



BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE
Networking researchers, educators & care providers

CLINICAL EDUCATION PROGRAMS

QUARTERLY REPORT
AUGUST 2018

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Executive Summary

On June 5, 2017, the British Columbia Centre on Substance Use (BCCSU) became responsible for the educational and clinical care guidance activities for all health care professionals who prescribe medications to treat opioid use disorder. To date, all of these educational programs have been very well-received, as demonstrated by the following key performance metrics:

- As of August 1, 2018, 2,339 clinicians have been reached through 64 **Provincial Opioid Use Disorder Guideline Seminars** across BC.
- Over 9,300 people have registered in the program and 1,532 have received their diploma (604 from BC) since the **Online Addiction Medicine Diploma Program** was launched in May 2017.
- Since the free CME-accredited **Provincial Opioid Addiction Treatment Support Program** was launched in July 2017, there have been 1,666 registrants and 143 new authorizations to prescribe OAT have been processed.
- A multitude of health care professionals from various disciplines have benefited from each of the above educational programs, including family physicians, nurses, pharmacists, social workers, and other allied health care professionals (metrics broken down by discipline are provided later in this report).

Introduction and Background

The current pharmacological treatment options for opioid use disorder includes opioid agonist treatments such as methadone, buprenorphine/naloxone, slow-release oral morphine, and injectable opioid agonist treatment. However, despite mounting evidence that these treatments are very effective for opioid use disorder, there are numerous challenges to scaling up access to treatment, including the need to rapidly increase the number of providers trained in evidence-based care through interdisciplinary education and training programs.

In the context of the provincial overdose crisis, the provincial government has identified the need to enhance the capacity of primary care providers to support and care for individuals in their practice, including general practitioners and nurse practitioners. In order to support primary care providers with clinical care guidance and educational activities, the BCCSU has developed innovative and flexible training models to better engage clinicians including physicians, nurses, nurse practitioners, pharmacists, social workers, and allied health professionals. This report highlights the following BCCSU training activities:

- The Provincial Opioid Use Disorder Guideline Seminar Series;
- The Online Addiction Medicine Diploma Program; and
- The Provincial Opioid Addiction Treatment Support Program

Specifically, this report provides detailed performance metric data for each program listed above, qualitative feedback from health care professionals who have completed the programs, and strategies moving forward to further expand and improve the educational programs offered by the BCCSU.

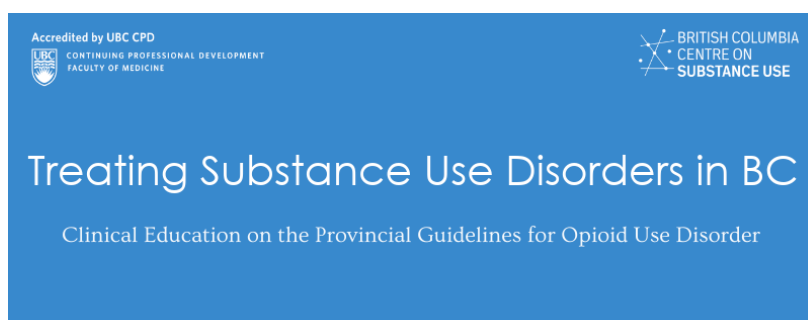
BCCSU Provincial Opioid Use Disorder Guideline Seminar Series

Introduction

On February 7, 2017, the BCCSU and the Ministry of Health (MoH) released the [Provincial Guideline for the Clinical Management of Opioid Use Disorder](#). Starting on June 5, 2017, this guideline became the provincial reference tool for all health care professionals in BC involved in treating patients with opioid use disorder. To support the implementation of these new clinical guidelines throughout the province, educational sessions were necessary to improve knowledge of evidence-based treatment for opioid use disorder among health care providers.

