



**Alberta Health
Services**

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Alberta Health Services

Knowledge Bites Lunch 'n' Learn

July 16, 2020

Increasing access to care for individuals living with opioid use disorder: *Evaluation results from a primary health care focused approach in Alberta*

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*AHS Addiction & Mental Health Lunch and Learn
July 16, 2020*



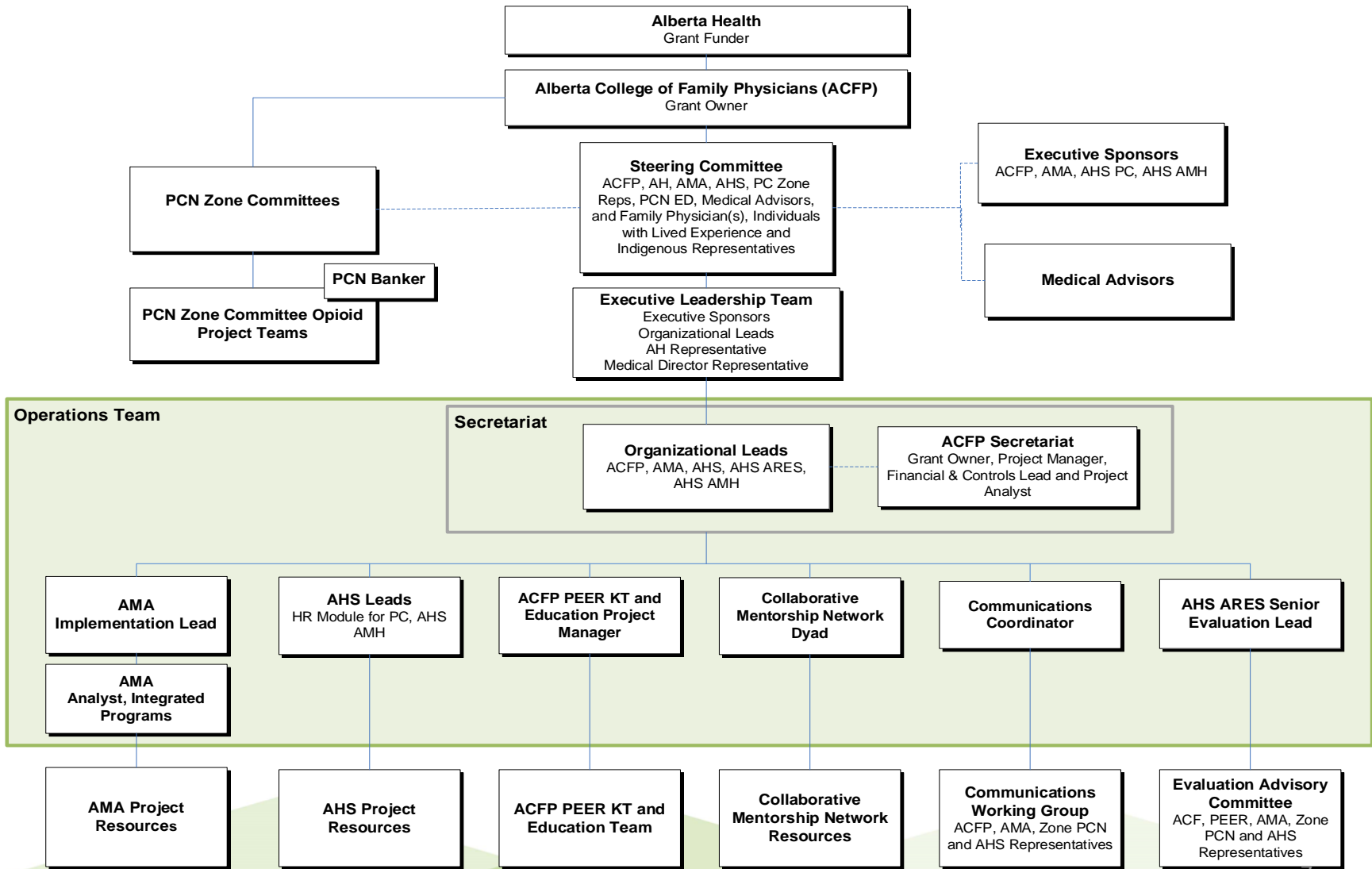
Background

- \$9.5 million **multi-partner initiative**, led by the Alberta College of Family Physicians in partnership with Alberta Health Services, Alberta Medical Association, Zone Primary Care Network (PCN) Committees and Alberta Health
- December 2017 – March 2020
- Funded to do work on three **priority** areas for action:
 - Assisting in building an urgent opioid response by increasing access to treatment
 - Enhancing primary health care provider education and practice change supports
 - Enhancing opioid-related service delivery through the Zone PCN Committees by developing new integrated models of care coordinated with provincial partners and community services

Goals of grant



Governance structure of grant



Overall project – Provincial activities

- Primary Health Care Opioid Response Initiative (PHC ORI)
- Alberta College of Family Physicians (ACFP)
 - Overall Project and Grant Management
 - Subgrant Management and Funding to Partner Organizations and Zones
 - Communications Strategy & Execution
 - Collaborative Mentorship Network for Chronic Pain & Addiction (CMN)
 - Coordination and Facilitation of Zone Collaboration Forums
 - Opioid Toolkit and Resources
- PEER (Patients, Experience, Evidence Research)
 - Simplified Guideline: Managing Opioid Use Disorder in Primary Care
 - Development and dissemination of guideline
 - Simplified Decision Aid: Osteoarthritis Treatment Options in Primary Care
 - Development and dissemination of decision aid

Overall project – Provincial activities

- Alberta Medical Association (AMA)
 - PCN Engagement
 - Opioid Process Improvement Change Package
 - Development
 - Training
 - Online Learning Module
