

Surrey North Delta Substance Use Disorder and Primary Care Needs Assessment | 2023

A needs assessment was conducted to better understand Family Physician and Nurse Practitioner experiences supporting patients with substance use disorders in the Surrey North Delta region. As part of the needs assessment, a survey was disseminated to primary care providers (i.e., FP/NPs) in the region between September and October of 2023. A total of **90 FP/NPs** responded to the survey. This document summarizes the findings from the survey.

Survey Findings

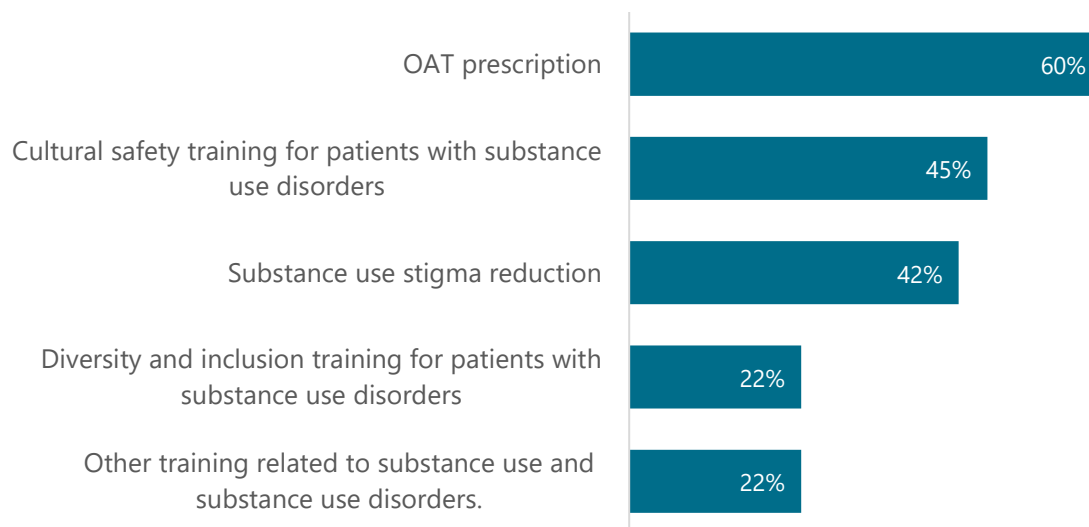
Most survey respondents (93%, 84 of 90) were Family Physicians (FPs). Five **Nurse Practitioners** (6%, 5 of 90) and one **palliative physician** also responded to the survey. 6% (5 of 89) reported they are part of the Surrey-North Delta OAT task force.



Provider Training

Nearly two thirds (61%, 55 of 90)¹ of primary care providers surveyed reported that they **have completed some form of substance use disorder training** as seen in Figure 1 while **13% (12 of 90) reported having a certification in addiction treatment**, specifically.

Figure 1. Which the of the following areas have you completed training in?
 (n=55)



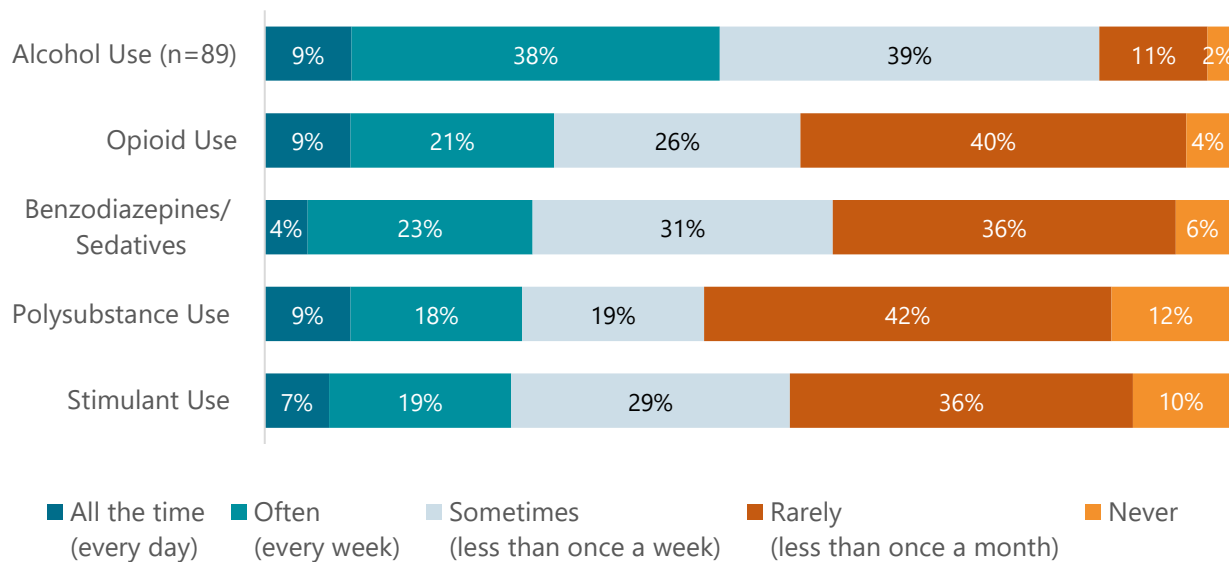
¹ All survey questions were optional, and not all respondents answered each question. Therefore, the number of respondents changes throughout the report.

