OUD Reports at DTES Connections : Outreach, Care Review and Transitioning Care

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OUD Reports at DTES Connections : Outreach, Care Review and Transitioning Care

1. What are the current reports and review process?
2. What is done with info?
3. What is the point of collecting this info?
4. What BOOST OUD Report can add
5. Processes for BOOST OUD reports at DTES Connections and challenges

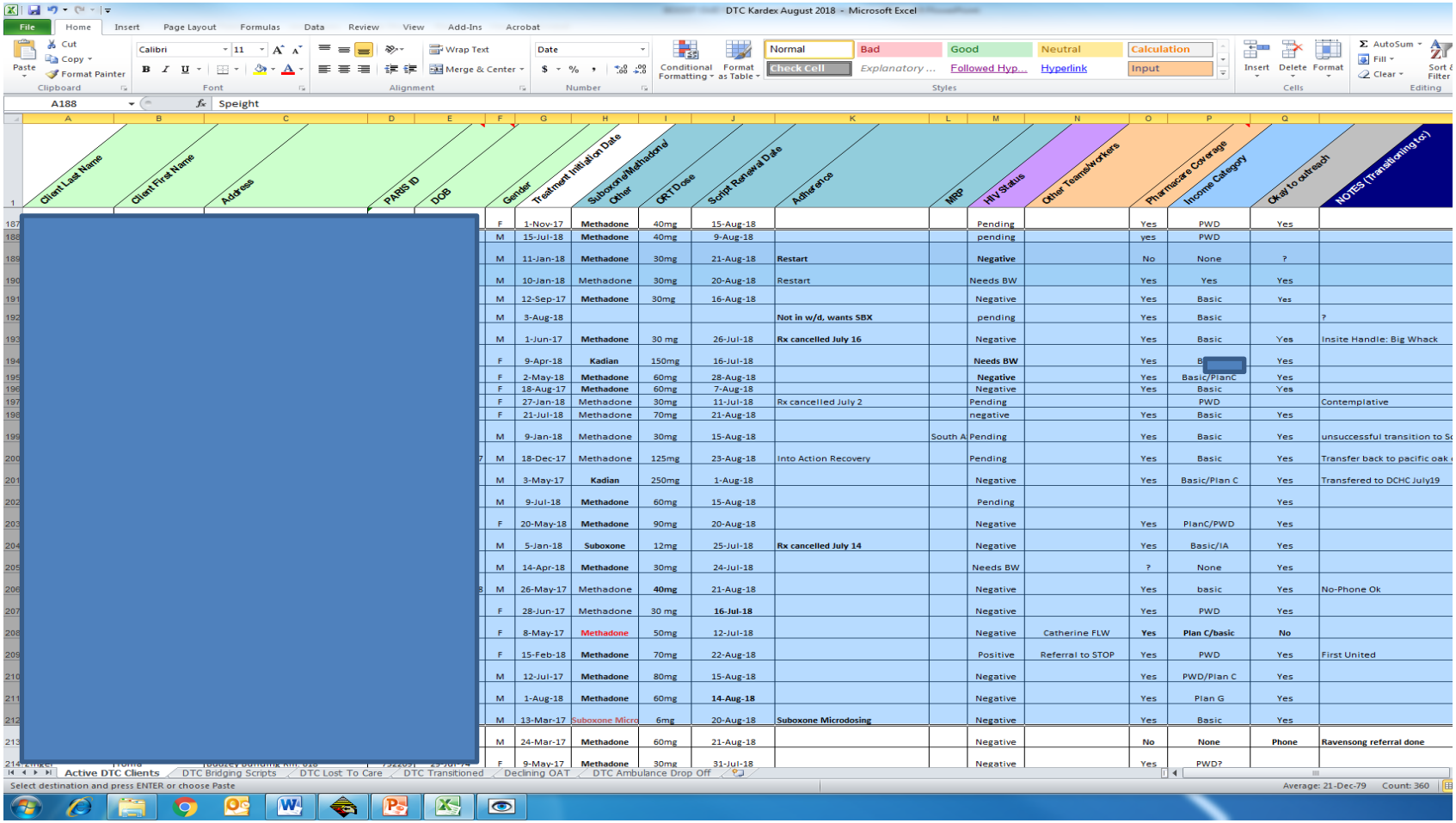
Current Process without BOOST OUD Report

"Kardex" Excel spreadsheet & missed dose report from pharmacy

- Kardex Spreadsheet updated daily from blue triplicates by CC and admin. It tracks start date in program, rx end date, ORT and dose, cancellation of rx, HIV testing status, income status and Pharmacare coverage status.

