BOOST
Best-Practices in Oral Opioid agoniSt Therapy Provincial Collaborative

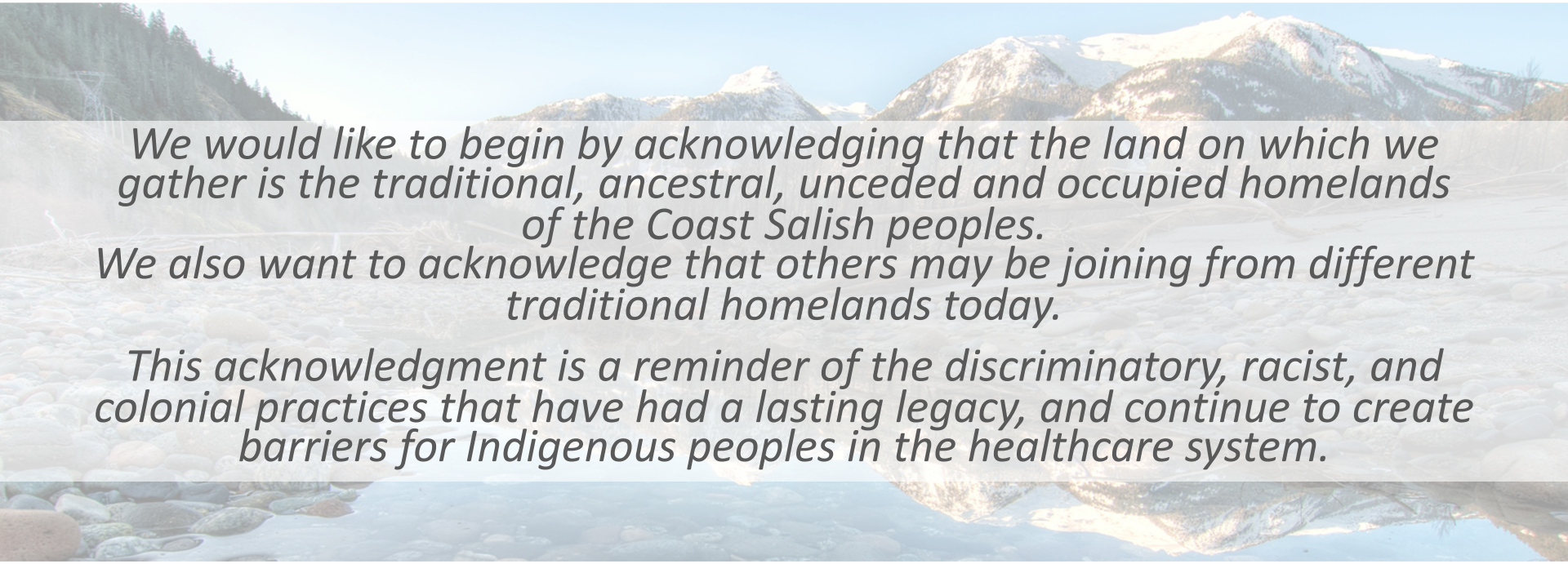
Welcome
to the
BOOST QI Network Annual Congress

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

Tuesday, November 30th, 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)**

Land Acknowledgement



We would like to begin by acknowledging that the land on which we gather is the traditional, ancestral, unceded and occupied homelands of the Coast Salish peoples.
We also want to acknowledge that others may be joining from different traditional homelands today.

This acknowledgment is a reminder of the discriminatory, racist, and colonial practices that have had a lasting legacy, and continue to create barriers for Indigenous peoples in the healthcare system.

Health Canada Santé Canada
Substance Use and Addictions Program

BRITISH COLUMBIA CENTRE *for* EXCELLENCE *in* HIV/AIDS

SharedCare
Partners for Patients

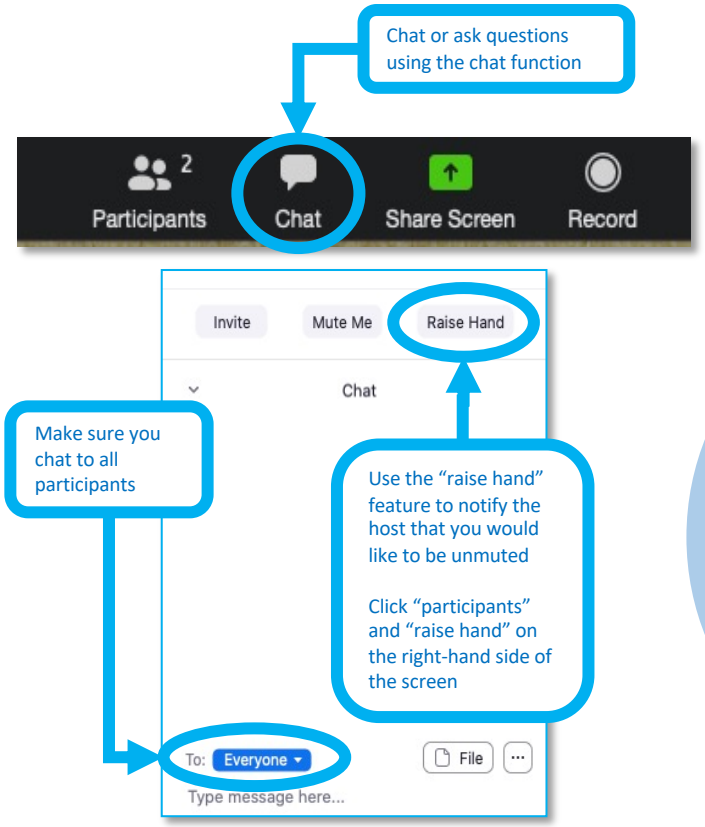
fraserhealth Interior Health island health northern health Providence HEALTH CARE Provincial Health Services Authority Province-wide Solutions Better health. Vancouver CoastalHealth

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

The views expressed herein do not necessarily represent the views of Health Canada

Please familiarize yourself with the

Zoom Control Panel



#BOOSTqi

Get Connected

Who are you?

Introduce yourself in the chat box!

Update your display name, and type in the chat:

- Your team name
- Everyone's name who's attending at your location
- Where you are

Who? Who?

Who? Who?

Also, change your display name to either your own name, or the name of everyone joining at your computer, so that others can see who you are. Need to try and find human connection even over a virtual session!

I really wanna know...

Session Agenda

Time	Topic	Speaker (s)
9:00-9:20AM	Welcome and Opening Remarks	Elder Ruth Alfred Rolando Barrios Valeria Gal
9:20-9:55AM	The Power of Quality Improvement in Enhancing Joy in Work	Amar Shah
9:55-10:25AM	The Journey of BOOST	Cole Stanley
10:25-10:35AM	*BREAK*	
10:35-10:45AM	Morning Reflections: Group Activity	
10:45-11:15AM	Team Sharing—Client/Peer Involvement	Jordan McAlpine Brittany Vincze
11:15-11:45AM	OUD Treatment Option Update	Sharon Vipler
11:45-12:00PM	Q&A and Closing Remarks	Deb Bailey All

Event Opening & Words of Welcome

We are honoured that Elder Ruth Alfred is here with us this morning,
a member of the Namgis Nation in Alert Bay,
to provide a welcome and to help us open this session in a good way.

We thank her for her wisdom.

Opening Remarks

Rolando Barrios

Senior Medical Director
BC Centre for Excellence in HIV/AIDS

The Power of Quality Improvement in Enhancing Joy in Work

Amar Shah

Consultant Forensic Psychiatrist

Chief Quality Officer
East London NHS Foundation Trust

National Improvement Lead for Mental Health
& Chair of QI Faculty
Royal College of Psychiatrists

The Journey of BOOST

Cole Stanley

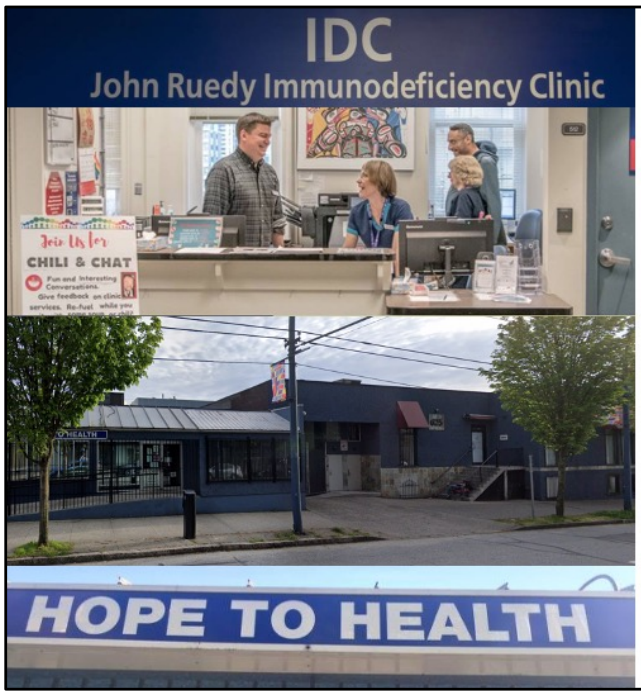
Medical Consultant
BOOST QI Network

Family Physician, Innovation and QI Lead,
Hope to Health Research and Innovation Clinic
BC Centre for Excellence in HIV/AIDS

