

## COVID-19 Through a Quality Lens

# Innovative Approaches to Substance Use Care During a Pandemic

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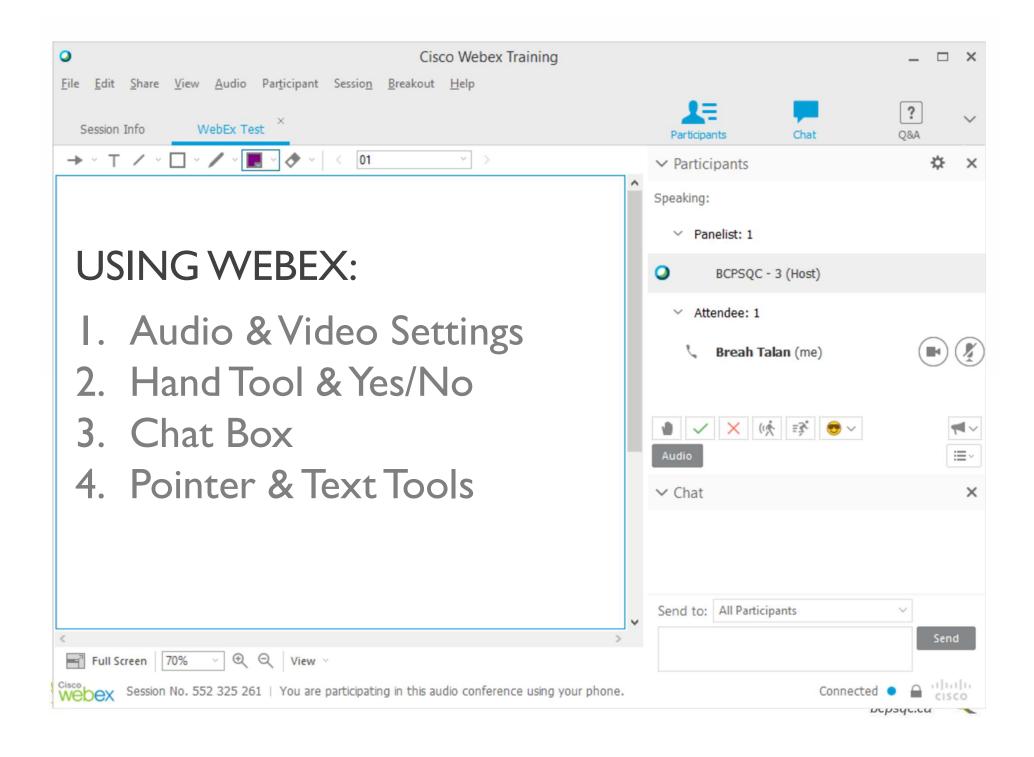


