



BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE

Networking researchers, educators & care providers

BCCSU ANNUAL EDUCATION REPORT

2020/2021

Table of Contents

<u>Executive Summary</u>	<u>4</u>
<u>Introduction</u>	<u>6</u>
<u>Addiction Care and Treatment Online Certificate</u>	<u>8</u>
Course Content and Format	8
Accessibility	9
Registration and Engagement	9
Key Developments	11
Impact and Feedback	12
Next Steps	13
Summary	13
<u>Provincial Opioid Addiction Treatment Support Program</u>	<u>14</u>
Course Content and Format	14
Accessibility	16
Registration and Engagement	16
Program Completion	18
Preceptor Network	19
Prescriber Network and Capacity	19
Patients on OAT	20
Prescriber Density Mapping	20
Key Developments	22
Impact and Feedback	23
Next Steps	25
Summary	25
<u>BC ECHO on Substance Use</u>	<u>26</u>
Program Format	26
Key Developments	26
Program Registration	28
Outcomes and Impact	30
Podcast: Addiction Practice Pod	32
Next Steps	33
Summary	33
<u>Provincial Opioid Use Disorder Guideline Seminar Series</u>	<u>34</u>
Purpose	34
Outcomes	34
Feedback	35
Next Steps	36
<u>High-Risk Drinking and Alcohol Use Disorder Seminar Series</u>	<u>36</u>
Purpose	36
Outcomes	36
Feedback	37
Next Steps	37

<u>The 24/7 Addiction Medicine Clinician Support Line</u>	38
Overview	38
Purpose	38
Accessibility and Format	39
Key Developments	39
Impact and Feedback	40
Next Steps	42
<u>Addiction Medicine Fellowship Programs</u>	43
Interdisciplinary Clinical Addiction Fellowship Program	43
International Collaborative Addiction Medicine Research Fellowship	44
What's New Lecture Series	44
Impact	44
Next Steps	45
<u>Conferences</u>	46
2nd Annual BC Substance Use Conference – June 2020	46
Impact and Feedback	48
3rd Annual BC Substance Use Conference – June 2021	48
External Conferences	49
<u>University of British Columbia Enhanced Skills Addiction Medicine Training Program</u>	50
Purpose	50
Program Format and Completion	50
Next Steps	50
<u>The Flexible and Enhanced Learning Projects Program</u>	51
Purpose	51
Program Format	51
Program Completion	52
Impact and Feedback	52
Next Steps	52
<u>LOUD in the ED</u>	53
Purpose	53
Accessibility	53
Format	53
Impact and Feedback	55
Next Steps	56
Summary	56
<u>UBC Health and BCCSU Partnership</u>	57
Purpose	57
Environmental Scan	57
Next Steps	57
<u>Final Remarks</u>	58

Executive Summary

The BC Centre on Substance Use (BCCSU) is a provincially networked organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction. The BCCSU seeks to improve the integration of best practices across the continuum of substance use care through the collaborative development of evidence-based policies, guidelines, and standards. In addition to making significant strides in substance use research and clinical care guidance, the centre has firmly established itself as a leading organization in evidence-based education and training for addiction and substance use in Canada. This has involved the development of valued relationships with academic institutions, regional health authorities, professional organizations, a wide range of health care professionals, and key stakeholders, such as people with lived and living experience (PWLLE), the recovery community, the families and loved ones of PWLLE, and community members.

In the context of the ongoing overdose crisis, the provincial government has identified the need to enhance the capacity of health care providers to better support patients and families in their practice. In order to support providers with clinical care guidance and educational activities, the BCCSU has developed innovative and flexible training models to better engage clinicians. A multitude of health care professionals from various disciplines have benefited from each of the below educational programs, including family physicians, nurses, pharmacists, social workers, and other allied health care professionals. A thorough review of the successes and challenges of these training programs are contained within this report, but as a high-level summary, key BCCSU education and training objectives and aligned metrics have been summarized below.

Objective 1: Design, update, evaluate, and sustain core training pathways to address substance use education and other key competency gaps for health care professionals

- Over 23 000 people have registered to take the free CME-accredited [Addiction Care and Treatment Online Certificate](#) (formerly called the Online Addiction Medicine Diploma Program) and 4727 have received their certificate of completion since the program launched in February 2019.
- Since the free CME-accredited [Provincial Opioid Addiction Treatment Support Program \(POATSP\)](#) was launched in July 2017, 8816 people have registered for the program and more than 746 new letters of completion have been processed to prescribe opioid agonist treatment (OAT). Of these new authorizations to prescribe OAT, 145 are nurse practitioners.
- A new education platform called [POATSP: Registered Nurses and Registered Psychiatric Nurses](#) was developed and launched in February 2021. Since its launch, 560 nurses have registered for the program, 23 of whom have been issued proof of completion authorizations to prescribe buprenorphine/naloxone.
- There are 77 prescribers who have completed their training in [injectable opioid agonist treatment \(iOAT\)](#).

Objective 2: Grow, innovate, and evaluate virtual training supports for health care providers in response to provincial needs and in alignment with clinical care guidance

- This fiscal year, 20 [BC ECHO on Substance Use – Opioid Use Disorder](#) sessions were held. The total number of attendees was 1787, with an average attendance of 89 people per session.
- This fiscal year, the [BC ECHO on Substance Use – Alcohol Use Disorder](#) series launched. Nine sessions were held. The total sum of attendees was 1000, with an average attendance of 111 people per session.
- The BC ECHO on Substance Use podcast series, [Addiction Practice Pod](#), launched in September 2020. Six podcast episodes were produced featuring practical tips and guidance for health care providers on topics related to substance use disorder care. This fiscal year, podcast episodes were downloaded 1887 times.
- Seven [Provincial Opioid Use Disorder Guideline Seminars](#) were hosted this fiscal year and a total of 164 clinicians attended. Since the series started on November 1, 2016, 3485 clinicians have attended over the course of 91 seminars.
- A range of interdisciplinary clinicians attended the [High-Risk Drinking and Alcohol Use Disorder Seminar Series](#), including family physicians, nurses, specialists, pharmacists, and allied health clinicians. Between April 1, 2019 and March 31, 2021, 901 clinicians have attended over the course of 42 seminars.
- The [24/7 Addiction Medicine Clinician Support Line](#) was established in June 2020, serving as a highly accessible and reliable consult service for a diverse range of clinicians in BC. Since its launch, the 24/7 line has received 592 calls from acute care, community, and emergency department settings.

Objective 3: Expand, sustain and measure the impact of the Interdisciplinary Addiction Fellowship Program and BC Substance Use Conference across the province

- In 2020-2021, the **Interdisciplinary Addiction Fellowship Program** trained 24 new clinicians who will help to lead the treatment of substance use disorders in their communities.
- The annual **BC Substance Use Conference** continues to be a vital networking, advocacy, and education opportunity for diverse stakeholders across BC. The 2020 conference engaged 800 participants through a four-part series that was held online to adapt to COVID-19.

Objective 4: Develop strategic partnerships through university and educational organizations to promote increased opportunities for substance use education and training

- One family physician completed the Category 2 program through **Enhanced Skills Addiction Medicine Training** in 2020-2021.
- The **FLEX Project** program trained 10 medical students in 2020-2021 through FLEX 419, 429 and 449.
- A provincial quality improvement initiative called **LOUD in the ED** was delivered in partnership with the BCCSU this past year. This included a 5-part action series (webinars paired with action periods and assignments), engaging clinicians in 24 emergency departments across BC to increase the capacity to prescribe buprenorphine/naloxone in these important clinical settings.
- As part of the new **UBC Health and BCCSU Partnership**, an environmental scan was completed to identify existing substance use and addiction content across programs on both UBC campuses. This will help identify opportunities to enhance substance use and addiction education and training across disciplines.

Introduction

With the support of the Province of BC, the BCCSU aims to transform substance use policies and care by translating research into education and care guidance, thereby serving all British Columbians. The BCCSU seeks to achieve these goals through integrated activities of its three core functions:

Research—Leading an innovative multidisciplinary program of research, monitoring, evaluation and quality improvement activities to guide health system improvements in the area of substance use.

Education and Training—Strengthening addiction medicine education activities across disciplines, academic institutions and health authorities, and training the next generation of interdisciplinary leaders in addiction medicine.

Clinical Care Guidance—Developing and helping implement evidence-based clinical practice guidelines, treatment pathways, and other practice support documents.

CORE FUNCTIONS

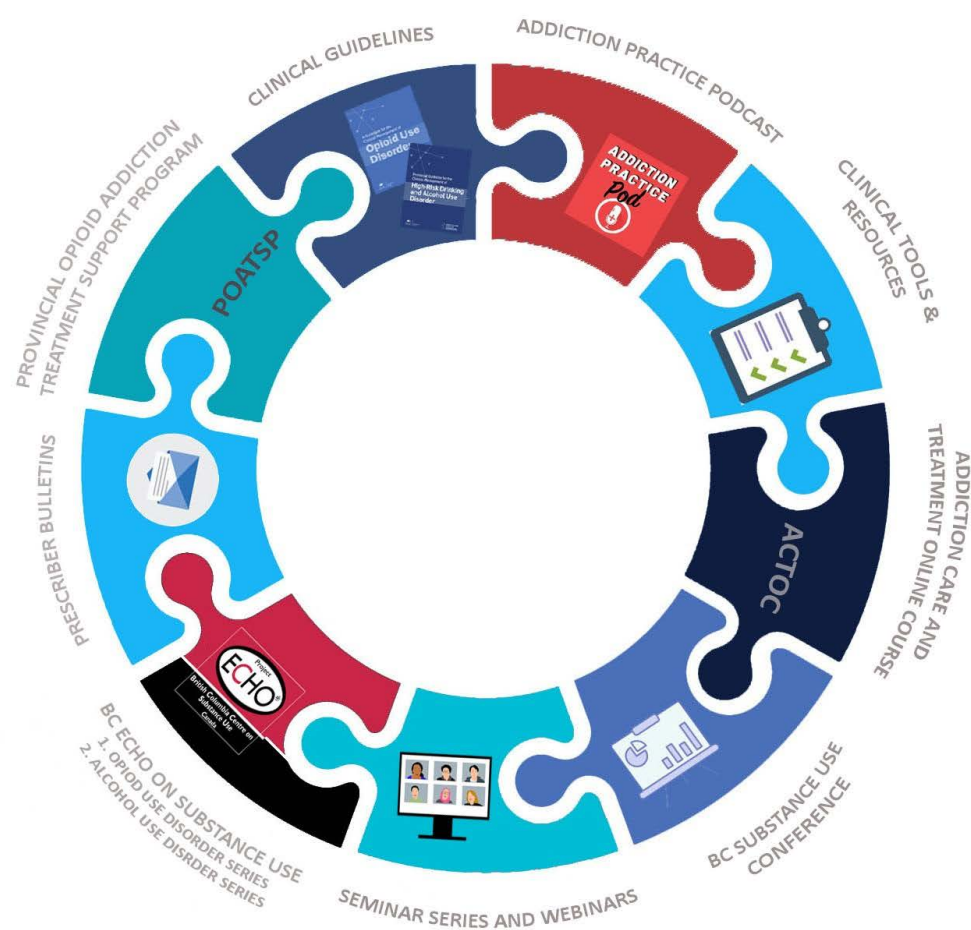


The BCCSU is committed to developing and offering a diverse range of education programs for health care professionals across the province based on evidence-based clinical care guidance. This includes accessible learning tools and resources, online and in-person training, as well as trainee programs.

