BOOST
Best-Practices in Oral Opioid agoniSt Therapy Provincial Collaborative

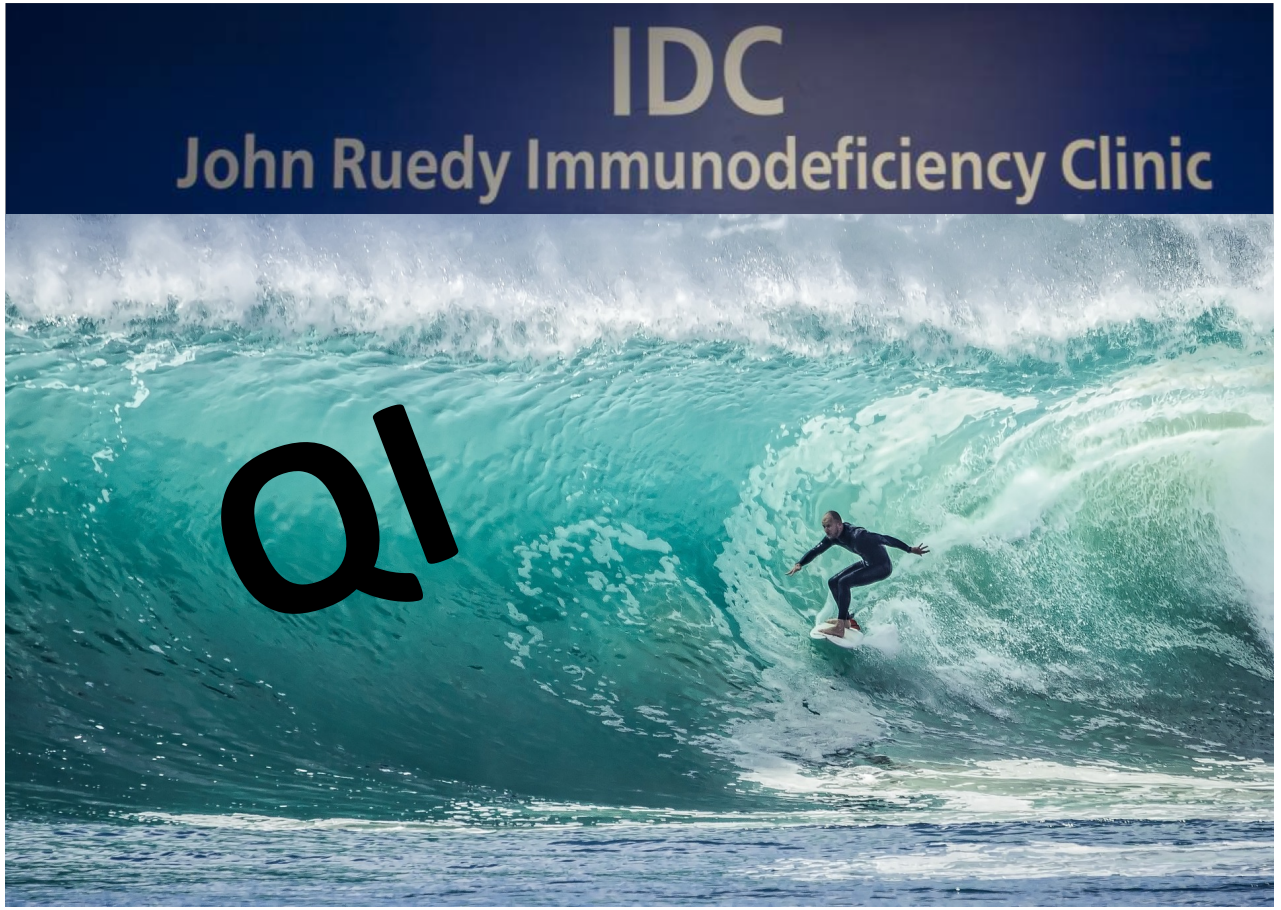
SharedCare
Partners for Patients

SCC Coaching Call

Cole Stanley, MD, CCFP
Medical Lead, Provincial BOOST Collaborative

May 30, 2019

#BOOSTqi @bccfe @ccsmd



BC-CfE BOOST
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HDC Health Data Coalition

PSP Practice Support Program

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

MSPQI

SharedCare
Partners for Patients

Disclosures

Dr. Stanley

- Travel grants received for conference attendance from the following
  - 2017 – Gilead Sciences
  - 2016 – Canadian Association for HIV Research (with support from Viiv), Gilead Sciences
- Advisory Board – Viiv Canada, March 2019

- Mitigating bias
  - No discussion of specific HIV or Hep C therapy in this talk

List of topics we can cover

- 1) Forming your QI team
- 2) Getting a QI coach
- 3) Meeting regularly
- 4) Developing aims
- 5) Measuring
- 6) Testing changes
- 7) Barriers you are encountering
- 8) Tips for other teams