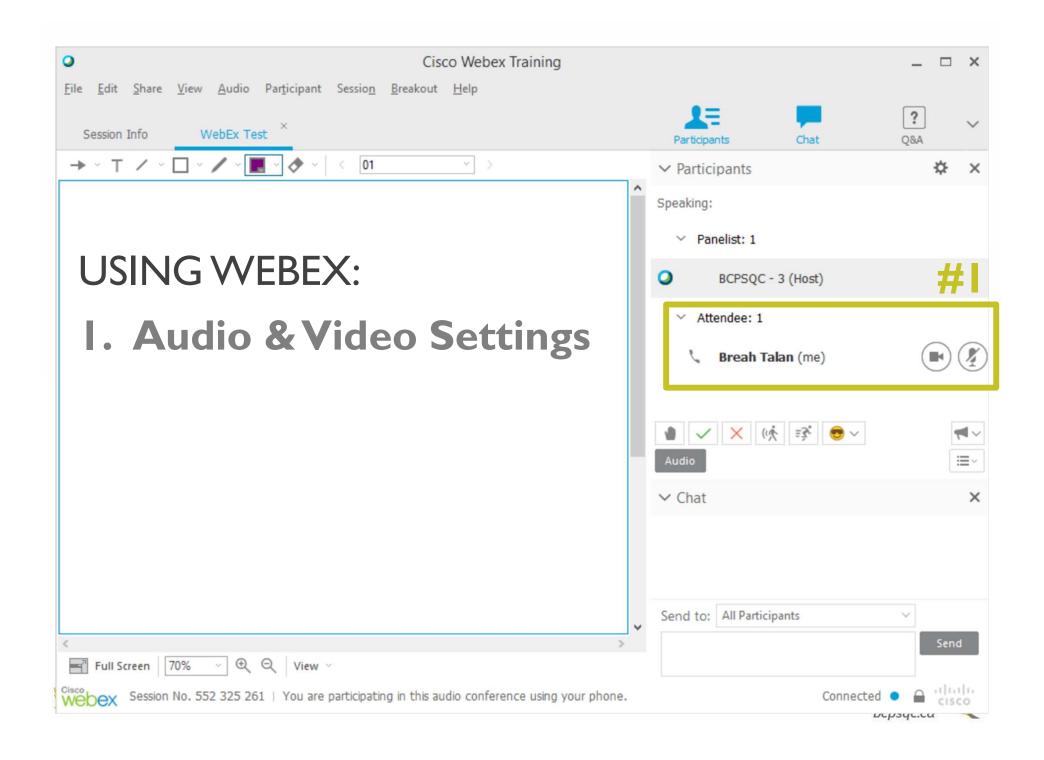
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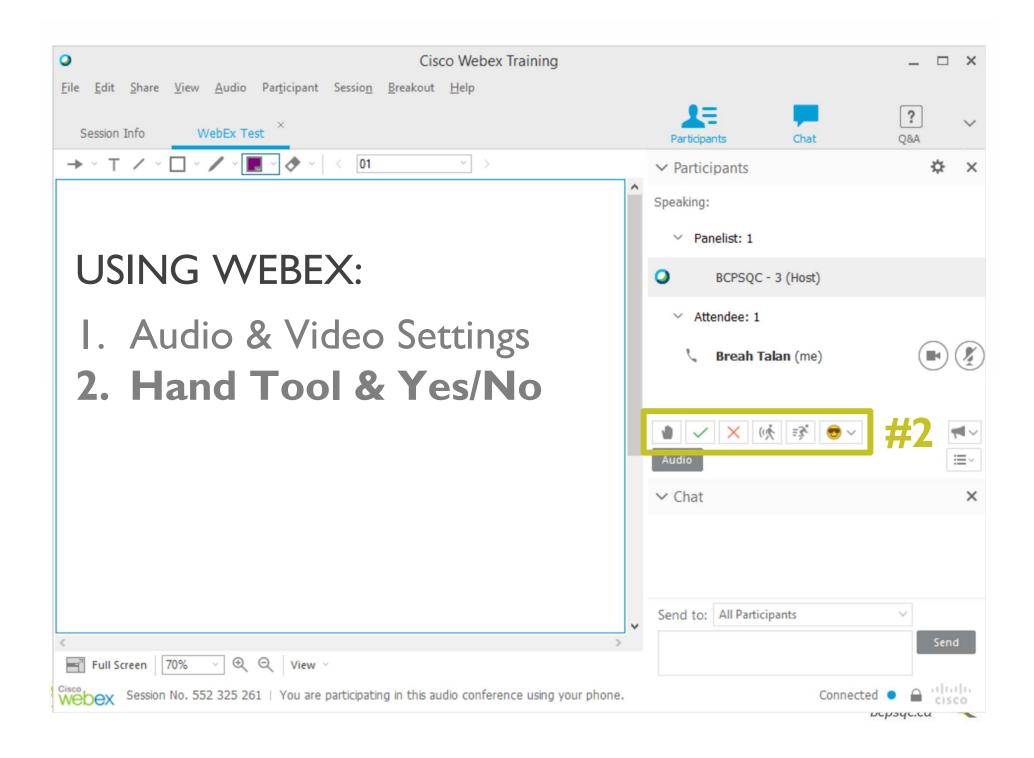
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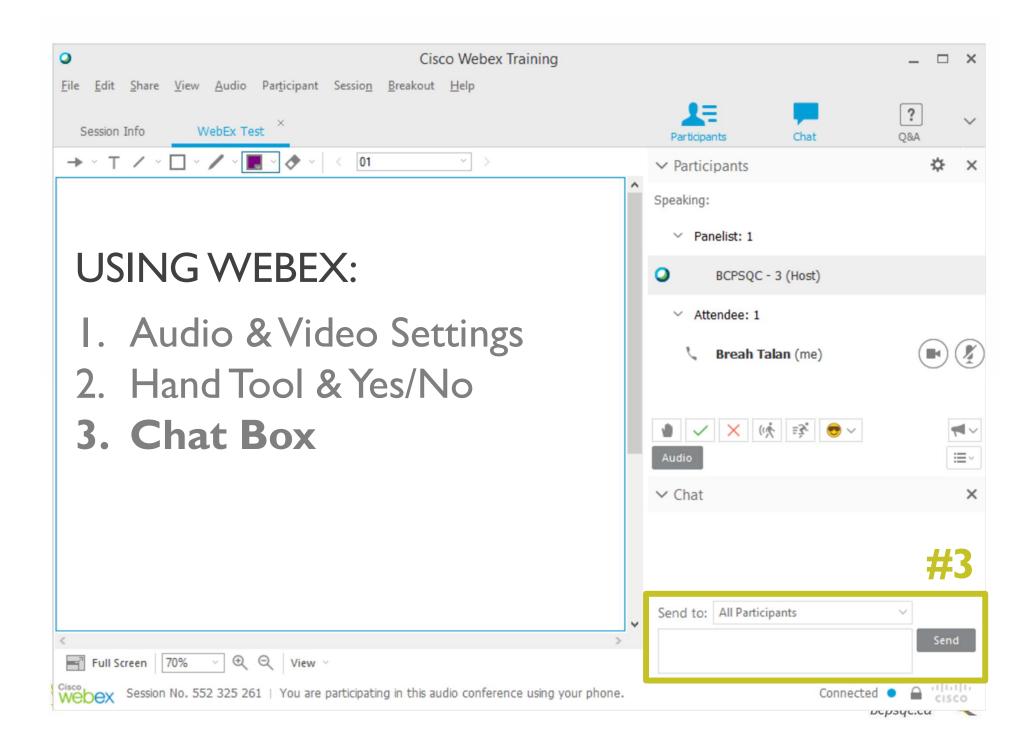


