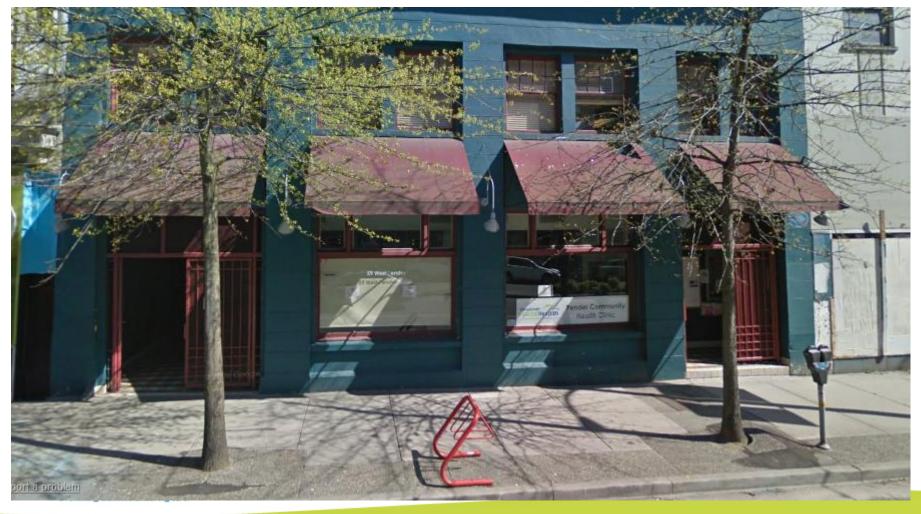# Pender CHC BOOST Team – 2017

Pender CHC

- Pender CHC is a primary care clinic serving the Downtown Eastside with a patient population of approximately ~ 3000

- Our patients encounter numerous medical, psychiatric and social challenges

- Many patients struggle with poverty and inadequate housing, addictions (of course, opiate use disorder)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.

PENDER CHC – BOOST TEAM

Cathy Bennett, RN – Clinic Coordinator

Yandi Kwa, Nurse Practitioner

Dr. Kristin Prabhakar

Karen St. Clair, Clerical Support Clerk

Lynda Thorson, RN – Clinic Coordinator

Alexandra Vause, RN

AIM STATEMENTS

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

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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.

PDSA #1 – Developing a Robust OUD Registry

- How does Pender CHC develop a robust OUD registry?

- BOOST Population of Focus Data CLEAN-UP **PLAN**

- Ran stored EMR query from PCC EMR QI environment BOOST POF Baseline (eliminating duplicates)

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PDSA #1 – Developing a Robust OUD Registry

- How does Pender CHC develop a robust OUD registry?

- BOOST Population of Focus Data CLEAN-UP **DO**

- Most patients with OUD at Pender CHC did NOT have ICD-9 304.0 coded on Problem List

- Most patients were captured on the stored EMR query from PCC EMR QI environment BOOST POF Baseline based on keywords, e.g. heroin, opiates or ICD-9 304.01 Methadone Program or 304.02 Suboxone Treatment

- Over several weeks, data clean-up was completed and ICD-9 code 304.0 updated (1 patient at a time with EMR/ Pharmanet review)

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PDSA #1 – Developing a Robust OUD Registry

- How does Pender CHC develop a robust OUD registry?

- BOOST Population of Focus Data CLEAN-UP **STUDY**

- There were 494 TOTAL patients on Pender CHC BOOST POF Baseline obtained via PCC EMR QI environment
  - 338 patients were "Active", e.g. seen in last 9/12 for primary care
  - 111 patients were "Inactive", e.g. MOGE or NOT seen in recent 9/12
  - 23 patients were "Active – for primary care ONLY"
  - 1 patient deceased
  - 7 patients with H/O OUD, chronically abstinent and NOT on oOAT currently
  - 14 patients did NOT have OUD

PDSA #1 – Developing a Robust OUD Registry

- How does Pender CHC develop a robust OUD registry?

- BOOST Population of Focus Data CLEAN-UP **ACT**

- With the BOOST Population of Focus Data CLEAN-UP complete and ICD-9 code updated, there were multiple undertakings to be considered:
  – How would the Pender CHC BOOST Team move forward with next cycle planning?

