



Shared Care Final Project Report

Project Title	Improving Access to Care for Patients with Alcohol Use Disorder (SCC5040)
Physician leads	Dr. William Mak Dr. Karen Shklanka
Project lead	Cindy Young
Date of Submission	March 13, 2024



EXECUTIVE SUMMARY

Background / overview

The “*Improving Access to Care for Patients with Alcohol Use Disorder (AUD)*” project was initiated in 2022 in response to concerns about rising alcohol use during the COVID-19 pandemic, as well as an increase in alcohol use and related morbidity and mortality before the pandemic. Patient surveys revealed significant barriers to seeking care, primarily stemming from discomfort and reluctance in discussing substance use with their healthcare provider due to the stigma associated with it. Patients who are struggling with alcohol related issues are often underdiagnosed and receive inadequate care. The project focused on enhancing the patient-primary care provider relationship and empowering primary care providers with tools and confidence to manage this complex patient population.

Project Objectives

The objectives of the project were to implement the following activities:

1. Host a workshop on harm reduction to increase awareness and create a shared understanding of the stigma and barriers faced by Indigenous populations for primary care providers
2. Run a public awareness campaign to improve patient education and literacy on Canada’s Guidance on Alcohol and Health
3. Develop and host a case study workshop to increase primary care providers confidence in providing screening, treatment and management of AUD as well as increase awareness of resources
4. Create an AUD algorithm that can be used by clinicians to refer to and find assessment tools, guidelines, patient information handouts, and community services
5. Increase awareness of the Collaborative Prescribing Agreement (CPA)

Project Outcomes

The project created meaningful opportunities and mechanisms for information and resource sharing between primary care providers and addiction medicine physicians to support patients with alcohol related issues. By diving deeper into harm reduction and culturally sensitive approaches through storytelling, an impactful and mindful learning session was delivered for primary care providers. In addition, engagement with provincial entities allowed the project to align the contents of the case study workshop with the new AUD guidelines, ensuring the provision of up-to-date information and education for primary care providers. In conclusion, the project effectively achieved its intended objectives but there continues to be a need to explore ways in ensuring the long term sustainability and spread of these activities are feasible.



INTRODUCTION

The Fraser Northwest Division of Family Practice (FNW DoFP) encompasses Family Physicians in New Westminster, Coquitlam, Port Coquitlam, Port Moody, Anmore and Belcarra representing the catchment area of the Royal Columbian and Eagle Ridge Hospitals. The FNW DoFP deeply respects and acknowledges the privilege of being able to work on the ancestral, traditional and unceded territory of the Coast Salish Nations, including the Kwikwə́łəm (Kwikwetlem) and Qiqéyt (Key-Kayt) nations. The FNW DoFP remains mindful of the health inequities and is committed to better understand the needs of Indigenous peoples.

The AUD Disorder Shared Care project began in 2022 based on concerns expressed by addiction medicine physicians about the increase in alcohol use as a result of the COVID-19 pandemic, as well as an increase in alcohol use and related morbidity and mortality before the pandemic. Patients who have troubles with drinking often go undetected by the healthcare system due various reasons, such as a focus on other comorbidities and the stigma associated with the condition. Results from the patient surveys conducted showed that some patients expressed barriers in seeking care because of the discomfort in discussing their substance use, leading to inadequate care. Enhancing the trusted patient-primary care provider relationship and equipping primary care providers with the tools and confidence to manage this complex patient population is crucial to improving quality of care.

This project aimed to reduce the stigma around alcohol use, educate the public about the importance of discussing their alcohol use with their healthcare provider, improve communication between primary care providers and addiction medicine physicians and increase primary care providers' awareness of resources to support their patients.

PROJECT OBJECTIVES

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TARGET POPULATION

The target population for this project included PCPs (which include Family Physicians and Nurse Practitioners), Addiction Medicine physicians, patients with substance use concerns living in the FNW communities of New Westminster, Port Moody, Coquitlam, Port Coquitlam, Anmore and Belcarra.

ENGAGEMENT STRATEGY

The FNW Division engaged with PCPs and Addiction Medicine physicians to identify challenges in the community which helped to inform the direction of the project plan. Conversations with the Fraser Health Authority (FHA), the Canadian Alcohol Use Disorder Society (CAUDS), and the Guidelines and Protocols Advisory Committee (GPAC) allowed for knowledge sharing and an opportunity to understand common alignment of objectives and goals on a regional and provincial level. The following individuals and organizations contributed to the success of the project with their continued collaboration and engagement throughout the project:

Name	Role	Primary Practice Location or Organization
Dr. William Mak	Family Physician and Addiction Medicine Lead	New Westminster
Dr. Karen Shklanka	Addiction Medicine Lead	New Westminster
Dr. Amelia Nuhn	Hospitalist	New Westminster
Dr. Ravi Parhar	Family Physician	Coquitlam
Dr. Nimeera Kassam	Family Physician	Burnaby
Dr. Leanna Chen	Family Physician	Port Coquitlam
Dr. Herbert Chang	Family Physician	Vancouver
Dr. Mina Elmasry	Family Physician	Coquitlam
Dr. Hoda Rezaei	Family Physician	Coquitlam
Dr. Tracy Monk	Family Physician	Burnaby
Nicholas Fitterer	Nurse Practitioner	New Westminster
Dr. Nancy Liu	Family Physician	Burnaby
Dr. Fahreen Dossa	Family Physician	Vancouver
Dr. Gregory Cohen	Addiction Medicine Physician	New Westminster



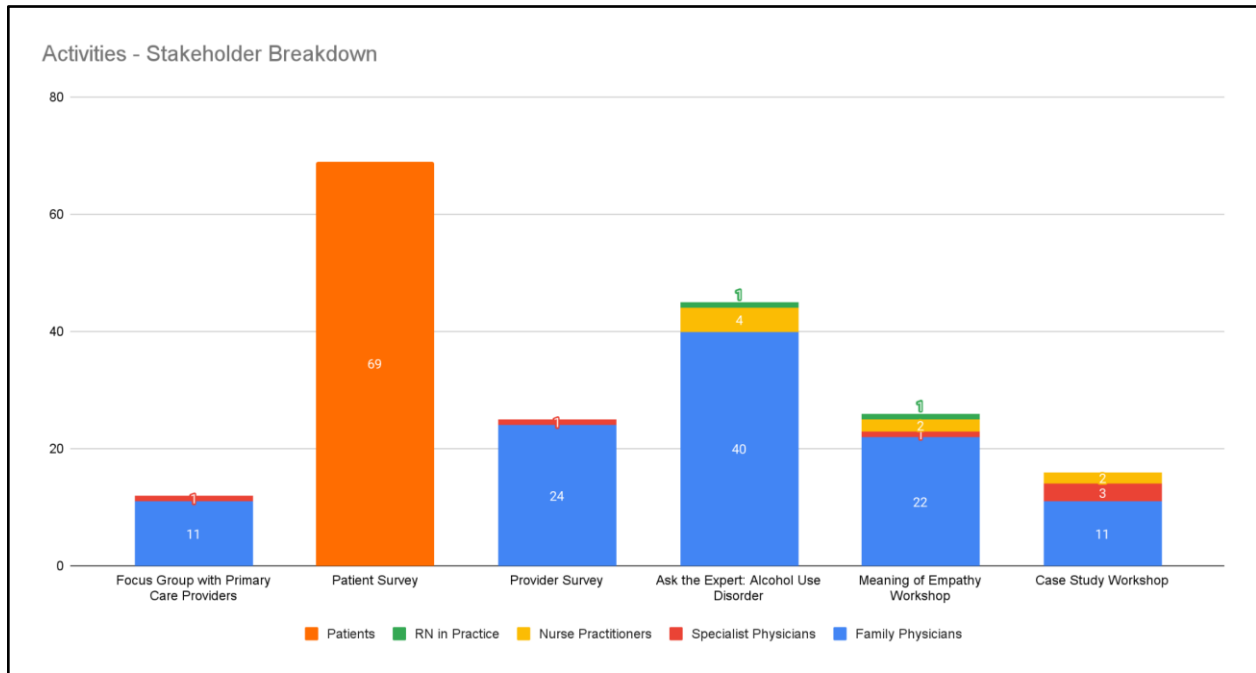
TEMPLATES AND FORMS

Dr. Erica Alex	Family Physician	Burnaby
Dr. Pamil Malhi	Family Physician	New Westminster
Dr. Sepideh Modir	Family Physician	Port Coquitlam
Sukhwant Jassar	Nurse Practitioner	New Westminster
Mandy Meier (Guest)	Substance Use Clinician, Substance Use Services Access Team (SUSAT)	Fraser Health Authority
Andrew Neuner (Guest)	CEO	Canadian Alcohol Use Disorder Society (CAUDS)
Izabela Szelest (Guest)	Scientific Officer	CAUDS
Bruce Harries (Guest)	Broad Chair	CAUDS
Dr. Roland Engelbrecht (Guest)	Board Director	CAUDS
Dr. Bruce Hobson (Guest)	Co-Chair, AUD Working Group	Guidelines and Protocols Advisory Committee (GPAC) - A Medical Services Committee composed of the Ministry of Health and the Doctors of BC
Chase Simms (Guest)	Research Officer	GPAC

A breakdown of the stakeholder engagement and involvement in committee meetings and project activities is graphed below. The committee meetings were integral in providing a collaborative space for stakeholders to gain a common understanding of the challenges and to plan the delivery of the project activities.