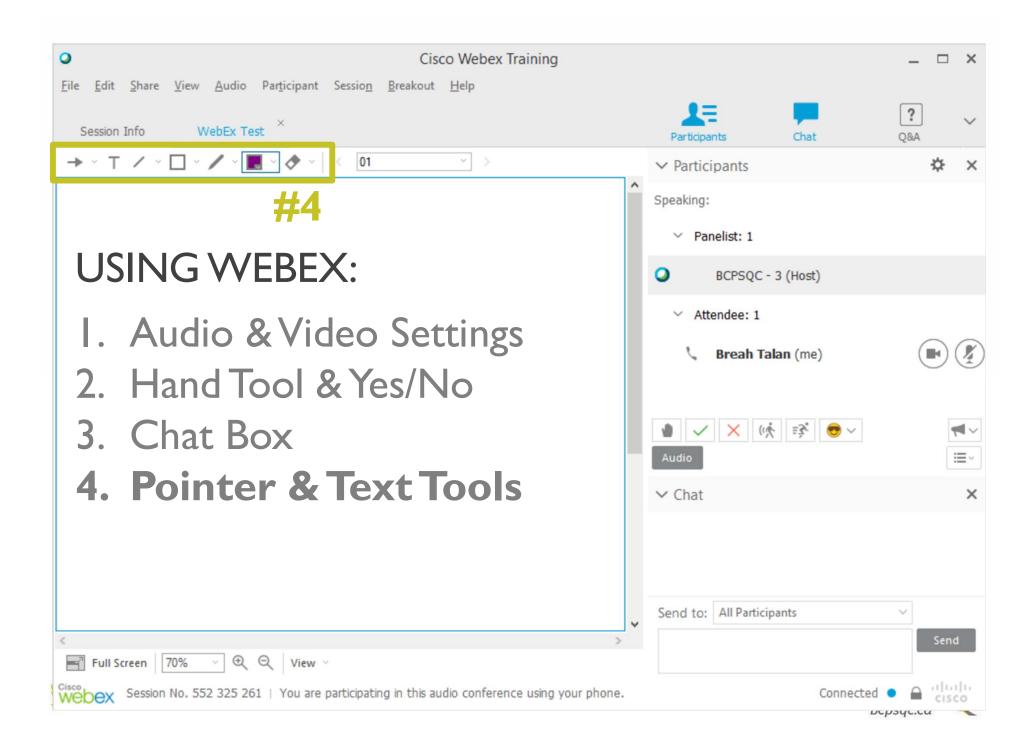


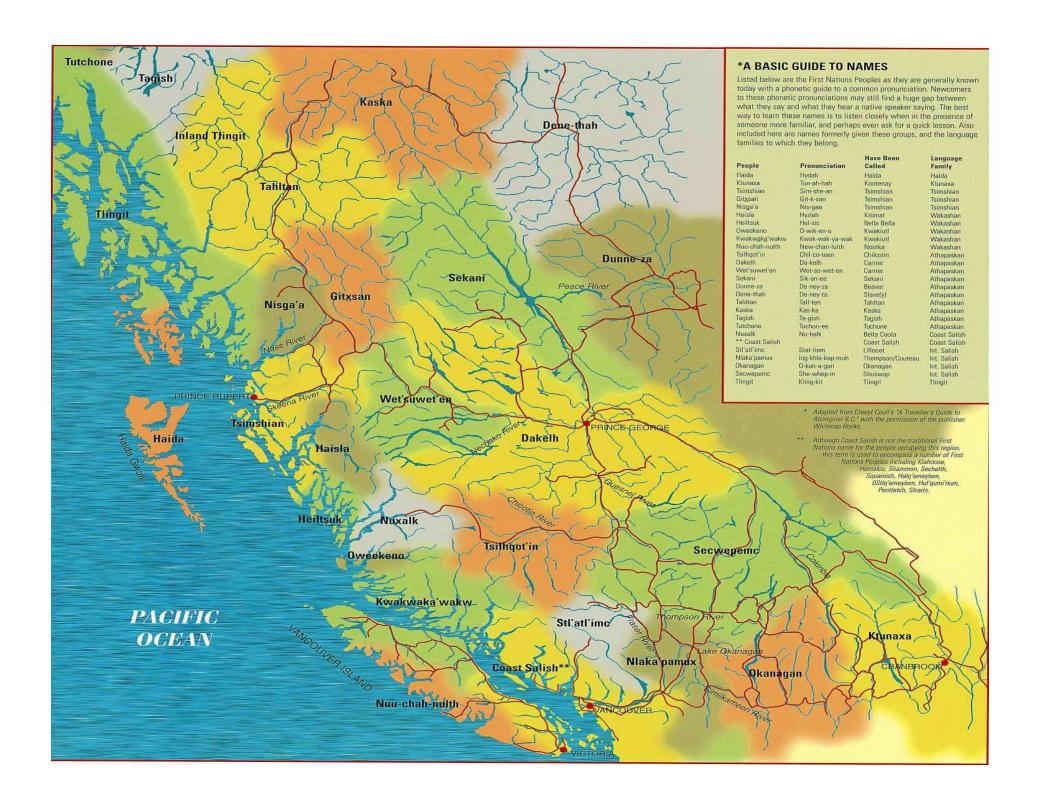














COVID-19 Through a Quality Lens: Innovative Approaches to Substance Use Care During a Pandemic

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Clinical Program Manager, BCCSU Director, **BCCSU Addiction Nursing Fellowship** 

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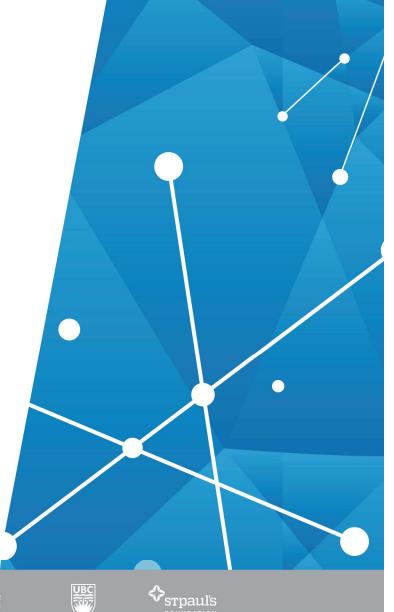












### Acknowledgement

We respectfully acknowledge the land on which we work is the traditional territory of the Coast Salish Peoples, including the unceded homelands of the x<sup>w</sup>məθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), and səʾlílwəta+ (Tsleil-Waututh) Nations.

### **Learning Objectives**

In this session, we will share:

- Impacts of dual public health emergencies on vulnerable populations
