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FLEXIBLE CARE IS PERSON-CENTERED CARE:

Conversations with clinicians on how to improve flexible models of care for clients with opioid use challenges in Canada

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Link to the recorded webinar:
www.bit.ly/OPTwebBC

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FOR MORE INFORMATION ON THE OPTIMA TRIAL VISIT
WWW.OPTIMA-TRIAL.COM

INTRODUCTION

As part of the OPTIMA Trial knowledge translation (KT) plan, a series of activities were organized to communicate the study findings to clinical audiences and more specifically the health professionals that prescribe and supply opioid agonist treatment (OAT) for opioid use disorder (OUD). Following the best practices for knowledge translation for clinicians, interactive learning opportunities with thought leaders in the field were organized and promoted among target clinicians (e.g. primary care providers, specialized physicians, outreach nurses and nurse practitioners, and pharmacists working with clients with OUD).

A series of regional clinical roundtable webinars were hosted in British-Columbia, the Prairies region, Ontario, Quebec, and the Atlantic region. The goal of these 1-hour sessions was to:

1

Increase knowledge and understanding of the OPTIMA findings and their significance for clinical practice

2

Support action towards implementing flexible models of care, take-home doses of OAT, and patient-centered approaches for OUD care

3

Hear from a multi-disciplinary group of practitioners on their approaches to providing flexibility with OAT to clients in their region

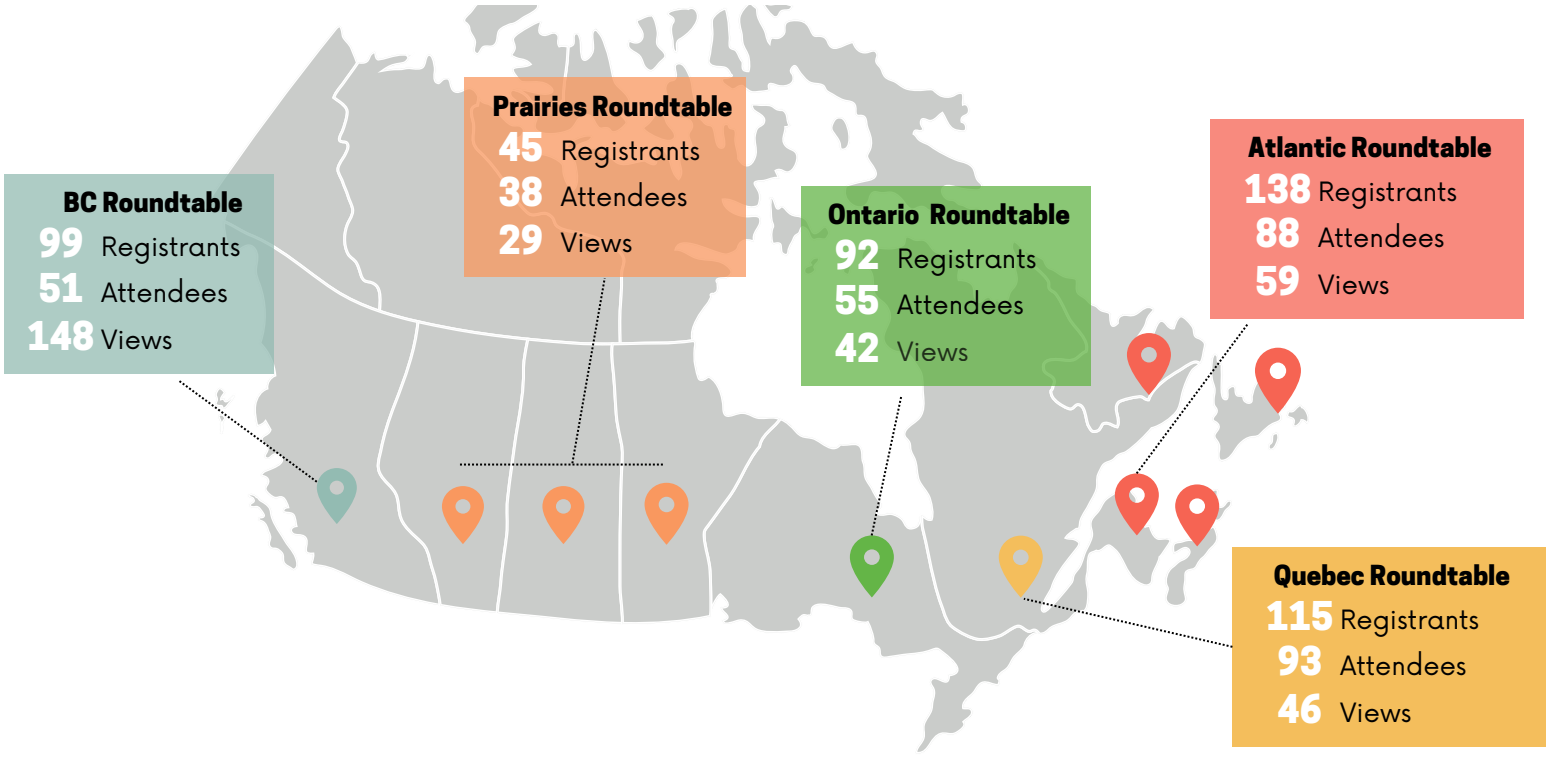
Each regional webinar presented the main findings of the OPTIMA study followed by a panel discussion with clinical thought-leaders (physicians, nurses or nurse practitioners, and pharmacists) working in opioid use care in their region. The sessions were promoted through:

