

Turn the Tide on the Opioid Crisis: 100 Million Healthier Lives Community Improvement Toolkit

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100 Million Healthier Lives members have set a priority to take action to help turn the tide on the opioid epidemic working across sectors in a community. We call on health providers, public health departments, school districts, city officials, faith leaders, and community members to:

1. Talk openly about pain and addiction in your community.
2. Invite individuals and their families, affected by the epidemic, to join with community leaders and members to become part of creating solutions to prevent deaths from overdose.
3. Create a community-wide plan across health care, school, public health, police, justice, and other sectors to stem the tide of the epidemic.
4. Share your progress with communities—locally, statewide and nationally—and learn from bright spots.

Together, we can “turn the tide” on the pain and harm that the opioid epidemic is creating in our families and communities. Addiction is a chronic disease, with the potential of being prevented, managed, and treated. We invite you to become part of the solution.

This toolkit will help you to create a concrete plan for action in your community, applying improvement science methods to create meaningful change in addressing the opioid epidemic. On the following page, you will find a community-wide plan to address the opioid epidemic that you can tailor to your community and then share across your community and with other communities in the 100 Million Healthier Lives network to learn together what it will take to turn the tide on the epidemic. We have included resources on topics including:

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Visit www.100mlives.org/opioid to access resources, bright spots, and networking for community-wide opioid efforts. If you have questions about 100 Million Healthier Lives, please contact 100mlives@ihi.org.

Community-Wide Plan to Turn the Tide on the Opioid Crisis

Name:

Community:

Email:

Contact Phone Number:

Edit and customize the template to your community. Click on the hyperlinks to go directly to more information about the topics overviewed below.

1. What is the **aim** of your initiative(s)? An aim is specific and measurable and answers the following questions: Whose life will get better (what population)? By how much? By when?
2. Which **action area(s)** will you be working on? Check those where you will focus in your community:
 - Create opioid-informed and prepared communities
 - Improve appropriate use of opioids for nonmalignant (non-cancer) pain
 - Reduce harm for those addicted to opioids
 - Improve management of opioid addiction as a chronic disease
 - Other _____

To further define your action areas and focus your community's work, create a driver diagram. We invite you to adapt the [driver diagram](#) we have created as a template. See [section 2](#) of this toolkit.

3. **Measurement:** How will you know a change is an improvement, and whose life is getting better because you were here? How can you measure your success? How will you monitor for unintended consequences? When you are ready to define measures, email 100mlives@ihi.org to get access to the [Measure What Matters](#) platform.
4. **Background:** Give any relevant baseline data (based on primary data and/or the literature) highlighting the need for this work in your community. What bright spots exist for your action area--who might have already developed something that you can build from? Visit www.100mlives.org/opioid for a growing list of bright spots.
5. **Alignment:** How does this project align with the **overall goals, priorities and need** of your community? How does it relate to other projects in your community? Who else holds a piece of the puzzle?
6. **Stakeholder engagement:** Who will need to approve this plan? Who will be impacted by your project? Who is working in a related area? What steps will you take to involve all of the key stakeholders in the development of your project? What is your plan for **communication and dissemination**?
7. How will you engage community members and/or patients and families with [lived experience](#) in the design and implementation of your initiative(s)?
8. What is your [implementation plan](#)? Use the **project planning worksheet** in [Section 8](#) to help you.

☐ I give the 100 Million Healthier Lives team permission to share our plan with other communities and to be visible on [Map of the Movement](#) to help turn the tide on opioids together.

1. Aim

Overview: The first step in creating a community-wide opioids plan is to set a specific aim for your initiative(s). An aim is specific and measurable and answers the following questions: Whose life will get better (what population)? By how much? By when?

To Learn More:

- Your aim setting will be most productive if you first consider the system (e.g., community system) in which you are working. To learn more about how to understand a system, view this [whiteboard video](#).
- For additional resources on setting an aim, [visit this page](#) on the Institute for Healthcare Improvement website.
- You will find additional worksheets on aim-setting in the Worksheet Appendix.

Your Turn: Define the aim for your community under item 1 in the [community-wide opioid action plan](#).

2. Action Areas and Driver Diagram

Overview: A driver diagram is a simple, visual display to help you strategically map out your work. It depicts the theory or causal pathway connecting key features of an initiative with its intended aim (see [section 1](#) for more about aims). A driver diagram developed based on existing evidence and bright spots regarding addressing the epidemic in communities nationwide is [here](#) for you to review and then customize. We have identified four key areas, plus an option for “other.”

1. Create opioid-informed and prepared communities
2. Improve appropriate use of opioids for nonmalignant (non-cancer) pain
3. Reduce harm for those addicted to opioids
4. Improve management of opioid addiction as a chronic disease

To Learn More: For additional resources on building a theory using a driver diagram, view one or both of these videos from the [Institute for Healthcare Improvement Open School](#):

- [Whiteboard: Intro to Driver Diagrams](#)
- [“How Do You Use a Driver Diagram?”](#)

Your Turn: Select the area(s) most relevant and important to your community to focus your work and select them under item 2 in the [community-wide opioid action plan](#). Then use the driver diagram template in the Worksheet Appendix to customize your community’s driver diagram.

3. Measurement

Overview: How will you know a change is an improvement, and whose life is getting better because you were here? How can you measure your success? How will you monitor for unintended consequences? Measures will help tell your community team whether the changes you are making actually lead to improvement towards your aim. Measurement in improvement work is for learning, not for judgment. There are often three types of measures you will want to track:

- Outcome measures: those that relate directly to your aim
- Process measures: those that relate to how you reach your aim, or the activities underway
- Balancing measures: those that relate to unintended consequences.