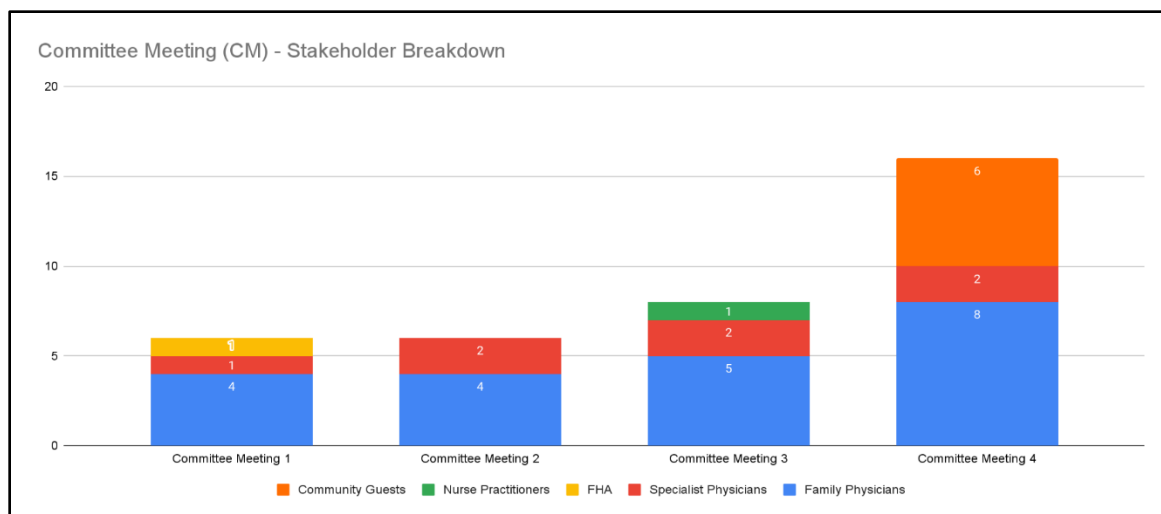


TEMPLATES AND FORMS



DATA COLLECTION ACTIVITIES

The evaluation approach was conducted through a mixed-methods design (i.e. collection of both qualitative and quantitative data). Qualitative data was collected from surveys and interviews with physicians, specialists, stakeholders, patients, and program administrators. The data collected has a developmental lens that focuses on continuous quality improvement and links back to the overall Shared Care goals.





RESULTS / DATA MATRIX

The work of this project and its subsequent evaluation are to focus and improve the following key attributes:

- Shared Care Project Goals
- PMH (Patient Medical Home) Attributes
- PCN (Primary Care Network) Attributes
- Quadruple Aim

The evaluation has two main objectives and their subsequent evaluation questions below:

- 1. To evaluate the effectiveness of the AUD Shared Care Initiative in the FNW community**
 - a. To what extent does the program contribute to increased confidence and satisfaction by primary care providers in knowing where to refer their patients who struggle with alcohol use?
 - b. To what extent does the program contribute to improved patient care?
 - c. To what extent does the program contribute to improved health outcomes for patients seeking care regarding their alcohol use?
 - d. To what extent did the program contribute to a change in health care utilization and what effect did it have on system costs?
- 2. To identify areas for quality improvement and document lessons learned**
 - a. What were the unanticipated outcomes of the proposed strategies?

Results for each question can be found in the evaluation data matrix section later in this report. Overall project outcomes and lessons learned can be found in the Lessons Learned section of this report.

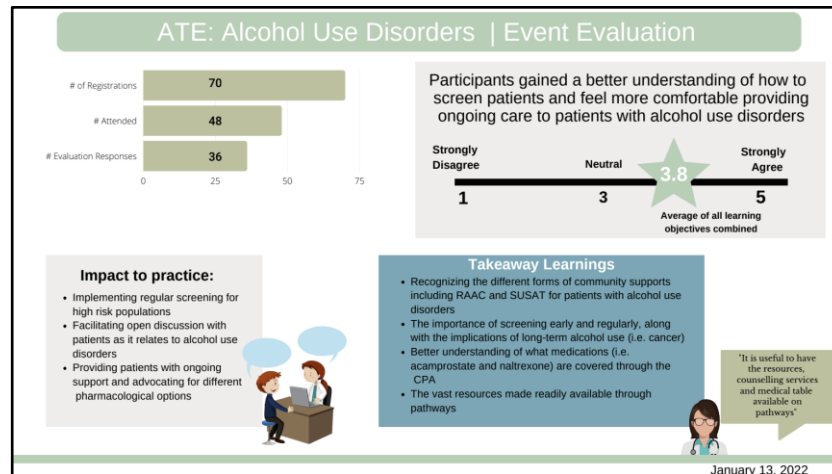
PROJECT ACTIVITIES & DELIVERABLES

Primary Care Provider Education:

On January 13, 2022, the project kicked off by hosting an Ask the Expert workshop on AUD. Attendees learned about the risks and harms of alcohol, screening techniques, withdrawal symptoms and assessments, medication options, and resources to access in the community. A total of 48 providers attended the workshop. The visual below provides an overview of the feedback and learnings from attendees.

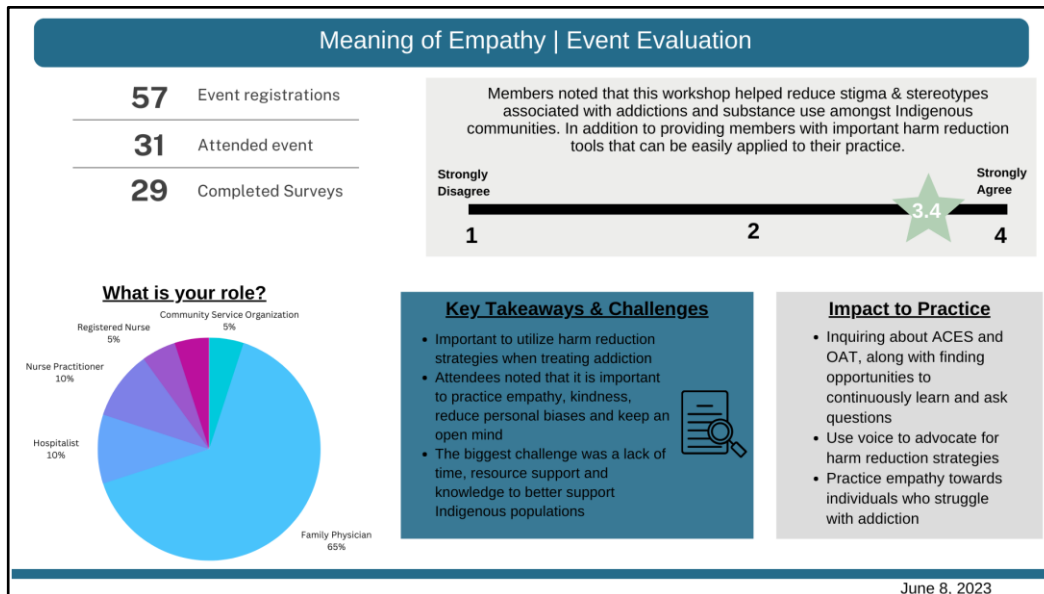


TEMPLATES AND FORMS



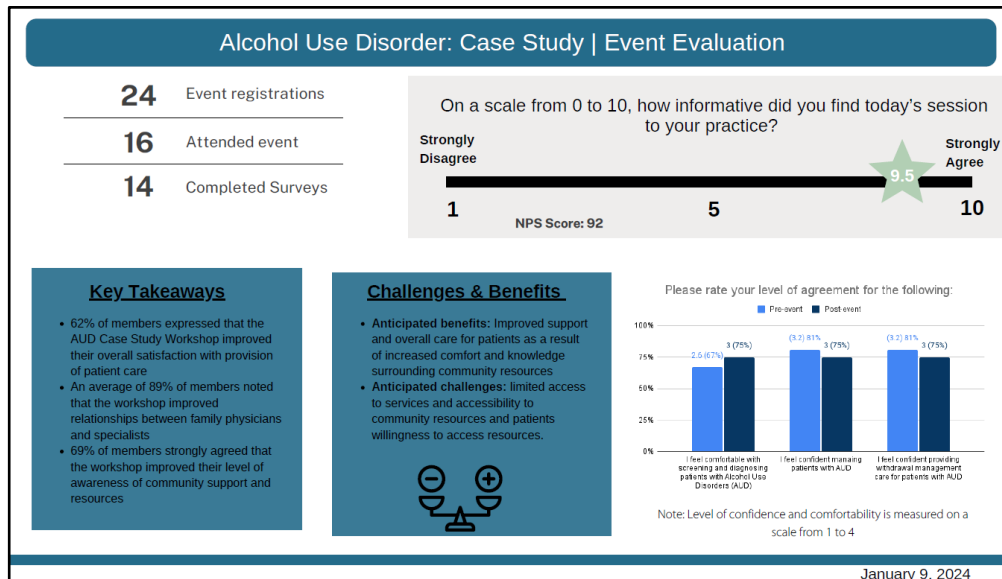
Recognizing that Indigenous people are affected disproportionately by substance use and addictions, it was important to include a focus on creating a comprehensive understanding of the complexities. We consulted with Avis O'Brien, a Haida/Kwakwaka'wakw artist and Land Based Cultural Empowerment Facilitator who suggested a thoughtful and engaging approach of watching the powerful documentary, *"Kimmapiiyipitsni : The Meaning of Empathy"*. The film is a reflection of the impacts of substance use and the overdose epidemic in the Kainai First Nation, and how the physicians and community work together in responding to the needs.