- Clinical institutions (e.g. regional college of physicians, nurses or pharmacists)
- Communities of practice and associations (e.g. Safer Supply Community of Practice)
- Organizational partners (e.g. CAMH, BCCSU)

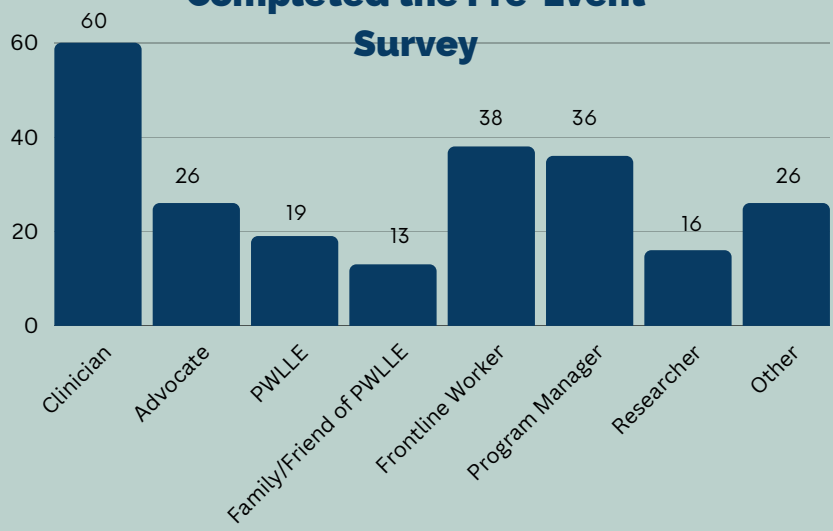
WHO WE REACHED

Evaluation methods were performed for every roundtable session through pre- and post-event surveys and live polls. This evaluation gathered input from webinar participants on their experience, willingness, and confidence implementing flexible models of care in their clinical practice, based on the session.

A total of **5 regional roundtable** discussions were held across Canada. **489 people** registered for the sessions, and **325 people** actually attended.