SINEK
START WITH WHY


Daniel
Alex
Paul

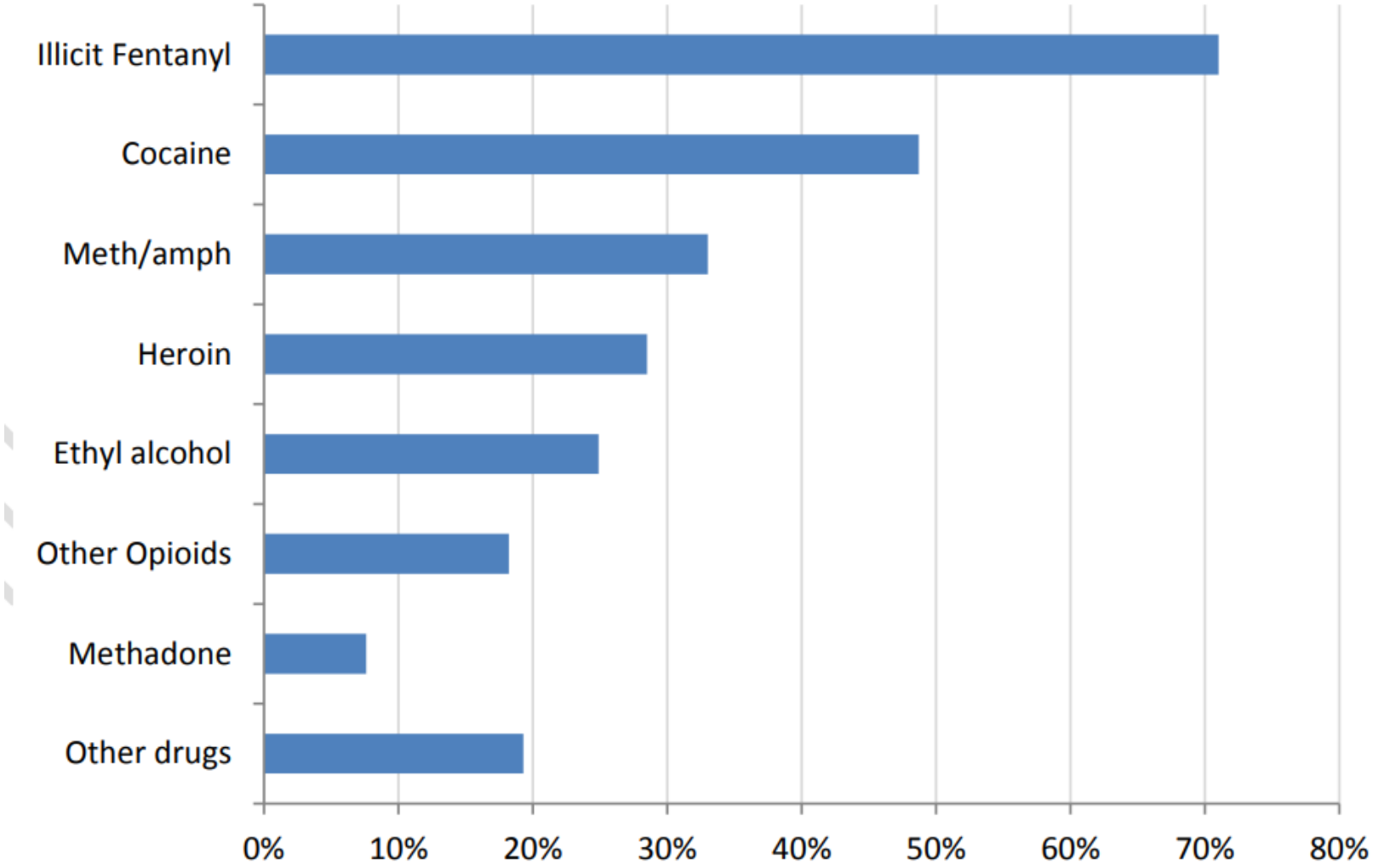
- Withdrawal suppression
- Decreased illicit opioid (and cocaine) use
- Reduced risk of HCV/HIV
- Better HIV control

- Decreased criminal justice system involvement
- Significantly reduced mortality (both all-cause and substance-related)

<u>Retention</u> on methadone and buprenorphine is associated with ***substantial reductions in the rate of all cause and overdose mortality***

B.C. Coroner's data…

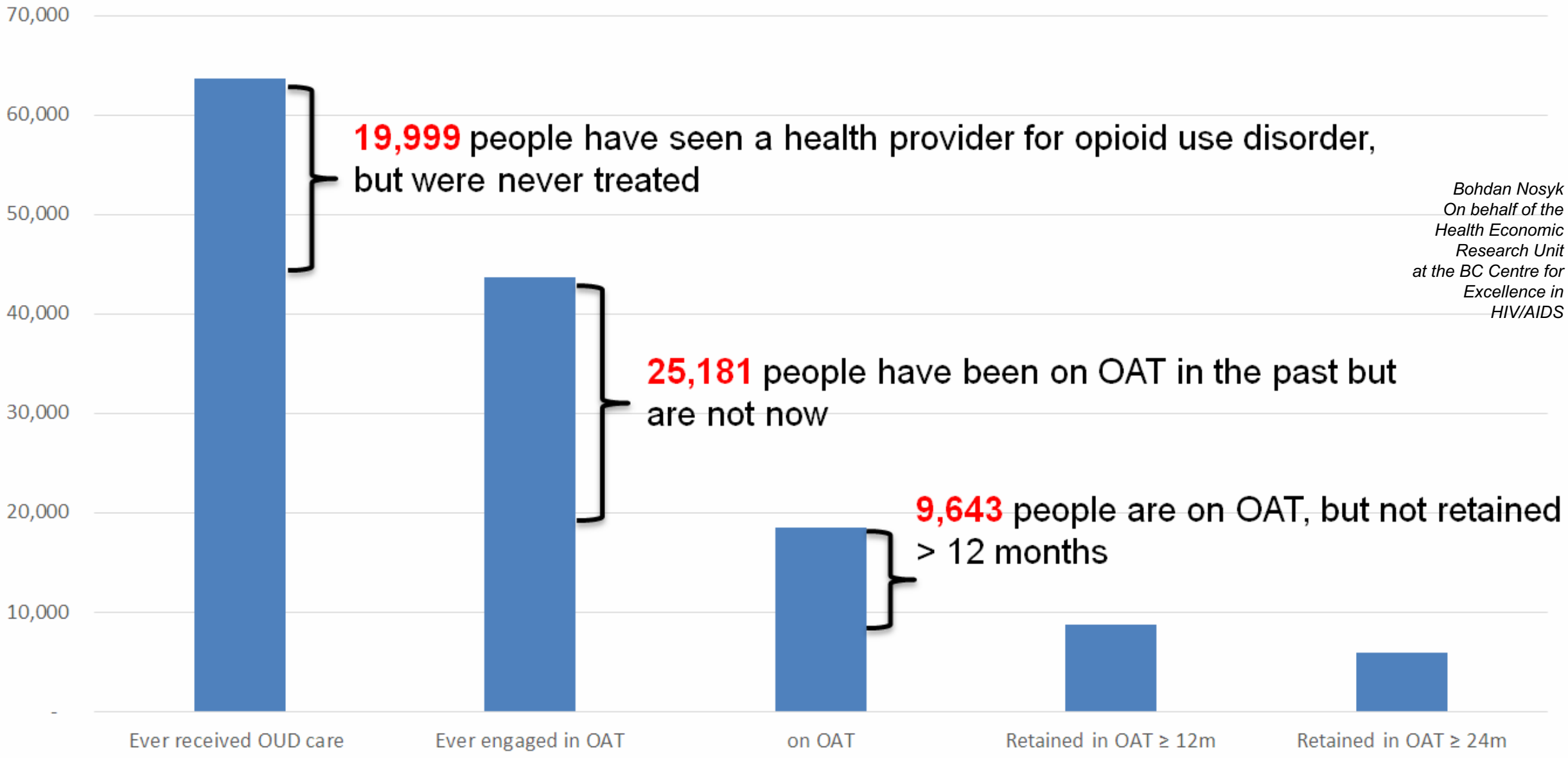
Top Relevant Drugs Detected Among Illicit Drug Overdose Deaths, 2016-2017



Suboxone saved Sabrina?