Medical Lead – Quality Improvement
Vancouver Coastal Health

Reflecting on the journey… so far

Celebration is the wrong word, instead maybe it's about remembering the gains we made, trusting the process and knowledge there is a better way, and a message of hope and optimism



BOOST
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Health Data Coalition

MSPQI

SharedCare
Partners for Patients

PQI PHYSICIAN QUALITY IMPROVEMENT

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

create equity collaborative

PSP
Practice Support Program

#BOOSTqi
@bccfe
@ccsmd

Disclosures

- Travel grants received for conference attendance from the following
  - 2019 – Canadian Association for HIV Research (with support from Viiv)
  - 2017 – Gilead Sciences
  - 2016 – Canadian Association for HIV Research (with support from Viiv), Gilead Sciences
- Advisory Board – Viiv Feb 2019
- Mitigating bias
  - **No discussion of specific HIV or Hep C therapy in this talk**

Disclosures slide

Learning Objectives

1. Discuss some of the **highlights** from BOOST
2. Review the value of **embedded QI** as a part of the solution to the ongoing **opioid crisis**

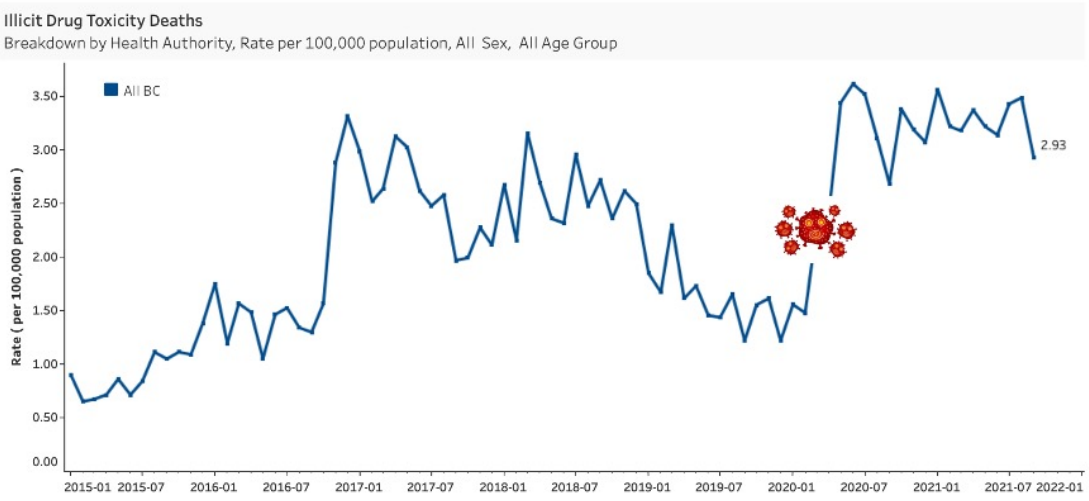
If you are like me, you may be feeling some of this lately… Doom and gloom, burnout, pessimism, literal and figurative storm clouds

Plenty to worry about

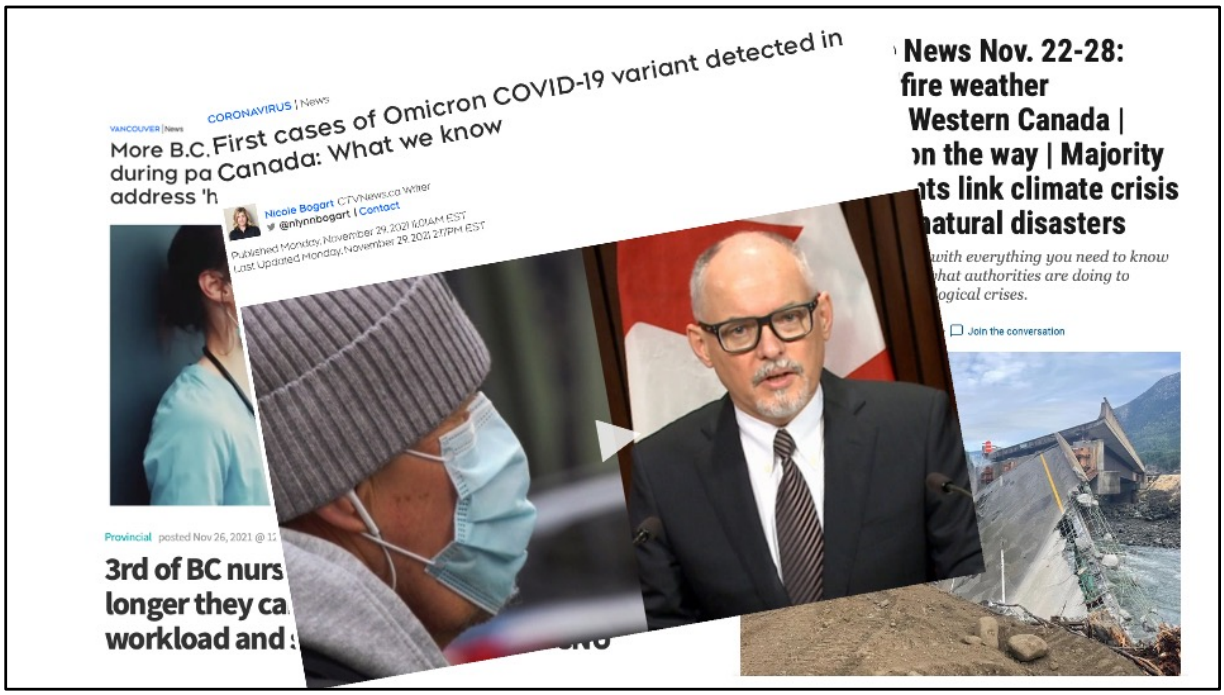
It’s been a hard couple years for optimists, for people trying to do QI in a system just getting started with it

British Columbia

More than 1,500 people have now died in 2021 due to B.C.'s illicit drug supply: coroner



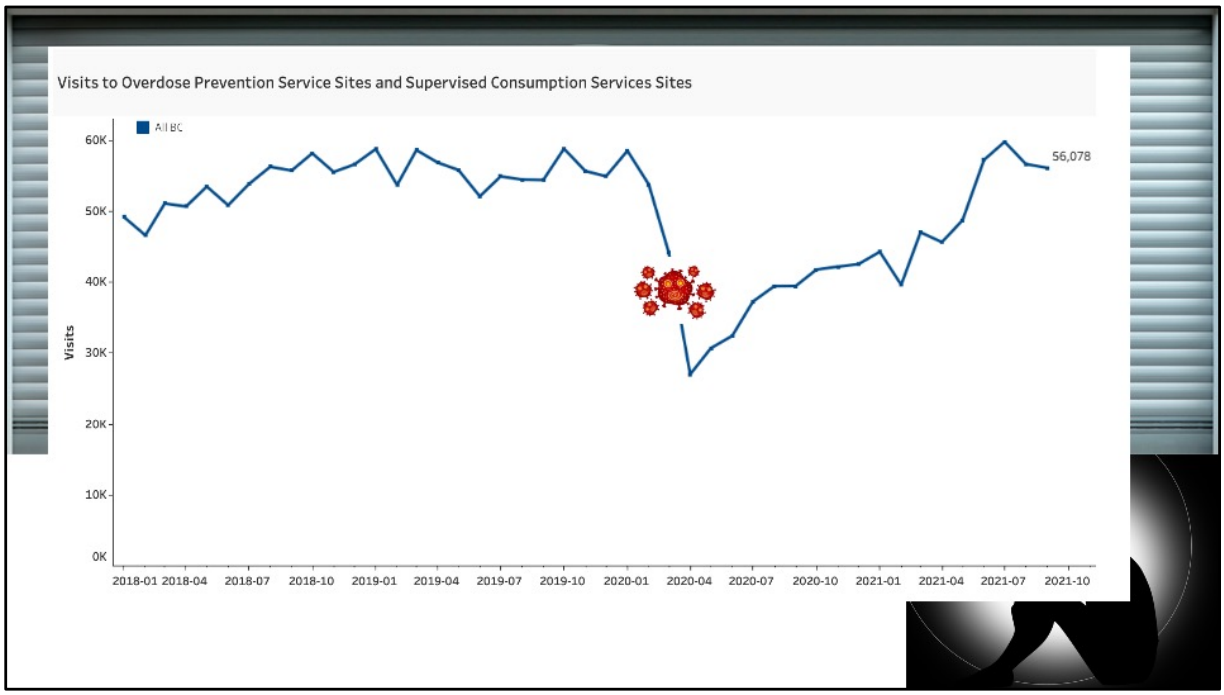
Data from BCCDC



Healthcare worker burnout
Climate catastrophes
New COVID variant

The good old days,
therapeutic exercise to review the materials from many BOOST presentations, learning sessions, webinars
Also look at your Facebook messages, Google calendar, etc.
My own optimism has been chipped away somewhat

