

# Three Bridges Primary Care



## TBR BOOST TEAM

MD- Todd Sakakibara

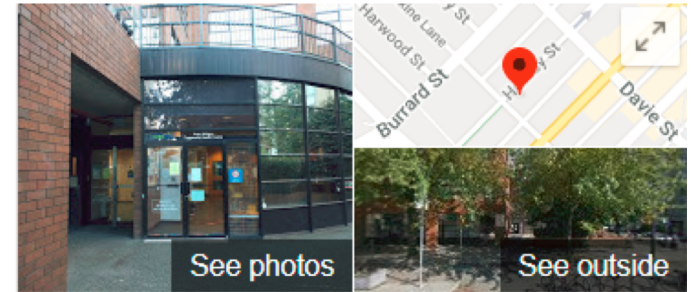
CSC- Sarka Zarsky

LPN- Mhairi Anderson & Steve Kendall

RNs- Cookie Bain & Lauren Chant

R1- Natalie Chan

- Three Bridges Primary Care is located at Drake & Hornby.
- We offer Primary Care services in a space of 12 exam rooms and 3 talking rooms.
- We are home to 6 CSCs, 1 CLW, 2 SW2s, 4 LPNs, 5 RNs, 10 MDs.
- We serve the top 5% of complex clients
- Same mandate as DCHC, Pender & RSG.
- We are also home to the Trans Specialty Care program.
- We have 4.2 stars on Google Reviews- basically we are awesome!



### Three Bridges Community Health Center ★

[Website](#)

[Directions](#)

4.2 ★★★★★ 20 Google reviews

Medical clinic in Vancouver, British Columbia



Best-Practices in  
ORAL OPIOID AGONIST  
THERAPY Collaborative

# Aim Statement

- What are you trying to accomplish?
  - By March 31, 2018, 80% of people accessing OAT services at TBR will have an intake will be retained in care for 2 months or greater
- What aspect of care are you trying to improve?
  - Reduce missed doses & restarts
  - Improve access to OAT induction
  - Improve retention on OAT through improved titration & follow-up
  - Create more MD capacity through shared care
- Why is this important to do now?
  - Reduce unnecessary deaths from opioid use
  - Continually adapt service delivery to needs of clients

# Describe your Population of Focus

#1) Dr. Todd Sakakibara's clients with OUD diagnosis n=68

- BOOST collaborative data collection & Clean-up

#2) Client missed doses

- TBR OAT clients from October 19, 2017 - December 15, 2017

#3) Accept all clients presenting for new OAT Intake

- All clients presenting for OAT intake

#4) Improve retention for OAT Intakes

- All clients presenting for OAT intake

# #1 Dr. Sakakibara's Clients

## **Aim:**

- By March 31, 2018, 80% of people accessing OAT services at TBR will have an intake & will be retained in care for 2 months or greater
- 80% of POF will have communicable disease screening and PROMIS Scores updated

