

Improving Health Care for patients on Opioid Substitution Treatment at Victory Square Pharmacy

Whakakotahi

Primary Care Improvement Programme

2019

Problem Statement

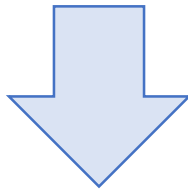
Patients who have opioid addiction often have co-morbid mental and physical health issues, but find it difficult to access health providers to either diagnose, or to help with management of their conditions.



*“As soon as someone hears the word
“methadone”, the whole way they
treat you changes”* *Methadone patient*

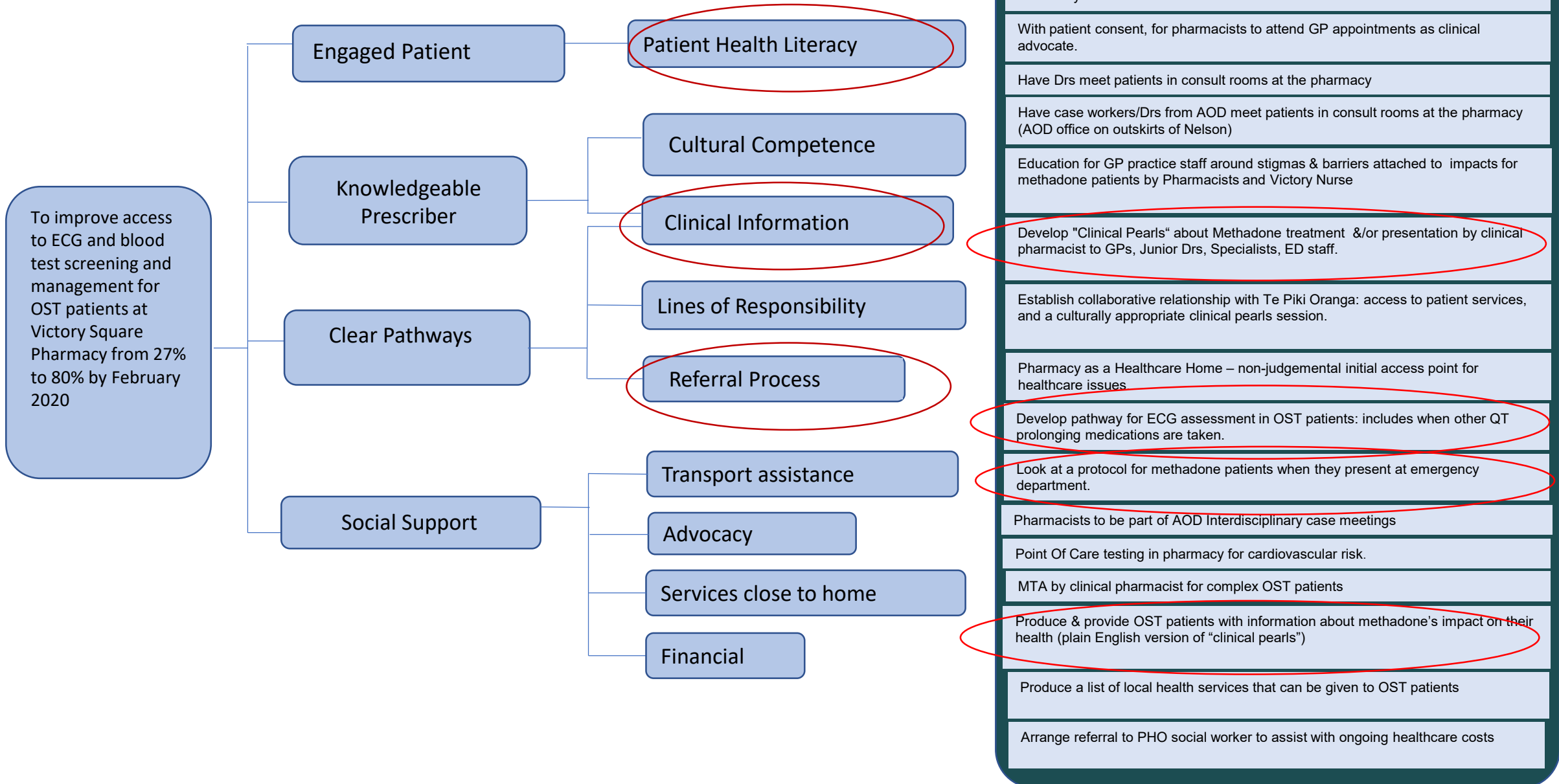
Aim Statement

To identify barriers to medical screening, treatment and management of the physical health and improve the *quality of life* of 30 patients enrolled on the Opioid Substitution Treatment (OST) programme at Victory Square Pharmacy by end of 2019.