 - Found at: <https://actt.albertadoctors.org/PMH/organized-evidence-based-care/Opioid/Pages/Opioid-Change-Package.aspx>
 - Hosted Opioid Toolkit on AMA ACTT website (same website)
 - “Offers of Care” Demonstration Project
 - *Scheduled to wrap up in fall 2020*

Overall project – Provincial activities

- Alberta Health Services (AHS)

- Engaging Individuals with Lived Experience Guiding Documents

Found at: <https://actt.albertadoctors.org/PMH/organized-evidence-based-care/Opioid/Pages/Patient-Resources.aspx>

- Harm Reduction and Recovery Module for Primary Care

Found at:

<https://www.albertahealthservices.ca/info/Page15432.aspx>

- Acted as a **liaison**, connecting PHC ORI with other opioid response initiatives

Purpose of the evaluation

- To assess work of the PHC ORI after **two years of activities** in support of advancement towards the **goals and objectives**
- To consider the **short and mid-term outcome** achievements, and whether any changes resulted from this work
- Offer insight (**Ways Forward**) into how future work may be guided by what was learned through this initiative

Evaluation questions

- What were the **key activities** that occurred in year 2 of the grant?
- What **practice-level changes** occurred as a result of the PHC ORI grant?
- What **difference has this made for people** at risk of /with OUD in the primary care context?
- What were the **facilitators and barriers** (or strengths and challenges) of the PHC ORI grant?
- What parts of the work built capacity for **sustainability**?
- What elements of the PHC ORI can **be scaled or leveraged** for other health issues in Alberta, in Canada?
- What lessons can be applied to **rapidly respond** to future health crisis needs?

Data collection methods

Primary data collected included:

- Key informant interviews
- Focus groups
- Four “snapshot” case studies
- E-surveys

Secondary data reviewed included:

- Alberta Health’s opioid administrative data reports
- Community Based Naloxone Kits Surveillance Dashboard
- Project documents (e.g. meeting summaries, quarterly reports, etc.)
- Program data (Collaborative Mentorship Network, PEER workshops, Alberta Virtual ODT Training program, AMA demonstration project, etc.)