This report highlights the following BCCSU training activities:

- The Addiction Care and Treatment Online Certificate
- The Provincial Opioid Addiction Treatment Support Program
- The BC ECHO on Substance Use Program
- The Provincial Opioid Use Disorder Guideline Seminar Series
- The High-Risk Drinking and Alcohol Use Disorder Seminar Series
- The 24/7 Addiction Medicine Clinician Support Line
- The Interdisciplinary Addiction Fellowship Program
- The BC Substance Use Conference
- The Enhanced Skills Program
- The FLEX Program
- The LOUD in the ED Initiative
- The UBC Health and BCCSU Partnership.

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 to further expand and improve the educational programs offered by the BCCSU moving forward. As showcased by the image below, the education and training opportunities provided through the BCCSU help fill gaps in unique ways and work synergistically to promote professional development, support practices, and further key care competencies in beginner providers through to experts.



Addiction Care and Treatment Online Certificate



The Addiction Care and Treatment Online Certificate (ACTOC) is a free, self-paced, CME-accredited online certificate course that provides comprehensive substance use education for health care professionals at any level. The course aims to strengthen competencies in the diagnosis and treatment of patients with substance use disorders using evidence-based treatments along a continuum of care. It also aims to help address the current lack of support for patients with substance use disorders by providing health care professionals with the education and tools required to implement change within clinical practice. Uniquely, ACTOC covers a full range of substance use disorders, including alcohol, tobacco, stimulants, cannabis, and opioids. The course can be found here: <http://www.bccsu.ca/about-the-addiction-care-and-treatment-online-certificate/>.

Course Content and Format

This comprehensive program consists of 22 different modules across the spectrum of substance use disorders. Each module draws from current literature, recommendations from evidence-based guidelines, and is created in collaboration with experts in the field. By leveraging a variety of multimedia types (e.g., video, sound bites, illustrations), the course appeals to a wide variety of learners. Case studies provide real-world examples and create an opportunity to apply knowledge gained from the course. To support the learning objectives of each module, knowledge testing questions in a multiple-choice format are included after each module. Analysis of 6985 participants registered for the online course between May 2017 and February 2018 demonstrated that knowledge of participants increased significantly post-course versus pre-course.¹

There are two certificates available (Figure 1):

- 1. Addiction Care and Treatment Online Certificate
- 2. Substance Use and Addiction Nursing Certificate

	ADDICTION CARE AND TREATMENT ONLINE CERTIFICATE	SUBSTANCE USE AND ADDICTION NURSING CERTIFICATE
AUDIENCE	Health care providers involved in addiction care and treatment	Nurses and nurse practitioners
NUMBER OF MODULES TO COMPLETE	20	8
TIME TO COMPLETE (HOURS)	16	6

Figure 1. Overview of the Addiction Care and Treatment Online Certificate and Substance Use and Addiction Nursing Certificate. While there is a nursing-specific certificate available, many nurses also take the full ACTOC certificate as it is geared toward all health care professionals.

¹ Gorfinkel LR, Giesler A, Dong H, Wood E, Fairbairn N, Klimas J. Development and evaluation of the online addiction medicine certificate: Free novel program in a Canadian setting. JMIR Med Educ. 2019;5(1):e12474.

Accessibility

To address the lack of accessible, specialized training in addiction medicine, this course is available for free to all participants. Specialized training programs are often limited due to space, location, and participant availability. The online format of ACTOC allows for a large number of participants to be reached, no matter their location or scheduling challenges. This is particularly important in underserved areas of the province, such as rural and remote communities.

Registration and Engagement

Of the diverse educational offerings at the BCCSU, the ACTOC program engages the highest number of clinicians. This is due to the breadth of topics covered within the course as well as its applicability across several disciplines. **Figure 2** outlines the registration and completion numbers for this program.

	Fiscal 2020/2021	Since launch (Feb 2019)
Registered	10 714	23 027
Completed	2689	4727

Figure 2. ACTOC registration and completion numbers for fiscal year 2020/2021 and since its launch in 2019

Full completion of the certificate is not the goal of every clinician. This course encourages learners to select modules according to the areas in which they require support. They may choose one or many areas; but the importance lies in having the flexibility to choose the modules that are needed at a particular time and the ability to progress based on their own schedules. This is highlighted by the module completion percentages as shown in **Figure 3**.

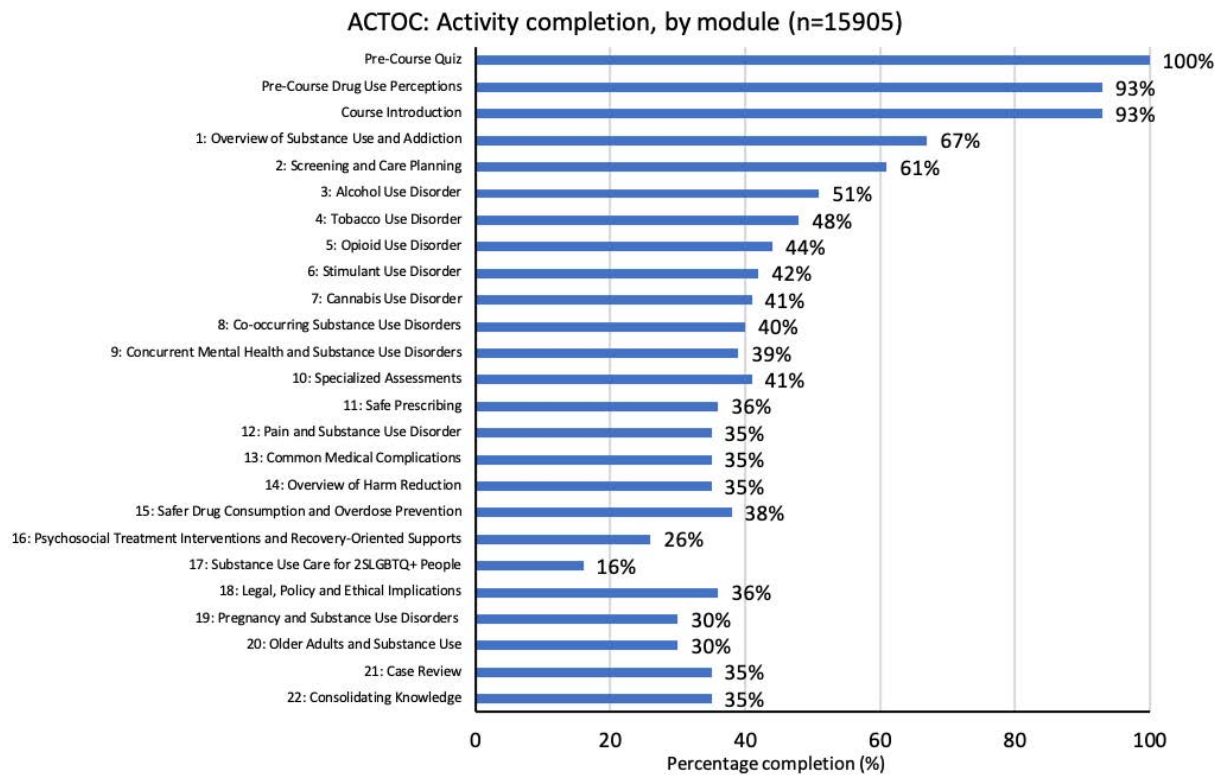


Figure 3. Module completion for all ACTOC registrants since its launch in 2019

ACTOC was designed to be an introductory course that would provide an overview of the major clinically relevant topics in substance use and addiction, and would attract learners with little to no previous experience with substance use disorder education. In the past fiscal year, this trend has been demonstrated. As highlighted by Figure 4 below, almost 41% of course participants have never participated in substance use disorder education and less than 6% have taken more advanced education in this field.

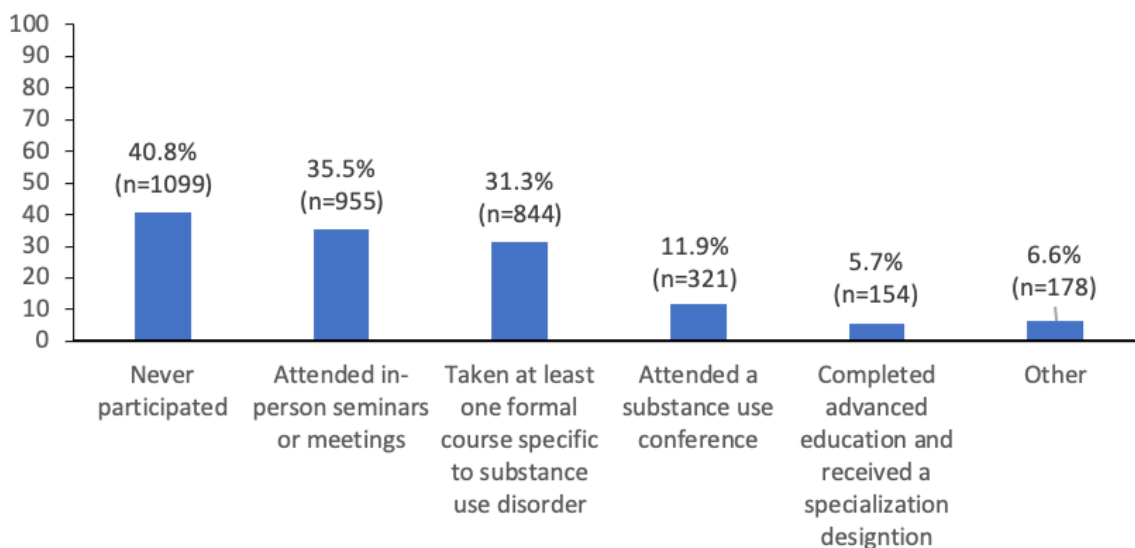


Figure 4. ACTOC learner previous experience with substance use disorder education for fiscal year 2020/2021

A diversity of health care professionals have registered for ACTOC, as highlighted in [Figure 5](#). Registrants also represent every health authority in BC, as shown in [Figure 6](#).