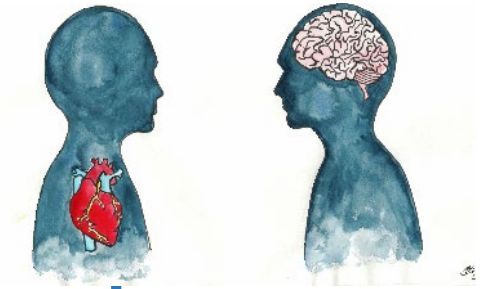


To improve access to ECG and blood test screening and management for OST patients at Victory Square Pharmacy from 27% to 80% by February 2020

Driver Diagram Reminder



What are we measuring?



Four questions for 30 OST clients to answer every month:

1. "Have you had an ECG in the last 12 months?" Yes No

2. "Have you had a blood test in the last 12 months?" Yes No

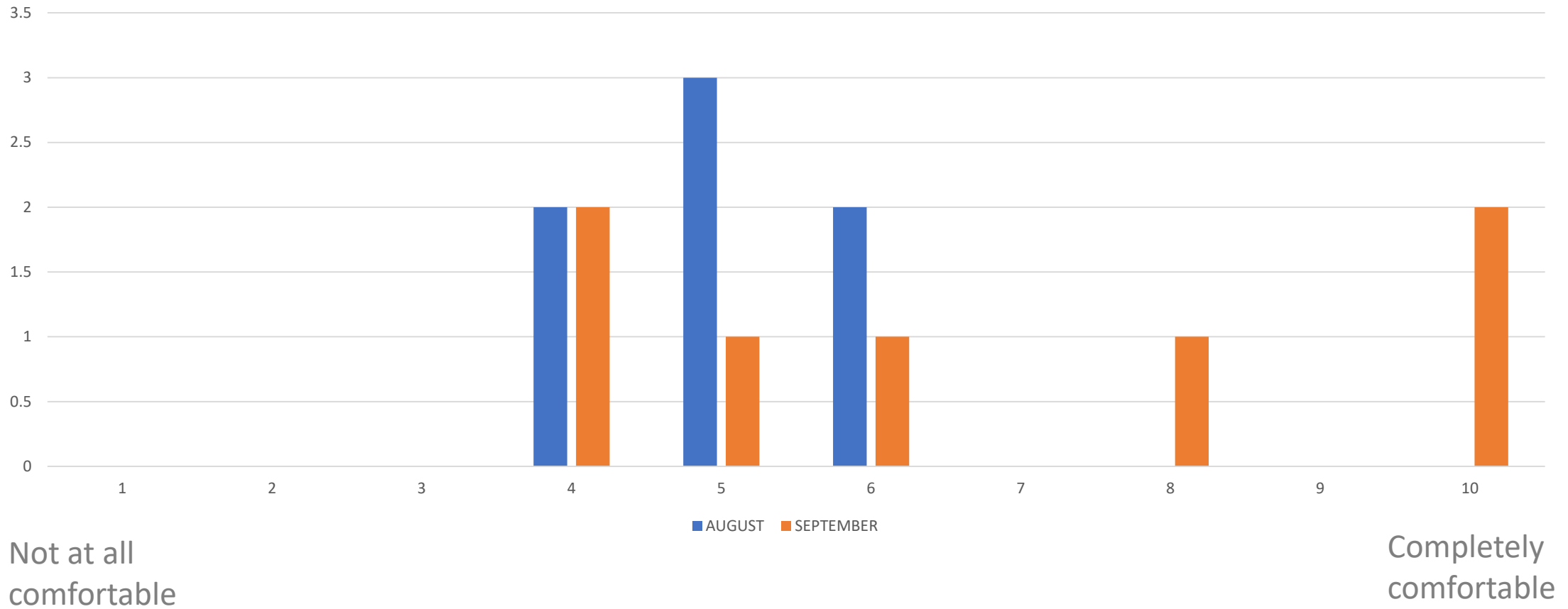
3. "How confident are you in talking to your prescriber about your healthcare?"
(Engagement)