The workshop was broken up into two evenings to accommodate clinician schedules and provide ample time for reflection. On June 1, the film was viewed by attendees through Zoom together. On June 8, the second session involved unpacking the film in small groups to reflect on individual biases and share thoughts that arose in the process. Avis O'Brien facilitated the discussions and embedded Indigenous healing practices and her own lived experience with opiate addiction in her teachings. Providers were able to discuss how they could apply harm reduction principles learnt in the film in their own practice with Indigenous populations. A total of 31 primary care providers and allied health professionals attended the workshop. The visual below provides an overview of the feedback from attendees. Please see [Appendix 1](#) for the discussions and themes from the breakout rooms.



To foster meaningful relationships and deepen knowledge sharing with primary care providers and addiction medicine physicians, an in person case study session was organized. On January 9, 2024, a total of 16 primary care providers attended the session. The timing of this workshop was intentional as the physician leads of this project wanted to ensure alignment of the content with the newly released Canadian and BC guidelines on High-Risk Drinking (HRD) and AUD. Case studies were presented and discussed in small table discussions which allowed primary care providers to share their experiences and learn recommendations directly from addiction medicine experts. A resource list of the available substance use and addiction services was developed by the addiction medicine physicians and shared with attendees, as well as relevant summary guidelines and clinical tools

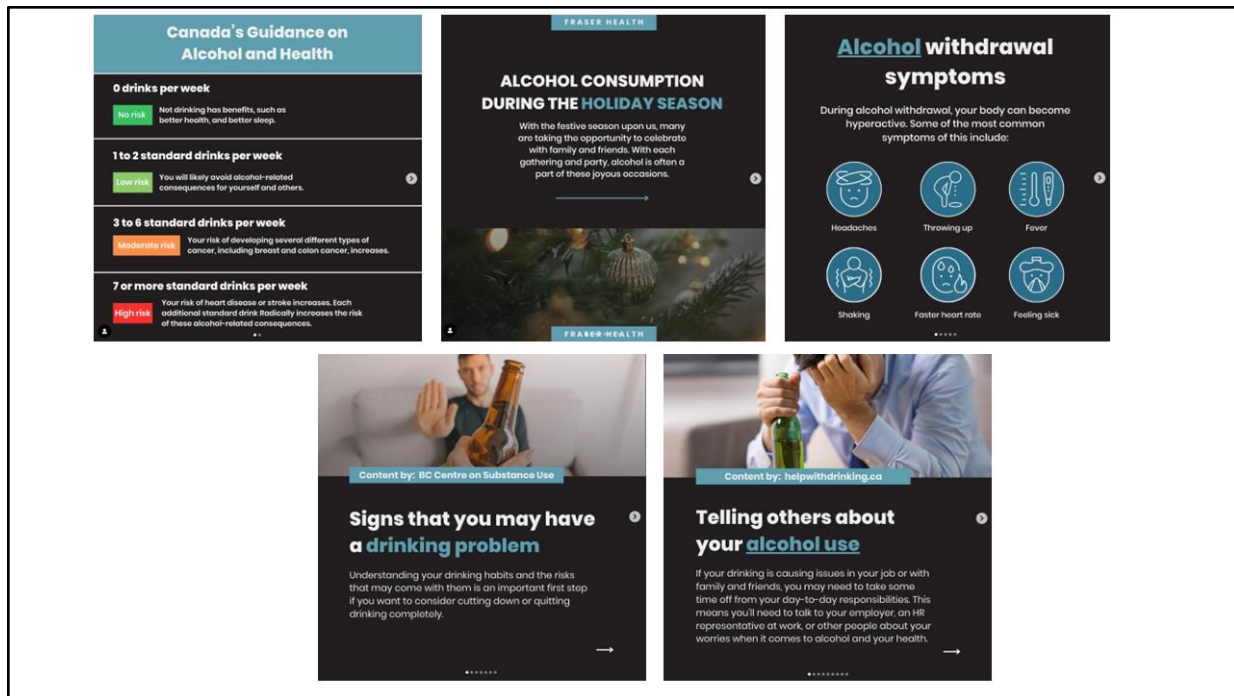
Providers gained a better understanding of clinical best practices to screen, manage and treat AUD as well as the available resources in the community. The resource list and learning materials were also shared with all primary care providers in the FNW Division after the workshop. The visual below provides an overview of the feedback from attendees. Please see [Appendix 2](#) for a copy of the learning materials.



Public Awareness Campaign:

Responses from the patient survey showed that more education is needed on the risks and harms of drinking. The goal of the public awareness campaign was to increase awareness of the new Canada's Guidance on Alcohol and Health and to better understand and identify problematic drinking. To ensure the messaging was consistent with the national and provincial messaging, the content was taken from the newly launched patient facing website, helpwithdrinking.ca, developed by the British Columbia Centre on Substance Use (BCCSU), and from the Canadian Centre on Substance Use and Addiction (CCSA) communications toolkit.

A total of 5 posts were shared across the Division's various social media platforms, reaching a total of 861 accounts, 30 likes/reactions and 17 shares/saves. The cover images of each social media are compiled below. For more details on the rest of the images and the captions, please see [Appendix 3](#).



Additionally, posters of [Canada's Guidance on Alcohol and Health](#) were also shared with primary care providers and physical copies were sent to 7 clinics who requested them. Information was also shared in the November 2023 edition of the Division's patient newsletter, which saw 24 clicks into a link containing more details around the guidelines and 472 people that read the entire newsletter.

AUD Care Pathway Algorithm:

During the needs assessment, primary care providers revealed a lack of understanding of the available substance use and addiction services within the community. Originally, the purpose of our activity was to update an existing AUD care pathway algorithm established by the Nanaimo Division of Family Practice by collaborating with Pathways BC. However, after engaging in exploratory discussions with GPAC, it became apparent that the GPAC group was already actively involved and interested in pursuing similar work with the algorithm to complement the roll out of the new HRD and AUD guideline for primary care providers (which would replace the 2013 Problem Drinking guideline) As a result, our project held off from pursuing this further to avoid redundancies in work and instead, Pathways BC and GPAC partnered up in collaborating to revamp the resource.

Through sustained communication and ongoing dialogue, GPAC has been open in sharing draft versions of the guidelines and the algorithm. Drafts were disseminated to the attendees of the case study workshop, allowing them to integrate these guidelines into their learning experience. Recognizing the diverse needs of users, GPAC has plans to develop two versions of the algorithm. The public-facing version will provide accessible links for users without a Pathways account, while the clinician version will



require a Pathways account for access to additional resources. At the time of writing this report, the draft versions have undergone scrutiny by the Medical Services Commission (MSC) and have been approved. The anticipated publication timeframe for the finalized guidelines and resources is set for the summer of 2024. Please see [Appendix 4](#) for a draft version of the algorithm.

Increase Awareness of the Collaborative Prescribing Agreement (CPA)

Previously, clinicians needed to fill out the CPA form to obtain PharmaCare coverage of naltrexone and acamprosate for their patients. Many primary care providers did not know about this form thus some patients that would benefit from coverage were not being covered. Originally, the plan was to ensure that all primary care providers practicing in the FNW region signed the CPA form. However, on April 20, 2023, a CPA form was no longer required. Naltrexone and acamprosate changed from Limited Coverage to regular benefit drugs and prescribers no longer needed to request Special Authority for these drugs to be covered.

LESSONS LEARNED

What Worked Well:

A diverse group of key stakeholders were engaged for knowledge sharing which reduced silos in communication and ensured a shared understanding of priorities and work being done locally and across the province to reduce duplication of work.

Strong physician leadership resulted in intentional and meaningful educational workshops tailored to meet the needs of local primary care providers as identified in the needs assessment. Strong relationships and collegiality were fostered among primary care providers and addiction medicine physicians. A total of 86 health care professionals were engaged in the educational workshops.

Although the case study session was rescheduled once due to a cancellation in the venue space, this extra time allowed the facilitators to ensure it's content aligned with the release of Canada's Guidance on Alcohol and Health, as well as the new Canadian guidelines for HRD and AUD, providing the most up to date and current information for attendees.

Challenges and Gaps:

Ongoing opportunities for knowledge and information sharing are needed, whether for new providers who join the community or to update existing provider's knowledge. Although information from the workshops are current at the time of writing this report, information may go out of date and the workshops may need a refresh. To solidify the learnings from the case study session, a suggestion from the physician leads was to conduct a follow up session with the attendees to see if they had a chance to apply their learnings and provide an opportunity to ask questions. Unfortunately, this was not conducted due to various factors such as needing to reschedule the workshop, limited resources and the project's timeline.