- Approaches to rapid, innovative implementation activities to mitigate risks and optimize existing treatment pathways for patients
- Key lessons learned in engaging stakeholders and implementing rapid clinical guidance and care pathways
- Strategies for developing flexible education and training models to support changes in the midst of dual crises
- Approaches to maintaining engagement with patients, staff, and external stakeholders in a virtual context

## **Polling Question**

Which response best describes you? Please select all that apply.

- a. Patient or person with lived experience
- b. Prescriber (physician, nurse practitioner)
- c. Allied health care provider (e.g. pharmacist, nurse, social worker etc)
- d. Health administrator or manager
- e. Researcher or trainee
- f. Other (please describe in chat area if you feel comfortable)

## Overdose crisis worsens during COVID-19

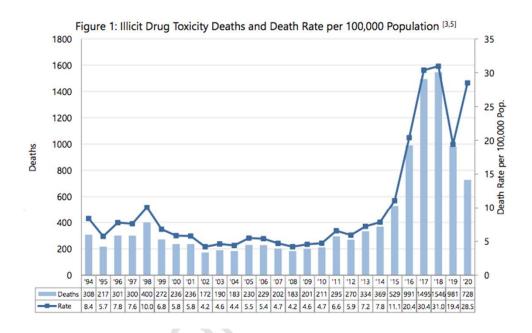
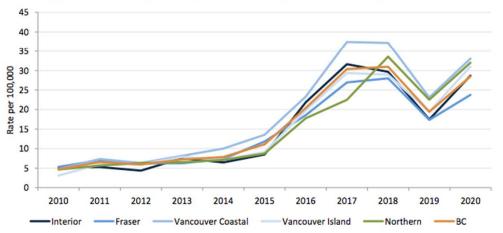


