



BOOST

Best-Practices in Oral Opioid agonist
Therapy Provincial Collaborative

Welcome to the **BOOST QI Network Educational Webinar 3**

*****Please type your name, team name and location in the chat*****

Tuesday, January 19th, 2021

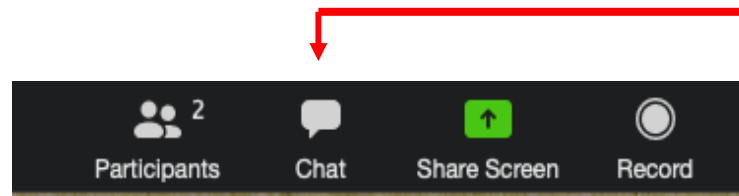
**The session will be recorded for educational purposes,
if there are any concerns with this, please send a direct message to Angie Semple/CfE
BOOST (host)**



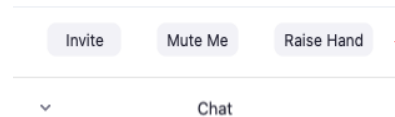
Welcome and Introductions

We would like to begin by acknowledging that the land on which we gather is the unceded territory of the Coast Salish peoples.

ZOOM Control Panel

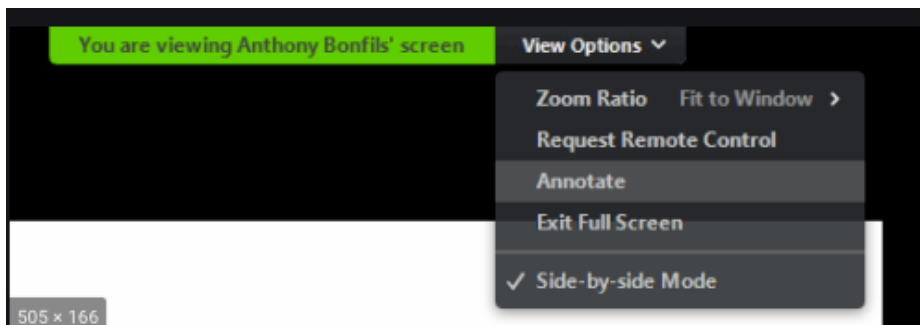


Chat or ask questions using the chat function



Use the "raise hand" feature to notify the host that you would like to be unmuted

Click "participants" and "raise hand" on the right-hand side of the screen



Click to use annotation tools

HOW YOU
D·O·I·N·?



Santé
Canada



BRITISH COLUMBIA
CENTRE for EXCELLENCE
in HIV/AIDS



*Thank you
to all our funders and partners,
including
patient partners and family voices*

Objectives



- *Understand how to successfully implement tests of change*
- *Learn about virtual care delivery challenges and successes for clients with OUD*
- *Explore the client and family perspectives on OUD*

Agenda

Time		Topic	Speaker
8:30	5 mins	Welcome	Valeria Gal
8:35	15 mins	The Client/Family Perspective	Guy Felicella
8:50	20 mins	Virtual Care Delivery for Clients with OUD	Sarah Mark
9:10	35 mins	Implementation — Making Your Changes Stick	Cole Stanley
9:45	15 mins	Evaluations and Q&A	All

The Client/Family Perspective

Guy Felicella

Virtual Care Delivery for Clients with OUD

Sarah Mark

VIRTUAL CARE DELIVERY FOR CLIENTS WITH OUD

Virtual Health Addictions Clinic

Dr. Sarah Mark, MD, CCFP

Medical Lead, Community Addictions Services and Ethnocultural Programs,
Fraser Health Authority

Disclosures

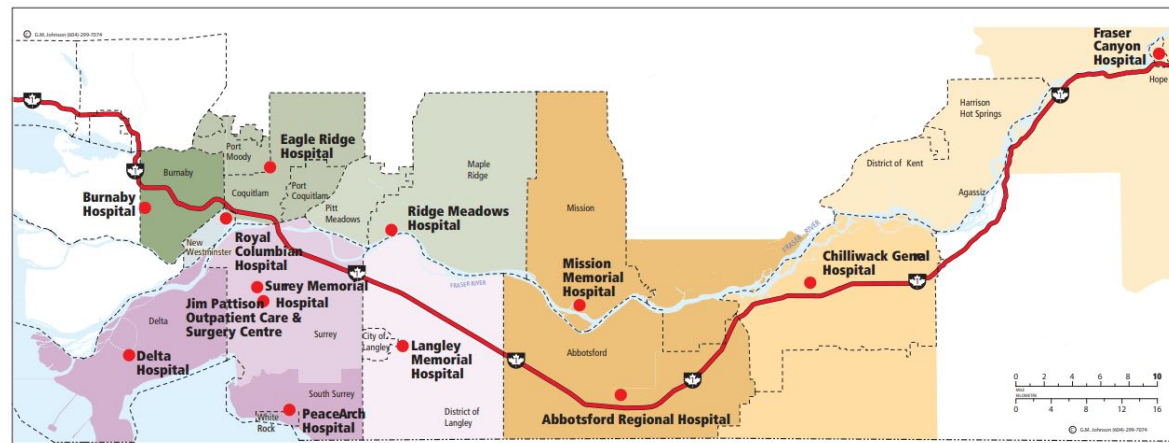
- Relationship with commercial interests:
 - None
- Potential conflicts of interest:
 - Honorarium from the BC Centre for Excellence in HIV/AIDS for preparing content and presenting and contributing at today's session