Purpose

The BCCSU, in partnership with the Divisions of Family Practice and regional health authorities, coordinated a number of in-person training sessions throughout the province to provide an update on the opioid overdose crisis and review the key recommendations from the provincial guidelines. These UBC CME accredited sessions were presented by addiction medicine experts in partnership with the BCCSU. Content was tailored to educate and support primary care providers to incorporate the clinical management of opioid use disorder, including buprenorphine/naloxone, in their existing practice rather than referring out to specialists. The sessions provided opportunities for health care providers to ask an addiction medicine expert their questions and to bring forward clinical cases for discussion, as well as to build local networks to support one another in this important work. The sessions were also a supportive environment to raise anticipated challenges, to raise anticipated challenges and specific concerns with respect to taking on this work, as well as to hear an expert speak to these issues.



Our Reach Across BC



2339
clinicians



64
seminars



42
locations

Abbotsford
Ashcroft
Campbell River
Chilliwack
Comox
Coquitlam
Cranbrook
Ferne
Gabriola Island
Gibsons
Kelowna
Langley
Lillooet
Maple Ridge



Nanaimo
Nelson
Penticton
Pitt Meadows
Port Hardy
Prince George
Salmon Arm
Salt Spring Island
Smithers
Squamish
Surrey
Tofino
Vancouver
Vernon

Outcomes

While the majority of session attendees were family physicians, a range of interdisciplinary health professionals also attended, including nurses, specialists, pharmacists, and allied health clinicians. As of May 1, 2018, **2,339 clinicians have been reached through 64 seminars.**

Sessions per Health Authority	(n=64)	Attendance by Profession	% (n=2339)
Vancouver Coastal Health	14	Family Physician	67
Fraser Health	11	Specialist	2
Interior Health	17	Nurse Practitioner	5
Island Health	12	Nursing (RN, LPN, RPN)	14
Northern Health	4	Other	12
Other (webinars)	6		

In addition to the in-person seminars offered to disseminate the guidelines and increase uptake, the BCCSU has developed a webinar to support and educate clinicians who were unable to attend in-person sessions held in their area. This two-part webinar is presented by Dr. Keith Ahamad and Dr. Kit Fairgrieve and can be found on the BCCSU website at www.bccsu.ca/webinars/. The BCCSU will continue to provide seminars requested by clinical groups throughout BC. Since the release of these webinars on the BCCSU website, they have accumulated a combined **1,305 views**.

1,305

Additional webinars have also been added to the BCCSU website this quarter to introduce the [new injectable opioid agonist treatment guidelines](#) and to help support clinicians who have unable to attend in-person iOAT sessions. This three-part webinar is presented by Dr. Nadia Fairbairn and Dr. Scott MacDonald and can be found on the BCCSU website at www.bccsu.ca/webinars/. Since the release of these webinars on the BCCSU website, they have accumulated a combined **246 views**.

246

Feedback



“I learned the importance of flexibility and implementing patient-specific strategies for my patients with opioid use disorder.”

– NP, Vancouver Coastal Health Authority

“I plan to introduce OAT prescribing into my emergency medicine practice.”

– Emergency Medicine Specialist,
Fraser Health Authority

“I found it really helpful to learn about ways to transition to buprenorphine/naloxone and will integrate this into my practice.”

– GP, Fraser Health Authority

“I really enjoyed the conversations amongst the group and the question and answer period.”

– GP, Vancouver Coastal Health Authority

“The key pearls I learned is the protocols and current evidence to support buprenorphine/naloxone and other treatment options for opioid use disorder.”

– undisclosed

“Thank you for providing this seminar opportunity – it’s always great to be able to be amongst colleagues and experts to discuss these topics.”

– NP, Vancouver Coastal Health Authority

“Upon reflecting on the session, I think I would consider more liberal carries for buprenorphine/naloxone in my practice.”

