



Journey Mapping

An Exploration of Delivering and Receiving
Opioid Agonist Therapy (OAT) in Primary Care
in BC from the Perspectives of Providers and
People with Lived and Living Experience



Territorial Acknowledgements

In doing work throughout the province, we at Health Quality BC (HQBC) would like to acknowledge that we are living and working with humility and respect on the traditional territories of the First Nations peoples of British Columbia. We specifically acknowledge and express our gratitude to the keepers of the lands of the ancestral and unceded territory of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səłilwətaʔt (Tsleil-Waututh) Nations, where our head office is located on what is now colonially known as Vancouver. HQBC also recognizes Métis people and Métis Chartered Communities, as well as the Inuit and urban Indigenous peoples living across the province on various traditional territories.

About Health Quality BC

We are health quality leaders in BC.

For the last 15 years, we have delivered the latest knowledge from home and abroad to champion and support high-quality care for every person in BC. This system-wide impact requires creativity, innovative thinking, and evidence-informed strategies to shift culture, improve clinical practice and accelerate health care partners' improvement efforts.

We are uniquely positioned to build strong partnerships with patients and communities, care providers, health leaders, policymakers, senior executives, academics and others. These connections enable us to nurture networks, recognize the needs of BC's health care system and build capacity where it is needed the most. We provide advice and make recommendations to the health system, including the Minister of Health, on matters related to quality of care across the province.

Our work is to build a foundation of quality, and our impact means better health care for British Columbians. If you want to improve BC's health care system, visit www.healthqualitybc.ca to access programs and resources that can help you start today.

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Introduction

A journey mapping session took place in March 2023 to explore how access to opioid agonist therapy (OAT) can be supported in primary care settings in British Columbia. The session was hosted by [Health Quality BC](#) (HQBC) in collaboration with the [BC Centre on Substance Use](#) and many health system partners, with funding and support from the Ministry of Health, Ministry of Mental Health & Addictions and Community Action Initiative.

We gathered input from people with lived and living experience with opioid use disorder (OUD), health care providers and organization representatives. The journey mapping process was chosen to gather different perspectives as it helps us understand what can typically happen as well as captures people's concerns, emotions, thoughts and beliefs. This information is important for finding ways to improve care. The purpose of this document is to share the experience maps created through this process, so they may inform and accelerate your efforts to optimize OAT in the communities you are a part of.

Thank you to everyone who attended the journey mapping session for the time, care and experiences you so generously offered. We are also grateful to those who met with us in advance of the session to share your perspectives to help shape the scope, questions and considerations that guided the mapping process, and who helped recruit participants. This journey mapping would not have been possible without you.



Illicit Drug Toxicity Epidemic & OAT in British Columbia

On April 14, 2016, BC's Provincial Health Officer declared a public health emergency that set in motion collective action to combat the number of opioid use-related deaths across the province (1). Over the last seven years, these efforts have included (2):

- Expanding the scope of practice to include OAT prescribing for both Nurse Practitioners and Registered Nurses (3,4,5,6)
- Eliminating most physician eligibility requirements for OAT prescribing (4,7)
- Approving new forms of OAT including injectable OAT and slow-release oral morphine (8,9)
- Creating and expanding OAT clinical guidelines for prescribers (10,11,12)
- Providing full PharmaCare coverage of OAT for BC residents (13)
- Creating the new Ministry of Mental Health and Addictions (14)
- Implementing outreach teams and creating additional overdose prevention facilities (15,17,18)
- Expanding access to naloxone; an estimated 2,917 toxic drug poisonings have been reversed using a take home naloxone kit (18,19,20)
- Introducing drug checking at supervised injection sites and providing take-home fentanyl test strips (21,22)
- Funding additional supports for youth who use substances (23,24,25,26)
- Sharing public health messaging to reduce stigma and encourage safer use (27)
- Using quality improvement methodology to strategically address system-level challenges with initiation and retention on OAT, such as the initiatives led by BC Centre for Excellence in HIV/AIDS ([BOOST Collaborative](#)), Island Health (SOAR QI Project) and Health Quality BC ([LOUD in the Emergency Department](#))

Despite these incredible efforts and others, the number of deaths related to toxic drug poisonings continues to climb. In 2022, there were 2,293 suspected drug toxicity deaths in BC, second only to 2021 (28). Data available at the end of July indicates that 2023 is on track to have the highest number of deaths yet (29).

Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population

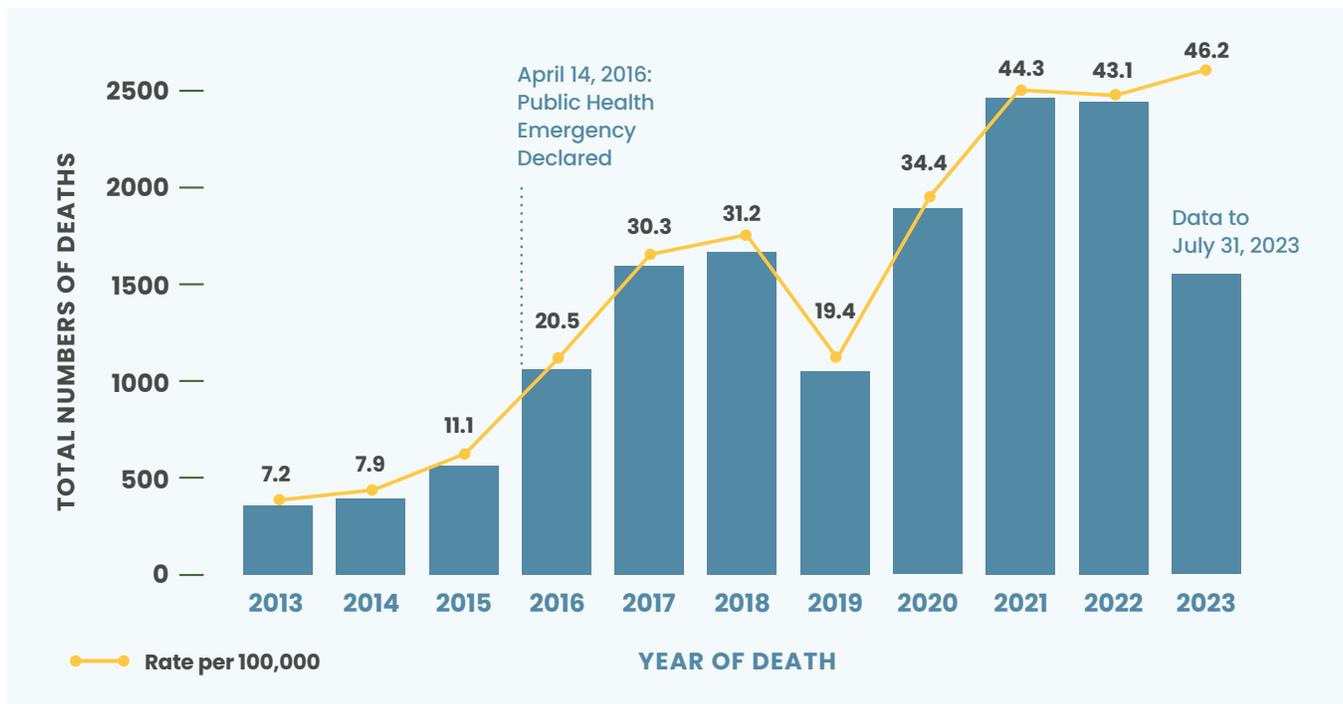


Figure 1: Adapted from British Columbia Coroner’s Illicit Drug Toxicity Deaths Dashboard (29,30)

Sustained OAT, in conjunction with behavioural and community supports, remains the most effective treatment option for people living with OUD (30,31). Despite this wide-spread understanding, successful induction and retention on OAT proves to be challenging.

Opioid Agonist Therapy (OAT) involves the use of medications to provide a safe and steady level of opioids to reduce withdrawal symptoms and cravings. It is considered the gold standard for the treatment of OUD as it provides structured access to long-acting opioids through medications such as buprenorphine/naloxone, methadone, extended-release morphine and Sublocade.

A recent study in British Columbia showed that less than 60% of all patients initiated on OAT complete induction and of those, only half reach the maintenance stage at the minimum effective dose (32). Some of the barriers to OAT initiation and retention include consistent access to OAT prescribers, OAT medications, stable housing and community supports. It is undeniable that the treatment of OUD is complex, but by addressing these barriers teams can improve the lives of countless individuals with OUD.

Due to the ongoing impact of the toxic drug crisis, there is an identified need for sustainable and spreadable change. Improving access to appropriate and effective treatments and supports is critical to minimizing harms and improving the quality of life of people impacted by OUD. A shared understanding of how the current system is experienced by both health care providers and people with OUD is required to increase the efficacy of primary care in addressing this.

Journey Mapping

WHAT IS JOURNEY MAPPING?

Journey mapping is a helpful way to explore and capture people's emotional, mental and social experiences as they go through a complex system or process.

While there are many ways to approach it, journey mapping is generally a collaborative process where one or more participants are asked to describe their personal experiences of a particular activity, which are then visually represented on a shared drawing space. In addition to outlining the steps, journey mapping goes deeper by looking at the thoughts, emotions and beliefs that influence each step. This helps us see how the ways that people think and feel affects the care received.

