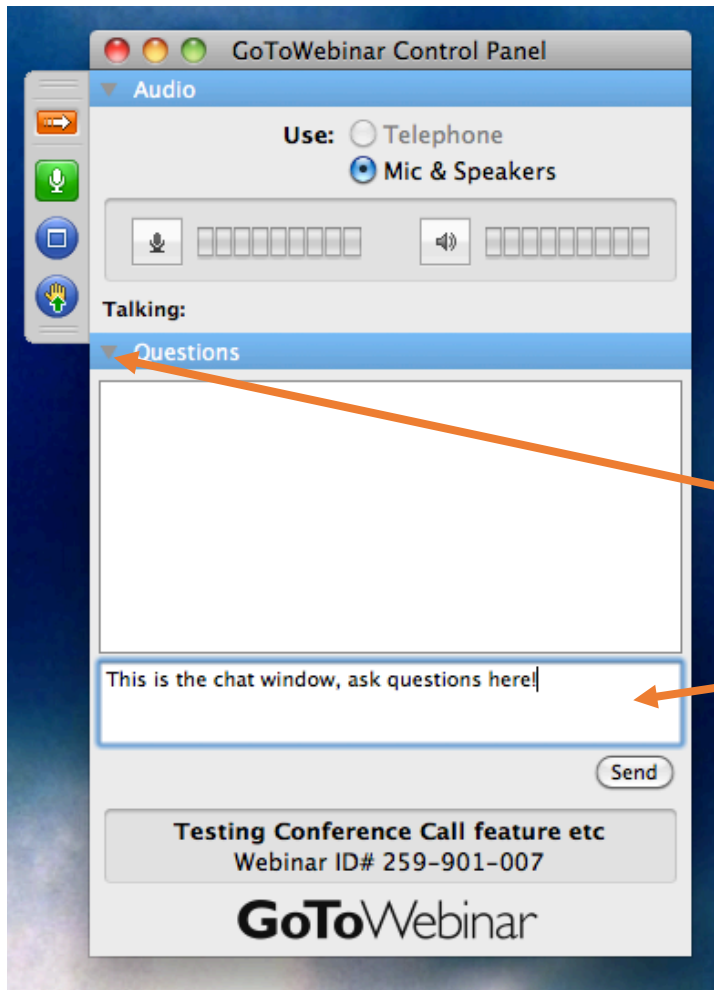


Welcome to the BOOST Collaborative!

Please familiarize yourself with the control panel. The webinar will begin at 12:30PM.



Click on the arrow to open the chat box

Type your questions to the moderator

Contact us: boostcollaborative@cfenet.ubc.ca



Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative



Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative

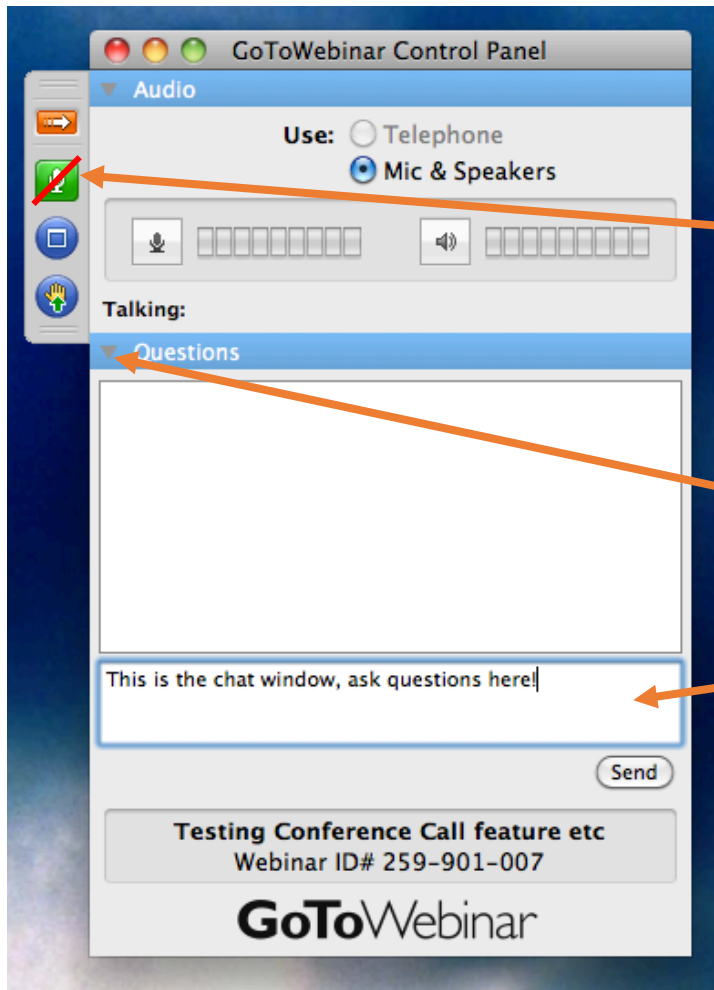


Guide to Measurement Webinar

Thursday, October 12

12:30 – 1:30 PM

Welcome to the BOOST Collaborative!



We will be recording the webinar

You will be muted during the Webinar

Click on the arrow to open the Questions box

Type your questions to the moderator

Speakers



Cole Stanley, MD

Medical Lead, Continuous Quality Improvement,
Vancouver Coastal Health (VCH) Community



Laura Beamish, MSc

Quality Improvement Coordinator, BC Centre for
Excellence in HIV/AIDS

Outline

- Outcome, process, and balancing measures
- Profile EMR OUD visit form
- Profile EMR Queries
- Excel reporting tool
- Population of focus and data clean-up
- Narrative reporting tool

Meeting Objectives

- Define the three types of QI measures
- Understand key elements of the OUD visit form on EMR
- Understand how to use BOOST EMR queries
- Understand how to use the Excel reporting tool
- Understand how to use the baseline and 304.0 queries to find your population of focus
- Plenty of time for Q+A

Three types of measures

- How will we know that our changes resulted in an improvement?
- **Outcome measures:** what are we trying to achieve?
- **Process measures:** Are we doing the right things to get there?
- **Balancing measures:** Are our changes causing problems to other parts of the system?

Three types of measures – Example

- The team decides to test a change where the LPN will call patients on day before rx is due as a check-in/reminder, with hopes of decreasing missed doses and increasing retention
- **Outcome measures:** Number of missed doses, Retention on oOAT
- **Process measures:** percentage of missed dose faxes from pharmacy that prompted a phone call to patient
- **Balancing measures:** Time taken by LPN to do this work

Profile EMR OUD visit form

304.0 Opioid Use Disorder (OUD) added to Problem List (click on checkbox to add)

Prescription Creator

OAT:

Daily dose (mg):

Start Day:

Last Day:

Rx Duration (days): (days)

Carry Directions: DWI CARRIES

Witnessed Ingestion:

Direction For Use:

DSM-5 OUD criteria

Visit Checklist

Pharmacist Reviewed

Any ORT missed doses in last 7 days? Yes No

If yes, describe:

Current substance use reviewed Last Checked: 28 Sep 2017

ODs in the last 30 days? Last Value: 0; (28 Sep 2017)