Key Themes

Strongest Evidence Demonstrating Achievement of Outcomes

Key Theme 1

Growth of Relationships/Partnerships

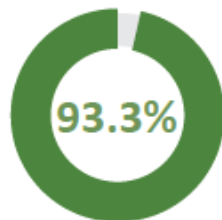


- At a provincial, zonal and clinic level
- Collaboration across partnerships and individuals with lived experiences
- Mechanisms that aided in growing relationships/partnerships and collaboration:
 - Monthly Collaboration Forums
 - Opioid Response Coordinators and Practice Facilitators

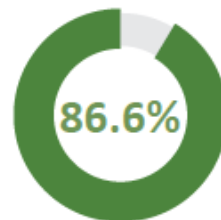
Of those who responded to the Collaboration Forum Survey, the following agreed or strongly agreed that:



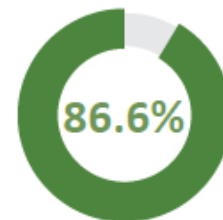
The Forum has increased knowledge



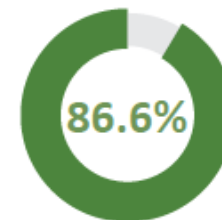
The Forum is organized in a way that makes attendance easy



The Forum has increased the understanding of the activities being completed provincially and, in each zone



The topics covered in the Forum were relevant to the respondent's work



The Forum is organized in a way that makes participation easy

Key Theme 2

Education and Training was Foundational



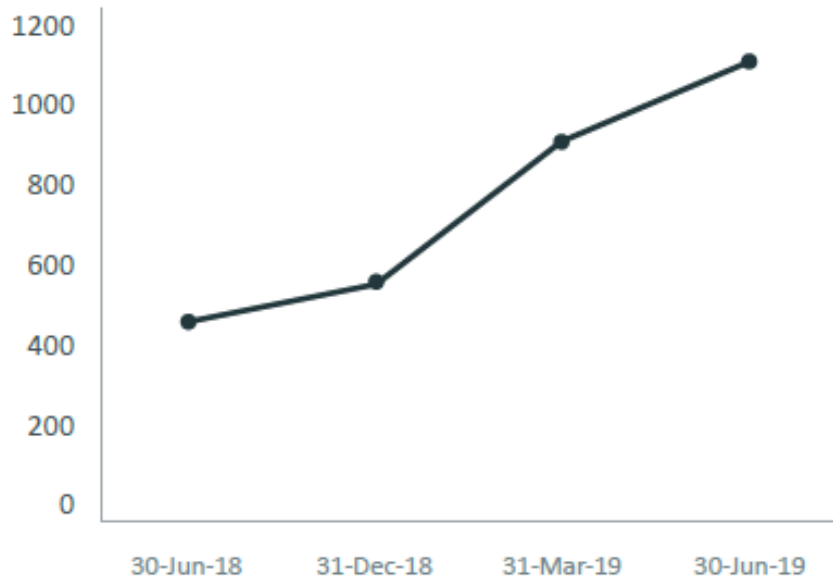
- The following list provides a high-level overview of the education, knowledge translation, and decision support deliverables developed:
 - ACFP PEER Simplified Guideline: Managing Opioid Use Disorder in Primary Care
 - AMA Opioid Process Improvement Change Package
 - Primary Health Care Opioid Response Toolkit
 - ACFP Collaborative Mentorship Network for Chronic Pain and Addiction
 - AHS Harm Reduction and Recovery Module for Primary Care

Key Theme 2

Education and Training was Foundational



PCN Prescribing Providers Trained to Prescribe OAT



158% ↑

increase in the reported number of PCN providers trained to prescribe OAT (June 2018-June 2019)

Key Theme 3

Increased Awareness, Reduced Stigma About Opioids



- The combined educational, training, and knowledge translation efforts of the PHC ORI grant have helped:
 - Increase awareness about opioid use
 - Reinforce the importance of the PHC ORI work
 - Reduce stigma in primary care

“When they started this work, people thought Suboxone™ was just another drug for patients to become dependent on and that Naloxone supported street people. But starting to see that both those options are keeping people alive...” (Zone working group member)

Key Theme 4

Capacity Building Amongst Primary Care Providers



- The combination of education, training, and knowledge translation activities have supported capacity growth in primary care
- Opioid Response Coordinators/Practice Facilitators were also fundamental
- Other capacity building activities:
 - Collaborative Mentorship Network for Chronic Pain and Addiction (CMN)
 - “Offers of Care” AMA Demonstration Project (*results due in early fall 2020*)

