

Emerging approaches to managing opioid use: Supporting change through an online community of practice

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Com-HAC
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Speaker disclosure

- I have no conflicts of interest to report

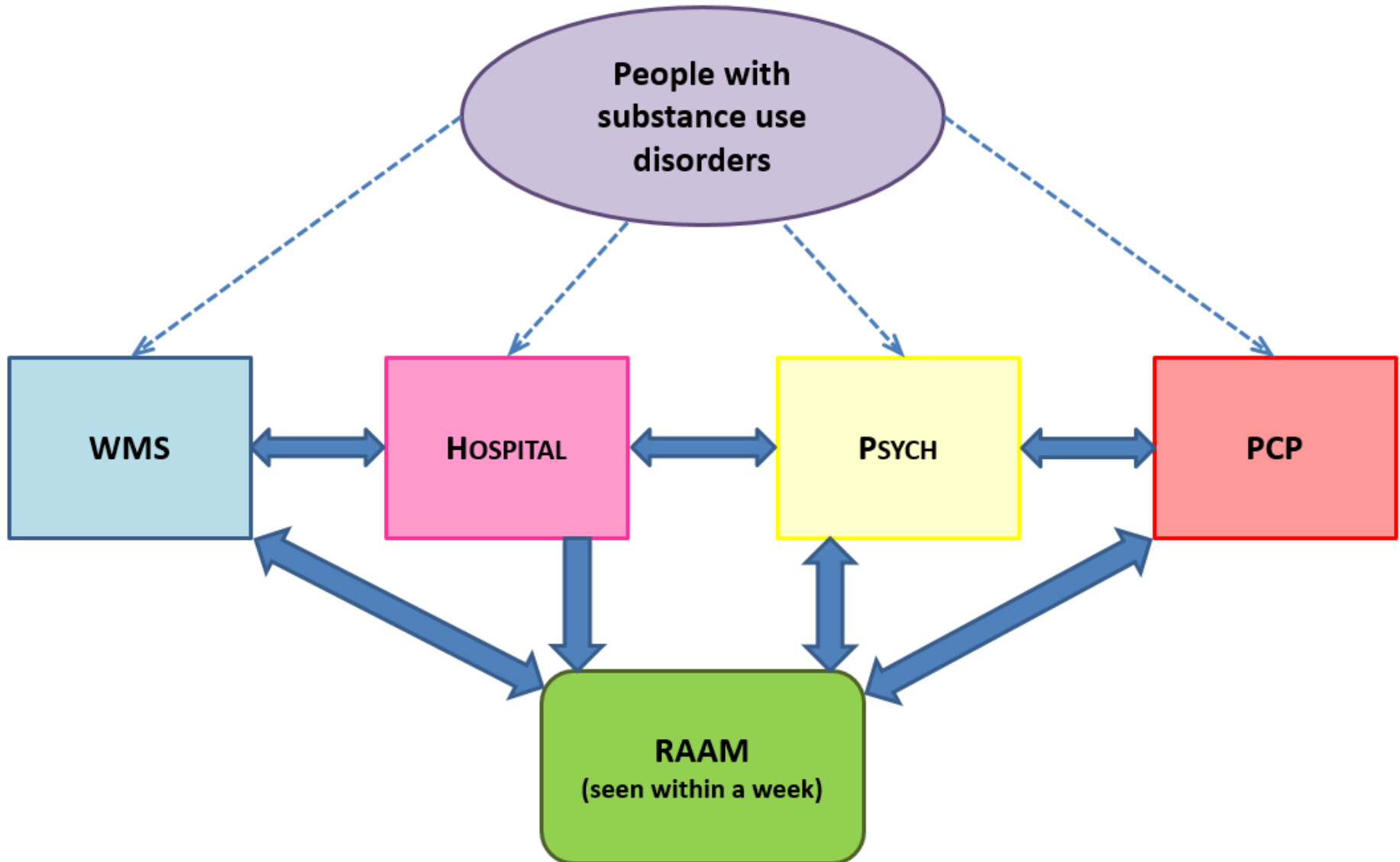
Context

- Opioid crisis continues to affect North Americans
- What **should** community clinicians do?
 - Prescribe opioids safely
 - Ask patients about substance use
 - Identify opioid use disorders
 - Manage opioid use disorders
- However, most clinicians receive minimal training in developing these skills:
 - Don't know how to prescribe opioids safely, leading to overprescribing or refusing to prescribe altogether
 - Don't feel equipped to ask about substance use
 - Don't know how to treat opioid use disorders

META:PHI

- **Mentoring, Education, and Clinical Tools for Addiction: Primary Care–Hospital Integration**
- Ongoing project to improve treatment for people with substance use disorders by disseminating knowledge and tools, supporting clinicians, and integrating care between different settings
- **Goals**
 - Provide clinicians with tools and knowledge to manage patients with substance use disorders
 - Strengthen connections between different care providers
 - Build capacity for addiction treatment in primary care

META:PHI model



META:PHI pilot

- 2015: Started a pilot project to set up rapid access addiction clinics and integrated care pathways in 7 communities
- Recruited a care provider in each region as **site lead** to work in rapid access clinic and provide mentorship to others
- A mix of backgrounds and experience
 - Different sub-specialties: Family doctors, emergency doctors, psychiatrists, etc.
 - Different settings: London (large city), Sarnia (smaller city), Sudbury (northern city with large Indigenous population), etc.
 - Different clinic locations: Withdrawal management, hospital, CHC, etc.