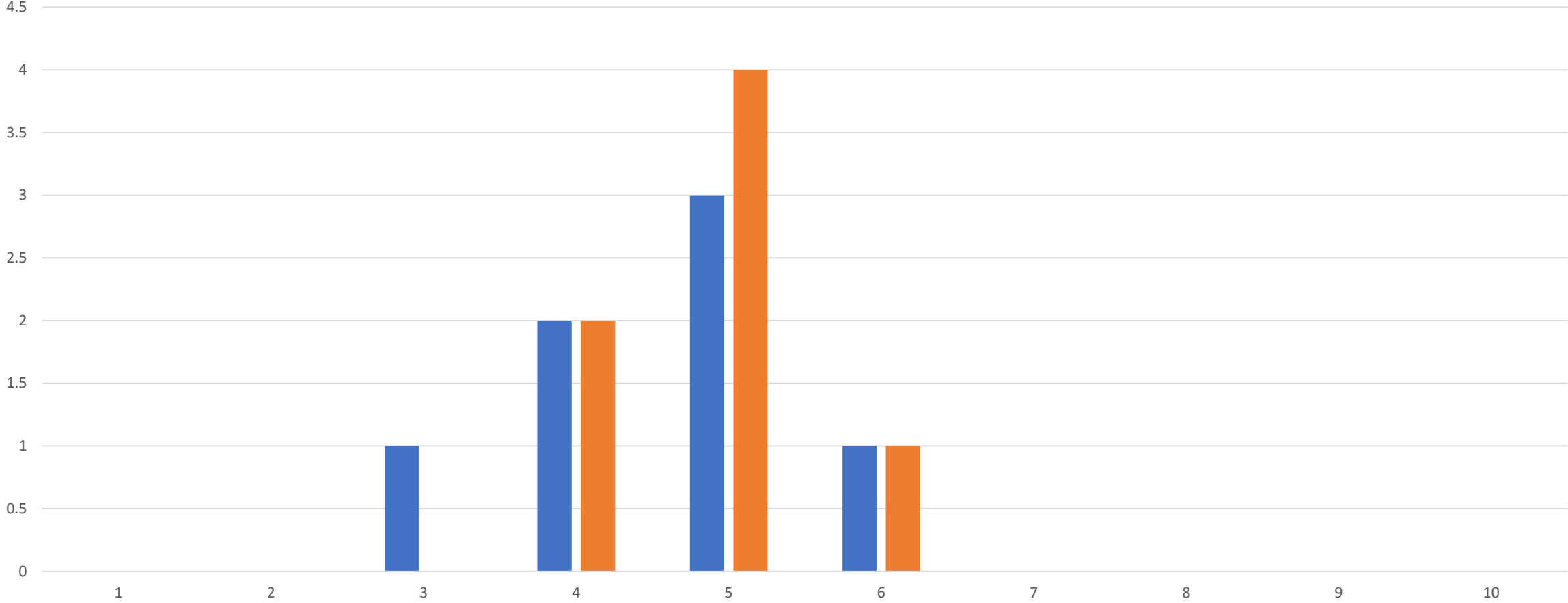
4. "How much control do you feel you have over your healthcare?" (Empowerment)



How comfortable are you asking questions or advice of your prescriber/healthcare professional?



How in control do you feel about your health?



No control

■ AUGUST ■ SEPTEMBER

Completely in control

Successes – patient/whanau stories

Mrs LB, 57 yr old female

Fibromyalgia

Chronic pain – 3 knee replacements and needing surgery in right ankle from collapse, paracetamol and PRN ibuprofen only pain relief for this.

12 regular medications

ACC sensitive claims patient

QT prolonging drugs - quetiapine 200mg
- venlafaxine 150mg
- methadone 100mg

No ECG in past 2 years

No cardiovascular risk/renal function/diabetes tests in >2yrs

Patient consultation and medication review undertaken by Clinical Pharmacist

- Recommendations made to GP, double appointment booked, pharmacist attended appointment with Mrs LB with her consent.

