



Best-Practices in
ORAL OPIOID AGONIST
THERAPY Collaborative

Rapid Fire Presentation

Portland Hotel Society Primary Care

Collaborative Team



The Portland Hotel Society Primary Care Team:

Sarah Foster (sarah.foster@phs.ca)

Kathryn Campbell (kathryn.campbell@phs.ca)

Nicole Wheelhouse (nicole.wheelhouse@phs.ca)

Columbia Street Clinic Nurses and Doctors

At Columbia Street Community Clinic we have 2 physicians and 2-3 nurses seeing up to 50 patients a day, 5 days a week.

Provide access to low barrier primary care services, OAT and iOAT.

Majority of our patients have complex health challenges, including addiction and mental illness, that are exacerbated by homelessness and extensive histories of trauma.

Category

Retention on Therapy

For us, retention can mean many things. It can be clients achieving and maintaining an optimal therapeutic dose of OAT or it can be clients trying different forms of OAT over periods of time to find the right fit and dose.

For many clients, retention means simply staying engaged with our clinic and seeing a doctor on a regular basis.

Change Tested

Our EMR does not have an OUD form, we have had to adapt and find efficient ways to track client OAT dosing and retention levels. For the project we have focused on:

- monthly chart reviews of our POF client's OAT patterns
 - monitoring missed dose faxes and billing records
- improvements to the clinic space and appointment flow.

We tried several cycles of using missed dose reports as a way to identify clients lost to care (daily and monthly reports).

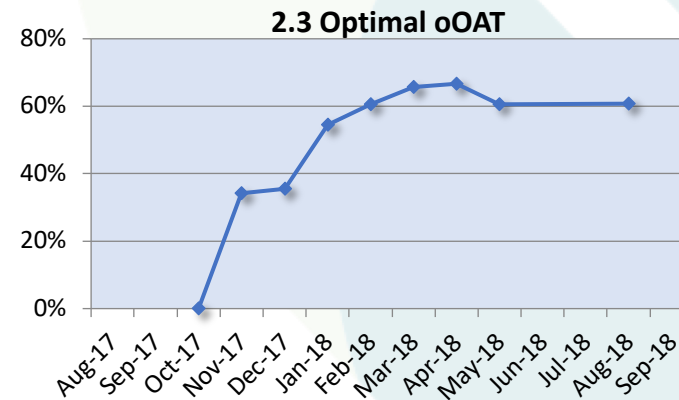
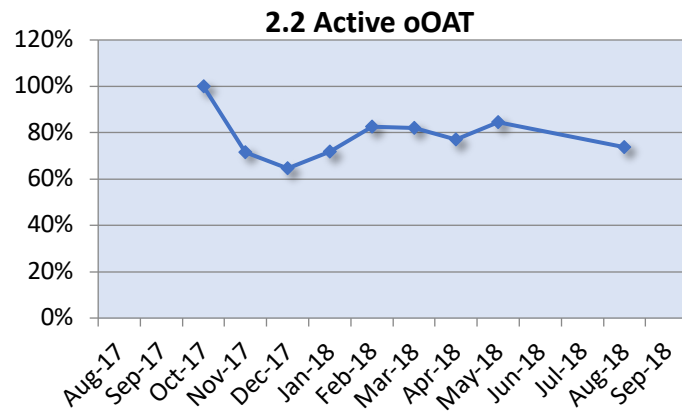
We discovered that using the OSCAR Billing reports is the most efficient process.

We do chart and PharmaNet reviews on each client; If they are not receiving care elsewhere, we do outreach to the client (call their residence, leave messages with outreach team or pharmacy).

Change Tested

Measurements

- In August 2018, we tracked 27 clients through billing reports.
- As a result of the outreach, 6 clients re-engaged with care at the clinic. For the remaining clients, we left messages with the client's housing or their outreach team and flagged their charts.
- We have used the BOOST quantitative report to track the engagement level, therapeutic dosing levels and retention on OAT of our POF.



Reflection

Challenges:

- Finding time to prioritize quality improvement.
- Finding the most efficient process - monitoring missed dose faxes can provide useful information but the process is too time consuming.
- Finding efficient ways to measure our progress.

Successes:

- The data has shown us our team does a good job in supporting our clients that struggle the most.
- We do a great job with rapidly titrating clients on OAT.
- We have seen a pattern of improvement with many of the POF client's health and social situations. The clients continue to engage with us, a sign that they feel supported and connected.

Biggest Lesson:

- We can find ways to adapt, even with the limitations of our EMR. Monitoring OAT billings has been the best way to track client engagement and retention on OAT.