



Best-Practices in
**ORAL OPIOID AGONIST
THERAPY Collaborative**



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BOOST Collaborative



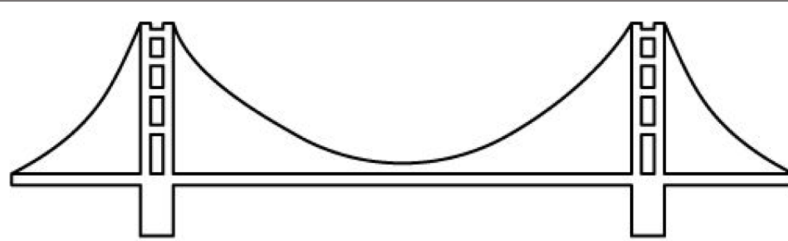
Best-Practices in
**ORAL OPIOID AGONIST
THERAPY** Collaborative



Outline

- Closing the Gap & Our QI Journey
- What we wanted to accomplish?
- What success look like?
- Room for Improvement
- What's next?

Closing the gap...



What we know?

- **Methadone, suboxone and possible SRM reduce morbidity and mortality**
- **Evidence-based OAT treatment guidelines are already in place**

What we do?

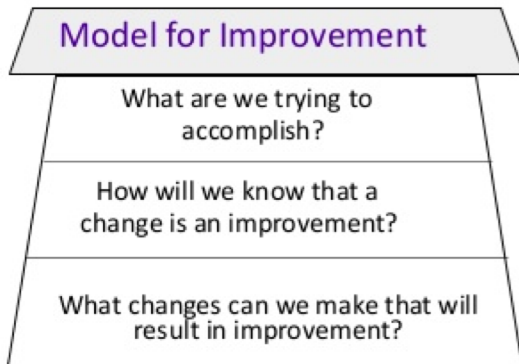
- **Reactive system of care**
- **Did not know the population well**
- **Poor retention on Methadone (29% at 12 months)**



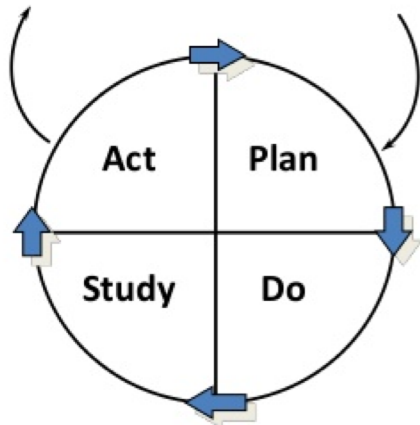
September 2017 – QI Journey



What are we trying to accomplish?



← Aims



To provide equitable access to integrated, evidence-based care to help our population of clients with opioid use disorder

How will we know that a change is an improvement?

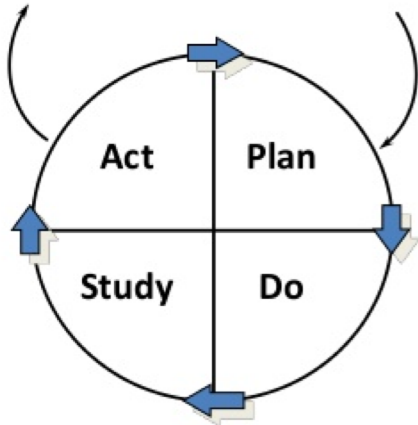
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

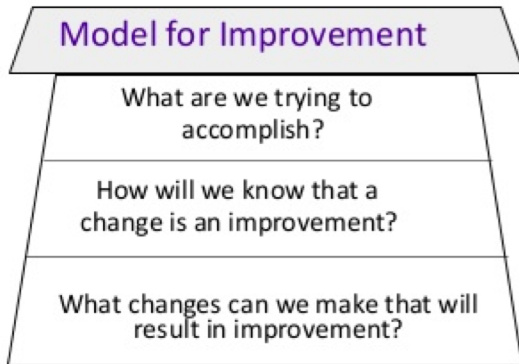
What changes can we make that will result in improvement?