Discovered no communication links between GP and AoD

Lab results done

Booked to see AoD Clinician and attended - ECG done

Pain issues being addressed – appropriate options for pain relief being explored, referral to physiotherapy services



“Clinical Pearls”

Methadone and the health implications of OST treatment developed for health professionals



Sharing the information with GPs and addiction service and other relevant services

Measures: Methadone knowledge prior to, and after education session



Develop patient-friendly version for clients to encourage empowerment when discussing their health

Measures: Methadone knowledge prior to, and after education session

METHADONE

People on methadone for opioid substitution treatment (OST) have poorer physical health than the general population, and many experience significant barriers to accessing healthcare. These are some of the common physical health issues to be aware of in this population.

PEOPLE ON OST MAY NEED TO ACCESS ULTRASOUND GUIDED PHLEBOTOMY FOR BLOOD TESTS



Cardiac: Methadone can prolong the QT interval and cause serious arrhythmias. Age, female gender, electrolyte abnormalities, some medicines and cardiac conditions are all predisposing factors. *Regular ECGs recommended*



Mental Health: Depression, Anxiety and PTSD are very common in this population. *Screening and brief intervention may be helpful.*



Gastro-intestinal: Methadone can cause constipation and may obscure diagnosis or clinical course of patients with acute abdominal conditions.

Consider stool softeners and dietary advice.



Endocrine: Long-term opioid use may cause adrenal insufficiency, leading to hypogonadism, decreased plasma testosterone and sexual dysfunction. Methadone can also contribute to weight gain, and cause problematic sweating.



Respiratory: Methadone can contribute to respiratory depression in patients with significant COPD, or severe asthma.

Support with smoking cessation and/or inhaler review may be appropriate.



Bone Density: Methadone can directly affect bone formation and hypogonadism is recognised as a secondary cause of osteoporosis. Other risk factors for osteoporosis include tobacco and/or alcohol use.

Consider screening and fracture risk reduction strategies.



Liver: Cytochrome P450 (CYP450) 3A4, 2B6, 2C19, 2C9, or 2D6 inhibitors may result in an increase in methadone plasma concentrations, which could cause potentially fatal respiratory depression.

Patients with hepatic impairment (including hepatitis C) will metabolise methadone, and many other medicines more slowly than normal patients.



Drug Interactions (see Interaction checker):

Serotonin syndrome with concomitant use of serotonergic agents (eg, SSRIs, SNRIs, triptans, TCAs), lithium, St. John's wort, or tramadol).

Profound sedation and respiratory depression with benzodiazepines or gabapentinoids.

Additive QTc prolongation can result from antibiotics, cardiac medicines and psychotropic medicines, or diuretics causing electrolyte abnormalities.

ECG criteria and pathway

Develop criteria for ECG assessment in OST patients that includes when other QT prolonging medications are being taken.



Cardiology meeting has cardiologist assigned to work on pathway for ECG



Educate GPs and addiction service about QTc risk factors with “Clinical Pearls” education



Liaise with health pathways team to load protocols onto Health Pathways portal

Pathway for ultrasound guided phlebotomy

- *NO pathway for patients currently exists.*
- *Develop referral process for ultrasound-guided phlebotomy*

Ensure the service is patient-centred, accessible and non-judgmental



“Blood Stories”



“I feel I have a disadvantage of keeping on top of my health issues than a person who gets from a vein regularly”.



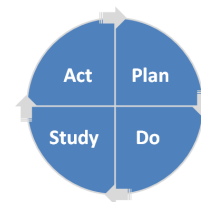
“I am told to get my GP Doctor to refer me for an ultrasound to get bloods taken which I’ve managed once in 2 years”.



“For years I have had problems with finding a vein and the MedLab will only try 3 times to get me. So it becomes frustrating when I really need to get one”.



Working with DHB radiology and laboratory managers to create pathway



Educate health providers about this service

“Building the will”

Presenting the project to stakeholder groups – receiving the **POSITIVE** feedback is motivating

- Alcohol and Drug Service
- Te Piki Oranga

Sharing to the group/stakeholders

- Patient feedback
- Prescriber feedback



A good problem to have??



Presenting to the stakeholders has triggered thoughts of improvements for their organisations and with the enthusiasm then things have moved rapidly – sometimes many email trails within a day.