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Another remaining challenge is support for complex patients and the need to create strategies to reduce barriers in interprofessional collaboration and communication. Additionally, although there were high levels of engagement among physicians, more consideration and efforts to engage various stakeholders who are a part of the bigger health care system such as FHA may have provided more opportunities to ensure sustainability and spread of the work done.

NEXT STEPS

The FNW Division will be disseminating and sharing out the GPAC guidelines and resources with FNW primary care providers once published. In addition, UBC Continuing Professional Development (CPD) is currently updating their online module to align with national guidance and may host a webinar in line with the launch of the GPAC guideline. Furthermore, at the local level, there is a desire to organize the case study workshop annually with plans to request sustainability funds from Shared Care to facilitate continuous knowledge exchange and relationship building among primary care providers and addiction medicine physicians in the FNW communities.

Project findings will be shared in various mechanisms with key interest groups such as Shared Care, the FNW Shared Care Steering committee, the FNW Division Board, the members of the FNW Division, FHA partners, and posted on the Division's website for public viewing. The social media posts that were created will be adapted and re-used for ongoing patient education to increase awareness of the importance of low risk drinking.



TEMPLATES AND FORMS





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EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results												
<p>Provider Experience: To what extent does the program contribute to increased confidence and satisfaction by primary care providers in knowing where to refer their patients who struggle with alcohol use?</p>	<p>Improved provider understanding of the available treatment options and supports (M0031)</p> <p>Improved relationships and communication among healthcare providers involved in the circle of care (M0013)</p> <p>Increased utilization of relevant AUD services in the community for comprehensive support and care</p> <p>Increased screening and diagnosis for AUD</p> <p>Increased primary care provider satisfaction and confidence in</p>	<p>Program documentation</p> <p>Pathways</p> <p>Provider feedback survey</p> <p>Education series documentation data</p> <p>CPA Forms*</p>	<p>M0001</p> <p>M0013</p> <p>M0031</p>	<p>Evaluation on the impact of CPA Forms* did not take place during the duration of this project. On April 20, 2023, naltrexone and acamprosate changed from Limited Coverage to regular benefit drugs. Prescribers no longer need to request Special Authority for these drugs to be covered, and a CPA is no longer required.</p> <p>In June 2023, this project hosted a 2-part workshop for primary care providers called the Meaning of Empathy which saw 31 primary care providers join from across the FNW to engage in a discussion around increased understanding on harm reduction from an Indigenous perspective.</p> <p>The visual below details the feedback from those that participate in these sessions:</p> <div data-bbox="1050 857 1911 1344" data-label="Figure"> <p>Meaning of Empathy Event Evaluation</p> <p>57 Event registrations 31 Attended event 29 Completed Surveys</p> <p>Members noted that this workshop helped reduce stigma & stereotypes associated with addictions and substance use amongst Indigenous communities. In addition to providing members with important harm reduction tools that can be easily applied to their practice.</p> <p>Strongly Disagree (1) ————— Strongly Agree (4) 3.4</p> <p>What is your role?</p> <table border="1"> <tr><th>Role</th><th>Percentage</th></tr> <tr><td>Family Physician</td><td>65%</td></tr> <tr><td>Nurse Practitioner</td><td>20%</td></tr> <tr><td>Hospitalist</td><td>10%</td></tr> <tr><td>Registered Nurse</td><td>5%</td></tr> <tr><td>Community Service Organization</td><td>5%</td></tr> </table> <p>Key Takeaways & Challenges</p> <ul style="list-style-type: none"> Important to utilize harm reduction strategies when treating addiction Attendees noted that it is important to practice empathy, kindness, reduce personal biases and keep an open mind The biggest challenge was a lack of time, resource support and knowledge to better support Indigenous populations <p>Impact to Practice</p> <ul style="list-style-type: none"> Inquiring about ACES and OAT, along with finding opportunities to continuously learn and ask questions Use voice to advocate for harm reduction strategies Practice empathy towards individuals who struggle with addiction <p>June 8, 2023</p> </div>	Role	Percentage	Family Physician	65%	Nurse Practitioner	20%	Hospitalist	10%	Registered Nurse	5%	Community Service Organization	5%
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EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results														
	<p>managing their patients with AUD</p> <p>Improved provider overall satisfaction (M0001)</p>			<p>The overwhelming theme from providers was that PCPs strongly agreed that this workshop helped them reduce stigma and stereotypes associated with addictions and substance use amongst Indigenous communities.</p> <p>As part of this project, an AUD Care Pathway Algorithm was developed by the GPAC. In January 2024, a rough draft of this resource was shared with FNW primary care providers who attended the case study workshop, with an anticipated final version to be published and promoted in the summer of 2024. Initial feedback was gathered from FNW Division on an earlier iteration of the resource and the first impression responses are below:</p> <div data-bbox="1056 846 1948 1295" style="border: 1px solid black; padding: 5px;"> <p>On a scale of 1-5, how useful would an alcohol use disorder care pathway with information about medications, assessments, patient resources and patient services be to you? (N=29)</p> <table border="1"> <caption>Usefulness of AUD Care Pathway (N=29)</caption> <thead> <tr> <th>Rating</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>1 - Very not useful</td> <td>14%</td> </tr> <tr> <td>2 - Not useful</td> <td>0%</td> </tr> <tr> <td>3 - Neutral</td> <td>21%</td> </tr> <tr> <td>4 - Useful</td> <td>41%</td> </tr> <tr> <td>5 - Very useful</td> <td>7%</td> </tr> <tr> <td>I am not sure at this time</td> <td>17%</td> </tr> </tbody> </table> </div>	Rating	Percentage	1 - Very not useful	14%	2 - Not useful	0%	3 - Neutral	21%	4 - Useful	41%	5 - Very useful	7%	I am not sure at this time	17%
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EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results										
				<p>How often would you (or might you) use an AUD pathway?</p> <table border="1"><caption>Frequency of AUD Pathway Use</caption><thead><tr><th>Frequency</th><th>Percentage</th></tr></thead><tbody><tr><td>Never</td><td>8%</td></tr><tr><td>Rarely</td><td>40%</td></tr><tr><td>Some of the time</td><td>44%</td></tr><tr><td>Most of the time</td><td>8%</td></tr></tbody></table>	Frequency	Percentage	Never	8%	Rarely	40%	Some of the time	44%	Most of the time	8%
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				<p>Those providers that selected “Never” using it noted:</p> <ul style="list-style-type: none">• “I worked at a private AUD clinic so quite comfortable with medical management”• “I practice addiction medicine, I may look over to see what's available, but I am confident in this topic”										
				<p>A case based provider education workshop was held in January 2024 where providers were invited to join a small group session aimed at knowledge sharing and skill development for providers in supporting their patients as they manage</p>										



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EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results
				<p>AUD. 16 Primary care providers attended the event with a high Net Promoter Score of 92 when asked:</p> <div data-bbox="1052 553 1942 781"><p>On a scale from 0 to 10, how informative did you find today's session to your practice?</p><p>Strongly Disagree Strongly Agree</p><p>1 5 10</p><p style="text-align: center;">NPS Score: 92</p></div> <p>Primary care providers also noted changes in confidence and comfort in providing care for their patients:</p>



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EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results																				
				<p>Please rate your level of agreement for the following:</p> <table border="1"> <caption>Data from Bar Chart</caption> <thead> <tr> <th>Statement</th> <th>Pre-event (Mean Score)</th> <th>Pre-event (%)</th> <th>Post-event (Mean Score)</th> <th>Post-event (%)</th> </tr> </thead> <tbody> <tr> <td>I feel comfortable with screening and diagnosing patients with Alcohol Use Disorders (AUD)</td> <td>2.6</td> <td>67%</td> <td>3</td> <td>75%</td> </tr> <tr> <td>I feel confident managing patients with AUD</td> <td>3.2</td> <td>81%</td> <td>3</td> <td>75%</td> </tr> <tr> <td>I feel confident providing withdrawal management care for patients with AUD</td> <td>3.2</td> <td>81%</td> <td>3</td> <td>75%</td> </tr> </tbody> </table>	Statement	Pre-event (Mean Score)	Pre-event (%)	Post-event (Mean Score)	Post-event (%)	I feel comfortable with screening and diagnosing patients with Alcohol Use Disorders (AUD)	2.6	67%	3	75%	I feel confident managing patients with AUD	3.2	81%	3	75%	I feel confident providing withdrawal management care for patients with AUD	3.2	81%	3	75%
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				<p>At this session, 3 shared measures were incorporated:</p> <p>M0001: Improved Provider Overall Satisfaction Question: <i>What is your level of agreement that the AUD Case Study Workshop improved your overall satisfaction with provision of patient care?</i></p>																				