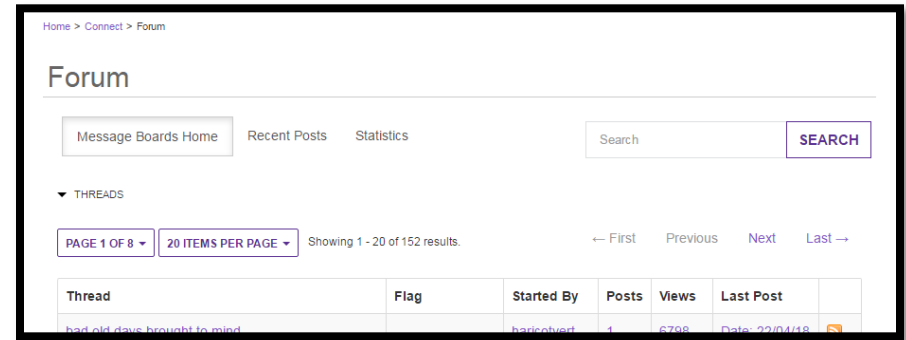
A way to share

- We wanted to create a project **community of practice**
- Goal #1: Enable our site leads to communicate with each other easily
 - A lot of knowledge to be shared
 - A lot of clinical challenges
 - Individuals with similar interests
- Goal #2: Expand group to clinicians working with site leads
 - Clinical resource
 - Create engagement
 - Share challenges and successes



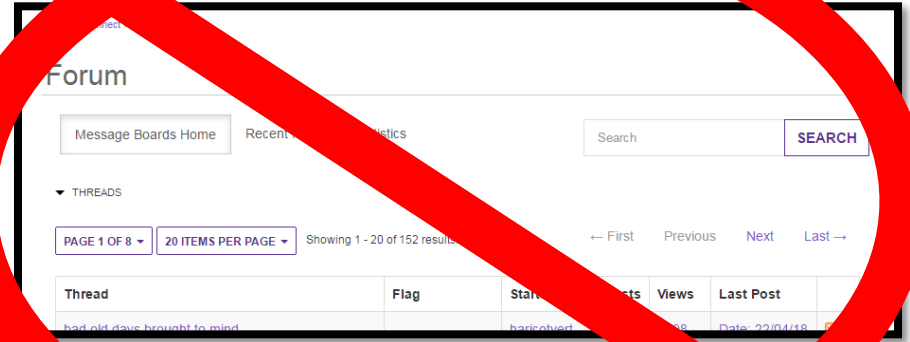
Take #1

- We set up an **online forum**
- Private, membership-based
- Members post topics for discussion, share articles, ask questions, etc.