– Addiction Medicine Specialist,
Fraser Health Authority

Next Steps

With the release of the BCCSU’s [Guidance for Injectable Opioid Treatment for Opioid Use Disorder](#), developing and coordinating education and training opportunities for health care providers who wish to offer this treatment in their practice has become a leading priority for the BCCSU. The BCCSU will work in close partnership with the regional health authorities to provide educational and training support on the full continuum of care for opioid use disorder, which includes iOAT, through in-person seminars and workshops.

The BCCSU will also be incorporating content related to treating opioid use disorder in more specialized populations, such as pregnancy and youth, in alignment with the [pregnancy and youth guideline supplements](#) released in June 2018.

Online Addiction Medicine Diploma Program (Online Diploma Program)

Introduction

Education and training for health care professionals on the treatment of substance use disorders represents a significant unmet need in British Columbia and across Canada. This course guides participants through seventeen modules related to addiction medicine and is meant to help close the gap between scientific evidence and current clinical practice. The BCCSU aims to help address the current lack of support for patients with substance use disorders by providing the education and tools required to implement change within clinical practice. This program was supported by an [investment](#) from the Province of British Columbia and the Ministry of Health.

Purpose

The Online Addiction Medicine Diploma is a **free** online certificate course targeted at health care professionals interested in learning more about providing care to patients with alcohol, tobacco, opioid, and other substance use disorders. This course provides a broad overview of addiction medicine by reviewing a variety of substance use disorders and is open to anyone who is interested. Each module is informed by theoretical and academic context, with case discussions and exam questions supporting learning objectives. Clinical cases directly applicable to medical practice provide real-world examples to learn from and the opportunity to apply knowledge gained from the course. While the target audience of the program is physicians, the modules are designed to be accessible to allied health care providers.

Chapter 2 : Screening, diagnosis, brief intervention and referral to treatment for substance use disorders

BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE

Leslie Lippalampi,
MD, CCFP, dip ABAM
(48 minutes)

DSM-5 Criteria

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by 2 or more of the 11 diagnostic criteria over a 12 month period:

Impaired Control:

1. Using more or using for a longer period than was intended
2. Persistent desire or unsuccessful effort to cut down or control substance use
3. A great deal of time is spent in activities necessary to obtain, use, or recover from the effects of the substance
4. Cravings, or a strong desire or urge to use substances

Social Impairment:

5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
7. Important social, occupational or recreational activities are given up or reduced because of substance use

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, DSM-5, Arlington, VA, American Psychiatric Association, 2013.

Online Addiction Medicine Diploma Program

Registration

Since the course launched in May 2017, a total of **9,352 people** are registered in the program as of July 14, 2018.

All Registrants by Profession (n=9352)

Family Physician	8%
Specialist	6
Resident/Student	6
Registered Nurse	22
Licensed Practical Nurse	6
Registered Psychiatric Nurse	4
Pharmacist	3
Nurse Practitioner	3
Counsellor	7
Social Worker	6
Other	29

9352

50% from BC
14% from Alberta
9% from Saskatchewan
15% from Ontario
12% from Elsewhere

BC Registrants by Profession*

Family Physician	7%
Specialist	5
Resident/Student	10
Registered Nurse	21
Licensed Practical Nurse	2
Registered Psychiatric Nurse	5
Pharmacist	3
Nurse Practitioner	2
Counsellor	6
Social Worker	5
Other	34

** At this time, we are unable to collect regional registration information due to privacy restrictions*

Outcomes

1,532 people (604 from BC) have completed the entire course and have received their Diploma.

1,532

Feedback



“Majority of the topics were very relevant to my practice area and my clientele and I will be integrating the key concepts from each chapter to my practice.”

– *Pharmacist*

“As a result of taking this course, I will be reviewing care plans to ensure patients are on first-line therapy if possible, ask patients about their needs and discuss the options for treatment in a collaborative way, and implement SBIRT strategies through MI.”

– *Pharmacist*

“I will look for providers in my area who may continue suboxone when prescribed from the emergency department.”

– *Emergency Medicine Specialist*

“I took this course to gain more information on addiction and SUD’s. This way I can help people through the process of recovering.”