Figure 5: Illicit Drug Toxicity Death Rates by Health Authority, 2010-2020



#### # CBC

#### COVID-19

**British Columbia** 

#### Overdose calls in July reached new record, B.C. paramedics report

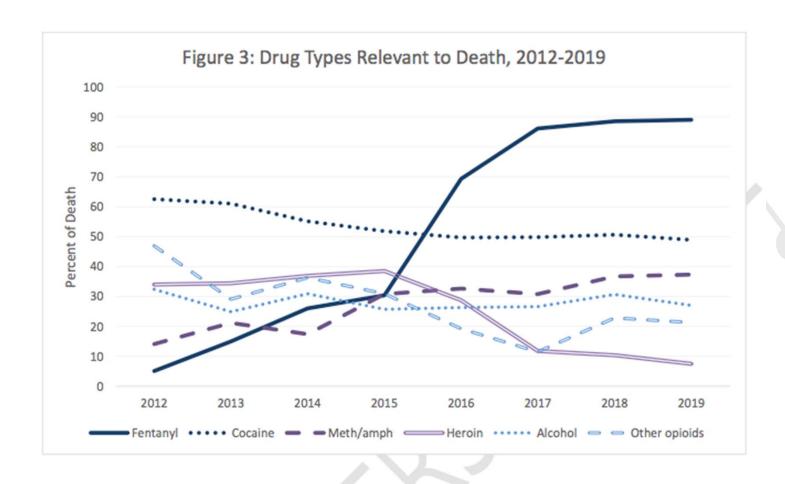
Paramedics responded to 2,706 overdose calls in July

CBC News · Posted: Aug 05, 2020 2:28 PM PT | Last Updated: August 5



B.C. Emergency Health Services says overdose patients attended to by paramedics have a survival rate greater than 95 per cent. (Submitted by the Ambulance Paramedics and Emergency Dispatchers of BC)

## Fentanyl in the Drug Supply a Major Driver in Overdose Deaths



## Underlying Challenges: Lack of Addiction Expertise among Clinicians, Fragmented System of Care



The National Center on Addiction and Substance Abuse at Columbia University

633 Third Avenue New York, NY 10017-6706

phone 212 841 5200 fax 212 956 8020 www.casacolumbia.org

Board of Directors

Jeffrey B. Chairman Joseph A. Founder a William H President e Lee C. Bo Ursula M. Columba l Kenneth L Peter R. De Addiction Medicine: Closing the Gap between Science and Practice

"Most medical professionals who should be providing addiction treatment are not sufficiently trained to diagnose or treat it."

Victor F. Ganz Melinda B. Hildebrand Ralph Izzo, Ph.D. Gene F. Jankowski David A. Kessler, M.D. Jeffrey B. Kindler Alan I. Leshner, Ph.D. Rev. Edward A. Malloy, CSC Doug Morris Bruce E. Mosler





"We called 111 Medical Schools & found that on average less than 1 hour was dedicated to #addiction education" -ASAMs Dr. Waller #MedSchool



#### Addiction Poorly Understood by Clinicians

Experts Say Attitudes, Lack of Knowledge Hinder Treatment

BAL HARBOUR, FLA-A patient with high blood pressure arrives at his annual checkup after another sedentary year. His physician, who has sketchy knowledge about hypertension, sees that the patient has gained 12 lbs and that his blood pressure remains high. She lectures the patient about the im- diction, a 1997 report from the Insti-

lated a story indicative of the problem. After delivering a presentation on munity of doctors, severe prejudice,' addiction at a local hospital, several physicians approached him and said, "I wish someone [had] told me about this in medical school."

#### COMMON MYTHS

According to Dispelling Myths About Adportance of willpower in overcoming tute of Medicine, just 1% of the typical

"There is such prejudice in the comsaid National Institute on Drug Abuse Director Nora Volkow, MD, PhD, at an addiction studies program for journalists sponsored by Wake Forest University School of Medicine, Winston-Salem, NC, and held concurrently with the College for the Problems of Drug Dependency meeting.

"How do we change this?" she asked

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

#### The Imminent Issue

- Two concurrent public health crises with the potential for devastating effects on an already marginalized population
- What could the role of clinical guidance be?
- How could we implement quickly provincially?
- What were some intended/unintended consequences/opportunities?