By placing an emphasis on understanding the mindsets, beliefs and emotions that shape each step, journey mapping offers a clear and visual way to identify current realities and to better understand the underlying reasons or motivations behind people's behaviours. This can highlight areas of greatest opportunity and where improvement or change can be made.

PURPOSE OF THIS MAPPING

The purpose of the journey mapping session was to gather insights and perspectives from people who have experience with OAT in BC to support OAT optimization in primary care and create a more accessible system of care for those with opioid use disorder. The knowledge and wisdom captured during this session will play a crucial role in informing the [Learning about Opioid Use Disorder in Primary Care](#) (LOUD in PC) collaborative which aims to improve access and retention on OAT in support of people's identified goals of care.

The primary objectives of the journey mapping session were to:

1. Explore the delivery of Opioid Agonist Treatment (OAT) in primary care settings, with an emphasis on semi-urban and rural communities in BC; and
2. To build shared agreement on key supports and practices that support the delivery of high-quality¹ OAT.

By consulting the experts – the individuals who have firsthand experience with the system – we sought to gain insights into how the current system is working for both recipients and providers of OAT in communities throughout BC. The goal was to identify the practices and strategies that have worked well, enabling us to spread and replicate these positive practices through the provincial collaborative.

¹ Quality as defined in the [BC Health Quality Matrix](#).

Additionally, we wanted to create a space for participants to share any challenges or uncertainties they have encountered, as well as ideas on how to support respectful, appropriate and accessible OAT in primary care settings. We believe that by bringing together people with lived and living experiences of substance use, peers, family members, community leaders and health care providers, including family doctors, nurses, nurse practitioners, pharmacists, and social workers, we can gather a diverse range of perspectives and ideas. Further, representatives from various organizations, such as the BC Centre on Substance Use, Ministry of Health, Ministry of Mental Health & Addictions, Health Authorities, Doctors of BC and the College of Physicians and Surgeons of BC, were also present as observers during the session. Their participation allowed for future collaboration and a comprehensive approach to addressing the ongoing toxic drug crisis.

The benefits of conducting this journey mapping session are numerous. The session:

- Provided a visual depiction of the current state, allowing us to capture the reality of the system and expose complexities, gaps, variations or strengths.
- Brought together individuals from different roles and functions, enabling each participant to see and discuss the steps from their unique perspective. This promotes a comprehensive understanding of the system and facilitates productive discussions about what works well and what doesn't.
- Offered a platform for individuals to express their emotions, allowing for the identification of areas of commonality, nuance, and both assets and gaps within the system.
- Allowed us to collect ideas from individuals who are actively involved in the process but may not typically have the opportunity to contribute to change initiatives.
- Generated an end product that is easy to understand and a visual representation of the current state and/or aspirations for future state, making it accessible for a variety of interested parties.

STRUCTURE OF THE SESSION

The journey mapping session was held on March 10, 2023, virtually over Zoom. The day spanned seven hours which included an opening and closing, facilitated mapping in smaller breakout groups, multiple breaks and an extended lunch. The session development and delivery were guided by the following principles, to:

- First, do no harm; take steps to ensure a safe and respectful environment by following best practices in trauma-informed practice and peer engagement.
- Provide a supportive and judgement-free, respectful environment for participants to share their experiences.
- Encourage a person-centred, systems-thinking and appreciative inquiry approach.

A virtual safety plan was put in place to help ensure a safer and meaningful experience for those involved, which included the presence of a First Nations Elder and a clinical Counselor, as well as multiple facilitators in each virtual room. In advance of the session, participants received a detailed plan for the day including a list of questions they could expect to be asked during the session. They were told the purpose of the journey mapping and that the engagement was at the level of "consult" based on the [IAP2 spectrum of public participation](#).

Participants were invited based on their past or current experiences in accessing or delivering primary care treatment for OUD. The scope of participation in this session was limited to adults, though some providers attendees care specifically for youth populations. In attendance, there were:

- 17 people with lived and living experience (PWLLE) and peers representing communities from diverse geographic and social locations; and
- 20 health care providers including family physicians, nurse practitioners, nurses, physician addictions specialists, social and outreach workers, pharmacists working in various care contexts, as well as organizational representatives from the Ministry of Health, Ministry of Mental Health & Addictions, Doctors of BC, Health Authorities, Regulatory College and the BC Centre on Substance Use.

Participants were put into five mapping groups. Two groups were health care provider mapping groups focused on the experiences of working within the current system in providing OAT care. They also included organizational representatives as observers (no specific clinical role in delivering or receiving care) who were invited to listen, ask clarifying questions and offer contextual experiences of the system as needed. Three groups were PWLLE/peer mapping groups focused on the personal journeys of receiving OAT in primary care settings. Given the ongoing impacts of colonization, Indigenous-specific racism, and consequent disproportionate harms of the toxic drug crisis, one of the three groups focused on the distinct perspectives and experiences of Indigenous PWLLE.