April 5, 2018

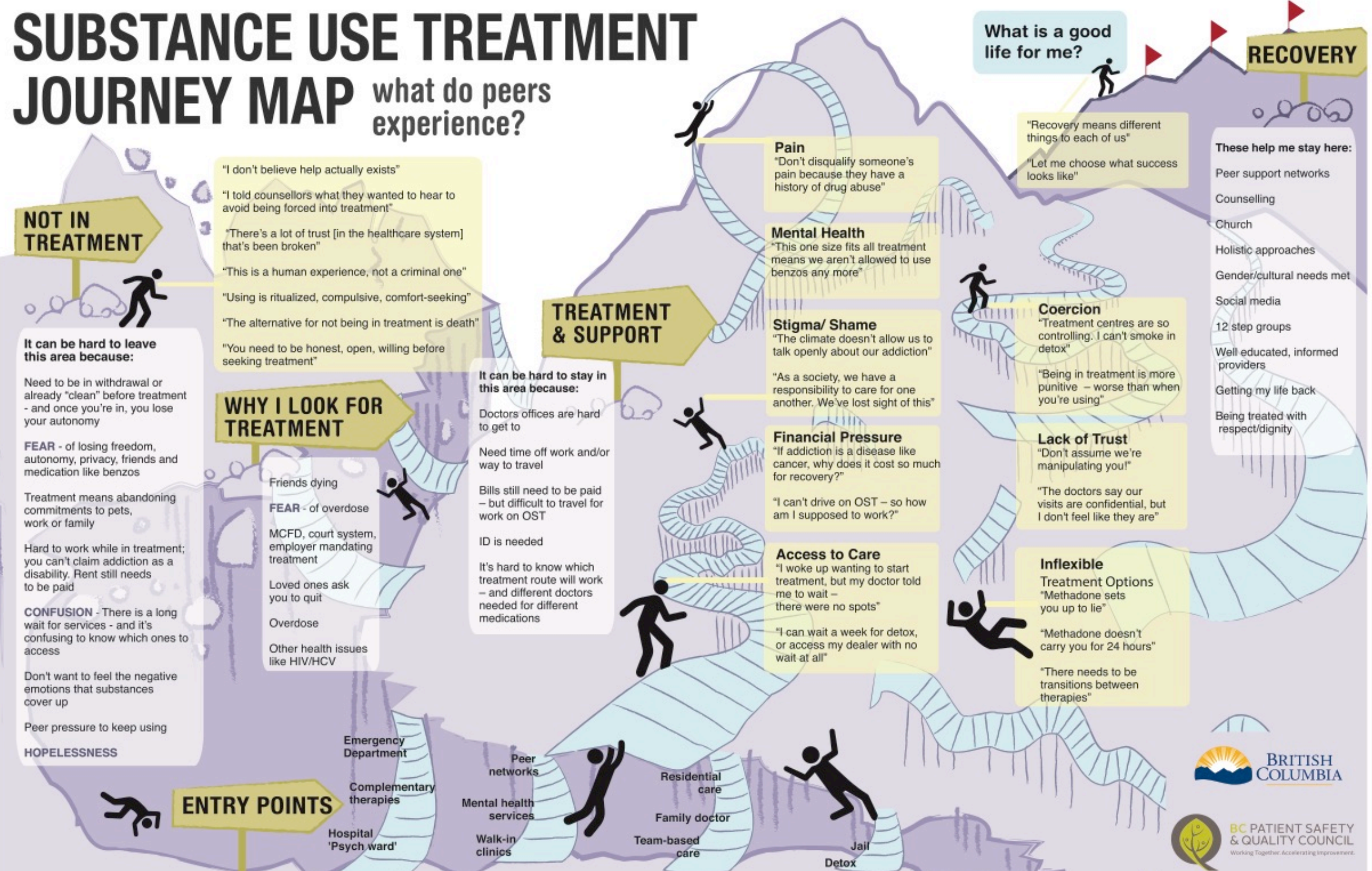
Majority started on OAT, minority retained on therapy for adequate period



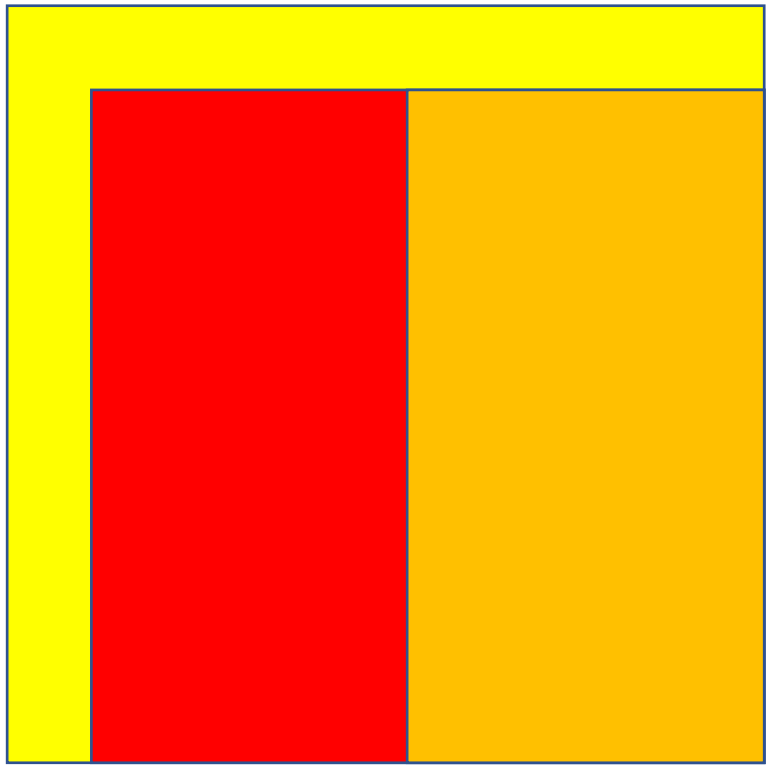
Bohdan Nosyk
On behalf of the
Health Economic
Research Unit
at the BC Centre for
Excellence in
HIV/AIDS

SUBSTANCE USE TREATMENT JOURNEY MAP

what do peers experience?



https://bcpsqc.ca/documents/2017/12/Journey-Mapping-Substance-Use-Treatment-Report.pdf

