

Using collaborative QI to improve care for people living with opioid use disorder in Vancouver

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Project Summary

The BOOST (*Best-practices in Oral Opioid agonist Therapy*) Collaborative is a joint initiative of the BC Centre for Excellence in HIV/AIDS and Vancouver Coastal Health. It uses the Institute for Healthcare Improvement's Breakthrough Series methodology to systematically address gaps in care for people living with opioid use disorder in Vancouver who are in need of or receiving oral opioid agonist therapies (oOAT) such as methadone, suboxone and slow release oral morphine.

What are we trying to accomplish?

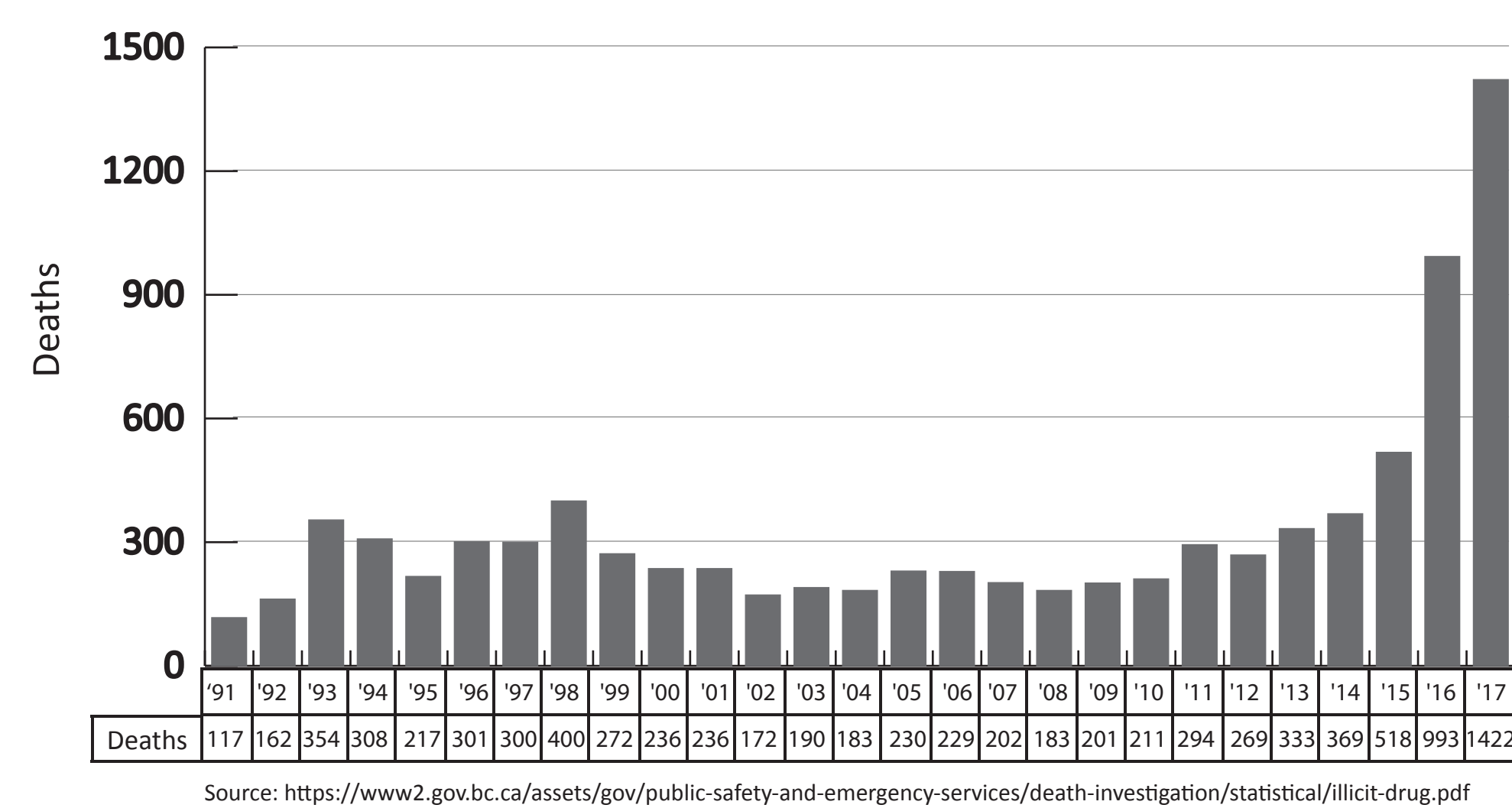
By July 1st, 2018 we aim to provide equitable access to integrated, evidence-based care to help our population of clients with opioid use disorder achieve:

- 95%** Initiated on oOAT
- 95%** Retained in care for ≥3 months
- 50%** Average improvement in Quality of Life score

Background

In 2016, a public health emergency was declared in British Columbia (BC) due to a dramatic increase in opioid-related overdose deaths. Several targeted services were launched in response, but the number of opioid-related overdose deaths remains well above historical averages.

Illicit Drug Overdose Deaths and Death Rate per 100,000 Population



Data from the Office of the Provincial Health Officer Opioid Substitution Therapy Performance Measures identified a significant gaps in care in retention and dosing for patients receiving methadone with only...

- 53%** Patients receiving a stabilizing dose of methadone >60mg.
- 39%** People started on Methadone retained at 6 months.
- 29%** People started on Methadone retained at 12 months.

Research tells us...

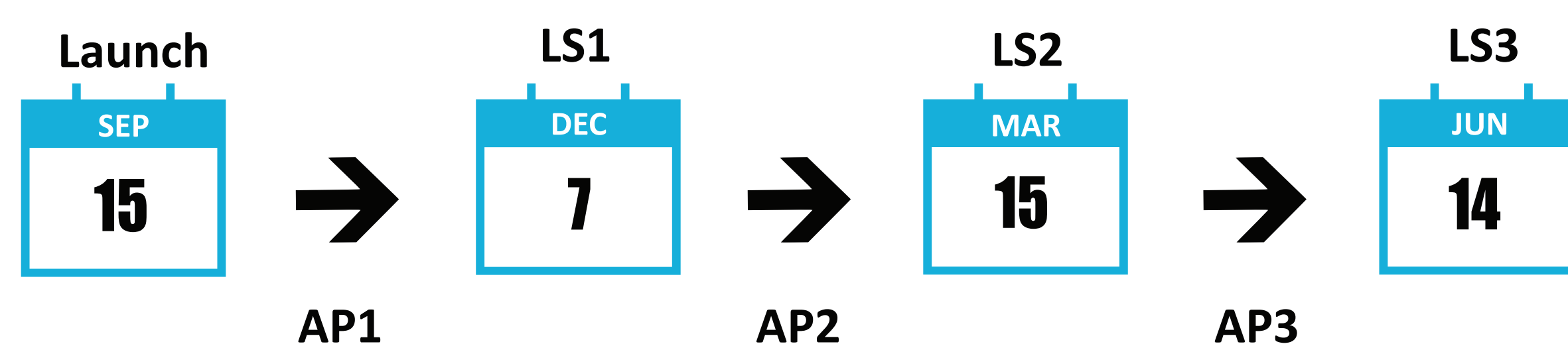
A significant proportion of individuals with opioid use disorder will reduce illicit opioid use and remain in treatment longer with appropriate doses of oral opioid agonist therapy. And retention on oOAT was associated with a...