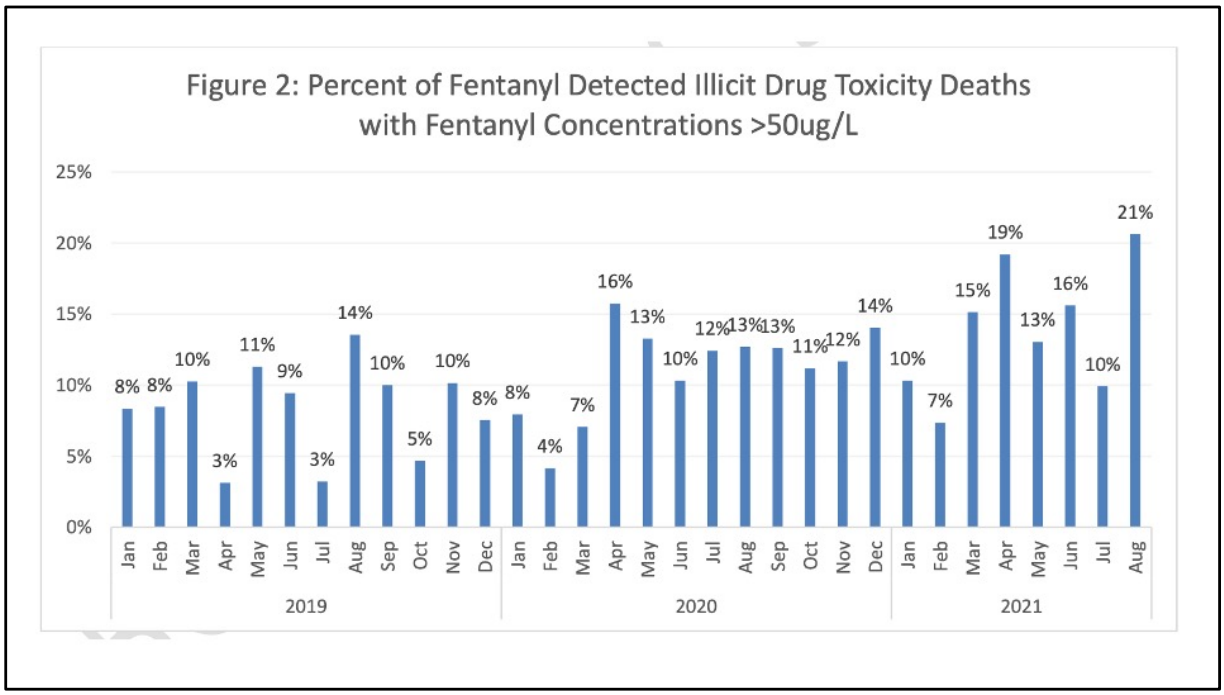
There was optimism, numbers were starting to come down, planning workshop for QI network
5 cases of COVID in BC, no idea how different the world would be



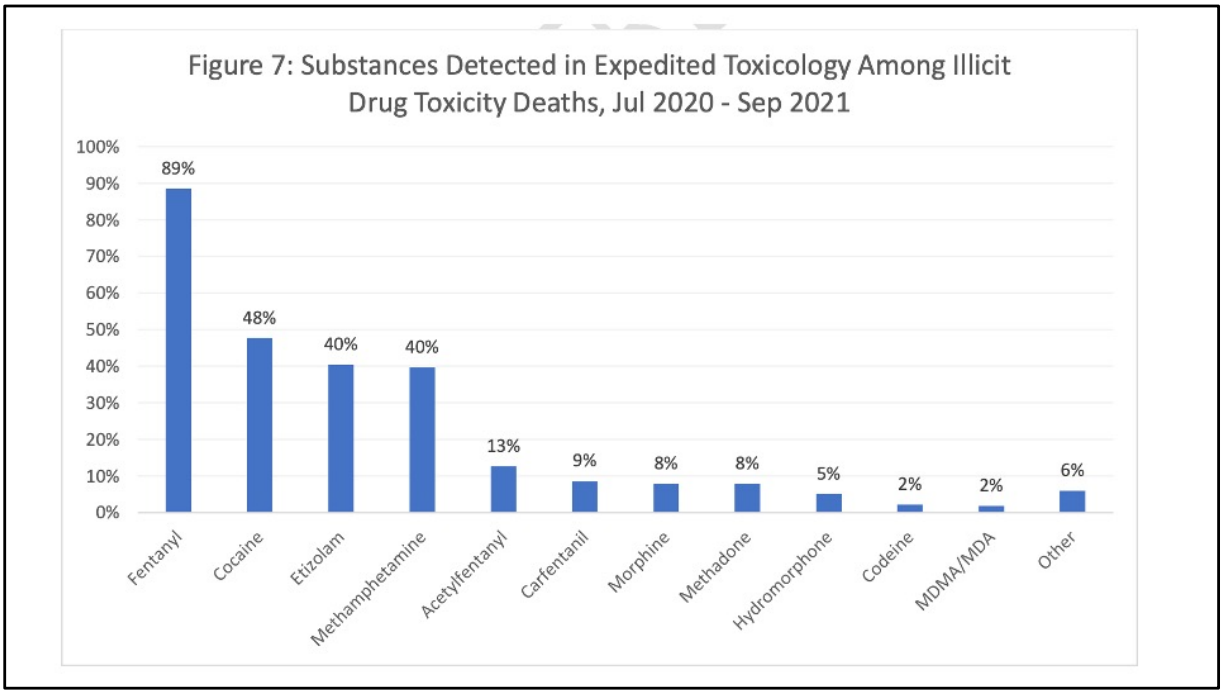
pandemic was a major hit for sustainment of some of the changes made in BOOST, two epidemics don't fit well together,

feels like no time to celebrate,
social isolation,
changing drug supply (stimulants, benzos, more extreme fentanyl concentrations),
decreased access to SCS harm reduction and treatment,

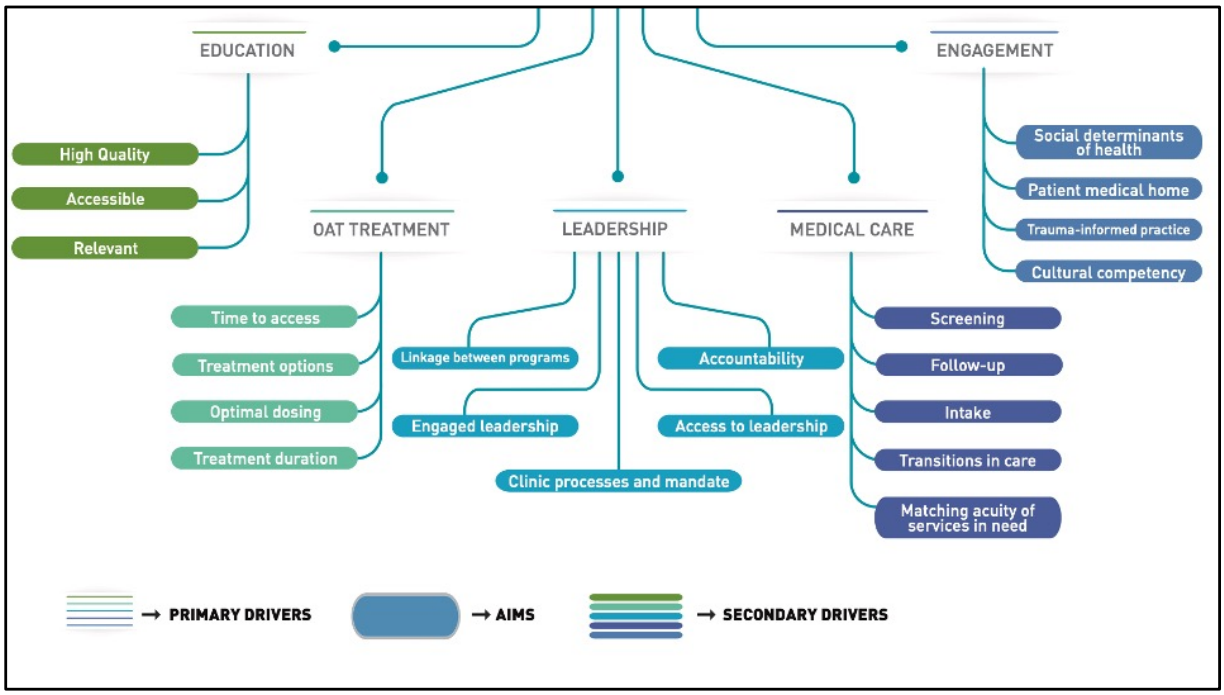
Loneliness, no groups, more using alone



Fentanyl concentrations rising



Benzo contamination rising



Underlying drivers for retention on OAT largely the same, but processes that worked before may not be enough now, need to test and implement new innovative approaches