**POF:** Dr. Sakakibara's client's with OUD dx in EMR

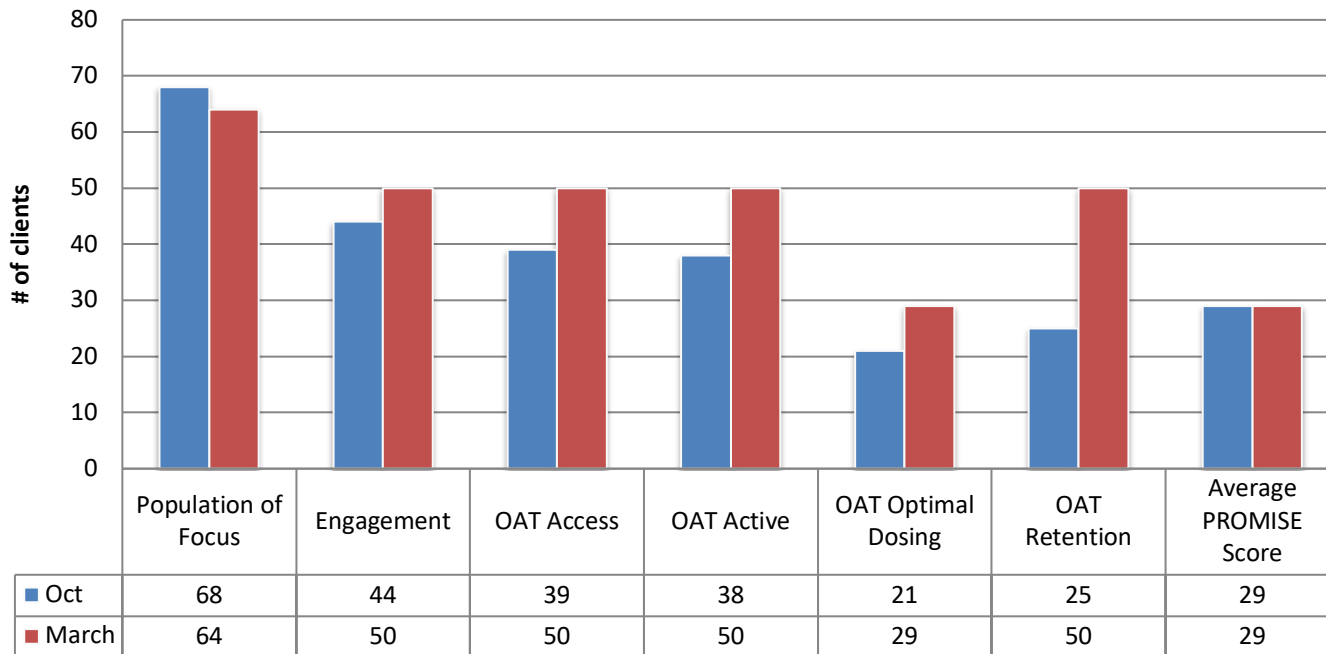
**Do:** Book clients with an RN or LPN after their MD visit to update blood work and vaccines PRN

**Study:** See next slide

**Act:** Communicable disease screening and immunization will continue to be part of ongoing shared care improvements

# #1 Dr. Sakakibara's Clients

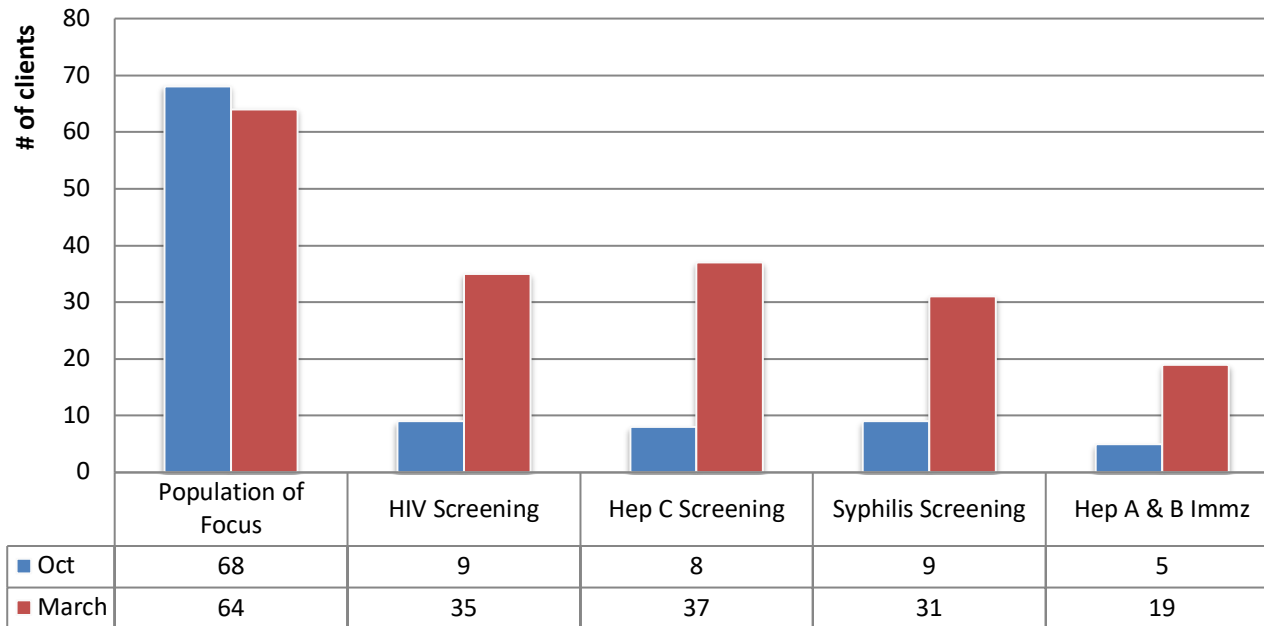
## Dr. Sakakibara's clients with OUD Dx October 2017:March 2018



