Addiction Medicine Follow-Up: Improving Access to Life Saving Treatments

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Aim

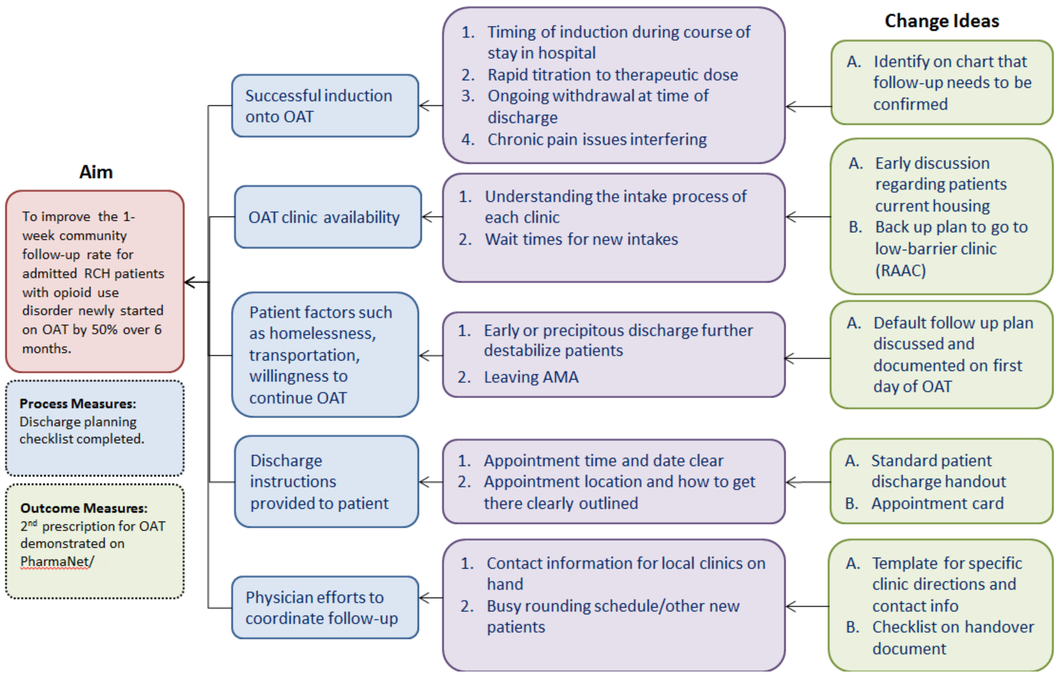
Increase the 1-week follow-up rate for patients with Opioid Use Disorder admitted to RCH who have been newly started on Opioid Agonist Therapy.

Background

Opioid agonist therapy (OAT), such as methadone or buprenorphine, is considered first-line therapy for opioid use disorder and has been shown to reduce illicit drug use and improve mortality. Treatment adherence for patients with opioid addiction started on OAT while admitted to hospital (~40 %) is relatively poor following discharge. Without these treatments, the risk of further health consequences and hospital readmission, with their associated costs, remains high.

Project Design & Strategy

A retroactive cohort design was used and baseline data were collected between November 1, 2018 and March 31, 2019.



Changes Made

Implemented at discharge check-list as part of creating a “Warm Handoff”, which is the process of transitioning a patient from an intercept point, such as a hospital visit, to ongoing care in the community.

Discharge checklist instituted by p to increase the likelihood of post-discharge follow-up:

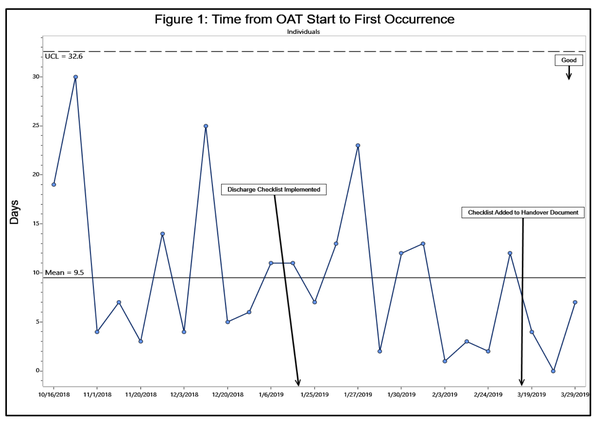
1. Early discharge planning discussion initiated
2. Follow-up appointment confirmed
3. Written instructions given
4. Bridging prescription provided

Lessons Learned

Several barriers to follow-up were identified, including patient factors such as unstable housing, co-morbid psychiatric conditions, and severity of substance use diagnosis. In short, the easier it is for patients to follow up, the more likely it is that they will.

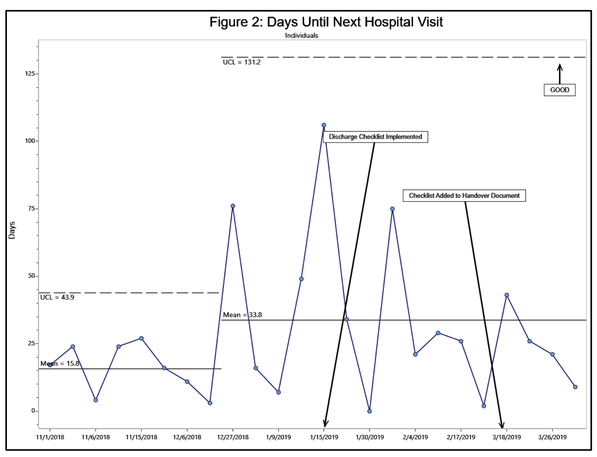
Results

Data was managed and analyzed retrospectively using Microsoft Excel and SQCpack (Statistical Process Control) software. There were 44 patients who were newly started on OAT by the RCH Addiction Medicine Service between November 2018 and March 2019. Of these, 5 were excluded as they had stopped their previously prescribed OAT a week or less priors to hospital admission.

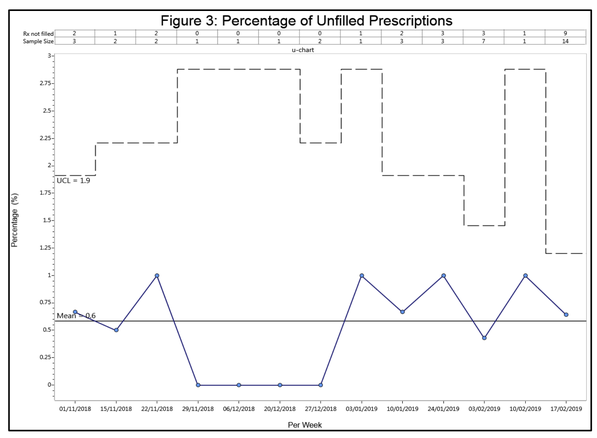


Outcome Measure: Time until first occurrence – or first OAT prescription filled in the community – (Fig. 1) was used as a surrogate marker for continuation of OAT post-discharge.

Note: "1st Occurrence" is defined as the time until a patients first OAT prescription is filled in the community following a hospital visit.



Balancing measure: Days until next hospital visit (Fig. 2).



Process Measure: The percentage of unfilled prescriptions (Fig. 3) remained high throughout the project signifying that barriers to treatment continuation remain.

Next Steps

We plan to continue to reduce barriers to follow-up. Funding and space are Approved for an on-site Rapid Access Addiction Clinic at the new RCH Mental Health and Substance Use Centre to open in 2020!

Team Members

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