- Engage peers in program development and leadership
- Address contamination of the drug supply
- Support appropriate pain management therapies
- Build on the success of Overdose Prevention Sites
- Expand and improve addiction treatment
- Align law enforcement efforts with public health
- Reform drug laws
- Address structural barriers and upstream factors
- Counter stigma against people who use drugs
- Implement targeted research, surveillance and evaluation initiatives

Still work to be done in all of these areas

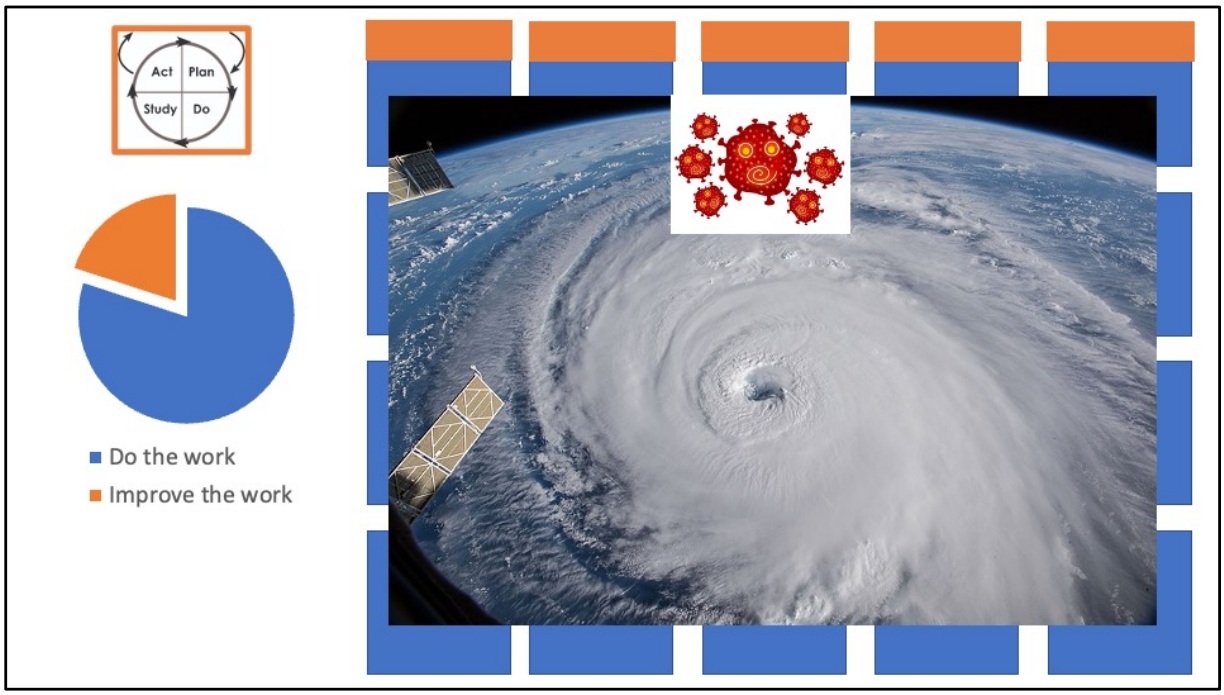
Clinic A	Clinic B
• Focus is on volume of clients seen • See booked appointments and busy waiting room of drop-in clients • No protected time to do QI • Leaders busy fighting fires, rarely talk about QI	• Focus is on quality care for a panel of clients • Time is set aside for follow-up of disengaging clients • The team measures how they do, and they have protected time for QI • Leadership values and promotes QI efforts and retention in care

Clinic A vs Clinic B

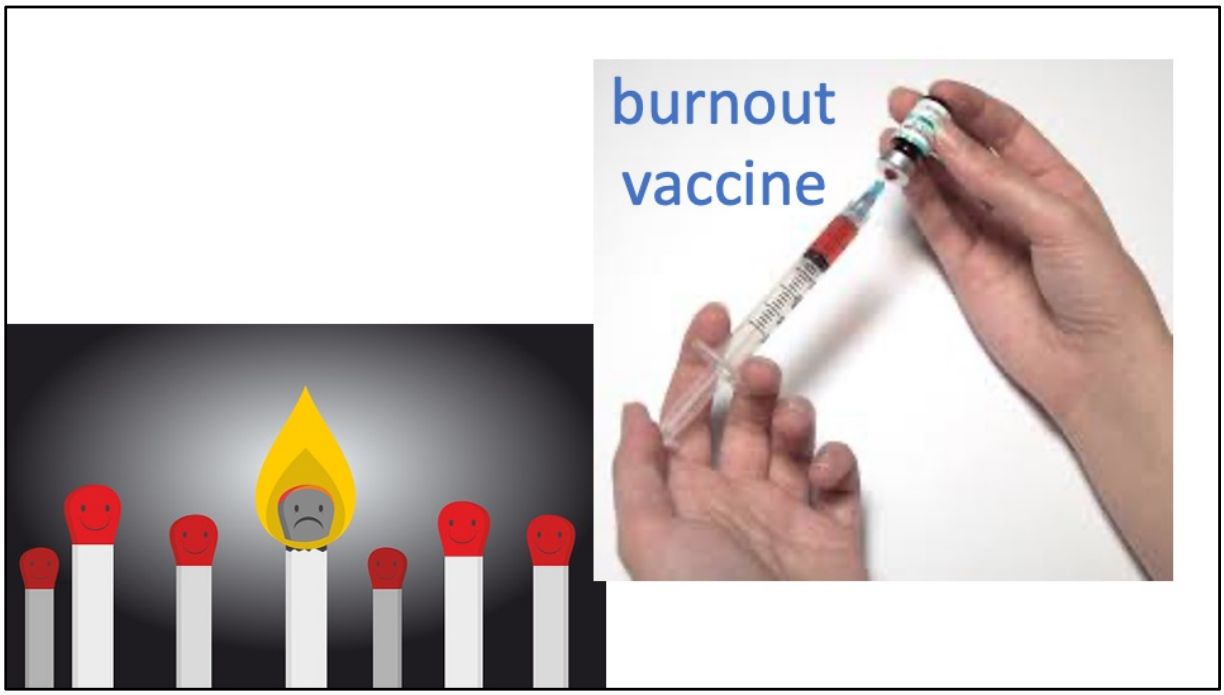
Clinic A may be able to see a few more patients per day, but at what cost?

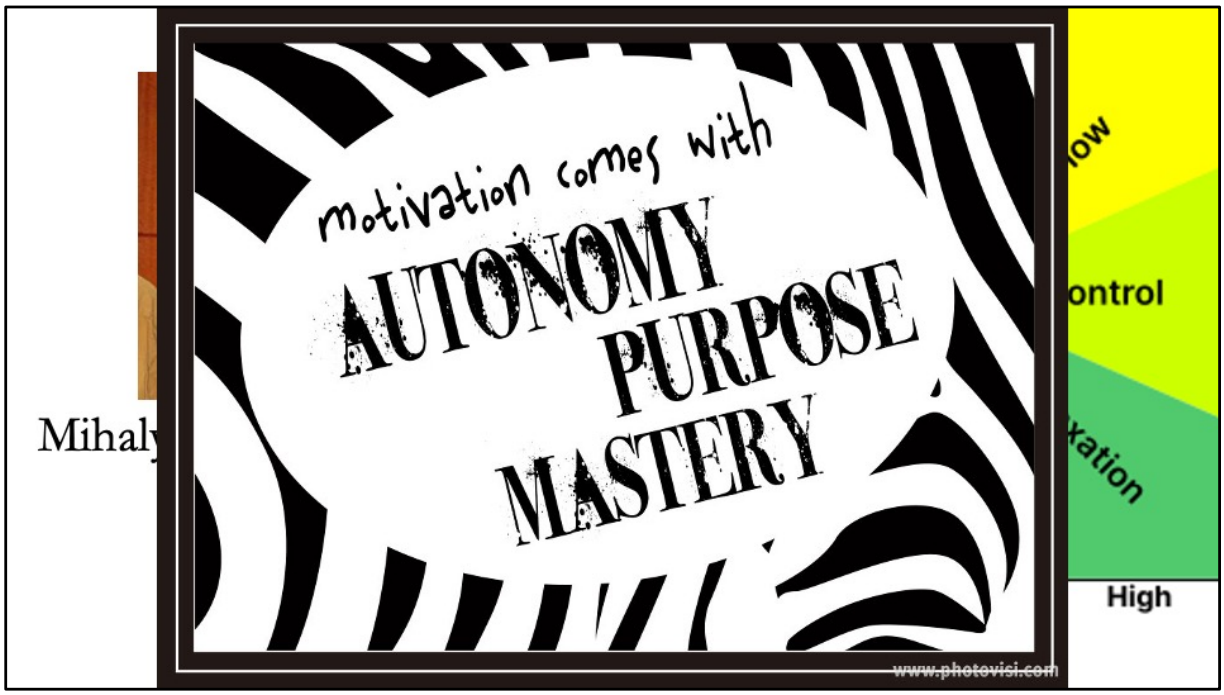
Where would you rather work?
Where would you rather have your family member go as a client?
Which set up is better for our most marginalized and vulnerable clients?
Which set up will be more resilient to new challenges and be able to adapt?
Which will have higher Joy in Work?
Which will have lower staff turnover?