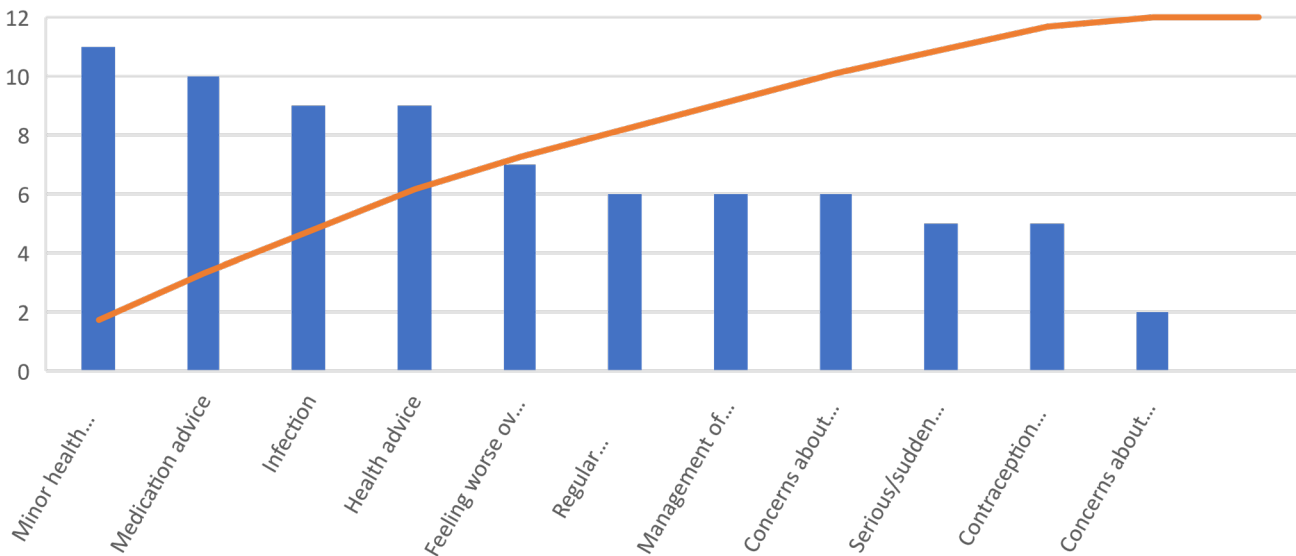
Questions??

Data – Barriers to Healthcare: Pharmacy

In what situations **would** you visit your Pharmacy?

SITUATIONS WOULD VISIT

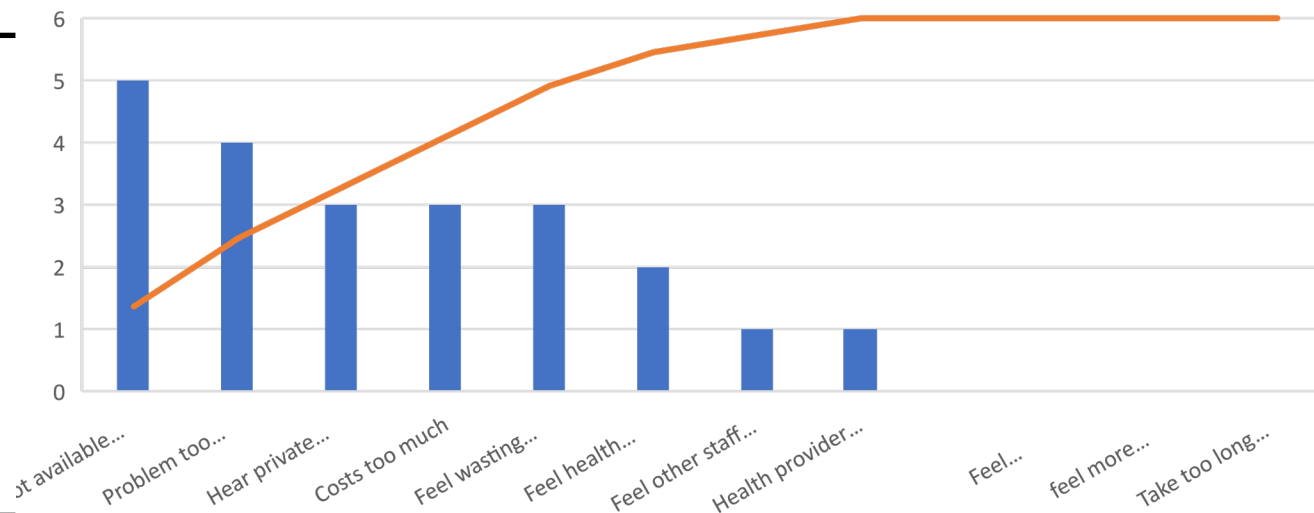
- Minor health problem
- Medication advice
- Infection
- Health advice
- Feeling worse over a short space of time
- Regular preventative
- Management of a diagnosed condition
- Concerns about alcohol/drug addiction
- Serious/sudden health problem
- Contraception advice
- Concerns about mental health



What would **stop** you/prevent you from visiting your Pharmacy?