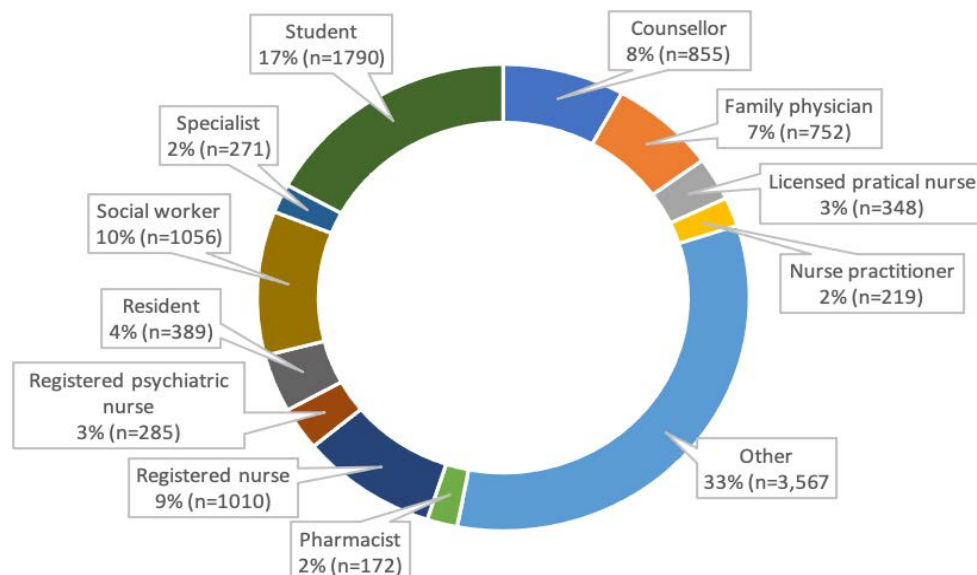


Figure 5. Registrant demographics by profession: April 1, 2020 to March 31, 2021.

The “other” category includes paramedics, recovery and support workers, occupational therapists, youth workers, peer workers, and withdrawal management workers.

Health Authority	%	Number of registrants
Not Applicable	60	6392
Provincial Health Services Authority	10	1069
Vancouver Coastal Health	7	740
Island Health	7	779
Interior Health	6	681
Fraser Health	7	706
Northern Health	4	407
Providence Health Care	2	224
First Nations Health Authority	2	221

Figure 6. ACTOC registration by health authority from April 1, 2020 to March 31, 2021

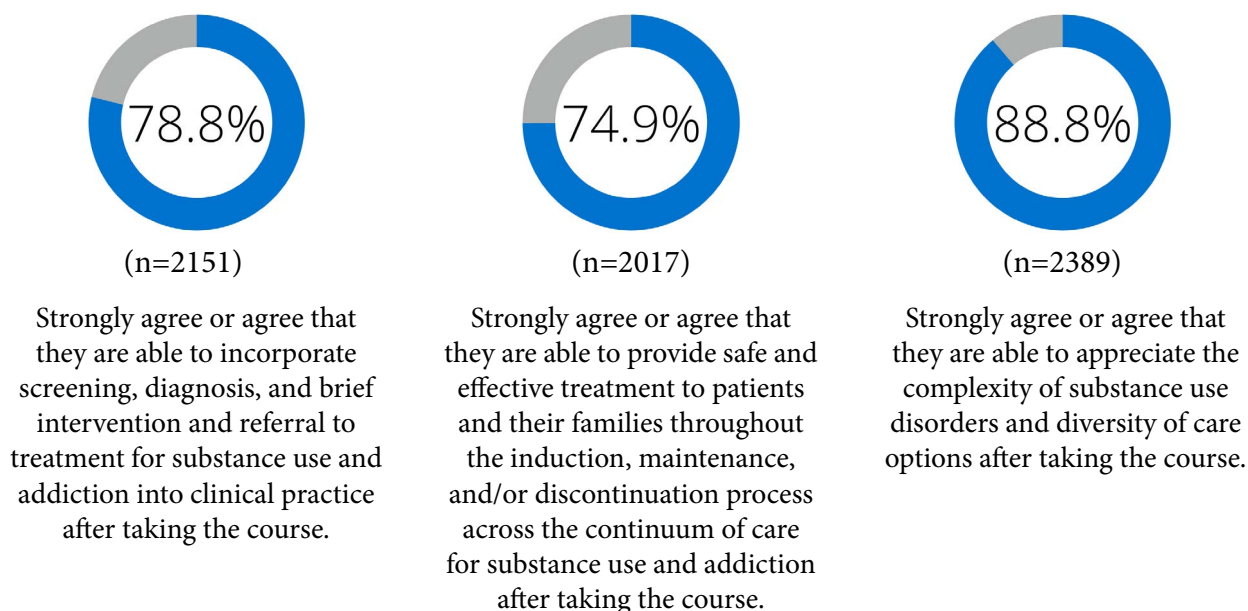
Key Developments

Since ACTOC was launched in February 2019, a number of new modules and course improvements have been integrated into the program. For the 2020/2021 fiscal year, the BCCSU has launched a new module, Module 17: Substance Use Care for 2SLGBTQ+ People. 2SLGBTQ+ patients experience unique barriers to accessing substance use care. Both explicit and implicit discrimination deter 2SLGBTQ+ people from accessing the care that they need, leading to disparate health outcomes. This module aims to build awareness of and help clinicians better meet the substance use health care needs of 2SLGBTQ+ patients.

Impact and Feedback

Registrant feedback and evaluation is an important aspect of the BCCSU's educational programming. As such, the quarterly Learner Experience Report is actively reviewed and course improvements and adjustments are made throughout the year.

Course participants are able to incorporate learnings into clinical practice by providing safe, effective and patient-centred treatment. Of 2693 registrants who were surveyed:



Course participants strongly agree or agree that the modules are accessible (91.6%; n=2466), interactive (78.8%; n=2122), and credible (93.4%; n=2514).

Furthermore, there was significant uptake of the key resources hosted on the platform, as highlighted in [Figure 7](#) below.

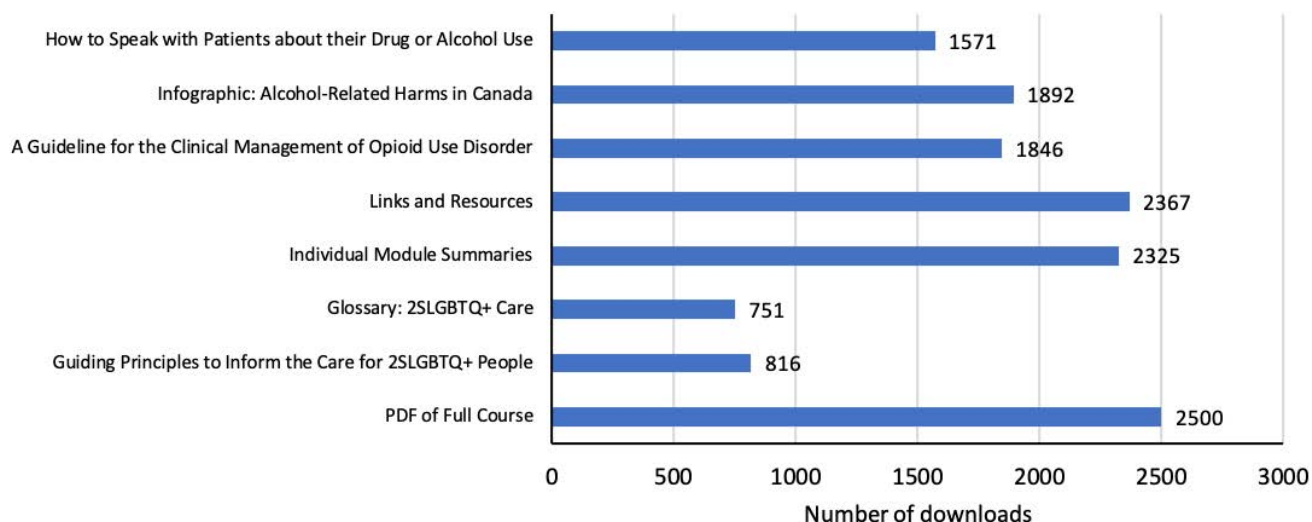


Figure 7. ACTOC resource page engagement assessed by number of downloads since its launch



Overall, **very impressed** with this course. **Applicable to various health disciplines** and **accessible** to those who could not otherwise do this due to financial constraints.

Thank you for the **opportunity** to take the course. It was **clear**, through what you offered and how you offered it, that you **value the importance of sharing the information** and **improving clinical competency for a wide range of health professionals**. Your approach will definitely assist with **breaking down barriers** and **better serving an extremely vulnerable population**.

This course gave me **different perspectives** that I can **implement** when I have interactions **with my patients**.



Next steps

The course is continually being reviewed to identify areas requiring updates. During the upcoming fiscal review, the course will undergo a cultural safety review to promote culturally safe care. As substance use and addiction care in BC evolves and new guidelines are updated or released, the course will be updated accordingly. In addition, course participant feedback will continue to be collected and reviewed to update certain course aspects, such as learner interactivity, content streamlining, content simplification, and question format. To encourage continuing education for previous course participants, additional modules (as identified by program participants and clinical experts) will be added. New additions for the upcoming fiscal year will focus on vulnerable populations (such as older adults).

Summary

During the 2020/2021 fiscal year, ACTOC has continued to attract a high volume of registrants to the course, including many people who have not previously accessed continuing education focusing on substance use. Feedback from course participants emphasized that they found the course valuable and were able to change their practice after completion.

Provincial Opioid Addiction Treatment Support Program



In 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 in BC. As a result, the Provincial Opioid Addiction Treatment Support Program (POATSP) was developed with the aim of addressing gaps in the provision of evidence-based treatment options and care for individuals with opioid use disorders across the province. This comprehensive, free, self-paced, and CME-accredited program includes the education needed to prescribe oral opioid agonist treatment (i.e., buprenorphine/naloxone, methadone, and slow-release oral morphine) and injectable opioid agonist treatment (i.e., hydromorphone and diacetylmorphine). The course can be found here: <http://www.bccsu.ca/provincial-opioid-addiction-treatment-support-program/>.

On September 16, 2020, a Provincial Health Officer public health order was issued by Dr. Bonnie Henry to authorize registered nurses (RNs) and Registered Psychiatric Nurses (RPNs) to prescribe opioid agonist treatment as part of the province's continued effort to address the overdose crisis. As part of Phase 1 of the implementation of nurse prescribing, the BCCSU developed an education and training pathway to support buprenorphine/naloxone prescribing in BC. In February 2021, the BCCSU launched a new platform for registered nurses and registered psychiatric nurses, named Provincial Opioid Addiction Treatment Support Program: Registered Nurses and Registered Psychiatric Nurses (POATSP: RNs and RPNs). This comprehensive online course is part of the education pathway required to prescribe buprenorphine/naloxone. The course can be found here: <https://elearning.ubccpd.ca/course/view.php?id=365>.

Course Content and Format

Provincial Opioid Addiction Treatment Support Program

This comprehensive program consists of 25 different modules across the continuum of opioid use and addiction care. Overall, the course takes around eight to 10 hours to complete.

Provincial Opioid Addiction Treatment Support Program: Registered Nurses and Registered Psychiatric Nurses

Consists of 30 different modules to provide an in-depth education of opioid use disorder and care. Overall, the course takes 12 to 14 hours to complete.

Each module in POATSP and POATSP: RNs and RPNs draws from current literature, recommendations from evidence-based guidelines, and is created in collaboration with experts in the field of addiction medicine. To enhance learning experience and active learning, the online program includes multimedia features such as videos and sound bites. Real-world examples have also been included as case studies to encourage participants to analyze and apply the lessons learned. Course participants are able to solidify their learnings through the knowledge testing quizzes at the end of each module.