– *Electrician*

“Addiction care in a primary care setting usually involves multiple issues. The screening, interventions, tools, advice that is recommended for addiction care in addition to providing HIV/HCV primary care in a single visit is very challenging. How does this look in day to day practice?”

– *Family Physician*

“This was a rewarding learning experience and I am more interested in furthering my education in Addictions Medicine after having taken this course.”

– *Psychiatrist*

“I plan to work more intently with the medical professionals in my facility, understanding the need to match my work as kinesiologist with what is happening with their treatment.”

– *Kinesiologist*

“I learned how to assess various addictions and how to treat them. I will start treating addiction as one of the chronic conditions.”

– *Nurse Practitioner*

“It would be helpful to have some more practical modules on initiating pharmacotherapy and titrating doses. For example, initiating bup/nlx and what to do in the case of missed doses, etc.”

– *Family Physician*

Next Steps

In addition to the prescriber-focused content, the BCCSU will be adding nursing-specific modules in late 2018. The current course format of the Online Diploma Program delivers addiction medicine content through lecture-style videos paired with printable PDFs and knowledge testing questions. While this style of learning may be engaging for some learners, it presents a number of practical challenges to keeping the course up to date. The BCCSU will be transitioning from the current program format (lecture-style videos paired with printable PDFs) to a new, more flexible and interactive learning platform. The new learning platform will better accommodate addition of new course content, including the nursing modules and other topics of interest in the future. As part of this process, each of the modules in the existing Online Diploma Program will be reviewed and updated. An important advantage of the new learning platform is the ability to develop a more robust registration and evaluation system. With this launch, we will also be updating the program to reflect a certificate status rather than diploma.

Provincial Opioid Addiction Treatment Support Program (POATSP)

Introduction

In June 2017, the BCCSU became responsible for the clinical care guidance and education and training pathways for prescribers of opioid use disorder treatment in BC. In the midst of a provincial overdose crisis, British Columbia made concerted efforts to address gaps in the provision of evidence-based treatment options and care for individuals with opioid use disorder, including the development of provincial

guidelines ([BCCSU/MoH Guidelines for the Clinical Management of Opioid Use Disorder](#)) and the creation of an aligned training program, the Provincial Opioid Addiction Treatment Support Program (POATSP). This comprehensive training program includes education and training on prescribing OAT, including buprenorphine/naloxone, methadone, slow-release oral morphine, and injectable opioid agonist treatments (hydromorphone and diacetylmorphine). As of February 14, 2018, nurse practitioners in British Columbia can also prescribe the full range of opioid agonist treatments (please see the [CRNBC website](#) for more information).



Purpose

The target audience for the program is opioid agonist treatment prescribers, including both physicians and nurse practitioners; however, all health care providers (e.g., nurses, pharmacists, social workers, counsellors) can benefit from the online education modules. The full course is divided into 25 modules and takes approximately 8-10 hours to complete. For physicians and nurse practitioners interested in prescribing OAT, the BCCSU also provides a workbook with clinical cases to practice prescribing and application of clinical judgement. The workbook helps to solidify some of the key points in the online course and ensures the learner has a good foundation before an in-person preceptorship. The BCCSU mandates the completion of a preceptorship of at least two half-day sessions before prescribing oral OAT for the treatment of opioid use disorder.

Registration

Since the program officially launched on July 10, 2017, the following are registration numbers for the POATSP effective July 9, 2018:

Registrants by Profession (n=1666, 1373 from BC)		Registrants by Health Authority	
Family Physician	25%	First Nations Health	6%
Specialist	6	Fraser Health	13
Registered Nurse	15	Interior Health	13
Pharmacist	17	Island Health	10
Nurse Practitioner	11	Northern Health	5
Other Allied Health	6	Providence Health Care	4
Other	20	Provincial Health Services	4
<i>Responses for Other: FP Resident, LPN, Resident, Medical Student, Student Nurse, MOA, Pharmacy Tech, Reg Psychiatric Nurse, Support/Social Worker, Addiction Counsellor, Addiction Medicine Fellow, Reg Pharm Tech</i>		Vancouver Coastal Health	17
		N/A	28

