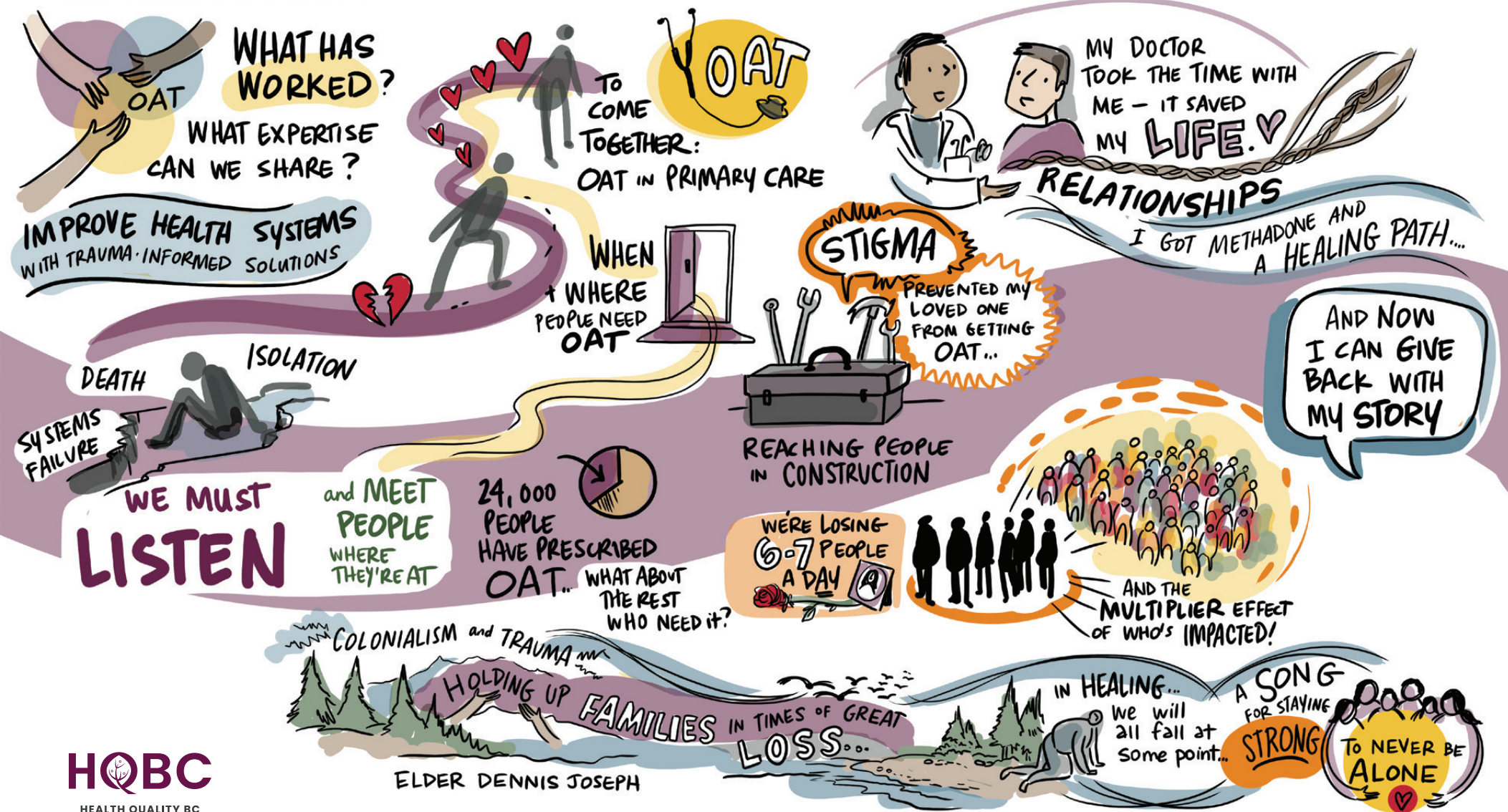


# Journey Mapping: Exploring Opioid Agonist Therapy (OAT) in BC





# People who Access Opioid Agonist Therapy

**WHAT MATTERS TO US?**

OAT saved my life.  
"I would have been living in chaos."

**THE RELATIONSHIP MATTERS AS MUCH AS THE PRESCRIPTION!**

Any of our patients may have a relationship with substances. Identifying and managing opioid use disorder is all of our responsibilities.

**CONNECTION**

Sit down with an OPEN MIND:

WHAT ARE YOU LOOKING FOR?  
WHAT ARE YOUR GOALS?

**RESPECT**

**PEOPLE WHO ACCESS OAT**

**PROVIDERS**

• Physicians, NPs, Nurses, Pharmacists, Allied Health  
• Primary care, PMH, UPCC, Acute Care, ED

Men in trades: stigma, fear losing job

Intermittent or daily users terrified of feeling dope sick

Rural and remote communities: difficulty accessing providers

People leaving treatment with lower tolerance

Parents and pregnant people fear losing children

Indigenous Peoples: impacts of colonialism and racism

Youth lack coping skills

## MEASURES OF SUCCESS

**Strong relationships with health care providers**

**Increased stability**

- ♥ Plan based on a person's goals
- ♥ Accessing other health services, like counseling
- ♥ Pain is managed
- ♥ Less ED visits & toxic drug poisonings

- ♥ Reconnecting with family, friends, community
- ♥ Participating in activities and culture
- ♥ Housing and employment
- ♥ Loving self again



# Prescriber Journeys with Opioid Agonist Therapy

## TEAM-BASED OAT CARE



Connection with pharmacies

Cross-discipline communities of practice  
UPCC, PMH, PCN, Foundry model -  
wrap around community supports

Hub/spoke models, virtually  
connect with addiction specialists -  
co-location isn't required

Include nurses, outreach workers  
and peer navigators - divide up roles

Maintain wellbeing  
through connection to  
purpose, and to others

New models of care and  
funding to participate in  
support programs

Support system with  
family and friends;  
debriefing and group  
chats with colleagues

Self-care activities  
outside of medicine

## RETAINING PROVIDERS

"The MOST MEANINGFUL work  
I have ever done in 30 YEARS  
of family practice - making  
A DIFFERENCE."

## NEW PRESCRIBERS

The College is supportive  
of every physician being  
more involved in the  
management of OUD  
and respects the clinical  
judgement of prescribers

## CHALLENGES

- Not enough OAT prescribers (coverage, on call support, burnout, turnover)
- Put guidelines into practice
- Space to start OAT clinics
- Missed appointments
- Diversion, theft, selling, survival crime
- Funding/fee-models can limit treating whole person
- Stigma from colleagues

Network and learn from others

Can be scary  
and lots of  
UNCERTAINTY  
at FIRST -  
mentorship  
helps

Take TIME  
to get a  
FLOW in  
place

BCCSU Blast, 24/7  
numbers, RACE app,  
Signal, Fellowships,  
TRIP & COWS  
Training, CoPs

People

Processes

Programs

Nurse, nurse  
practitioner  
and physician  
prescribers





# Improving Opioid Agonist Therapy Systems of Care

