

# A Roadmap for Implementing Injectable Opioid Agonist Therapy Within an Integrated Care Facility: Learnings from a Three-Year Pilot Project

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## BACKGROUND

The Dr. Peter Centre (DPC) provides holistic complex care with integrated point of care services for people living with HIV and other health and social challenges.

In 2019, DPC received funding from Health Canada's Substance Use and Addiction Program (SUAP) to pilot an injectable Opioid Agonist Treatment (iOAT) Program within an integrated health care facility.

### What is iOAT?

iOAT provides medically supervised pharmaceutical grade opioids for injection, such as hydromorphone (e.g., Dilaudid), diacetylmorphine (medical-grade heroin), and Morphine (e.g., Kadian and M-Eslon).

### Objectives:

- To evaluate the effectiveness of iOAT as part of an integrated health care model
- To equip health service organizations across Canada with the knowledge and support needed to inform implementation of iOAT at their organization

DPC is one of few community agencies in North America to implement iOAT services. Currently, the program has 25 participants enrolled and administers the following medications:

- Hydromorphone
- Diacetylmorphine
- Morphine
- Fentanyl patch

## LESSONS LEARNED

DPC has been tracking lessons learned and mobilizing knowledge gained to expedite the efforts of organizations in the early stages of iOAT implementation, summarized below:

### Opportunities for funding

- Obtaining federal funds to pilot iOAT enabled us to implement and evaluate our program, positioning us to advocate and source future funding from our local health authority

### iOAT prescriber shortages

- Recruiting an experienced iOAT prescriber who aligns well with organizational goals was key to service design and delivery, and championing our program to other physicians.

### Access to pharmaceutical drugs

- Our relationship with the pharmaceutical company enabled us to source HDM and meet guidelines necessary to run the iOAT program.
- Our relationship with Crosstown Clinic enabled us to source DAMS, that would have otherwise been too costly.
- It is important to leverage partnerships with key experts and influencers in the community.

### Regulatory requirements

- Currently, the BC College of Pharmacy has determined that nurse practitioners are not licensed to administer iOAT carries, requiring participants to pick up medications from a community pharmacy.
- Because many of our participants experience chaotic lifestyle and distrust with health care, this could result in missed medication and possible return to street supply.

### Partnership with local pharmacy

- Local pharmacy teams play a key role in the delivery of iOAT
- It is important to have clear communication about capacity requirements at the start to sustain the partnership over time

### Effective ongoing training

- It is ideal to train staff in their role and scope regarding iOAT policies prior to service start so that questions can be asked
- As program evolves, you need to be ready for shifting staffing responsibilities

### Client engagement in care

- Multi-disciplinary, highly supportive models of care are necessary to address significant social and physical barriers and to facilitate engagement
- iOAT treatment space should be designed and decorated with participants to foster a sense of trust and client ownership and de-emphasize the medical aspect of treatment.

## RESEARCH RESULTS

The DPC entered into partnership with the BC Centre on Substance Use (BCCSU) to evaluate participant outcomes and the Centre of Health Evaluation and Outcome Sciences (CHEOS) to conduct a case study, examining participant and service providers' experiences of iOAT.

Participants enrolled in the BCCSU iOAT study (n=18) identified a number of strengths of the iOAT program<sup>1</sup>:



### What service users said

Service users participating in the CHEOS research study described the incorporation of iOAT into their care as finally the medication they needed. The support structure already existent at the DPC, the accessibility of the location for members, and the relationships of trust with established the staff made iOAT reachable for members. Due to the multifaceted needs service users of the DPC have, the incorporation of iOAT into their treatment plan was possible due to the structure provided within this integrated care facility<sup>2</sup>.