5X reduction in overdose mortality

3X reduction in all-cause mortality

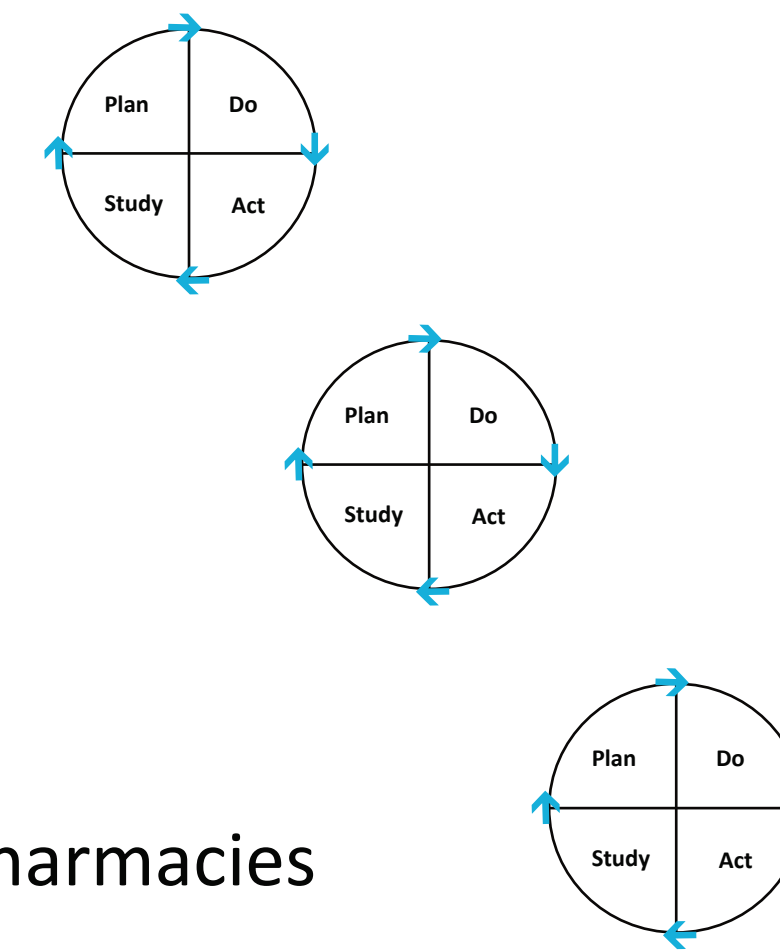
Methodology

The BOOST Collaborative is a 10 month QI Collaborative. The Learning Sessions (LS) are an opportunity for teams to come together and share their progress and further develop their QI skills and the Action Periods (AP) is where teams are running multiple rapid tests of change and participate in the Collaborative Support Activities.



Changes Implemented

- Standardize clinical data entry
- Regular client feedback surveys
- Reminder calls for appointments
- Reminder calls for expiring prescriptions
- Assertive outreach for clients lost to care
- Follow-up on missed oOAT dose faxes from pharmacies
- Work-flow changes to support Suboxone inductions



How are teams supported?

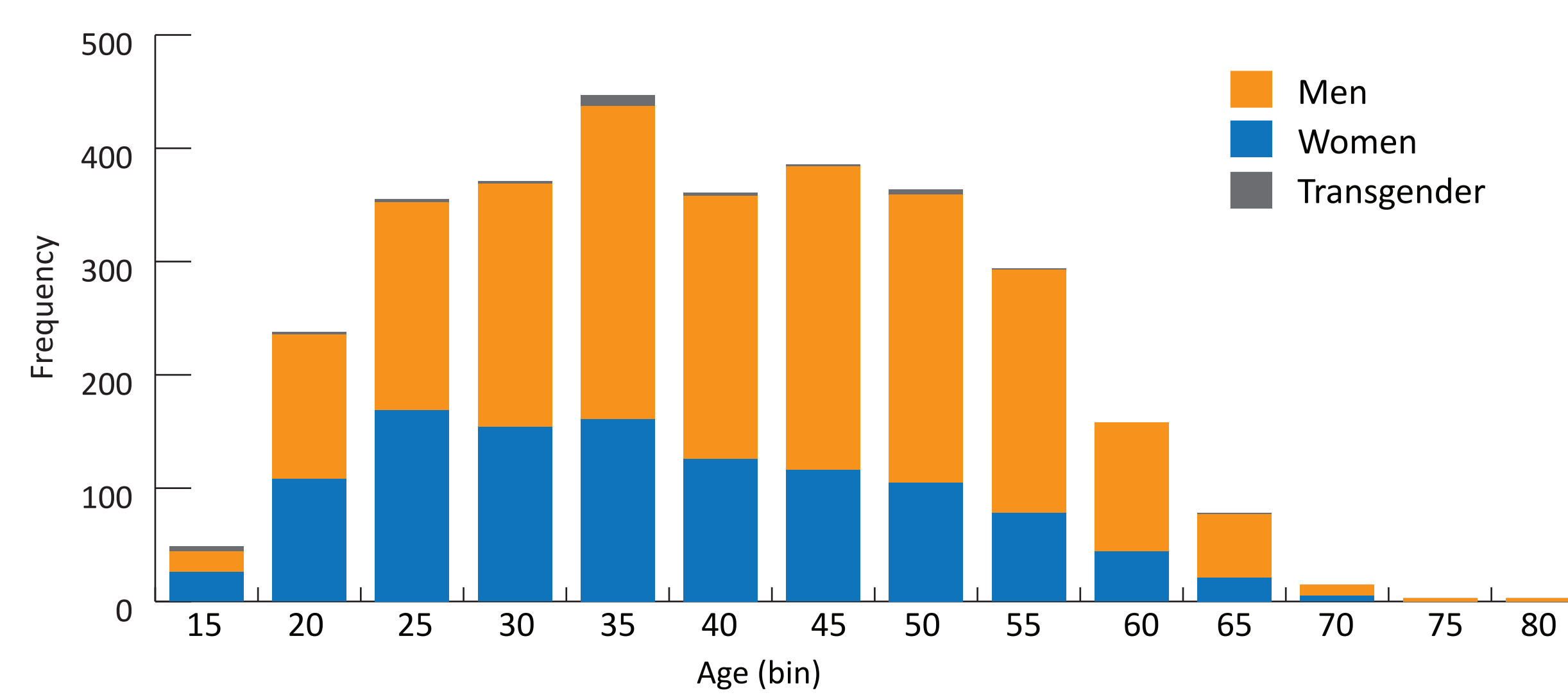
- Profile EMR OUD Prescription generator Form
- Monthly Educational Webinars
- Monthly in-person coaching and feedback
- Quarterly in-person Learning Sessions
- Monthly team-generated qualitative and quantitative reports