## Laying the groundwork: Increases in the number of active OAT prescribers across BC

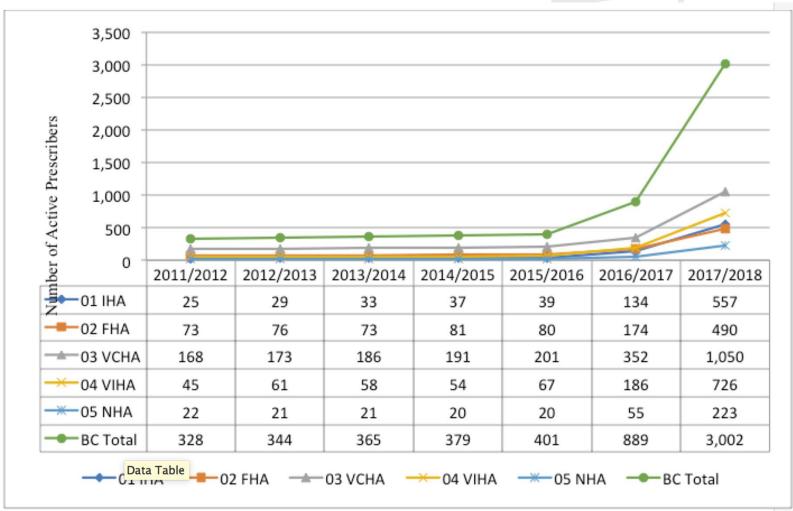


Figure 8. Number of Active Prescribers of All Medications for Treatment of Opioid Use Disorder by Health Authority, BC, 2011/2012 to 2017/2018

## Key Policy Levers: Federal Exemptions During COVID-19

COVID-19 related Health Canada exemptions under the Controlled Drugs and Substances Act:

- Permit pharmacists to <u>extend</u> prescriptions
- Permit pharmacists to <u>transfer</u> prescriptions to other pharmacists
- Permit prescribers to issue <u>verbal order</u> (i.e., over the phone) to extend or refill a prescription
- Permit pharmacy employees to <u>deliver</u> prescriptions of controlled substances to a patient's home or other locations where they may be (i.e., self-isolating)

Provincial action followed: Professional practice policy changes within health professional colleges to enable these exemptions

#### **New Clinical Guidance**

#### **RISK MITIGATION**

IN THE CONTEXT OF DUAL PUBLIC HEALTH EMERGENCIES





INTERIM CLINICAL GUIDANCE



#### COVID-19: INFORMATION FOR OPIOID AGONIST TREATMENT PRESCRIBERS AND PHARMACISTS

March 31, 2020 (originally published March 17, 2020)
Visit <a href="https://www.bccsu.ca/covid-19">www.bccsu.ca/covid-19</a> for the latest version

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic, citing concern over alarming levels of spread and severity across the globe. The novel coronavirus has caused a global outbreak of respiratory infections since its discovery in December 2019. For most, this coronavirus causes only mild to moderate symptoms including fever and cough, however, older adults and those with existing health problems are at greater risk for more severe symptoms such as pneumonia.

The situation regarding COVID-19 continues to evolve in BC, Canada, and other jurisdictions around the world.

Federal and provincial health officials have urged individuals on chronic medications to acquire an adequate supply of prescription drugs. Ensuring uninterrupted access to essential medications, including opioid agonist treatment (OAT) medications for patients with opioid use disorder, is of critical importance to reduce the risk of harms and death that can be associated with medication destabilization.

JUDDIANCE USE

#### COVID-19: INFORMATION FOR HEALTH CARE PROVIDERS REGARDING ALCOHOL USE DISORDER AND WITHDRAWAL MANAGEMENT

April 9, 2020

Visit www.bccsu.ca/covid-19 for the latest version

#### **EXECUTIVE SUMMARY**

Individuals with untreated or undertreated alcohol use disorder are at greater risk of experiencing negative health outcomes during the COVID-19 pandemic. In addition to having a range of comorbidities, including an impaired immune system and reduced cognitive functioning, which may increase their likelihood of contracting COVID-19, individuals may also experience disruptions of their alcohol supply as a result of social distancing measures and impacts to the health care system. Unlike withdrawal from other substances (e.g., stimulants, opioids), those at risk for severe complications of alcohol are at risk of severe morbidity and mortality related to alcohol withdrawal.