Opioid Agonist Treatment Training

Provincial Opioid Addiction Treatment Support Program

Completion of the online POATSP program is the first step in the proof of completion authorization to prescribe opioid agonist treatment (OAT) in British Columbia. Once all steps are completed, the BCCSU issues a signed proof of completion letter, indicating that the prescriber has successfully completed the provincial education and training requirements. Prescribers may then order their prescription pads from their regulatory body and provide this letter when requested. The letter is authorized in perpetuity (i.e., no expiration date) unless investigation and actions are taken by the appropriate regulatory bodies. There are two training pathways: oral OAT and injectable OAT (iOAT). Both training courses are complimented by a workbook and in-person preceptorship to ensure patient and case exposure, hands-on learning, and the ability to create mentorship relationships with expert prescribers in their area. The training requirements to prescribe oral OAT and iOAT are outlined in [Figure 1](#).

The development of the POATSP online education platform helped modernize training for methadone prescribing, and, more broadly, has provided comprehensive and accessible education to health care providers across the province on the full continuum of care available for the treatment of opioid use disorder. With the development and release of the [Guidance for Injectable Opioid Agonist Treatment for Opioid Use](#), an iOAT education and training pathway was integrated to support the expansion of iOAT throughout the province. It is tailored for experienced oral OAT prescribers and was developed in close collaboration with the regional health authorities and the Ministry of Health. For iOAT training, clinicians must have completed the oral OAT pathway through POATSP or have previously completed requirements for the issuance of a section 56(1) methadone exemption (which has now been removed as a federal requirement). Upon completion of the iOAT pathway, the prescriber will receive a signed and authorized Collaborative Prescribing Agreement (CPA) from the BCCSU and Ministry of Health.

	OAT	iOAT	RN/RPN Training
NUMBER OF CORE POATSP MODULES	20	11	30
WORKBOOK	Hospital-based or community-based	iOAT	RN/RPN
PRECEPTORSHIP (NUMBER OF DAYS)	2 x 0.5	1 x 0.5	4 x 0.5
OTHER REQUIREMENTS	Signed authorization letter from the BCCSU	Complete a Collaborative Prescribing Agreement (CPA) provided by the BCCSU; once the CPA is approved by the Ministry of Health, PharmaNet activation occurs	Signed authorization letter from the BCCSU and completion of a BCCNM declaration form

Figure 1. Overview of the training and requirements for OAT, iOAT, and RNs and RPNs

Provincial Opioid Addiction Treatment Support Program: Registered Nurses and Registered Psychiatric Nurses

Completion of the online POATSP: RNs and RPNs course is the first step in the proof of completion authorization to prescribe buprenorphine/naloxone in British Columbia. This is complimented by a workbook and in-person preceptorship to ensure patient and case exposure, hands-on learning, and the ability to create mentorship relationships with expert prescribers in their area. Once all steps are completed, the BCCSU issues a signed proof of completion letter, indicating that the prescriber has successfully completed the provincial education and training requirements. This letter is sent on to the British Columbia College of Nurses and Midwives (BCCNM), who will issue a declaration form to the prescriber to complete. The BCCNM assigns the prescriber with a prescriber ID, which will enable the RN or RPN to access PharmaNet, Medical Services Plan, and order a controlled drugs and substances prescription pad.

Accessibility

Specialized training programs are often limited due to space, location, participant availability, and cost. In response to these barriers, the POATSP and POATSP: RNs and RPNs courses are offered online at no cost to the course participants and can be completed remotely and at a participant’s own pace. For preceptorship time, the BCCSU has widely expanded the network of preceptors through all health authorities to ensure mentorship opportunities and important expert linkages are found closer to learners’ own practice setting (see preceptor section below). With this format, the POATSP courses are able to build capacity in underserved areas of the province, such as rural and remote communities.

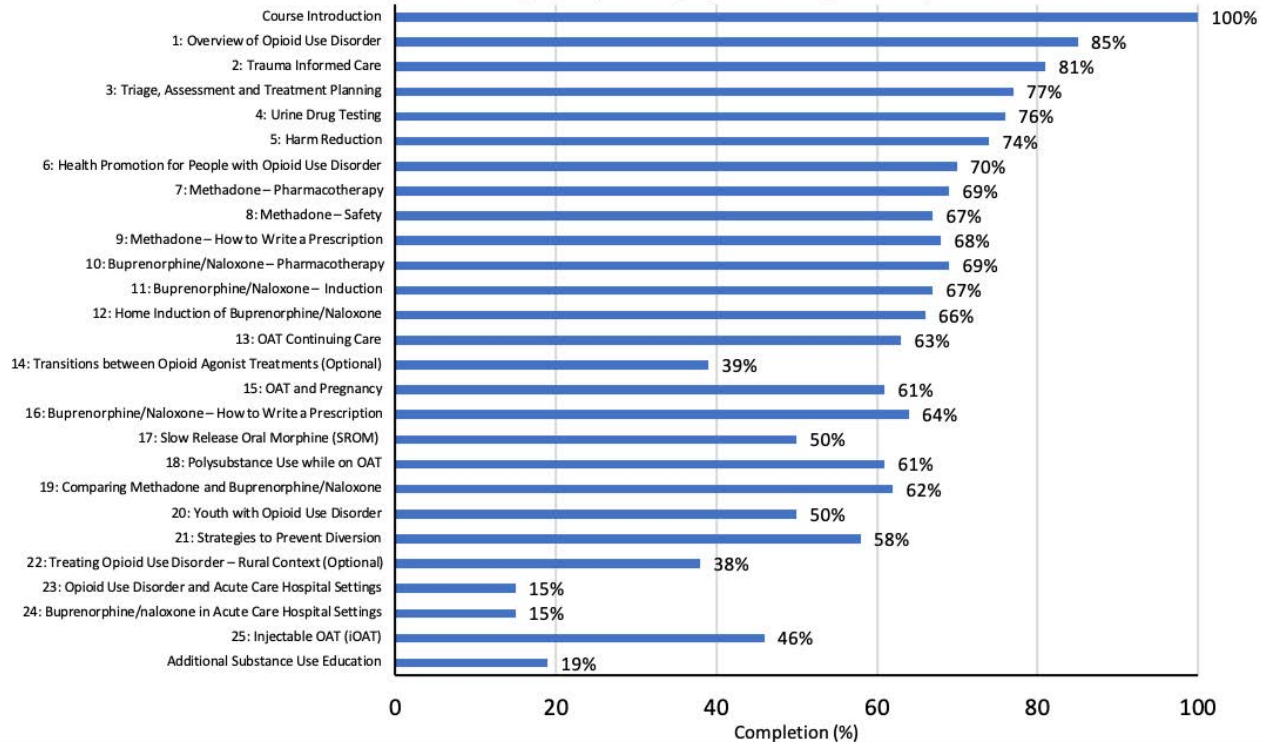
Registration and Engagement

The POATSP and POATSP: RNs and RPNs courses are an integral part of physicians’, nurse practitioners’, registered nurses’, and registered psychiatric nurses’ training to prescribe oral or injectable OAT. Although the target audience is those who wish to become OAT prescribers, all health care providers can benefit from the free and accessible online education modules. [Figure 2](#) outlines the number of people who registered and completed this program. It is important to recognize that full completion of the program may not be the goal of every course participant. Course participants have the flexibility to choose to cover topics that interest them and to progress through the program at their own pace, which is highlighted in [Figure 3](#).

	POATSP		POATSP: RN and RPN
	Fiscal 2020/2021	Since launch (2017)	Fiscal 2020/2021
Registered	3105	8816	560
Completed	1316	2881	68

Figure 2. Number of people who registered and completed POATSP (fiscal year 2020/2021 and since launch in 2017) and POATSP: RNs and RPNs (since launch on February 16, 2021)

POATSP: Activity completion, by module (n=5775)



POATSP RNs and RPNs: Activity completion, by module (n=302)

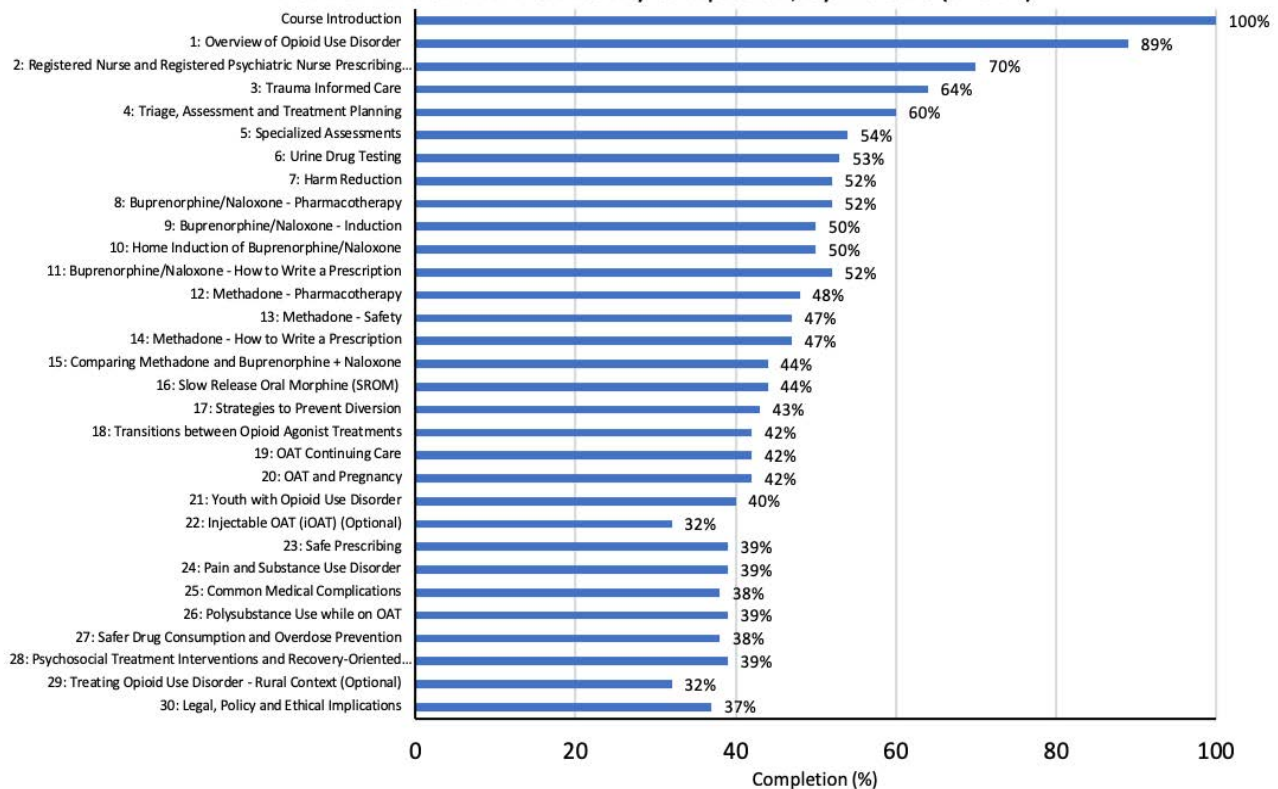


Figure 3. Module completion for all POATSP and POATSP: RNs and RPNs registrants (since launch)

The course attracts a diverse group of health care professionals from different health authorities, as is shown in [Figures 4 and 5](#) below.