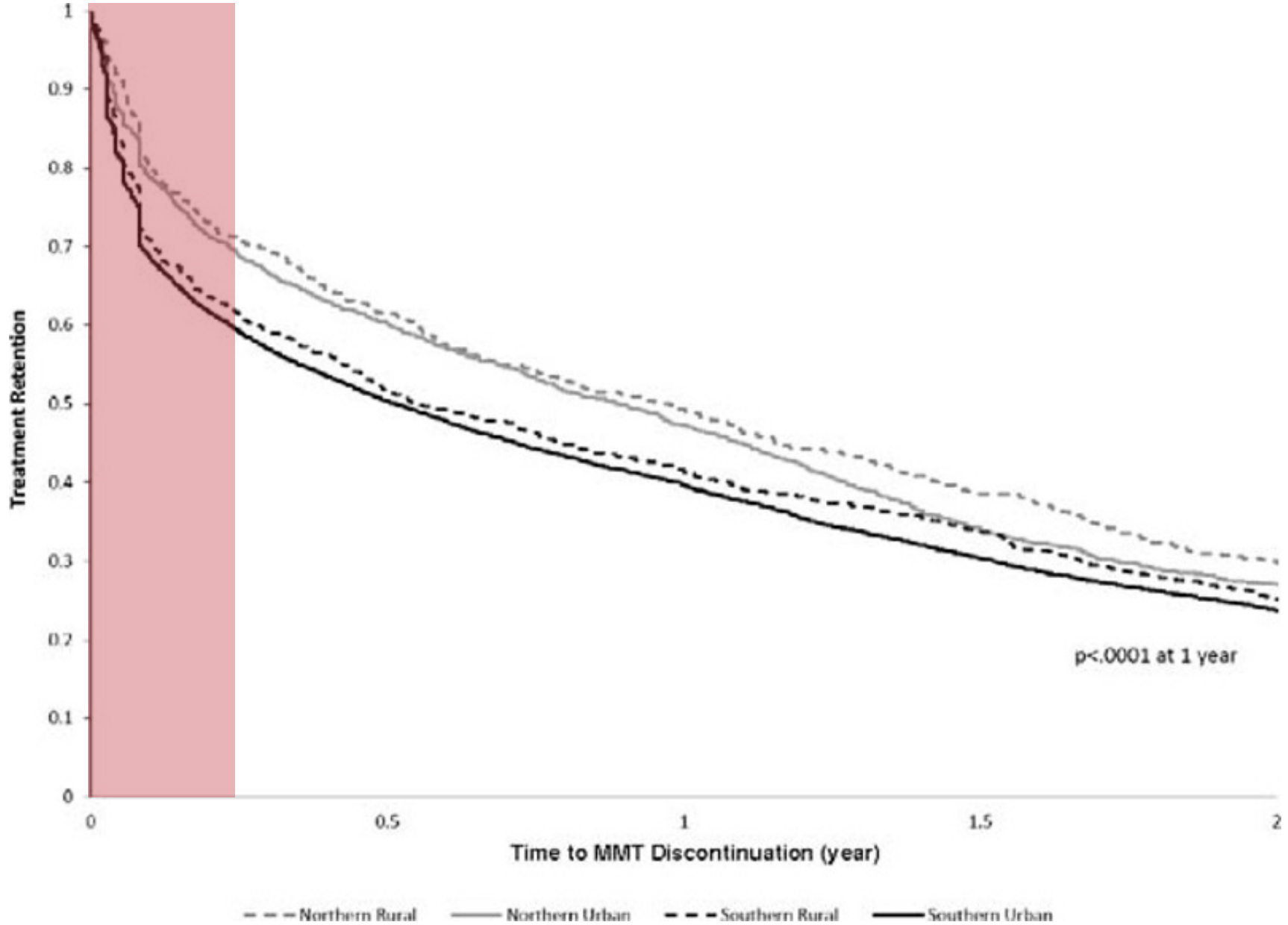


100 expired recently

80 actually expired

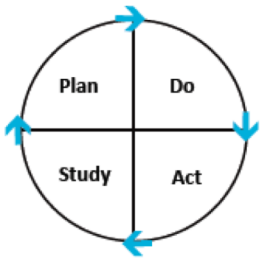
40 follow-up documented

Discontinuation rate is highest during first few months of therapy



J Addict Med, 2015; 9(6): 440 -446

- Standardize clinical data entry
- Regular client feedback surveys
- Reminder calls for appointments
- Reminder calls for expiring prescriptions
- Assertive outreach for clients lost to care
- Follow-up on missed oOAT dose faxes from pharmacies
- Work-flow changes to support Suboxone inductions



Testing Changes – PDSA Cycles

PLAN

What will happen if we try something different?
What question do we want to ask & what is our prediction?
Who will carry this out? (When? How? Where?)

DO

Let's try it!
Carry out your plan
Document any problems
Begin data analysis

STUDY

Did it work?
Complete data analysis
Compare results to your prediction
Summarize your results