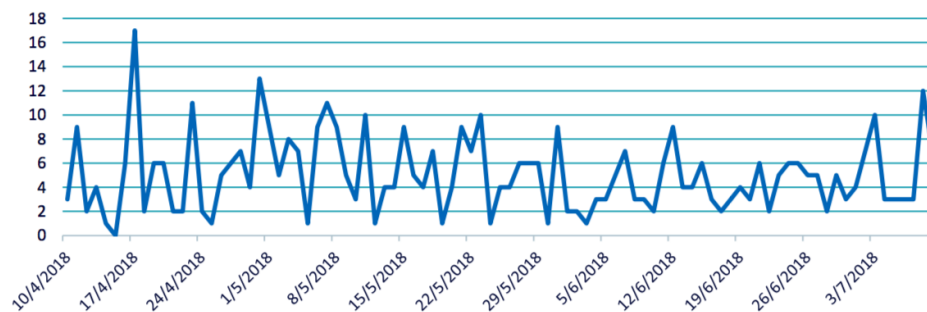


The vast majority of registrants in the POATSP currently reside in British Columbia (**82% from BC** and 18% out of province), but as the BCCSU continues to collaborate with other provinces on clinical education for opioid use disorder, we expect to see a rise in out-of-province registrants.

An advantage of the new platform is that learners can now register and complete the entire course online, removing access barriers especially for those in rural and remote areas. Prior to July 2017, the provincial program offered upwards of 4 in-person training sessions per year. On average, registration in the in-person sessions was approximately 140 registrants per year. In one year, the new online learning platform has increased registration by 1090%.

1,090%

New Registrants by Date



Injectable Opioid Agonist Treatment Completion

With the release of the BCCSU's Guidance for Injectable Opioid Agonist Treatment for Opioid Use, education and training opportunities for new iOAT prescribers represent a vital addition to this program in order to support the expansion of iOAT throughout the province. The iOAT training module, released by the BCCSU in December 2017, is tailored for experienced oral OAT prescribers who wish to prescribe this higher-intensity treatment to their patients. This iOAT module can be completed on its own or incorporated as part of the online training for new OAT prescribers. All clinicians who wish to prescribe iOAT for opioid use disorder will need to complete a Collaborative Prescribing Agreement (CPA) that will be jointly signed by the BCCSU and prescriber and subsequently sent to the Ministry of Health for activation in PharmaNet. The CPA is provided upon completion at minimum, 1 half-day preceptorship. The below table represents the health care providers in each health authority who have completed the online education requirements to prescribe injectable opioid agonist treatments this quarter.

Data from **April 10 - July 9, 2018**

	Total (179)	Family Physician (40)	Nurse Practitioner (21)	Other (19)	Other Allied Health (10)	Pharmacist (17)	Registered Nurse (52)	Resident (24)	Specialist (10)
First Nations Health Authority	33	3	0	1	0	0	29	0	0
Fraser Health	21	4	2	5	0	3	1	6	0
Interior Health	24	9	5	1	2	0	6	1	0
Island Health	20	10	0	0	1	2	4	3	0
Northern Health	10	1	3	1	0	1	4	0	0
Providence Health Care	10	3	0	2	0	1	0	4	0
Provincial Health Services Authority	6	3	0	0	0	0	0	3	1
Vancouver Coastal Health	27	6	4	3	0	1	5	7	1
Not Applicable	20	1	5	2	0	9	2	0	1
Blank	8	0	2	4	0	0	1	0	1

Note: 24 healthcare providers work in multiple Health Authorities and are represented multiple times in this table

Total number of healthcare providers without duplicates:

