Raven Song Primary Care

Best-Practices in ORAL OPIOID AGONIST THERAPY Collaborative

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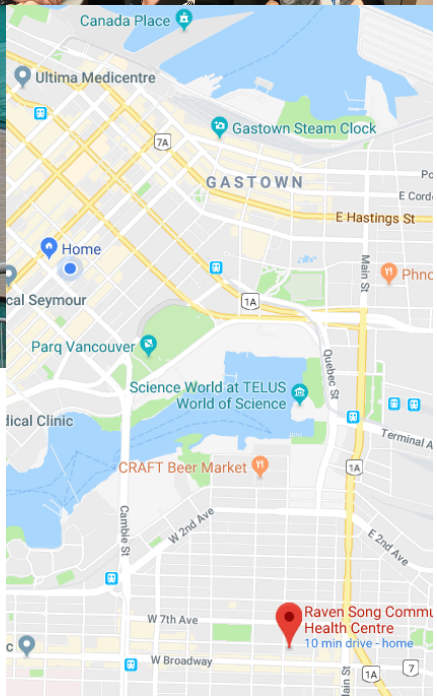

Primary Care High Needs & Stabilization Clinic

- *We support clients with complex care needs, such as addiction and chronic disease.*
- *We are an interdisciplinary team (MD, NP, RN, LPN, RT, RD, Pharm, etc.)*
- *We are concerned with the gap in health status for certain populations and reducing health inequities by creating more equitable conditions and opportunities for everyone.*

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Aim Statement

- We aim to provide care using a team approach that is **culturally competent, trauma-informed, guidelines-based, and consistent** in order to achieve:
  - **75%** reduction in the proportion of patients with missed doses
  - **90%** of clients on oOAT retained on therapy for greater than 3 months
  - **50%** average increase in quality of life as scored using the 10 question PROMIS instrument

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Our Population of Focus

- Individuals in the Vancouver community who have been diagnosed with OUD
- High risk populations (e.g. those on long-term opioid therapy for chronic non-cancer pain) and the community's most marginalized and vulnerable

- **Data Clean-up**
  - We ran lists from baseline POF and sent out to each MRP, and our LPN reviewed lists where the MRP was missing or outdated.
  - Our goal here is to get an accurate POF based on 304.0 in the problem list, and we estimate that reaching about 90% of the baseline POF will mean we achieve this goal.
  - We are currently at 59%.
  - Our MRPs and LPN have completed their list reviews, and so we expect improvement to be shown on the next QI refresh date.

Changes Tested

- Reminder Calls
  - LPN/RN runs a list of methadone rx coming due daily.
  - Attempts to call clients to remind them of this, and deal with any concerns
  - Input info into spreadsheet task to be completed daily by the ORT Clinic LPN/RN.
- Our PDSA-level measures
  - number of clients with an rx coming due,
  - number of clients without a corresponding booked appointment,
  - number of calls made, the number of clients reached,
  - number of voicemails left,
  - number of clients who attended on day when rx was due or day after,
  - amount of time taken per day for LPN/RN to do this work
- Implementation
  - Now part of daily RN/LPN workflow

Collaborative-level Measures

- PROMIS Quality of Life Instrument
- OAT Access
- OAT Retention on Treatment

We have added columns to our daily RN/LPN workflow spreadsheet that check for PROMIS completion and OUD Treatment Course dates entered for all clients who attend our ORT/OAT drop-in

Lessons Learned

- Share your progress so far- what have you learned about your POF, partnerships, etc.
  - *Good chance to touch base with clients for care coordination.*
  - *Will now test change as standard daily process for ORT Clinic during weekdays.*
- Share any lessons learned or opportunities for improvement you encountered
  - *Many youth have been lost to follow-up, making the data clean-up process longer.*
  - *Unable to test change when LPN away as no other staff available to do this*
- How did you address these?
  - *Distributing lists out to MRPs broke work down into manageable pieces*
  - *Create a list of all those clients in baseline POF without a 304.0 entered, and will have BOOST team review these for 304.0 eligibility.*

Looking forward…

- ***Plan to test …..***
  - Adding OUD form tasks to ORT Clinic LPN/RN triage process.
  - Follow-up procedure for missed dose faxes from the pharmacy. .
  - Plan to have more regular frequent BOOST meetings to speed up PDSA cycles now that we have a full team.

Contact Information

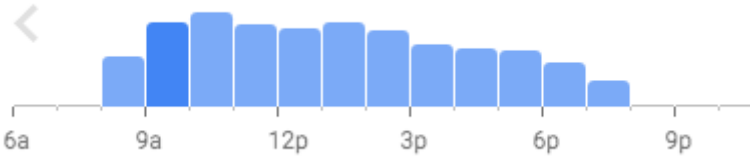
2450 Ontario St, Vancouver, BC V5T 4T7

vch.ca

(604) 709-6400

Open now: 8:30AM–8PM

Popular times Thursdays



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