TEMPLATES AND FORMS



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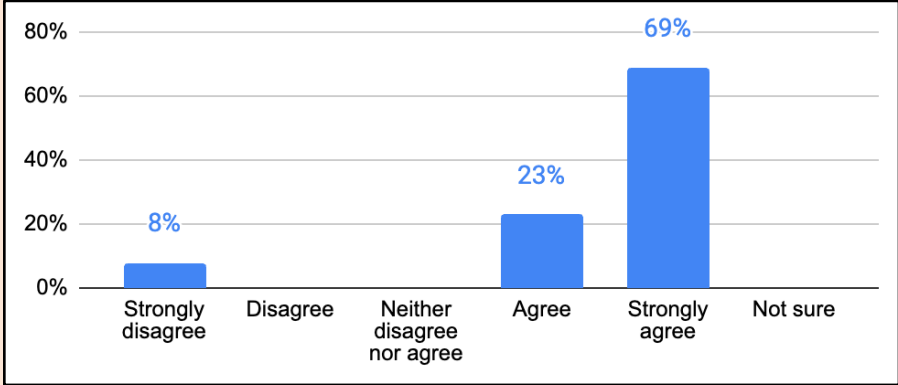
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				<div data-bbox="1052 456 1942 792"> <table border="1"> <caption>Overall Satisfaction Survey Results</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Strongly disagree</td> <td>8%</td> </tr> <tr> <td>Disagree</td> <td>0%</td> </tr> <tr> <td>Neither disagree nor agree</td> <td>8%</td> </tr> <tr> <td>Agree</td> <td>23%</td> </tr> <tr> <td>Strongly agree</td> <td>62%</td> </tr> <tr> <td>Not sure</td> <td>0%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> 85% of participants agreed that by attending this session, this increased their overall satisfaction in provision of patient care <div data-bbox="1052 899 1942 1024"> <p>M0013: Improved Relationships between Family Physicians and Specialist Physicians</p> <p><i>Question: What is your level of agreement that the AUD Case Study Workshop resulted in improved relationships between family physicians and specialists?</i></p> </div> <div data-bbox="1052 1027 1942 1271"> <table border="1"> <caption>Improved Relationships Survey Results</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Strongly disagree</td> <td>8%</td> </tr> <tr> <td>Disagree</td> <td>0%</td> </tr> <tr> <td>Neither disagree nor agree</td> <td>23%</td> </tr> <tr> <td>Agree</td> <td>31%</td> </tr> <tr> <td>Strongly agree</td> <td>38%</td> </tr> <tr> <td>Not sure</td> <td>0%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> Similarly, a high percentage of primary care provider participants (69%) agreed that by attending this session, this improved their relationships with their specialist colleagues 	Response	Percentage	Strongly disagree	8%	Disagree	0%	Neither disagree nor agree	8%	Agree	23%	Strongly agree	62%	Not sure	0%	Response	Percentage	Strongly disagree	8%	Disagree	0%	Neither disagree nor agree	23%	Agree	31%	Strongly agree	38%	Not sure	0%
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IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results														
				<p>M0031: Improved Physician awareness of community supports and resources Question: What is your level of agreement that the AUD Case Study Workshop improved your awareness of community supports and resources?</p>  <table border="1" data-bbox="1052 553 1944 935"> <caption>Survey Results for M0031</caption> <thead> <tr> <th>Response Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Strongly disagree</td> <td>8%</td> </tr> <tr> <td>Disagree</td> <td>0%</td> </tr> <tr> <td>Neither disagree nor agree</td> <td>0%</td> </tr> <tr> <td>Agree</td> <td>23%</td> </tr> <tr> <td>Strongly agree</td> <td>69%</td> </tr> <tr> <td>Not sure</td> <td>0%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 92% of the primary care provider attendees agreed that by attending this session, their awareness of community supports and resources improved. 	Response Category	Percentage	Strongly disagree	8%	Disagree	0%	Neither disagree nor agree	0%	Agree	23%	Strongly agree	69%	Not sure	0%
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<p>Patient Satisfaction: To what extent does the program contribute to improved patient care?</p>	<p>Improved patient and caregiver experience in accessing care related to alcohol use</p> <p>Decreased stigma and discrimination of those who have AUD</p> <p>Improved patient understanding of the</p>	<p>Patient survey</p> <p>Provider feedback survey</p> <p>Documentation data</p>		<p>Public surveys were conducted in summer 2023 where the public was asked around drinking habits and knowing where to go for help/questions related to their drinking patterns.</p>														



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EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results																																								
	<p>available treatment options and supports (M0030)</p> <p>Improved trust in patients with the healthcare system</p>			<div data-bbox="1094 456 1898 966"> <p>On average, how many drinks would you have in a week?</p> <table border="1"> <caption>On average, how many drinks would you have in a week?</caption> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>0-3</td> <td>5</td> </tr> <tr> <td>4-6</td> <td>4</td> </tr> <tr> <td>6-10</td> <td>0</td> </tr> <tr> <td>10+</td> <td>4</td> </tr> </tbody> </table> </div> <div data-bbox="1052 1011 1944 1365"> <p>How satisfied are you with...</p> <table border="1"> <caption>How satisfied are you with...</caption> <thead> <tr> <th>Category</th> <th>Very unsatisfied</th> <th>Unsatisfied</th> <th>Somewhat satisfied</th> <th>Satisfied</th> <th>Very satisfied</th> </tr> </thead> <tbody> <tr> <td>Knowing where to go to receive ongoing treatment for alcohol use (i.e. medication, detox centres, specialized care)</td> <td>25%</td> <td>15%</td> <td>30%</td> <td>25%</td> <td>5%</td> </tr> <tr> <td>Knowing where to go to receive resources related to alcohol use (i.e. counseling, support groups, online information, education)</td> <td>25%</td> <td>20%</td> <td>25%</td> <td>25%</td> <td>5%</td> </tr> <tr> <td>Feeling connected to my care providers and they support me in treatment needs</td> <td>25%</td> <td>20%</td> <td>25%</td> <td>25%</td> <td>5%</td> </tr> <tr> <td>Feeling that the health care providers I have come into contact with treat me with respect, dignity and no judgment...</td> <td>15%</td> <td>15%</td> <td>30%</td> <td>25%</td> <td>15%</td> </tr> </tbody> </table> </div>	Category	Count	0-3	5	4-6	4	6-10	0	10+	4	Category	Very unsatisfied	Unsatisfied	Somewhat satisfied	Satisfied	Very satisfied	Knowing where to go to receive ongoing treatment for alcohol use (i.e. medication, detox centres, specialized care)	25%	15%	30%	25%	5%	Knowing where to go to receive resources related to alcohol use (i.e. counseling, support groups, online information, education)	25%	20%	25%	25%	5%	Feeling connected to my care providers and they support me in treatment needs	25%	20%	25%	25%	5%	Feeling that the health care providers I have come into contact with treat me with respect, dignity and no judgment...	15%	15%	30%	25%	15%
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				<p>As a key activity of this project, and as a response to this feedback, a public awareness campaign was conducted throughout the FNW communities. This campaign combines both the use of social media as well as reach outs to local PMHs to offer Canada’s Guidance on Alcohol and Health posters on low risk drinking. 7 clinics across the communities ordered 50 posters to display and share out within their office space.</p> <p>As part of this campaign, a series of social media posts were created and distributed throughout the FNW communities. A total of 5 posts were launched between October - December 2023. These campaigns were distributed on Facebook, Twitter and Instagram. Aggregated engagement data is shared below:</p> <div data-bbox="1052 808 1944 1263" data-label="Figure"> <table border="1"> <caption>Alcohol Use Disorder Public Awareness Campaign - Engagement Data</caption> <thead> <tr> <th>Campaign</th> <th>Likes/Reactions</th> <th>Shares/Saves</th> <th>Accounts Reached</th> </tr> </thead> <tbody> <tr> <td>Canada's Guidance on Alcohol and Health</td> <td>7</td> <td>4</td> <td>208</td> </tr> <tr> <td>Signs You May Have a Drinking Problem</td> <td>6</td> <td>2</td> <td>201</td> </tr> <tr> <td>Alcohol Withdrawal Symptoms</td> <td>3</td> <td>1</td> <td>136</td> </tr> <tr> <td>Telling Others About Your Alcohol Use</td> <td>6</td> <td>1</td> <td>149</td> </tr> <tr> <td>Alcohol Consumption During the Holiday</td> <td>8</td> <td>9</td> <td>167</td> </tr> </tbody> </table> </div> <p>Information was also shared in the November 2023 edition of the Division’s patient newsletter, which saw 24 clicks into a link containing more details around the guidelines and 472 people that read the entire newsletter.</p>	Campaign	Likes/Reactions	Shares/Saves	Accounts Reached	Canada's Guidance on Alcohol and Health	7	4	208	Signs You May Have a Drinking Problem	6	2	201	Alcohol Withdrawal Symptoms	3	1	136	Telling Others About Your Alcohol Use	6	1	149	Alcohol Consumption During the Holiday	8	9	167
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				<p>In January 2022, the FNW Division hosted an Ask The Expert session on AUD to primary care providers of the FNW communities. This session saw 70 providers register with 48 attending the session. The below visual highlights the agreement levels amongst participants around how they gained a better understanding on how to screen patients and overall felt more comfortable providing ongoing care to their patients with AUD:</p> <div data-bbox="1052 678 1883 1149" data-label="Figure"> <p>ATE: Alcohol Use Disorders Event Evaluation</p> <p># of Registrations: 70 # Attended: 48 # Evaluation Responses: 36</p> <p>Participants gained a better understanding of how to screen patients and feel more comfortable providing ongoing care to patients with alcohol use disorders</p> <p>Strongly Disagree (1) Neutral (3) 3.8 Strongly Agree (5)</p> <p>Average of all learning objectives combined</p> <p>Impact to practice:</p> <ul style="list-style-type: none"> Implementing regular screening for high risk populations Facilitating open discussion with patients as it relates to alcohol use disorders Providing patients with ongoing support and advocating for different pharmacological options <p>Takeaway Learnings</p> <ul style="list-style-type: none"> Recognizing the different forms of community supports including RAAC and SUSAT for patients with alcohol use disorders The importance of screening early and regularly, along with the implications of long-term alcohol use (i.e. cancer) Better understanding of what medications (i.e. acamprostate and naltrexone) are covered through the CPA The vast resources made readily available through pathways <p>"It is useful to have the resources, counselling services and medical table available on pathways"</p> <p>January 13, 2022</p> </div>