Over the course of several hours, participants in each group shared personal stories and experiences about how they have interacted with and within the primary care health system related to OAT care. Facilitators noted specific steps in the journey, direct quotes, ideas for change, emotions and beliefs on sticky notes using a virtual whiteboard. As the mapping progressed, participants identified natural themes and patterns that led to the sticky notes being re-arranged as each group developed their single journey map that incorporated a variety of their experiences.

At the conclusion of the mapping, facilitators worked with a graphic illustrator to transform the notes and whiteboard into visual representations that supported the purpose of the day. These digital experience maps were then validated and refined by participants to ensure they were true reflections of their experiences.

Experience Maps

Three maps were developed following the session based on the composite journeys shared by participants. These emerged from the themes and key distinctions shared across the groups.

- 1 [What Matters to People Who Access OAT](#)
- 2 [Prescriber Journeys with OAT](#)
- 3 [Improving OAT Systems of Care](#)

A fourth map capturing the experiences of the Indigenous PWLE was created in real-time during the session.

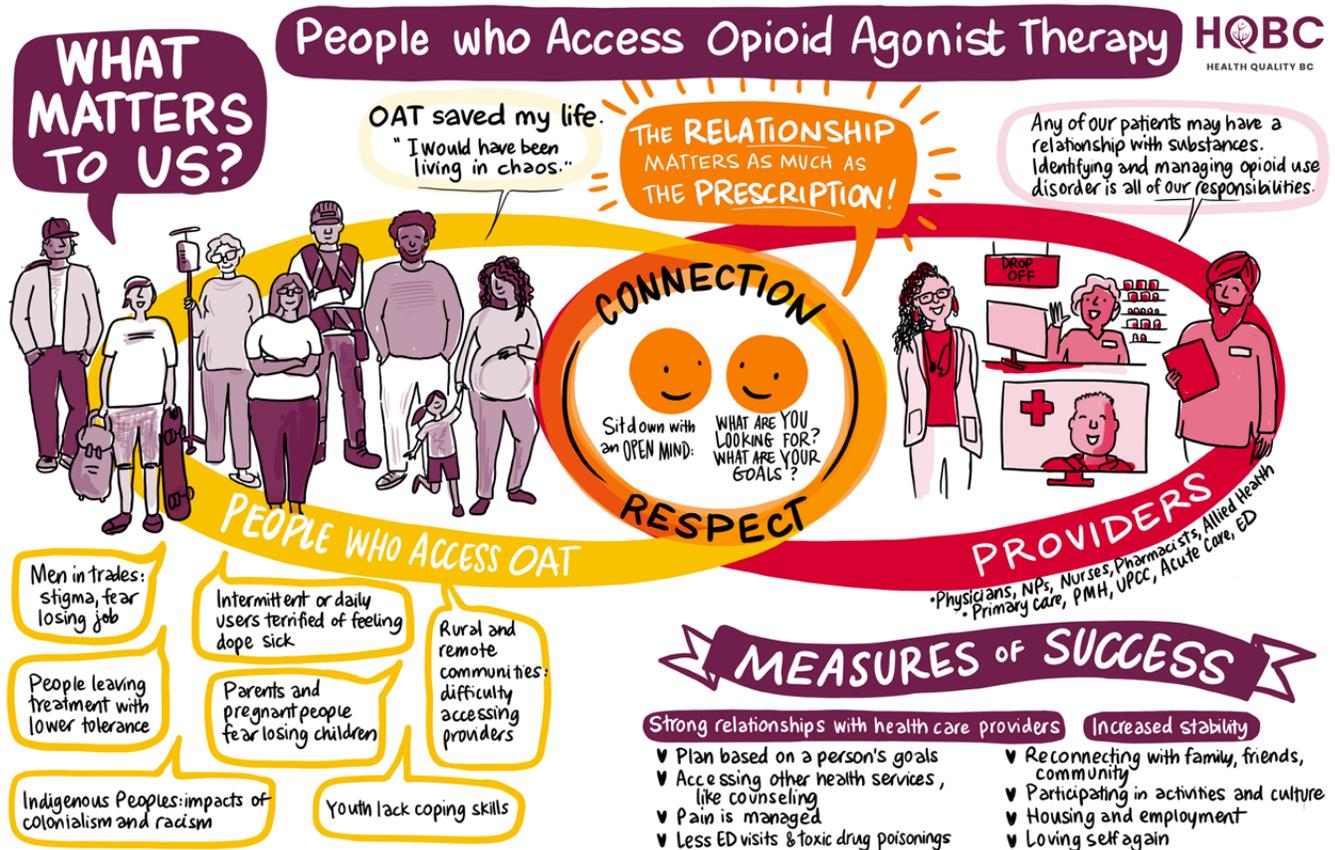
- 4 [Journeys of Indigenous People with Lived & Living Experience](#)

Each map reflects thoughts, considerations, feelings, concerns and actions that participants shared. Wherever possible, language accurately reflects that of the participants and direct quotes are incorporated throughout.

