Incentivizing Engagement and Recovery:

A CONTINGENCY MANAGEMENT PILOT

Project Group: Dr. Rob Baker, Dr. Ruth Farren, Dr. Michael Marino, Dr. Errol Van der Merwe, Claire Wilson NP, Bob Hughes, Tamara Ciancone

Project Manager: Ania Zubrowska

Abstract

Between Dec 2024 and May 2025, a Contingency Management (CM) program designed to increase engagement in OAT/TiOAT among clients navigating opioid use was piloted in supportive care housing. This six-month initiative—delivered in partnership with family physicians, addictions medicine specialists, NPs, Interior Health, and ASK Wellness Society—**offered small incentives to reinforce positive behaviors.** Participants could earn up to **$25 weekly** for meeting 5 goals, including attending appointments, showing up on time, and taking medications as prescribed. **A $20 dollar bonus was awarded for negative urine drug screens.**

Weekly participant surveys tracked wellness indicators such as sleep, anxiety, and social connection, while final surveys explored perceived impact on quality of life and substance use.

What is contingency management?

An evidence-based approach to support behavior changes **by offering modest financial incentives for meeting treatment and behavioral goals.**

Background

The lack of options to **assist people struggling with substance misuse** into recovery services has been described as a challenge by primary care providers, addictions medicine providers and partners. The EOI funds explored the feasibility of a mid-stream treatment option to support patients that are struggling with substance misuse that are not interested/ready for an abstinence-based treatment program, but keen to make improvements to their health and move along the continuum of care.

Key Takeaways

1

CM can produce positive ripple effects beyond addiction outcomes.

Increased engagement led to **secondary health improvements**, such as healing of chronic wounds—highlighting CM's potential to support **broader health stabilization**, not just substance use goals.

2

Partnering with housing-focused agencies can amplify health outcomes.

The pilot's success was rooted in integrating health services within a supportive housing environment, showing that **place-based care** combined with CM can reduce access barriers and create sustainable routines for vulnerable clients.

3

Contingency Management is a practical, evidence-informed approach that works—even in complex, street-level addiction contexts.

A simple reward-based system can shift engagement patterns among clients who use unregulated opioids, leading to **better treatment adherence**, more **consistent appointments**, and **respectful clinic behavior**.

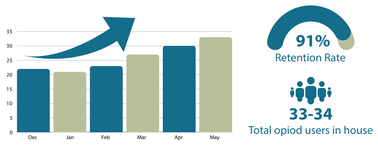
4

The program uplifted both client dignity and staff morale.

The respectful tone of the program, coupled with low rates of negative behavior created a more **positive, collaborative environment**—building mutual trust between clients and providers.

Recommendations / Next Steps

- Tie incentives to negative urine drug screen
- Require mandatory wellness surveys (pre, monthly, post)
- Enhance data collection strategies
- Transition to long-acting Sublocade vs daily dosing
- Maintain in-person pickup and respectful behavior criteria
- Monitor long-term outcomes



Participation & Engagement

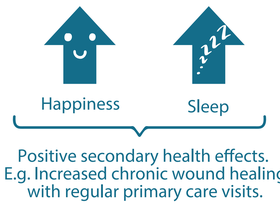
Monthly participation grew from **22 to 32 clients**, maintaining over 90% resident engagement through the final months. **Very few participants disengaged over the course of the program.**

Incentive Model

Participants could receive up to **$25 in gift cards** per week for meeting **five behavioral and treatment -related goals.**

Measurable Impacts/Outcomes

The CM pilot saw **≥80% appointment attendance**, improved OAT/TiOAT adherence. Results support CM as a scalable model for shared care and long-term addiction recovery goals.



Well-Being Indicators

Average changes across three wellness indicators:

- **Happiness:** 5.3 ➔ 6.3
- **Sleep Quality:** 5.0 ➔ 7.3
- **Anxiety (lower is better):** 4.5 ➔ 6.2

Improvements were seen in **happiness and sleep**, while anxiety scores indicated increased engagement-related stress highlighting the need to better understand and support emotional responses to structured incentive programs.