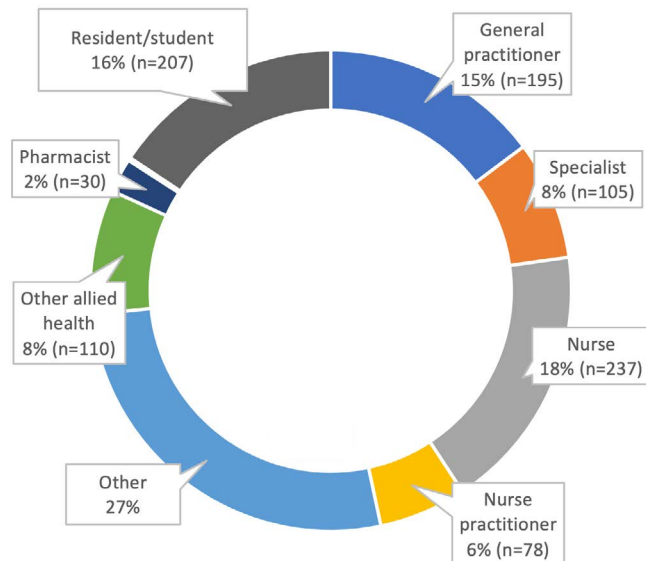


Figure 4. Registrant demographics by profession (April 1, 2020 to March 31, 2021; POATSP).

The “other” category includes paramedics and emergency medical responders.

Health Authority	POATSP	POATSP: RNs and RPNs
Not Applicable	1095	102
Provincial Health Services Authority	419	87
Vancouver Coastal Health	391	89
Island Health	346	103
Interior Health	331	90
Fraser Health	372	70
Northern Health	219	44
Providence Health Care	133	28
First Nations Health Authority	127	13

Figure 5. Registration by health authority (April 1, 2020 to March 31, 2021 for POATSP and from February 1, 2021 for POATSP: RNs and RPNs)

Program Completion

From the POATSP program launch (July 10, 2017) to March 31, 2021, the BCCSU has provided:

- **746** new authorizations to prescribe OAT, 145 of which went to nurse practitioners
- **77** new authorizations to prescribe iOAT, 8 of which went to nurse practitioners

From the POATSP: RNs and RPNs launch (February 16, 2021) to March 31, 2020, the BCCSU has provided 23 new authorizations to RN/RPNs to prescribe buprenorphine/naloxone.

The figure below highlights the number of prescriber authorizations since the BCCSU assumed responsibility for the education and training of OAT/iOAT prescribers in 2017. As demonstrated below, the BCCSU continues to train more prescribers year-on-year, helping to fill crucial gaps in the BC health care system.

	Physicians	NP's	iOAT	RN/RPN	Total
2017/2018	105	27	2	-	134
2018/2019	132	41	29	-	202
2019/2020	164	42	19	-	225
2020/2021	200	35	27	23	285
Total	601	145	77	23	846

Figure 6. Fully trained OAT/iOAT prescribers by discipline and fiscal year from June 2017 to March 31, 2021

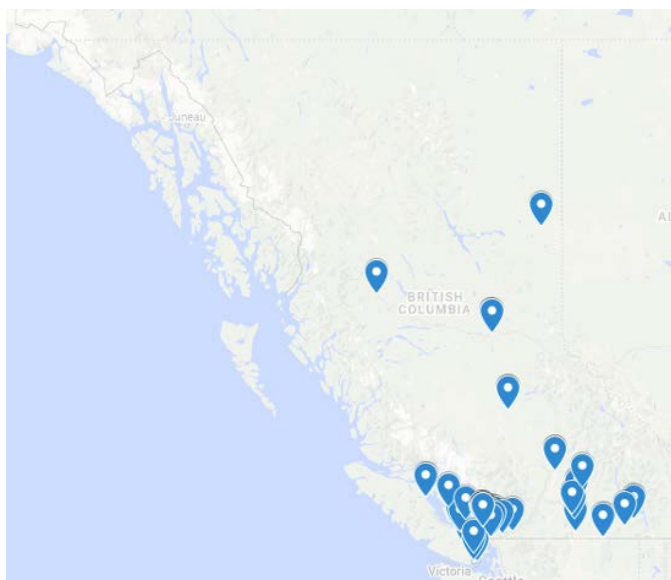


Figure 7. POATSP preceptor network to support new prescribers as of March 31, 2021

Prescriber Network and Capacity



With consent to contact, prescribers who have completed POATSP are added into the provincial OAT network, where they receive the latest OAT developments through monthly prescriber blast emails. Prescribers are centrally engaged with the BCCSU to ensure that guideline and practice changes are communicated directly from the source. The BCCSU also provides support for prescribers facing urgent situations, including medication shortages, emergence of fatal compounds in the fentanyl supply, and system decisions that affect access to care.

The number of OAT prescribers in BC has consistently been increasing since 2017, as shown in Figure 9. In July 2017, there were 912 active prescribers in BC, compared to an increase to 1690 as of March 31, 2021. This represents an 85% increase in prescriber capacity from when the BCCSU assumed responsibility of the education and training pathway.

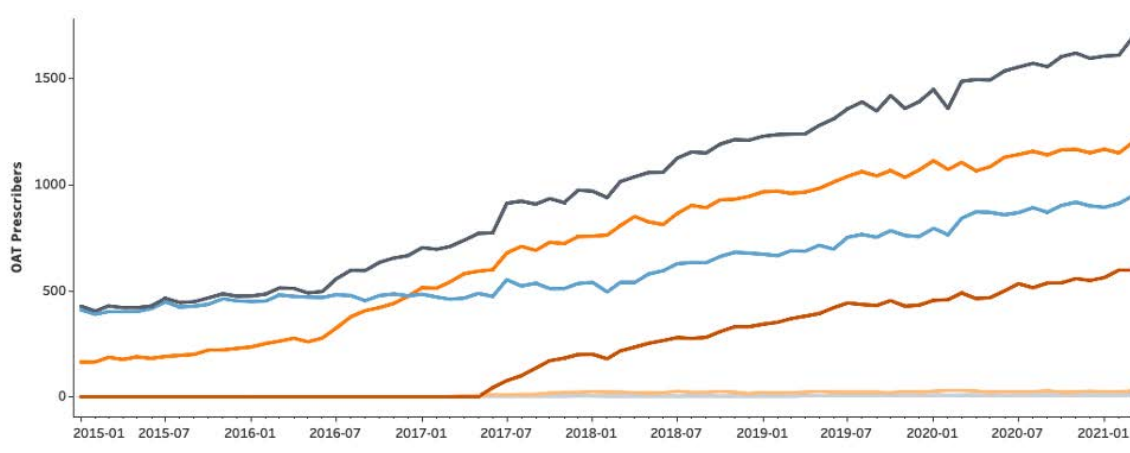


Figure 9. OAT prescribers (2017–2021) in British Columbia

Treatment

- Any OAT
- Buprenorphine/Naloxone
- Methadone
- Slow Release Oral Morphine
- Diacetylmorphine
- Hydromorphone

Preceptor Network

A network of **160** expert mentors in opioid use disorder care has progressively been expanded since the creation of the POATSP program. As shown in Figure 7, these mentors are in diverse geographic regions and are able to support new prescribers as well as encourage adoption and expansion of new clinical practices and guidelines across the province. Experts are located in different health authorities to solidify learning outcomes from the POATSP foundational online program, answer complex clinical case questions, and build relationships with the new prescribers.

Health Authority	Number of preceptors
Vancouver Coastal	74
Fraser	25
Vancouver Island	30
Interior	25
Northern	6
TOTAL	160

Figure 8. Number of preceptors, per Health Authority

Patients on OAT

As the prescriber capacity to provide these medications has been increasing, the number of patients on OAT has been rising as well. As of March 31, 2021, there were 24 306 patients actively taking OAT in the province, compared to 19 371 patients in July 2017. This represents a 25% increase in patients on OAT during this time period (Figure 10).

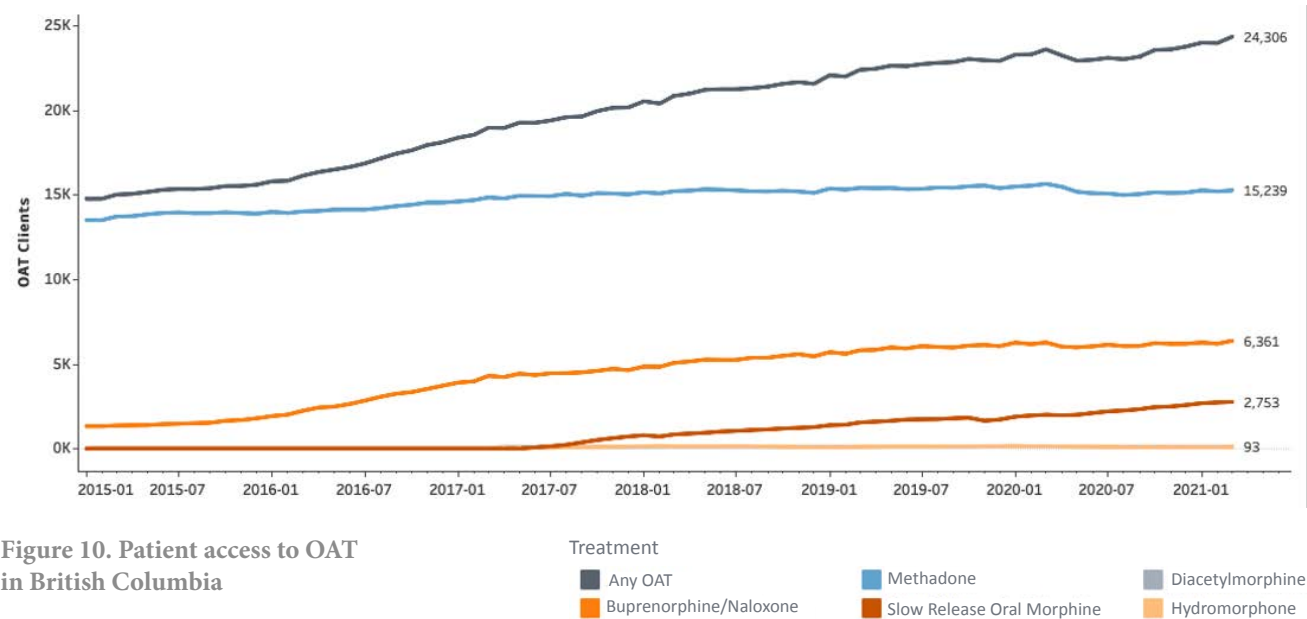


Figure 10. Patient access to OAT in British Columbia

Prescriber Density Mapping

The BCCSU has partnered with the BC Centre for Disease Control (BCCDC) on the development of prescriber density maps, which enable targeted education in areas with the lowest prescriber densities. This ensures equitable efforts and resource management on a provincial level. In Figures 11 and 12 below, colour indicates prescriber density based on June 2020 and December 2020 prescriptions respectively, though patients must have filled at least one of their prescriptions for a prescriber to count as “active”. Numbers within local health areas (LHAs) represent the absolute number of active prescribers in those months. A comparison of these density maps reveals increases (as represented by deeper shades) in parts of the province, highlighting increased access to OAT prescribers in those local health areas. These maps are informing BCCSU's ongoing prescriber and preceptor recruitment activities, which are supported by the province using resources from Health Canada's Emergency Treatment Fund.