Current Practice

Respondents were asked to indicate **how often they support patients with specific substance use disorders**. The **substance that respondents reported supporting patients with most frequently was alcohol** with nearly half (47%, 42 of 89) of respondents indicating that they support patient with their alcohol use every day or every week. Over half of respondents (54%, 49 of 90) indicated that they 'rarely' or 'never' support polysubstance use as part of their practice. (Figure 2)

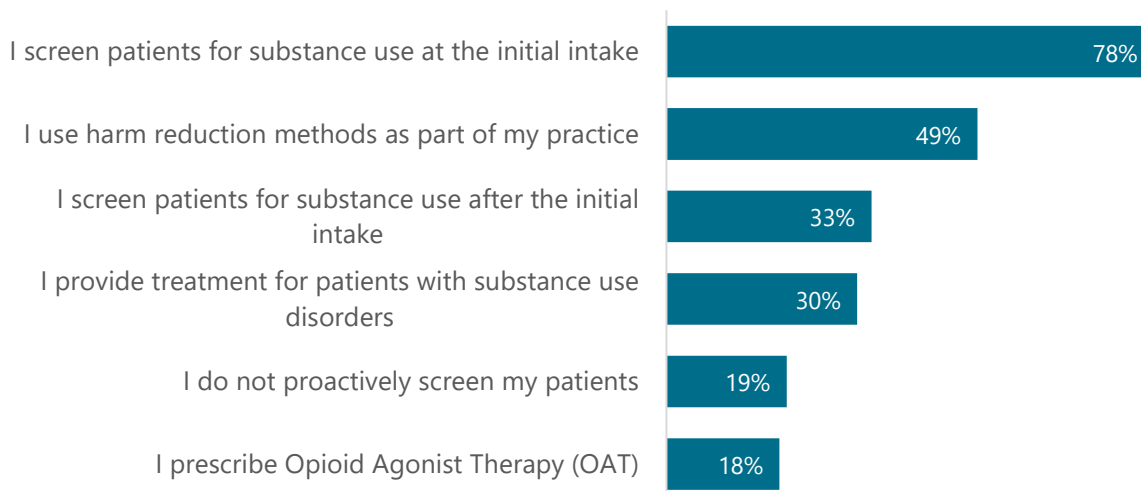


Figure 2. How often do you support patients with the following substance use disorders in your practice? (n=90)



Most respondents (78%, 69 of 89) reported that they **screen their patients for substance use at initial intake**, while **19%** (17 of 89) indicated they **do not proactively screen their patients** for substance use. (Figure 3)

Figure 3. Providers identified which of the following statements are true for them (n=89)



Provider Confidence

Respondents were asked to **rate their confidence** with the following **on a scale of 1 (Not at all confident) to 5 (Extremely confident)**:

- ❖ Screening patients for various substance use disorders
- ❖ Diagnosing patients with various substance use disorders
- ❖ Engaging in the care of patients with various substance use disorders
- ❖ Supporting clients who use various substances with harm reduction



Based on their overall ratings, respondents appear to be **most confident in working with patients who use alcohol** (average overall rating of 3.6 out of 5) as compared to the other substances, and **least confident in working with patients who use stimulants and those who use several substances** (i.e., polysubstance use) (average overall rating of 3 out of 5). (Table 1)

Table 1. Provider average confidence working with patients who have substance use disorders out of a score of 5 (extremely confident) (n=75)

	Average Confidence Score				
	Screening	Diagnosing	Engaging in care	Supporting with harm reduction	Overall
Alcohol Use	3.9	3.8	3.4	3.3	3.6
Opioid Use	3.6	3.4	3.1	3.1	3.3
Polysubstance Use	3.3	3.2	2.8	2.7	3.0
Stimulant Use	3.3	3.2	2.8	2.7	3.0
Benzo	3.5	3.4	3.3	3.1	3.3
Overall	3.5	3.4	3.1	3.0	