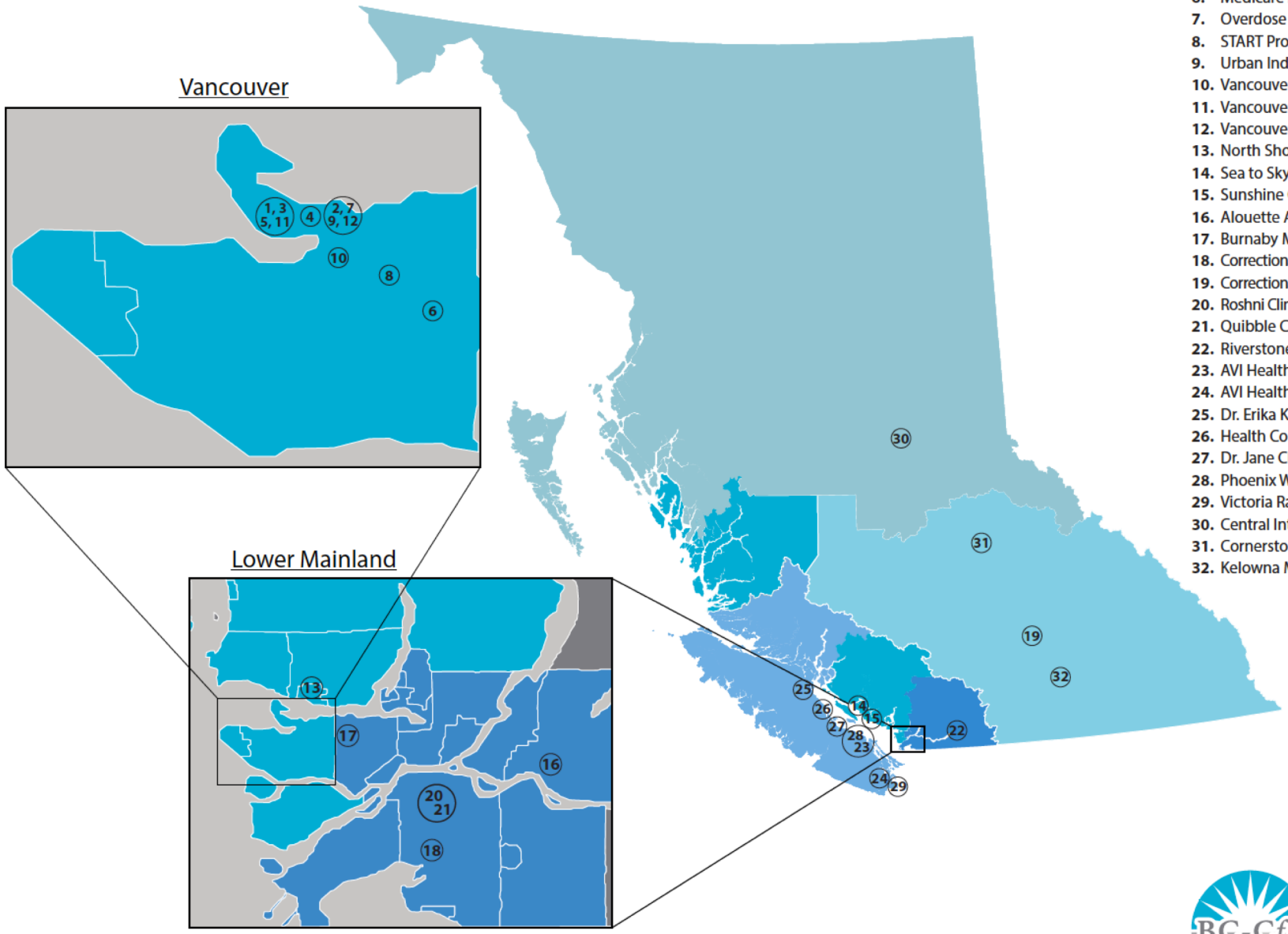
ACT

What's next?
Ready to implement/adapt?
Try something else/abandon?
Next cycle?

Collaborative Aims

- **95% of clients have an active OAT prescription**
- **95% of those clients with an active OAT prescription will be retained on therapy for greater than 3 months**
- **100% of teams have a process to monitor and incorporate the patient voice**

Provincial Teams



1. Dr. Peter Centre
2. DTES Connections - VCH
3. Foundry Vancouver Granville - PHC
4. Dr. Rodney Glynn-Morris - Vancouver
5. John Ruedy Clinic - PHC
6. Medicare Medical Clinic -Vancouver
7. Overdose Outreach Team - VCH
8. START Program - VCH
9. Urban Indigenous Healing and Health Centre
10. Vancouver Detox - VCH
11. Vancouver Native Health Society Clinic
12. Vancouver Rapid Access Addiction Clinic - PHC
13. North Shore OAT Services - VCH
14. Sea to Sky OAT Program - VCH
15. Sunshine Coast MHSU Services - VCH
16. Alouette Addiction Services - FH
17. Burnaby MHSU OAT Clinic - FH
18. Correctional Health Services - Surrey Pretrial CTT - PHSA
19. Correctional Health Services - Kamloops Regional Correctional Centre CTT - PHSA
20. Roshni Clinic - FH
21. Quibble Creek OAT Clinic - FH
22. Riverstone OAT Program - Chilliwack - FH
23. AVI Health Centre - Nanaimo
24. AVI Health Centre - Westshore
25. Dr. Erika Kellerhals - Campbell River
26. Health Connections Clinic - VIHA
27. Dr. Jane Clelland & Dr. Susan Booth - Oceanside
28. Phoenix Wellness - Duncan
29. Victoria Rapid Access Addiction Clinic - VIHA
30. Central Interior Native Health Clinic - NH
31. Cornerstone Chemical Dependancy Clinic - Williams Lake
32. Kelowna MHSU Services - IH

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Team Aims

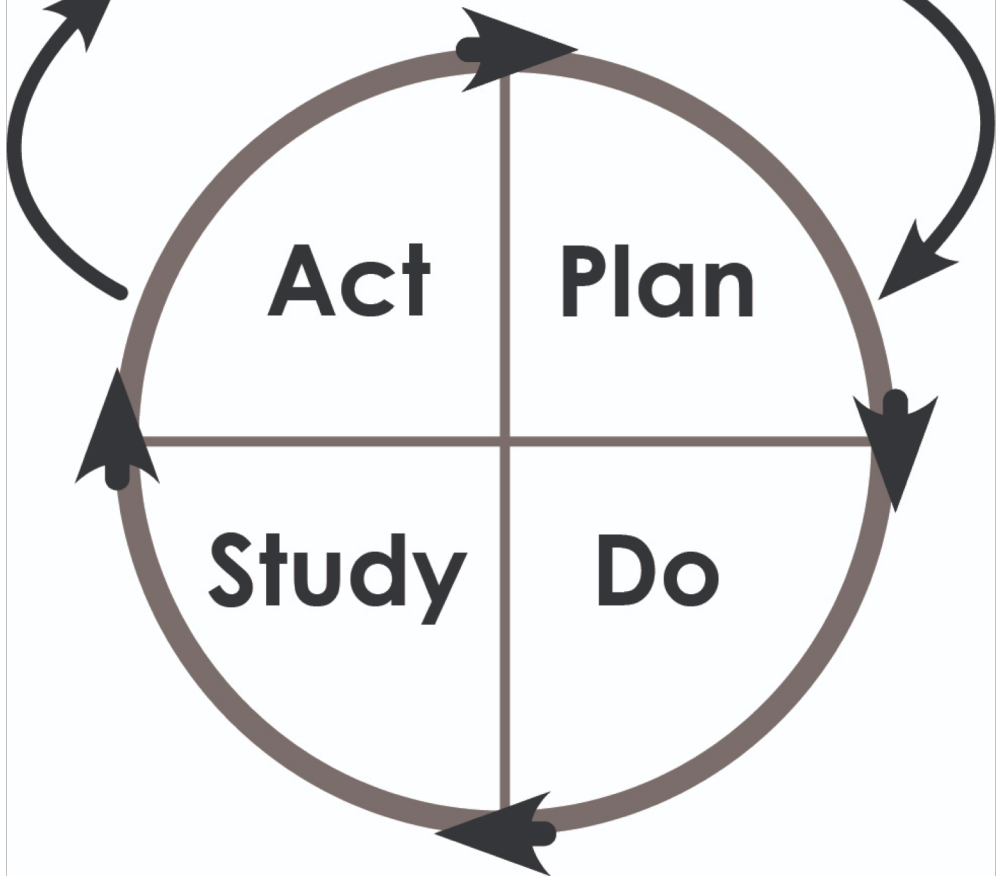
To align with Collaborative aims

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



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Article Text

Article info

Original research

Evolving quality improvement support strategies to improve Plan–Do–Study–Act cycle fidelity: a retrospective mixed-methods study