← Measurements

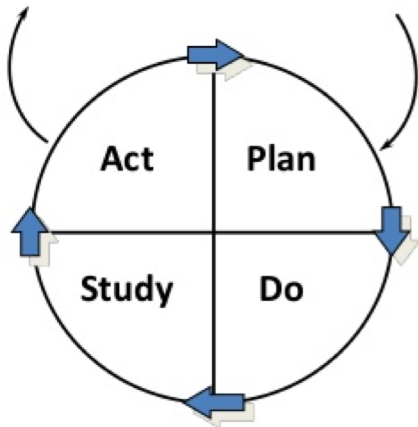


- **95% initiated on OAT**
- **95% retained in care (OAT) for ≥ 3 months**
- **50% average improvement in Quality of Life score**

What Changes can we make that will result in improvement?



← Change ideas



*The Improvement Guide
Langley et al (1996)*

Examples of changes ideas tested: Diagnosis and Treatment Initiation



Appointment reminder calls

Open up drop-in times



Liaising with Stabilization clinics



Examples of small changes Treatment Retention

New starts and lost to care outreach



Develop a process not to end prescriptions on a Friday

Collaboration with other clinics for bridging prescriptions



Notification/Alert

Sending a letter to the pharmacy with client to ensure notification of missed doses

Standardized clinical data entry

Tracking

- Standard diagnostic code
- Retention on therapy
- THN training
- Pharmacy info

OD Visit Template for TEST, CABLE

Print Defaults Set Reset 7

Save Save and Close DS

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

Primary OAT Site External (not in our EMR) Primary OAT Site Portland Hotel Society

Primary OAT Prescription

	Last Entry1 04 May 2018	Last Entry2 25 Apr 2018
OAT:	Methadone	Methadone
Daily dose (mg):	110 Qty: 1650	100 Qty: 800
Start Day:	04 May 2018	25 Apr 2018
Last Day:	18 May 2018	02 May 2018
Rx Duration (days):	15 (days)	8 (days)
Carry Directions:	<input type="radio"/> DWI <input checked="" type="radio"/> CARRIES	DWI
Witnessed Ingestion:		
Direction For Use:	no carries	no carries
	Dose increase	Dose unchanged
Treatment stage comment:	split dosing for two different pharmacies for travelling	

Copy From Last Entries Create Rx

Supplementary Prescription Show

	Last Verified Date	Verified Today?
Yes Has THN kit	04 May 2018	<input type="checkbox"/>
Yes Has THN training	24 Nov 2017	<input type="checkbox"/>
Yes Has access to harm reduction supplies	20 Oct 2017	<input type="checkbox"/>
Yes Aware of supervised consumption sites	20 Oct 2017	<input type="checkbox"/>

PROMIS Quality of Life Latest score: 28 Date: 04 May 2018 First score: 28 Date: 04 May 2018

Linkage to social work/counseling discussed Last checked: 04 May 2018

plans to see SW for help with housing application

Treatment course

Client ever been on OAT?

First ever start date

Most recent OAT start date

OAT duration

Visit Checklist

Pharmant Relieved

Any ORT missed doses in la

If yes, describe:

Current substance use

Last Checked: 04 May 2018

small amt crack, heroin or

ODs in the last 30 days?

Care Team Role

Pharmacy (Supplier) - Pre...

Rapid UDS Results Cum

Cocaine: Positive

Amphetamines: Positive

Methadone: Positive

Opioids: Positive

Oxycodone: Positive

Benzodiazepines: Positive

Fentanyl: Positive

Buprenorphine: Positive

PLEASE PRINT

PERSONAL HEALTH NO. PRESCRIBING DATE

12 Sep 2017

PATIENT NAME FIRST INITIAL LAST

STREET ADDRESS CITY PROVINCE DATE OF BIRTH

VANCOUVER BC 27 Apr 2000

Rx DRUG NAME AND STRENGTH METHADONE 10 mg/ml DUE TO THE PATIENT'S INABILITY, I CONFIRM DELIVERY IS REQUIRED. PRESCRIBER'S SIGNATURE

NUMERIC QUANTITY ALPHA

700 mg SEVEN HUNDRED mg

START DAY: 12 Sep 2017 LAST DAY: 18 Sep 2017

100 mg/day

CIRCLE ONE DWI OR CARRIES

SPECIFY NUMBER OF DAYS PER WEEK OF WITNESSED INGESTION IN PHARMACY

DIRECTIONS FOR USE METHADONE 7 (SEVEN)