Overview

- Context
- Need for a new model
- Virtual Health Addictions Clinic
 - Hub and Spoke Model
 - What a visit looks like
 - VHAC by the numbers
 - Successes
 - Challenges
 - Learnings
- Future Plans

Fraser Health Authority

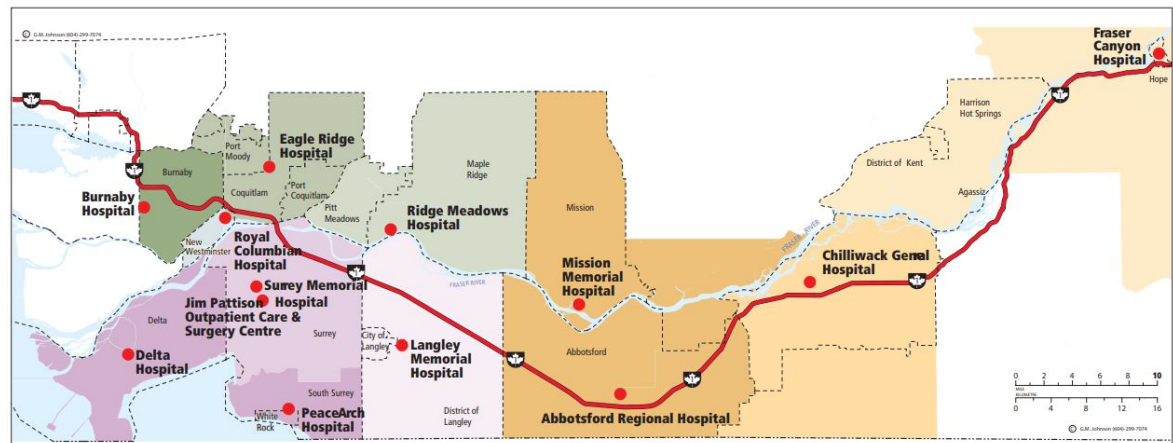
- One of five regional health authorities in B.C.
- Responsible for delivery of hospital and community-based health services to over 1.8 million people in 20 communities
- Large geographic spread



Need for a New Model

Several ongoing challenges presented an opportunity to explore a new model for addictions care, including:

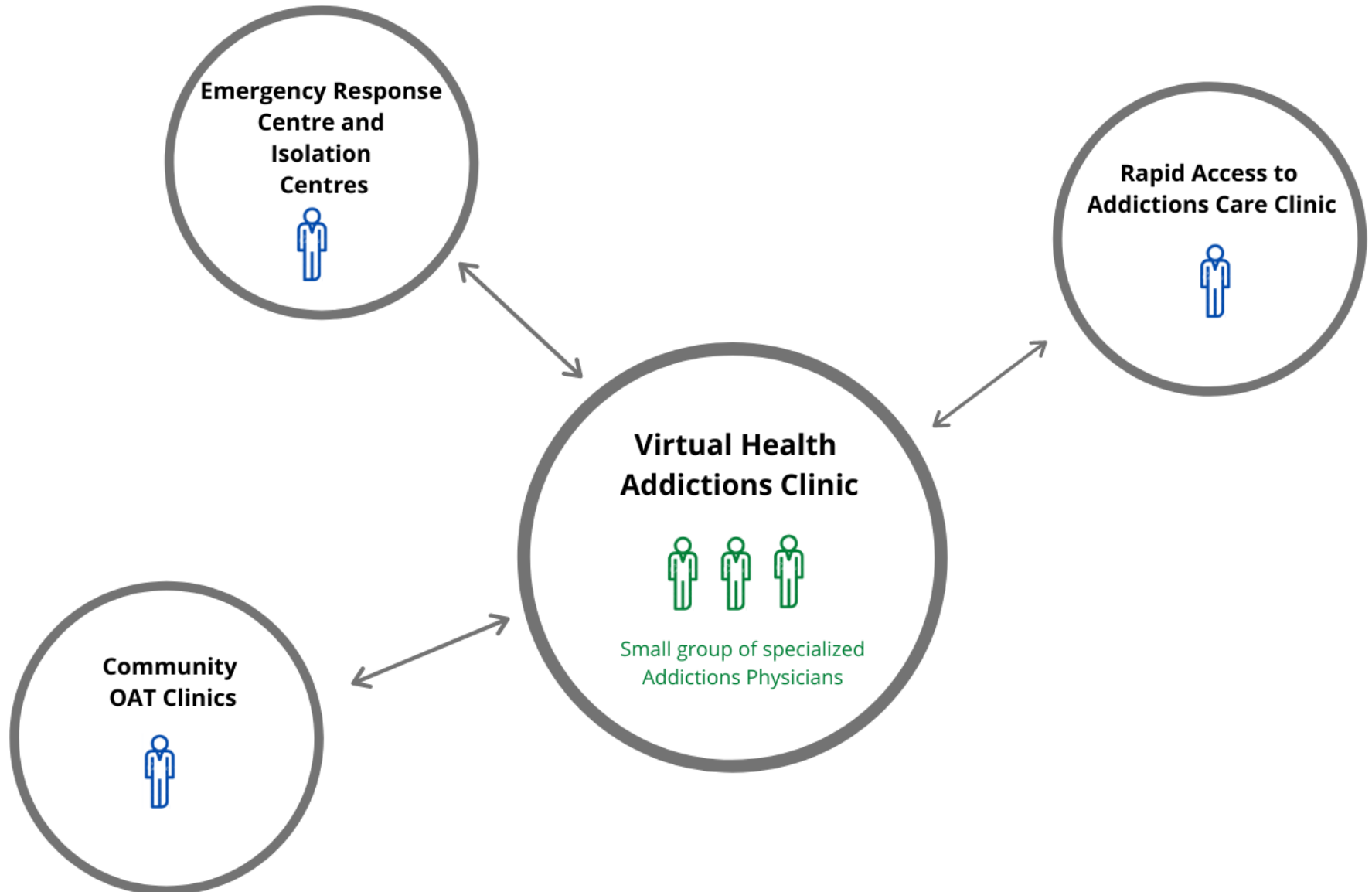
- Need to increase access in the context of the large geographic spread of Fraser Health
- Limited physician coverage in some communities