PDF

Chris McNicholas[1, 2], Laura Lennox[1], Thomas Woodcock[1], Derek Bell[1], Julie E Reed[1]

Principle	Measure
Documentation	All PDSA cycle stages documented
	'Study' section documented in past tense
Learning activity	Learning activity present in PDSA cycle
Prediction	Explicit prediction documented in PDSA cycle
Iterative cycles	PDSA cycle within iterative series of 2 or more cycles
Small-scale testing	PDSA iterative series increasing testing scale
Use of data over time	PDSA iterative series using regular data over time

Project Progress Assessment Scale

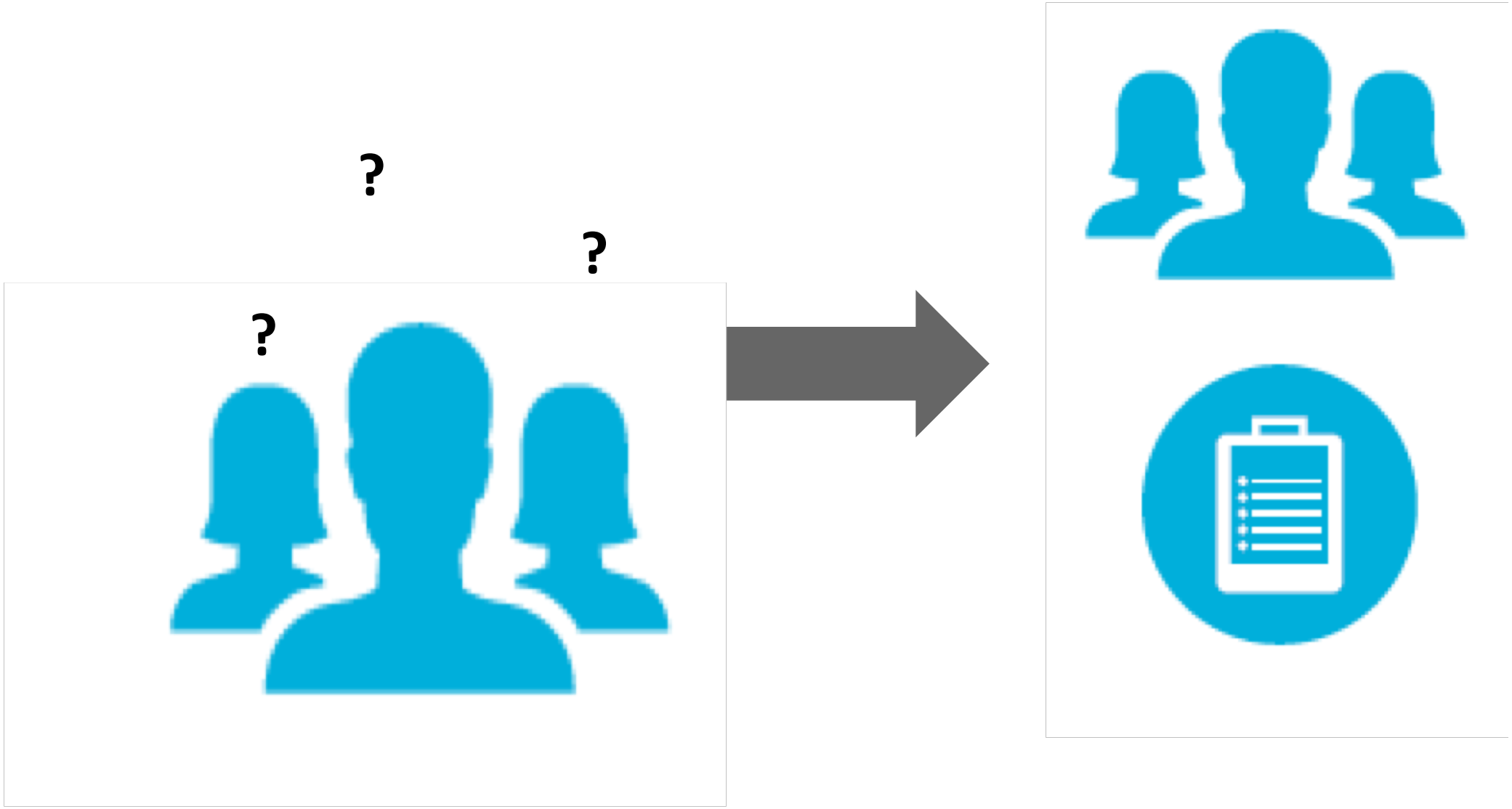
0.5 - Intent to Participate
1.0 - Charter and team established
1.5 - Planning for the project has begun
2.0 - Activity, but no changes
2.5 - Changes tested, but no improvement
3.0 - Modest improvement
3.5 - Improvement
4.0 - Significant improvement
4.5 - Sustainable improvement
5.0 - Outstanding sustainable results

Who are we measuring?

Population of Focus

1 – our clients with OUD
2 - we are primary OAT provider
3 – have active OAT rx
4 – retained on OAT >3mos

Population of Focus



https://pollev.com/ranag760

304.0 opioid use disorder

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

Networking researchers, educators & care providers

DSM-5 CLINICAL DIAGNOSTIC CRITERIA FOR OPIOID USE DISORDER[1]