Respondents were also asked to indicate whether they have reservations towards providing care for people who use substances; **just over half** (55%, 39 of 70) **of provider respondents indicated that they did not have reservations**, and the remaining respondents indicated they had reservations. (Figure 4)

Figure 4. Please indicate your level of agreement with the following statement: I have reservations towards providing care for people who use substances. (n=70)

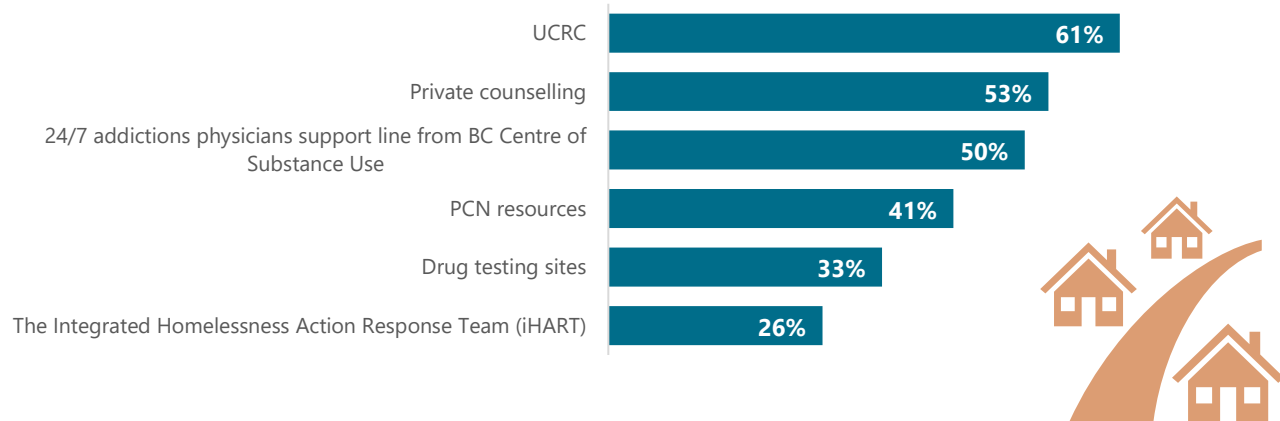


Resources, Supports & Services

➤ Awareness of Resources, Supports & Services

Half or more than half of respondents indicated that they are aware of the 24/7 addictions physicians support line from BC Centre of Substance Use, Private counselling, and the UCRC as a resource, support or services for patients with substance use disorders. (Figure 6)

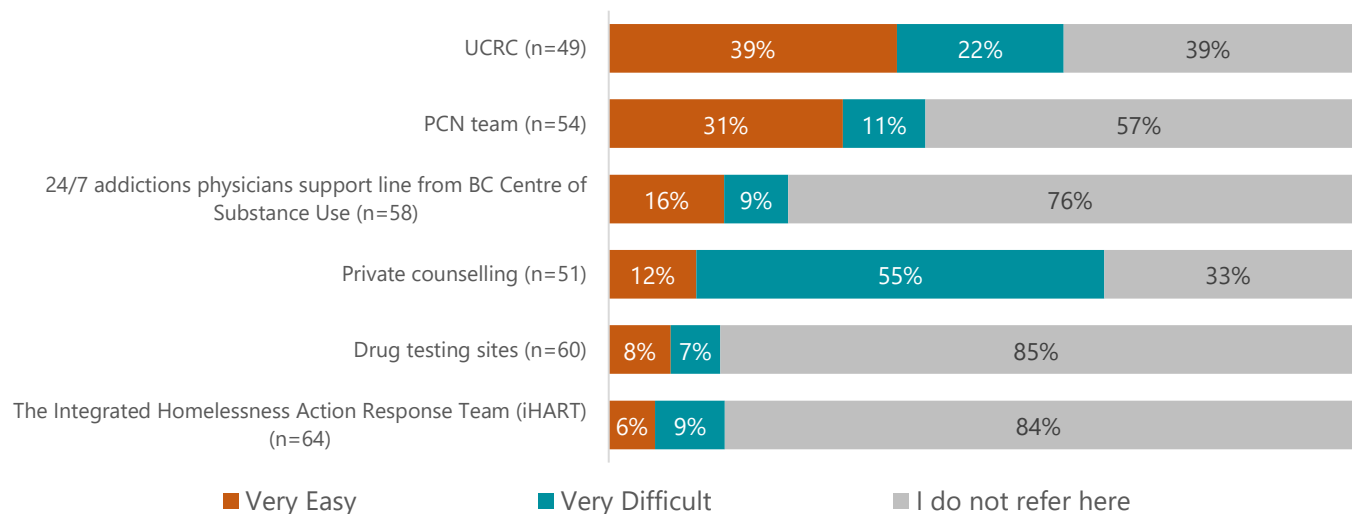
Figure 6. Which of the following resources, supports, and services are you aware of? (Select all that apply) (n=70)



