOT actually seeing, then we dilute any changes, while if we skip measurement of people we ARE seeing, we miss detection of improvements from their cases. Figuring out this list of clients is called **Empanelment**:

- Identify your clients with opioid use disorder by generating/creating a list
- Remove clients who:
  - Have an external provider for OUD/OAT,
  - Are not found after adequate follow-up/outreach efforts,
  - Have moved,
  - Are seeking care elsewhere, or
  - Are deceased.

Step 3: Identify your data collection plan

What data will you need and where will it come from? The easiest way to ensure you are consistently tracking the same measures is to use the definition of core measures outlined in this document. Data can be collected using an Electronic Medical Record (EMR) or paper charts and spread sheets. In QI we do not need "perfect" data in order to get started. We can make changes to improve data quality as we go along, however; you may need to standardize how the data is collected and recorded in order to maximize the utility of your data.

If you are on Profile EMR please visit this link[1] to view tutorials on Profile EMR queries and how to easily pull the data you require. If you are using OSCAR or Telus MedAccess, some tools may also be available (please contact the BOOST team for details).

How do we measure **for improvement?**

Step 4: Report your data

A web-based reporting platform has been developed where you can enter in your data for each reporting period and visualize it over time (in run charts). The link to the reporting platform and login information will be sent to each team via email. Reporting of quantitative and qualitative data will occur quarterly. Reports are due on the 15th of the month. The first reporting date is October 15th, 2020.

Step 5: Analyze your data

Your team should dedicate regular weekly/bi-weekly team meetings for your QI work, including review of the data. Using the reporting template to review your data is also useful as this tool will automatically calculate and present your data in run chart; a common way to present improvement data.

Measurement can help you assess whether you're getting closer to your aims, and can also inform your next steps.

1 Link address: http://stophivaids.ca/vancouver-boost-presentations/#vancouver-boost-webinar-slides
2 Link address: http://stophivaids.ca/provincial-boost-tools%20resources/#1501613412073-d0a71d70-d02d

What do we measure for improvement?

There are two levels of measurement:

1. The QI Network Core Measures

These measures monitor your progress towards the overall QI network aims and goals. Your team will track these throughout the QI Network and they are strictly quantitative.

Your team will track four measures that are aligned with your aims.

Measure 1: Population of Focus (POF)

Your team can measure its population of focus as often as needed and will report back to the BOOST team quarterly. Population of Focus means clients diagnosed with an opioid use disorder and receiving OUD care from the participating team. To identify your population of focus, follow the following steps:

What do we measure
for improvement?

- Identify your clients with opioid use disorder by generating/creating a list
- Remove clients who have an external provider for OUD/OAT
- Remove clients not found after adequate follow-up/outreach efforts, or they have moved, are seeking care elsewhere or have died.

Example

You have 200 clients on your list diagnosed with OUD. Of these, 25 receive OAT from an external provider, 10 moved somewhere else, 5 died and 10 clients you were not able to contact through outreach.
In that case, your population of Focus will be:

200 - (25+10+5+10) = 150

Measure 2: Active OAT Prescription

This is defined as the number of clients with a current OAT prescription with an end date the same or later date than the date of calculation, regardless of dose. To calculate the percentage of clients with an active OAT prescription use the following formula:

$$\textit{\% Active OAT Prescription} = \frac{\textit{Number of clients with an active OAT prescription}}{\textit{Population of Focus}} * 100$$

Example

If your population of focus is 150 clients and, of these clients, 70 have a prescription end date of today or at a later date (Active Prescription) then the percentage will be:

90/150*100 = 81.8%

Measure 3: Retention on OAT for ≥ 3 months

Here we are interested the proportion of clients with an active OAT prescription who have been on therapy for an uninterrupted period ≥ 3 months.

One caveat is that we must EXCLUDE clients from our denominator who we have seen in our clinic for < 3 months, as we have not yet had time to reach this aim with them. This adjustment prevents a worsening of our outcome measure from taking on new patients.

What do we measure
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To calculate the percentage of clients retained on OAT for ≥ 3 months, you first need to identify your clients with an active prescription whose prescription's most recent start date is equal to or greater than 3 months, prior to "today" (the day you are doing the calculation).

Example

Your Population of focus is 150 patients

90 have an active prescription and out of the 90 patients, 80 joined the clinic ≥3 months ago.

- 30 patients started OAT 6 months ago,
- 20 started OAT 4 months ago,
- 15 started OAT 3 months ago,
- 10 started OAT 2 months ago
- 15 patients started OAT 1 month ago.