This section provides context that can help viewers interpret each map. Digital versions of the maps can be downloaded at: <https://healthqualitybc.ca/improve-care/substance-use/journey-mapping>.

Thank you to Sam Bradd with Drawing Change for his partnership in creating these maps.

WHAT MATTERS TO PEOPLE WHO ACCESS OAT



OAT helps people reach their goals, and to some, this can mean getting their lives back. This map shines a light on what matters to people as they receive OAT to be “successful” and realize benefits of care. While it focuses on what we heard from PWLLE during the mapping session, there was significant overlap with what was shared by providers as well. It was commonly felt that all health care providers can and should play a role in supporting people’s substance use care. The opportunities to positively impact people’s ability to get started and remain on OAT span across professions, locations and care contexts. In primary care, developing a relationship with someone through OAT can lead to addressing other health and wellness issues not directly related to substance use, as well.

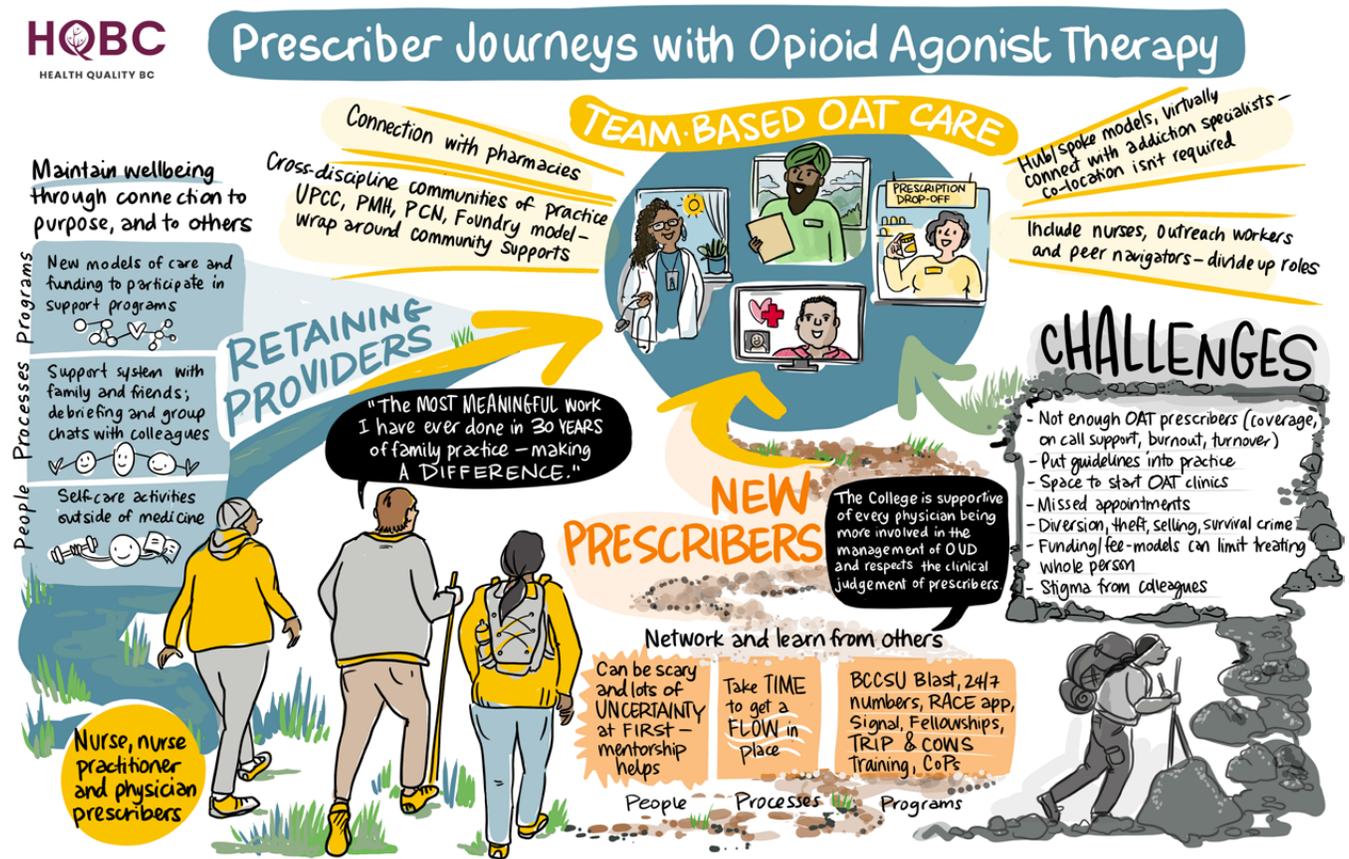
The top portion of the map depicts the importance of relationships in OAT care. This emphasis on relationship between and among people living with OUD and service providers was repeated throughout the day and emerged as a core theme across all the groups.