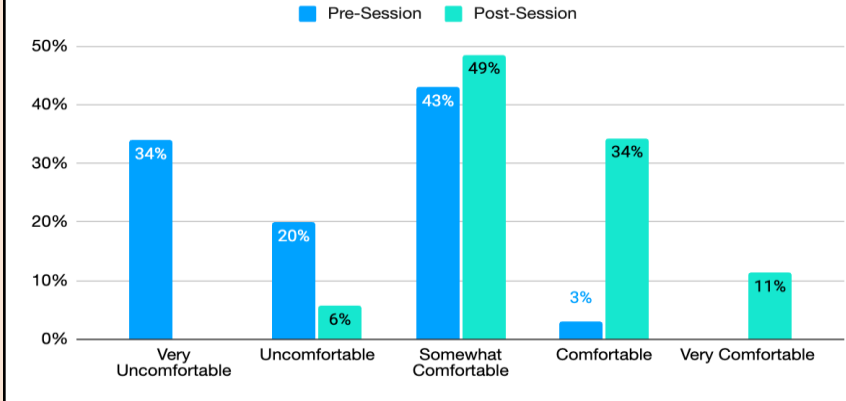
Comfort levels in providing ongoing care to patients were measured before and after this session took place. The graph below visualizes the positive change in providers' comfort levels after attending this session:



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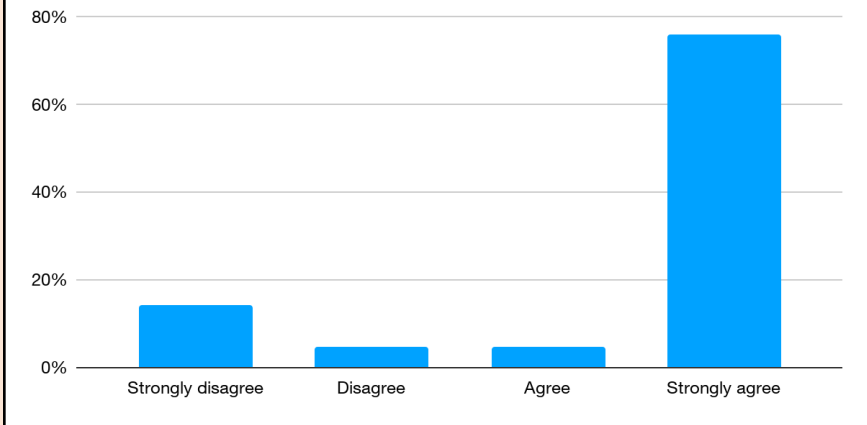
EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results																		
				<p data-bbox="1079 480 1871 532">How comfortable do you feel about providing ongoing care to patients with alcohol use disorders?</p>  <table border="1" data-bbox="1052 545 1892 943"><caption>How comfortable do you feel about providing ongoing care to patients with alcohol use disorders?</caption><thead><tr><th>Comfort Level</th><th>Pre-Session (%)</th><th>Post-Session (%)</th></tr></thead><tbody><tr><td>Very Uncomfortable</td><td>34%</td><td>0%</td></tr><tr><td>Uncomfortable</td><td>20%</td><td>6%</td></tr><tr><td>Somewhat Comfortable</td><td>43%</td><td>49%</td></tr><tr><td>Comfortable</td><td>3%</td><td>34%</td></tr><tr><td>Very Comfortable</td><td>0%</td><td>11%</td></tr></tbody></table> <p data-bbox="1052 984 1940 1203">As mentioned in the earlier section, in June 2023, this project hosted a 2-part workshop for primary care providers called the Meaning of Empathy which saw 31 primary care providers join from across the FNW to engage in a discussion around increased understanding on harm reduction from an Indigenous perspective. The film showed the impacts of the substance use and overdose epidemic in the Kainai First Nation as they bring hope and change through harm reduction to the Blackfoot people.</p>	Comfort Level	Pre-Session (%)	Post-Session (%)	Very Uncomfortable	34%	0%	Uncomfortable	20%	6%	Somewhat Comfortable	43%	49%	Comfortable	3%	34%	Very Comfortable	0%	11%
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				<p data-bbox="1094 483 1885 548">This workshop reduces the stigma and stereotypes associated with addictions and substance abuse in Indigenous communities</p>  <table border="1" data-bbox="1052 565 1913 987"><thead><tr><th>Response</th><th>Percentage</th></tr></thead><tbody><tr><td>Strongly disagree</td><td>15%</td></tr><tr><td>Disagree</td><td>5%</td></tr><tr><td>Agree</td><td>5%</td></tr><tr><td>Strongly agree</td><td>75%</td></tr></tbody></table> <p data-bbox="1052 1027 1934 1084">Themes from small group discussion identified what aspects of the film was most impactful to providers:</p> <ul data-bbox="1094 1092 1934 1312" style="list-style-type: none">• <i>Seeing the various stories of people that needed care - the struggles they face, the barriers to access care, the substance abuse risk across generations, their socioeconomic situation, the unaddressed trauma</i>• <i>Difficult to hear that Sly from the film had passed away from the toxic drug supply</i>• <i>The need for harm reduction education and misconceptions about suboxone</i> <p data-bbox="1052 1352 1934 1408">Providers shared feedback on whether the film shifted their perspectives on harm reduction:</p>	Response	Percentage	Strongly disagree	15%	Disagree	5%	Agree	5%	Strongly agree	75%
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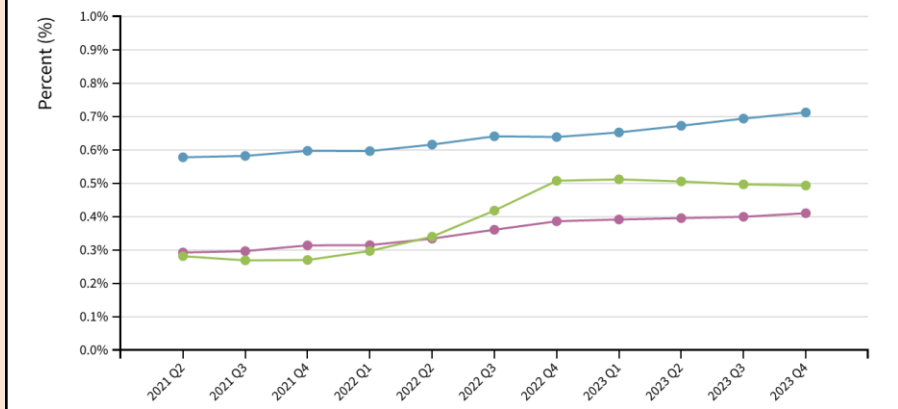
IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results
				<ul style="list-style-type: none"> • <i>Harm reduction and reducing stigma is needed, abstinent is not always effective</i> • <i>Role of the provider - tailor treatment to what patient needs and help them achieve their goals</i> • <i>Need for OAT (methadone and suboxone)</i>
<p>Health Outcomes: To what extent does the program contribute to improved health outcomes for patients seeking care for their alcohol use needs?</p>	<p>Improved primary care provider satisfaction and confidence in managing their patients with AUD</p> <p>Improved patient health outcomes by receiving timely access to care</p> <p>Improved access to physician care (M0016)</p>	<p>Specialty clinic data</p> <p>Patient survey</p> <p>HDC data</p>	<p>M0016</p>	<p>Measuring impacts of health outcomes based on the work of this project will be ongoing and dependent on the long term outcomes of the provider education and public awareness campaigns. Data from the Health Data Coalition shows low prevalence rates of AUD in PMHs EMRs. This is likely not due to the low rate of AUD, but rather the availability of a consistent metric within the EMR to document and track the prevalence.</p>