- POF decreased from n=68 to n=64
- 78% of POF have access, are active, engaged and retained on OAT
- 45% of POF have Optimal Dosing
- Achieved goal of improving access to and retention on OAT

# #1 Dr. Sakakibara's Clients

## Communicable Disease Screening Dr. Sakakibara's clients on OAT October 2017:March 2018



- Average of 53% of POF have updated HIV, Hep C and Syphilis serology
- 30% of POF have updated Hep A & B immunizations

# #2 Missed Dose Quantitative

**Plan:** Collect qualitative and quantitative missed doses data and analyze for trends and reasons around missed OAT doses

**Goal:** Reduce the number of individuals missing 3 - 5 doses or requiring restarts.

**Hypotheses:** Missed doses will be grouped around check day, stat holidays and weekends.

**POF:** TBR OAT clients from October 19, 2017 - December 15, 2017

**Do:** Collect pharmacy faxes for missed doses and cross reference with pharmanet for unclear faxes.

**Study:** 83 unique individuals were retained and analyzed

- Total number of missed doses: 276
- Total number of restarts: 8
- Total number of double days missed: 21

# #2 Missed Dose Qualitative

**Plan:** Identify whether or not there are areas in which the clinic staff can intervene to reduce missed doses.

**Do:** A questionnaire was developed and clients were asked to fill it out during OAT drop-in and scheduled MD appointment visits if they missed any doses.

**POF:** 166 Clients on OAT at TBR.

**Study:** The proportion of unique individuals captured during the study period is 50%.

## Reasons for Missed Dose(s). Check all that apply

- New to Methadone/Suboxone/Kadian Program
- The dose of methadone/suboxone/kadian is not high enough.
- Pharmacy closed (circle any that apply): weekend, stat holiday, closed early.
- Used other drugs because (circle any that apply): I wanted to, I was with friends, I felt sick, I was stressed.
- Couldn't go to pharmacy because of (circle any that apply): sleeping, I forgot, work, in hospital, jail.
- It was cheque day
- Other Reason: \_\_\_\_\_

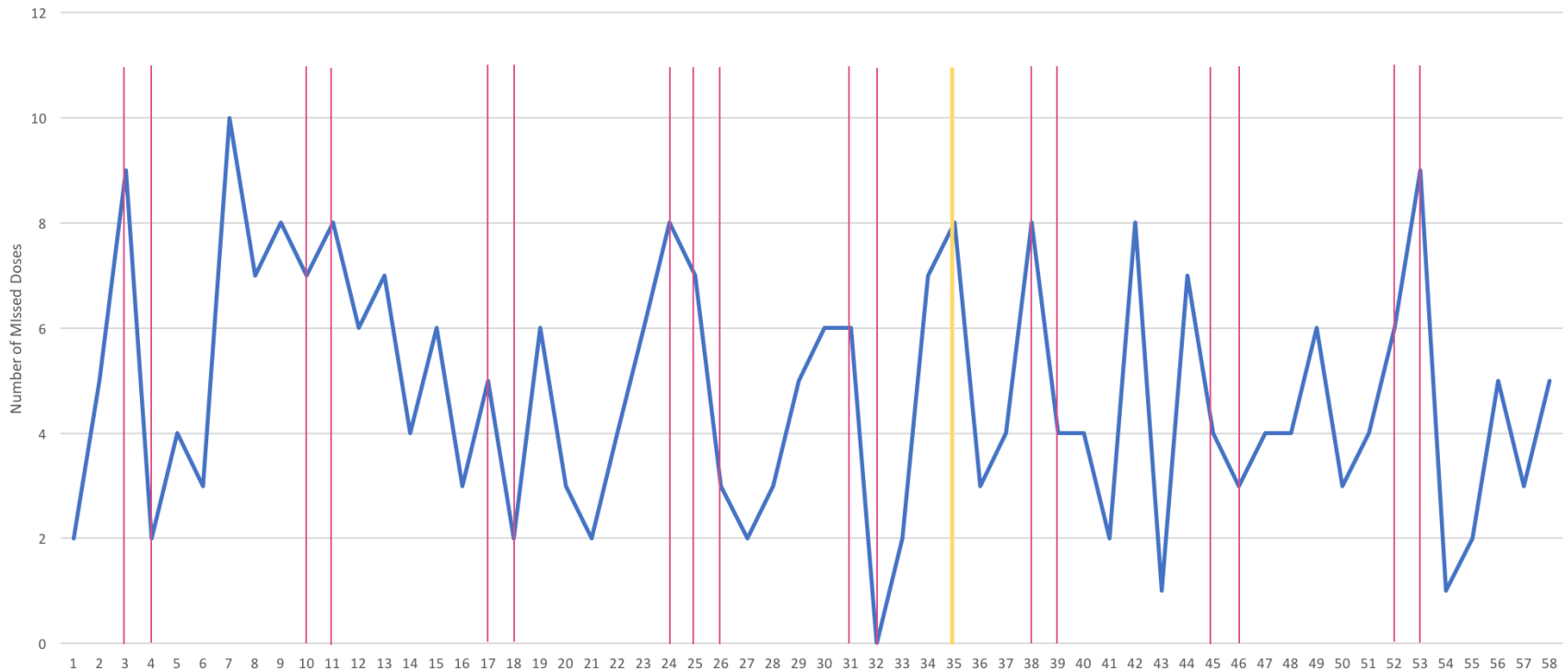
Did you know if you miss 3 or more doses that your dose will have to be reduced?  Yes  No