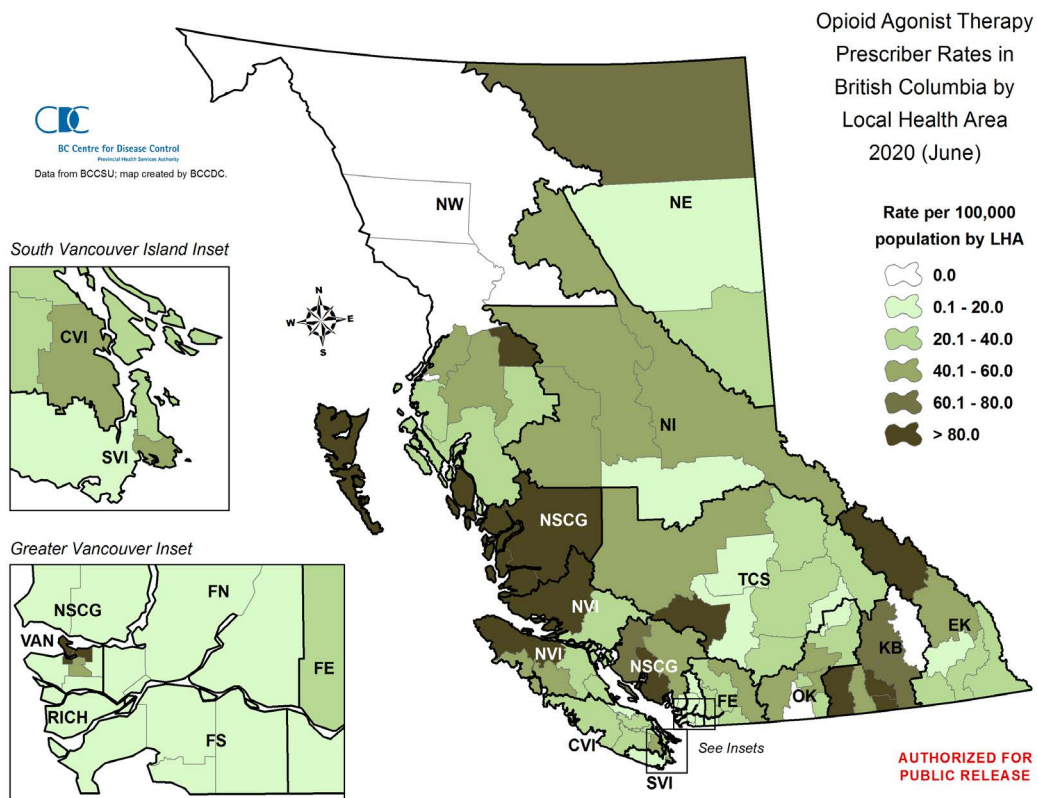


Figure 11. Density mapping for OAT prescribers (June 2020)

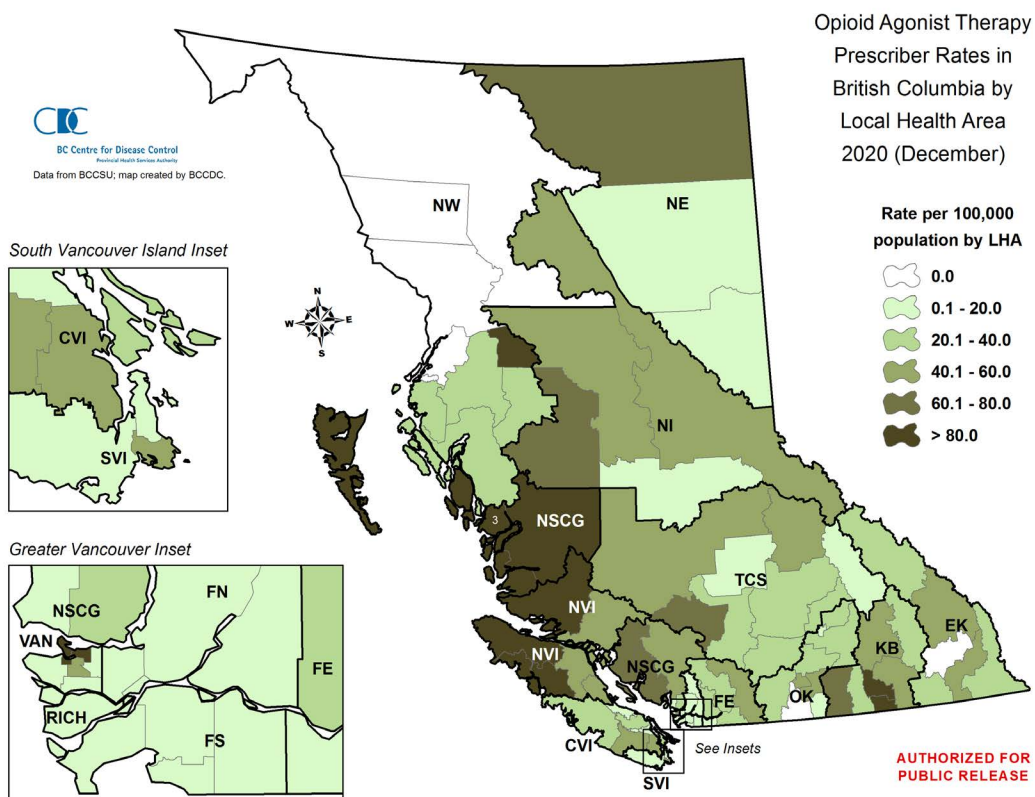


Figure 12. Density mapping for OAT prescribers (December 2020)

Key Developments

Provincial Opioid Addiction Treatment Support Program

Since POATSP was launched in July 2017, a number of course improvements have been integrated into this program. For this past fiscal year, the BCCSU was proud to integrate the following enhancements:

- Addition of a new education stream for acute care hospitalists and emergency department providers
- Update of two modules for acute care hospital settings, Module 23: Opioid Use Disorder and Acute Care Hospital Settings and Module 24: Buprenorphine/naloxone in Acute Care Hospital Settings
- Addition of drug-drug interaction summaries for buprenorphine/naloxone, methadone, and slow-release oral morphine
- Addition of a protocol for a micro-dosing buprenorphine/naloxone induction in Module 11: Buprenorphine/naloxone — Induction

The two modules for acute care hospital settings, Modules 23 and 24, were updated in close collaboration with emergency department physicians to address educational needs. As part of the updates to these modules, a decision support tool for the emergency department was created. This tool contains the key information for a buprenorphine/naloxone induction in the emergency department.

In response to the evolving clinical landscape, a new method, including a protocol, for a buprenorphine/naloxone induction was added to Module 11.

Provincial Opioid Addiction Treatment Support Program: Registered Nurses and Registered Psychiatric Nurses

Over the past fiscal year, the BCCSU has launched an entire new platform tailored to the learning needs of registered nurses (RNs) and registered psychiatric nurses (RPNs). This process involved:

- Adding additional education to key modules, such as Module 4: Triage, Assessment, and Treatment Planning
- Developing a new module specifically for RNs and RPNs, named Module 2: Registered Nurse and Registered Psychiatric Nurse Prescribing for Opioid Use Disorder, which includes prescribing competencies that RNs and RPNs need before prescribing any medication
- Developing a workbook
- Creating a Decision Support Tool for RN and RPN Prescribing of Buprenorphine/naloxone
- Creating a helpful resource list that includes the key documents that RNs and RPNs will use when prescribing buprenorphine/naloxone



**POATSP: Registered Nurses
and Registered Psychiatric Nurses
online course**



**Registered Nurse and
Registered Psychiatric Nurse
Prescribing Workbook**



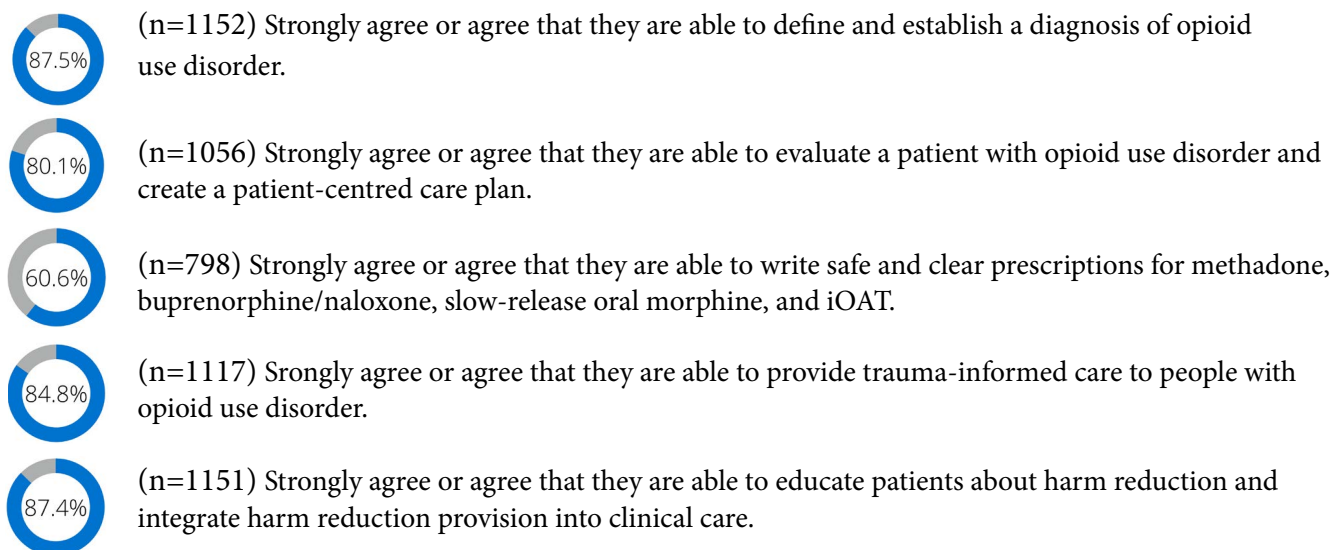
**In-person preceptorship
(4 half days or 2 full days)**

This new education and training pathway is in alignment with the provincial [Guideline for the Clinical Management of Opioid Use Disorder](#) and was developed in close collaboration with a number of key partners, including the BC College of Nurses and Midwives, Ministry of Mental Health and Addictions, and a number of committees with expertise on substance use, clinical education, and implementation. Further consultation included input and review by practicing clinicians, including prescribers with addiction expertise, as well as nursing leaders from across the province.