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				<table border="1" data-bbox="1050 454 1942 584"> <thead> <tr> <th>Legend</th> <th>Data Source</th> <th>Ratio</th> <th>Data as of</th> </tr> </thead> <tbody> <tr> <td>■</td> <td>British Columbia</td> <td>17648 / 2476836 (0.71%)</td> <td>2023 Q4</td> </tr> <tr> <td>■</td> <td>Fraser Health Authority</td> <td>3930 / 957257 (0.41%)</td> <td>2023 Q4</td> </tr> <tr> <td>■</td> <td>Fraser Northwest</td> <td>1084 / 219625 (0.49%)</td> <td>2023 Q4</td> </tr> </tbody> </table>  <p data-bbox="1050 998 1942 1192">The trending upswing in the FNW between 2022 Q1 and 2022 Q4 do correlate with activities conducted through this project. A full correlation between the trending increase and the work of this project is not available; however, it can be alluded to that the provider education may have had an impact on increased documentation of AUD prevalence. A further breakdown of this prevalence is shown between New Westminster and Tri-Cities:</p>	Legend	Data Source	Ratio	Data as of	■	British Columbia	17648 / 2476836 (0.71%)	2023 Q4	■	Fraser Health Authority	3930 / 957257 (0.41%)	2023 Q4	■	Fraser Northwest	1084 / 219625 (0.49%)	2023 Q4
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				<p>The chart displays the prevalence of Alcohol Use Disorder (AUD) in percentage from 2020 Q1 to 2023 Q4 for three regions: FNW (blue line), New Westminster (red line), and Tri-Cities (yellow line). The y-axis ranges from 0.0% to 0.8% in 0.2% increments. FNW shows a steady increase from approximately 0.18% in 2020 Q1 to 0.50% in 2022 Q4, with a slight dip in 2023. New Westminster remains relatively stable, fluctuating between 0.10% and 0.20%. Tri-Cities shows a significant increase starting in 2021 Q1, reaching approximately 0.62% by 2022 Q4 and remaining high through 2023 Q4.</p>
				<p>Unfortunately, this project primarily focused on direct provider education and support for diagnosing and management of AUD, therefore the shared measure M0016 (improved access to physician care) which was initially identified as a part of this project was unable to be accurately measured.</p>
				<p>As part of this project’s public awareness campaign, with the combination of social media posts and distribution of posters to clinics, it can be hypothesized that awareness of guidelines and available resources increased throughout the community.</p>
				<p>Further opportunity exists to continue measuring the direct impacts of this project related to improved health outcomes for patients as much of the activities in this project focused on provider education, capacity building and awareness of resources, services and supports throughout the FNW communities.</p>



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<p>System Costs: To what extent did the program contribute to a change in health care utilization and what effect did it have on system costs?</p>	<p>Improved patient health outcomes by receiving timely access to care</p> <p>Improved screening and diagnosis for AUD</p> <p>Increase utilization of relevant AUD services in the community for comprehensive support and care through looking at MSP data on addiction medicine visits</p> <p>Improved patient and family caregiver awareness of community supports and resources (M0030)</p>	<p>Patient survey</p> <p>HDC data</p> <p>Specialty clinic data</p> <p>Pathways</p> <p>MSP data</p>	M0030	<p>As this project developed over the course of the 2 years, this project primarily focused on primary care provider education and support for diagnosing and management of AUD and less on direct patient interactions, therefore the shared measure, M0030 (Improved patient and family caregiver awareness of community supports and resources) which was initially identified as a part of this project was unable to be accurately measured.</p> <p>Data pulled from the Canadian Institute for Health Information (CIHI) illustrates the trend of hospitalizations in British Columbia and specifically in the FHA region over the course of 8 years. The highest rate of hospitalizations occurred in FY 20/21 which may have been due to the impacts of the Covid-19 pandemic. These rates do decrease in FY 21/22 and 22/23.</p> <div data-bbox="1050 841 1944 1187"> <table border="1"> <caption>Hospitalizations caused by alcohol per 100,000 in BC and FHA Region</caption> <thead> <tr> <th>Year</th> <th>British Columbia</th> <th>Fraser Health</th> </tr> </thead> <tbody> <tr> <td>2015-2016</td> <td>351</td> <td>275</td> </tr> <tr> <td>2016-2017</td> <td>345</td> <td>275</td> </tr> <tr> <td>2017-2018</td> <td>361</td> <td>281</td> </tr> <tr> <td>2018-2019</td> <td>363</td> <td>280</td> </tr> <tr> <td>2019-2020</td> <td>367</td> <td>280</td> </tr> <tr> <td>2020-2021</td> <td>414</td> <td>309</td> </tr> <tr> <td>2021-2022</td> <td>409</td> <td>296</td> </tr> <tr> <td>2022-2023</td> <td>385</td> <td>281</td> </tr> </tbody> </table> </div> <p>Long term measures of the impacts on system costs will need to be introduced to accurately measure the direct impact of this project on system costs.</p>	Year	British Columbia	Fraser Health	2015-2016	351	275	2016-2017	345	275	2017-2018	361	281	2018-2019	363	280	2019-2020	367	280	2020-2021	414	309	2021-2022	409	296	2022-2023	385	281
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<p>Sustainability & Spread: What were the</p>	<p>Sustainability of the project</p>	<p>Program Documentation</p>		<p>The impact and sustainability of this project can be measured through examples of feedback from community providers involved in project activities. The 2-part Meaning of Empathy workshop saw providers sharing the impacts that these</p>																											



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<p>unanticipated outcomes of the proposed strategies?</p>		<p>Patient Survey</p> <p>Provider Feedback Survey</p>		<p>learnings have had on them and examples of changes to their practice. When asked, how valuable providers found this series to their practice, anecdotes included:</p> <ul style="list-style-type: none"> • <i>The movie was powerful. The story told by Avis took my breath away. Although my understanding of substance abuse has expanded over the years, it is so much more clear to me now why people, and particularly indigenous people, use. With improved understanding, I expect to be better able to support and help people.</i> • <i>There is no other way to gain the level of empathy and understanding for indigenous people and people with addictions than something special like this. It was exceptional.</i> • <i>This was a powerful session. Thank you. In our busy lives we don't have the gift of time to often watch a 2 hour movie that is so raw and heavy and then have the blessing of sharing our thoughts and views and feelings with others.</i> • <i>Wish I had this session 30 years ago, but I'm afraid society was not ready to face some of these issues back then, and there are still many with their heads buried in the sand today. Hopefully, the future actions will change that.</i> <p>When these providers were asked about key takeaways from the session, feedback included:</p> <ul style="list-style-type: none"> • <i>How important it is to keep doing this work - the work of continually trying to grow in our understanding and our appreciation of the enormity of what indigenous people have to deal with and endure - this helps us become better human beings and thereby better care providers.</i>



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EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results
				<ul style="list-style-type: none">• <i>Open discussion helps us to reflect deeper our own biases and how to connect with Indigenous people and people with addiction.</i>• <i>Team work and every team member playing their role and doing our best to help people with empathy and kindness</i>• <i>To be empathetic and understanding. Also how important low barriers are in harm reduction.</i>• <i>To remain bias free and help whenever indicated</i>• <i>Trauma is at the base of people's actions. Trauma from colonization and its persistent mindset has almost crushed the indigenous people.</i>• <i>We can make a significant difference in helping patients with addiction. The number of people that needed to see Dr. Tailfeathers showed how much of a need there is for doctors who work in this area.</i> <p>When asked how these learnings will be implemented into practice, providers shared:</p> <ul style="list-style-type: none">• <i>"I can follow the simple harm reduction tips offered by the addictions docs in the group - always take a trauma history, supply naloxone kits, recommend having a friend present when using or use the Lifeguard app, try to use test strips to check the supply before using. It is my duty to advocate for more resources put toward harm reduction. Substance use is not people's fault, it is a lousy option that is better than living with their dysregulation caused by their trauma."</i>• <i>"Just being more mindful and recognizing that it takes time and while family physicians don't have time - on occasion we need to take and</i>



TEMPLATES AND FORMS

EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results
				<p><i>make the time to have deeper conversations with patients who we suspect likely have hx of trauma - specifically with those from Indigenous backgrounds. We need to walk the talk - cannot say how important this is without acting on it. Pity is words, compassion is action.</i></p> <p><i>I am also more motivated to learn about OAT so that I can feel confident enough to prescribe - this movie transformed my fear of prescribing to a desire to be able to prescribe when needed."</i></p> <p>As part of the close out activities for this project, the Division team led a close out interview where the project's Physician Leads were asked successes, challenges, remaining gaps, and proudest moments. Focusing in this section specifically around the successes and remaining gaps, feedback noted:</p> <p>Successes:</p> <ul style="list-style-type: none"> ● <i>Meaningful to work with other physicians involved in this work, resulting in understanding of diverse perspectives, experiences and backgrounds - shedding light on our blind spots</i> ● <i>Input flourishes into project, feels like we did something to make the community a better place</i> ● <i>Improved collegiality and community, feel closer to community that I work in</i> ● <i>The Case Studies session was a success. An engaging discussion with feedback and sharing ideas/experiences between colleagues.</i> ● <i>Looked forward to this work, it was managed well, we were treated with respect, and compensated for our time (not the experience sometimes in other organizations)</i> <p>Remaining Gaps</p> <ul style="list-style-type: none"> ● <i>This project is truly the beginning of a long journey</i> ● <i>Want to see pre and post to see what our doctors are using after the session, now that they had a chance to apply their learnings and give them an opportunity to ask us questions again to further develop skills</i>



TEMPLATES AND FORMS



EVALUATION FRAMEWORK & DATA MATRIX

IHI Modified Triple Aim	Anticipated Outcome	Data Source(s)	Measure(s)	Results
				<ul style="list-style-type: none">• <i>Providing support for complex challenging patients. How can we make it easier for our colleagues to reach out and ask questions when providing the clinical support</i> <p>Sustainability</p> <ul style="list-style-type: none">• <i>Ongoing learning - having teaching available once a year until these best practices are normalized</i>• <i>Advocate for the hospitals to post public awareness posters and resources</i>• <i>Continue doing the small group case studies with community providers each year</i>• <i>Establishing clinical supports between providers to enhance relationships with colleagues and knowing who and where to reach out to for support</i>