Date: \_\_\_\_\_



# #2 Missed Dose Qualitative

58 Day Trend



Weekends- pink vertical lines  
Cheque day- yellow vertical line

# #2 Missed Dose Qualitative Trends

**Average Number of Missed Doses  
Oct 16- Dec 15 2017**



## The number of missed OAT doses

- before cheque day 7
- on cheque day 8
- after cheque day 3

## Overall:

- average missed doses per day is 4.76 doses

## Weekend & stat holiday:

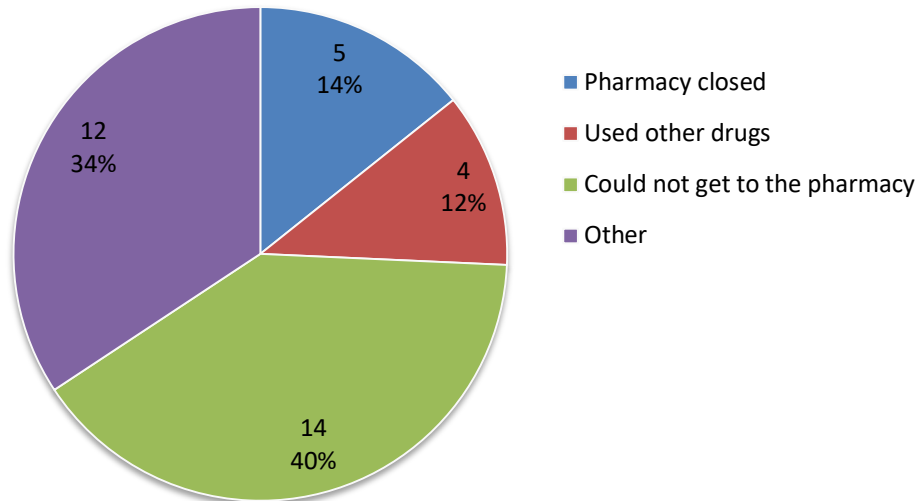
- total missed doses 91
- average missed doses per weekend/stat holiday 5.35 doses

## Long weekend:

- total missed doses 18
- average missed doses over the long weekend 6 doses.

# #2 Missed Dose Qualitative Data

## Missed Dose Qualitative Questionnaire Oct-Nov 2017



N=5 Pharmacy closed

- 1 stat holiday
- 2 pharmacy closed early
- 2 other reasons.

N= 4 Used other drugs

- n=3 they wanted to
- n=1 who used was with friends.