How is your clinic feeling these days? Have you slid back to ”clinic A”?



The whirlwind has a tendency to fill your work day, and there is likely not that much of a difference in your output if you block off a small amt each day for QI efforts that will produce value.

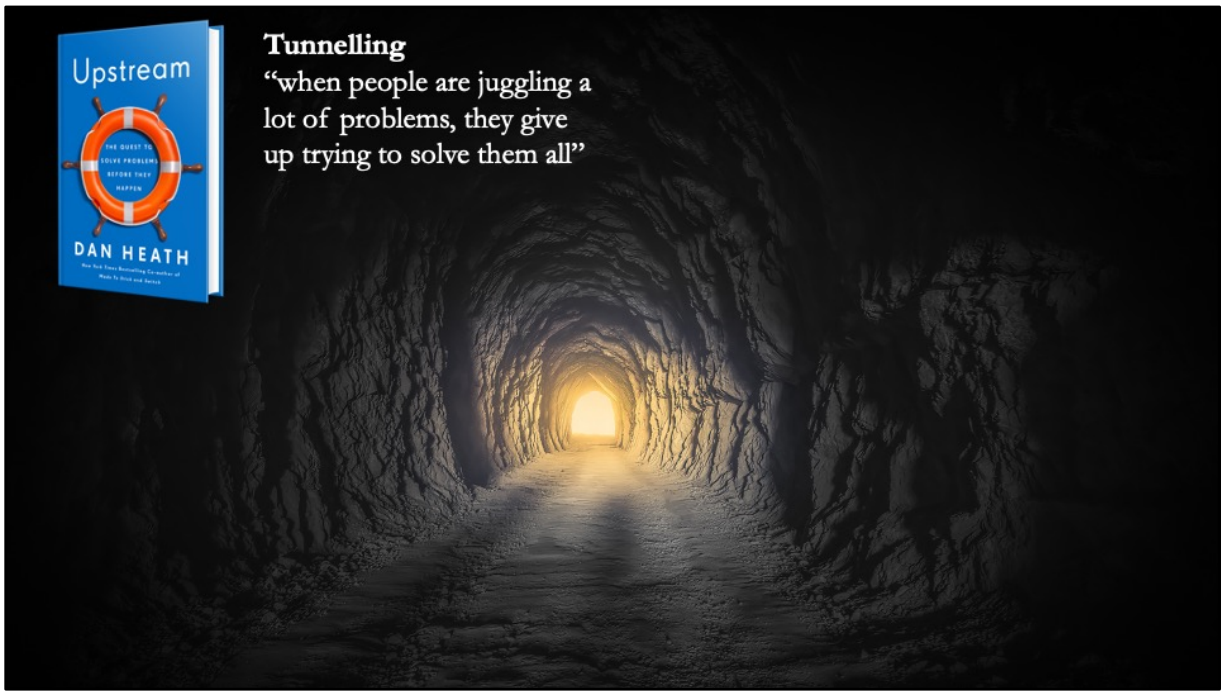

burnout
vaccine


motivation comes with
AUTONOMY
PURPOSE
MASTERY
www.photovisi.com
ontrol
High

In these rapidly changing times, we need dedicated time for QI, so that we can adjust and improve. There is a risk that QI work is pushed off the side of the desk, but instead we should be doubling down. Let's make QI work so embedded in our day-to-day practice that we look to it in tough times, instead of putting things on pause.


No thanks!
We are too busy.


CHELL-VISTA

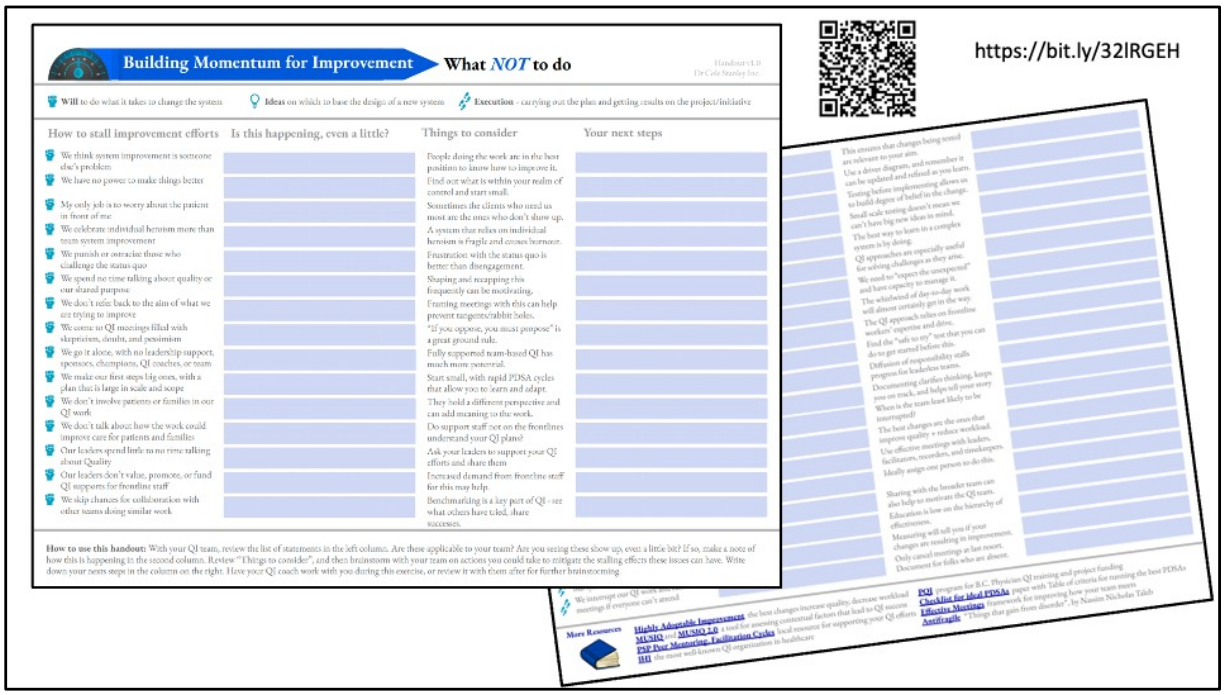


Tunneling
Tunneling is a condition where you find that "when people are juggling a lot of problems, they give up trying to solve them all. They adopt tunnel vision. There's no long-term planning; there's no strategic prioritization of issues." When we are in a negative or scarcity mindset, we become "less insightful, less forward-thinking, less controlled."

Don't throw your hands up in the air, demand a solution based on QI


Act
Plan
Do
Study
Building Momentum for QI
What NOT to do, and
the power of learning
from 'failures'


Act
Plan
Study
Do
Building Momentum for Improvement
What *NOT* to do



https://drive.google.com/file/d/1uxmRNIU7Y7-K5tzRk_XHx0PHrSoVobAr/view?usp=sharing

https://bit.ly/32lRGEH

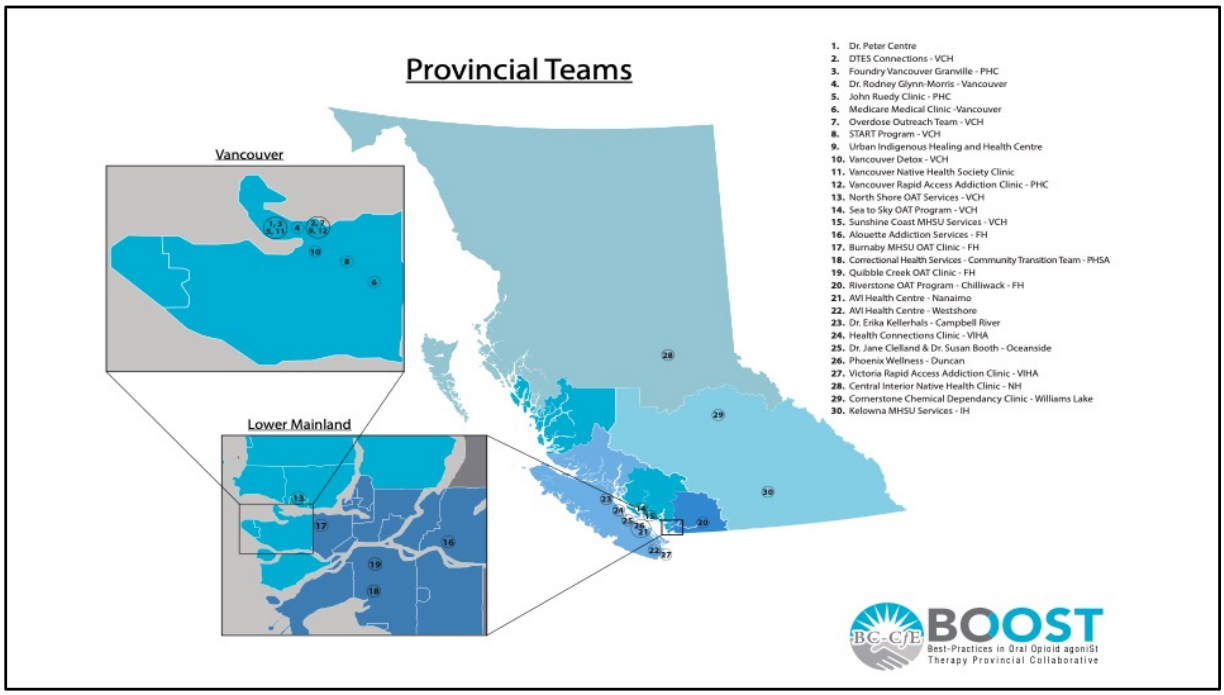
Suggest reviewing the BOOST materials online, as there is so much content there and it is a good way to remember the optimism of pre-pandemic