Linkage to social work/counseling discussed Last checked: 28 Sep 2017

	Has THN kit	Last Verified Date	Verified Today?
<input checked="" type="checkbox"/> Yes	Has THN kit	28 Sep 2017	<input type="checkbox"/>
<input checked="" type="checkbox"/> Yes	Has THN training	28 Sep 2017	<input type="checkbox"/>
<input checked="" type="checkbox"/> Yes	Has access to harm reduction supplies	28 Sep 2017	<input type="checkbox"/>
<input checked="" type="checkbox"/> Yes	Aware of supervised consumption sites	28 Sep 2017	<input type="checkbox"/>

Last score: First score:

Treatment course

Treatment stage:

First ever OAT initiation date:

Most recent OAT start date:

Stable dose date:

OAT duration:

Rapid UDS Results

No Last UDS Results

Cocaine: Positive Negative

Amphetamines: Positive Negative

Methodone: Positive Negative

Opioids: Positive Negative

Oxycodone: Positive Negative

Benzodiazepines: Positive Negative

Fentanyl: Positive Negative

Buprenorphine: Positive Negative

Hydromorphone: Positive Negative

Other:

Last Lab Results

AST: No Result Found
ALT: 222; (03 Jun 2015)

Hep A IgG:

HCV RNA:

Hep B SAb:

HCV Ab:

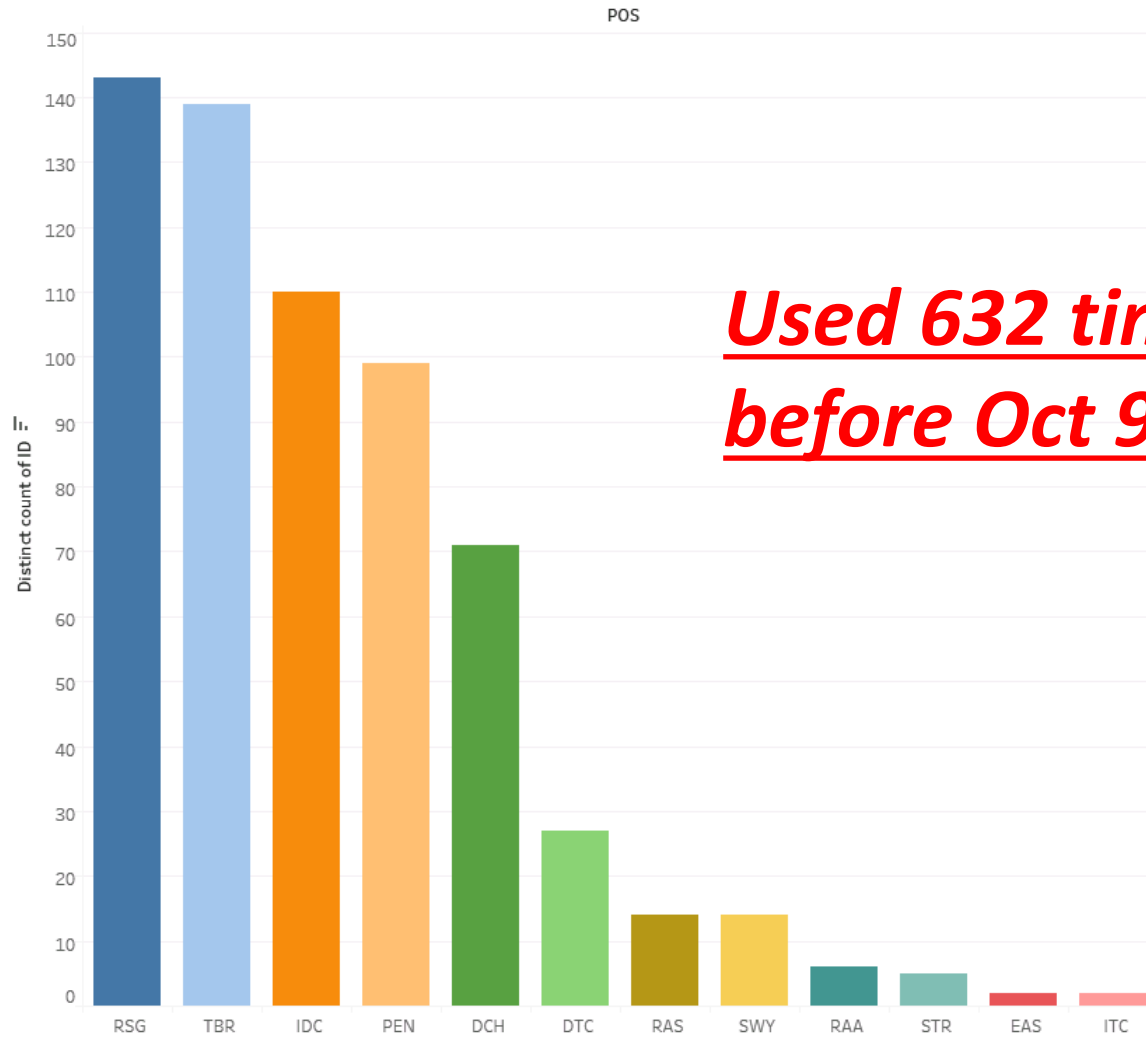
HIV Ab:

Urine beta-HCG:

ECG Last done:

Profile EMR OUD visit form

OUD form usage by site

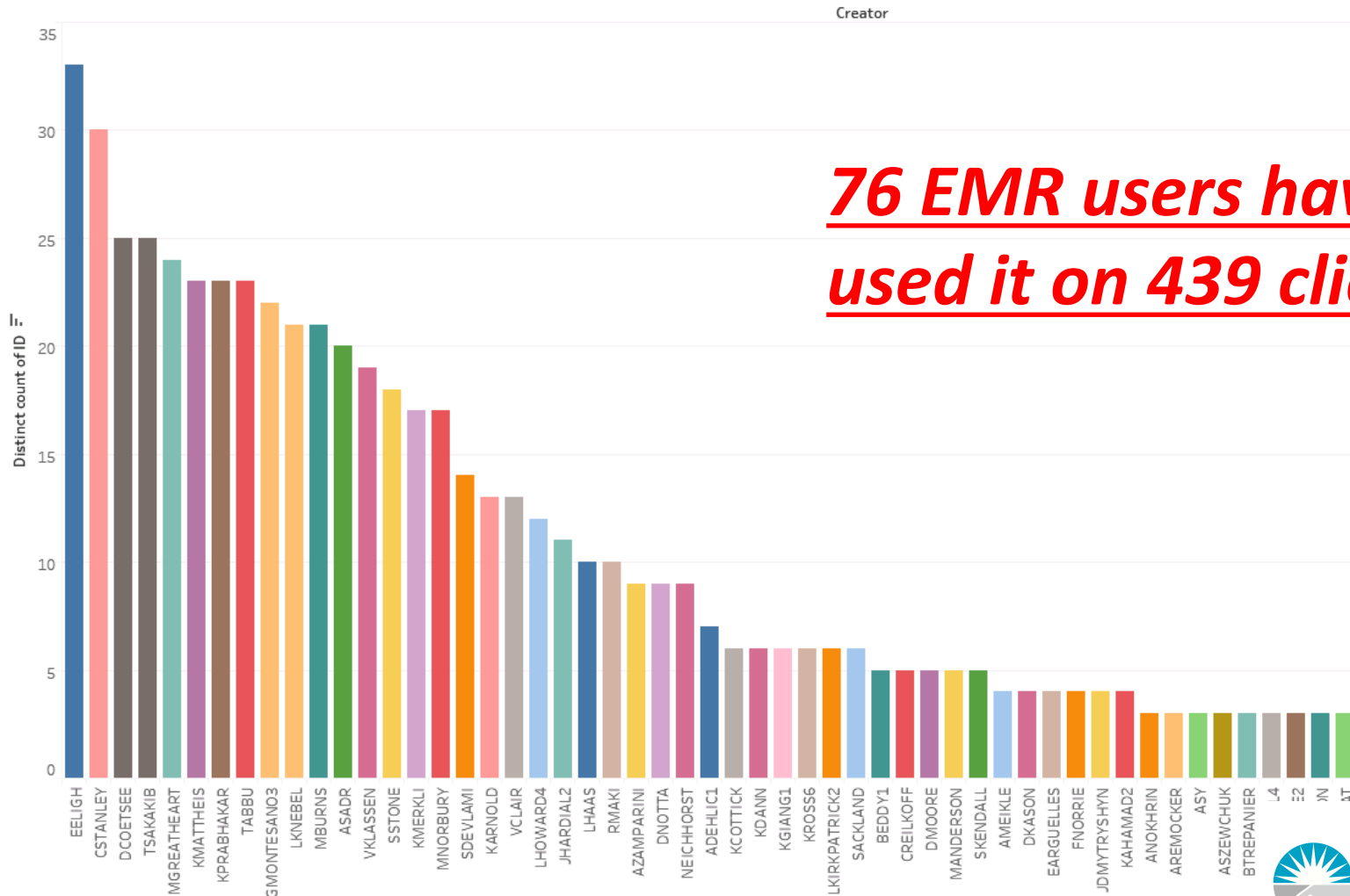


Used 632 times
before Oct 9th



Profile EMR OUD visit form

Top OUD creators

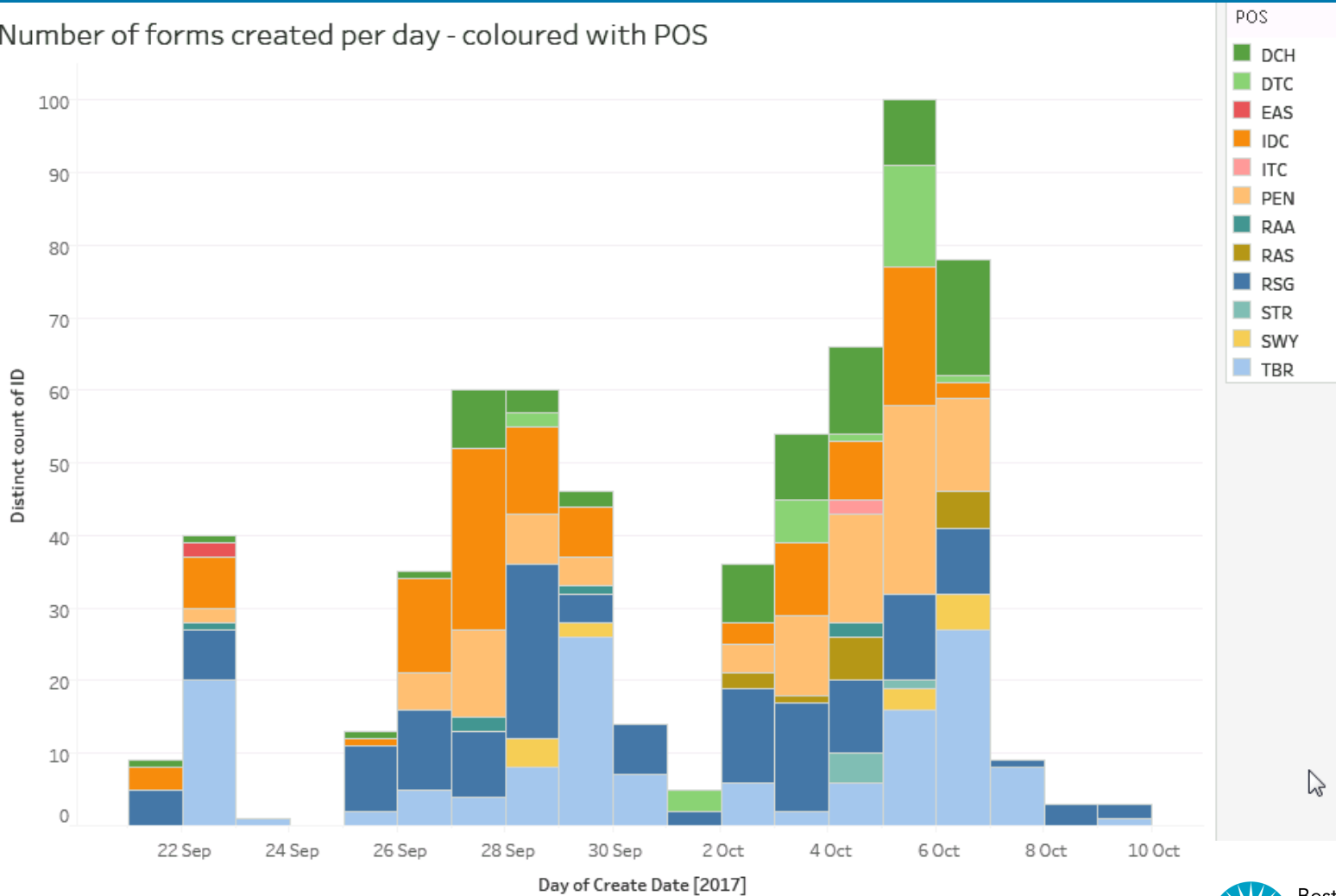


76 EMR users have used it on 439 clients



Profile EMR OUD visit form

Number of forms created per day - coloured with POS



Profile EMR OUD visit form demo

Some important points:

- **Adding 304.0 to the Problem List**
- **Entering a “first ever OAT initiation” and “most recent start” date**
- **BOOST team members to promote form usage 100% of time**

Profile EMR OUD Form How-To Videos

The OUD form on Profile EMR is now live! To help you to navigate the new form, we have created a series of brief How-to videos which are posted on our website here: <http://stophivaid.ca/profile-emr-how-to-videos/>.

