

Heatley and Women's ICMT

- BOOST ICMT's team:
Michelle Apps (SW), Marjory Ditmars (nurse), PJ Harston (peer specialist), Natasha Lineham (NP), Smadar Levinson (Team Leader) & Patti Zettel (manager)
- ICMT's work with people in the DTES who have severe problematic substance use, unmet chronic health conditions and experience multiple barriers for accessing services
- ICMT's use assertive outreach model of care

Aim Statement

- All of ICMTs' clients are assessed for Opiate Use Disorder (OUD) and properly diagnosed (304.0).
- 50 % of ICMTs' clients who are diagnosed with OUD are initiated on oral opiate agonist treatment (not including clients who are already receiving opiate agonist treatment).
- 50 % of ICMTs' clients are retained on oral opioid agonist treatment for more than 3 months
- All of ICMTs' clients are trained on THN and received a THN kit
- 75% of ICMTs' clients who have been on oral opioid agonist treatment will be assessed by MH specialist

Describe your Population of Focus

- Live in the DTES and over 19 years old
- Meet the criteria for Intensive Case Management Team model of care:
 - Heatley ICMT: frequent users of ED and high number of hospital admissions
 - Women's ICMT: marginalized women who do not access care

On Nov 23rd:

- 55 % of ICMT's shared caseload was diagnosed with OUD
- 43 % of ICMT's overall caseload was on oOAT
- 27 % of clients with OUD were not on oOAT

Changes Tested

- We started with reviewing and cleaning our caseload:
 - We developed a plan to review caseloads by clinician
 - We updated the list and nudged our clinicians weekly
 - We set up a goal of completing this by Nov 29th

- We identified the following gaps:
 - The teams asked for more education:
 - ✓ We scheduled education session for the team with our physician
 - The teams asked for more direction on how to implement OUD assessment, induction and retention in a multidisciplinary team:
 - ✓ We are working on ICMT's specific oOAT workflow using PDSA cycle

Lessons Learned

- We learned that despite the multiple challenges of getting ICMT engaged in oOAT our numbers were higher than expected
- We started the BOOST late and ‘rushed’ through the initial stages which led to some resistance from the teams; we responded by staying open to feedback, adjust our aim, use multiple strategies to communicate with the team’s members

Looking forward...

- Clients' voice: we are working to set up a focus group to capture our clients' voice and share with other BOOST teams
- THN education and dispensing: we are working on a plan to add to our ongoing dispensing a twice a year blitzes to ensure all ICMT's clients get the kits
- We are working on a draft for the oOAT workflow for ICMT's and have a plan to role it to the teams

Contact Information

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