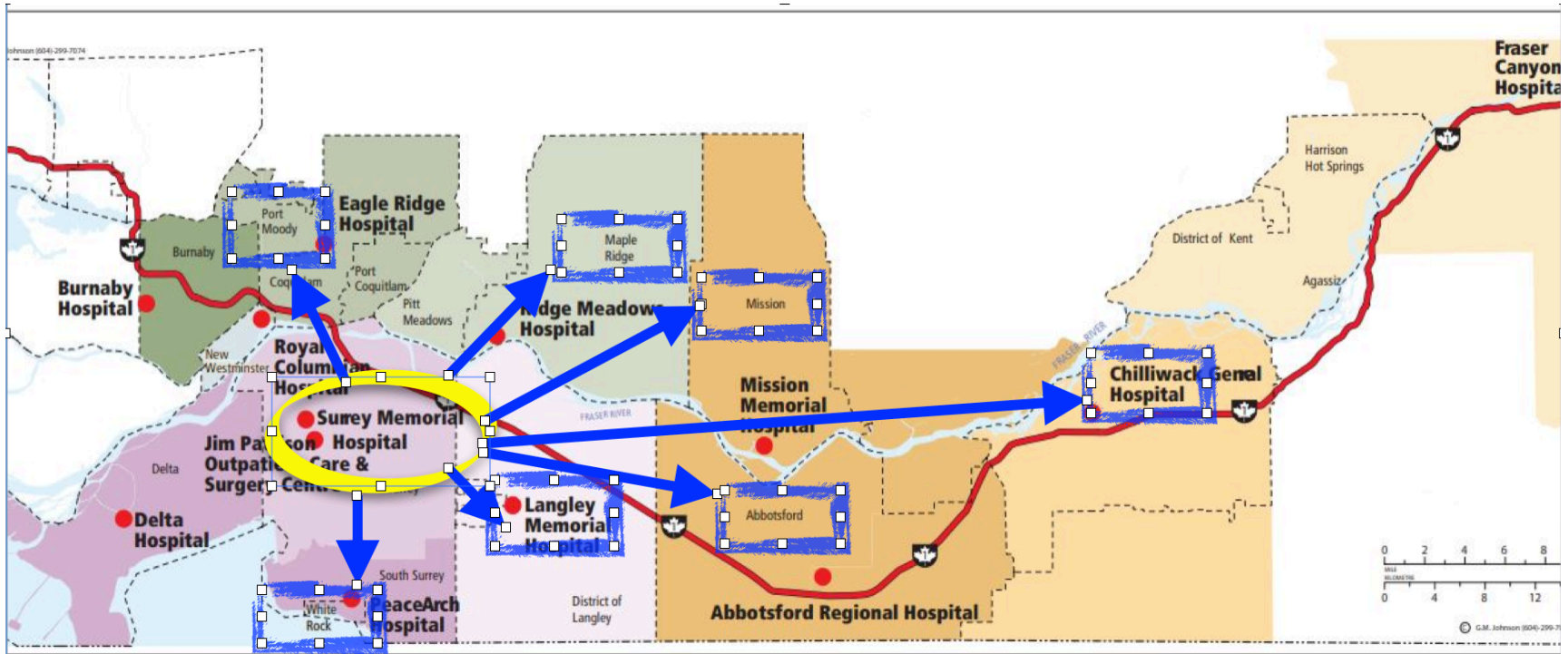
COVID-19

- The pandemic created an urgent need to:
 - Address the dramatically increasing overdose events and fatalities in the context of COVID-19
 - Promote self-isolation to reduce transmission of COVID-19
 - Provide service to emergency response and isolation centers for vulnerable populations

VHAC Hub and Spoke Model



A hub and spoke model allows us to bring services to multiple peripheral sites from a single resource-concentrated hub.



Virtual Health Addictions Clinic

- Opened Mar. 24, 2020 out of Creekside
- Mon-Fri 8:30am-4:30pm, weekends and holidays 1:00-4:30pm
- Provides coverage for:
 - 7 community OAT clinics
 - COVID-19 Emergency Response and Isolation Sites within FH
- Initial management and stabilization, then transfer to regular MRP in community.



How a visit looks like – Part 1

- Patient presents to clinic/Patient requesting support for SU identified
- Brief history taken, urine drug screen by service provider (nurse, CSW, HCW, PSW, MOA)
- Appointment is booked with VHAC (usually within 1-2 hours, often sooner) physician.

How a visit looks like – Part 2

- Virtual connection made with MD via service provider through FaceTime, Zoom, Skype, Teams.
- Addiction medicine consultation
 - History, virtual physical assessment, and plan.
- Prescriptions written, scanned, and faxed to requested pharmacy.

VHAC by the numbers

- The Virtual Health Addictions clinic opened on March 24, 2020
- The clinic has seen 602 clients for 1297 visits
- >220 clients have been started on Opioid Agonist Treatment or Risk Mitigation Rx

Successes

Challenge	VHAC Allows...
High wait times and difficulty stabilizing clients	Expanded, immediate (same day or next day), access to addictions physicians
Providing specialized, quality addictions care across a large geographic region	Access to specialized and experienced addictions physicians
Impediments to reaching addictions clinic	Allows people to get care in their community of origin
Promoting self-isolation and limited physical contact to reduce transmission of COVID-19	Virtual connection, limited in-person contact

Learnings

- We can accomplish similar levels of care using virtual care – sometimes virtual care allows even more transparency
- Transitioning clients
 - Many have become comfortable with the virtual health physicians and do not want to return to local physician
- New services will require significant work with referrers to outline and understand process

Learnings (continued)

- Having appropriate infrastructure is critical to success and expansion of services (administrative support, nursing support, social work, space)
- Technology supports can increase capacity (i.e. faxing function in EMR, reliable connectivity)
- Differing practice patterns and comfort with emerging practice between VHAC physicians and community physicians
 - This is a new approach to prescribing and some community physicians are uncomfortable continuing prescribing pattern

Plans for Future Expansion

We are exploring the expansion of VHAC services to support:

- Urgent Primary Care Centres
- Shelters
- Hospital teams at smaller, community-based hospitals
- Intensive Case Management teams
- Community-based family practice consults

We are also assessing the possibility of the expansion of services to include a longitudinal OAT clinic in addition to rapid access, initial stabilization

Questions?

- sarah.mark@fraserhealth.ca

Implementation — Making Your Changes Stick

Cole Stanley



Questions & Discussion



A top-down view of a wooden desk. In the center-left is a black tablet displaying the text 'TIME TO EVALUATE!' in large, bold, black and red letters. To the right of the tablet is a blue spiral-bound notebook with a wooden pen resting on it. Above the tablet and notebook are several items: a white cup of black coffee, a yellow sticky note with a light blue paperclip, a light blue sticky note, a pink sticky note with a light green paperclip, and a purple paperclip on an orange sticky note.

**TIME TO
EVALUATE!**

Link in Chat 



THANK YOU!

CONTACT US: boostcollaborative@bccfe.ca

VISIT THE WEBSITE: <http://www.stophiv aids.ca/oud-collaborative>