Improvement During Crisis: Preliminary results from the BOOST quality improvement Collaborative

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Project Summary

The Best Practices in Oral Opioid AgoniSt Therapy (BOOST) Collaborative is a joint initiative of the BC Centre for Excellence in HIV/AIDS and Vancouver Coastal Health that aims to improve care for people living with opioid use disorder (OUD) in Vancouver by implementing, measuring, and sharing best practices in opioid agonist therapies (OAT) such as methadone, Suboxone and slow-release oral morphine. We are examining five metrics before and after standardization of clinical data entry and collaborative-wide coaching and education of 17 community health clinics.

Project Aim

By December 6th, 2018, we aim to implement and share best-practices in OUD care to help our population of clients reach:

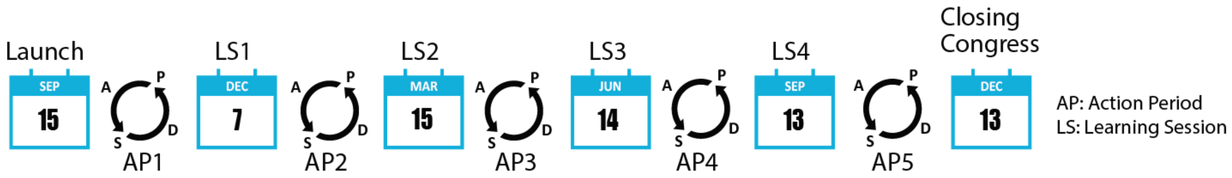
95% initiated on OAT

95% retained on OAT for greater than 3 months

50% improvement in overall Quality of Life scores

Methodology

The BOOST Collaborative is an adapted 16 month Breakthrough Series Collaborative. The Learning Sessions (LS) are an opportunity for teams to come together and share their progress and further develop their QI skills and the Action Periods (AP) is where teams are running multiple rapid tests of change and participate in the Collaborative support activities.



Changes Implemented

1. Standardize Data Entry - *who are our clients with OUD?*

Accurate Primary OAT site

Active clients only

Accurate Most Responsible Provider

A 304.0 diagnosis code

2. Examples of Changes Tested - *how can we improve care for these clients?*

Diagnosis and Treatment Initiation
- Appointment reminder calls
- Expand OAT drop-in hours
- Expand Suboxone home starts and micro-dosing

Quality of Life
- Client satisfaction surveys
- Standard educational materials for clients starting OAT

Treatment Retention
- Assertive outreach for clients lost to care
- Missed OAT dose tracking
- Weekly review of Pharmanet and Medinet
- Peer accompaniment to appointmentsCreative contact info (how to follow up on missed appointments)
- No prescriptions ending on a Friday

Lessons Learned

1. Standardized clinical data entry is essential for accurately identifying the population of focus and for drawing out useful practice-level data.
2. Practice tools that are built into clinical work-flow and increase efficiency are well accepted.
3. Ongoing one-on-one QI coaching works well to establish team aims and objectives and supports ongoing PDSA-cycle testing.
4. In-person learning sessions provide excellent opportunities for informal networking and information sharing.
5. Monthly metric and narrative reporting are important communication tools that create accountability among teams and the Collaborative core team.
6. OUD is a complex chronic condition and there is not one set of practice improvement ideas or tools that will improve outcomes.

Acknowledgements

Thank-you to the Practice Support Program for their ongoing coaching support and involvement in the Collaborative and to Angie Semple for her administrative support over the past year.
Thank-you to all of our Collaborative teams for their tireless work to improve patient care and to all of the Managers and Directors at VCH and the BC-CfE who continue to support this work.

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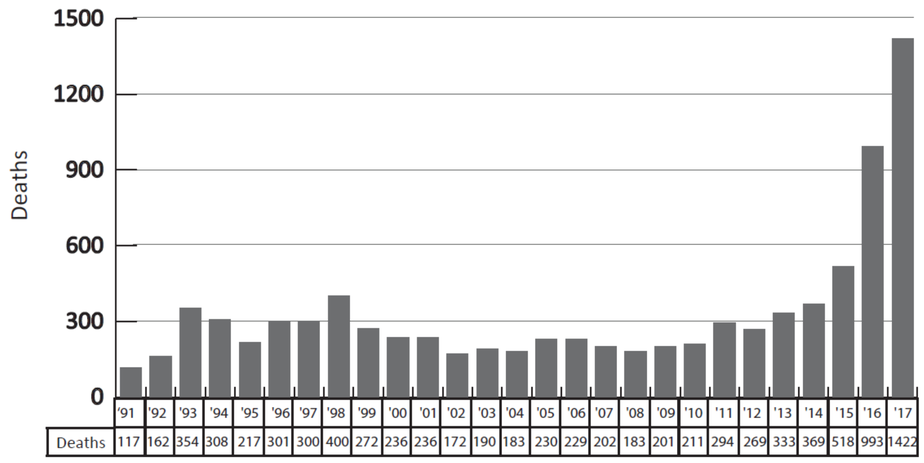
Background

Since 2016, there have been over 3000 opioid-related overdose deaths in British Columbia, with 600 occurring in Vancouver. Several targeted services were launched in response, but the death rate has not improved.