Also mention highlights of BOOST sessions that we will have in the new year

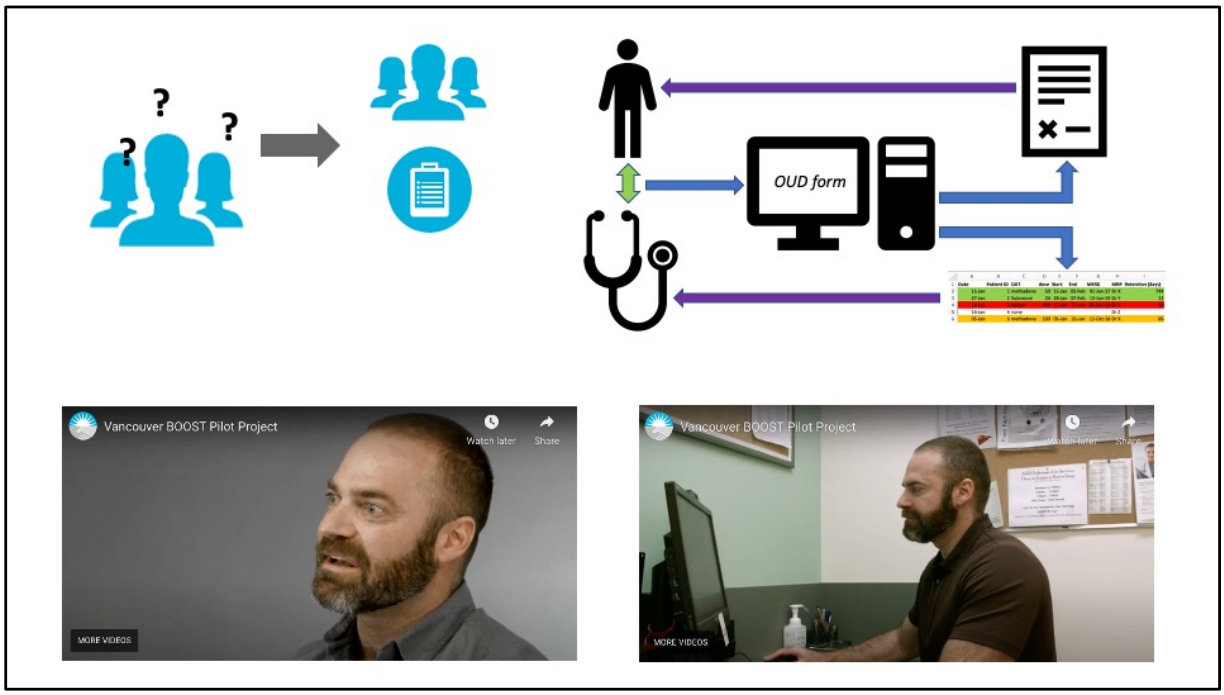
I think having embedded QI in our work is our best shot at light at the end of the tunnel

Large coordinated collaboratives with diverse stakeholders can use a data and QI-centric approach to solving wicked problems –it's been done for homelessness, it's been done for high school graduation rates

Mention Chicago public schools who moved graduation rate from 50% to almost 90%

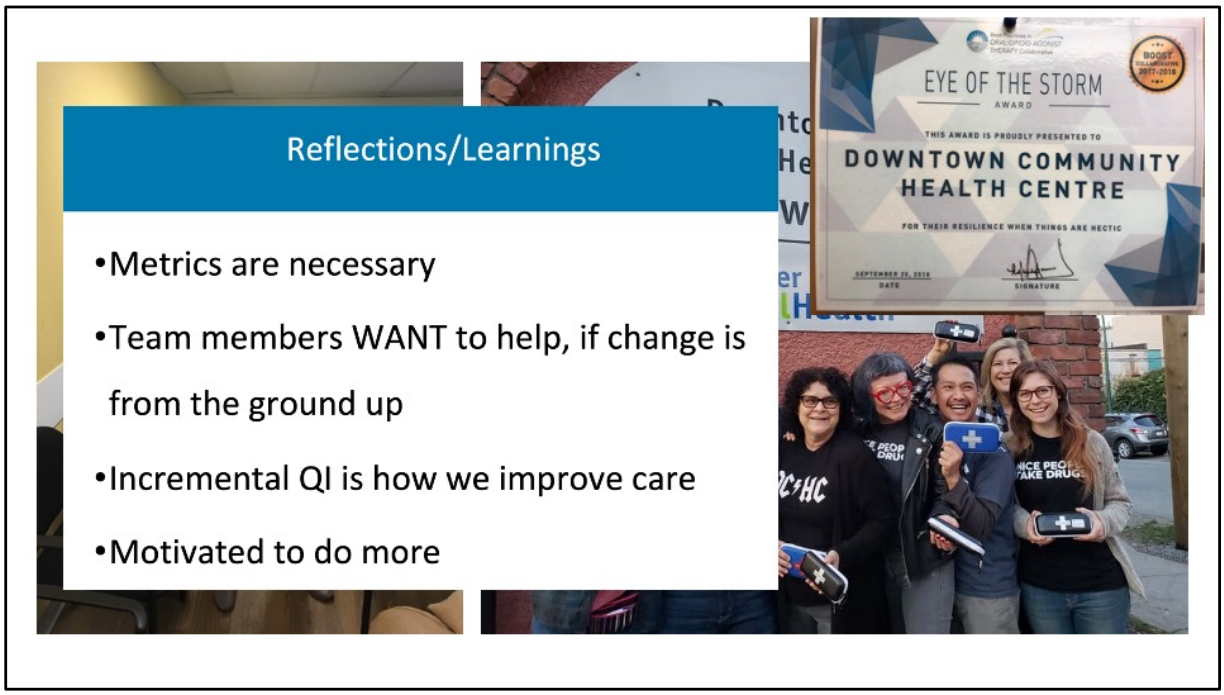


Many examples of innovation and lasting improvement from our many BOOST teams

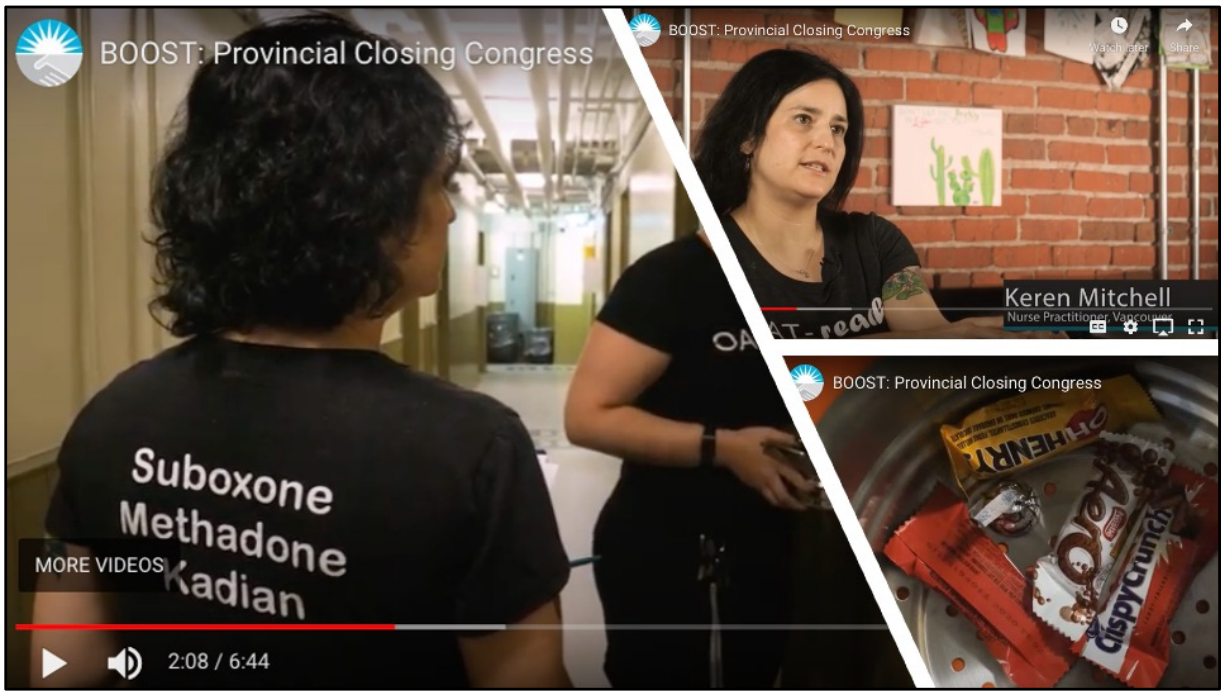


Went from not even knowing who our patient panel is, to having a system that would allow proactive follow-up – still in use today at Raven Song