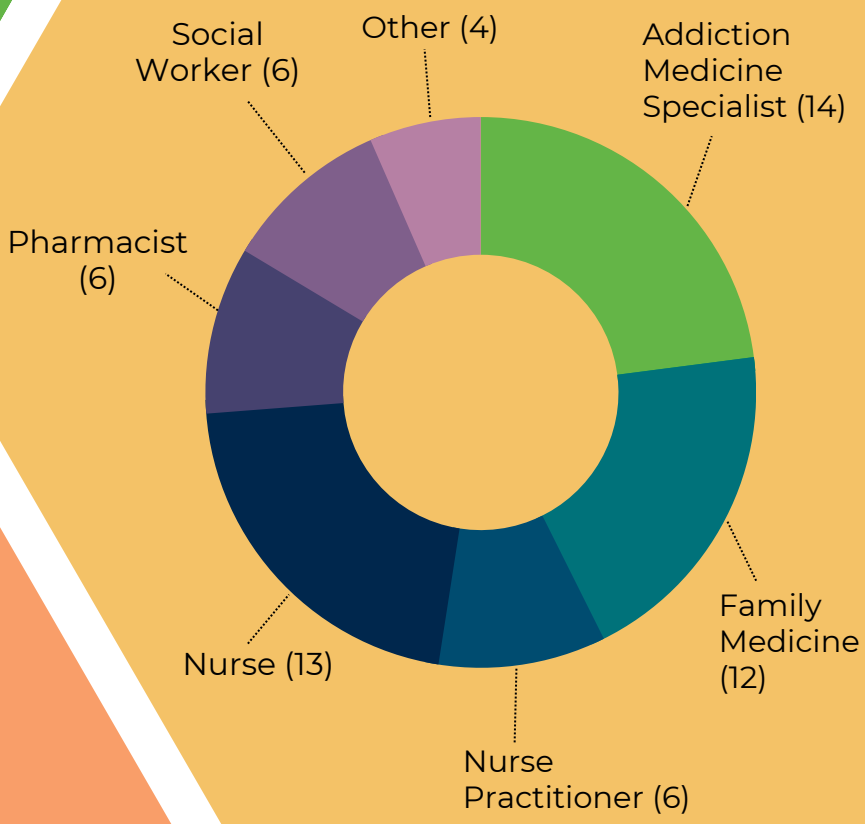
Types of Knowledge Users that Completed the Pre-Event Survey



33 clinical thought-leaders participated in the roundtable panel discussions

CLINICIAN SURVEY RESULTS

Clinical Roles of Attendees from Pre-Survey



Reported Frequency Providing Take-Home Doses of OAT

Pre-webinar
Post-webinar

Rarely
Less than 10% of the time

12%
4%

Only for special circumstances
(I.e., less than 25% of the time)