We have already received some great feedback from those of you using the form. Please continue to provide feedback through this brief online survey: <https://survey.cfenet.ubc.ca/hivcollaborative/index.php/538394?lang=en>

EMR Queries

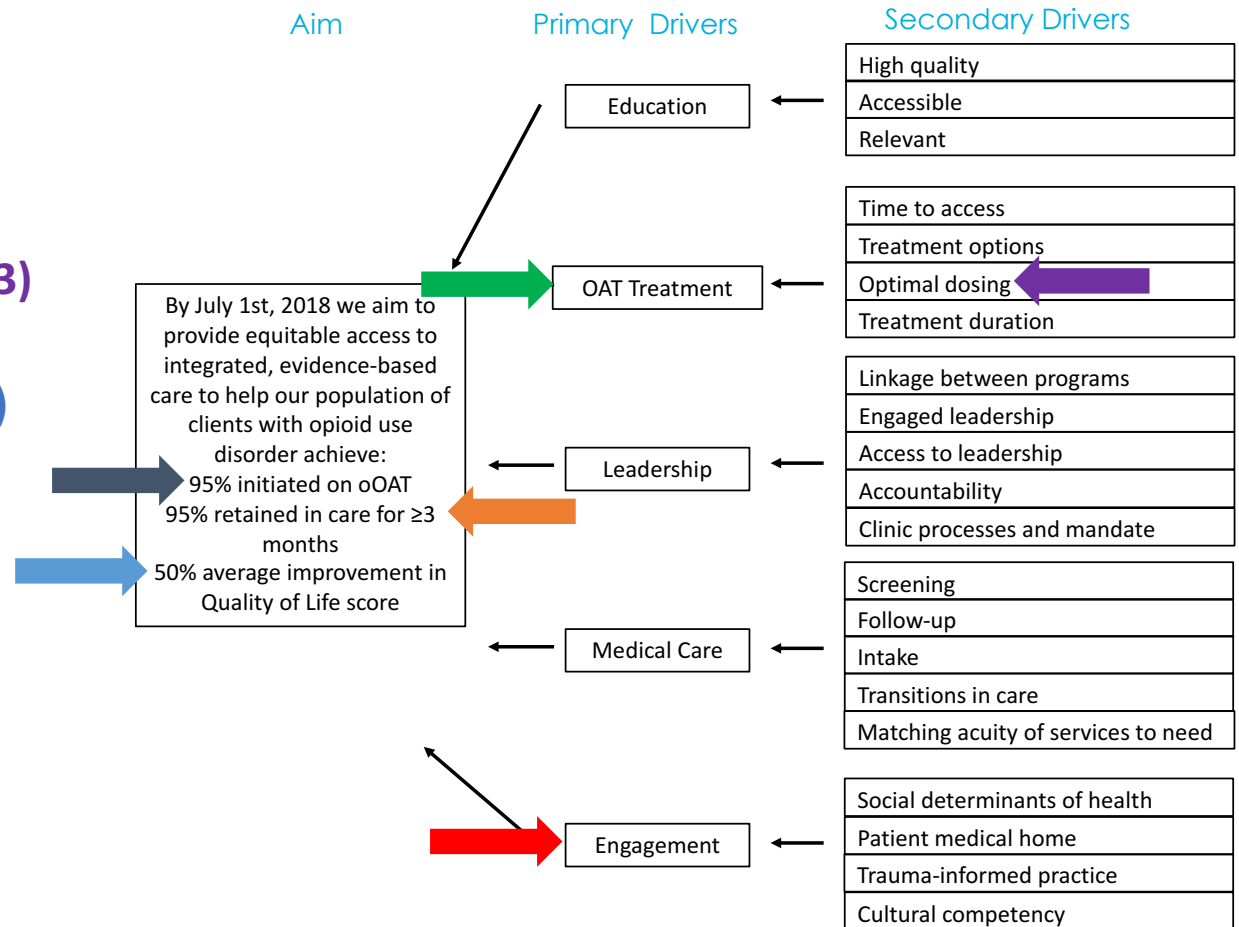
- Each team on Profile EMR should have at least one person with access to QI/queries environment so that queries can be run and reports created monthly
- Contact cole.stanley@vch.ca if you need to gain access for a team member

Profile EMR queries - Examples

?	BOOST 1 POF 304.0 Opioid Use Disorder
?	BOOST 1 POF 304.0 Opioid Use Disorder AltPOS
?	BOOST 1 POF baseline
?	BOOST 1 POF baseline AltPOS
?	BOOST 1.3N oOAT access
?	BOOST 1.6 self-reported number of ODs
?	BOOST 2.4 Retention on oOAT

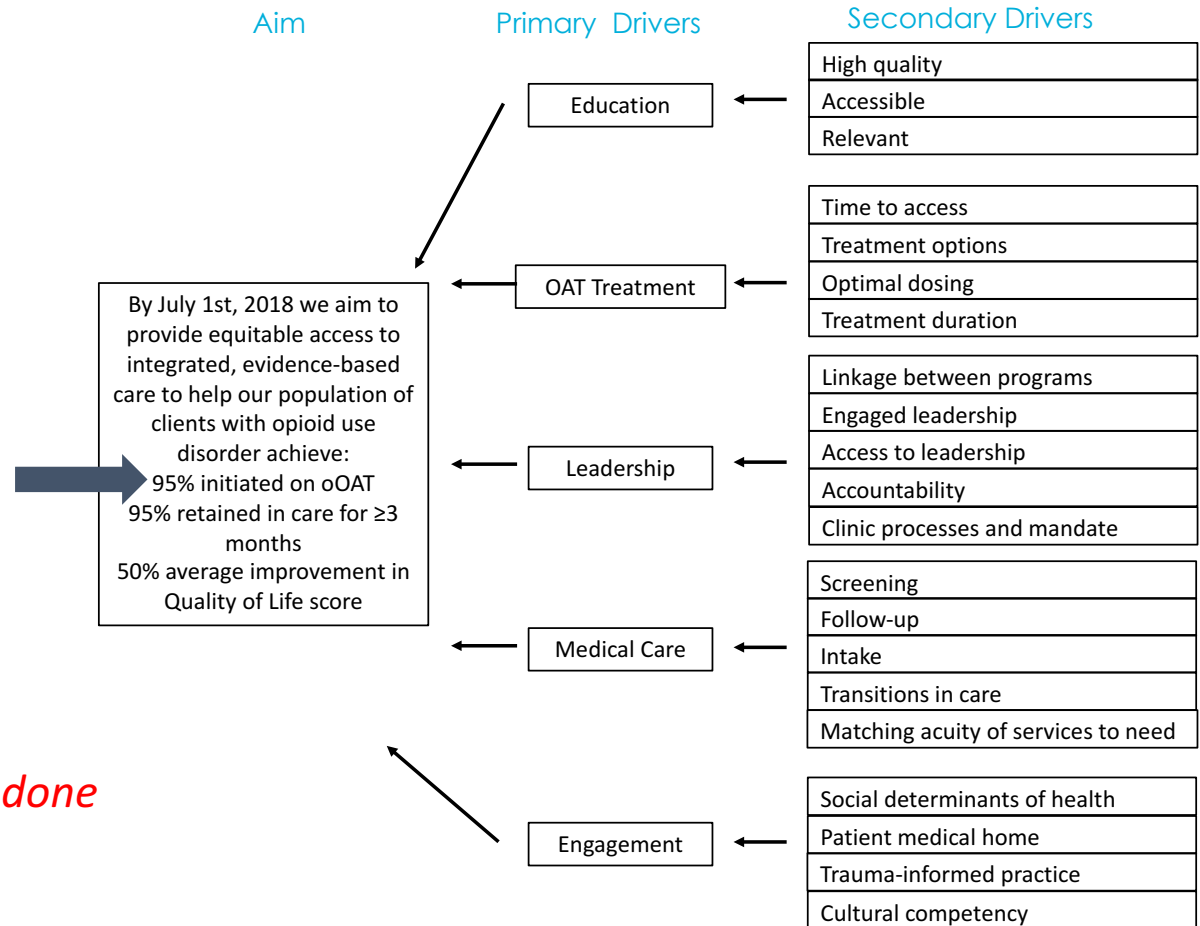
EMR Queries – Example for demonstration

- Engagement (1.2)
- oOAT access (1.3)
- Active oOAT (2.2)
- Optimal oOAT dosing (2.3)
- Retention on oOAT (2.4)
- Quality of Life score (3.2)