Incentives contingent upon a negative urine sample

Transition to Sublocade

Mandatory surveys (pre/monthly/post)

Continual in-person med pickup and respect

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An FPSC initiative

ASK Wellness Society ASKWELLNESS.CA

SharedCare Partners for Patients

SPERO HOUSE

Project Lead: Marcy Matthew

SIMPCW FIRST NATION
People of the North Thompson River

Abstract

Creating Space for Indigenous-led Learning in Primary Care

With the support of the Family Practice Services Committee's (FPSC) **Cultural Safety and Humility grant**, the Thompson Region Division of Family Practice (TRDFP) partnered with Indigenous Facilitators to co-design and deliver **a full-day, in-person, Indigenous-led learning session for members, primary care team partners, and staff.** While the Division helped create the space, it was the wisdom, courage, and guidance of the Indigenous facilitators that shaped the learning journey. This initiative emerged from strong member interest and board commitment to reconciliation and culturally safe patient care.

Advancing Cultural Safety and Humility:

AN INDIGENOUS-LED LEARNING EXPERIENCE IN PRIMARY CARE

"I would welcome any opportunity to participate in Indigenous Cultural Safety and Humility education sessions. I especially find them valuable when they are in-person and off-site."

—TRDFP MEMBER

Skwlāx te Secwepemculecw

NESKONLITH INDIAN BAND

Adams Lake Indian Band

Key Takeaways

1

Empathy & Humility

Safe learning spaces require empathy, vulnerability, and a commitment to elevating Indigenous voices.

2

Impact Through Reflection

Evaluation data shows increased awareness, confidence, and commitment to ongoing learning.

3

Practical Tools

Somatic and trauma-informed practices support integrating cultural humility into daily care.

Whispering Pines / Clinton Indian Band

"Nicole Williams storytelling was captivating and so emotional for me. I felt anger, sadness, and also peace."
—PARTICIPANT

TK'EMLÚPS TE SECWÉPEMC

SKEETCHESTN INDIAN BAND

Indigenous Facilitators

"The Speakers were very complimentary; Nicole was especially vulnerable and powerful. Harley has a deep knowledge and presented very important information and provided a structure for learning and changing."
—PARTICIPANT

Nicole Williams

"My vision in this work is to show how every person's behaviour has meaning and why supporting them with trauma-informed practice is essential and crucial to Truth and Reconciliation as well as human rights of Indigenous people. By sharing my family history through storytelling, participants have an opportunity to learn to support Indigenous families and have a better understanding of why they may react the way they do in the healthcare system."

Harley Eagle

"My part in the learning day was to provide an interactive workshop that would support TRDFP members in fostering Indigenous culturally safe, patient-centered care, which leads to better Indigenous outcomes. Spending half the day with Nicole Williams, who provided profound stories from her lived and living experiences, coupled with my workshop helps get to the 'why'."

"The concept of somatics was so powerful. I will try and apply this to my own behaviour."
—PARTICIPANT

THOMPSON REGION

Tk'emlúps te Secwépemc | Kamloops
Simpcw | North Thompson
Stil'qw/Pelltíq't | Whispering Pines/Clinton
Sexqeltqín | Adams Lake
Sk'atsin | Neskonlith
Skwlāx te Secwepemcúlecw | Little Shuswap Lake
Skítsesten | Skeetchestn

PARTICIPANTS

- 10 Family Physicians
- 1 Specialist Physician
- 3 Nurse Practitioners
- 1 Registered Midwife
- 1 IH Director of Primary Care
- 8 Staff members

Indigenous Storytelling & Practices

The day started with an opening **Secwépemc prayer**, generously offered by **Tk̓emlúps te Secwépemc Elder, Freda Jules.**

The learning day began with the morning session **Nkashaytkn Indigenous Cultural Safety** training, led by **Nicole Williams**. Through honest and courageous storytelling, Nicole provided a powerful Two-eyed perspective of the healthcare system. She shared moving firsthand experiences of Indigenous-specific racism, intergenerational trauma and resilience, prompting participants to reflect deeply in an uneasy space.