➤ Use of Resources, Supports & Services

When asked how easy or difficult it was to access and/or refer patients to various resources, supports, and services², the UCRC was voted as the easiest, with 39% (19 of 49) of respondents indicated that it 'very easy' and private counselling was voted as the most difficult, with more than half of respondents (55%, 28 of 51) indicating that it was very difficult'. (Figure 7)

Figure 7. Please rate how easy or difficult it is to access and/or refer patients to the following resources, supports, and services

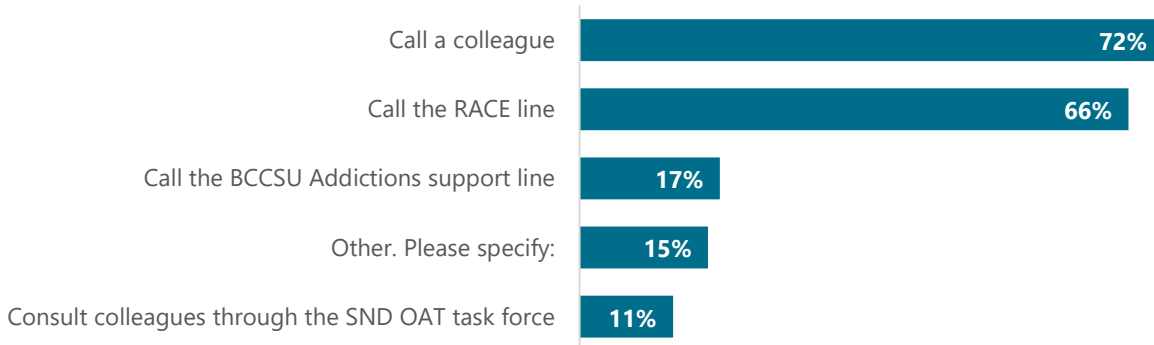


² Due to an error with the survey only a portion of the responses for this question were recorded and useable

When asked **which resources, tools, or questionnaires they use to screen patients for substance use disorders** most (81%, 59 of 73) respondents indicated that they use **Pharmanet**. Others indicated that they use CareConnect (34%, 25 of 73), Unifying Clinical Information (UCI) (32%, 23 of 73). Other ways in which respondents indicated screening patients for substance use disorders included: asking the patient directly as part of their medical review (n=6), urine drug screens (n=2), or using the CAGE questionnaire (n=2).

Most respondents reported that **when they have a question about the treatment of a patient, they contact a colleague** (72%, 49 of 68) or **call the RACE line** (66%, 45 of 68) (Figure 8). Nearly two thirds of respondents (71%, 62 of 89) reported that they were unaware of the Surrey North Delta OAT task force.

Figure 8. When you have questions about the treatment of a patient, which of the following do you do? (Select all that apply) (n=68)