PRESCRIBER'S SIGNATURE

PRESCRIBER'S INFORMATION CPSID

FOLIO

PHARMACY USE ONLY

RECEIVED BY PATIENT OR AGENT SIGNATURE SIGNATURE OF DISPENSING PHARMACIST

Practice/Patient Reports

20180830_BOOST_ALL_ID-removed.xlsx - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

Normal Page Layout Custom Views Full Screen

Workbook Views Show

Zoom 100% Zoom to Selection

New Window Arrange All Freeze Panes Unhide

View Side by Side Synchronous Scrolling Reset Window Position

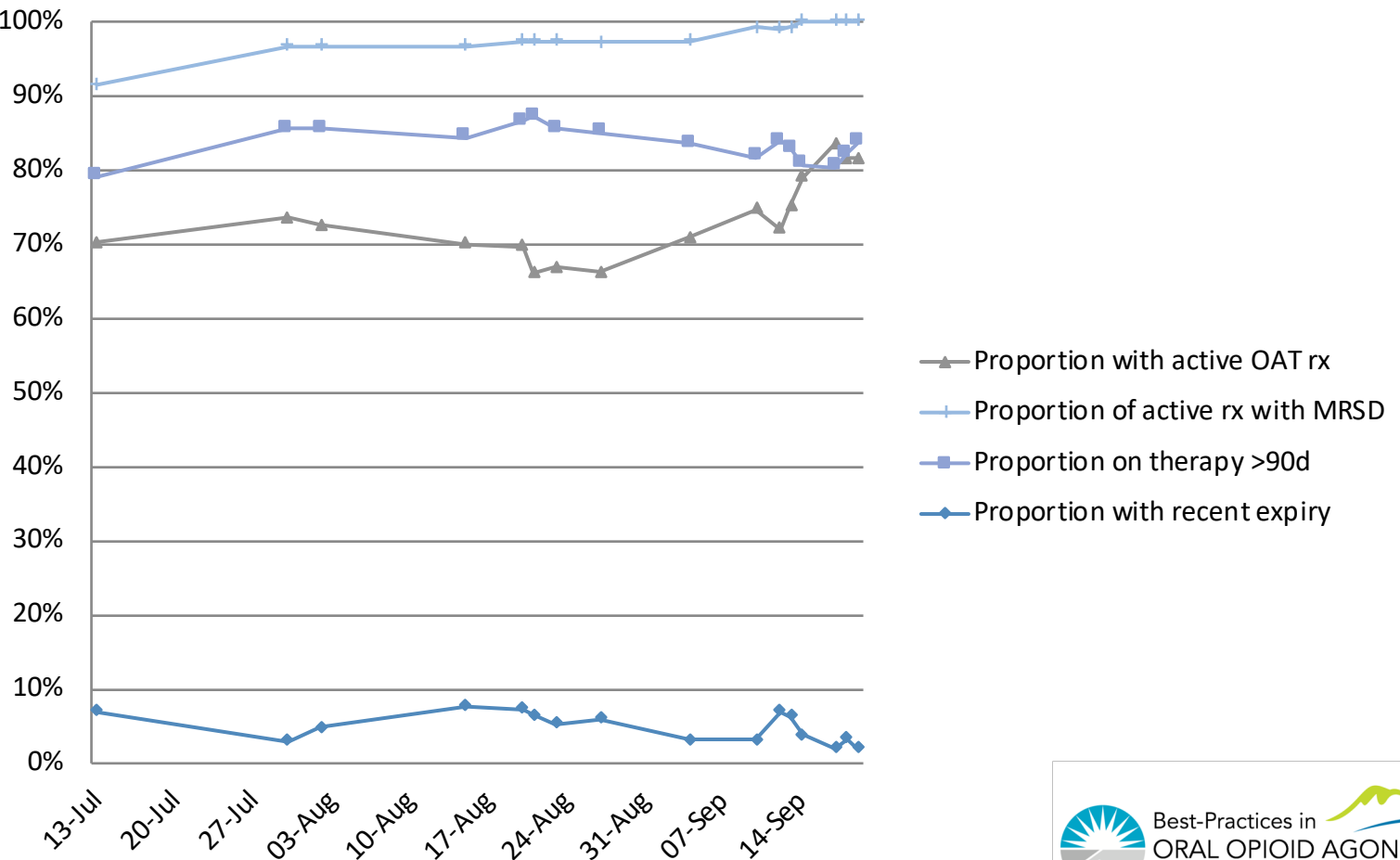
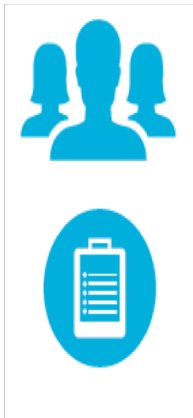
Save Workspace Switch Windows Macros