N=14 Could not get to the pharmacy

- n=6 sleeping
- n=1 forgot
- n=4 work
- n=3 other

N= 12 Other reasons

# #2 Missed Dose Qualitative “Other Reasons”

1. Decided to use other drugs and then skipped suboxone dose because of worry about going through withdrawal.
2. Too sore to go and get his/her dose.
3. Wants to quit methadone so skipped dose to see how it would feel.
4. Couldn't be bothered to get dose - had other things to do like travel to Hope.
5. Could not arrange for mental health worker to accompany him/her to the pharmacy.
6. Three deaths occurred in the building and was traumatic. Wanted help of a mental health worker to support him/her to get the OAT dose.
7. Relies on others to take him/her to the pharmacy and the ride arrived too late to go to pharmacy.
8. Housing staff did not tell him/her that the pharmacy was there to deliver his/her dose.
9. Did not realize that he/she did not make an appointment during the last visit. Was busy with a recent job and London Drugs told him/her that it was his/her last dose.
10. Was at VCC and could not make the clinic appointment in time so bought meth from a friend.
11. Appointment was booked on Thursday and usually it is Tuesday, so missed appointment.
12. Relying on transit to get to the pharmacy because work is in another part of the city and transiting from work sometimes meant not making it to the pharmacy

# #3 OAT Intake: Access

**Aim:** By March 31, 2018, 80% of people accessing OAT services at TBR will have an intake will be retained in care for 2 months or greater

**POF:** All people who present to TBR for OAT intake.

**Plan:** Maintain 1 hour of “protected” RN OAT intake time 1300-1400 M-F AND intake clients anytime they present with LPN, RN, NP, or MD.

**Do:** CSC will connect with RN and confirm we can see the client even if it requires double booking. RN will liaise with the MD to coordinate prescribing. If RN schedule is full then they will be seen by LPN, NP or straight to MD.

**Study:** See next slide

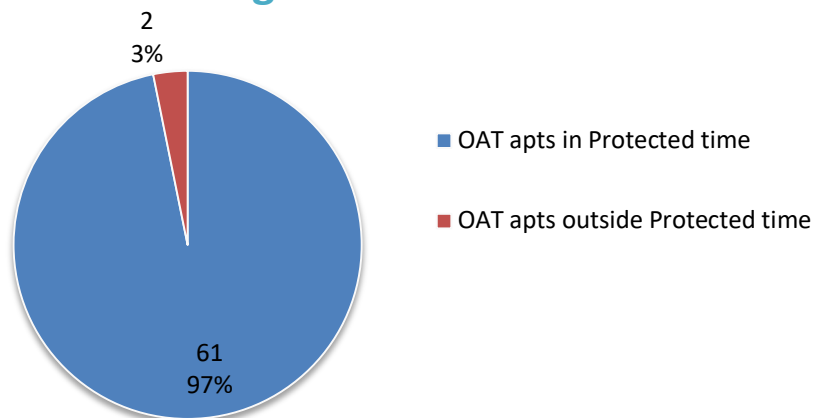
**Act:** TBR will continue to maintain “protected” OAT intake and accept clients as they present throughout the day.

# #3 OAT Intake: Access

- 1 hour of protected OAT intake time from 1300-1400
- CHANGE: In addition to protected time, intake clients any time.
- Measure: # of client who **accessed OAT** outside of protected time over a 3 month period

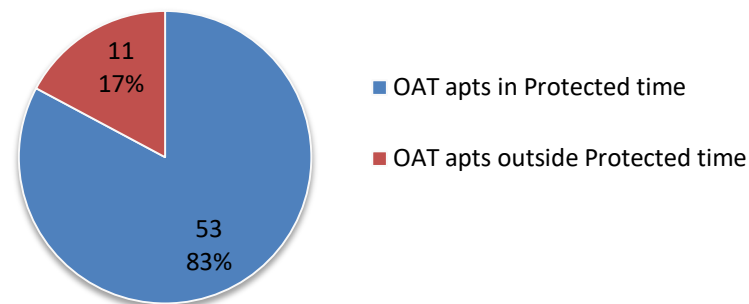
**OAT Appointment Slots (n=63)**

Aug-Oct 2017 RN



**OAT Appointment Slots (n=64)**

Dec- Feb 2018 RN

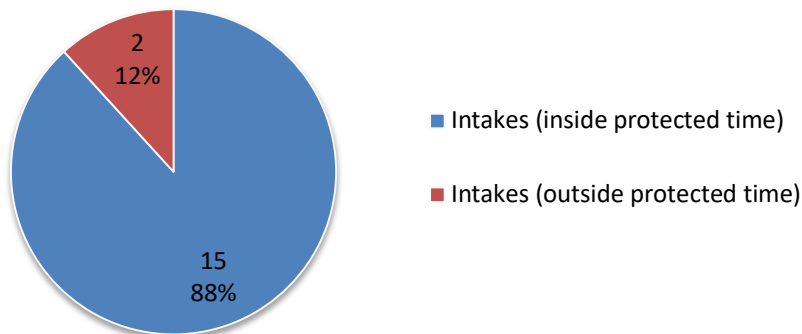


Results: Increase of n=9 or 14% who received the message **“This is the right door to access OAT”**