EMR Queries – Example for demonstration

- oOAT access (1.3)



Assuming data clean-up is done

- POS is accurate*
- 304.0 is in problem list*
- First ever OAT initiation date is entered*

EMR Queries – Example for demonstration

- oOAT access (1.3)

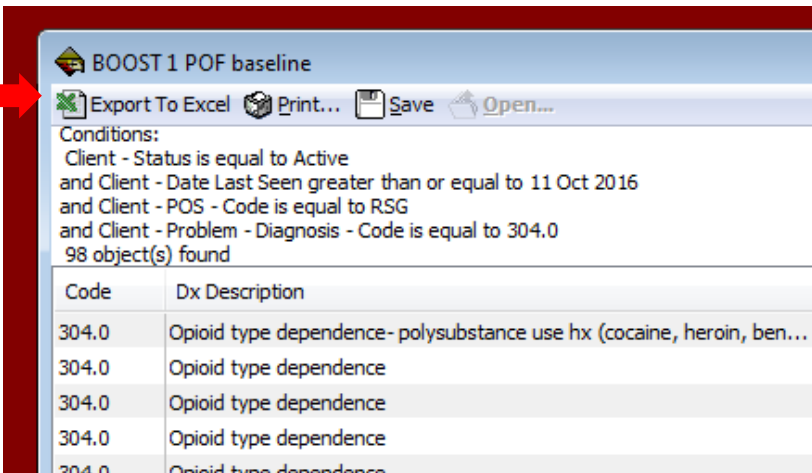
Numerator	Number of clients with a treatment initiation date entered in OUD form (notNull)
Denominator	POF
Calculation	$(\text{Numerator}/\text{Denominator}) \times 100\%$
Suggested goal	95%
Notes	Using the new OUD visit template, providers will fill in approximate first OAT initiation date if person has ever been on OAT. This can then be used to accurately identify all those who have accessed treatment. This differs from baseline data presented that was based on having an OAT prescription in the EMR in the past 12 months.
Profile EMR queries	BOOST 1.3N oOAT access BOOST 1.3D oOAT access = POF

EMR Queries – Example for demonstration

- Run your Population of focus query

- BOOST 1 POF 304.0 Opioid Use Disorder
- BOOST 1 POF 304.0 Opioid Use Disorder AltPOS
- BOOST 1 POF baseline
- BOOST 1 POF baseline AltPOS
- BOOST 1.3N oOAT access
- BOOST 1.6 self-reported number of ODs
- BOOST 2.4 Retention on oOAT

- Export results to Excel



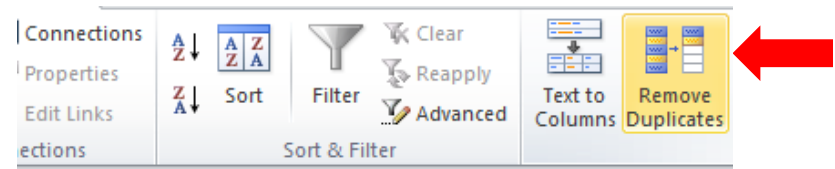
The screenshot shows a window titled "BOOST 1 POF baseline" with a toolbar containing "Export To Excel", "Print...", "Save", and "Open...". Below the toolbar, the following conditions are listed:

Conditions:
Client - Status is equal to Active
and Client - Date Last Seen greater than or equal to 11 Oct 2016
and Client - POS - Code is equal to RSG
and Client - Problem - Diagnosis - Code is equal to 304.0
98 object(s) found

Code	Dx Description
304.0	Opioid type dependence-polysubstance use hx (cocaine, heroin, ben...
304.0	Opioid type dependence
304.0	Opioid type dependence
304.0	Opioid type dependence
304.0	Opioid type dependence
304.0	Opioid type dependence

EMR Queries – Example for demonstration

- Delete first row of spreadsheet
- Save file
 - Suggest naming “Date – POS – - BOOST query name”
 - Example: 2017-10-11 RSG BOOST
- Select all of your data (can press Ctrl+’a’)
- Remove duplicate clients...



The screenshot shows the Microsoft Excel ribbon with the 'Remove Duplicates' button highlighted by a red arrow. The ribbon includes sections for 'Connections', 'Properties', 'Edit Links', 'Actions', 'Sort & Filter', and 'Text to Columns'. The 'Remove Duplicates' button is located in the 'Text to Columns' section.

F	G	H	I	J	K
FileNum	Date Last Se	User3: Alternate POS			
73744	9/18/2017				
92828	4/28/2017				
19450	1/25/2017				
102446	10/7/2017	IYC			
106388	7/19/2017				
113976	12/6/2016				
12038	10/3/2017	RSG			
12395	10/2/2017				
84689	10/5/2017	PST,RAS			
114044	7/28/2017				
116102	5/8/2017				

EMR Queries – Example for demonstration

- Remove duplicate FileNum in Excel (each client has unique FileNum)

The screenshot shows an Excel spreadsheet with columns F through O. The data in columns F and G is as follows:

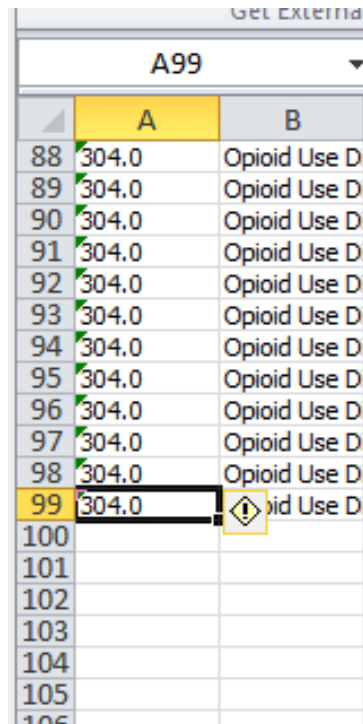
FileNum	Date Last Se
73744	9/18/2017
92828	4/28/2017
19450	1/25/2017
102446	10/7/2017 IYC
106388	7/19/2017
113976	12/6/2016
12038	10/3/2017 RSG
12395	10/2/2017
84689	10/5/2017 PST
114044	7/28/2017
116102	5/8/2017
117561	10/4/2017 SAS
120641	10/5/2017 RAS
123102	10/4/2017 IYC
19324	9/30/2017 EHC
21091	9/25/2017 PEN
211	9/5/2017 RAS
2396	10/5/2017 EHC
89267	10/7/2017 POP
26306	8/25/2017
59204	10/8/2017
59514	9/22/2017 RSG
7429	9/21/2017
7705	10/6/2017
7903	10/7/2017 MMI
70605	10/4/2017
91987	9/20/2017 POP
105917	10/3/2017
107275	9/27/2017 RSG
124978	9/26/2017
11616	10/4/2017
11668	10/3/2017
11987	9/29/2017

The 'Remove Duplicates' dialog box is open, showing the following options:

- To delete duplicate values, select one or more columns that contain duplicates.
- Select All
- Unselect All
- My data has headers
- Columns:
 - Code
 - Dx Description
 - First Name
 - Last Name
 - Preferred Name
 - FileNum
 - Date Last Seen
 - User3: Alternate POS
- OK
- Cancel

EMR Queries – Example for demonstration

- Scroll down to the last row
- Your POF is the last column number minus 1 (subtract the header row)

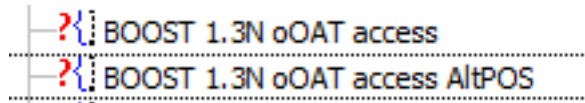


	A	B
88	304.0	Opioid Use D
89	304.0	Opioid Use D
90	304.0	Opioid Use D
91	304.0	Opioid Use D
92	304.0	Opioid Use D
93	304.0	Opioid Use D
94	304.0	Opioid Use D
95	304.0	Opioid Use D
96	304.0	Opioid Use D
97	304.0	Opioid Use D
98	304.0	Opioid Use D
99	304.0	Opioid Use D
100		
101		
102		
103		
104		
105		
106		

Example POF = 99-1 = 98

EMR Queries – Example for demonstration

- Now we need our numerator – run BOOST 1.3N oOAT access



Select

Column	Name	Sort	Count	Sum	Avg	Min	Max
Form (Registered) - OUD Visit (Methadone, Suboxone, Kadian) LATEST - Client_ - FileNum	FileNum	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form (Registered) - OUD Visit (Methadone, Suboxone, Kadian) LATEST - Client_ - Name First Name	First Name	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form (Registered) - OUD Visit (Methadone, Suboxone, Kadian) LATEST - Client_ - Name Last Name	Last Name	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form (Registered) - OUD Visit (Methadone, Suboxone, Kadian) LATEST - Client_ - Name Preferred Name	Preferred N	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form (Registered) - OUD Visit (Methadone, Suboxone, Kadian) LATEST - Client_ - Usual Doctor - Code	Code	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

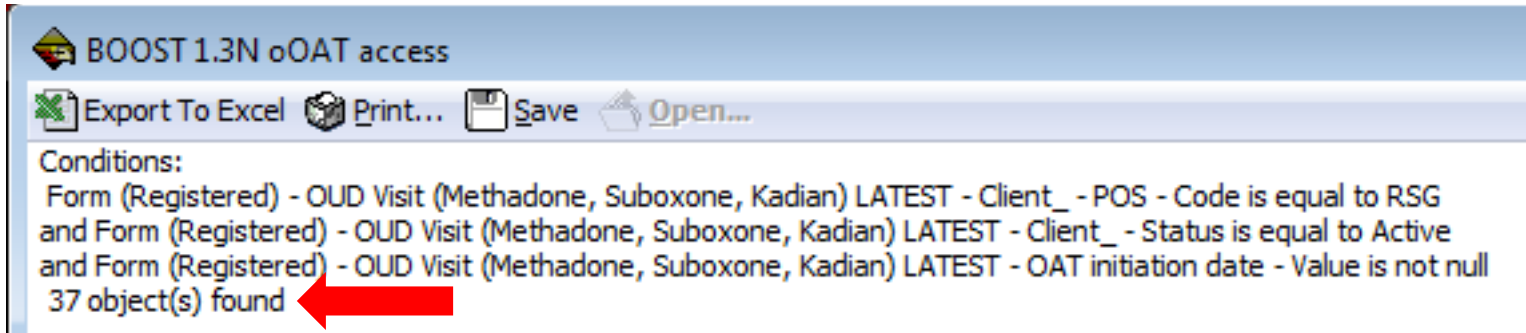
Group

Where

	Column	Name	Condition	Value
	Form (Registered) - OUD Visit (Methadone, Suboxone, Kadian) LATEST - Client_ - POS - Code	Code	is equal to	:POS
and	Form (Registered) - OUD Visit (Methadone, Suboxone, Kadian) LATEST - Client_ - Status	Status	is equal to	Active
and	Form (Registered) - OUD Visit (Methadone, Suboxone, Kadian) LATEST - OAT initiation date - Value	Value	is not null	

EMR Queries – Example for demonstration

- Now we need our numerator – run BOOST 1.3N oOAT access



- So we have our numerator and denominator
- Numerator = 37
- Denominator = POF = 98

Excel Reporting Tool

- Enter these values into the Excel spreadsheet

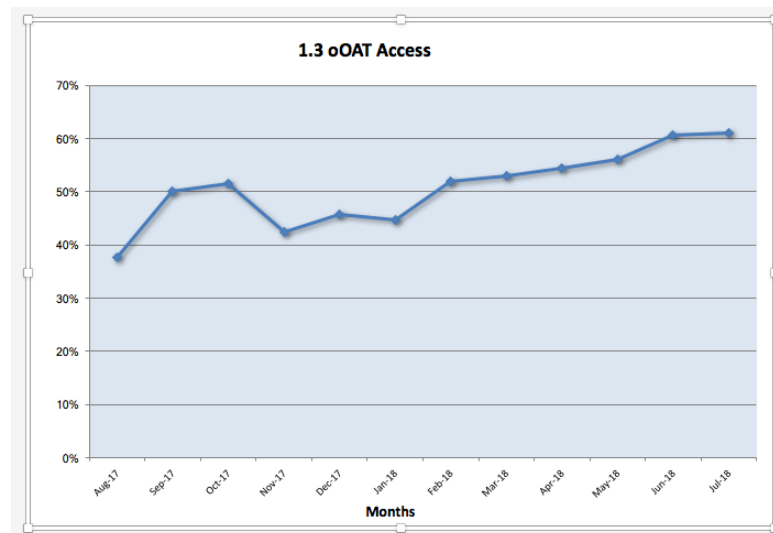
6	Indicators	
7		
8		
9	Population of Focus (POF)	
10	Population of Focus (POF)	
11	All clients seen within the last year with 304.0 in the Problem List	98
12		
13	Required Measures	
14		
15	1.2 Engagement	
16	Teams will determine their definition of "engagement" and/or "lost to care" based on their client population and program. For example, a team can define engaged in care as all clients with at least two care visits (with MD, NP, RN, etc.) in the last 12 months.	0
17	1.3 oOAT Access	
18	Numerator - Number of clients who have accessed oOAT at any time in the past (based on treatment initiation date entry on OUD form)	37

Excel Reporting Tool

- The outcome measure will be calculated

65	1.3 oOAT Access	38%
66	Proportion of clients who have ever accessed OAT	

- The Run Chart will automatically fill in



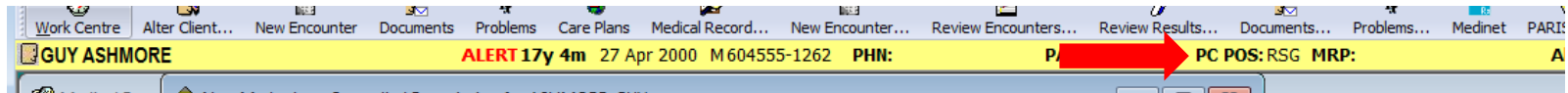
Population of focus (POF)