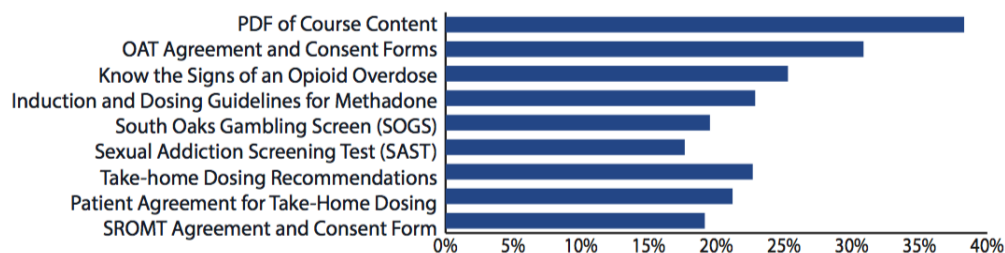
Total # of Physicians* **32**
 Total # of Nurse Practitioners **21**
 Total # of Prescribers **53**

*Physicians = Physicians + Specialists

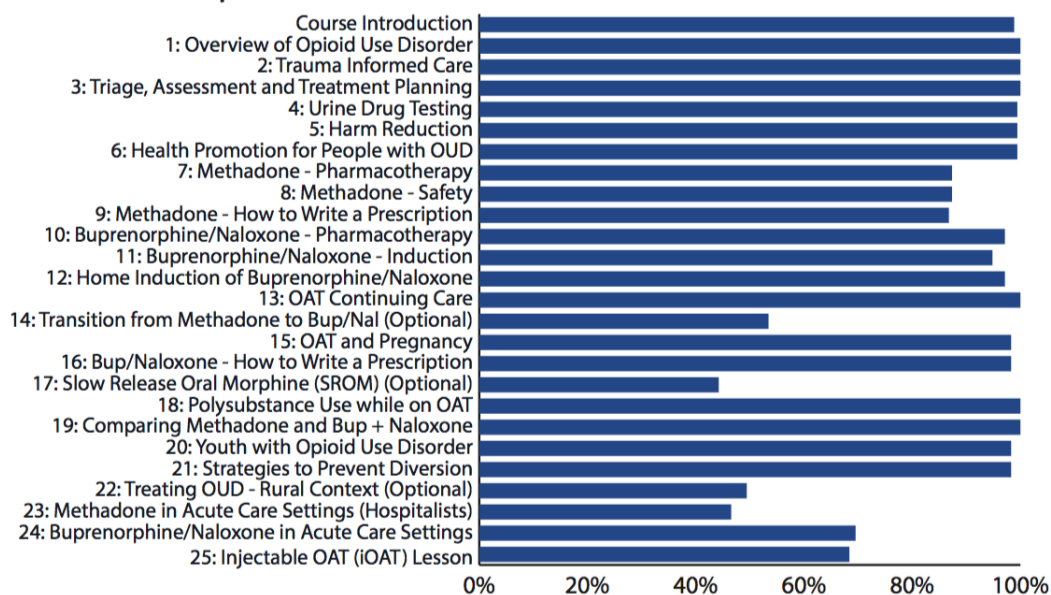
Since the program launched in December, **111 prescribers** have completed the iOAT online modules. Further to this, **17 physicians and 1 nurse practitioner** have fully completed the iOAT training program and can prescribe this treatment option.

One of the strengths of the POATSP is the flexibility with course progression and module selection. Learners may take individual modules in any order they choose and explore other content that may not have been part of the stream they originally selected. The below images provide graphical representation of the completed modules for those who finished the course (in any stream) as well as the percentage of registrants who downloaded supplemental resources. From this data, we can see that approximately 15% of registrants who completed the program, chose to complete the **buprenorphine/naloxone only components**.

Resources Downloaded (n=538)



Module Completion (n=538)



Feedback



“I really liked the fact that it was self-paced – if I logged out and back in, it would take me back to the module I was on.”