Preliminary Results

Population of Focus

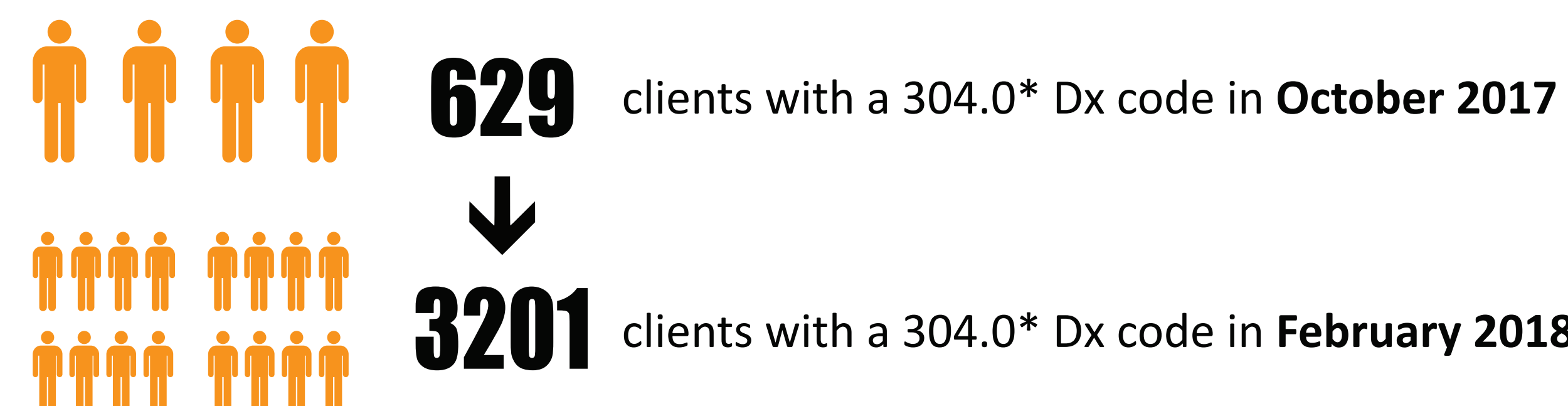
All active clients with ICD-9 codes: 304.7 and/or 304.00 and/or 304.0 and/or 304.9 and/or Problem List contains any one or more of the following: OUD, opiate, opioid, methadone, heroin, Suboxone with date last seen being more recent than one year ago.