The afternoon continued with an interactive workshop, **Foundational Understanding of Indigenous Cultural Safety and Humility**, facilitated by **Harley Eagle**. Building on the impactful storytelling from Nicole's morning session, Harley guided the group in deepening understanding of Indigenous cultural safety, colonization, and systemic power imbalances. His workshop provided foundational skills for addressing racism and integrating trauma-informed practices. He used interactive exercises of **somatic techniques** and how to incorporate these into professional practices and for personal growth.

Commitment to Amplify Indigenous Voices

This work demonstrates that reconciliation in healthcare begins by creating space for Indigenous experts and amplifying Indigenous voices. The Division's role was to **listen, learn, support, and walk alongside** ensuring the **facilitators' expertise was elevated** and carried forward into ongoing relationships, learning, and culturally safe care.

Participants strongly agreed or agreed that the event:

Met their expectations	92%
Had content that was relevant to their work	100%
Was well organized	100%

Impact

Through Indigenous leadership, the day left lasting impact on participants and post-event evaluation demonstrates the effectiveness of the in-person learning day:

100% learned new ideas and concepts about Indigenous cultures.

100% have an increased awareness of Indigenous-specific racism within the healthcare system.

100% are more aware of any personal biases they may have.

83% are more confident in their ability to support Indigenous patients in a culturally safe manner.

The participants of the learning day had strong motivations for applying what they learned:

92% are interested in learning more.

96% shared their motivation to apply what they learned.

What participants want to learn:

- Tips on how to navigate racism in social settings or with colleagues.
- How to create a safer environment for patients.

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FPSC Family Practice Services Committee

Trust by Design:

Harnessing Data to Build Equity and Collaboration into PCN Implementation

Measureable Impacts and Outcomes

We aim to **build trust** with partners and community members through transparent, equity-based data practices; **co-create implementation strategies** informed by relationships and real-time insights; **enhance patient safety and coordination**; and **foster interdisciplinary collaboration**, ensuring that **every data point drives better, more responsive care for all.**

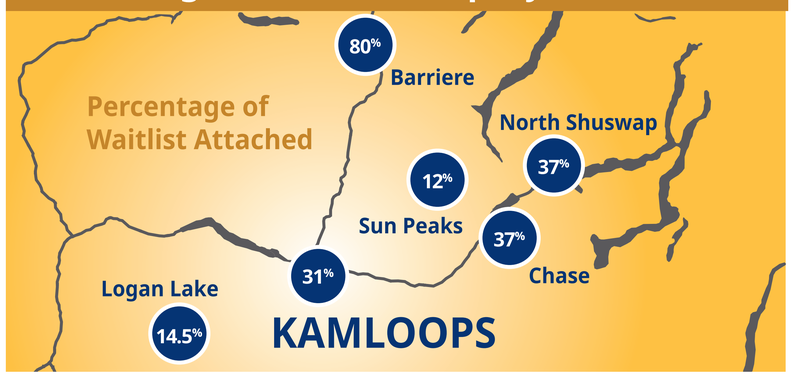
Why Reframe the Data?

Purpose: To build trust, foster transparency, and ensure communities see themselves in the data.

Context: Historical shifts in service plans and contributors made it hard to trace decisions —data became the story map.

Reframing data isn't just technical— it's relational and equity-driven.

Localizing HCR Data for Equity and Context



Kamloops area: 31% attached
Logan Lake & area: 14.5% attached
Chase & area: 37% attached
North Shuswap: 37% attached
Barriere & area: 80% attached
Sun Peaks: 12% attached

Focus: Attachment needs per community.

Data localization supports tailored, community-driven resource allocation.

Learning & Impact

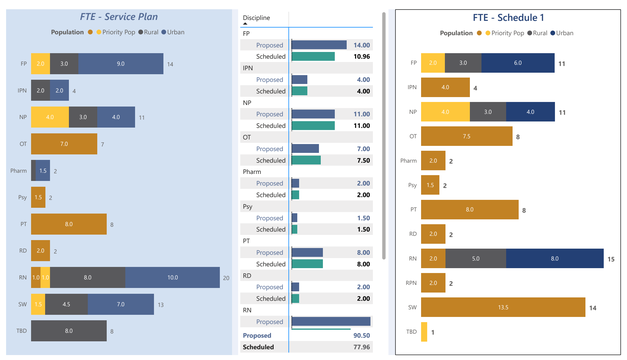
1. Data-informed storytelling for accessibility.
2. Enhancing transparency and collaboration.
3. Applying equity-focused evaluation principles.

