

# Pender CHC

- Pender CHC is a primary care clinic serving the Downtown Eastside with a patient population of approximately  $\approx$  3000
- Our patients encounter numerous medical, psychiatric and social challenges, e.g. poverty and inadequate housing, addictions and chronic diseases, such as HIV, Hepatitis C and COPD
- Pender CHC provides primary care services by physicians, nurse practitioners and nurses
- Social Workers and Counsellors provide a variety of services, including outreaching patients to re-engage, providing individual and group counseling, e.g. Hepatitis C+ Treatment Support Group, Methadone and Suboxone Treatment Group, SMART Group etc.

# Your Collaborative Team

Martin Dodds, LPN

Faiza Khalil – Community Liaison Worker

Yandi Kwa, Nurse Practitioner

Dr. Kristin Prabhakar

Karen St. Clair, Clerical Support Clerk

# Aim Statement

By July 1, 2018, Pender Community Health Centre (CHC) will aim to provide Best-Practices in Oral Opioid Agonist Therapy (BOOST) to our population of patients with opioid use disorder (OUD) by assuring equitable access to integrated, evidence-based care. To achieve these goals, we will modify, as necessary, the current system of care for patients with OUD and measure the following to gauge our success:

- Seek new OUD patients (previously NOT diagnosed) by reviewing substance use history as part of every New Patient intake seen at Pender CHC
- Contact ALL known OUD patients to Pender CHC who have been lost to F/UP
- Contact ALL known OUD patients to Pender CHC who have identified gaps in care, e.g. non-adherent or NOT on oral opiate agonist therapy (oOAT) etc.
- Offer oOAT treatment to ALL OUD patients
- TARGET 95% OUD patients will be initiated on oral OAT
- TARGET 95% OUD patients will be retained in care for > 3/12
- TARGET 50% average improvement in the PROMIS Quality of Life score in ALL treated OUD patients

# Population of Focus

- Focus primarily on the known OUD patients at Pender CHC while seeking new OUD patients in the Downtown Eastside (DTES) inner-city community.

# Changes Tested – PDSA #8

## February 2018

- How does Pender CHC refine and further develop a robust Pender CHC BOOST POF Baseline Registry/ Active Registry
- The Pender CHC's BOOST Team re-ran stored EMR query from PCC EMR QI environment; then COMPARED – Pender CHC BOOST POF Baseline Registry/ Active Registry (02/2018) to Pender CHC BOOST POF Baseline Registry/ Active Registry (10/2018)
- RESULTS – There are 506 TOTAL patients with OUD on the Pender CHC BOOST POF Baseline Registry (02/2018)
  - 58 NEW patients on oOAT with active Rx
  - 27 NEW patients who had oAOT within the last 3/12 but do NOT have active Rx
  - 7 NEW patients with OUD were “Active – for primary care ONLY”
  - 17 NEW patients with OUD had MOGE'd
- AND currently
  - 506 patients coded with ICD-9 Code 304.0 Opiate Use Disorder (02/2018)
  - 24 patients coded with ICD-9 Code 304.0 Opiate Use Disorder (10/2017)

# Changes Tested – PDSA #8

## February 2018

- PREDICTIONS (OUTCOMES)
  - running a F/UP stored EMR query from PCC EMR QI environment will enable the Clinical Support Clerks at Pender CHC to further clean-up PC sites in Paris, e.g. CLOSING patients who have OPEN referrals at Pender CHC clearly seen/ engaged elsewhere (TRUE)
  - running a F/UP stored EMR query from PCC EMR QI environment will enable the BOOST Team at Pender CHC to determine progress over the past 3/12, e.g. majority of patients will have ICD-9 304.0 in Problem List through INITIAL Pender CHC BOOST POF Baseline Registry review (10/2017) and usage of OUD Form in EMR AND majority of OUD patients at Pender CHC will have been registered with the Pender CHC BOOST registry (TRUE)
  - running a F/UP stored EMR query from PCC EMR QI environment will enable the BOOST Team to determine measures to collect for improvement (FALSE)
    - It became apparent that running a F/UP stored EMR query from PCC EMR QI environment, specifically Pender CHC BOOST POF Baseline Registry was helpful to further clean-up PC sites in Paris, e.g. CLOSING patients who have OPEN referrals at Pender CHC clearly seen/ engaged elsewhere BUT NOT helpful to determine measures to collect for improvement (the difficulty in determining measures to collect for improvement was that data was NOT accurate unless the entire Pender CHC BOOST POF Baseline Registry was re-REVIEWED secondary to the fluctuating nature of OUD patient engagement, e.g. while some patients have committed long-term to OAT at Pender, others continue to go OFF/ON oOAT, others may move on or off the Pender CHC BOOST registry secondary to relocation in or out of DTES
- NEXT STEPS
  - The Pender CHC BOOST Team ran stored EMR query using EMR QI Environment, Pender CHC BOOST 2.2N Active oOAT Methadone and Pender CHC BOOST 2.2N Active oOAT Kadian