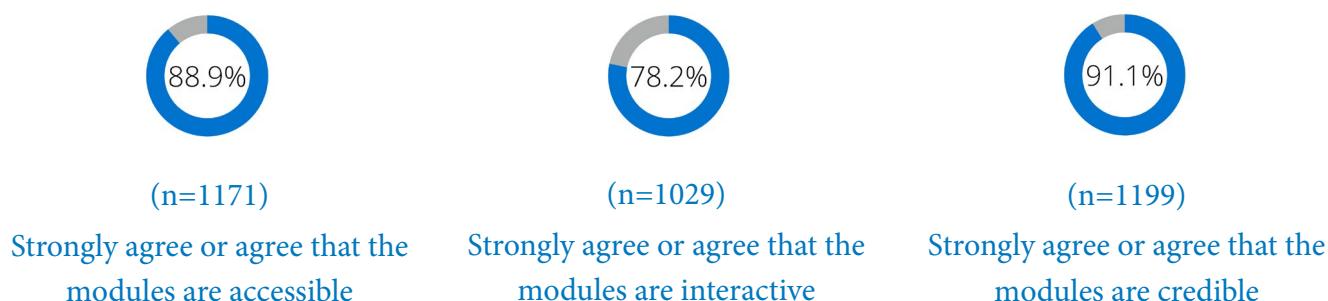
Impact and Feedback

Provincial Opioid Addiction Treatment Support Program

Offering opportunities to reflect on learning outcomes is a vital component of the education pathways at the BCCSU. Learners complete an evaluation form upon completion of the online training and of 1317 survey respondents:



Of the course participants:



The POATSP program aims to include a number of helpful resources and downloadable tools to support clinical practice and implementation. **Figure 12** below highlights the uptake of key clinical resources hosted on the platform.

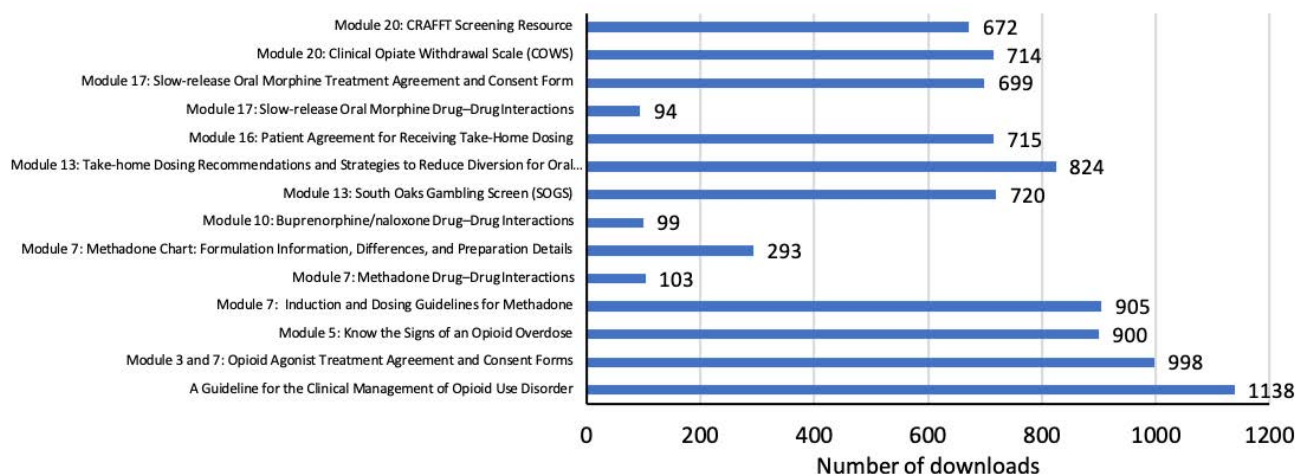


Figure 12. POATSP resource page engagement assessed by number of downloads since its launch in July 2017

Feedback from course participants demonstrates that the content of POATSP provides education across the continuum of opioid use disorder and facilitates patient-centred care.

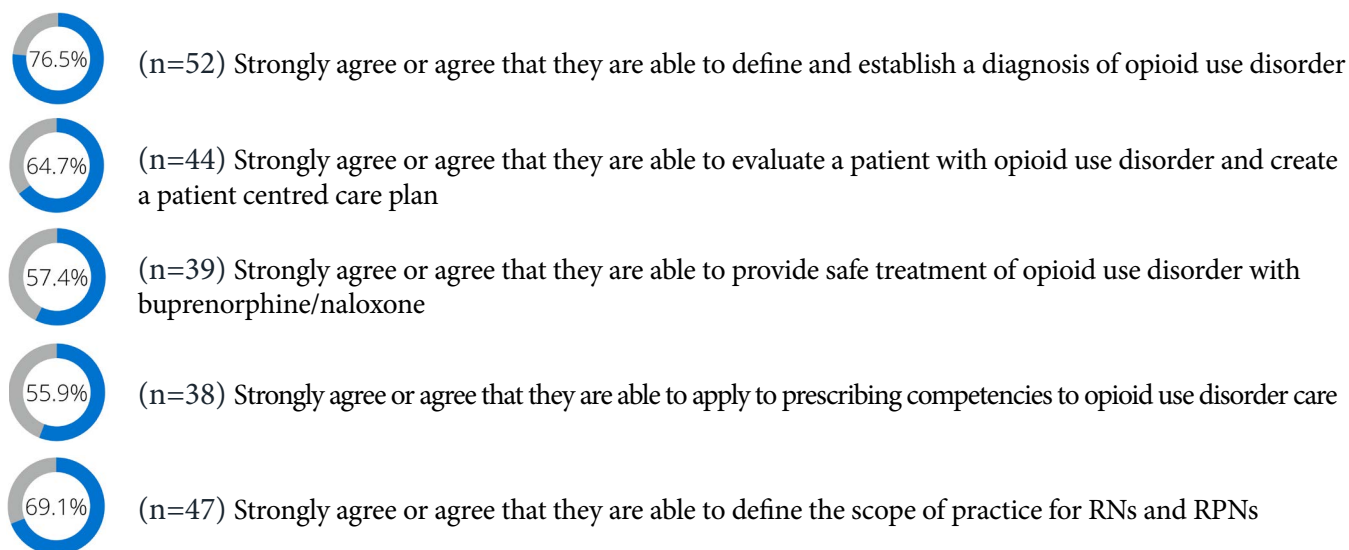
I am glad to have this as a reference. I plan to access it when I care for a patient going through the process of OAT or wanting to get into it.

This course **helped me so much!** Being an RN student, we had just learned about opioid use disorder, and although we learned about the DSM-5 criteria and how to manage withdrawal, it was not in any great detail, making it hard for me to feel confident to provide care to a patient in this current state. Thankfully, **now I feel confident with OUD and understand addiction, and opioids on a much greater level.** Have also recommended this course to various other nursing students in my program as I thought it was very insightful!

This course is **extremely relevant to my advanced practice nursing role:** I found the presentation, content and resources all excellent!

Provincial Opioid Addiction Treatment Support Program: Registered Nurses and Registered Psychiatric Nurses

Although the platform has only been available for 1.5 months, the initial feedback has been positive. Of the 68 survey respondents::



As part of the feedback, learners shared what they are most looking forward to:

“I’m looking forward to **making connections with my clients** and hopefully **making a positive difference within their lives.**”

“**Providing more timely care to clients** when they want to start suboxone instead of waiting for referrals to be made.”

“The ability to **meet clients where they are and help them come up with a collaborative pharmacological care plan** that will help them in their substance use disorder.”

“Helping **alleviate some of practitioner workload** and enabling us to better **keep up with demands for new patients to attach for OAT.**”

“When I consider the RN/RPN prescribing buprenorphine/naloxone across BC, I get excited from a public health perspective. I am hopeful that this strategy will save lives and combat the opioid crisis. Personally, as a nurse, I am honored to be a small part.”

Figure 13 below highlights the uptake of key clinical resources hosted on the RN and RPN platform. The RN/RPN decision support tool for prescribing buprenorphine/naloxone is the most downloaded resource in the platform.

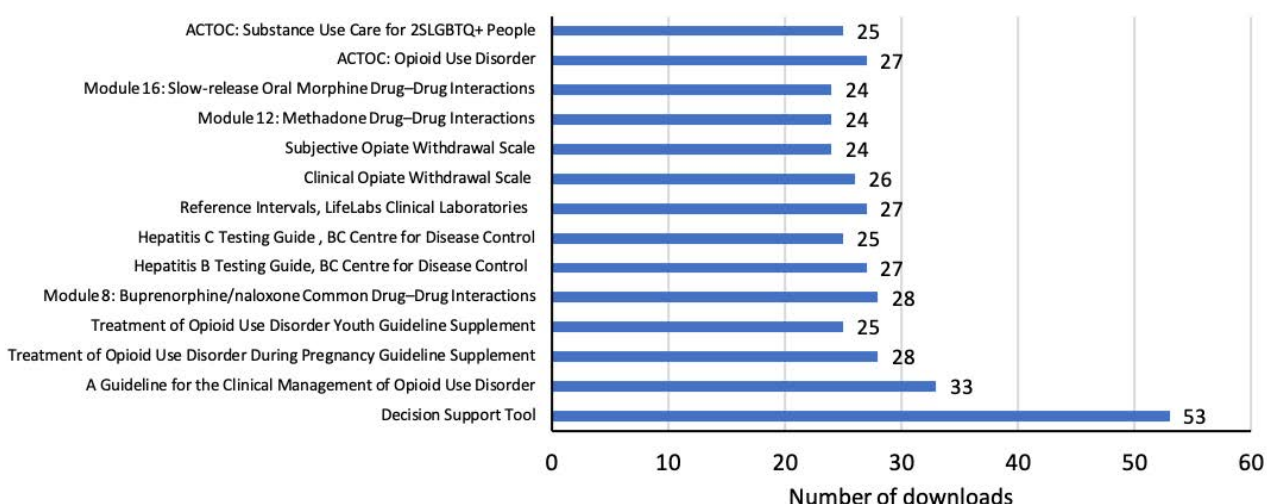


Figure 12. POATSP resource page engagement assessed by number of downloads since its launch in July 2017

Next Steps

As part of the clinical guideline process, the provincial [Guideline for the Clinical Management of Opioid Use Disorder](#) will undergo a review and update process for the 2021/2022 fiscal year. Both POATSP platforms will continue to be updated to ensure alignment with the new guidelines and that participants are receiving the most up-to-date education for opioid use disorder. As care for those with opioid use disorder involves a range of professionals in the health care system, new content will be added, including an updated module for urine drug testing and important information for medical office assistants. In response to course participant feedback, interactivity will be added to specific modules, particularly real-world case studies, animations, and videos.

The POATSP: RNs and RPNs course will be updated as the scope of practice for RNs and RPNs evolves. Additional content will be added to pre-existing modules where RNs and RPNs who have completed the education pathway have identified that further detailed instruction is required, such as how to prescribe adjunct medications during buprenorphine/naloxone inductions. Further course development will coincide and align with forthcoming expansions in the scope of practice for nurses in BC.

Summary

The Provincial Opioid Addiction Treatment Support Program is a provincial program that has shown to increase the number of prescribers and connect more patients to OAT in BC. Despite existing provincial guidelines that recommend effective treatments for opioid use disorder, numerous challenges have been identified in the overall scale-up of addiction care and the accessibility of recovery services, including the number of providers trained through interdisciplinary education and training programs. The addition of a new platform geared toward RNs and RPNs has already gained positive feedback and will play an invaluable role in filling important gaps in the provincial health system.

BC ECHO on Substance Use



The BC ECHO on Substance Use is an innovative program that offers a community of practice to improve access to addiction medicine education, training, and support for primary care providers and their teams. The aim of the BC ECHO on Substance Use program is to improve substance use disorder care by supporting primary care providers and their teams to gain competence and confidence in implementing evidence-based substance use care.