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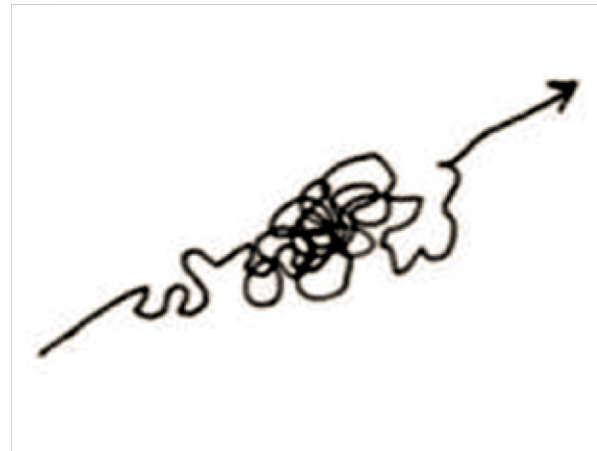
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Primary OAT Sh-T	First PA	Fi	Primary OAT	Daily Dose	Rx Start	Rx End	Treatment Stage	Supp Rx Dat	Supp Rx	Has THN trainin	OAT Duratio	PC POS	Alt POS	MRP	AP	Form Di		
146	RSG										Yes	2	RSG		MINORBURY		5-Me		
147	RSG										Yes	120	RSG		KBEI		8-Me		
148	RSG										Yes	482	RSG	EAS,RAS		MVILJOEN	30-A		
149	RSG										Yes	211	RSG	RAS	NEICHHORST		16-Me		
150	RSG			Suboxone (bup/nal)				Dose unchanged			Yes	290	RSG	PEN,RAS			20-A		
151	RSG										Yes	203	RSG	VKLASSEN			23-Me		
152	RSG			Methadone				New start on OAT				154	RSG	MMU	CSTANLEY		20-A		
153	RSG			Kadian (SROM)				Dose Increase			Yes	161	RSG	PEN,MMU			20-A		
154	RSG							Declines OAT					RSG	IYC,RAS			20-A		
155	RSG							No prescription given					RSG				20-A		
156	RSG							Declines OAT					RSG				28-A		
157	RSG										Yes	217	RSG	RAS	CDJURFORS		17-Me		
158	RSG												RSG		NEICHHORST		27-A		
159	RSG										Yes	18	RSG	RAS,RAA			27-A		
160	RSG			Suboxone (bup/nal)				Dose unchanged			Yes	549	RSG	RAS			27-A		
161	RSG												RSG		CSTORY		20-A		
162	RSG			Methadone	1	1-Jun-18	3-Jun-18	Dose decrease - self-imposed			Yes	1027	RSG		MINORBURY		28-Me		
163	RSG			Methadone	30	4-Jun-18	11-Jun-18	Restart on OAT			Yes	0	RSG		MINORBURY		4-Jul		
164	RSG			Methadone	30	10-Jun-18	18-Jun-18	Restart on OAT			Yes	0	RSG		AREMOCKER		10-Jul		
165	RSG			Methadone	30	11-Jun-18	18-Jun-18	Restart on OAT			Yes	0	RSG	MMU	MINORBURY		11-Jul		
166	RSG			Suboxone (bup/nal)	2	21-Jun-18	27-Jun-18	Dose increase			Yes	112	RSG	STR	VKLASSEN		21-Jul		
167	RSG			Suboxone (bup/nal)	14	1-Jul-18	10-Jul-18	Dose unchanged			Yes	50	RSG	IYC,MMU,STP,CPS,R	CDJURFORS	WCNNORS1	17-Jul		