- Missed dose report comes from internal pharmacy and tracks missed doses of current scripts filled at Connections pharmacy

Current tracking system “Kardex”



DTC Kardex August 2018 - Microsoft Excel

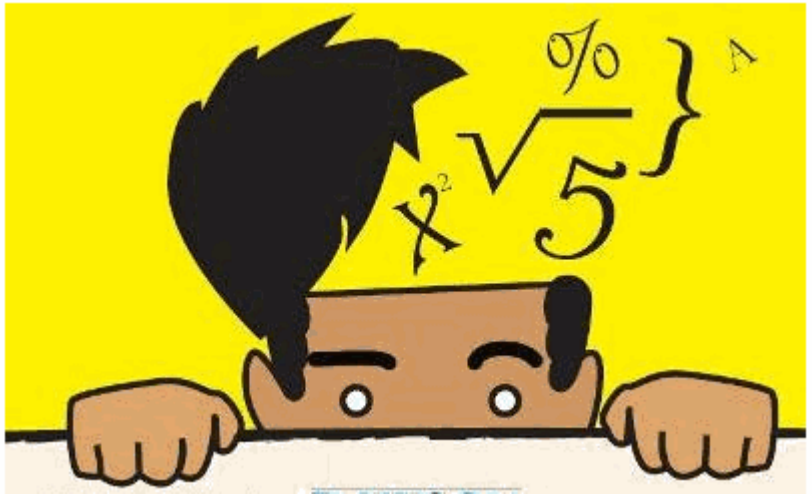
Client Last Name	Client First Name	Address	PARIS ID	DOB	Gender	Treatment Initiation Date	Suboxone/Methadone/ Other	ORT Dose	Script Renewal Date	Adherence	MRP	HIV Status	Other Teamsworkers	Pharmacare Coverage	Income Category	Okay to outreach	NOTES (Transitioning to:)
[redacted]					F	1-Nov-17	Methadone	40mg	15-Aug-18			Pending		Yes	PWD	Yes	
					M	15-Jul-18	Methadone	40mg	9-Aug-18			pending		yes	PWD		
					M	11-Jan-18	Methadone	30mg	21-Aug-18	Restart		Negative		No	None	?	
					M	10-Jan-18	Methadone	30mg	20-Aug-18	Restart		Needs BW		Yes	Yes	Yes	
					M	12-Sep-17	Methadone	30mg	16-Aug-18			Negative		Yes	Basic	Yes	
					M	3-Aug-18				Not in w/d, wants SBX		pending		Yes	Basic		?
					M	1-Jun-17	Methadone	30 mg	26-Jul-18	Rx cancelled July 16		Negative		Yes	Basic	Yes	Insite Handle: Big Whack
					F	9-Apr-18	Kadian	150mg	16-Jul-18			Needs BW		Yes	B[redacted]	Yes	
					F	2-May-18	Methadone	60mg	28-Aug-18			Negative		Yes	Basic/PlanC	Yes	
					F	18-Aug-17	Methadone	60mg	7-Aug-18			Negative		Yes	Basic	Yes	
					F	27-Jan-18	Methadone	30mg	11-Jul-18	Rx cancelled July 2		Pending			PWD		Contemplative
					F	21-Jul-18	Methadone	70mg	21-Aug-18			negative		Yes	Basic	Yes	
					M	9-Jan-18	Methadone	30mg	15-Aug-18		South A	Pending		Yes	Basic	Yes	unsuccessful transition to Sc
					M	18-Dec-17	Methadone	125mg	23-Aug-18	Into Action Recovery		Pending		Yes	Basic	Yes	Transfer back to pacific oak c
					M	3-May-17	Kadian	250mg	1-Aug-18			Negative		Yes	Basic/Plan C	Yes	Transfered to DCHC July19
					M	9-Jul-18	Methadone	60mg	15-Aug-18			Pending				Yes	
					F	20-May-18	Methadone	90mg	20-Aug-18			Negative		Yes	PlanC/PWD	Yes	
					M	5-Jan-18	Suboxone	12mg	25-Jul-18	Rx cancelled July 14		Negative		Yes	Basic/IA	Yes	
					M	14-Apr-18	Methadone	30mg	24-Jul-18			Needs BW		?	None	Yes	
					M	26-May-17	Methadone	40mg	21-Aug-18			Negative		Yes	basic	Yes	No-Phone Ok
					F	28-Jun-17	Methadone	30 mg	16-Jul-18			Negative		Yes	PWD	Yes	
					F	8-May-17	Methadone	50mg	12-Jul-18			Negative	Catherine FLW	Yes	Plan C/basic	No	
					F	15-Feb-18	Methadone	70mg	22-Aug-18			Positive	Referral to STOP	Yes	PWD	Yes	First United
					M	12-Jul-17	Methadone	80mg	15-Aug-18			Negative		Yes	PWD/Plan C	Yes	
					M	1-Aug-18	Methadone	60mg	14-Aug-18			Negative		Yes	Plan G	Yes	
					M	13-Mar-17	Suboxone Micro	6mg	20-Aug-18	Suboxone Microdosing		Negative		Yes	Basic	Yes	
					M	24-Mar-17	Methadone	60mg	21-Aug-18			Negative		No	None	Phone	Ravensong referral done
					F	9-May-17	Methadone	30mg	31-Jul-18			Negative		Yes	PWD?		

