Hearing From the Vancouver BOOST Teams: Portland Hotel Society

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BOOST Collaborative: PHS Healthcare

Objective

- Overview of the quality improvement projects undertaken by PHS Healthcare in 2018.
- Share the challenges and successes encountered throughout the BOOST Collaborative.

PHS Healthcare

- Low-barrier, comprehensive primary care, mental health and addiction treatment services in Vancouver and Victoria.
- Majority of our patients have complex health challenges, including addiction and mental illness, that are exacerbated by homelessness and experience of trauma.
- Clinical services are embedded within the Portland Hotel Society's supported housing as well as our primary care clinic - Columbia Street Community Clinic.
- At CSCC, 2 physicians and 2-3 nurses see up to

  50 patients a day, 5 days a week.

Best-Practices in ORAL OPIOID AGONIST THERAPY Collaborative

PHS Healthcare

BOOST Collaborative Team: Nurses Sarah Foster and Kathryn Campbell, with help from CSCC MOAs and physicians.

Joined the Collaborative to learn about QI, Identify and improve gaps in care and connect with other teams.

OSCAR EMR does not have an OUD form; Had to adapt and find efficient ways to track client OAT dosing and retention levels. We focused on:

- Monthly chart reviews of our POF OAT dosing and retention levels.
- Monitoring missed dose faxes and billing records.
- Improvements to the clinic space and appointment flow.

Population of Focus: 50 of the most frequent patients at CSCC who are currently on a sub-therapeutic dose of OAT. Expanded focus to include outreach to patients that regularly miss their OAT doses. Aim: 80% of our POF at an optimal therapeutic dose of OAT by June 2018.

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Change Tested

Increase rates of optimal therapeutic doses of OAT

Interviewed POF to determine what barriers exist to titrating their OAT dose and what interventions we can implement to assist in reaching a therapeutic dose. At intake, we asked each participant:

1. How do you feel on your current dose?
2. Are you still using? How much?
3. Do you have any withdrawal? Cravings?
4. Would you like to increase your dose? If not, why?
5. What, if any, are the barriers to accessing your medication or increasing your dose?
6. How can we help?

Results:

Barriers

- Withdrawal and cravings (dose is too low)
- Can't get to pharmacy (due to withdrawal, injury, chronic pain, anxiety, depression)
- Can't get to clinic – unstable housing/NFA (miss pharmacy deliveries) or live far away
- Feel judged – "everyone thinks I look like a junkie"
- Don't want to come to DTES – feel triggered
- Clinic is too busy, creates anxiety
- Medications are sedating, don't want to increase

Interventions

- Increase clinic hours
- Reduce wait times
- Pick up Rx at front desk
- Call to remind of Rx renewal
- Prescribe medication for withdrawal while titrating to therapeutic dose
- Rapid dose increases
- Prescribe more carries
- Pharmacy deliveries (3 patients changed to delivery)
- Assist with finding stable housing

Outcome

Changes implemented:

- Increased reminder calls
- Increased pharmacy deliveries to patients
- Provide social work hours in clinic
- Monthly collaborative care planning meetings (overdose outreach team, DCC)
- Increased OAT starting doses/rapid titrations
- Changes to the clinic reception area to allow for more client privacy
- Signs in the waiting room explaining intake process
- Improved waiting area (installed a television, more reading material, tea)
- Hired peers to assist patients and help with clinic flow
- Created a client suggestion box
- Improved nurse charting to create more efficient doctor visits
- Reminders to physicians to not end scripts on a Friday or Monday, if possible

To Do:

- Research trends in patient volume, schedule doctors accordingly
- Consider creating a fast track system for script renewal
- Consider offering appointments for some patients
- Do a follow up client survey

Change Tested

Monitor missed dose fax alerts from pharmacies

- When a patient missed two doses in a row of any OAT, attempted to contact the patient by phone, outreach workers or alerts to clinic staff (check Pharmanet).
- Collaborated with two pharmacies to have them send consolidated reports (bi-weekly or monthly).

Results:

- Tried several cycles of using missed dose reports as a way to identify clients lost to care (daily and monthly reports).
- Time staff spent monitoring the missed dose faxes and connecting with patients did not create a noticeable effect on outcomes.
- The data gathered showed that most patients returned to the clinic on their own for script renewal or dose increases.

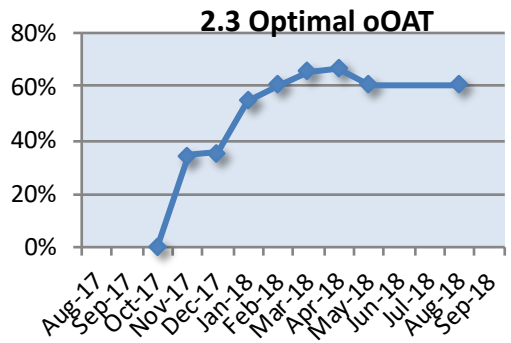
Change Tested

OSCAR billing reports

- MOA identifies patients that have been lost to care, tracks patients in spreadsheet.
- Nurse does chart and PharmaNet reviews; If patient not receiving care elsewhere, provides outreach to the client (call their residence, leave messages with outreach team or pharmacy).

Results:

- In August 2018, we tracked 27 clients through billing reports.
- As a result of the outreach, 6 clients re-engaged with care at the clinic. For the remaining clients, we left messages with the client's housing or their outreach team and flagged their charts.



In April 2018, 67% of our POF reached a therapeutic dose of OAT.

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Change Tested

Peer accompaniment program

The appointment coordinator tracked all off-site appointments, including which appointments involved peer accompaniment and what the appointment outcomes were.

Results:

March 12-23:

56 appointments total.

14 appointments had a peer accompany:

14 attended their appointment – 100%

42 appointments had no peer accompany:

15 attended their appointment - 36%

18 did not show up for their appointment.

9 cancelled their appointment.

May 1-15:

47 appointments total.

11 appointments had a peer accompany:

10 attended their appointment – 90%

1 cancelled their appointment.

36 appointments had no peer accompany:

10 attended their appointment - 28%

17 did not show up for their appointment.

9 cancelled their appointment.

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Lessons Learned

Challenges:

- Finding time to prioritize quality improvement.
- Finding the most efficient process - monitoring missed dose faxes can provide useful information but the process is too time consuming.
- Finding efficient ways to measure our progress.

Successes:

- The data has shown us our team does a good job in supporting our clients that struggle the most.
- We do a great job with rapidly titrating clients on OAT.
- We have seen a pattern of improvement with many of the POF client's health and social situations. The clients continue to engage with us, a sign that they feel supported and connected.

Biggest Lesson:

- We can find ways to adapt, even with the limitations of our EMR. Monitoring OAT billings has been the best way to track client engagement and retention on OAT.

phs health care

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