MRP – Dr. Cole Stanley

POS – John Ruedy Clinic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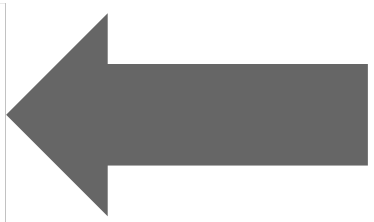
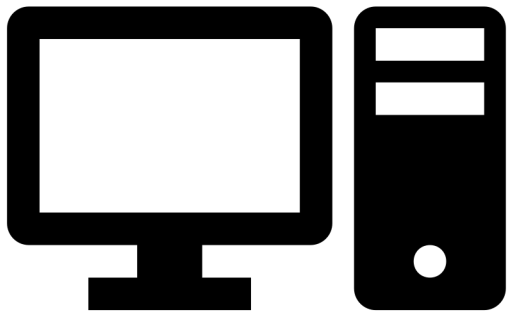
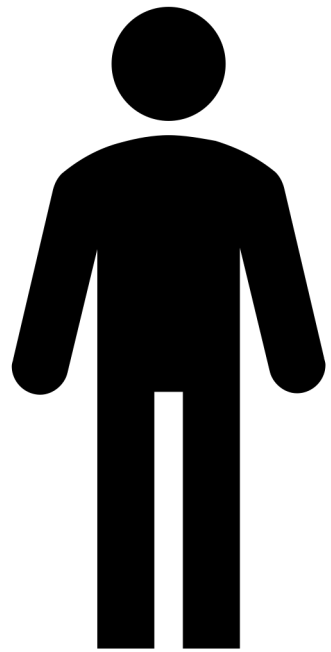
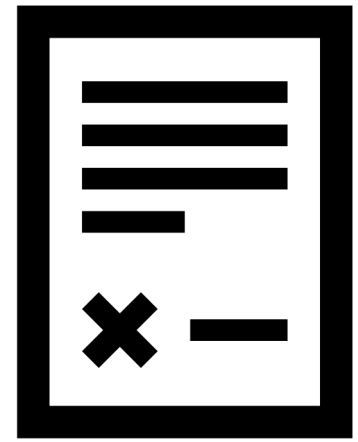
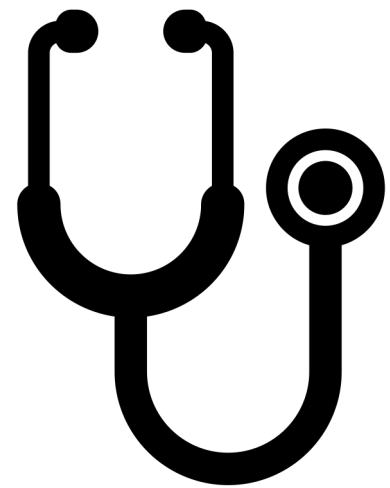


Start small

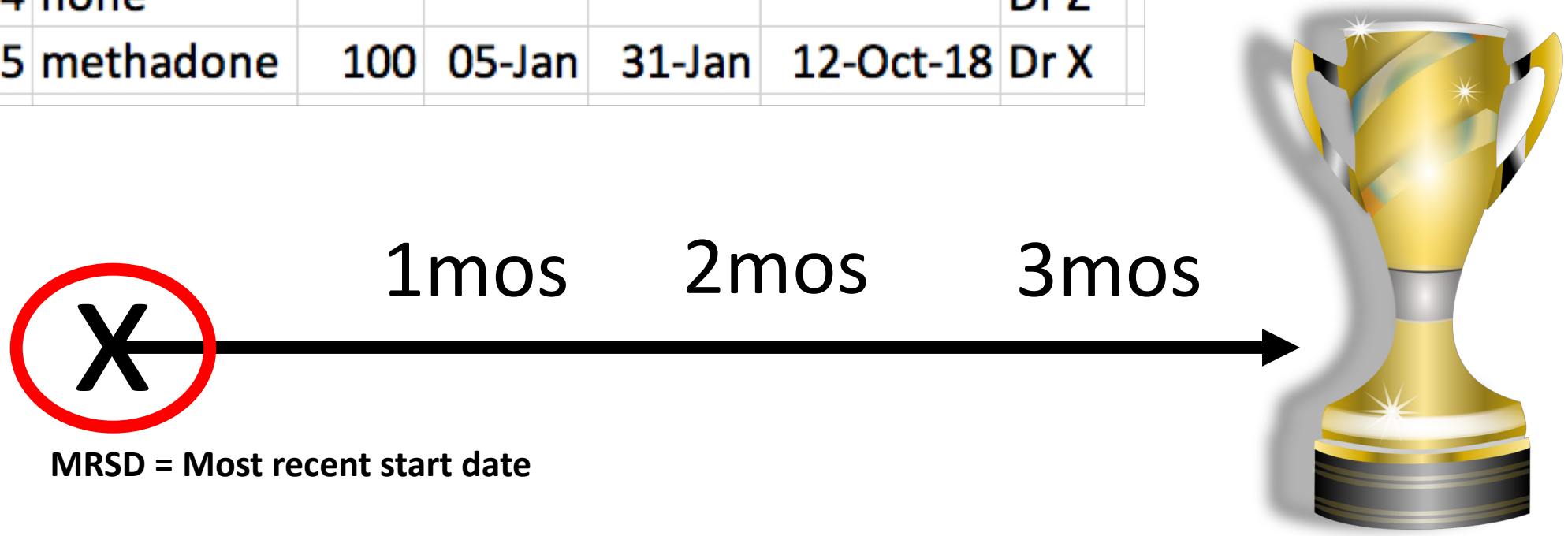








	A	B	C	D	E	F	G
1	**Patient ID**	**OAT**	**dose**	**Start**	**End**	**MRSD**	**MRP**
2	1	methadone	50	15-Jan	02-Feb	01-Jan-17	Dr X
3	2	Suboxone	24	28-Jan	07-Feb	15-Jan-19	Dr Y
4	3	Kadian	400	15-Jan	27-Jan	28-Dec-18	Dr Y
5	4	none					Dr Z
6	5	methadone	100	05-Jan	31-Jan	12-Oct-18	Dr X



MRSD = Most recent start date

I2 =-DAYS(G2, A2)

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5	16-Jan	4	none					Dr Z	
6	05-Jan	5	methadone	100	05-Jan	31-Jan	12-Oct-18	Dr X	85

Today is Jan 31, 2019

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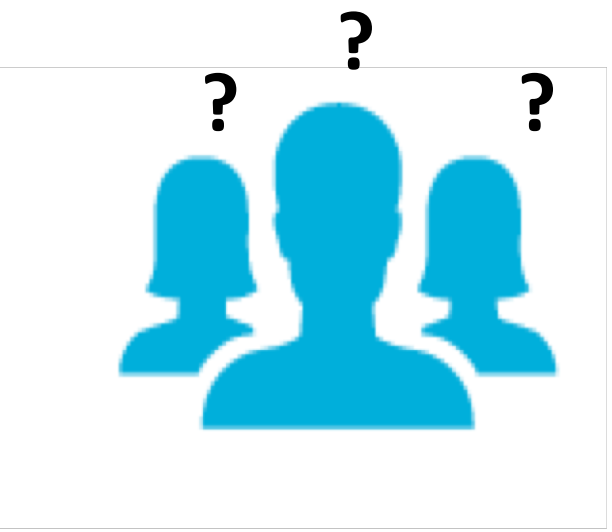
Partial POF = 5