Desired Outcomes

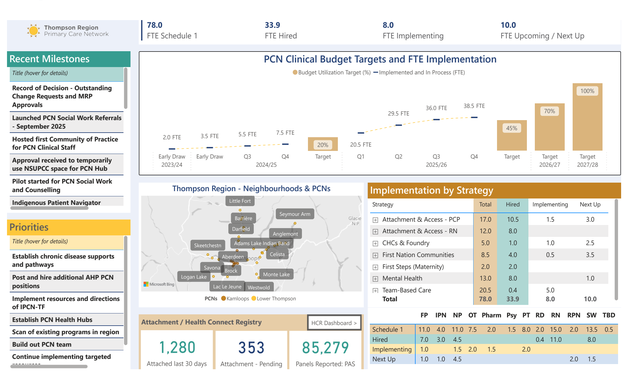
Improved trust, coordination, and collaboration.

Visualizing the Data

Implementation Status: Current state vs. original service plan



Implementation Chart:



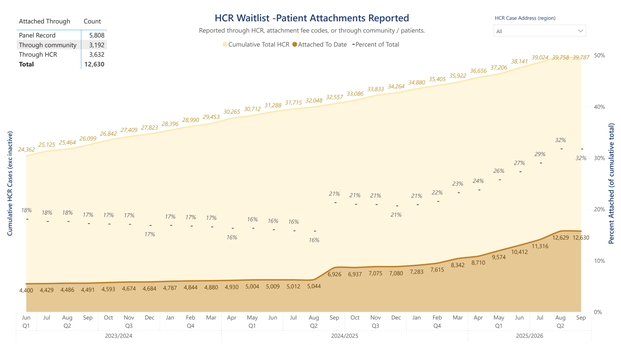
These visuals and real-time dashboards help committees and communities understand progress and decisions.

Trends Over Time

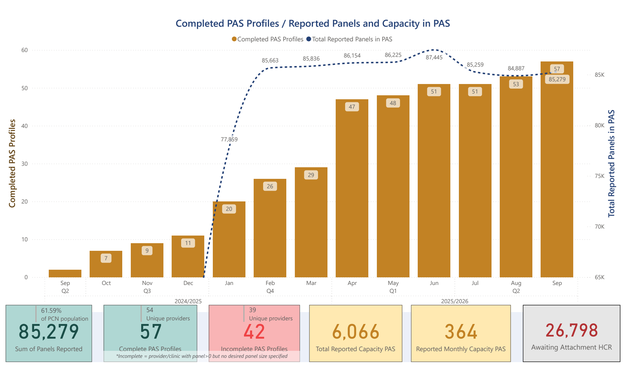
Tracking trends helps monitor impact and guide future strategies.

Through regular Provincial Attachment System workshops and shoulder-to-shoulder support with providers and MOAs in clinics, our Attachment Coordinator has collaborated with providers to keep their PAS profiles and panels up to date, providing a more accurate picture of capacity across the region.

HCR Waitlist—Patient Attachments Reported



Complete PAS Profiles / Reported Panels and Capacity in PAS



Partnership Agreements & Evaluation

Information Sharing Agreement & Evaluation:

- Data sharing to support implementation, evaluation, and addressing systemic inequities
- Evaluation must be equity-focused and community-led
- Incorporates *OCAP Principles* and *The Grandmother Perspective* from BC's Office of the Human Rights Commissioner.