To Learn More: To learn more about the types of measures for improvement and how to define measures:

- Visit the Institute for Healthcare Improvement's [overview page on establishing measures](#).
- Video this [whiteboard video](#) on developing a family of measures from the IHI Open School.
 - If you are interested in more detailed information about how to measure data to learn about your improvements over time, the Open School also has whiteboard videos on creating [run charts](#) and [control charts](#).
- Access the Worksheet Appendix for more details on defining measures.

Your Turn: Define your family of measures drawing from those suggested in the Worksheet Appendix. When you are ready to define measures, email 100mlives@ihi.org to get access to the [Measure What Matters](#) platform. Our metrics experts have suggested some potential measures relevant to the opioid crisis that appear in the platform (sources include [Substance Use in Minnesota website](#) and the [National Survey on Drug Use and Health](#), 2013 data). Categories of focus are listed below, and details on measure options are in the Worksheet Appendix as well:’

- Access to alcohol/drugs
- Addiction death rate
- Attitudes about drug/alcohol use
- Alcohol use/dependence
- Opioid use/dependence
- Other drug use/dependence
- Legal incidents related to opioid use
- Legal incidents related to other drug/alcohol use
- Opioid abuse treatment (access and utilization)
- Other substance abuse treatment (access and utilization)
- Youth drug use
- Youth alcohol use

4. Background

Overview: At the start of your work planning, it is important to provide the context and need for the work. Doing this will help you clarify your aims, communicate effectively with stakeholders and potential partners, and learning what opportunities and models might already exist to build upon so you are not starting from scratch.

To Learn More: Visit www.100mlives.org/opioid for a growing list of bright spots who are beginning to turn the tide on the opioid crisis in communities.

Your Turn: Gather and document what you can find on the following categories of background information and then add them under item 4 in the [community-wide opioid action plan](#).

- Baseline data (based on primary data and/or the literature) highlighting the need for this work in your community.
- Bright spots: What bright spots exist for your action area--who might have already developed something that you can build from?

5. Alignment

Overview: It is important to consider at the outset how this project aligns with the **overall goals, priorities and need** of your community as well as it relates to other projects in your community. You may ask, who else holds a piece of the puzzle?

To Learn More: One tool to use in understanding alignment is to conduct asset mapping of your community on a variety of levels. To view a video about asset mapping (from a health care perspective), click [here](#). Worksheet templates to use in conducting asset mapping in your community are in the worksheet appendix.

Your Turn: Answer the key questions about alignment under item 5 in the [community-wide opioid action plan](#).

6. Stakeholder Engagement

Overview: Community-wide change requires meaningful engagement of a variety of key stakeholders in the community. As you think about the relevant stakeholders you may wish or need to involve, consider the following questions:

- Who will need to approve this plan?
- Who will be impacted by your project? That includes asking, “whose life will get better because you were here?”
- Who is working in a related area?
- What steps will you take to involve all of the key stakeholders in the development of your project? What is your plan for **communication and dissemination**?

To Learn More: The Worksheet Appendix includes a tool you can use to identify stakeholders along a spectrum of engagement and a worksheet to develop your communications and dissemination plan.

Your Turn: Identify key stakeholders under item 6 in the [community-wide opioid action plan](#).

7. Engaging Those with Lived Experience

Overview: Meaningful, sustained community change is built upon meaningful, sustained engagement of those with lived experience. Community members and/or patients with lived experience are people who have expertise not from formal study or training, but through living through an experience. They:

- are familiar with many of the issues and have valuable perspectives about how to tackle them
- can offer local solutions
- is aware of what would work in their community
- can provide their strength to the cause
- the insider [Source: SCALE initiative]

To Learn More: For one example from the health care setting on the value of engaging patients, click to view [this video](#). Within the Institute for Healthcare Improvements video library, there are several other videos about [Person- and Family-Centered Care](#).

Your Turn: Reflect on the engagement plan you identified in step 6, and then consider: How will you **engage community members and/or patients and families with lived experience** in the design and implementation of your initiative(s)? Add your engagement ideas under item 7 in the [community-wide opioid action plan](#).

8. Implementation Plan

Overview: In improvement work, we often say “hope is not a plan.” As you work to turn the tide on the opioid crisis in your community, an **implementation plan** will be a key tool to develop and use.

To Learn More: To watch a video from the Institute for Healthcare Improvement about how improvement methods can help with implementation, [click here](#). One of the practices referenced in this video is that of Plan-Do-Study-Act (or PDSA) cycles. To learn more about PDSA cycles, view this [whiteboard video](#) from the IHI Open School.

Your Turn: The worksheet appendix has full versions of a variety of implementation planning tools. Select one that suits you and include it with your [community-wide opioid action plan](#).

Congratulations on developing your plan! The 100 Million Healthier Lives community is here to support you and learn with you as you work to turn the tide on the opioid crisis in your community.

We invite you to:

- **Join the 100 Million Healthier Lives community** at www.100mlives.org/join to have your work be visible and count towards our shared aim of 100 million people living healthier lives by 2020.
- Share your action plan with other communities and to be visible on [Map of the Movement](#) to help turn the tide on opioids together: email your action plan to 100mlives@ihi.org and request access to the Measure What Matters platform.
- Visit www.100mlives.org/opioid to read or add to our growing list of resources, to connect with others on the interactive map, and to share your community's progress.