Illicit Drug Overdose Deaths and Death Rate per 100,000 Population



	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	'17
Deaths	117	162	354	308	217	301	300	400	272	236	236	172	190	183	230	229	202	183	201	211	294	269	333	369	518	993	1422

Source: https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf

OUD can be in sustained, long-term remission when individuals are retained in care and receive appropriate doses of OAT. A recent chart review of deaths in the province found that the majority of overdose deaths occur in people who are not on OAT.
Further, a 2014-2015 provincial report showed that only:

53% of people were receiving an optimal dose of methadone (>60mg daily)

39% of people started on methadone were retained at 6 months

29% of people started on methadone were retained at 12 months

Support Activities

Monthly Educational Webinars

Quarterly in-person Learning Sessions

In-person coaching and feedback

Monthly reporting

Results

After data standardization…

4301 Clients with suspected history of OUD based on keywords in their EMR Problem List

↓

2541 (59%) Clients with an accurate International Classification of Diseases (ICD-9) OUD diagnosis code (up from **629** in 2017)

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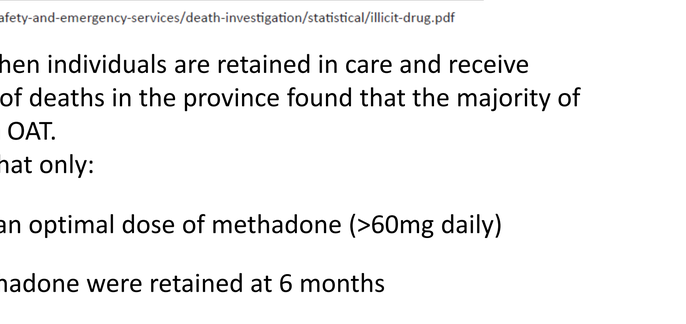
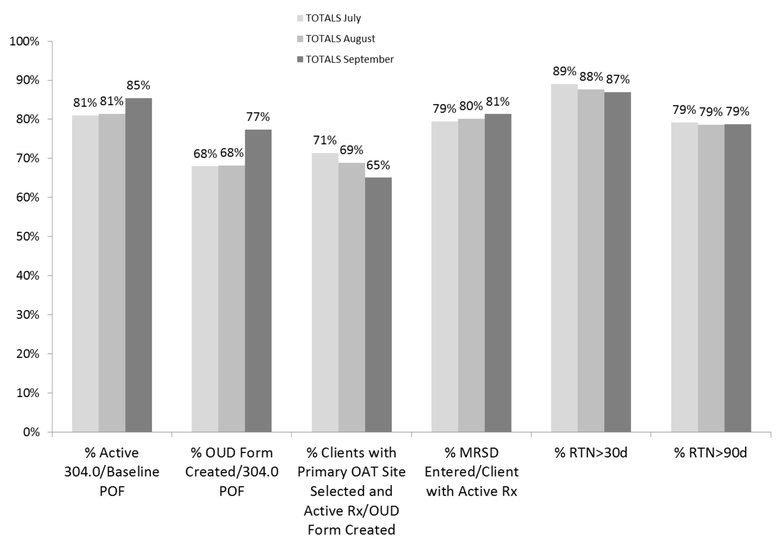
1611 (63%) Clients with a standard OUD encounter documented the last 18 months (OUD form)





Of those in with Active 304.0 OUD

77% With a documented encounter (OUD Form created)

65% With an active Rx for OAT

Of those with an active Rx

81% Have most recent start date entered (required for retention data)

87% Have been retained on OAT for more than 30 days

79% Have been retained on OAT for more than 90 days

Conclusion

In contrast to not even knowing our list of clients with OUD at the start of the Collaborative, teams are now able to manage their lists on a daily basis and measure OAT access and retention. To achieve our 95% goals by December 2018, we will continue to focus on engagement, social determinants, enhanced outreach, and overall high-quality care for our clients with OUD.