Active DTC Clients | DTC Bridging Scripts | DTC Lost To Care | DTC Transitioned | Declining OAT | DTC Ambulance Drop Off

Select destination and press ENTER or choose Paste

Average: 21-Dec-79 Count: 360

So…what does DTES Connections do with this information?



Main Functions of Reports

- Tracking Prescription end dates, active prescriptions, pharmacare coverage, HIV status, adherence.
- Planning assertive wraparound care and CLW/Peer outreach =increase adherence
- Snapshot of overall OAT care at clinic (doses, Total clinic # on various agonists)
- Tracking Bridging Rx trends

Main Functions

- Assessing for transition readiness

- Planning for clinic coverage shortages and reminders of upcoming script renewals

All the above = an escalated level of care – given current overdose rates –addictions care can be assertive and interdisciplinary to increase adherence, engagement and intervention.

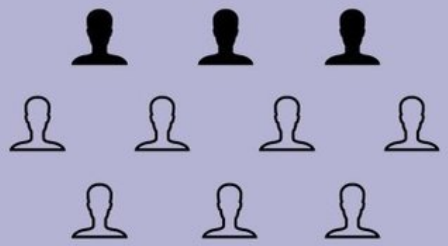
DOWNTOWN EASTSIDE CONNECTIONS

Methadone And Buprenorphine Are Associated With Reduced Mortality After Nonfatal Opioid Overdose

RETROSPECTIVE COHORT, MASSACHUSETTS PUBLIC HEALTH DATASET, 2012-2014

17,568 opioid overdose survivors
with ambulance or hospital encounter

Only 3 in 10 receive MOUD*
over 12 months of follow-up



*Medication for Opioid Use Disorder

Mortality at 12 months:
4.7 deaths / 100 person-yrs

Association of MOUD* with mortality:

Methadone ↓ 53%

Buprenorphine ↓ 37%

Naltrexone** ↔

** *limited by small sample*

Larochelle et al. *Annals of Internal Medicine*. 2018.

BOSTON MEDICAL CENTER

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CARE

BOSTON UNIVERSITY SCHOOL of Medicine

Current process and staff involved at Connections for Reports (Kardex and missed dose report)

- Reviewed by CC for care review and transitioning clients to care elsewhere.

- Reviewed by CC and Medical Coordinator if known upcoming MD shortages to ensure no interruption in care due to clinic issues.

- Reviewed by CC & CLW/Peer group for outreach.


*token picture of alley *

Missed Dose/Lost to Care/Outreach Protocols

CONTACT LISTS

The clinical coordinator (or other nurse when clinical coordinator is not here) will print an updated Kardex for the CLWs. Pharmacy will print a "missed dose report" and a copy should be given to the CLWs. On the weekends when the Kardex may not be updated in time, use yesterday's Kardex and missed dose list as a guide.