0%
8%

Sometimes, Case-by-case basis
Less than 50% of the time

26%
30%

Frequently
Over 50% of the time

50%
70%

Attendee Confidence in Providing Take-home Doses of OAT

Pre-webinar

19%

Post-webinar

36%

82% reported the sessions were relevant/very relevant

WHAT WE HEARD

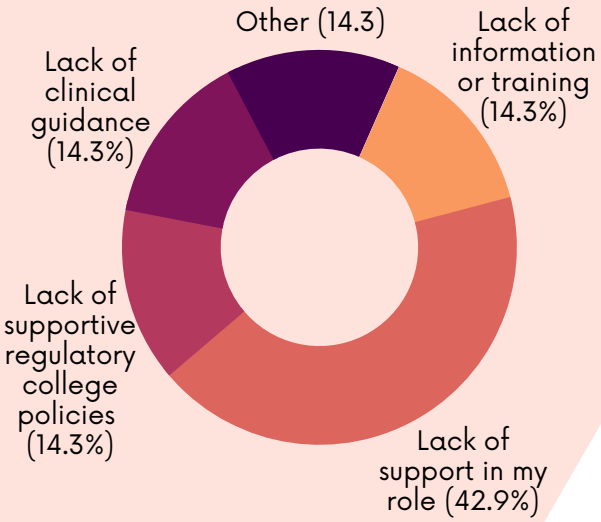
FLEXIBLE MODELS LEAD TO BETTER PATIENT CARE

The feedback from speakers and session participants expressed an indisputable need to re-evaluate the ways in which we are providing OUD care in Canada and to update practices and models of care to better fit the reality of clients' needs. The current drug poisoning crisis, the contaminated illicit drug supply, client tolerances, and the COVID-19 pandemic have greatly changed the context and reality of the clinical management of opioid use and in turn, should be reflected in care and delivery. Panelists stressed the fact that lack of flexibility leads to poor treatment retention because many requirements such as daily supervised treatment doses, frequent urine drug screens, and rigidity around which treatments are offered does not work for many people seeking care. Providers must work to understand client goals, be open to adapting treatments for clients' unique and individual needs, and create care plans that are accessible and supportive of clients' self-defined measures and goals.

> **OAT is not one size fits all.**

> **Providers need to start working for their clients too, and not just the other way around.**

Factors influencing uncertainty to provide take-home doses



BARRIERS AND DISCREPANCIES TO PROVIDING FLEXIBILITY FOR OAT

Providers discussed several key barriers to offering clients more flexibility in their care including safety and strict regulatory policies. In the pre- and post- evaluation surveys, most respondents indicated that their reluctance and uncertainty to provide take-home doses of OAT to clients is due to the potential risks for the client (e.g., overdose, not enough structure, etc.) and rigid regulatory or institutional standards and policies. There was a consistent expression of fear of doing the wrong thing based on clinical guidance and being questioned or audited by regulatory bodies. Many participants felt that they experience a lack of support in their role which influences their confidence or ability in providing more flexible treatment options.

> **A lot of us have a fear of being flexible because of the system we work in. It's not just up to providers, it's up to the people who set out protocols and we worry about being audited.**

Additionally, the roundtable discussions made it evident that there were many discrepancies in the level of flexibility provided and standardization of care both across and within regions. Some rural and remote communities have access to flexible take-home doses, greater treatment options, and more supportive services available, while others in similar regions do not. Panelists also expressed that close neighbouring provinces, for example in the Atlantic region, seem to have variable quality and access to care particularly when it comes to flexibility and take-home doses.

> **I know care settings are different in different places, but I wish every patient could at a minimum have access to the same options and flexibility.**

APPROACHES TO INCORPORATING FLEXIBILITY INTO CLINICAL PRACTICE

An important aspect to this webinar series was to empower and build confidence among providers to incorporate more flexibility in their practice. Panelists were able to share firsthand experiences of their approaches to flexibility and provide advice to surmount existing barriers. A few key themes and practices emerged:

A CHANGE IN MINDSET:

Panelists and participants expressed that the first crucial step in incorporating more flexibility in OUD practice is to change your mindset. As a provider, approach client relationships with empathy and consider questions like “If it were me, what would make me happy?”; “could I come in everyday?”, “would I like to pee for my provider every appointment?”. Providers should reflect on their biases and have an understanding that there are also harms by not being flexible and consider what kind of impact that would have on their client and their success with treatment.

ENGAGE PWLLE:

Involving people with lived and living experience (PWLLE) in clinical settings creates a community of people who are able to discuss care as a team rather than having a very individual “provider-patient” model. Some panelists shared their experiences of having PWLLE on a patient advisory group for their clinic and felt that the support and expertise provided allowed them to feel more equipped with tailoring treatment to client needs.

FIND CREATIVE SOLUTIONS:

Panelists and attendees discussed the impacts of COVID-19 on OUD care and how clinical structures had to find creative solutions to provide care for clients. With the restrictions of the pandemic, creativity allowed for a lot of flexibility and in several cases, providers saw the same level of success for care with their clients. Panelists shared several case examples of accommodating clients who were travelling by offering longer prescription scripts and connecting with new pharmacies in different locations, or offering more appointments over the phone or video calls, or having pharmacies perform more medication deliveries.

