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BRITISH COLUMBIA
CENTRE for EXCELLENCE
in HIV/AIDS

THE INTERIOR BOOST **Collaborative**

CHANGE PACKAGE

BOOST

 BEST PRACTICES IN ORAL OPIOID AGONIST THERAPY
COLLABORATIVE



Interior Health

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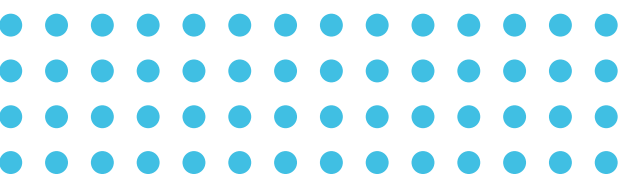
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INTRODUCTION

Opioid use disorder (OUD) can be characterized as a chronic relapsing illness which, though associated with elevated rates of morbidity and mortality, has the potential to be in sustained, long-term remission with appropriate treatment, including opioid agonist therapy (OAT).

Evidence shows that a significant proportion of individuals with opioid use disorder (OUD) will reduce illicit opioid use and remain in treatment longer with appropriate doses of opioid agonist therapy (OAT) such as methadone, buprenorphine/naloxone or slow-release oral morphine (SROM)². Data from the BC Coroner’s Office found that of the over 1800 deaths reviewed over a 19-month period (January 2016 to July 2017), none had buprenorphine present in their system³. Despite the known benefits, provincial data shows that only 55% (53% in IHA) of people receiving methadone achieve an optimal stabilizing dose⁴. Similarly, while retention in care is a strong marker for better outcomes, only 42% (45% in IHA) of those who start methadone are still in treatment at six months, and only 32% (33% in IHA) remain on treatment after one year⁵.

Our current systems of care are not optimized to provide the highest quality healthcare to those living with OUD in BC. Together, we can make improvements across the continuum of OUD Care¹ and improve the lives of those we serve. This Change Package is a collection of change ideas that were tested by the Vancouver and Provincial BOOST Collaborative teams. It is designed to prompt your thinking and accelerate your team’s ability to make improvements within your own context.

They have been grouped into four sections:



Screening and diagnosis



The client voice and quality of life



Treatment initiation and active



Treatment Retention

You will also see the top change ideas with the greatest impact highlighted in each section (in blue text) where feedback was provided. Test the ideas of interest in your own system using the PDSA method described in the Preparation Resource Manual. Each small test of change can collectively make a substantial difference to improve care for those living with OUD.

CHANGE IDEAS

A significant predictor of treatment success is shorter time to treatment from diagnosis. In addition, research shows that the first four weeks of treatment are the highest risk period for all-cause mortality and overdose-related mortality. It is essential for clients to feel supported and respected through the process from diagnosis to treatment initiation.



Screening and Diagnosis

- Empanelment: Identify your population of focus by using a standardized diagnostic code in the client's paper/electronic medical chart
- Consider expanding screening for high-risk populations (e.g. people with chronic pain)
- Generate a list of all clients in the clinic on long-term opioids and screen them for OUD at their next regular visit
- Inclusion of peer staff
- Engaging and retaining young people on an outreach basis (for example, contingency management and offering candy during appointments)

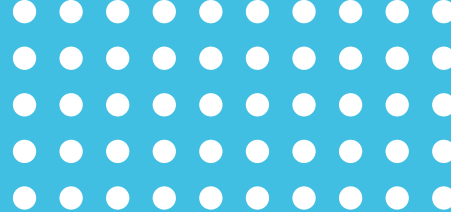
Treatment Initiation and Active Prescriptions

- Identify and eliminate policies or guidelines that are acting as barriers to treatment initiation and deterring engagement
- Offer treatment options that align with client preferences
- Provide team-based care by utilizing staff to full scope of practice, i.e: who is the best suited team member to perform an initial assessment, screening education, etc.
- Suboxone home starts and microdosing

- Simplify intake process
- Appointment reminder calls
- Arrange for follow-up assessment and treatment for OUD on the same day
- Open up drop-in times
- Rapid inductions
- Low barrier front desk and waiting room
- Opening up a low barrier model of service; accepting walk-ins and expanding this to evenings and weekends
- Reduce time needed for inductions: door-to-dose
- Liaise with stabilization clinics

Research shows retention on OAT is associated with substantial reductions in all-cause mortality and overdose-related mortality in people with opioid use disorder. In addition, longer treatment duration is associated with a reduction in illicit opioid use and improved retention. Although a high proportion of clients are initiated on treatment, only one third are retained in care after a year. This presents a great opportunity for improvement for teams with demonstrated benefits to clients.

CHANGE IDEAS



Treatment Retention

- *Establish a partnership with the pharmacies your clients use to ensure missed doses are communicated to your team*
 - *Send a letter of introduction to the pharmacy along with a prescription*
- *Optimize use of outreach resources especially for vulnerable clients*
- *Establish a proactive monitoring and notification system of prescription status for all clients with OUD in your care*
 - Identify clients with expired or soon to expire prescriptions for OAT
 - Identify clients with missed doses of OAT
 - Implement standardized procedure for addressing missed doses and expired prescriptions
 - Ensure that there is up-to-date contact information for the client and their pharmacy
 - Tracking new starts and vulnerable clients
 - Weekly review of Medinet/Pharmanet
- Collaborate with other clinics for bridging prescriptions
- Develop a process not to end prescriptions on Friday
- Generate a list of all clients in the clinic on long-term opioids and screen them for OUD at their next regular visit
- Offer incentives to improve retention
- Follow-up phone calls in case of a missed doses
- Track adherence rates to OAT and upscale support for those with low adherence rates
- Establish a standardized procedure to follow-up with no-shows

Even when linked to care, a significant number of clients do not engage in ongoing care for a variety of reasons. Clients are especially vulnerable during the period just following the initiation of OAT and after treatment cessation, and benefit from the support of a caring healthcare team.

For clients who engage in care initially, retention in care is not guaranteed. System issues such as inconvenient access, a negative client experience, lack of cultural sensitivity, and lack of systematic follow-up can contribute. Client-centric issues such as substance use, mental health issues and social determinants of health may also interfere with ongoing engagement.

CHANGE IDEAS

The Client Voice and Quality of Life

- Develop a client survey: outline a process on who, when and how often the survey will be distributed
- Develop a process to analyze and review the data collected
- Education material for clients during start of therapy and before a referral
- Provide food and gift cards to clients
- Develop a plan to analyze the results acquired from the PROMIS scale
- Utilize the PROMIS scale: develop a process on who, when and how often to be administer



CHANGE IDEAS

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