Memorandums of Understanding —Foundations:

- Built in a spirit of respect, trust, reciprocity, and shared commitment to improving patient and community health
- Built through co-creation of shared goals
- Acknowledge the unique contributions of each partner

Framework for Partnerships

Purpose
Addressing systemic inequities in health care access, experiences, and outcomes

Process
- **Respectful relationships**
- **Adherence to OCAP and community data governance**

Tool
- **De-identified shared data**
- **Disaggregated demographic data** (if appropriate to achieve purpose)

"...we want to come from the grandmother perspective. We need to know because we care."
—Gwen Phillips, Ktunaxa Nation, *The Grandmother Perspective*

	Information Sharing Agreement	Memorandum of Understanding
Format	Standardized document across practice settings, outlines data sharing and reporting needs	Partnership-specific document, co-created with each partner, continuing to evolve over time
Purpose	Sets purpose, process, and tools for sharing data, adhering to privacy and confidentiality	Defines shared commitments and guides day-to-day working relationships
Scope	Partners hosting resources and partners involved in PCN evaluation / QI initiatives	Partners hosting PCN resources, including co-located, outreach, and short-term initiatives
Status	• Agreement prepared and circulated with partners	• Framework to guide conversations ready • Each MOU co-create in partnership

"When resources are held by Indigenous partners, we recognize that the relationship is fundamentally one **between governments**, and not one in which the Nation is accountable to a Steering Committee. Our intention is to co-create agreements that are mutually agreeable and reflect the priorities, autonomy, and protocols for each partner. The **absence of a formal MOU or ISA will not restrict the implementation** of PCN resources; instead, we will continue to build trust and work collaboratively towards appropriate agreements, always centering relationship and respect as the foundation of our partnership."

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Thompson Region Primary Care Network

INTERNATIONAL NIGHT

Building Community through Culture and Connection

Learning more about one another strengthens community and our sense of connection. In healthcare, **a vibrant, inclusive, and welcoming community fosters support, deepens colleague connections, and enhances recruitment and retention** as people feel that they have a place where they feel they *"belong"*.

Physician-led, we asked ourselves how much we really know about our members given our wide diversity. This question was becoming more relevant as we started to welcome many new IMG physicians.

Many of our newest Division members were from **Nigeria** and it seemed the perfect country to choose as our first international celebration. Three components made up the evening:

- Authentic food
- Learning
- Widening our sense of community and connection

Food

We partnered with a **Nigerian caterer** to ensure authentic connection through food.

Inclusivity & Family Involvement

The evening was open to all members including NPs, FPs, RM and the specialist community. Personalized invitations were extended to previous PRA candidates and attendees were encouraged to bring their families. The **traditional dress code and family involvement created a warm atmosphere** that celebrated diverse backgrounds and strengthened community bonds.

Learning

Seating was thoughtfully arranged to ensure people got to meet one another. Each table had information on Nigeria and fun games that tested the learning and served as conversation prompts. After dinner, we hosted a **fun trivia contest** and Nigerian families contributed to shared **wonderful stories** and **cultural insights**, leaving everyone eager to travel to Nigeria!

Summary

By fostering cultural exchange, storytelling, and personal connections, the event created **a meaningful experience for all attendees.** Over **50 people attended** and expressed interest for more like events.

+55
people attended

1
engaging Trivia contest

15
authentic Nigerian dishes

An **abundance** of laughs

1
big Nigerian Learning Package
(super fun & informative)

Immeasurable
sense of new connection

"From start to finish, the event was a resounding success. It was an unforgettable experience for everyone in attendance. The turnout was impressive, and for an event that was the first of its kind, it couldn't have gone any better."
—PHYSICIAN

Question:
What is Nigeria known for?

Most Fun Answer:
FA-SHUN!

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Project Lead: Shelley Sim

Enhancing pain and symptom management for individuals with life limiting illnesses

Thompson Region Division of Family Practice
An FPSC initiative

SharedCare
Partners for Patients

Project Lead: Melanie Todd
Physician Lead: Dr. Rob Baker

> [Patients feel] relieved to know the support is there.
>
> —PSMC PROVIDER

> Some [patients] have even expressed that relief of their symptoms was life changing for them.
>
> —PSMC PROVIDER

THEN:

Began as a pilot service supported by Shared Care project funding

GOAL: Enhance access to community-based pain and symptom management for patients with cancer.

NOW:

Funded community-based clinic that helps with the symptom burden related to a patients' advanced, progressive, life limiting illness, including cancer. Referrals now expanded to Home and Community nurses to enhance access for patients with limited primary care access. A promising model, one that could be adapted to meet the needs of unattached patients with complex medical conditions.