Population of Focus Demographics



During Action Period 1, teams worked to ensure their POF had...

- An accurate Point of Service
- Active clients only
- An accurate MRP
- A 304.0 diagnosis code

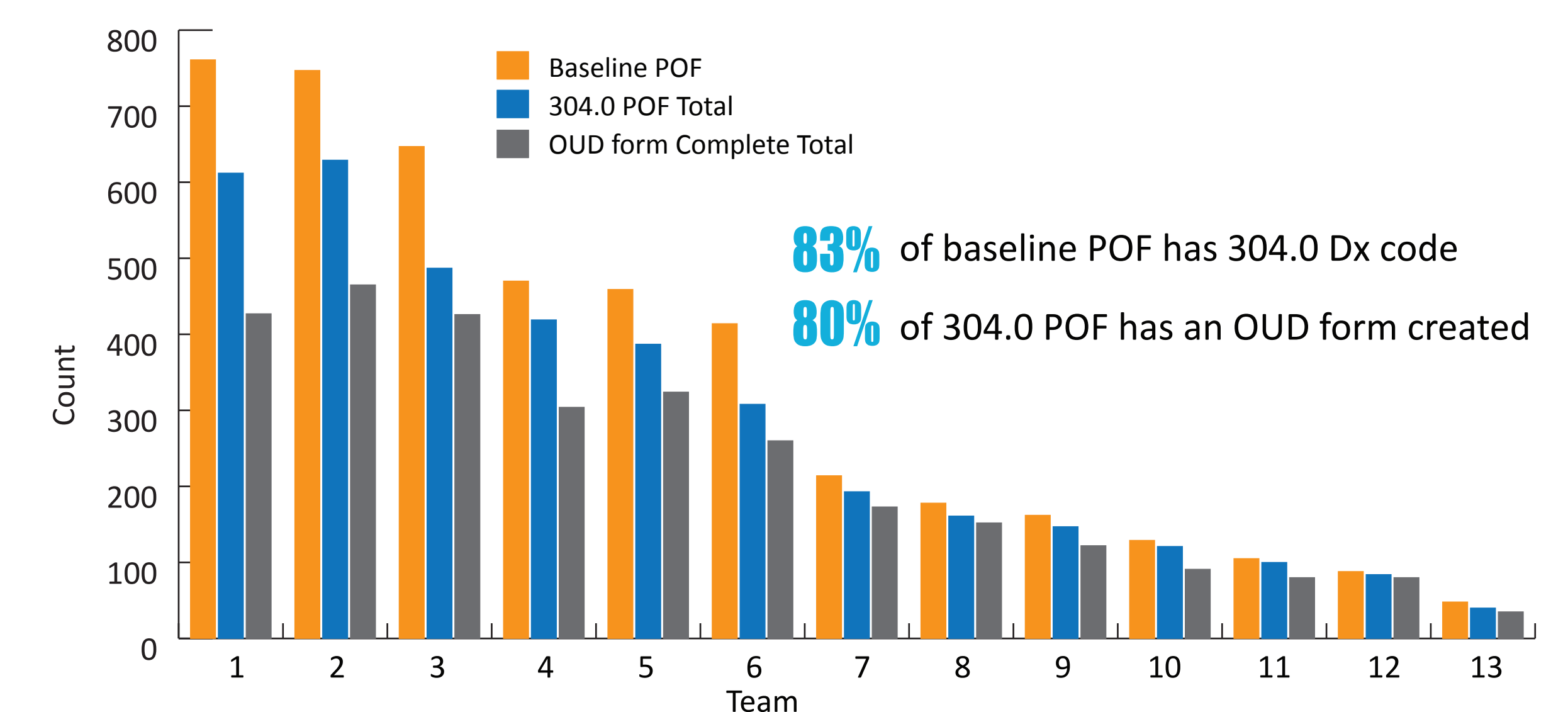


*304.0 is the ICD-9 diagnostic code for Opioid Use Disorder

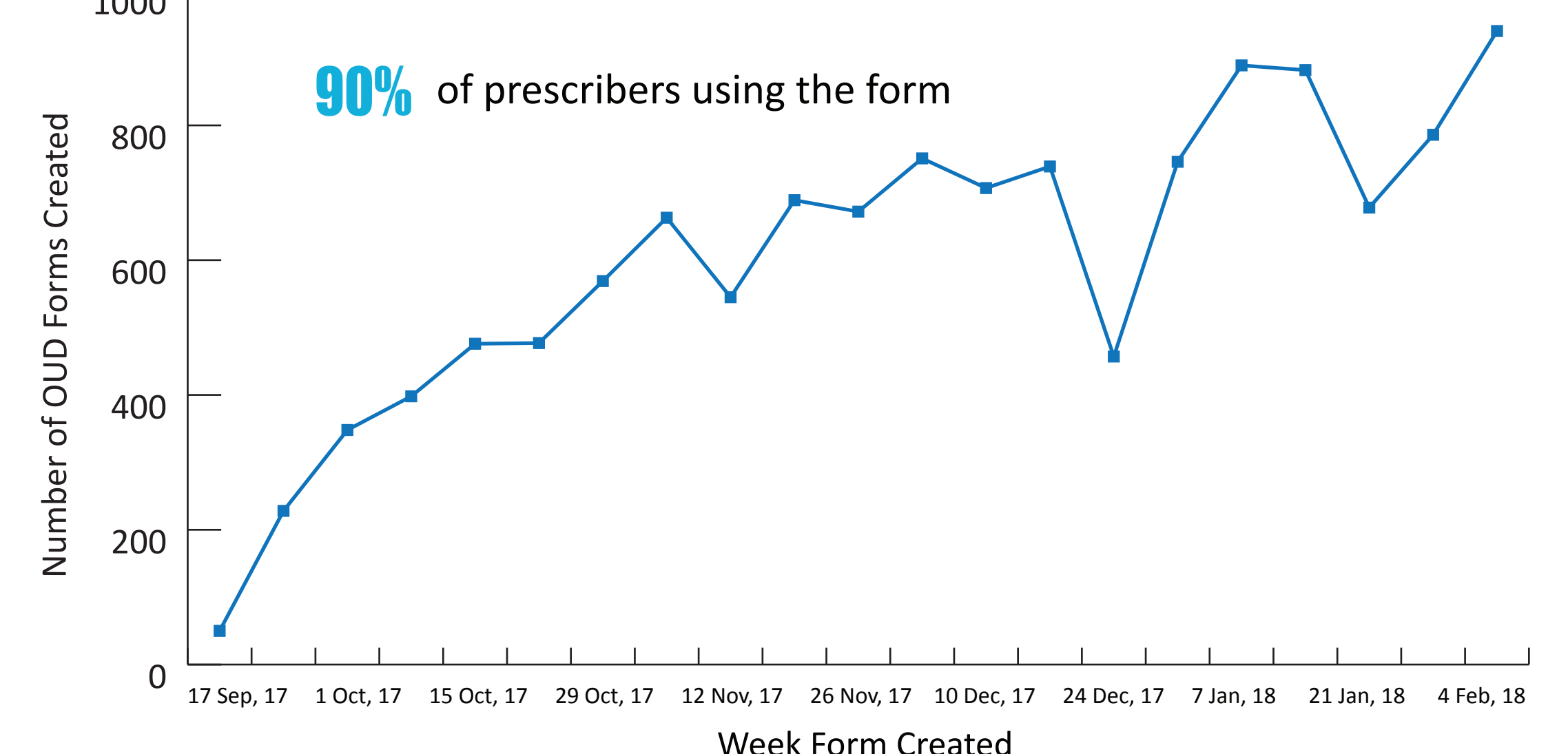
Lessons Learned

1. Standardized clinical data entry is essential for accurately identifying the population of focus and for drawing out useful practice-level data.
2. Practice tools that are built into clinical work-flow and increase efficiency are well accepted.
3. Ongoing one-on-one QI coaching works well to establish team aims and objectives and supports ongoing PDSA-cycle testing.
4. In-person learning sessions provide excellent opportunities for informal networking and information sharing.
5. Monthly metric and narrative reporting are important communication tools that create accountability among teams and the Collaborative core team.
6. OUD is a complex chronic condition and there is not one set of practice improvement ideas or tools that will improve outcomes.