To help mitigate the health risks affecting people with alcohol use disorder and reduce the demand on the healthcare system, this document provides a brief overview of interventions to prevent alcohol withdrawal symptoms and treat alcohol use disorder while observing social distancing measures. Specifically, this text provides guidance for providing withdrawal management pharmacotherapy and long-term AUD pharmacotherapy in outpatient settings with remote monitoring measures. Additionally, this document provides advice for healthcare providers to support sustained access to alcohol for patients not receiving treatment for alcohol use disorder.

### **Implementation**

- Ongoing challenges implementing the guidance
- Lack of prescribers willing, unknown pathways to access, challenges at the pharmacy getting prescriptions filled
- Inequitable access: rural and remote
- Opportunities: Peer networks and family advocates, work underway within regional health authorities to develop pathways for access



Published on British Columbia Medical Journal (https://www.bcmj.org)

hioms > Stopping the spread: Managing substance use disorders amid SARS-CoV-2



April 24, 2020

#### Stopping the spread: Managing substance use disorders amid SARS-CoV-2

Those of us in the health care profession are collectively following the news on the latest SARS-CoV-2 updates, bracing for the potential wave of infections that may fill our hospitals and clinics. We've seen personally or heard anecdotally the terrifying impact this virus has on people. For many of us, our professional roles in the pandemic response have been to treat those individuals exhibiting or suffering from symptoms of this novel virus. This can be a helpless feeling, to be so response-oriented considering the ongoing uncertainty about the trajectory and overall impact on our communities.

Many people with untreated or undertreated substance use disorder are currently facing dual public health emergencies (□)—the SARS-CoV-2 pandemic and the overdose crisis. They are among the most vulnerable in our communities because of medical comorbidities putting them at higher risk of complications from this virus and potential overdose death from a contaminated street drug supply (□). Additionally, many face social and structural challenges like precarious housing, homelessness, and food insecurity that compound these vulnerabilities.

Dr. Rupi Brar and Guy Felicella

#### Other Factors

- Renewed energy to protect marginalized communities from further harm
- Exhaustion and burnout among those affected (4+ years in crisis that is ongoing)
  - families, people with lived and living experience, stakeholders in recovery, front line workers
- Communication challenges communicating how to access medications according to new guidance, different message from media, regulatory colleges, prescribers, community

#### **Lessons Learned**

- Importance of early and ongoing engagement of people with lived and living experience
- Existing provider networks enabled rapid connection to target audience
- Critical to work with government partners engaged in implementation activities for alignment
- Clear communication key Ongoing work to ensure the right messages are relayed to the right audiences
- Evaluate outcomes and feed back in
- Critical to work with early adopters, create avenues for clinicians to learn from one another in implementing novel approaches

## Implementation and Education Strategies

## **Polling Question**

How often are you doing your work remotely?

- a. Everyday (no in-person work)
- b. Most days (the odd day in-person)
- c. Only 1-2 days per week
- d. Very occasionally
- e. Never (no remote work)

#### Webinars to Support Risk Mitigation Guidance



## COVID-19 content to support primary care providers and their teams in BC and Yukon

#### BC ECHO on SUBSTANCE USE

OPIOID USE DISORDER

hosted by the BC Centre on Substance Usi

Practical considerations for the clinical management of alcohol use disorder in the context of COVID-19



#### Dr. Launette Rieb

Clinical Associate Professor, Department of Family Practice, University of British Columbia; Consultant, Division of Addiction Medicine, Department of Family and Community Medicine, St. Paul's Hospital

#### Dr. Annabel Mead

Clinical Assistant Professor UBC Director, BCCSU Addiction Medicine Fellowship Program Addiction Medicine Consultant, St Paul's Hospital Medical lead, Provincial Perinatal Substance Use Project

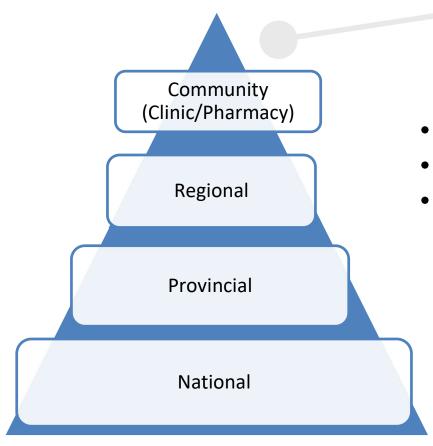
#### Learning objectives

- Describe the importance of screening, assessment, and follow-up for patients at risk of alcohol withdrawal symptoms
- Assess patient risk of developing severe withdrawal symptoms and determine appropriate withdrawal management pathways
- Recall medication options for the withdrawal management and the ongoing treatment of AUD
- Discuss harm reduction strategies to support people who continue to drink alcohol



Thursday May 21st, 2020 | 12:00 - 1:00 pm PDT

## **Education Strategies**



- Who are your target disciplines?
- Do they need tailored training?
- Can it be interdisciplinary?

