



LOUD in PC Collaborative

Learning about Opioid Use Disorder in Primary Care

Information Session
July 5 & July 13, 2023

Territorial Acknowledgement

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(Squamish)

x̓w̓m̓əθk̓w̓əy̓əm (Musqueam)

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Map by Deborah Reade

Agenda

- **LOUD in PC Collaborative Overview**
 - What is LOUD in PC?
 - Why focus on OAT and OUD in Primary Care?
 - Aims and Drivers
 - Collaborative Model Overview
- **Action & Improvement Team Recruitment**
 - What can teams expect?
 - Who can participate?
 - Application process
- **Q&A and closing**



What is LOUD in PC?

Learning about Opioid Use Disorder in Primary Care (LOUD in PC):

- Focus on increasing *access to Opioid Agonist Therapy (OAT) in BC
- Collaborative model
- Emphasis on semi-urban, rural and Indigenous communities
- Team-based care and physician/non-physician prescribers

Accessibility is the extent to which people can readily obtain care when and where they need it. This dimension aims to overcome physical, financial, cultural and psychological barriers to receiving information and care. It includes a welcoming entry and seamless transitions between and within services.

(BC Patient Safety & Quality Council. BC Health Quality Matrix [Internet]. 2020. Available from: <https://bcpsqc.ca/matrix>)

Why focus on OAT and OUD in Primary Care?

PC Providers have a unique opportunity to:

- Increase accessibility to OAT for patients with opioid use disorder within their own communities
- Help patients with opioid use disorder in a more comfortable setting with less stigma
- Improve likelihood of success in achieving goals for care from both the patient and provider perspective



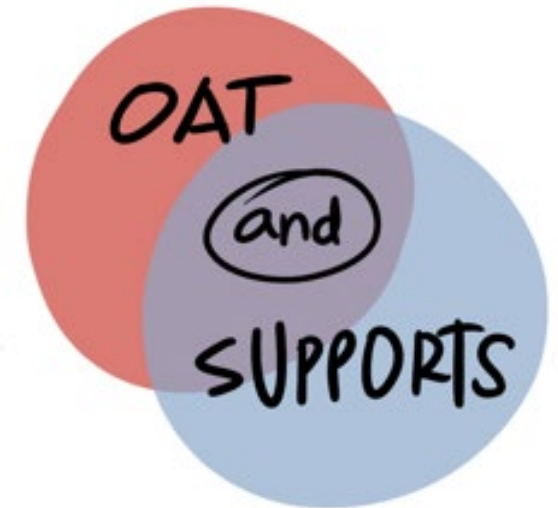
Aims and Drivers

The collaborative will aim to:

- Increase primary care providers prescribing OAT in BC, the number of OAT initiations, and positive retention of people on OAT in primary care settings

Drivers of this work include:

- Supporting team-based care and physician/non-physician prescribers
- Integration with community supports, resources and other harm reduction
- Improving the experience of care for both people with OUD and providers, including stigma reduction
- Incorporating cultural safety and humility as additional core drivers of high-quality care

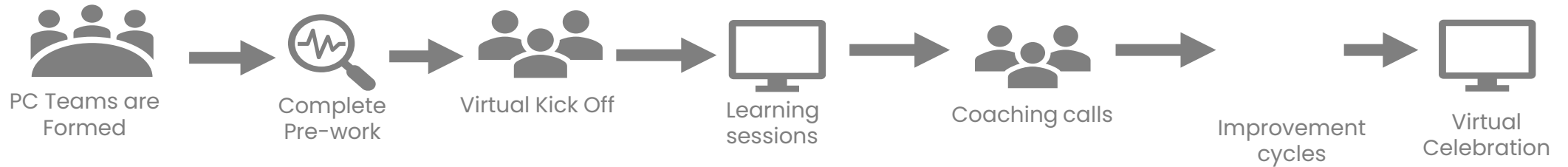


Collaborative Model Overview

What is the “collaborative” model?

- A model for quality improvement initiatives that is adapted based off the Institute for Healthcare Improvement’s Breakthrough Series
- Experts with content and context experience identify key drivers and change ideas around emerging and evidence-informed subject matter
- Teams are recruited and united around a common aim
- A network of teams from different communities all work on the same challenges together
- Promotes peer-to-peer learning and identifies best practices

What can teams expect?

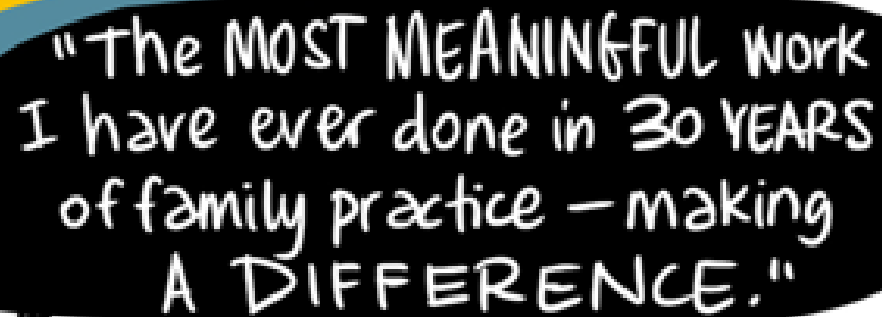


Event	Timeline
Team Recruitment	June – Aug 2023
Team pre-work: aim, focus, measure	Sept 2023
Four virtual learning sessions	Oct 2023 – Sept 2024
Six coaching calls	Sept 2023 – Sept 2024
Virtual closing	Oct 2024
Evaluation	Oct 2024 onward

Who can participate?

Anyone interested in improving OAT access and OUD care in PC!

- New to OAT or looking to improve current OAT services
- No previous experience with quality improvement of OAT required
- Team of ideally 4-7 people (e.g. physicians, nurses, nurse prescribers, pharmacists, allied health, elders, etc.)
- No charge to participate



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

Application Process

Deadline to apply is August 11

- Applications now open on the HQBC website
- Funding available for limited number of teams



Questions?

Contact Us!

LOUD in PC Team

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