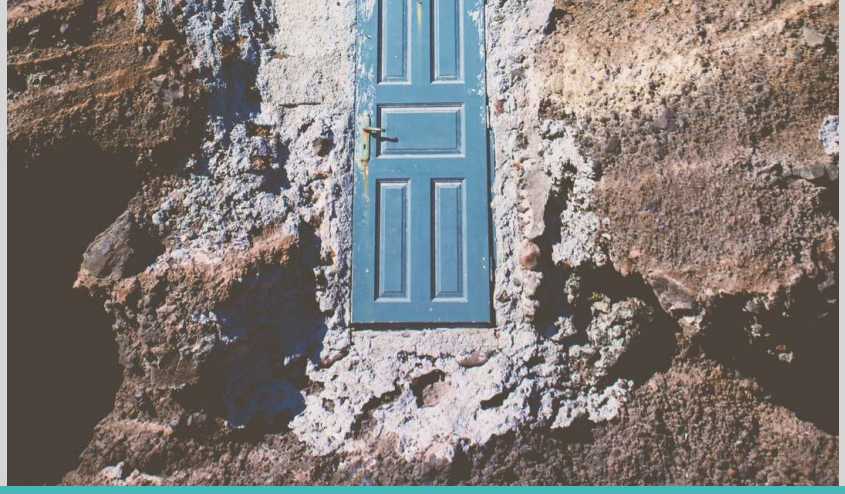

EVOLVING DOORS

Increasing access to OAT* for patients in Central and North Vancouver Island

* Opioid Agonist Treatment

> *"I believe I need to be on long-term suboxone... To succeed I need passion, and to avoid boredom...something to strive towards... I have set goals for myself. [I am] working towards moving out on my own and am studying to go back to school... exercising and trying to take better care of my health and body."*
>
> Vancouver Island
> OAT Patient 2016

What is informing our approach

Limited knowledge about local pharmacies and prescribers (let alone support services and other resources) by primary care providers in other communities places continuity of care for a patient at risk.

The autonomous nature of many Family Practice clinics has meant historically it has been challenging to create a unifying structure for primary care OAT prescribers. The Divisions of Family Practice are uniquely placed to support delivery of a joined up model of care for family physicians and other primary care prescribers. The relationships developed in each community will provide a linchpin for a collaborative approach to providing a community of practice.

There are innovative solutions to address resource constraints in many communities. These have a greater chance of being spread and sustained if there is a mechanism developed to support options for opioid patients to access the best chance of treatment and recovery

What will success look like?

Enhanced access for patients requiring OAT: In our vision, an increased number of OAT prescribers in every Central/North Island community will facilitate swift access to OAT for patients across the spectrum of potential contact points, e.g. Emergency care, Family Physician, Rapid Access Clinics.

Continuity of Treatment: Patients travelling between communities on Vancouver Island will be able to access prescribers and appropriate treatment without interrupting their treatment regimen. Instead of struggling to find prescribers and pharmacies in other Central/North Island locations, Physicians and other prescribers will be able to swiftly identify prescribing collegues and resources in communities across the region. Supported by simplified communication conduits and improved continuity of care and treatment, the risk of relapse for patients will be reduced.

Adoption of OAT prescribing as a new norm for Family Physicians: Developing a peer-prescribers support network will help normalise OAT prescribing so that it becomes a regular part of the Family Physician repertoire of skills. Dispelling negative perceptions though experiential practice and support will allow Family Physicians to provide addictions patients the same ease of access for Addictions treatment as for other chronic diseases e.g. Diabetes; COPD etc.

island health

Divisions of Family Practice
A GPSC initiative

SharedCare
Partners for Patients

Scope of project: Mill Bay – Port Hardy
Island Health Geographical regions 1, 2, 3
To include:
Rural and remote areas; Central and Northern Gulf Islands; urban districts

A nimble executive steering committee will oversee strategic direction and high-level governance

Two regional advisory groups will translate strategy into operational outcomes

Working groups will be created in communities as required

Actions

Engage all communities to inform about project and request collaboration and support
Identify all existing OAT Prescribers within area (and **'Motivated and Curious'** non-prescribers)
Map levels of prescriber expertise based upon a 'Tiers of Service' model
Recognise gaps in access to services (make recommendations)
Classify gaps in prescriber needs
Collaborate with Island Health to provide knowledge transfer and education opportunities
Connect with external provincial projects to enhance knowledge provision and peer support
Seek other opportunities to provide support for OAT prescribers
Create mechanism to facilitate communication and connections between OAT prescribers

Outcomes

Increase number of prescribers across the Central/North Island region	Improve access to OAT prescribers for patients
OAT prescribers in the Central/North Island region to become members of a network of practice	Provide treatment and recovery options for patients to access appropriate clinical and psychosocial supports within and between communities
Provide a tiered service of care algorithm for patients across the acuity spectrum	Physicians can access support from within and beyond their community to continue longitudinal care for their patient
Integration with Health Authority services to monitor patient outcomes and provide clinical follow-up after acute events	Fast track a pathway to continued treatment and recovery care for patients following discharge / acute incident

"Part of the success we've learned ... is the benefit of just getting the community together, networking and trying to get all the service providers together and moving forward with a common target and vision for the community."