#### **Blended Models**





Journal of Interprofessional Education & Practice
Volume 8, September 2017, Pages 86-90



Teaching interprofessional collaborative care skills using a blended learning approach

Angel K. Chen <sup>a</sup>  $\aleph$   $\boxtimes$ , Cathi Dennehy <sup>b</sup>  $\boxtimes$ , Amber Fitzsimmons <sup>c</sup> $\boxtimes$ , Susan Hyde <sup>d</sup> $\boxtimes$ , Kirby Lee <sup>b</sup> $\boxtimes$ , Josette Rivera <sup>c</sup> $\boxtimes$ , Rebecca Shunk <sup>c</sup> $\boxtimes$ , Maria Wamsley <sup>c</sup> $\boxtimes$ 

#### IPEC Competency Domain 1: Values/Ethics for Interprofessional Practice Introducing core interprofessional concepts

Online Module #1
Interprofessional Collaborative Practice

IPE Kick Off Session #1
Patient Safety - Root Cause Analysis



#### IPEC Competency Domain 2: Roles/Responsibilities Understanding roles, responsibilities, and abilities of different professions

Online Module #2
Roles and Responsibilities and Scope of Practice

Face-to-Face Small Group Session #2
Getting to know aonther health care professional
Team Based Simulated Interview



#### IPEC Competency Domain 3: Interprofessional Communication Understanding communication, accountability and task distribution

Online Module #3

Team Communication, Accountability, and Task Distribution Face-to-Face Small Group Session #3

Professional Jargon

Huddle/Debrief/ISBAR/Checkback application



#### IPEC Competency Domain 4: Teams and Teamwork Conflict management and negotiation

Online Module #4

Conflict Management Styles (StyleMatters), Reframing, Negotiations, and Apology Face-to-Face Small Group Session #4 Conflict Management Role Play



#### IPEC Competency Domain 4: Teams and Teamwork Leadership and Membership

Online Module #5
Team Leadership and Membership
Inquity and Advocacy

Face-to-Face Small Group Session #5 Leadership Compass Exercise



CBE Life Sci Educ. 2010 Winter; 9(4): 473-481.

doi: 10.1187/cbe.10-04-0063

PMCID: PMC2995765

PMID: 21123694

#### Learn before Lecture: A Strategy That Improves Learning Outcomes in a Large Introductory Biology Class

Marin Moravec, Adrienne Williams, Nancy Aguilar-Roca, and Diane K. O'Dowd

Barbara Wakimoto, Monitoring Editor

Author information
 Article notes
 Control

#### Pre-Class Learning Methods for Flipped Classrooms

Emily Han and Kristin C. Klein

American Journal of Pharmaceutical Education February 2019, 83 (1) 6922; DOI: https://doi.org/10.5688/ajpe6922

Article

Figures & Data

Info & Metrics

PDF



## Blended Learning: Instructional Design Strategies for Maximizing Impact

Jean Adams, Schulich School of Business, York University, Canada

International Journal on E-Learning Volume 12, Number 1, February 2013 ISSN 1537-2456 Publisher: Association for the Advancement of Computing in Education (AACE), Waynesville, NC USA

## **Education Strategies in BCCSU Context**

## Layering!

- 1. Informational emails/summary one pagers
- 2. Webinar/low-barrier edu session
- 3. Online course materials
- 4. Application tools
- 5. In-person/hands on learning
- 6. On-going communication + engagement
- 7. Communities of practice



Telephone consultation for physicians, nurse practitioners, nurses, and pharmacists providing addiction and substance use care. Available 24/7, 365 days a year.

CALL 778-945-7619

Health care provider needs support to care and treat patients with substance use disorder(s)

Ask an expert

Consultation with an Addiction Medicine Specialist

More info at <a href="https://www.bccsu.ca/24-7">www.bccsu.ca/24-7</a>

## **Engagement Strategies**

Staff/Colleagues

External Stakeholders

Patients



## **Polling Question**



## **Engagement Strategies**

Staff/Colleagues

External Stakeholders

Patients and PWLLE



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Spot the Signs of a Stroke

#### Chiropractic

Myofascial Release Lower Back Pain Vertebral Subluxation

## Complementary Medicine

**About Acupuncture** 

Computerized Foot and Ankle Diagnostics

Chinese Acupuncture for Lower Pain

## **Questions and Discussion**

Feel free to contact us!

Emma Garrod: emma.garrod@bccsu.ubc.ca

Amanda Giesler: amanda.giesler@bccsu.ubc.ca