OUD forms now made for multiple EMRs

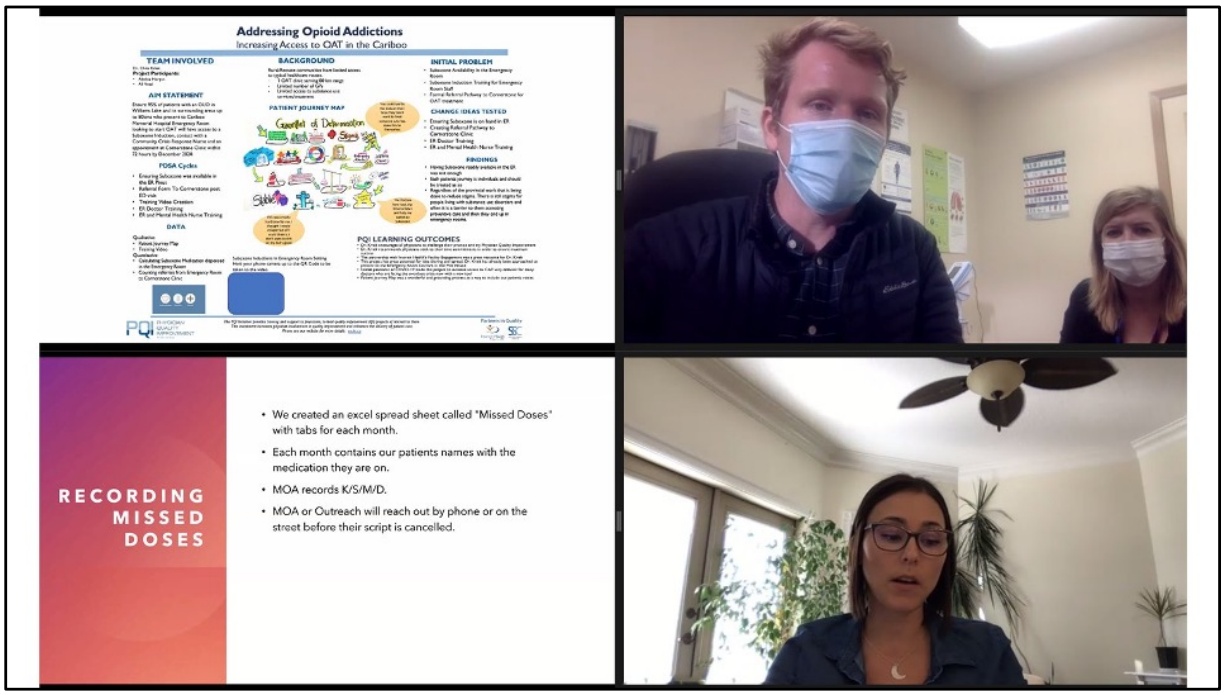


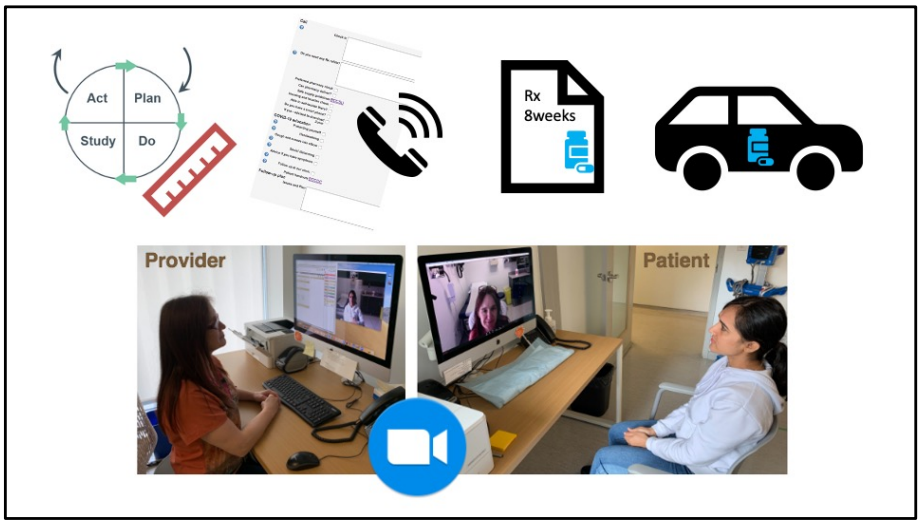
From healthy amount of skepticism and no time to do QI, to a convert and champion


BOOST: Provincial Closing Congress
Suboxone
Methadone
Kadian
MORE VIDEOS
2:08 / 6:44
BOOST: Provincial Closing Congress
Keren Mitchell
Nurse Practitioner Vancouver
BOOST: Provincial Closing Congress


Teams that Engaged & Used
Client/Family Voice in QI Work Over Time
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0
22%
39%
41%
61%
65%
74%
77%
77%
77%
84%
95%
Jan-2019
Feb-2019
Mar-2019
Apr-2019
May-2019
Jun-2019
Jul-2019
Aug-2019
Sep-2019
Oct-2019
Nov-2019
% Teams that Engaged Client/Family Voice
Goal

Successes


Addressing Opioid Addictions
Increasing Access to OAT in the Cariboo
TEAM INVOLVED
AIM STATEMENT
FOSA Cycles
DATA
BACKGROUND
PATIENT JOURNEY MAP
Gauntlet of Detoxication
INITIAL PROBLEM
CHANGE IDEAS TESTED
FINDINGS
PQI LEARNING OUTCOMES
RECORDING MISSED DOSES
• We created an excel spread sheet called "Missed Doses" with tabs for each month.
• Each month contains our patients names with the medication they are on.
• MOA records K/S/M/D.
• MOA or Outreach will reach out by phone or on the street before their script is cancelled.



1) Setting up onsite virtual visits – patients can still drop into our clinic, but will be seen from a separate room by provider through Zoom. This helps maintain social distancing while still being low barrier.
2) Proactive care calls – we are reaching out to our panel of patients to check in, ensure things like med refills are up-to-date, and provide COVID-19 education.
3) Safe supply – we have integrated medication templates into our EMR and linked to the BCCSU guidelines. *Make the right choice the easy choice.*
4) 8 week OAT prescriptions – making this the default duration unless there is significant instability.
5) OAT delivery and DWI – can we arrange delivery? Do we need DWI?

City of Vancouver

Request for an exemption from the Controlled Drugs and Substances Act (CDSA) pursuant to section 56(1) that would decriminalize personal possession of illicit substances within the City of Vancouver

Final Submission to Health Canada

RISK MITIGATION

IN THE CONTEXT OF DUAL PUBLIC HEALTH EMERGENCIES

Vancouver pilots new fentanyl-patch program to combat opioid crisis

ANDREA WOO >
VANCOUVER
PUBLISHED NOVEMBER 12, 2019

This article was published more than 2 years ago. Some information may no longer be current.