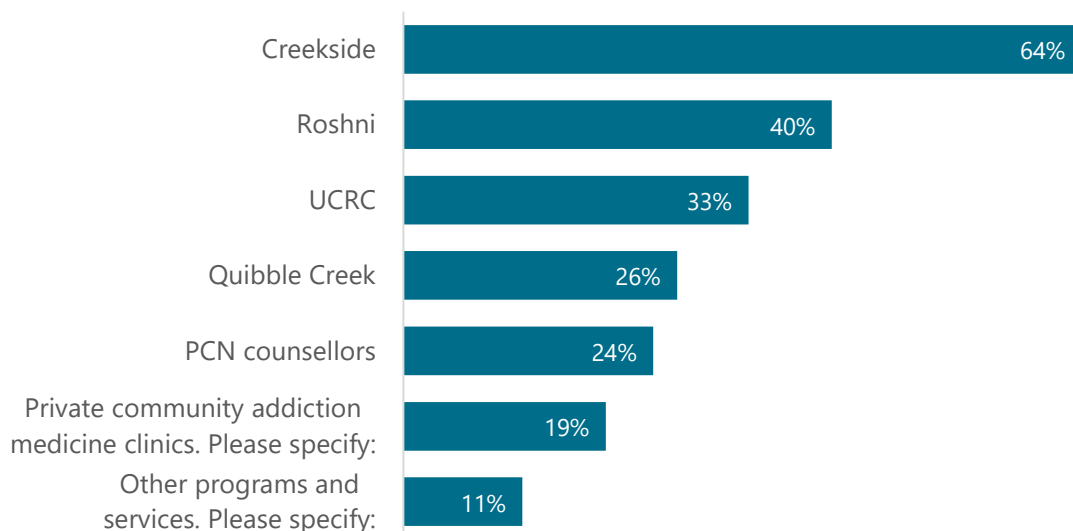


Just over two thirds of respondents indicated that they **do not have access to a list of available resources** to support their patients with substance use disorders, however **nearly all respondents** (96%, 45 of 47) indicated that **having a list of updated available resources and supports and their contact details be helpful**.



When asked **where they refer their patients who have substance use disorders**, most respondents indicated that they refer to Creekside Community Centre (64%, 57 of 89). (Figure 9)

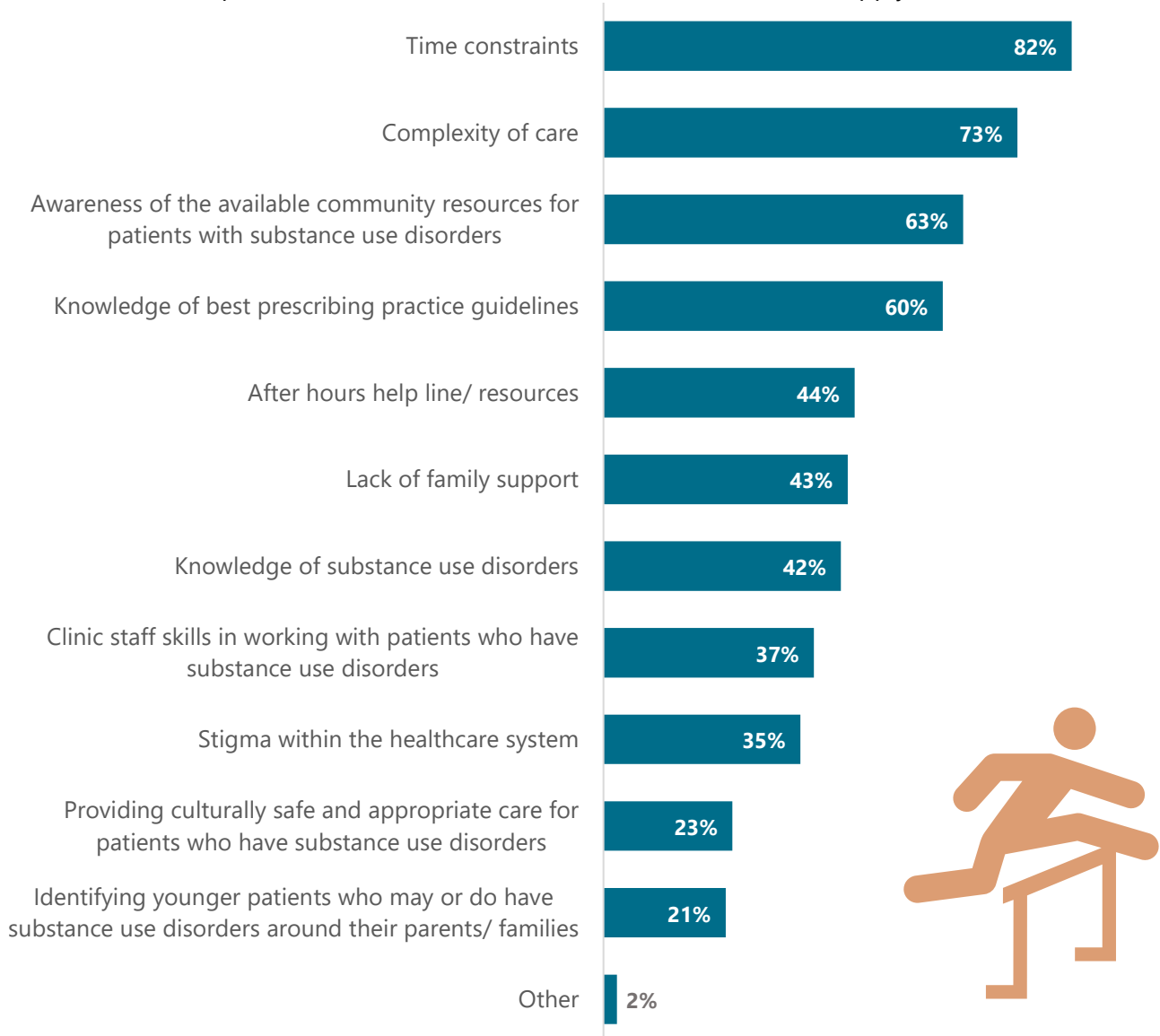
Figure 9. Where do you refer your patients who have substance use disorders? (Select all that apply) (n=89)