≥ 3 months retention

< 3 months retention

Identify the patients with an active prescription with a most recent start date that is ≥3 months

In this example, it is 30+20+15 = 65 patients

IMPORTANT: Out of the 25 patients above who have <3 months retention, you will need to exclude the 10 who joined < 3 months ago from the denominator.

To calculate the percentage of patients retained on OAT for ≥ 3 months, you can use the following formula:

$$\%\ \text{Retention on OAT for} \geq 3\ \text{months} = \frac{\text{Number of patients with an active prescription with a most recent start date that is} \geq 3\ \text{months ago}}{\text{Number of patients with an active prescription who joined our clinic} \geq 3\ \text{months ago}} * 100$$

Example

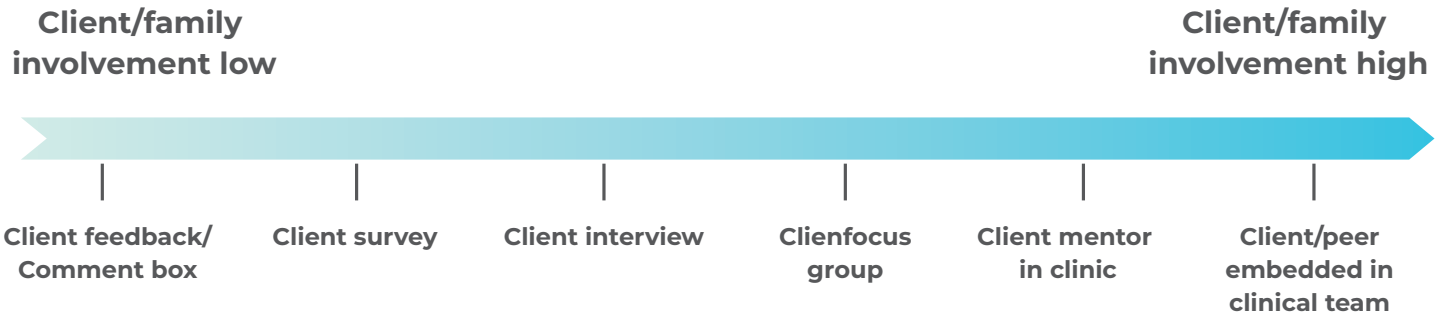
You have 65 patients with an active prescription with a most recent start date ≥ 3 months ago, and 80 (90 minus 10) with an active prescription who joined our clinic ≥ 3 months ago

65/80*100 = 81%

What do we measure
for improvement?

Measure 4: A process to monitor and incorporate the Client Voice

This is defined as a process to capture the patient voice which must be embedded in the workflow of your clinical setting. You are encouraged to develop your own process to capture the patient voice. This can be through various means, such as: including a client in your QI team, collecting client feedback through periodic satisfaction surveys or using quality of life assessment tools, such as the PROMIS scale.



There is no formula to calculate this QI measure. You should aim to have a process in place to be able to report on this quarterly.

2. Plan-Do-Study-Act (PDSA) Cycle Measures

These measures monitor the results of specific tests of change. They are done on an as needed basis for the assessment of the changes tested. These measures are always Qualitative and Quantitative as needed.

The PDSA cycle has three types of measures:

Outcome Measures:

These measures are usually based on your Aim Statement. What is better for the patient/customer? What is the result of the new process/procedure? What, ultimately will be the improvement? (not what are you trying to "do")

Process Measures:

These are the voice of the system. What is being done differently that we want to capture? What is now being done consistently? What process is being added or changed?

Balancing Measures:

What unintended consequences might occur? What are we worried about-that we can do something about?

What do we measure
for improvement?

Example

Your aim is: By November 1st, 2019 the team will decrease the number of 'no-shows' in both counselling and addiction medicine appointments to 1.9 per day (from 2.9 per day).

Outcome Measure: number of "no-shows" in both counselling and addiction medicine by the end of the week, month or year.

Process Measure: number of patients who received an appointment reminder call.

Balancing Measure:

1. Amount of time it takes staff each day to do reminder calls.

2. Percentage of clients who are seen on time for their appointment (fewer no shows may result in a busier clinic and clinicians may not be able to keep up).

ACKNOWLEDGEMENTS

This report was prepared by members of the BOOST Project Team (boostcollaborative@cfenet.ubc.ca), with a special thanks to Eduardo Caceres (BC-CfE Communications) for his design support.

The BOOST QI Network is funded by Health Canada's Substance Use and Addictions Program (SUAP) and the Shared Care Committee (SCC), with in-kind support from the BC-CfE