- List of active clients within our team who have opioid use disorder
 - Difficult to get list currently due to incomplete or inaccurate problem lists
- Operational definition for baseline data from Profile EMR (query “BOOST POF baseline” available in QI/query environment)
 - POS=“our clinic code” (eg. Raven Song = RSG)
 - Status = “active”
 - Date Last Seen > today-1y (date last seen is within past year)
 - Problem list descriptions contain any ONE or more of the following:
 - OUD
 - opiate
 - opioid
 - methadone
 - heroin
 - Suboxone
- Teams not on Profile EMR will need different operational definition

Population of focus (POF)

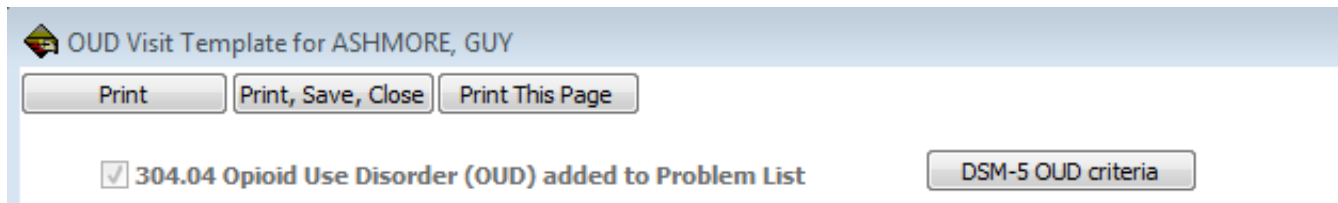
- Data clean-up

- Ensure POS and MRP are correct
- For patients who are no longer to be followed
 - Inactivate charts
 - Close PARIS referrals
 - Remove MRP designation



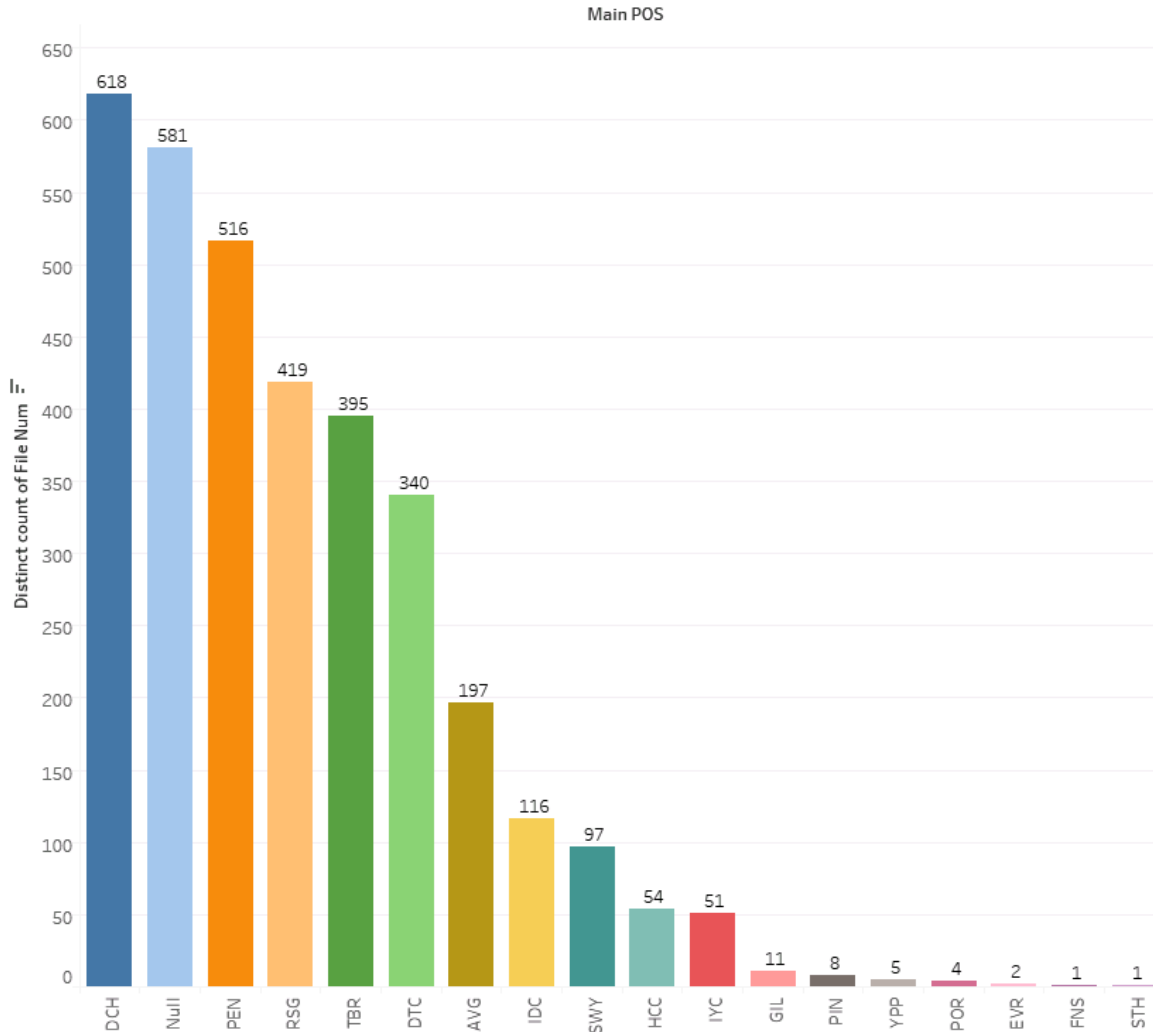
- Ensure 304.0 Opioid Use Disorder added to Problem List

- Once added for all, will simplify query and give more accurate POF list (BOOST 1 POF 304.0)



Population of focus (POF)