“That saved me and made me love myself again. Someone believing in you or hugging you and caring is number one.”

Strong relationships are based on mutual trust. One of the PWLLE who described a positive experience with a health care provider shared that “we started to listen to each other and learn off each other; he trusted me.” Relationships are also strengthened through understanding, recognizing that supports and treatment may look different for every person. The left side of the map describes distinct personas to highlight some of the key distinguishing factors within OAT patient populations. This is not an exhaustive list and the descriptions that are included are not mutually exclusive, with an awareness of intersectionality among community members.

The right side of the map presents measures of success of OAT at an individual level as identified by PWLLE. These are meaningful measures for the delivery of high-quality care and positive health and wellness outcomes, providing less-stigmatizing alternatives to commonly used abstinence-based process measures (e.g., “clean pee”). The person-centred measures in this graphic focus on improving relationships with service providers and stability in a person’s life in ways that matter to them.

PRESCRIBER JOURNEYS WITH OAT



This map focuses on the experiences of health care providers. Participants were asked to think about journeys of providing OAT in primary care that went well and share what was happening, what enabled this, and who or what they relied on for supports to start, maintain, grow or improve their practice. The map depicts the journey of people who prescribe OAT, including challenges they may experience along the way as well as strategies to sustain care and maintain their own health and wellness.

The middle section shows new prescribers embarking along a path toward an ideal destination of team-based OAT care. The importance of partnerships resonated throughout the day - be it with mentors, virtual support lines, care escalation pathways, or other members of the community service and clinical team (e.g., pharmacists, peer navigators, social workers, and counselors). In addition to recruiting new people, retaining the current service providers involved in the effective delivery of OAT emerged as an important consideration, particularly within rural and remote communities where staff turnover is high.

Along the left side of the map is a section focused on providers' strategies to maintain their wellbeing. Participants shared about the importance of self-care through respecting their own boundaries and making time (limited as it is) for meditation, exercise, reading and other activities outside of their roles in health and social care. They spoke about the importance of patient stories, connecting with loved ones, and knowing that they're not on their own by connecting with colleagues through informal and formal channels (e.g., communities of practice, professional programs).

