

FAQs

What is LOUD in PC?

LOUD in PC stands for Learning about Opioid Use Disorder in Primary Care. It is a provincial collaborative led by Health Quality BC in partnership with the [BC Centre on Substance Use](#) and health system partners, with funding from the Ministry of Mental Health & Addictions. LOUD in PC is all about supporting primary care providers and people with opioid use disorder to achieve their goals for care in communities across BC through increased access to Opioid Agonist Therapy (OAT).

The model is based on the Institute for Healthcare Improvement's Breakthrough Series Collaborative model for health care improvement. It's designed to support the spread and implementation of new or better clinical practices. The collaborative will include a combination of virtual sessions and peer learning, coaching and mentorship, and local improvement actions with primary care teams from across the province engaged in the application of change ideas related to clinical practice, education, person-centred care and connections to communities.

Participating teams will:

- attend four virtual learning sessions and six coaching calls between September 2023 and September 2024;
- have access to a faculty of subject area experts and mentors from across the province to help implement new practices in a variety of settings;
- be grouped together with other teams who are making similar changes in similar settings for peer-to-peer learning and support;
- receive a robust toolkit (a Change Package) full of change ideas, quality improvement methodologies and clinical resources to guide OAT delivery at the point of care; and
- be provided with a user-friendly measurement plan will be included with suggested measures for teams to track their improvement efforts and impacts.

What is the goal of LOUD in PC?

LOUD in PC is all about supporting people with opioid use disorder and primary care providers in communities across BC. The goal of the collaborative is to increase access* to Opioid Agonist Therapy (OAT) in primary care, particularly within semi-urban, rural and Indigenous communities.

The overarching aims of the collaborative are to increase the number of OAT prescribers, the number of OAT initiations, and positive retention of people on OAT in primary care settings. This will be grounded in efforts to support team-based and culturally safe approaches to care, the adoption of revised guidelines for the clinical management of OUD (expected fall 2023), improving the experience of care for providers and people on OAT, reducing stigma and increasing connections to complementary community supports.

A user-friendly measurement plan will be included in the Change Package with suggested measures for teams to track their improvement efforts and impacts.

***Accessibility** is the extent to which people can readily obtain care when and where they need it. It is a dimension of quality that 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. (*Health Quality BC. BC Health Quality Matrix [Internet]. 2020. Available from: <https://healthqualitybc.ca/bc-health-quality-matrix>*)

Who should participate?

Anyone who is interested in improving Opioid Agonist Therapy (OAT) care in primary care! The one-year collaborative, starting September 2023, is designed for physicians, nurse practitioners, and nurse prescribers of OAT together with their clinical teams: MOAs, pharmacists, allied health, and community services that support the delivery of care. Whether you are looking to start providing OAT for the first time or expanding your current OAT practices, participating in LOUD in PC can accelerate those efforts through access to clinical and quality improvement expertise, peer-to-peer learning and mentorship, and curated resources. Teams are welcome from a variety of primary care settings (e.g., family practice offices, virtual services, Urgent Primary Care Centres, OAT clinics, etc.)

Your project team can include any combination of people you would like! Four to seven members is ideal. Suggested minimum: one prescriber, one administrator (e.g., medical office assistant) and one other team member of any discipline

(e.g., local pharmacy, person with lived/living experience, outreach worker). Teams should have the authority to make decisions for the clinical setting or have the support of decision makers.

No previous experience with quality improvement or with OAT is required.

Is there funding to participate?

There is no charge to participate in the collaborative.

Funding is available for one MOA and up to three practitioners per team for time away from clinical care to participate in collaborative activities. Compensation is available based on current sessional rates for practitioners' time (who are not being funded through salary or contract) to attend learning sessions and coaching calls. As well, for a Medical Office Assistant who is on the project team to attend sessions and complete collaborative-specific data collection. Note: this does not include your individual team meetings or time to engage in project work.

If you have questions about available funding and support in your area, please email loud@bcpsqc.ca.

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What is a collaborative?

A collaborative is a specific model for quality improvement. It emphasizes peer-to-peer learning, standardized measurement and education, an “all teach, all learn” focus for webinars and coaching calls, and being responsive to local context. Participating teams form a network and work on similar challenges while maintaining flexibility to approach issues specific to their community.

There is incredible work already happening across the province that is unique and adapted to local contexts and communities. The collaborative model is an effective and efficient way to leverage that work by offering a platform for teams to connect and learn from each other as well as a faculty of experts to support them. By developing a toolkit of methodologies and measurement

strategies, team efforts and accomplishments can help inform next steps, resource creation and practice change for OUD care in primary care.

LOUD in PC is expected to span primary care settings across BC, with

- Teams from different communities and primary care settings (e.g., family practice offices, virtual services, Urgent Primary Care Centres, OAT clinics) all working towards a similar aim at the same time, focusing on their specific strengths and needs
- Learning sessions are used to provide learning content from speakers and experts
- Team meetings will help you decide what changes you want to try out as you work towards improving OAT care in your primary care setting
- Coaching and learning sessions will allow teams to learn from each others' experiences and champion effective changes across regions

Why should teams participate?

As the toxic drug crisis continues, 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 primary care for a person-centred approach to prevention, treatment and long-term supports. One component of this is expanding access to opioid agonist treatment (OAT) for opioid use disorder, which is an effective evidence-based treatment that has been shown to save lives and reduce harms.

Primary care is an ideal setting for providing OAT. Providers have a unique opportunity to identify and treat opioid use disorder within their community and help patients to access wholistic care in a more comfortable setting with less stigma and improved likelihood success in achieving their goals for care.

If you're interested in providing OAT care for the first time, it might feel scary with lots of uncertainty at first. Mentorship helps with this! The collaborative will offer this mentorship as well as supports for creating a new, sustainable flow. You can learn from people who have been in similar shoes and not have to reinvent your own wheel.

What is the time commitment?

- Pre-work with your team: September 2023
- Four half-day virtual learning sessions (0800-1200): October 26, January 18, May 16 and closing celebration September 26, 2024
- Six one-hour coaching calls between September 2023 – 2024
- Monthly meeting with your project team and progress report submission

Webinars will be recorded and made available to view for team members' who are not able to attend. Coaching will be scheduled to work with the local team to allow as many team members to attend as possible. The learning and testing of change ideas can happen on a flexible schedule that works for your team.

How is the collaborative involving people with lived and living experience?

People with lived and living experience (PWLE) of substance use are integral members and leaders in both the planning and action stages of the collaborative. A journey mapping session was hosted in March 2023 to explore the current state of what is helping and what is getting in the way of providing and receiving OAT in primary care settings. The session included 17 PWLE and has been used to inform the development of the collaborative. In addition, PWLE are members of the advisory and faculty group being engaged in the development and delivery of collaborative materials. Participating teams are encouraged to have a PWLE as part of their improvement team. More information on how to recruit and support PWLE on your team will be provided at the start of the collaborative.

How will teams be selected?

Space in the collaborative is limited. Should we receive more interest than we're able to accommodate, priority may be given to primary care teams offering services in Indigenous, rural, or semi-urban communities. Consideration will be given to balance across the regions of the province and to supporting new prescribers.