SITUATIONS THAT WOULD STOP

- Not available/busy/closed
- Problem too serious/not serious enough
- Hear private health information
- Costs too much
- Feel wasting health provider time
- Feel health provider is judging me
- Feel other staff are judging me
- Health provider doesn't know enough
- Feel uncomfortable
- feel more confused after visiting
- Take too long/don't have time

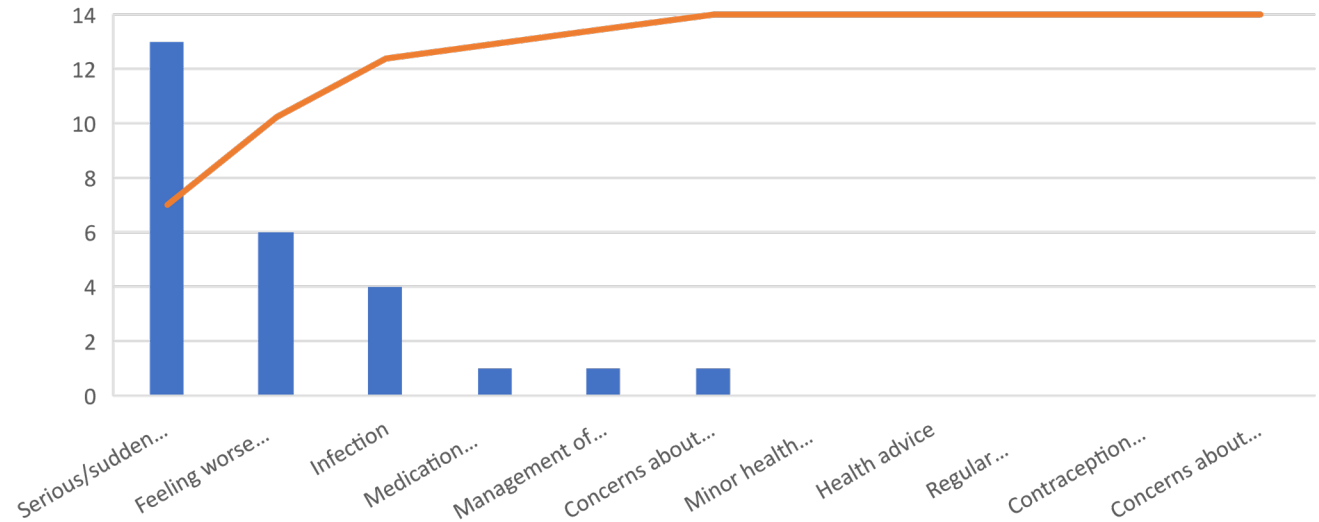


Data – Barriers to Healthcare: Hospital/Emergency

In what situations **would** you visit **Hospital Emergency Department?**

SITUATIONS WOULD VISIT

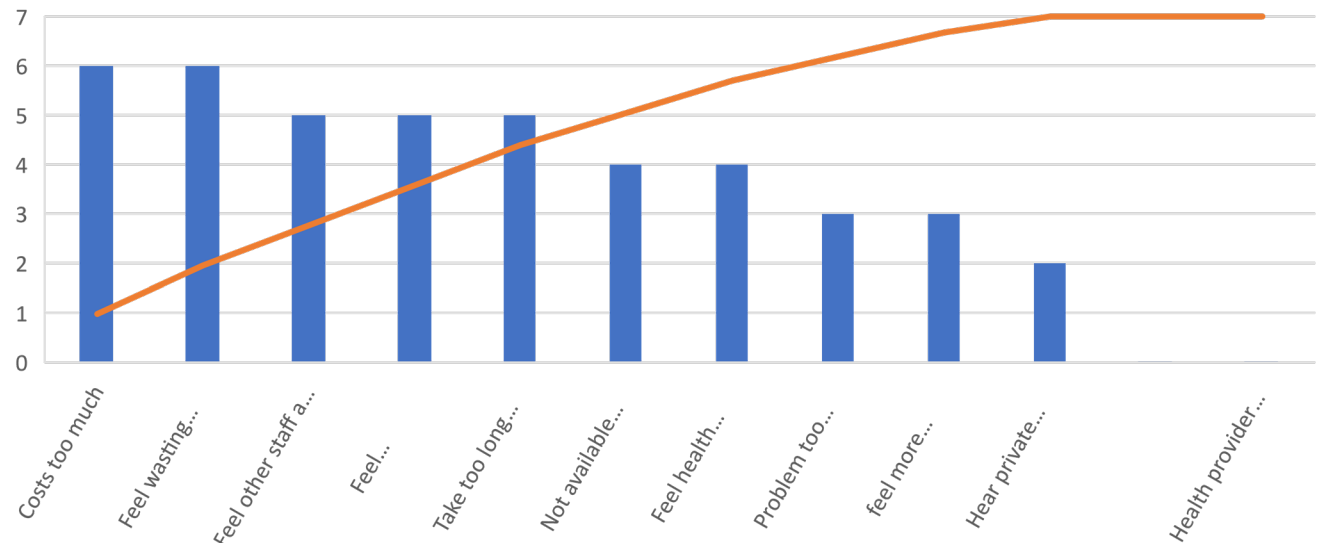
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What would **stop** you/prevent you from visiting the **Hospital Emergency Department?**