> **The pandemic forced a certain amount of flexibility on all of us and it has actually improved retention and many patients have appreciated the level of autonomy**

BUILD FLEXIBLE SERVICES:

Panelists stressed the fact that "flexibility" is not just about providing a particular treatment option or take-home doses but rather that it should be involved at all phases of the client care experience. Incorporating more flexibility in services as a whole or in practices that are within the provider's control such as more flexible drop-in hours, virtual witnessed doses or follow-up appointments will go a long way for clients that need it.

RATIONALE AND DOCUMENTING PRACTICE:

In response to provider fears of doing the wrong thing or being audited, panelists suggested that if a provider can rationalize and explain why they made a more flexible decision for a client and that it was based on thoughtful consideration of risks and benefits, they are unlikely to encounter any regulatory problems. Documenting choices and making clear notes on why certain decisions are made is an important paper trail to justify reasoning and practices.

> **In my experience, if you can explain why you have been flexible with good reasoning, ultimately I don't know anyone who has had any problems**

STAY INFORMED:

Providers can gain a lot of evidence from their surroundings and in many cases other clinical contexts and models can support and help justify their own clinical decisions. Although there are different structures, policies, and regulations regionally, if there is evidence supporting successful practices in another setting, providers should consider if and how it can be implemented in their own setting. Panelists encouraged providers to use the existing evidence to rationalize, document, and justify these choices.

SEEK SUPPORT AND EXPERTISE:

Both the webinar attendees and the expert panelists alike recognized that OUD patient care is a challenging and sometimes uncertain space to navigate. Discussing with colleagues, reaching out to other providers who have experience with flexible care practices, calling clinician support lines for decision making, and building relationships in the clinical community can be extremely helpful and positive to support one's own clinical practice. It was also noted that creating good lines of communication and relationships between prescribers and pharmacists is important because clients rely on both their clinic and community relationships to be successful in their overall care.

> **We need to start leading with trust and positivity and stop focusing on the negative that we might experience or hear every day. As providers, our client's feed on our positivity and support.**

TOOLS & RESOURCES FOR CLINICIANS

During the roundtable discussions and in the evaluation feedback, participants identified tools and resources that would be helpful to support them in OUD care and OAT prescribing. Providers highlighted the following needs:

Education & Training

Participants indicated a need for more training and sessions about:

- Managing patients in acute care/inpatient settings
- Max dosing of opioids and OAT
- Non-medicalized approaches to OUD care, transitioning between medications
- Injectable OAT options
- Guidance for take-home doses of kadian and safer supply
- The intersections between "recovery", harm reduction and the medicalized model of substance use.

Point of Care & Clinical Tools

A variety of resources and tools were desired by participatns including:

- Tools to help evaluate opioid use in clients
- Decision support tools across the OUD continuum of care (e.g., take-home doses, types of medication etc.)
- Community-oriented tools including client advocacy tools
- Case-based guidance for pharmacists on how to support clients who use drugs (e.g., intoxication, dose absences, theft etc.)
- Clinical guidance for providing OAT in rural/remote communities and virtual care.
- Provincial protocols for take-home doses

NEXT STEPS FOR ACTION

- Prioritize overhauling sources of funding, structures, and regulations for prescribers to shift motivations to providing quality care rather than being driven by fear, lack of support, or being underpaid
- Align and standardize clinical services and models for more consistency across regional and remote settings
- Establish and foster positive, supportive, and trusting relationships between patients-clinicians
- Involve more PWLLE in clinical organizations and institutions to contribute to decision making
- Build collaborative care team approaches to OUD care including community and front line care (prescribers – pharmacists – outreach workers)
- Generate more scientific evidence around flexible models of care, OAT dosing and take-homes
- Create tools and resources that build capacities and support clinicians in decision making for OAT prescribing and OUD care.
- Create more flexible health services for OUD patients (hours of operation, appointments, urine tests)