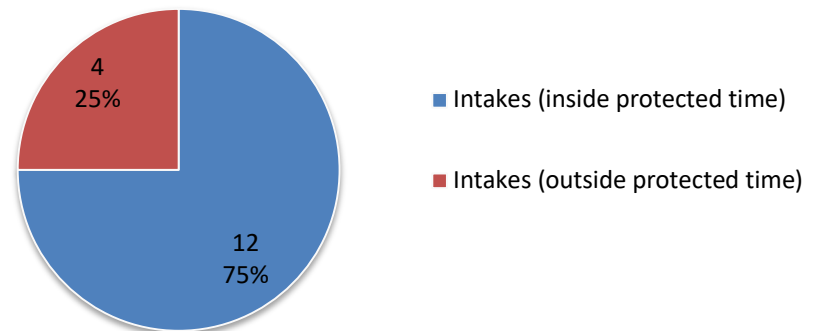
# #3 OAT Intake: Completed

- 1 hour of protected OAT intake time from 1300-1400
- CHANGE: Intake clients outside of protect in addition to protected time.
- Measure: # of client who **complete an intake** outside of protected time over a 3 month period

**OAT Intakes (n=17)**  
Aug-Oct 2017 RN



**OAT Intakes (n=16)**  
Dec- Feb 2018 RN

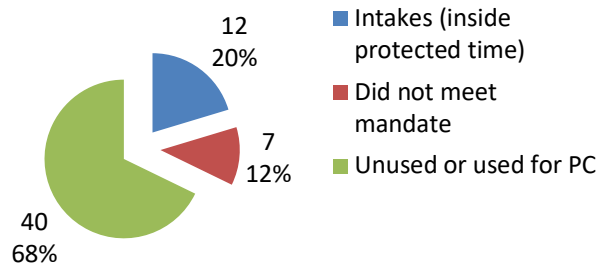


Results: Increase of n=2 intakes or 12% over 3 months, 9 appointments were either cancelled or no show.

# Use of RN OAT Protected Apt Slots

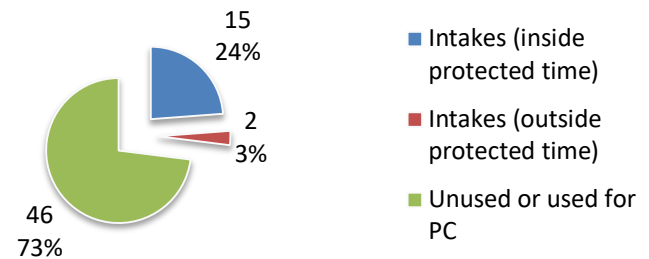
## OAT Appointments Slots (n=59)

Nov- Jan 2017 RN



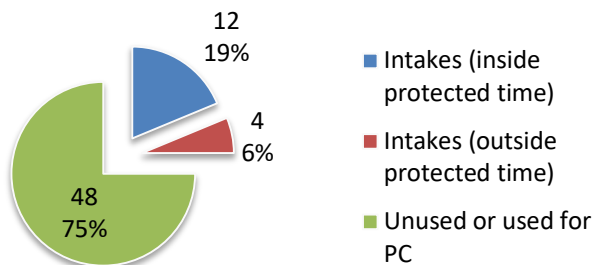
## OAT Appointments Slots (n=63)

Aug-Oct 2017 RN



## OAT Appointments Slots (n=64)

Dec- Feb 2018 RN



The first graft shows clients that did not meet mandate therefore were referred elsewhere because we accepted zero clients outside of the protected time. The second and third grafts show the steps we are taking to convey the message **“This is the right door to access OAT”**