Key Model Components

- Health authority owned and operated model.
- Envisioned and staffed by family physicians with a special interest in pain and symptom management.
- Direct referrals accepted from primary care providers, specialists, home health clinicians.
- Urgent consults within 2–4 days, and non-urgent consultations within 1–2 weeks.
- Longer appointment times.

Patient Profile

Profile of patients that would benefit from the Pain and Symptom Management Clinic, according to the local Cancer Clinic:

- Patients with pain/symptoms or a pain crisis
- Patients who are struggling with cancer-related pain requiring titration
- Patients with chronic symptoms, like neuropathy, from treatment
- Patients experiencing pain who do not have a family physician
- Patients who are not seeing Cancer Clinic provider regularly but require pain management
- Difficult for Cancer Clinic providers to manage pain/symptoms
- Mainly sending for pain, but others have sent for diarrhea, nausea, counselling, etc.

Early Successes

- ✔ Patient and provider satisfaction with access and effectiveness
- ✔ Patient shared that symptom relief was "life changing" and that it is a relief to know the service is available if needed
- ✔ Referring providers have shared that they are receiving positive feedback from patients, and that some feel the service is a safety valve for their own practice

Early Learnings

> Would appreciate having a full description of the patient's disease and spread in each note
>
> —PSMC PROVIDER

- Fewer referrals than expected / not enough referrals.
- Some referrals should not have been accepted, but trying to make minor change to prevent this in future.
- There are still many physicians unaware of the clinic and the referral form is not accessible for them.

Areas for Improvement

Exploring strategies to **enhance documentation and information sharing** between accepting and referring providers, and to patients.

Communication to patients as there is sometimes confusion around follow-up.

Can't always reach PSMC on the phone and patients aren't sure who to call.

Satisfaction

Comfort and satisfaction with patient care

	Positive
PSMC Providers	• Patients are **satisfied and grateful.** • The service is **available.** • **Improved symptoms.** • **Expertise.**
Cancer Clinic Providers	• **Very positive feedback from patients.** • No one has said they don't like it.

A question was asked of the Cancer Clinic providers:
To what extent has the pain and symptom management clinic **improved your workload of managing the pain and symptoms** of your patients at the cancer clinic?

Workload hasn't changed significantly, ***but:***

- Once **more providers in clinic refer, it may help workload.**
- It is a **safety valve**, as we can start patient, but then send to pain clinic to work with someone to help with pain and symptoms.

Project Lead: Melanie Todd
Physician Lead: Dr. Shaun Davis

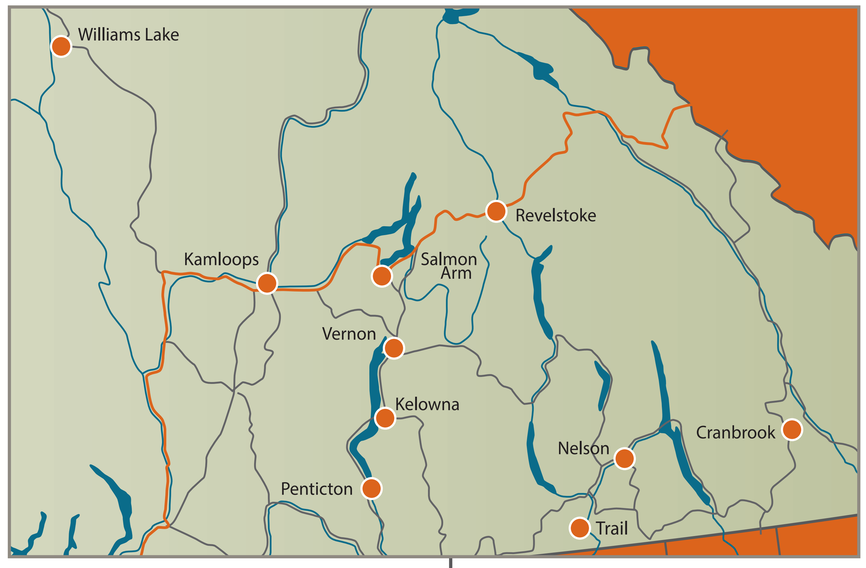
Building regional maternity care connections to improve provider and patient experience

Gaps

Family physicians providing intrapartum care in the interior region are primarily **working in silos with little opportunity to build relationships**, share experiences and learn from their colleagues working in different communities.