“It was a pleasure doing this offering and I am looking forward to providing suboxone and methadone for my patients.”

“Overall an excellent course – I hope something similar can be available in other provinces in the future!”

“Excellent, thoughtful course. I learned a lot and it was clearly well-planned and evidence based.”

“I had difficulty understanding how to access my certificate once my modules were complete.”

“I can honestly say that this is the best online continuing education course I’ve ever taken. There was a ton of relevant info, it was easily laid out, and easy to understand. This will truly make a difference to my practice. Thank you!”

“It would be great if each module could be broken down by pages as well on the left. This way I wouldn’t have to go through entire modules again to go to one specific page.”

Program Completion

Completing this course is the first step in the authorization to prescribe opioid agonist treatments in British Columbia. The development of the POATSP online education platform helped modernize the training and exemption process for methadone, and, more broadly, has provided comprehensive and accessible education on the full continuum of care available for the treatment of opioid use disorder to health care providers across the province. The Health Canada requirement for practitioners to obtain an exemption under subsection 56(1) of the *Controlled Drugs and Substances Act (CDSA)* to prescribe and administer methadone no longer exists as of May 19, 2018; however, the education and training requirements for British Columbia remains the same. A clinical preceptorship is arranged as part of the program and is an opportunity for prescribers to build a mentoring relationship with an experienced provider.

Since the program launched on July 10, 2017, the BCCSU has granted **143 new authorizations to prescribe OAT** to physicians (as of August 1, 2018). While the BCCSU has surpassed historical numbers processed per year, there is still work to be done to increase the number of clinicians who have completed this program in underserved areas of the province.

New Exemptions **143**

Vancouver Coastal Health	66
Island Health	24
Fraser Health	27
Interior Health	18
Northern Health	8

Nurse Practitioners

On June 16, 2017, the College of Registered Nurses of British Columbia (CRNBC) approved new [Nurse Practitioner Standards, Limits and Conditions](#) that set out the requirements for both induction (initiation) and continuation/maintenance prescribing of opioid agonist treatment for opioid use disorder. With the standards, limits and conditions now fully in effect, nurse practitioners may now complete the POATSP educational requirements to prescribe these medications.

Upon successful completion of the course and preceptorship, a signed proof of completion letter is sent to the respective nurse practitioner which indicates that they can engage with CRNBC to order their prescription pads. Since the program launched July 10, 2017, **8 nurse practitioners** have completed the buprenorphine/naloxone training and **36 nurse practitioners** have completed all of the educational requirements to prescribe methadone and buprenorphine/naloxone.

44

Preceptors

The goal of the BCCSU preceptorship program is to support new oral OAT and iOAT prescribers in the understanding and practical application of the Provincial [Guideline for the Clinical Management of Opioid Use Disorder](#) and the [Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder](#) in a supervised clinical setting. The clinical preceptorship is required in order to obtain a methadone exemption, to obtain prescribing privileges for injectable opioid agonist treatment, and for buprenorphine/naloxone prescribing for nurse practitioners.

There are currently **79 preceptors** as part of the BCCSU POATSP program, who are widely located throughout the province.

Preceptors per Health Authority (n=79)

Vancouver Coastal	33
Fraser	18
Interior	15
Island	10
Northern	3

79

Evaluation Summary

Of the 1,666 people who have registered for the course, **538 people** have completed the course and filled out an evaluation form. The following is a summary of the data collected from the evaluation for registrants who completed in the past three months:

Course evaluation (n=190)

LEARNING OBJECTIVES



Prior to May 19th:

5) I can define and establish a diagnosis of opioid use disorder

AVERAGE
4.4

May 19th onwards:

9) I am able to evaluate a patient with OUD and create a patient centred care plan

AVERAGE
4.3

10) I am able to provide safe treatment of OUD with buprenorphine/naloxone, methadone, slow-release oral morphine, and iOAT

AVERAGE
4.0

11) I am able to write a safe and clear methadone, buprenorphine/naloxone, sustained release oral morphine, and iOAT prescription