Barriers & Challenges

Respondents were asked to identify the **barriers and challenges they encounter when caring for patients with substance use disorders**. The most commonly reported barriers and challenges were time constraints (82%, 69 of 84), the complexity of care (73%, 61 of 84), their awareness of community resources (63%, 53 of 84), and their knowledge of best prescribing practice guidelines (60%, 50 of 84). (Figure 10)

Figure 10. Which barriers or challenges you do you encounter when caring for patients with substance use disorders? (Select all that apply) (n=84)



*Other responses included: availability of good, well run recovery beds, challenges and perceived harm caused by safer supply programs (n=1), and a lack of financial support for extra resources (e.g., a nurse or NP to help with Sublocade injections) (n=1).

When respondents were asked **whether they would be interested in attaching patients that present with substance use in emergency, if they received mentorship, training, and PCN support** and **more than half** (61%, 43 of 70) indicated that they **would not be interested**. Respondents indicated that they anticipated experiencing the following barriers:

- ❖ Limited capacity to attach more patients to their panel (n=16)
- ❖ Limited time to provide care to patients with substance use disorder (n=6)
- ❖ Complexity of care for this population (n=5) and poor remuneration despite complexity (n=2)
- ❖ Their office is unprepared for this population, including a lack of staff training and experience (n=4) as well as a lack of additional clinical support such as nurses (n=3)

Half of the respondents (51%, 35 of 68) indicated that they do not know where to refer their patients to receive naloxone kits and training in their neighbourhood. Finally, while 59% of respondents indicated that their clinical setting is “somewhat” or “well prepared” to provide care to patients with substance use disorders, **41% of respondents indicated that their clinical setting is “not at all prepared”.**

Feedback & Future Considerations

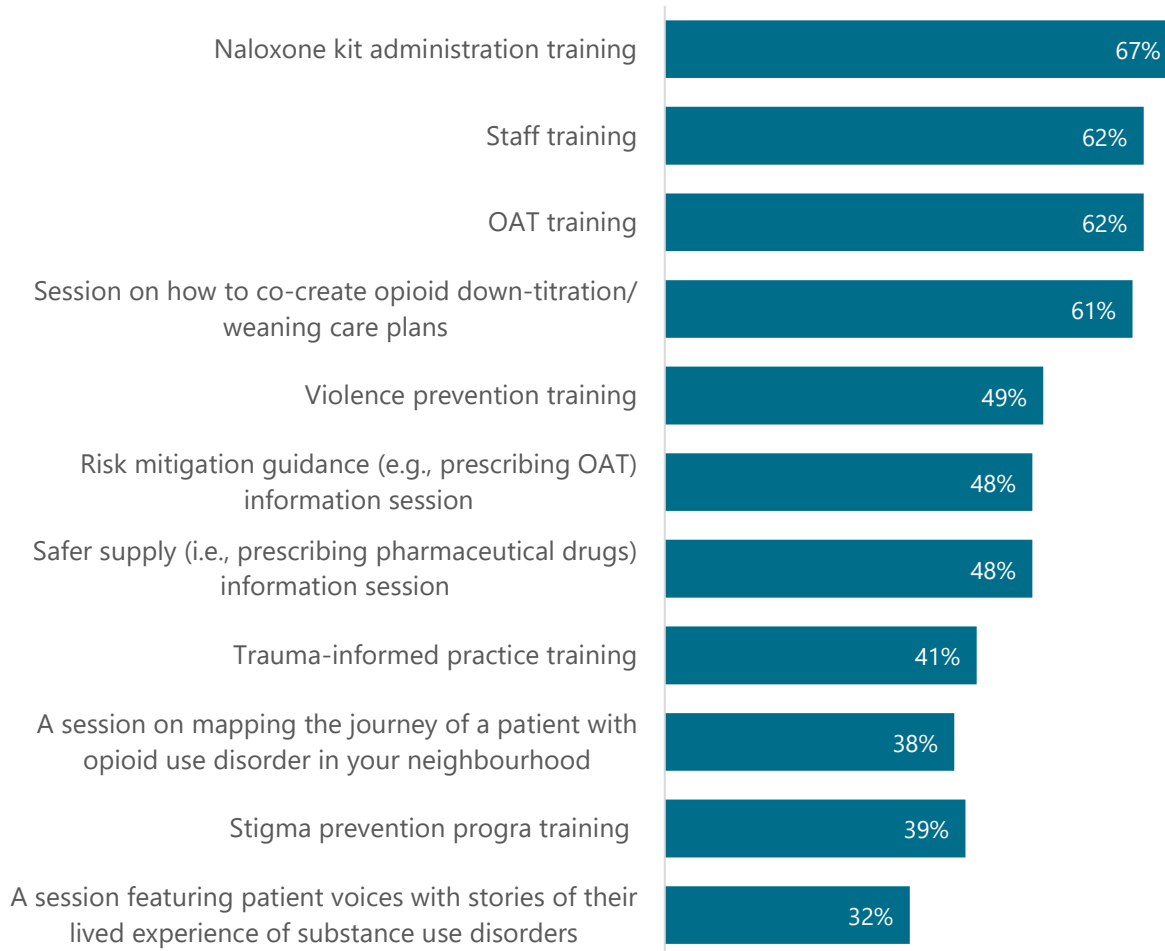
➤ *Provider Education, Training & Support*