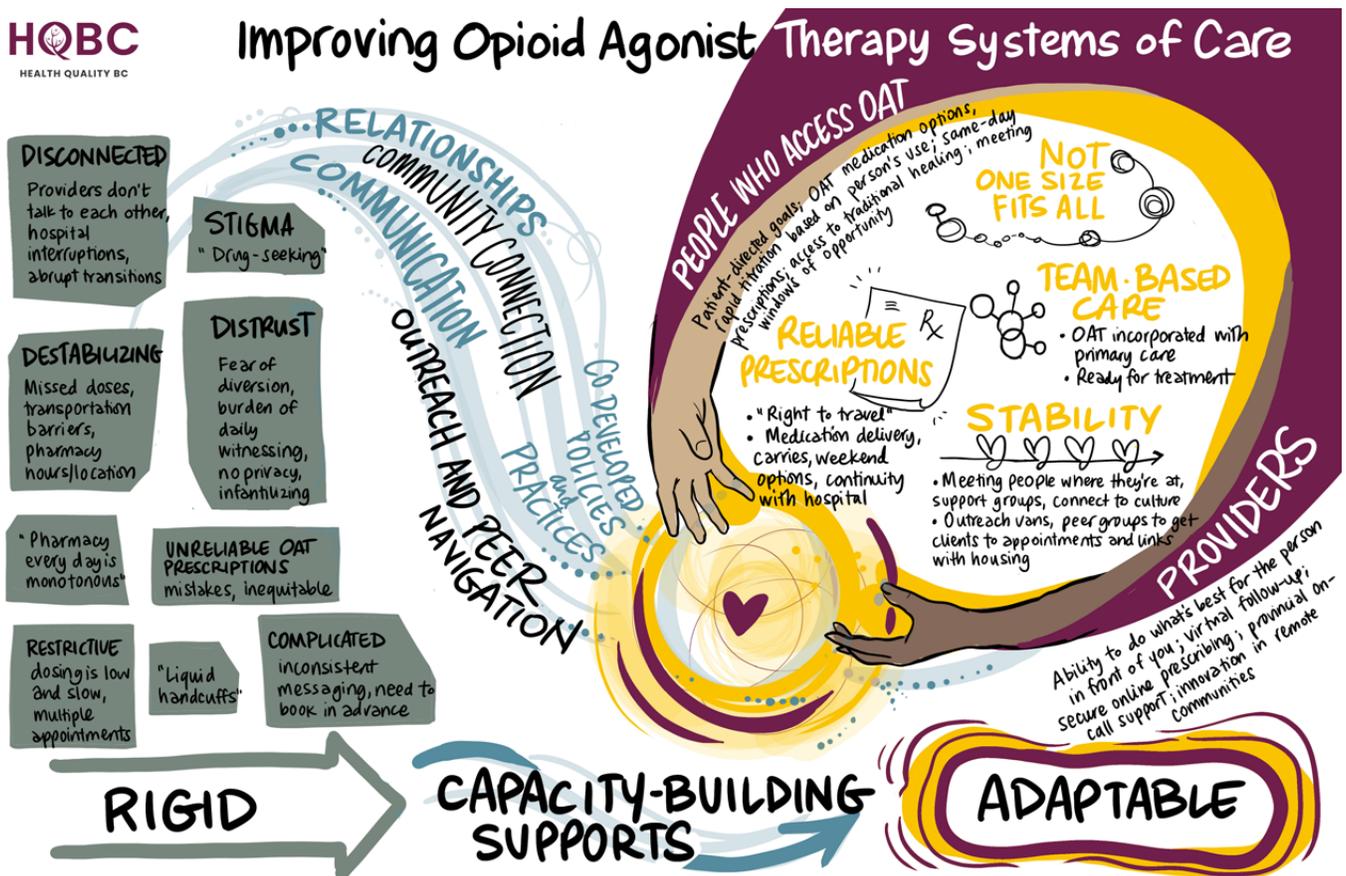
“What brings me joy is the relationship with patients, and prescribing OAT you get to know them so well. It is unlike any other aspect of family medicine. Keeps me going in terms of prescribing. Seeing patients do well - they do exceptionally well - they turn their lives around...get housing, family connections again.”

The mapping focused on unpacking actions, mindsets and circumstances that contribute to the effective delivery of OAT care, which often entailed overcoming the challenges of doing this consistently. These are included on the right side of the map to help people anticipate or plan specific strategies to help overcome those potential roadblocks as they design or improve OAT services and care flows tailored to their unique contexts.

IMPROVING OAT SYSTEMS OF CARE



Improving Opioid Agonist Therapy Systems of Care



While participants across all mapping groups shared stories from their individual experiences and perspectives, what emerged from their collective stories were key attributes of systems of care that hinder and enable high-quality OAT. This map illustrates those attributes to support improvements in primary care from current to future states that are less rigid and more adaptable at a system level.

The left side of the map depicts the experiences of people who receive and deliver OAT in systems that are rigid and characterized by low trust, poor communication, and stigma against people who use substances. PWLE spoke of the harms inflicted in these situations, such as the “infantilizing” experience of care, a lack of right to travel and movement, and gaps or delays in treatment – all of which lead to a higher likelihood of destabilization and, ultimately, the inability to realize the benefits of OAT. As one participant shared, “it’s so hard when there’s stigma and I’m having to try to hide I’m drinking something in front of everyone at a pharmacy, and my neighbour is right there seeing me.”

Better systems of care are cultivated through developing relationships grounded in respect, effective communication, and partnerships with communities. These capacity-building supports are shown in the middle of the map, leading across the graphic toward an optimal adaptable system of care.

“Being able to provide a safe, welcoming and non-stigmatizing space and watching the patients become more relaxed and feeling safe.”

The right side of the map showcases the attributes of OAT in primary care when things are working well, as shared in the stories of both PWLLE and health care providers. They are grounded in the ability to provide person-centred care that is appropriate for specific people and communities, which increases patients' ability to take care of what matters most to them and reduces moral distress experienced by service providers. Being able to access care where and when people need it, that is free of cultural, psychological and physical barriers, makes a huge difference. As one PWLLE shared, “there’s only a short window that we are ready. I’ve relapsed so many times when trying to get the extra help.”