Key Theme 5

Increased Access to Services



- Factors that impacted increased service access for patient at risk of/with opioid use disorder include:
 - Increased awareness
 - Reduced stigma
 - Building primary care capacity
 - Shifts in practice
 - Pathway development
 - Opioid Response Coordinators
 - Prescribing practices

Key Theme 6

Sustainability & Scalability Opportunities



- Aspects that could be scalable to other health issues:
 - Harm reduction approach
 - Tools and resources
 - Education and training
 - AMA change packages
 - Collaborative Mentorship Network for Chronic Pain and Addiction

Key Theme 7

Engaging Individuals with Lived Experience (IWLE)



- Meaningful engagement was recognized as an important way of working
- Occurred at different levels (provincial/zonal/clinic)
- When it occurred, it was viewed as highly meaningful and impactful in helping to advance the work
- Other teams were challenged with how to engage IWLEs in a meaningful way without it feeling tokenistic

Ways Forward

- Maintain Relationships and Collaboration Efforts
 - The **provincial partnership** should be maintained
 - All levels of relationships should be intentionally maintained, and collaboration continued
 - Continue to explore **collaboration and partnerships** between primary health care and other stakeholders or healthcare partners
- Invest in Specific Activities to Continue and Broaden the Impact of PHC ORI
 - Maintain and expand education modules, resources, and tools online
 - Continue efforts to reduce stigma and increase awareness about opioids, opioid use disorder, and addiction
 - Continue communication and information sharing on the indicators

Ways Forward

- Continue Knowledge Sharing Efforts
 - Efforts to **continue provincial data reports** is critical to build on the momentum created through this initiative
- Align Work with Other Priorities
 - Look for **continued opportunities to leverage resources** created through this work to support new provincial initiatives like AB Surgical Initiative and the AB Pain Strategy
- Zones & PCNs have a Key Role in Forwarding this Work
 - Integrate PHC ORI assets within **Patient Medical Home**
 - Implement and test **development pathways**
 - Continue to offer **OAT and harm reduction practices**
 - Zones and PCNs should continue to come together and collaborate

Ways Forward

- Scaling Opportunities
 - Share **training, education, resources, and tools** nationally
 - Further scaling of the AMA Process Improvement **Opioid Change Package**
 - Scale/adapt **pathways** across the province
 - Scale **Opioid Response Coordinator work with Alberta Works**
- Increase Efforts at Engagement with Particular Populations
 - Increase efforts at **engaging Individuals with Lived Experience**
 - Increase efforts **engaging with Indigenous communities**

Practice Implications

- Investigate the **clinical care pathways** designed as part of work done for this grant with each zone
 - Much time spent during this grant on this activity
 - Train/educate
 - Test & determine what worked
- Discuss **primary care/AMH connection with patient/client**
 - *Support* continuity of care/transition of care between AMH, ED, community clinics and primary care
 - Offer to connect with primary care provider to discuss health care treatment needs
 - Consider emerging initiatives (i.e., Connect Care (future waves), Hospital to Home and grants) to continue to build informational and management continuity

Practice Implications

- Look for ways to support the Collaborative Mentorship Network (for PC physicians)
 - Received **new grant** to continue this spring
 - Opportunity for AMH specialists/program managers to connect with primary care physicians (based in community and ED) to continue to build capacity, share info on new initiatives
 - More information is available on the ACFP website
- Leveraging champions in primary care
 - Evaluation found that many primary care team members within PCNs considered this work meaningful and provided them new opportunities to make a difference in the lives of those living with substance use disorder
- **Lifetime of work**, this grant was only the start
 - Approximately 3800 primary care physicians
 - Several hundred primary care clinics
 - 41 Primary Care Networks

Year 2 Summary Evaluation Overview

PHC ORI Year 2 Summary Evaluation Report

<https://acfp.ca/wp-content/uploads/2020/05/PHC-ORI-Year-2-Evaluation.pdf>

PHC ORI Year 2 Summary Evaluation Report – Executive Summary

<https://acfp.ca/wp-content/uploads/2020/05/PHC-ORI-Year-2-Executive-Summary.pdf>

Initiative Overview

Primary Health Care Project in Review: Interactive Presentation

<https://prezi.com/view/hSbBn9Y52vVCMK5GNEt9/>