Methadone Prescriber Practice and Client Retention: South MHSU

For the BOOST Collaborative

We would like to acknowledge that we are meeting today on the traditional unceded homelands of the Musqueam, Squamish, and Tsleil-Waututh Nations

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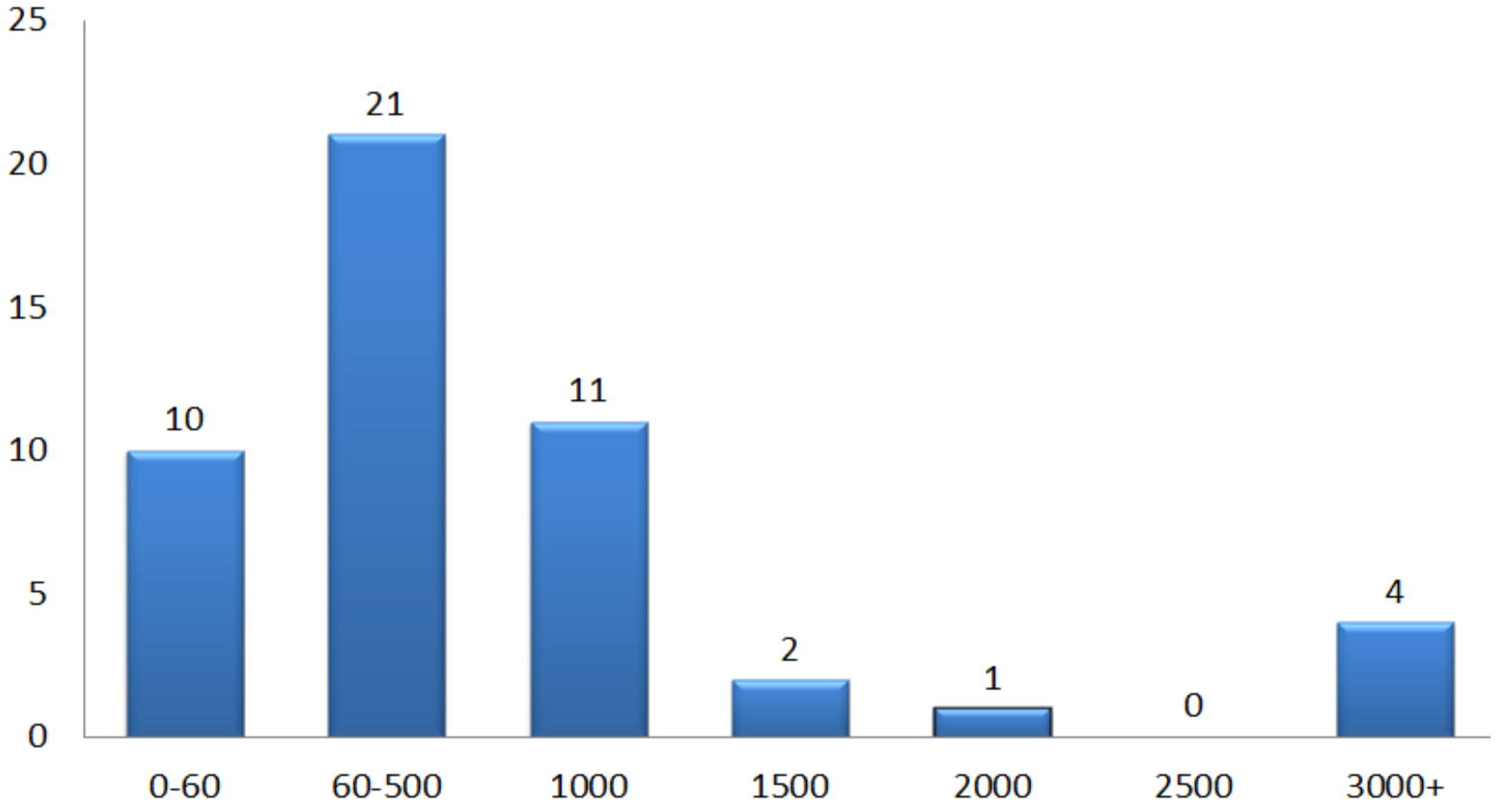
Vancouver Coastal Health

Background

- Addiction medicine programs moved from Pacific Spirit and Pearson sites to South MHSU in 2013
- Clinic is open Mon-Fri 830-5, with physician sessions Mon-Wed am and Thurs-Fri all day
- Limited staff turnover in nursing, physician, and support staff roles
- Currently, 49 clients on methadone
- Many clients are prescribed antidepressants and/or seroquel from their methadone prescriber.
- **A review of retention rates indicate above-average long term retention when compared to other VCH clinics**

Days of Retention - 49 Methadone Clients



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Current Prescriber Perspectives

- Consistent and fair prescribing as per College/best practice guidelines amongst all prescribers on site
- Strong prescriber-client relationship, reflected in clients following prescribers when they changed clinics or after client relocation
- All client are urine tested in-office and are opiate positive before methadone prescribed

The 3 C's

CONTROL, CHOICE, and CONSEQUENCE

When starting methadone, clients are able to see the benefit of this treatment program while still using opiates (i.e. the starting dose is low for clients with high daily opiate use)

With stability comes more choices:

- 1 DWI/ 6 carries weekly
- Script portability throughout BC
- Metadol tablets for travel
- Split dosing for pain control

Client specific directions on script for clear outcomes of missed doses

Guidelines vs. Practice

2018 Guidelines

- 20-30mg/day starting dose
- Slow increase 5-10mg every 5 or more days
- Seen for reassessment weekly during titration

Office Practice

- 30-40mg/day starting dose
- Reassess in office or phone to accommodate client's needs

Maintaining prescriptions

Efforts to contact the clients

- Reminder call day before or day of
- Follow-up call if client does not show for appointment

Contingency plan made to continue rather than interrupt treatment

- Will fax, rebook and reassess with nurse
- Friday client may receive a bridging script to cover the weekend; clients must see Monday Doctor

Prescribing Practices

30 to 40 mg/day start dose

Not always waiting 1 week to increase dose or to attend weekly for dose titration, depending on client

Rapid titration for restart following missed doses

EXAMPLE:

Client stopped 160 mg/day methadone for 6 days and asks for restart.

Restart: 40 mg/day DWI on Aug 30/18.

Then 50 mg/day DWI on Aug 31/18.

Then 60 mg/day DWI on Sept 1/18.

Then 70 mg/day DWI on Sept 2 to 4/18.

Then 80 mg/day DWI on Sept 5 to 13/18.

Case Study

Male, age 31, lives with girlfriend, both are polysubstance users
Previous OAT – Suboxone up to 16mg/day June 2018, planned self taper

4 methadone starts since July 2018

Start #1 (In hospital) – July 20, script for 4 days –30 mg/day DWI

- did not attend f/u appt

Restart #2 – July 26, script for 30 mg/day DWI x 2 days, then increase by 10 mg to 40mg/day DWI

- did not attend f/u appt

Restart #3 –Aug10, script for 30 mg/day

- returned to clinic Aug 17 to increase to 40 mg and Aug 20 to increase to 50mg
- missed follow up Aug 24 due to work

Restart # 4 – Aug 28 drop-in, states feels best on 40mg/day. started on 30 mg/day x 1 day then 40 mg/day for 7 days.

- Returned to clinic Aug 31 –dose increase to 50 mg/day

South MHSU Success

Focus on stigma affecting clients

Focus on connections between staff, clients and families

BOOST outcomes:

- Reminder calls
- Follow up on missed doses
- Pharmacy contact
- Client surveys

Still to go:

- Streamlined access between counselling and OAT