    - It was determined that we would take a closer look at the Pender CHC OUD- Active Registry

  – How would the Pender CHC OUD registry be maintained given the fluctuating nature of DTES clientele, e.g. patient relocation, lack of workflow to track patients missing ORT Rx or F/UP appointments?
  – Do we need to/ How do we code for patients with H/O OUD, H/O oOAT – NOT currently on oOAT and no further OUD?
  – Do we need to/ How do we code for patients with H/O chronic pain NOT OUD, on oOAT?

PDSA #1 – Developing a Robust OUD Registry

- How does Pender CHC develop a robust OUD registry?

- BOOST Population of Focus Data CLEAN-UP ACT

- With Clerical Support Clerk (CSC) support, Paris/ EMR will continue to be updated, e.g. for those patients who have MOGE'd, patients' medical record will be inactivated with MRP removed

  - For those patients who continue to attend Pender CHC for OUD, patients' medical record will be updated to ensure Pender CHC is listed as the patients' PC POS
  - For those patient's who attend an alternate team for medical/ OUD care, an e-mail will be forwarded to those teams so that a referral can be OPENED in EMR/ Paris with the PC POS set correctly

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PDSA #4 – How to Interpret OUD – Active Registry

- How does the BOOST Team interpret Pender CHC OUD – Active Registry?

- Pender CHC OUD – Active Registry INTERPRETATION **PLAN**

- REVIEW Pender CHC OUD - Active Registry
- FURTHER SUB-DIVIDE Pender CHC OUD – Active Registry as appropriate
- The PREDICTION was that once the Pender CHC OUD – Active Registry was further sub-divided, the BOOST Team could determine NEXT STEPS in terms of quality improvement

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PDSA #4 – How to Interpret OUD – Active Registry

- How does the BOOST Team interpret Pender CHC OUD – Active Registry?

- Pender CHC OUD – Active Registry INTERPRETATION **DO**

- There were 338 TOTAL patients on Pender CHC OUD – Active Registry after data clean-up was completed which sub-divided as follows:

- 239 patients are "Active – Engaged" on oOAT at Pender CHC

- 99 patients are "Active – NOT engaged"

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PDSA #4 – How to Interpret OUD – Active Registry

- **How does the BOOST Team interpret Pender CHC OUD – Active Registry?**

- Pender CHC OUD – Active Registry INTERPRETATION **STUDY**

- From the 99 patients who were "Active – NOT engaged":
  - 62 patients had oOAT within the last 9 months with $\geq$ 2 visits but did NOT have active Rx
  - 18 patients were "Lost to F/UP", e.g. ONLY 1 visit in recent 9/12 to Pender CHC
  - 10 patients DECLINED oOAT
  - 9 patients required clarification, e.g. H/O OPI abuse vs. OUD
    RESULTS (11/2017)
    ~ 1 patient had OUD (followed by alternate POS)
    ~ 4 patients had H/O OPI abuse
    ~ 4 patients no longer use OPI – in sustained remission > 12-months

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PDSA #4 – How to Interpret OUD – Active Registry

- How does the BOOST Team interpret Pender CHC OUD – Active Registry?

- Pender CHC OUD – Active Registry INTERPRETATION **ACT**

- The BOOST Team have approached the OUD Outreach Team to case manage patients who have had oOAT since 09/2017 who have "Gaps in Care" (PDSA #5 in progress)

- The BOOST Team will invite the newly hired, Community Liaison Worker to join the Pender CHC BOOST Team with one of their initial undertakings to outreach the 18 patients "Lost to F/UP" (PDSA #6 in progress)

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Looking Forward

- Future considerations
  - a PDSA to target NEW patients starting or restarting oOAT moving forwards in the interest of increased engagement/ retention
  - Consider role of oOAT, e.g. Suboxone for those patients with opiate 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
    - Assertive outreach for OUD patients with MISSED oOAT doses reported by pharmacies

Looking Forward

- Challenges:

    - Coordinating case management within a shared care model with assigned practitioner and multiple MD/NP/Nurse caregivers

    - Busy clinic & clinical practice creates competing demands on clinicians time & resources

    - Submitting a monthly Pender CHC BOOST Collaborative Excel Report (on our To Do List)

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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