A theme in both multiple choice and open-ended responses was that additional education and training would be necessary to address challenges and barriers to providing care for patients who use substances. For example, many respondents suggested education or training to improve knowledge of substance use disorders and best prescribing practices. Respondents further indicated that education and training should be offered as Continuing Medical Education (CME) events for physicians or should be compensated and should be offered online. Some respondents suggested that mentorship and shadowing with an addictions specialist would also be helpful. Additionally, several respondents highlighted the importance of ongoing training and education opportunities to stay up to date with best practices.



When asked to identify **what training opportunities, supports, or resources would make them and their clinic team feel more comfortable supporting patients with substance use disorders**, respondents identified a wide range of possibilities as seen in Figure 11 below.

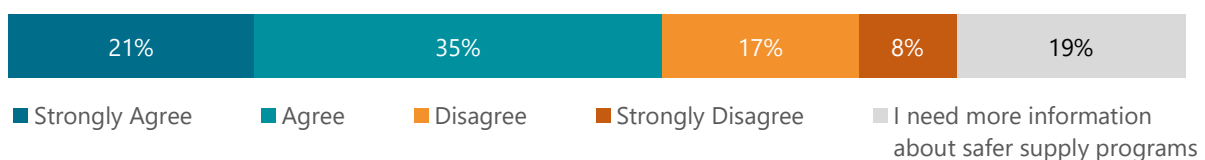
Figure 11. Please indicate which of the following training opportunities, supports, or resources would help make you and your clinic team feel more comfortable supporting patients with substance use disorders. Please select all that apply (n=69)



➤ **Preventing or Reducing Fatal Overdose**

Just over half of respondents (56%, 40 of 72) **agree that safer supply programs are effective in reducing fatal overdose.** However, 25% of respondents (18 of 72) disagreed with this statement. 19% of respondents (14 of 72) indicated that they needed more information about safer supply programs. (Figure 12)

Figure 12. Please indicate your level agreement with the following statement:
Safer supply programs are effective in reducing fatal overdose: (n=72)



When asked to indicate **what strategies would be most effective in reducing or preventing fatal overdose** in Surrey North Delta, respondents indicated the following:

- ❖ OAT treatment (83%, 59 of 71)
- ❖ After-hour addiction medicine coverage FPs, and addictions experts (84%, 59 of 70)
- ❖ Attachment to a primary care providers (FP/NP) (62%, 44 of 71)
- ❖ Stigma reduction (54%, 38 of 71)
- ❖ Safer supply programs (51%, 36 of 71)
- ❖ Decriminalization of drugs (30%, 21 of 71)

Other strategies suggested included longer treatment times, (i.e., 'more than a few weeks'), supervised safer supply programs, housing programs, and more education.