168	RSG			Methadone	2	11-Jul-18	17-Jul-18	Dose decrease for planned taper			Yes	101	RSG	PEN,RSG,HMH,DCH	CDJURFORS		10-Jul		
169	RSG			Suboxone (bup/nal)	2	12-Jul-18	18-Jul-18	Restart on OAT	29-Jun-18	Suboxone (bup/nal)	Yes	0	RSG	EAS	DCOETSEE		11-Jul		
170	RSG			Suboxone (bup/nal)	16	21-Jun-18	18-Jul-18	Dose unchanged			Yes	110	RSG		NEICHHORST		20-Jul		
171	RSG			Suboxone (bup/nal)	3	17-Jul-18	23-Jul-18	Restart on OAT			Yes	0	TBR	RAS,RAA	MINORBURY		17-Jul		
172	RSG			Suboxone (bup/nal)	16	28-Jun-18	25-Jul-18	Dose unchanged			Yes	10	RSG		DCOETSEE	MVILJOEN	28-Jul		
173	RSG			Suboxone (bup/nal)	2	19-Jul-18	25-Jul-18	Restart on OAT			No	0	RSG	SAS,MMU			19-Jul		
174	RSG			Methadone	37	13-Jul-18	26-Jul-18	Dose decrease - self-impose	12-Jul-18	Methadone	Yes	741	RSG		JBEAVERIDGE		12-Jul		
175	RSG			Suboxone (bup/nal)	16	21-Jul-18	26-Jul-18	Dose unchanged			Yes	80	RSG		DCOETSEE		21-Jul		
176	RSG			Suboxone (bup/nal)	10	12-Jul-18	8-Aug-18	Dose unchanged			Yes	922	RSG		AREMOCKER		11-Jul		
177	RSG			Methadone	20	2-Aug-18	8-Aug-18	Restart on OAT				0	RSG		AREMOCKER		2-Aug		
178	RSG			Kadian (SROM)	1100	22-Jul-18	10-Aug-18	Dose unchanged			Yes	316	RSG	MMU	GKO		22-Jul		
179	RSG			Kadian (SROM)	1100	22-Jul-18	10-Aug-18	Dose unchanged			Yes	316	RSG	MMU	GKO		22-Jul		
180	RSG			Kadian (SROM)	60	10-Aug-18	13-Aug-18	Restart on OAT			Yes	0	RSG		MINORBURY	KMATTHEIS	10-Aug		
181	RSG			Suboxone (bup/nal)	10	6-Aug-18	13-Aug-18	Dose increase			Yes	6	TBR	SAS	MINORBURY		5-Aug		
182	RSG			Methadone	30	7-Aug-18	14-Aug-18	Restart on OAT			Yes	0	RSG	IYC,DTC	VKLASSEN		7-Aug		
183	RSG			Methadone	100	14-Aug-18	14-Aug-18	Dose unchanged			Yes	2141	RSG		CSTANLEY		14-Aug		
184	RSG			Suboxone (bup/nal)	18	7-Aug-18	14-Aug-18	Dose increase			Yes	273	RSG	RAS	MBURNS		6-Aug		
185	RSG			Methadone	30	8-Aug-18	14-Aug-18	Restart on OAT			Yes	0	RSG		DCOETSEE		8-Aug		