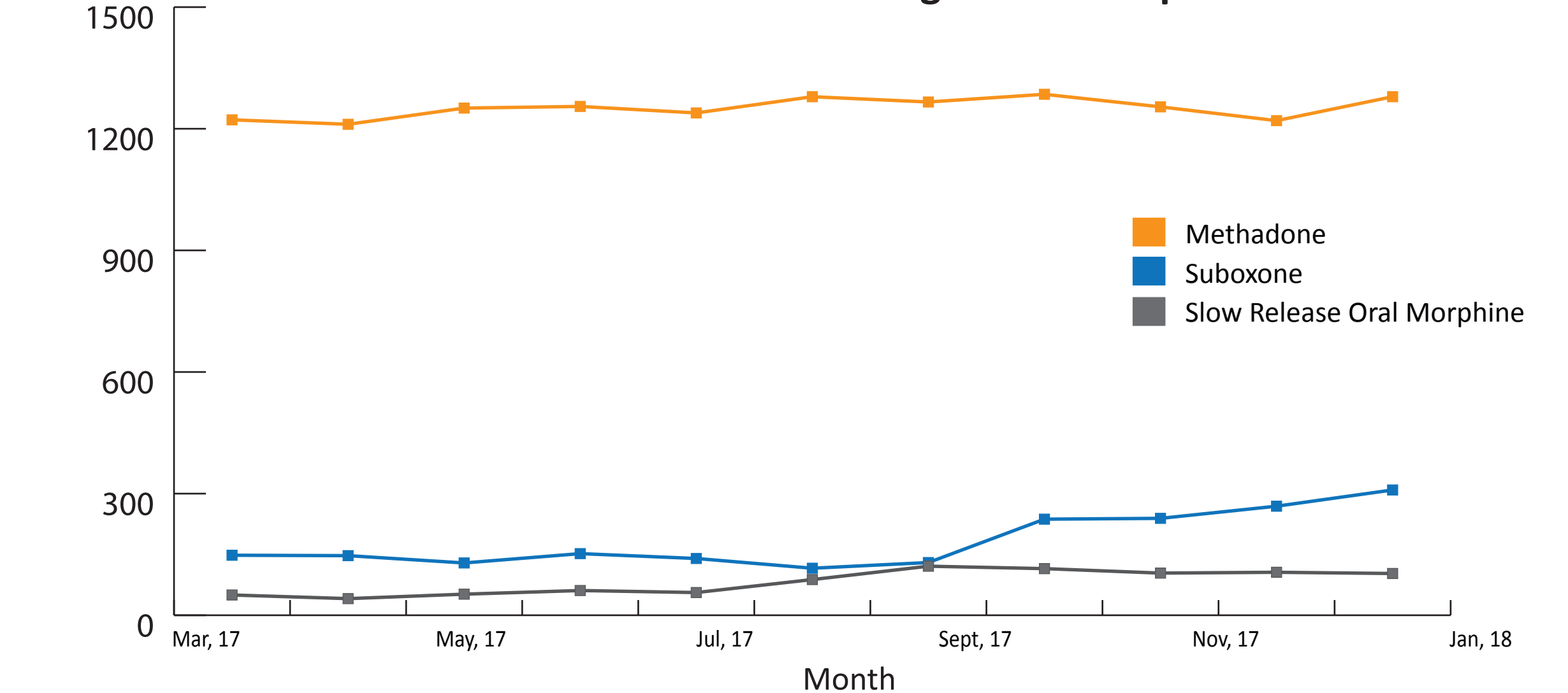
POF and OUD Form Created (Feb 11, 2018)



OUD Forms Created per Week



Clients with OUD Receiving OAT Prescription



Next Steps

In the next four months we will host two additional learning sessions and continue with one-on-one practice support. In the final Action Period we will work with teams to run rapid PDSA-cycles to improve engagement and retention in care. We will also work to establish accurate reporting of oOAT start dates to improve our ability to efficiently track retention. The final phases of the BOOST Collaborative will focus on how to sustain improvement and apply the concept of QI to other chronic conditions.

Acknowledgments

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