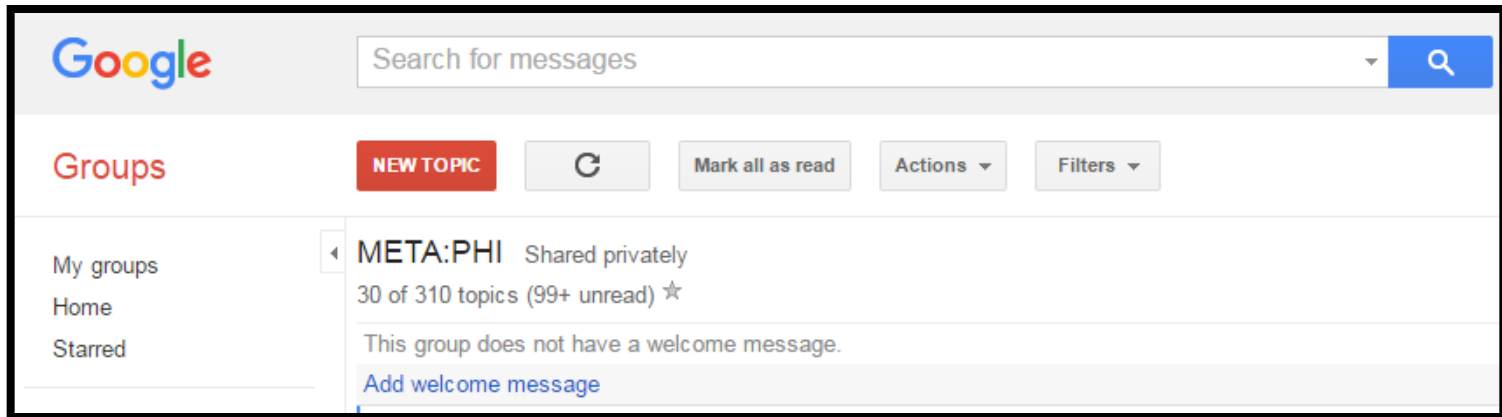
Take #1

- We set up an **online forum**
- Private, membership-based
- Members post topics for discussion, share articles, ask questions, etc.
- Users didn't like it!
 - Didn't like having to sign up
 - Didn't like having to sign in
 - Too hard to remember the URL
- We needed something very **simple** and **user-friendly**
- Users said they wanted e-mail notifications rather than having to go and check the website



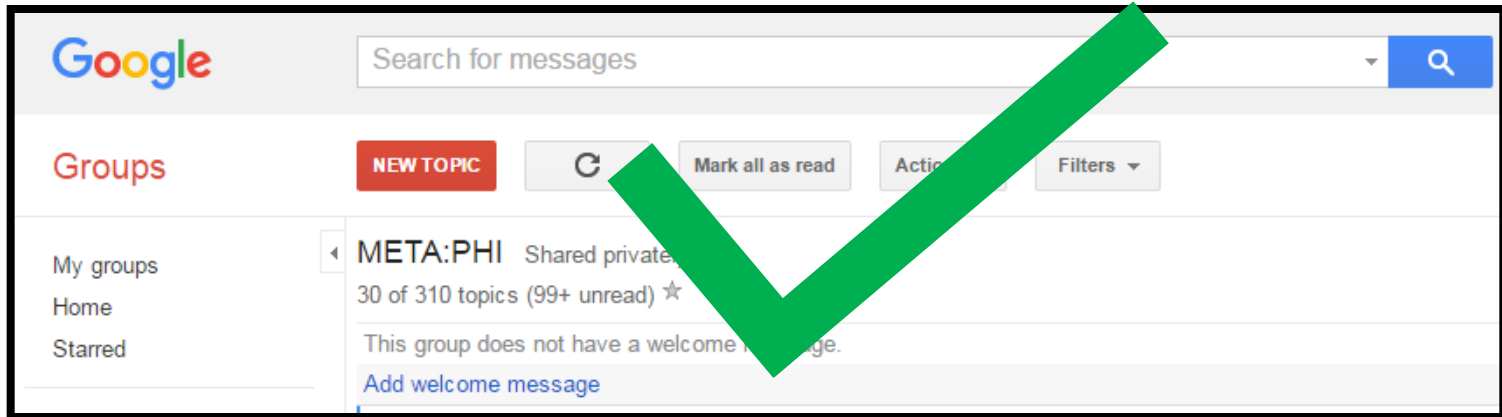
Take #2

- We set up a **Google group**
- Same concept, but posts get sent by e-mail in addition to being available online



Take #2

- We set up a **Google group**
- Same concept, but posts get sent by e-mail in addition to being available online
- Users liked this better!
 - Easier to enroll (administrator adds users to group)
 - Easy to get messages (automatically sent)
 - No new/unfamiliar technology



Case discussions

- Physician posted clinical case at 4:21 on Friday afternoon
 - Long history, complex patient (alcohol use disorder, opioid use disorder, crystal meth use), complicated OAT question
- 5 replies sent on Friday, 7 replies sent on Saturday
 - Questions, suggestions, recommendations, things to consider
 - Different perspectives, further discussion
- Poster was very grateful to receive detailed feedback so quickly

Practice discussions

- Wide range of discussion topics:
 - OHIP billing questions
 - New medications (e.g., subdermal buprenorphine implant now available in Canada)
 - Advice for setting up rapid access clinics
 - OAT dispensing protocols
 - General how-tos
- Fostering engagement through mentorship, encouragement, debate, and knowledge sharing

What's worked

- Easy and straightforward!
 - People ask to be signed up
 - People ask to be removed
- Enthusiastic members make for interesting discussions
- Opportunities for offline collaborations
 - Clinical consults
 - Academic initiatives
 - Advocacy

Problems

- Google groups requires a Google account for online (i.e., not e-mail) access and access to settings
 - Easiest with a Gmail address
 - Possible with other addresses, but takes some work
- Receiving too many e-mails
 - E-mail settings can be adjusted, but takes some work
- “Listserv etiquette”
 - Replying to whole group instead of one person
 - Low-content messages (e.g., “I agree”)
- Most of these problems can be addressed through quick education (although it sometimes takes a few tries)

An invitation

- Join the conversation! Send an e-mail to sarah.clarke@wchospital.ca to join the Google group
- Learn about META:PHI: www.womenscollegehospital.ca/programs-and-services/METAPHI
- Contact our team:

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Thank you!