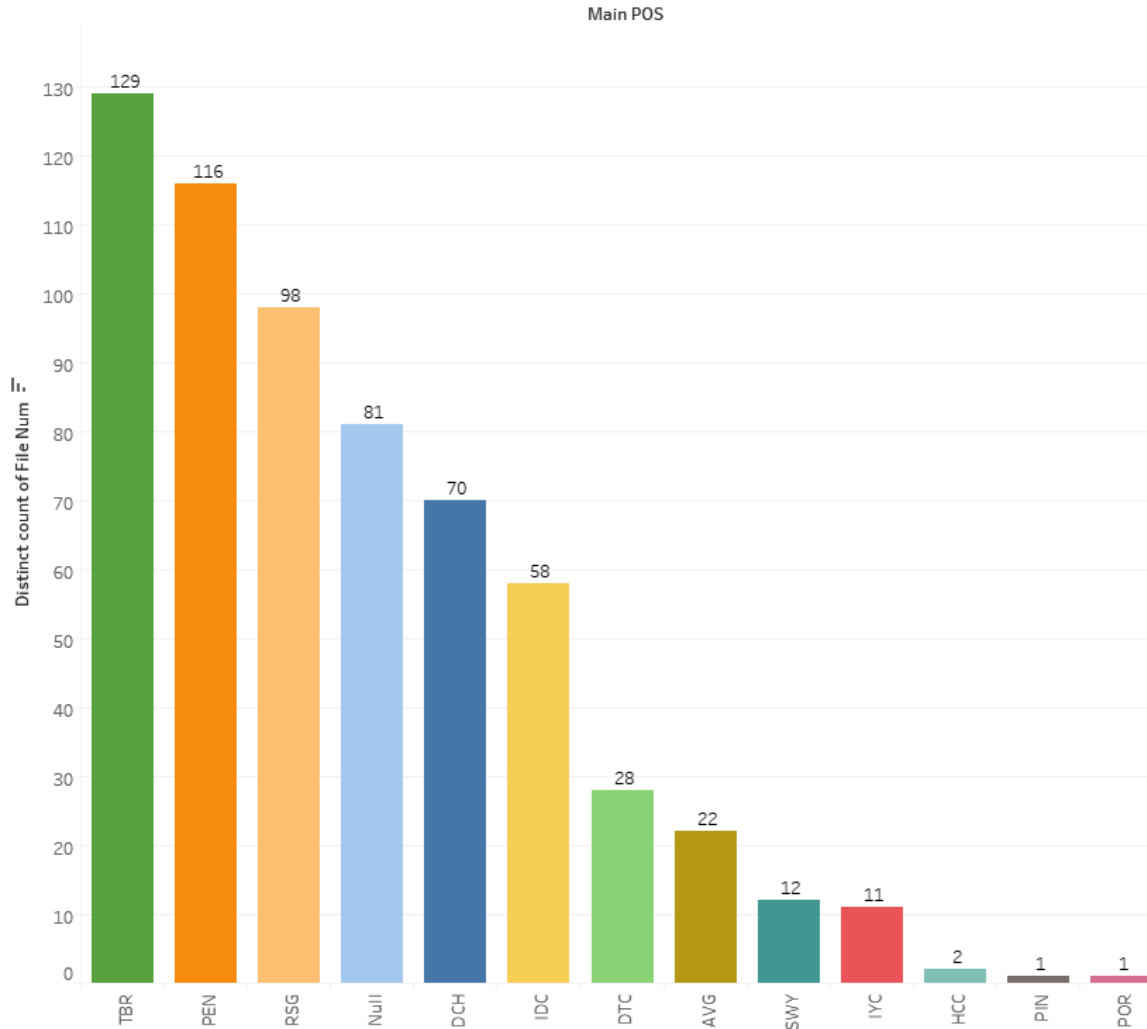
BOOST POF baseline for Main POS



*Some baseline data
Updated*

Population of focus (POF)

BOOST POF 304.0 in Problem List - by Main POS



Narrative Reporting Tool



BRITISH COLUMBIA
CENTRE for EXCELLENCE
in HIV/AIDS



Narrative Reporting Template

<p>Guidance: This document should grow every month. Fill this in as you go to chronicle your improvement journey.</p> <p>Tip: You don't have to complete every cell every month. Only include the things related to your reporting month.</p> <p>Tip: To get more spaces in the tables, put your cursor in the very last cell of the table (bottom, far right) and press the "tab" button.</p>
Team Name:
Team Members:
Aim Statement:
Select Focus Area (select all that apply): <input type="checkbox"/> Aim Focus 1: Diagnosis and Treatment Initiation <input type="checkbox"/> Aim Focus 2: Treatment Retention and Optimal Dosing <input type="checkbox"/> Aim Focus 3: Quality of Life and Bundle of Care
Population of Focus (Describe your population of focus)

- Access the form at:
<http://stophivaids.ca/boost-tools-resources/>
- Click on: Reporting Tools > Team Narrative Reporting Template
- First Narrative Report is due October 26th
 - Please complete electronically
- Your way to document this journey in writing and our way to keep track!

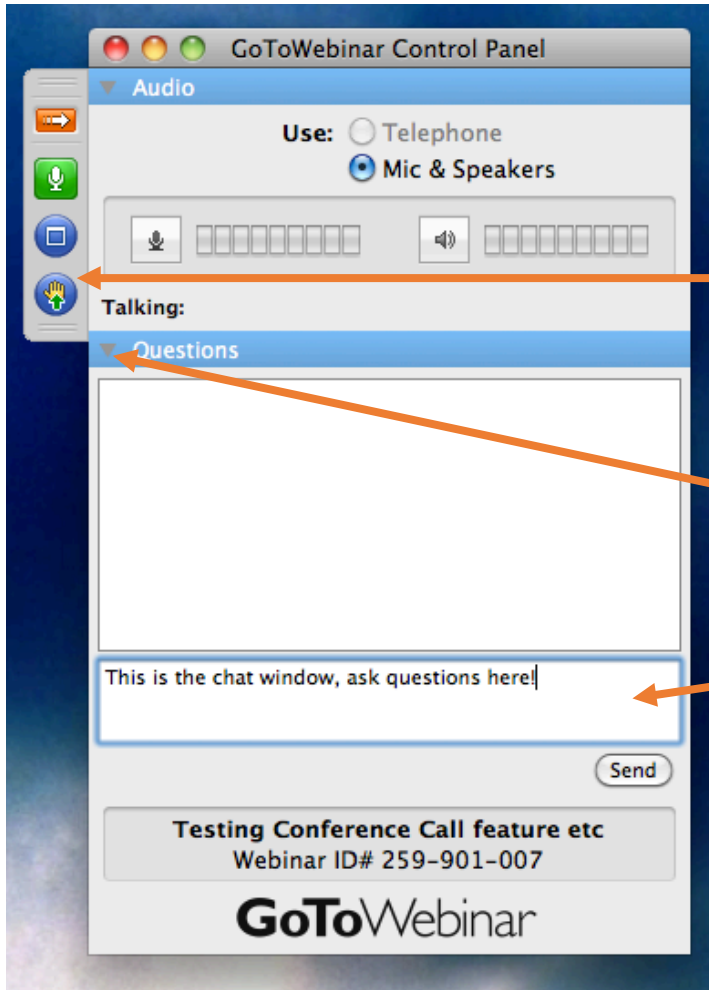


Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative

Narrative Reporting Tool

- Record your:
 - Team name, Team Members, Aim Statement, Population of Focus
- Answer the following questions:
 - How have you engaged & used client voice for improvement?
 - What change(s) are you making?
 - What did you learn from the changes you are making?
 - What do you plan to do next month?
 - Is there anything else you would like to share?
- No right or wrong answers
- Doesn't need to be completed fully each time
- Use this as a way to document your progress

Questions and Discussion



Click here to raise your hand and we will unmute you to ask a question

Click on the arrow to open the chat box

Type your questions to the moderator



Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative



THANK-YOU!

Laura Beamish: lbeamish@cfenet.ubc.ca

Danielle Cousineau: danielle.cousineau@shaw.ca

Cole Stanley: cole.stanley@vch.ca

Angie Semple: asemple@cfenet.ubc.ca

CONTACT US: boostcollaborative@cfenet.ubc.ca

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

References and Resources

- Collaborative Website: <http://stophiv aids.ca/oud-collaborative>
- Hosp Q. 2003;7(1):73-82. The expanded Chronic Care Model: an integration of concepts and strategies from population health promotion and the Chronic Care Model. [Barr VJ](#), [Robinson S](#), [Marin-Link B](#), [Underhill L](#), [Dotts A](#), [Ravensdale D](#), [Salivaras S](#). Source: Vancouver Island Health Authority.
- NIATx: <https://niatx.net/>
- BC Centre on Substance Use- Opioid Use Disorder Clinical Management Guidelines: http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf
- IHI Open School courses: <http://www.ih i.org>