CONTACT PRIORITY

The priority of people to contact is as follows:

- ***Priority 1 (to be done every day):***
  - Anyone who has MISSED 2 DOSES IN A ROW and is at risk of having their script cancelled or cut back
- ***Priority 2 (to be done when time permits):***
  - Anyone who has missed 1 dose and can be contacted by phone
- ***Priority 3 (to be done once weekly, on the weekend):***
  - Anyone with expired prescription or on the "LOST TO CARE" list who we can contact (PharmaNet checks for people on this list is very useful)
  - If we contact someone who is lost to care, they should be reminded that coming to DTES Connections as early as possible is best to make sure they can see the Doctor

Successful and unsuccessful attempts at contacting people should be logged into EMR so these statistics can be tracked. Contact information should be updated as required.

LOGGING OUTREACH IN EMR & PARIS

Log a "**NEW ENCOUNTER**" and change the title from "**Problem 1**" to **"OUTS"** for ***successful contact*** and **"OUTN"** for ***unsuccessful contact***.

Leaving a phone message for someone or at the desk of their housing (if it's supported housing or run by a good provider) is a successful contact. If the phone number is not in service or the person who answers doesn't know the person you're calling about, that's an unsuccessful contact. Leaving messages at private SROs (like the Balmoral) isn't recommended.

Every client should have a risk assessment screen completed in PARIS. Please see VCH-wide policy for details
http://vch-connect/ee/workplacehealth/my_safety_at_work/community_risk_screen_program/Pages/default.aspx

OUTREACH BY PHONE/EMAIL

At 10am, when all 4 CLWs are on site, they will touch base in the reception office and discuss the day's outreach strategy.

One CLW will take the list to a quite work space and make phone calls from either the clinic phone or Connections cell phones to try to contact people. Make simple notes on the list, cross off people who have been contacted or for whom messages have been left.

OUTREACH BY FOOT

Outreach on foot is time consuming and should be done primarily for people who have no other means of contact, if they have given us permission to outreach them and if there is information on file about where they might be found.

Outreach on foot should be done by a CLW or a Peer only after the CLWs have gone through the whole list and contacted everyone possible by other means (phone, email, etc.). It is crucial to get good information at intake about when, where and how we can conduct outreach for someone, including finding out where the person hangs out, their Insite handle, etc.

OUTREACH SAFETY:

If a staff member feels unsafe or uncomfortable, they should leave the situation immediately and notify coordinators or NIC. Staff safety takes priority over providing services. Outreach is usually a 1-person job, unless the person or location you're outreaching is not safe (see VCH policy above).To determine if outreach is safe staff should check**..**

- **Safety concerns around the building or area where client is likely to be contacted.**
- **Client's history of behaviour issues (verbal or physical) impacting on staff safety.**
- **Review of PARIS & EMR charts if unfamiliar with client**
-

It is essential that the person doing outreach verbally communicates to the other CLWs and Peers about where and when they are going, and writes details on the white board including phone taken. It is better to over-communicate than under-communicate. If staff are going home directly from outreach they must contact clinic when outreach over to let staff know you are safe and going home for the day. Coordinators or NIC to follow up with staff member if not heard from by expected return time

DON'T FORGET TO SIGN OUT AN OUTREACH PHONE AND WRITE THAT PHONE NUMBER ON THE RECEPTION BOARD!

What BOOST OUD Report may contribute

- Daily snapshot of upcoming expiring scripts (in case there are delays with data entry)
- Accurate # of days someone has had consistent therapy. (differentiates initial start date with frequent restarts from consistent adherence)
- Review of stage of treatment for all clients

BOOST OUD Report Receiving Process

- Received by Clinical Coordinator daily at varying times

BOOST OUD Report Reviewing Process

- In progress…
- Currently only being reviewed against current Kardex for inconsistencies - some names on OUD report no longer with Connections.

BOOST OUD Report Action Process

- …In progress

- Currently looking at how to add/incorporate additional report to outreach and care review.

- Currently looking at how to share info in clinic. Huddle? Printed copy at front for reminders.

Current Challenges with BOOST OUD Report

- DTES Connections uses 2 daily reports currently, but good info on BOOST OUD report that may help ongoing care at Connections.