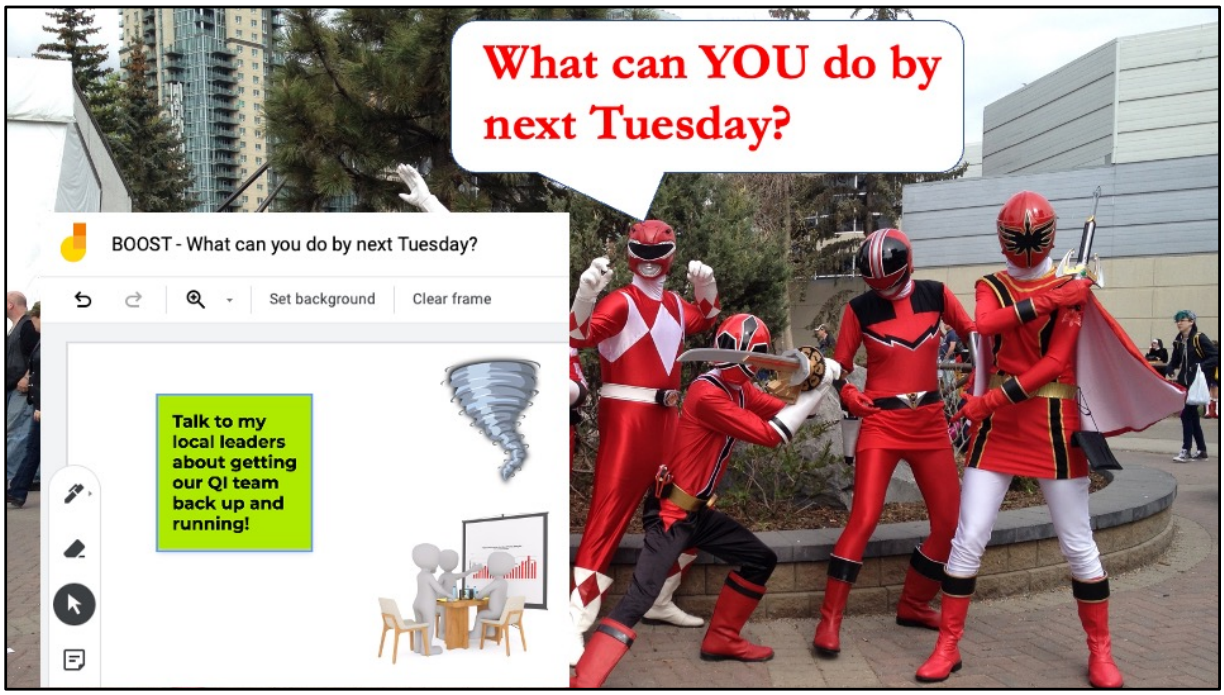
New treatment options, risk mitigation prescribing, Vancouver drug pilot

Not a single solution, rather our best shot is attacking key leverage points with a coordinated collaborative approach

PSP, QI coaches, peer mentors, Decision Support, PQI grads, etc.
Harness available supports

Increasing support for QI

Shared Care talking about having a Collaborative in their work plan



What can YOU do by next Tuesday?
https://jamboard.google.com/d/14CFGnzdqnWs5GQwL_nrR1jJO-ZzIm2xyue6K47KRckk/edit?usp=sharing

Call to action – We NEED to advocate for a doubling down on QI efforts to solve this crisis

- Talk to your leaders
- Look at reforming your QI team
- Increase your QI capability
- Engage or re-engage with clients and families
- Stay connected to the BOOST Network
- Look for new QI funding opportunities
- Don’t lose hope!

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Best-Practices in Oral Opioid agoniSt Therapy Provincial Collaborative

Break

10 mins

Relax, *stretch*, grab a cuppa!

If any questions come up, type them in the chat!

Team Sharing:
Client/Peer Involvement

Brittany Vincze
Peer Support Worker,
Kelowna MHSU Services

Jordan McAlpine
Peer Coordinator,
Kelowna MHSU Services

OUD Treatment Option Update

Sharon Vipler

Medical Consultant
BOOST QI Network

Program Medical Director and Regional Department Head
Addiction Medicine and Substance Use Services
Fraser Health

OUD treatment options

BOOST Annual Congress

30 November 2021

Map Credit: The Salish Sea Map ©Deborah Reade

I live, work and play on the unceded and traditional homelands of the Coast Salish (Katzie, Semiahmoo, Kwantlen, Kwikwetlem, Tsawwassen) and Nlaka'pamux Nations.

Sharon Vipler

MD, CCFP(AM), dipl.ABAM
UBC Clinical Assistant Professor
Program Medical Director | Regional Dept. Head
Addiction Medicine and Substance Use Services, Fraser Health Authority

No financial or commercial disclosures


MEMORY LANE

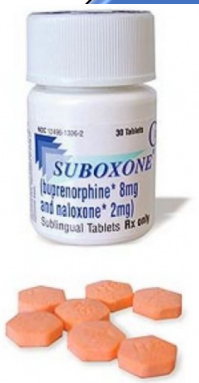
Methadone

1964

buprenorphine

(Suboxone)

2007



SRON

(Kadia

2014

RISK MITIGATION

IN THE CONTEXT OF DUAL PUBLIC HEALTH EMERGENCIES

March 2020

Interim Clinical Guidance

BRITISH COLUMBIA | BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

TOOLKIT

Prescribed Hm/m-eslon

- Bridging adjuvant as methadone or kadian uptitrated
- Bridging strategy for traditional suboxone induction
- Bridging strategy for suboxone microdosing
- PRN strategy for individuals who were not currently seeking traditional OAT
- PRN strategy for individuals who are currently on OAT but intermittently require add'n
- short term strategy for individuals isolating due to covid

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

Networking researchers, educators & care providers

GUIDANCE SUMMARY

Urine Drug Testing in Patients Prescribed Opioid Agonist Treatment —Breakout Resource

The Urine Drug Testing Breakout Resource was developed in response to calls from clinicians for more guidance on urine drug testing (UDT) in the clinical management of opioid use disorder (OUD). This document reviews the current evidence for UDT, provides an overview of the use of UDT in the primary care management of patients with OUD who are receiving oral OAT (i.e., buprenorphine/naloxone, methadone, or slow-release oral morphine), and offers guidance and general practices for ordering, collecting, and interpreting UDT. Brief guidance on the use of UDT for patients who are receiving injectable OAT is also provided.

This UDT breakout guidance effectively replaces the UDT information in the 2017 *Guideline for the Clinical Management of Opioid Use Disorder*, and updates the guidance on UDT published in the 2019 *Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder*.

What's NEXT?


NDC 0378-9123-16
MYLAN
FENTANYL
TRANSDERMAL SYSTEM
75 mcg/hr
Rx only
POSTOPERATIVE USE
ATTENTION:
Only for use by patient for whom prescribed.


FENTORA™
(fentanyl buccal tablet)
100 mcg
Cephalon


Sufentanil-
hameln 5 microgram/ml
oplossing voor injectie / infusie
10 mcg = 2 ml
Sufentanil
Elke ampul met 2 ml oplossing bevat 10 microgram sufentanil.
oplossing voor injectie / infusie
10 x 2 ml
hameln
10 mcg

Fentanyl patch program

- not evidence based
- based on limited clinical experience in Vancouver, BC = can be a successful practice in OUD
- response to the increasing toxic drug supply
- off label use of fentanyl patches
- effort to reduce reliance on the illicit drug supply and the harms associated with it

- Max starting dose 300mcg/hour
- patch changes can occur q48hours, q72hours or M/W/F
- uptitration occurs after 3 consecutive patch changes (uptitrate by 25-50mcg/hr)

New treatment options – more than the meds

- Medications are the ***what***

- *"medication failure"*
  - *More about*
    - *Where*
    - *Why*
    - *How*

There have been changes in the where, why, how, etc that have improved treatment

Where we came from to where we are going

- rock bottom/"want to stop"
- success = only abstinence
- health care providers know best
- Behaviour contracts
- addiction = moral failing
- rules = rules (doctor = police)
- one rule fits all
- the urine has the final word
- carries are earned and revoked based on "good" and "bad" behaviour

Where we came from to where we are going

- ❑ patient goal ?
- ❑ patients as partners, patients are people
- ❑ trauma informed practice = the new behaviour contract
- ❑ strengths based approach/who is on the team
- ❑ safe spaces
- ❑ urine tells us somethings but not everything
- ❑ one rule fits one
- ❑ working with our pharmacy colleagues
- ❑ maybe carries as a strategy for stabilization ?

=

Moral Distress

=

Focus on Help > Harm

Questions ?

Closing Remarks

Deb Bailey

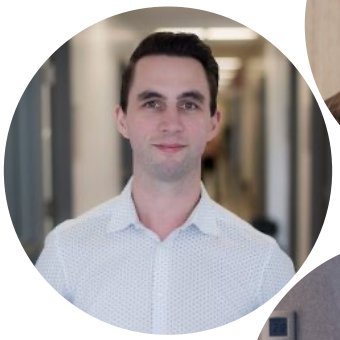
Board of Directors
Moms Stop the Harm

Member, Family Engagement Committee
BC Centre for Substance Use

Professor
Adler University

Member
BOOST Collaborative Working Group

Thank you to our Working Group members!



Deb Bailey

Guy Felicella

Dezeray Harvey

Andrew Kerr

Chris Kriek

Darcy Long

Yvonne Paquette

Esther Stevens

Cole Stanley

Sharon Vipler

Thank you again to our funders and partners!

Substance Use and Addictions Program

BRITISH COLUMBIA CENTRE *for* EXCELLENCE *in* HIV/AIDS

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

The views expressed herein do not necessarily represent the views of Health Canada

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Evaluation link in chat!

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VISIT THE WEBSITE: http://www.stophivaids.ca/oud-collaborative