# #4 Improve Retention on OAT

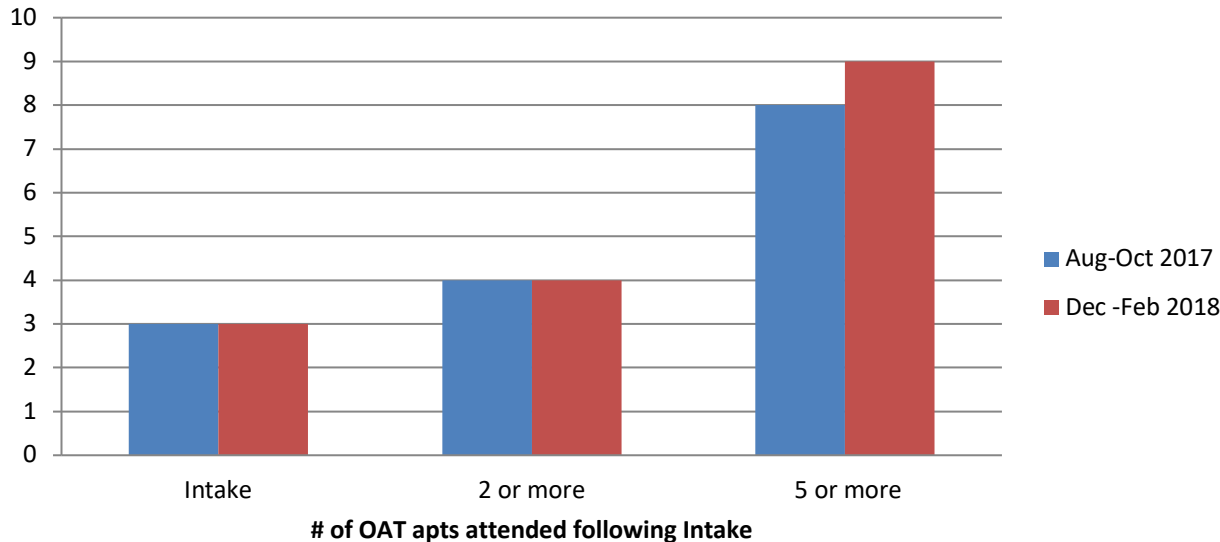
**Aim:** 80% of new intakes will be retained on OAT for 2 months post induction

**Plan:** Assess current intake data

**Do:**

- New intakes will follow-up with booked nursing appointments opposed to titrating during OAT drop-in
- Nursing will call, email or possibly outreach clients if they no show for appointments during titration

**OAT Retention for New Intakes**



**Study:** In progress

# Lessons Learned

## #1 Data clean-up for Dr. Sakaibara's clients

- Pairing appointments to follow or precede the MD's appointment is the best way to get clients follow through with primary care and prevention.

## #2 Missed Doses

- Impact of cheque day, weekends and holidays is less than anticipated.
- Given the varied reasons why clients miss doses, it is challenging to identify themes.

## #3 OAT Intake

- It is important to strike a balance between structure and flexibility. It works well to have protected OAT intake time everyday and also intake clients anytime they present.

## #4 Improve retention on OAT

- TBD- more shared care!

Likely valuable to involve clients in the process of offering recommendations on how to improve access and retention.



# Client Recommendations Missed Doses

1. Calling patients with reminders of their OAT appointments (although they noted that while helpful, it would also require some planning for some patients as to the transition to ownership of their appointments).
2. Raising doses higher faster - when not done, it creates using & dosing habits.
3. Offering Marijuana as replacement, as an alternative therapy for individuals.
4. The individual acknowledges that the following is a more selfish request: Faxing doses may help individuals in early treatment and reduce mishaps with OAT.

Additionally, the feedback on OAT at Three Bridges from this individual was: Three Bridges is great with drop-in appointments, but there are many clinics that are not as easy as Three Bridges.

# Looking forward...

## #1 Data clean-up:

- extend clean up to all clinicians at TBR
- More shared care with MDs for primary care and prevention.

## #2 Missed Doses

- Identify the “Familiar Faces of OAT” and what pharmacy they attend
  - To look back over last 2 months of OAT drop in for Todd’s clients who have attended 2 or more times, and missing 2 or more consecutive doses
- LPN- to update Pharmacy information under “Care Team” in EMR
- Nursing group to call pharmacy and request to “notify client of 2<sup>nd</sup> and last dose”
- OAT MD to write “notify client of 2<sup>nd</sup> last dose” on Rx
- Create a letter: “Please notify client of 2<sup>nd</sup> last and last dose” to be written on letter head and handed to client to take to pharmacy with Rx.

## #3 OAT Intake

- It is important to strike a balance between structure and flexibility. It works well to have protected OAT intake time everyday and also intake clients anytime they present. Continue doing what we are doing.

## #4 Improve retention on OAT

- More shared care- TBD!

# Contact Information

## Three Bridges Primary Care

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