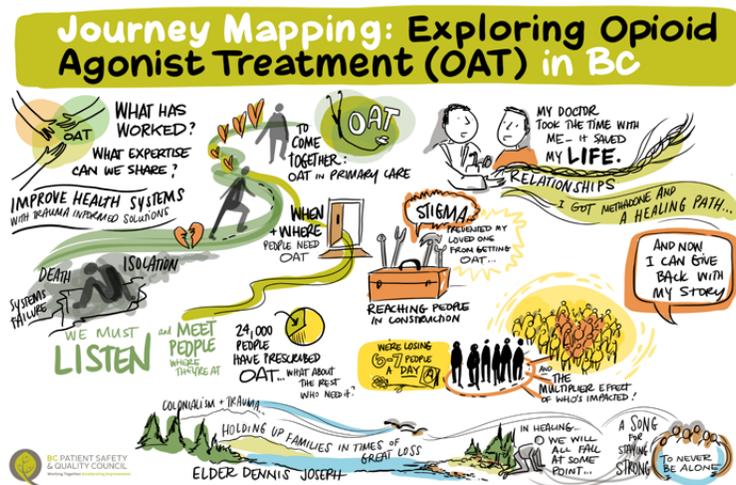
Many positive examples of innovations in care were shared, a few of which have been included here:

- “A positive has been the delivery system, total game-changer, not having to go to the pharmacy every day. The delivery has been awesome.”
- “We have changed our whole OAT clinic. We have a food table where people wait. We have a clothing donation room. We support anyone who needs help with housing.”
- “Tremendous improvement in resources and access and options have happened...having it specific to you is huge. There’s been a lot of improvements.”

JOURNEYS OF INDIGENOUS PEOPLE WITH LIVED & LIVING EXPERIENCE

This map focuses on the perspectives and journeys shared by three Indigenous PWLE. It depicts what it is like to go through an OAT program, what has helped, and what has been challenging to overcome in navigating care from their experience and those of others in their community. It is critical to look at these distinct experiences given the ongoing impacts of colonization, Indigenous-specific racism, and disproportionate harms of the toxic drug crisis.

Participants shared how accessing OAT in rural and remote areas is limited and challenging. Some individuals have to travel long distances to treatment centres and provide their own harm reduction supplies and services. A lack of prescribers and psychologists, turnover of providers, and the risk of losing prescriptions also makes access difficult. A participant shared that signing up for the OAT program where they live requires a two-year commitment, which can be a barrier to starting or staying on treatment. There are other barriers to accessing services, including stigma, structural racism and policy restrictions. The belief was shared that First Nations, Métis and Inuit communities have been impacted by the toxic drug crisis for a long time, but it only gained attention when it affected white urban kids.





Positive interactions with service providers often occur with the involvement of a peer or compassionate middle person. During COVID, pharmacists, outreach workers, and support workers helped deliver medications. Peer navigators can help create safer spaces and provide direct guidance and support, helping individuals navigate life and different services in the community to help them find what works best for them. Indigenous ceremonies, Elders, and sweat lodges provide support and teach valuable skills. Specific plans for rural and remote areas, addressing the impact of colonization, and providing more community support would make a big difference. Programs like Beyond the Gates and Foundry can also foster healing and purpose.

“Getting back in the land, you’d be amazed what you see in people.”

“I was rich inside, I was home, with family. I had purpose.”

OAT can be lifesaving. To remain on it and realize the benefits requires a support system, aftercare, community involvement, and connecting with culture and spirituality. Simply relying on medications is not enough – therapy, ceremony and family support are important.

What Comes Next

As we reflect on the ongoing toxic drug crisis, we know that responses need to be strengthened in the coming months and years to support people at risk of toxic drug poisoning. There is an urgent opportunity to increase availability and options in communities for a person-centred approach to prevention, treatment and long-term supports. One component of this is expanding access to OAT for opioid use disorder, which has been shown to save lives and reduce harms.

The numerous stories, detailed experiences and rich insights shared at the journey mapping session in March 2023 have been invaluable in shaping the scope, goals and change ideas for the [Learning about Opioid Use Disorder in Primary Care](#) (LOUD in PC) Collaborative. They have been integrated into program materials and will continue to be used in educational resources and project plans development with teams aiming to improve access to OAT in the communities they serve.

The information and insights from these maps can also help in broader planning for the future. We invite you to use them in your own OAT optimization efforts. They provide an opportunity to incorporate the perspectives of PWLLE and health care providers at local, regional and provincial levels, to address the ongoing toxic drug supply crisis and create a better system of care for those with opioid use disorder. It's important to remember that these maps capture a moment in time and show how people think, feel and experience things on that day. You can use them as a grounded communication tool or starting point for discussions. Policymakers, peer support workers, and clinicians can analyze them to consider what's included and what's missing. By asking these questions, we can guide future efforts and encourage openness to design services that effectively address this public health crisis.

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SUPPORT LINE CONTACT INFORMATION

Crisis Line: 1-800-784-2433

Mental Health Crisis Line: 310-6789 (no area code needed)

Indigenous KUU-US Crisis Line: 1-800-588-8717

Alcohol & Drug Information & Referral Service: 1-800-663-1441 / 604-660-9382

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