AVERAGE
4.0

12) I am able to safely induce and maintain a patient on methadone, buprenorphine/naloxone, sustained release oral morphine, and iOAT

AVERAGE
3.9

6) I can recognize safe treatment of opioid use disorder with buprenorphine/naloxone or methadone

AVERAGE
4.3

7) I can write a safe and clear methadone or buprenorphine/naloxone prescription

AVERAGE
3.9

8) I can describe how to engage a patient in comprehensive and continuing care

AVERAGE
4.1

13) I am able to engage a patient in comprehensive and continuing care

AVERAGE
3.9

14) I am able to provide trauma informed care to people with OUD

AVERAGE
4.4

15) I am able to educate patients about harm reduction and integrate harm reduction provision into clinical care

AVERAGE
4.5

16) I am able to transition patients between modalities of pharmacotherapy for OUD

AVERAGE
4.0

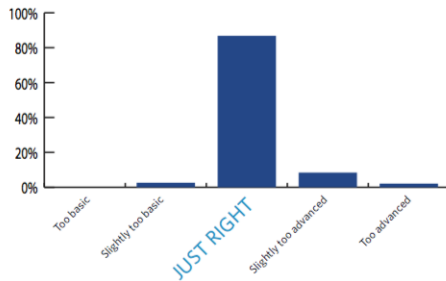
17) I am able to provide opioid agonist treatment to patients in the acute care setting

AVERAGE
3.9

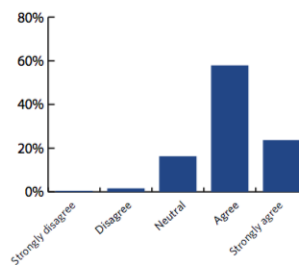
18) I am able to manage precipitated withdrawal

AVERAGE
4.1

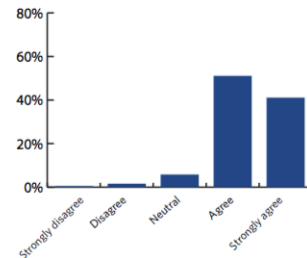
22) How did you find the level of content (on a scale from too basic to too advanced)?



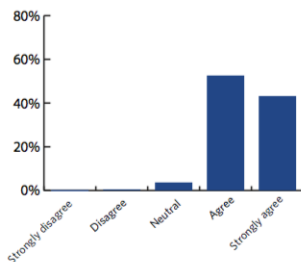
23) I found this module to be interactive



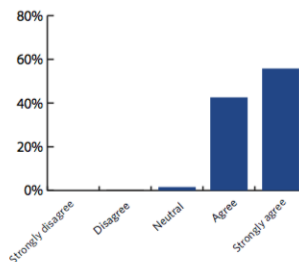
24) I found this module to be useful for my day-to-day practice/work



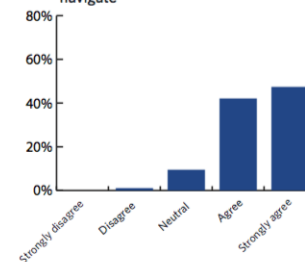
25) I found this module to be accessible



26) I found this module to be credible



27) I found this module to be easy to navigate



Next Steps

As the POATSP program is new, we will continue to refine the program content based on feedback to continuously improve the experience of the learner. For example, in response to user feedback, we will be incorporating interactive features to better support active learning and developing additional practice tools that will support the transfer of knowledge into practice. Additionally, in collaboration with BCCSU researchers, we plan to publish the preliminary evaluation data.

With the release of new youth and pregnancy supplements to the *Guideline for the Clinical Management of Opioid Use Disorder*, the BCCSU has aligned and updated the Youth with Opioid Use Disorder module as well as the OAT and Pregnancy module within the POATSP. For next steps, the BCCSU will look to add in some interactive features to support these new modules including storyboard animation videos.