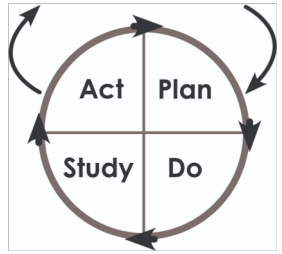


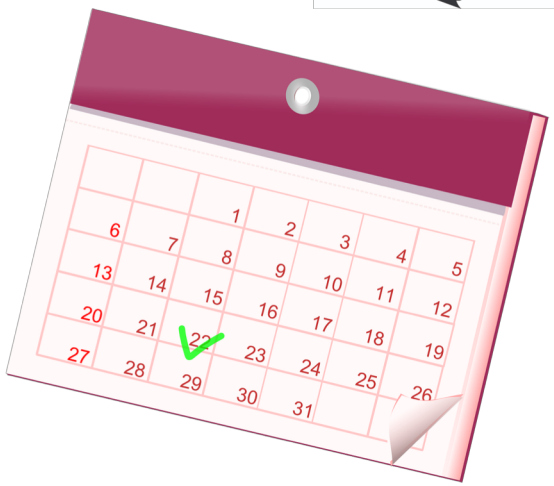
RTN>3mos = 1

1mos 2mos 3mos

X

Active Rx = 3





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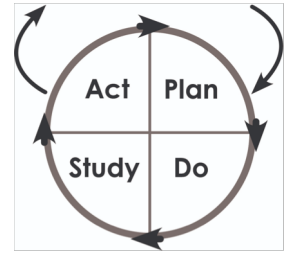

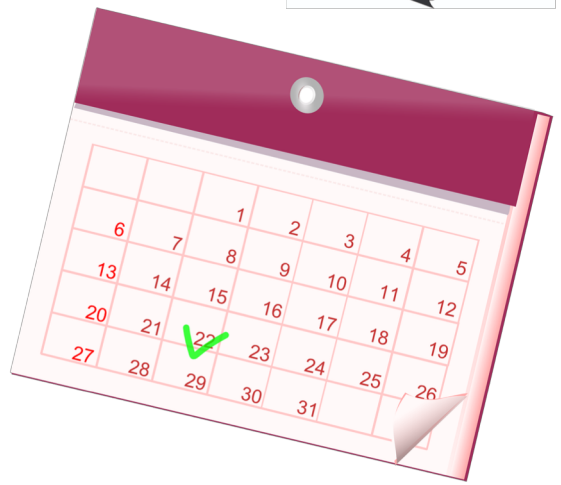

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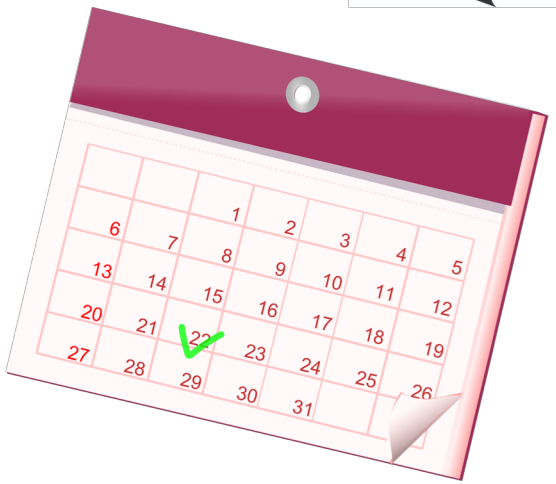

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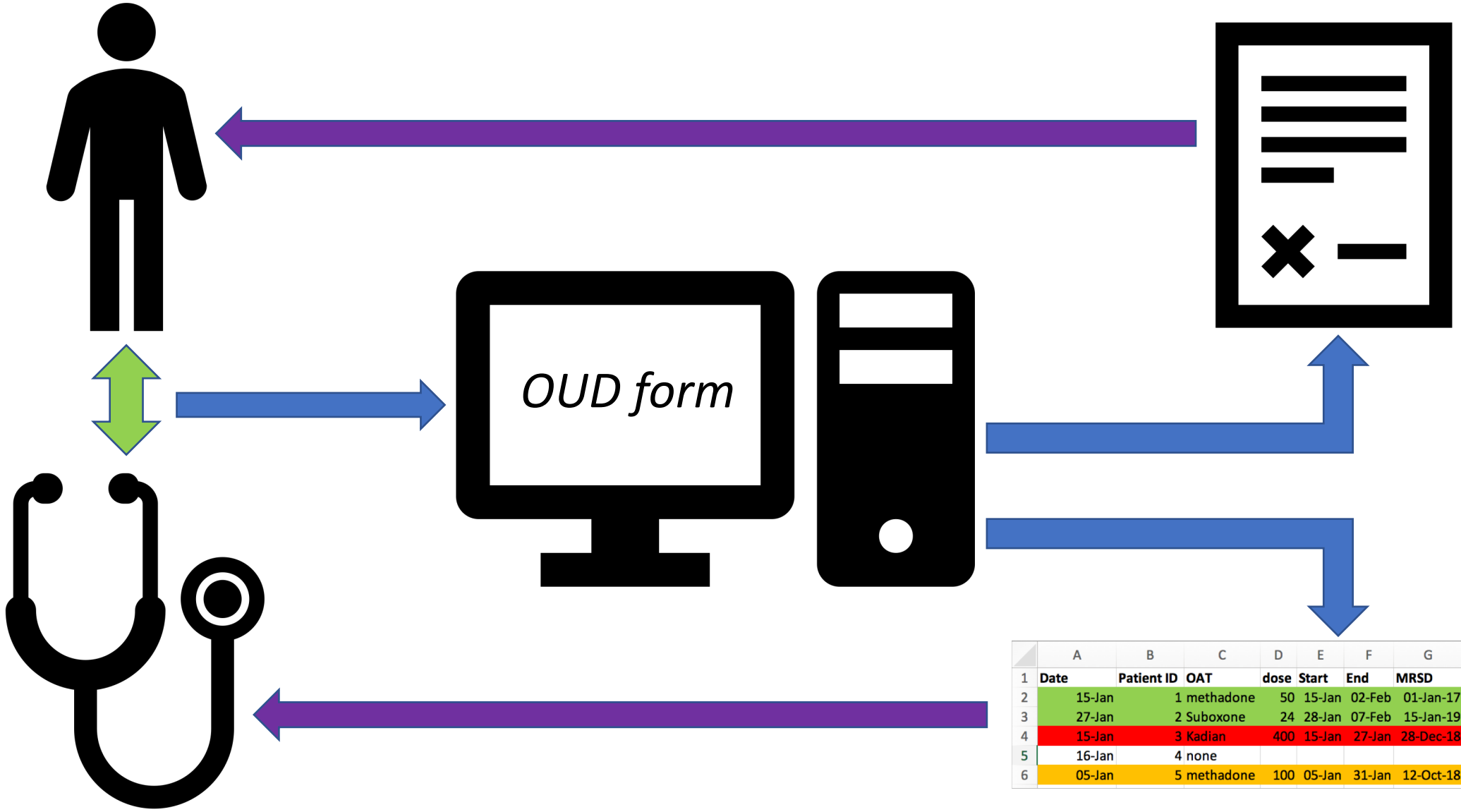

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