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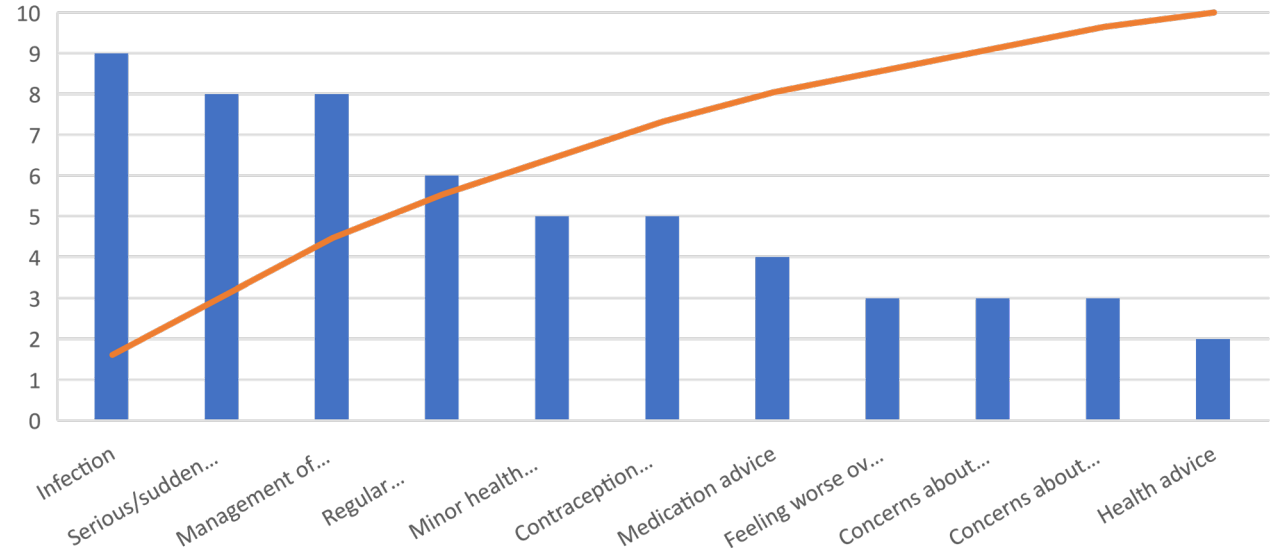


Data – Barriers to Healthcare: Doctor/GP Surgery

In what situations **would** you visit your Doctor/GP Surgery?

SITUATIONS WOULD VISIT

- Minor health problem
- Medication advice
- Infection
- Health advice
- Feeling worse over a short space of time
- Regular preventative
- Management of a diagnosed condition
- Concerns about alcohol/drug addiction
- Serious/sudden health problem
- Contraception advice
- Concerns about mental health



What would **stop** you/prevent you from visiting the Doctor/GP Surgery?

STITUATIONS THAT WOULD STOP

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