Teams can track improvement

A run chart...



What success looks like?



Results (1):

Of those with Active 304.0 OUD: (N = 2532)*

84% With a documented encounter (OUD Form created)

62% With an active Rx for OAT

* Only participating teams from PC and Addictions Services

Results (2):

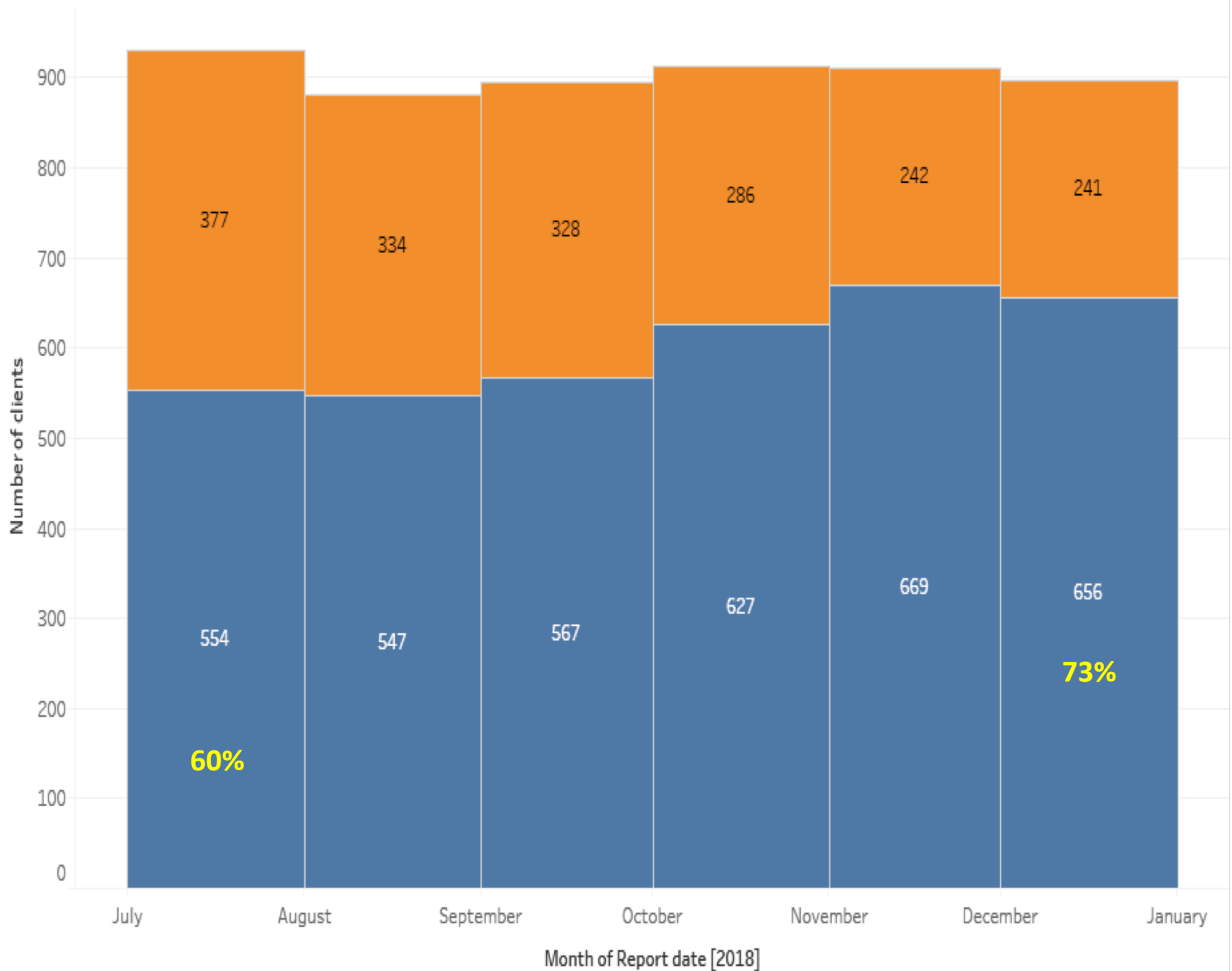
Of those with an active Rx *

73% Have been retained on OAT for more than 90 days,

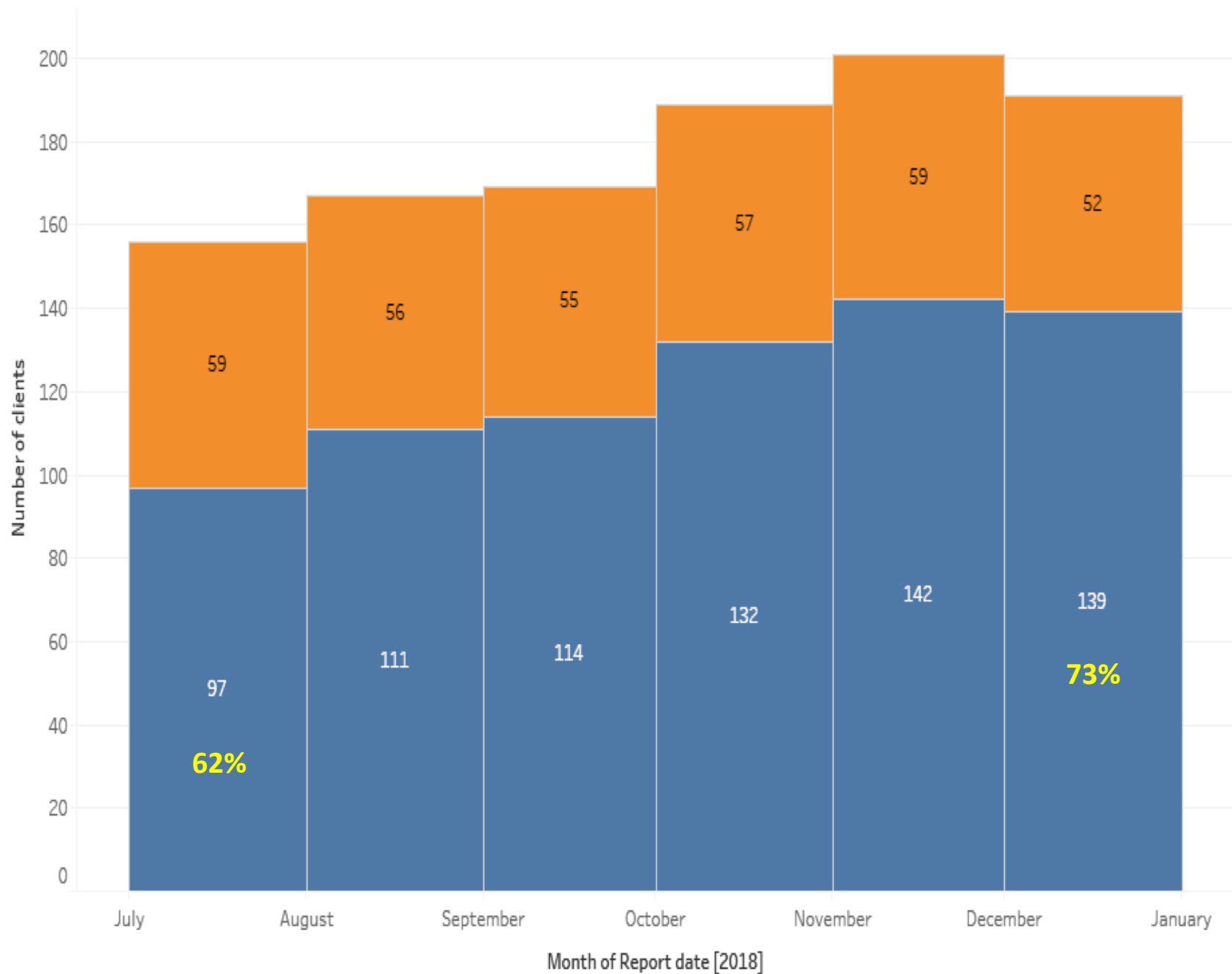
Increased from 60% in July 2018) and an estimated baseline between 30-40%

* Only participating teams from PC and Addictions Services

Number of clients with retention >3mos (blue) among Primary Care BOOST Primary OAT sites



Number of clients with retention >3mos (blue) among Addiction Services teams (EAS, RAS, SAS)



Increased QI Capacity

- Built confidence to test and implement innovative practice changes (PDSA)
- Built awareness on the importance of measurement and the skills to do this effectively in practice





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The biggest room in the world,
is the room for improvement.

Author Unknown

16 % are missing the OUD form

48% have no documented active OAT Prescription

27% are not retained >3 months

Room for Improvement

- Gaps remain
- Challenges in collecting data for Quality of Life
- Delays in the EMR updates and queries
- Limited EMR training and support
- Limited utility of PharmaNet
- Pharmacy reporting on OAT interruption not standardized
- Limited clarity in roles and responsibilities of staff for some teams
- Need to include more client and family voices

What's next?



BOOST

Best-Practices in Oral Opioid agoniSt
Therapy Provincial Collaborative

THANK-YOU!

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