# Changes Tested – PDSA #9

## February 2018

- How does the Pender CHC BOOST Team interpret the Pender CHC OUD – Active registry – 1<sup>st</sup> REVIEW using EMR QI Environment, Pender CHC BOOST 2.2N Active oOAT Methadone and Pender CHC BOOST 2.2N Active oOAT Kadian
- The Pender CHC BOOST Team ran stored EMR query using EMR QI Environment, Pender CHC BOOST 2.2N Active oOAT Methadone and Pender CHC BOOST 2.2N Active oOAT Kadian
  - NB - the stored query occasionally captures patients from alternate sites, e.g. Downtown CHC (DCH) patient with DCH set as PC in Paris OR those seen at alternate sites, e.g. Portland Hotel Society or Providence Crosstown Clinic who may or may not attend Pender CHC for primary care
  - NB - it is important to understand when the EMR QI Environment was last updated

# Changes Tested – PDSA #9

## February 2018

- RESULTS – There are 371 TOTAL patients on Pender CHC OUD – Active Registry after data clean-up was completed which sub-divided as follows:
  - 319 patients are “Active – Engaged” on oOAT at Pender CHC
    - 253 patients are on Methadone
    - 66 patient are on Suboxone or Kadian
  - 29 patients are “Active – with Gaps in Care”, e.g. OFF OAT in previous 3/12
  - 3 patients are “Active – for primary care ONLY”
  - 19 patients with OUD had MOGE’d
  - 1 patient “Deceased”
- PREVIOUSLY (10/2017)
  - 239 patients were “Active – Engaged” on oOAT at Pender CHC
    - 185 patients were on Methadone
    - 54 patient were on Suboxone and Kadian
  - 62 patients were “Active – with Gaps in Care”, e.g. OFF OAT in previous 9/12



# Changes Tested – PDSA #9

## February 2018

- PREDICTIONS (OUTCOMES)
  - The Pender CHC BOOST Team will subdivide the Pender CHC OUD – Active Registry as appropriate (TRUE)
  - Once the Pender CHC OUD – Active Registry is further sub-divided, the BOOST Team can determine NEXT STEPS in terms of developing quality improvement strategies (TRUE)
  - BOOST Team will continue to REVIEW – Pender CHC OUD – Active registry using EMR QI Environment, Pender CHC BOOST 2.2N Active oOAT Methadone and Pender CHC BOOST 2.2N Active oOAT Kadian as most efficient mechanism to:
    - compare patients who continue OAT vs. those who discontinue OAT
    - document which patients were repeatedly started or restarted on oOAT in previous 1-3/12
    - continue clean-up PC sites in Paris, e.g. CLOSING patients who have OPEN referrals at Pender CHC clearly seen/ engaged elsewhere for OAT
- NEXT STEPS
  - - PDSA to target patients who require repeated oOAT restarts
  - - PDSA to review how we can F/UP on patients who have discontinued OAT – perhaps utilizing role of Care Coordinator to outreach those patients (but first, each patient will need a Care Coordinator assigned to them)

# Looking forward...

- Develop a sustainable system to continue the CQI .

## Long-term Goals :

- Maintain registry
- Maintain community outreach contacts and relationships
- Develop strategies/ opportunities for patient involvement

# Looking forward...

- Current PDSA – In Progress
  - Will monitoring treatment adherence and utilizing wrap-around services, e.g. outreach via Community Liaison Worker/ Peer Support improve treatment retention and patient engagement in NEW patients seen at Pender CHC for oOAT?
  - Will monitoring treatment adherence and utilizing wrap-around services, e.g. outreach via Community Liaison Worker/ Peer Support improve treatment retention and patient engagement in EXISTING patients requiring oOAT RESTARTS in June 2018?
- Future considerations
  - Consider role of oOAT, e.g. Suboxone for those patients with opiate abuse or crystal AMP/ cocaine abuse
  - Learn from other VCH BOOST Collaborative Teams who have implemented, for example:
    - appointment reminders T/C for patients with OUD via liaising with patient or their pharmacies

# Contact Information

- Pender Community Health Centre
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