Opportunity

1. **Networking** and **share experiences** across sites.
2. Begin a conversation about the role of providers, divisions and other organizations in collective **human resource planning**.
3. Explore how a **regional network** of maternity care providers can improve patient care.
4. **Share** learnings and potential solutions with stakeholders.



10 Delivery Sites
Cranbrook, Kamloops, Kelowna, Nelson, Penticton, Revelstoke, Salmon Arm, Trail, Vernon, Williams Lake

21 Physicians

2 Midwives

Results

Ten delivery sites across Interior Health were represented by **21 physicians** providing intrapartum care and **two midwives** working in collaborative practices with FPs. Providers expressed their enjoyment of having a physician-led opportunity to get together in a **safe space** and share what was happening across all Interior sites. **Learning from each other helped reduce assumptions, increase understanding and empathy.** The group brainstormed regional strategies to improve patient care.

- **Regional Rounds:** Forum to support collective decision-making concerning patient care/transfers; debrief on past experiences; and sharing information between sites concerning current state/supports needed.
- Create a funded **regional position for maternity care access and flow**. Increase awareness of the current/future state of referring and accepting sites.
- Resource the **IH Maternity, Newborn, Child & Youth Network**.
- Create a **central listing** for maternity care locums.

> The group agreed that a regional approach to maternity care has the potential of: breaking down silos and enhancing cohesiveness; supporting information sharing; amplifying regional needs and opportunities.

Key Learnings

Provider Shortages: Ongoing lack of maternity providers, nursing staff, puts enormous pressure on existing ones.

Volume Pressures and Increased Patient Demand: Provider shortages have led to a progressive increase in client volumes and on-call coverage.

Burnout: Perpetual contingency planning and crisis management is causing burnout. Providers communicate that there is a safety risk for both the pregnant individual and unborn child, as well as unsafe working conditions.

Scope of Practice: Low risk providers are increasingly managing higher risk clients, which is further challenged by varying guidelines for obstetrician transfer/consult.

Compensation: The high acuity nature of maternity work is not at par with other specialty areas, and compensation models do not support collaborative care. FPs are choosing to do hospitalist, and other specialty areas over maternity.

Highly challenging work environments among providers and health authority, in some cases, impact retention and recruitment efforts.

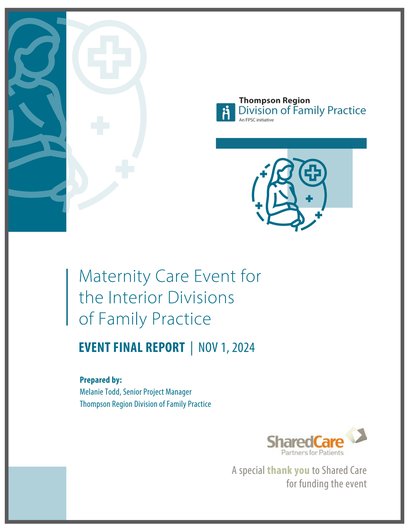
Negative learner and locum experiences is further deterring providers to continue in maternity care.

Accountability and governance: Complex and challenging clinical and administrative governance with partners being accountable to different organizations and college requirements. There isn't clear governance or escalation pathways.

Knowledge Sharing

Escalate and share key learnings and regional strategies; collaborate to operationalize a regional network; and recommend ongoing funding and infrastructure.

- Interdivisional Strategic Council Meeting, June 2025
- Interior Health Maternity event, 2024
- Rural Coordination Centre of British Columbia Presentation, 2024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Maternity Care Event for the Interior Divisions of Family Practice

EVENT FINAL REPORT | NOV 1, 2024

Prepared by:
Melanie Todd, Senior Project Manager
Thompson Region Division of Family Practice

SharedCare Partners for Patients

A special thank you to Shared Care for funding the event

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