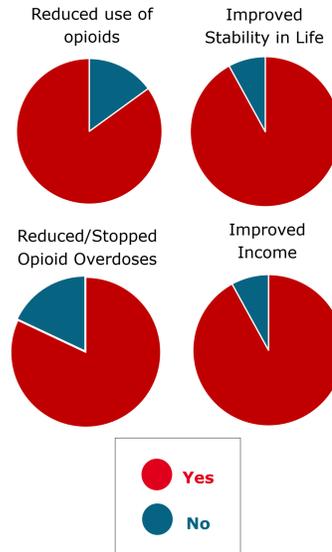
### The Place

"People here have been through the same journeys. Like I – never once – when I come to the iOAT place, to get my medication, I don't feel like I'm coming to a doctor's office. It doesn't feel that way. It feels like I'm coming to a friend's house. It does. It feels like that to me that they've never been judgmental towards anything that I've done and that's rare."<sup>2</sup>

### Experience of iOAT at DPC

"Here and [...] are the only two places I feel comfortable, that I feel like people understand me. [...] There's love here, you know. You know, Doctor Peter was an amazing guy. [...] The service that I get,

food that we eat, just the way that we're actually loved, you know what I mean? Like, cared for."<sup>2</sup>



According to preliminary findings from the BCCSU iOAT study<sup>1</sup>:

- 82% of study participants reported that at least one healthcare professional really made a difference in their iOAT care
- A majority of participants reported nurses and primary care doctors positively impacted their iOAT care
- Staff members were described as supportive, friendly, and encouraging
- Almost all participants reported there had always been a staff member available when they wanted to talk
- 88% of study participants reported they were well informed about their treatment decisions and that staff have been good at their jobs
- Participants living with HIV also described how daily, coordinated dispensing of antiretroviral therapy (ART) with iOAT improved the overall **HIV management** by supporting treatment adherence<sup>3</sup>.

"I try and make both of my shots every day, no matter what. But the – taking the ARVs now, is just I come for my shot, so they bring me my ARVs when I get my shot, so there's no missing my ARVs. So in that regard, it's helped me maintain my undetectable status."<sup>3</sup>

### What service providers said

Service providers at the DPC who participated in the CHEOS research study approached the integration of iOAT services within their facility with an espousal to the principles of person-centered care which are central to their mission values. Congruent with the narratives of service users, leaning on the many services that the DPC has to offer, their integration model has rendered visible the benefits that their iOAT clientele draws from their holistic care approach.

Nevertheless, due to regulatory restrictions and ongoing systemic stigma, their idealized vision of supporting their OUD clientele has yet to be fully realized. Providers described these tensions and how the DPC approach could lead to changes in how iOAT is delivered to make it more accessible and truly person-centered<sup>2</sup>.

### System Tensions

"I mean, we had to be more conservative than what they were doing at [other site]. So they basically didn't want a nurse to be involved directly – the medication had to come right from a pharmacist to the patient.

[...] it's just kind of another barrier, because what you're asking is the patient to now come here twice and go to the pharmacy, so we had people just drop off taking the [Kadian] and which probably led to more illegal drug use."<sup>2</sup>

### Integration of iOAT

"[...] we do have the HR when we're here, so we do – some people will do a stimulant use in the same day. And I mean, here we're able to monitor them in the sense that we have a good communication with them. We're very non-judgmental, so they can tell us what they're using, how much, you know, what's going on. And I like that part of the communication."<sup>2</sup>

## CONCLUSION

Incorporating iOAT within an integrated care facility like the DPC brings the opportunity to investigate how a complex medical approach and a person-centered structured setting interplays when iOAT is incorporated and what these interrelations and processes mean for individualized care and member's overall wellness.

The results of this study clearly supports the evidence base for iOAT, highlighting that iOAT has proven to be safe, effective, and feasible for the treatment of opioid use disorder.

Some examples of how the DPC model encompasses aspects of the recommended models:

### Continuum of care

- iOAT should be understood as part of a continuum of care in treating opioid use disorder (OUD) – at the DPC, participants are engaged in a process to improve their health and reach their full potential. Part of this may be entering iOAT but with the understanding that it is one of the highest intensity treatment options for OUD

### Patient-centered care

- Engaging and empowering patients as experts in their own care. For iOAT treatment this means setting individual treatment goals. It also means being aware of the histories of trauma that are often prevalent in individuals eligible for iOAT and informing health care professionals to practice in a trauma-informed manner

### Model of Care for BC

- As an integrated community health clinic allows fostering of client – health care provider relationships, continuity, and comprehensiveness of care

### Pharmacy Model

- The DPC is partnering with a local pharmacy. The DPC program does not have aspects of this model such as a pharmacist on site to dispense or the classic scheduling for clients. The DPC is working closely with the local pharmacy in all steps: Prescription, dispensing (offsite), transport and delivery, and return after use/non-use.

If you are interested in learning more, please contact the project team:

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