- Some info we use on Kardex not on BOOST OUD report yet :

1. Cancelled Rxs from missed doses.
2. Pharmacare coverage and income
3. HIV status
4. Address
5. okay to outreach

Take away

- Having some sort of tracking/missed dose report has assisted in interdisciplinary care in clinic.
- Currently BOOST OUD report offers some good information and we are looking at how to incorporate.
- Connections not ready to switch over to BOOST OUD report but could reduce some workload.
- Some teams may not have report system in place and BOOST OUD report could be used. May increase intervention.

Thank you

Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative

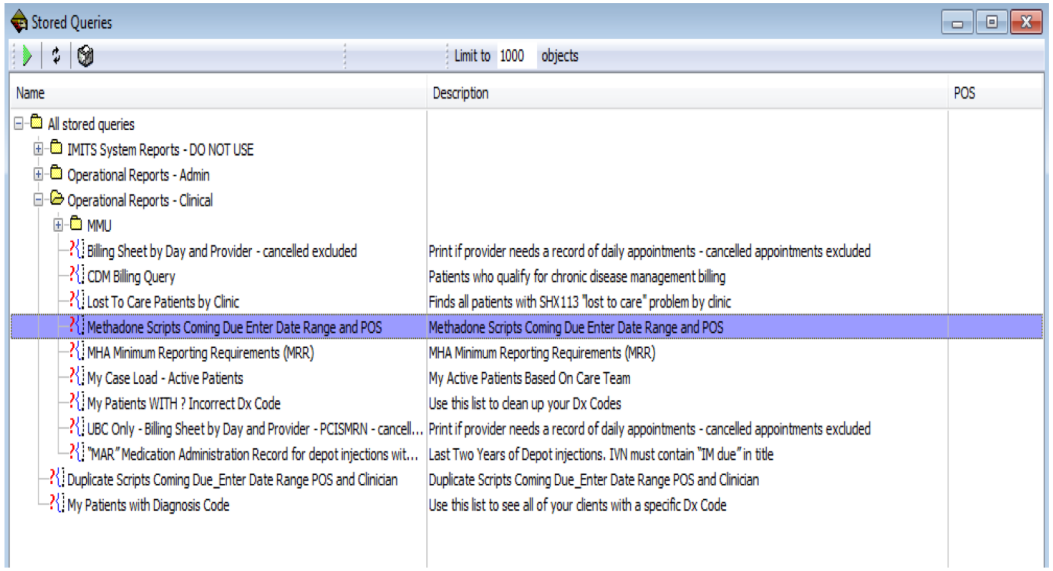
BOOST Collaborative

"What to do with this new daily OUD report?"

Brynn Grierson PCM
Vickie Lau CNL
Eric Eligh RN
Dr. Andrea Szewchuk Family Physician

Receiving Process

- The daily reports are emailed to Vickie Lau (CNL) and Eric Eligh (Substance Use Disorder Nurse) in the morning (Thx Cole!)
- OUD daily report is used with the “Methadone Scripts Coming Due…” due to timing.



Reviewing Process

- Eric reviews the daily OUD report. If Eric is gone one of the other RN's at the clinic is assigned to review
- The daily review allows the interdisciplinary team at the JRC to plan their day and cluster care
- The daily report also allows the clinic to identify which clients have an appointment that day to see an MD for OUD and which need to be reminded.

Action Process

- Clients that have an appointment are pre-screened in order to streamline their interaction with their MD.
  - Missed doses are assessed,
  - Need for Urine drug screens are noted
  - Need for education or harm reduction supplies is outlined
  - Direction for additional substance use interventions planned or in the works is outlined

- Clients without an appointment are NOT pre-screened, the front desk staff attempts to reach them by..
  - Phone number on file
  - Phone call to STOP for outreach
  - Reminder phone call to patient pharmacy
  - Phone call at regular hangouts and with building support workers

Additional Considerations

- Challenges
  - The report is often not ready when SUD RN is completing pre-screens
  - If alternative RN to complete, can be difficult to fit into their role

- Roles & Responsibilities:
  - Primary person using OUD report is the SUD RN: Reviews, prescreen as appropriate, delegates phone calls to patients and trouble shoot issues that arise

Best-Practices in
ORAL OPIOID AGONIST
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Thank you