APPENDICES

Appendix 1: Meaning of Empathy Session

To view the break out room discussions and themes, please visit this document:

https://docs.google.com/document/d/1VCOQUmBZNixOzqWx3_PuyzsmBtWB8GotcBfgTJSA9yQ/edit?usp=sharing

Appendix 2: Case Study Workshop

To view the learning materials, please see this folder here:

https://drive.google.com/drive/folders/1EyekjGAzZD_RjZlsNSP88SjJrWYRqXIL?usp=sharing

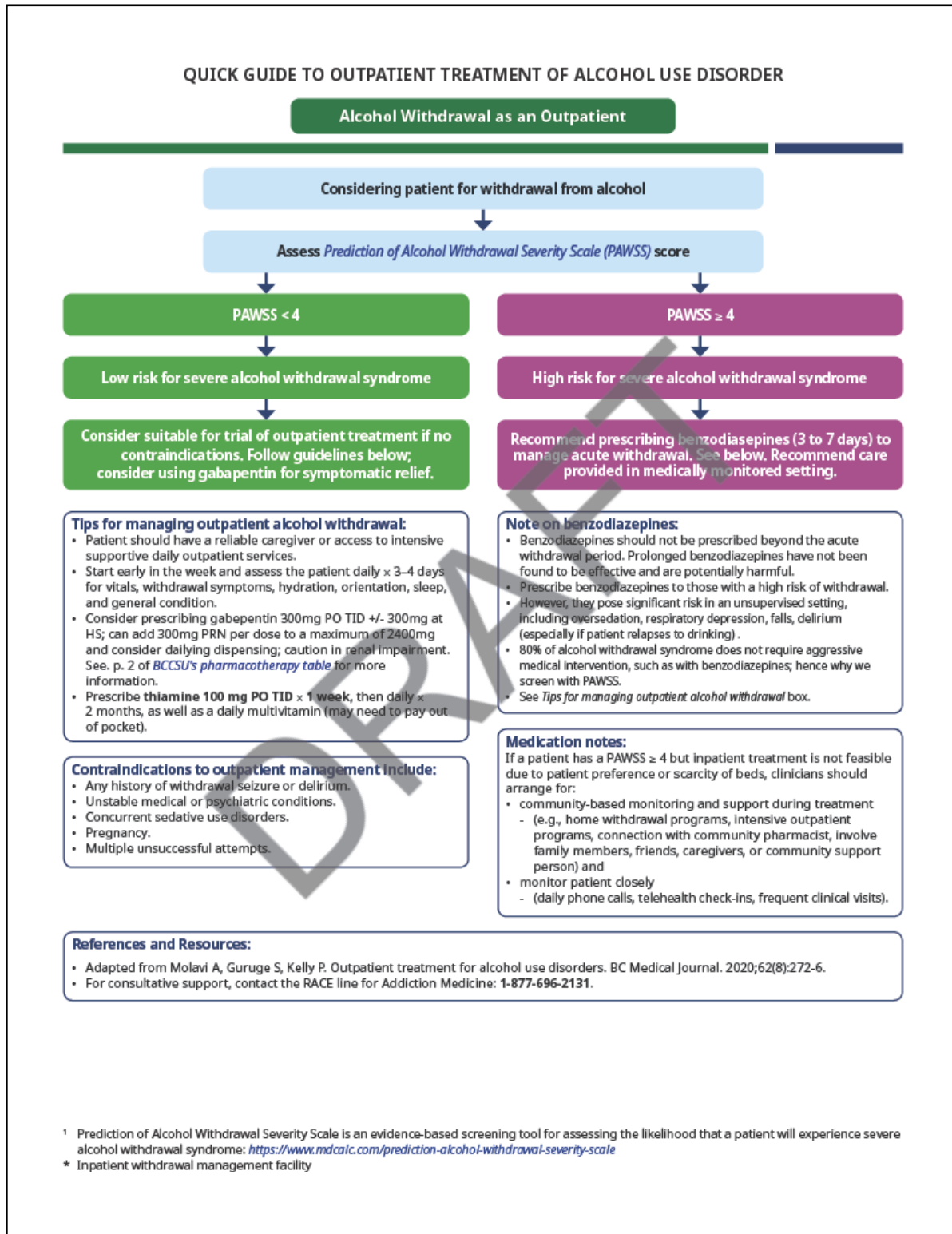
Appendix 3: Public Awareness Campaign

For more information about the social media posts, please visit this document:

<https://docs.google.com/document/d/1Ee7BYB6ggr28dTgACZDSJ1baoLuk6221Q2nLW0th0pY/edit?usp=sharing>

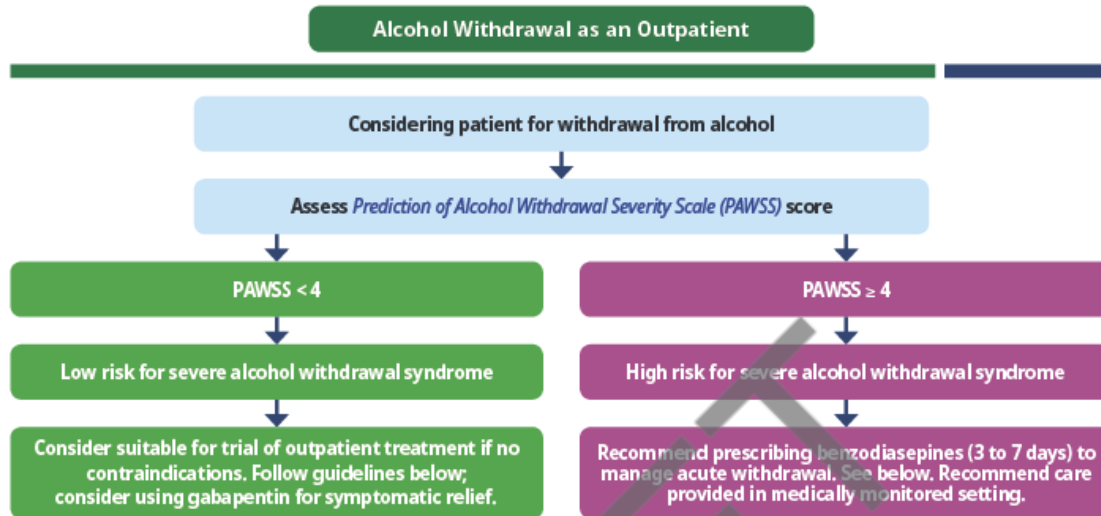


Appendix 4: Draft of the GPAC AUD Algorithm





QUICK GUIDE TO OUTPATIENT TREATMENT OF ALCOHOL USE DISORDER



Tips for managing outpatient alcohol withdrawal:

- Patient should have a reliable caregiver or access to intensive supportive daily outpatient services.
- Start early in the week and assess the patient daily × 3–4 days for vitals, withdrawal symptoms, hydration, orientation, sleep, and general condition.
- Consider prescribing gabapentin 300mg PO TID +/- 300mg at HS; can add 300mg PRN per dose to a maximum of 2400mg and consider daily dispensing; caution in renal impairment. See p. 2 of *BCCSU's pharmacotherapy table* for more information.
- Prescribe thiamine 100 mg PO TID × 1 week, then daily × 2 months, as well as a daily multivitamin (may need to pay out of pocket).

Contraindications to outpatient management include:

- Any history of withdrawal seizure or delirium.
- Unstable medical or psychiatric conditions.
- Concurrent sedative use disorders.
- Pregnancy.
- Multiple unsuccessful attempts.

Note on benzodiazepines:

- Benzodiazepines should not be prescribed beyond the acute withdrawal period. Prolonged benzodiazepines have not been found to be effective and are potentially harmful.
- Prescribe benzodiazepines to those with a high risk of withdrawal.
- However, they pose significant risk in an unsupervised setting, including oversedation, respiratory depression, falls, delirium (especially if patient relapses to drinking).
- 80% of alcohol withdrawal syndrome does not require aggressive medical intervention, such as with benzodiazepines; hence why we screen with PAWSS.
- See *Tips for managing outpatient alcohol withdrawal* box.

Medication notes:

- If a patient has a PAWSS ≥ 4 but inpatient treatment is not feasible due to patient preference or scarcity of beds, clinicians should arrange for:
- community-based monitoring and support during treatment
 - (e.g., home withdrawal programs, intensive outpatient programs, connection with community pharmacist, involve family members, friends, caregivers, or community support person) and
 - monitor patient closely
 - (daily phone calls, telehealth check-ins, frequent clinical visits).

References and Resources:

- Adapted from Molavi A, Guruge S, Kelly P. Outpatient treatment for alcohol use disorders. *BC Medical Journal*. 2020;62(8):272-6.
- For consultative support, contact the RACE line for Addiction Medicine: 1-877-696-2131.

¹ Prediction of Alcohol Withdrawal Severity Scale is an evidence-based screening tool for assessing the likelihood that a patient will experience severe alcohol withdrawal syndrome: <https://www.mdcalc.com/prediction-alcohol-withdrawal-severity-scale>

* Inpatient withdrawal management facility



Appendix 5: Physician Lead End of Project Survey