➤ **Other Recommendations**

When asked what might help manage the barriers and challenges to providing care for patients who use substances, the following additional themes were identified via open ended survey responses:

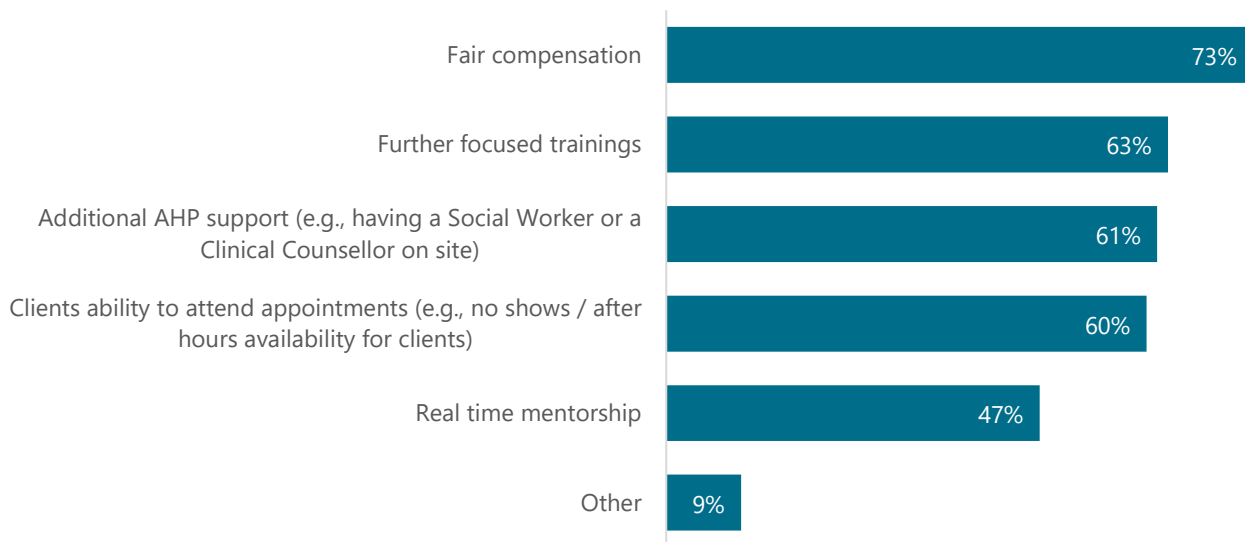
- **Additional Resources and Access to Resources.** Respondents reported that a database of substance use-related resources, both for primary care providers and patients, would be helpful. Some providers suggested an online portal, a 24/7 hotline or mobile app could be used for central resource navigation. Having readily available and accessible resources was identified as especially helpful for patients during after-hours. Similarly, several respondents suggested having resources for patients displayed in the clinic as posters or pamphlets. Finally, respondents suggested that guidelines and best practices be readily available or distributed to primary care providers via Pathways, email or newsletters.
- **Provider Compensation.** Respondents highlighted that they often need to spend more time with this population due to the complexity of the care that is required and identified that this should be reflected through new billing codes or changes to the model of compensation.
- **Multidisciplinary Teams and Additional Support Staff.** Respondents also highlighted the need for additional provider support, to better meet the needs of this patient population. Respondents identified which health professional team members they recommend to involve in the care of patients with substance use disorders. Responses include the following:
 - ❖ Social Worker (92%, 67 of 73)
 - ❖ Clinical Counsellor (84%, 61 of 73)
 - ❖ Clinical Pharmacist (64%, 47 of 73)
 - ❖ Registered Nurse/ Registered Psychiatric Nurse with OAT prescribing privileges (60%, 44 of 73)
 - ❖ Psychologist (53%, 39 of 73)
 - ❖ Behaviour Health Coaches (41%, 30 of 73)
 - ❖ Indigenous Health Navigator (40%, 29 of 73)
 - ❖ Psychiatrist (1%, 1 of 73)

For example, social workers were identified as a valuable resource for patients as they could help connect them to community resources and it was noted that registered nurses could help administer injections for treatment, and in turn free up more of the primary provider's time.

- **Additional Opportunities for Patient Engagement.** Several respondents reported that additional opportunities for patient engagement may help with challenges related to cultural safety, stigma and lack of family support. One respondent suggested leveraging cultural events to make this happen and another identified the importance of improving families' awareness of Alcoholics/ Narcotics Anonymous. Another provider noted that it may be beneficial to include patients in provider education opportunities when appropriate and possible.

Finally, respondents also identified the barriers that would need to be addressed in order to increase provider engagement in the care of patients with substance use disorders via a multiple-choice survey question. Fair compensation was the number one barrier identified by respondents. Findings were reflective of what is highlighted above. (Figure 13)

Figure 13. What barriers do we need to address to increase primary care provider engagement in the care of patients with substance use disorders to prevent or reduce fatal overdose in Surrey North Delta? (Select all that apply: (n=75)



**Other responses included: managing the reactions of other patients if a patient who uses substances shows up after using (n=2) access to treatment (n=1), nursing support (n=1).*