Hosted by the BCCSU, the BC ECHO on Substance Use builds on existing clinical partnerships to ensure optimal reach for knowledge dissemination, particularly in rural, remote, and Northern communities. The program is overseen by an interdisciplinary team of addiction experts representing different substance use organizations and partners across British Columbia and Yukon. For more information visit: <https://bcechoonsubstanceuse.ca/>

- The **Opioid Use Disorder series** is funded by the Health Canada Substance Use and Addiction Program.
- The **Alcohol Use Disorder series** is funded by the GPSC, a partnership of the Government of BC and Doctors of BC.

Program Format

The BC ECHO on Substance Use program offers accessible and interactive learning opportunities and resources. This includes:

1. Interactive Project ECHO sessions – Opioid Use Disorder series and Alcohol Use Disorder series
2. Program newsletters
3. Podcast series – Addiction Practice Pod

Key Developments

This year was a period of growth and expansion for the program. Building on the success of the Opioid Use Disorder ECHO series, the program launched the Alcohol Use Disorder ECHO series in August 2020. Shortly thereafter, in September 2020, the first episode of the podcast, Addiction Practice Pod was released.

The program also launched its microsite in August 2020. The website enables registration for the program and sign-up for upcoming ECHO sessions through an integrated platform that also supports data collection for program evaluation. The website includes information about the program, links to the Addiction Practice Pod podcast episodes, and a section on practice support tools, including two new practice support tools focused on caring for patients on opioid agonist treatment during the COVID-19 pandemic.

Pandemic Special Topics

In response to the ongoing COVID-19 pandemic, 3 Special Topics sessions on COVID-19 and substance use disorder care were offered (two were held during this reporting period on April 7, and May 21, 2020).

Project ECHO Sessions

The Project ECHO (Extension for Community Healthcare Outcomes) model is an evidence-based, low-cost, high-impact intervention that links interdisciplinary content experts with a group of primary care clinicians through Zoom videoconferencing. The objective of the project is to increase capacity within primary care to support patients with complex, chronic health conditions. Each ECHO session includes a didactic presentation led by a clinical expert, a case presentation by one of the health care provider participants, and a collaborative case discussion to develop recommendations for care.

29 ECHO sessions this year
43 in total

ECHO sessions are free and CME-accredited, and run from 12–1pm Pacific Time on a rotating biweekly schedule of Tuesdays and Thursdays. Health care providers and their teams can sign up for sessions at any time, with no commitment to attend a certain number of sessions. This structure enables registrants to attend the sessions that work for their schedule and are most relevant to their needs.

The Opioid Use Disorder ECHO series held 20 sessions this fiscal year, including two special sessions on the COVID-19 pandemic. The Alcohol Use Disorder ECHO series launched in August 2020 and held nine sessions. Topics addressed included the following:

Opioid Use Disorder (OUD) Sessions (20 total)

OUD Cycle 2 (Apr-Jun 2020) – 2nd half

- 1 Caring for patients on opioid agonist treatment during the COVID-19 pandemic – Part 2
- 2 Special considerations for opioid use disorder in pregnancy
- 3 Practical considerations for buprenorphine/naloxone induction in primary care settings: Precipitated withdrawal & home induction
- 4 Practical considerations for the clinical management of alcohol use disorder in the context of COVID-19
- 5 Transitions between pharmacotherapies for opioid use disorder: Methadone to buprenorphine/naloxone
- 6 Special considerations for opioid use disorder in youth

Alcohol Use Disorder (AUD) Sessions (9 total)

Not applicable

OUD Cycle 3 (Jul-Dec 2020)

- 1 Decoding urine drug tests
- 2 Caring for patients with opioid use disorder in your primary care practice setting: An overview
- 3 Opioid agonist treatment and pharmacy
- 4 Extended-release buprenorphine
- 5 Managing patients with concurrent mental health and opioid use disorder
- 6 Practical considerations for buprenorphine/naloxone induction in primary care settings: Precipitated withdrawal and home induction
- 7 Special considerations for opioid use disorder in pregnancy
- 8 Transitions between pharmacotherapies for opioid use disorder: SROM focus
- 9 Continuity of opioid use disorder care across care settings: From corrections to community
- 10 Continuity of opioid use disorder care across care settings: Acute to community

AUD Cycle 1 (Aug-Dec 2020)

- 1 Introduction to high-risk drinking and alcohol use disorder in British Columbia
- 2 Screening for high-risk drinking and alcohol use disorder
- 3 Pharmacotherapy approaches for alcohol use disorder
- 4 Alcohol withdrawal management
- 5 Brief intervention for high-risk drinking and alcohol use disorder in primary care
- 6 Psychosocial and community-based interventions for alcohol use disorder

OUD Cycle 4 (Jan-Mar 2021) – 1st half

- 1 Decoding urine drug tests
- 2 Extended-release buprenorphine
- 3 Opioid agonist treatment and pharmacy
- 4 Transitions between pharmacotherapies for opioid use disorder: Methadone to buprenorphine/naloxone

AUD Cycle 2 (Jan-Mar 2021) – 1st half

- 1 Considerations for alcohol use disorder care across the age spectrum
- 2 Harm reduction approaches to high-risk drinking and alcohol use disorder
- 3 Considerations for high-risk drinking or alcohol use disorder in pregnancy

Program Registration

A total of 1014 individuals registered for the BC ECHO on Substance Use during the 2020/2021 fiscal year. Since its launch, the total number of program registrants is 1506. As shown in [Figure 1](#), registration has grown by more than 200% over the past year. [Figure 2](#) illustrates the distribution of BC ECHO on Substance Use program registrants across BC health authorities and Yukon (note that some registrants indicated their location of work spans multiple health authorities). Program registrants not captured in the figure did not fit into a health authority in BC, were located outside BC or Yukon, or their location was unknown.

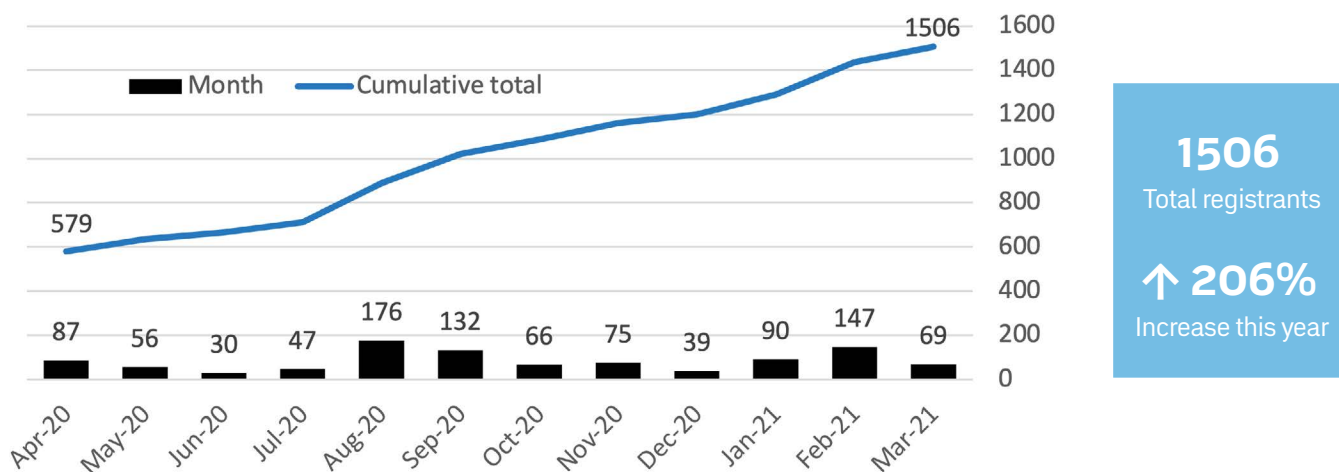


Figure 1. BC ECHO on Substance Use program registration growth by month

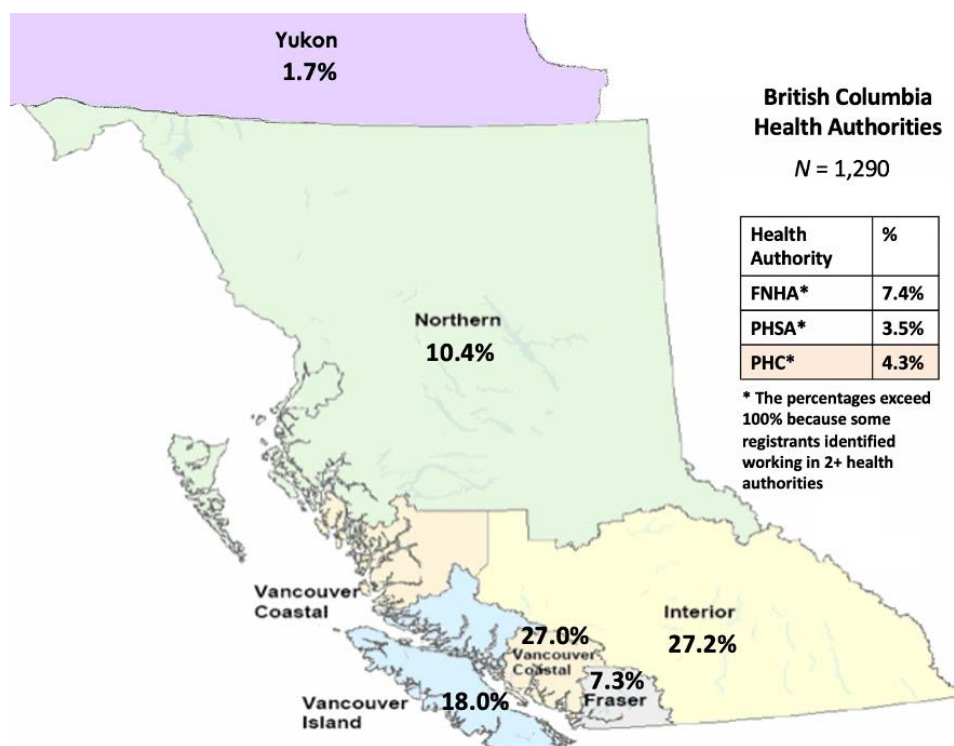


Figure 2. Distribution of BC ECHO on Substance Use program registrants across BC

ECHO Session Attendance

This fiscal year, the total number of attendees for the OUD ECHO series sessions was 1787. The total number of attendees for the AUD ECHO series sessions was 1000. For the OUD ECHO series, session attendance ranged from 50 to 150 participants, with an average attendance of 89 people. For the AUD ECHO series, session attendance ranged from 63 to 152 participants, with an average attendance of 111 people.

Total attendance:	Session average:
OUN ECHO series 1787	OUN ECHO series 89
AUD ECHO series 1000	AUD ECHO series 111

ECHO Session Satisfaction

Post-session survey data

ECHO session participants' mean satisfaction ratings are provided below in [Figure 3](#). Case presenters (who are ECHO participants) indicated that they will bring back the group's recommendations generated during the discussion to inform care provision. Note: Lower scores were expected for intention to change practice (first black bar in the chart below) because a proportion of participants are non-prescribing health care providers who cannot apply all learning because of the nature of their roles, while others reported already using best practices.

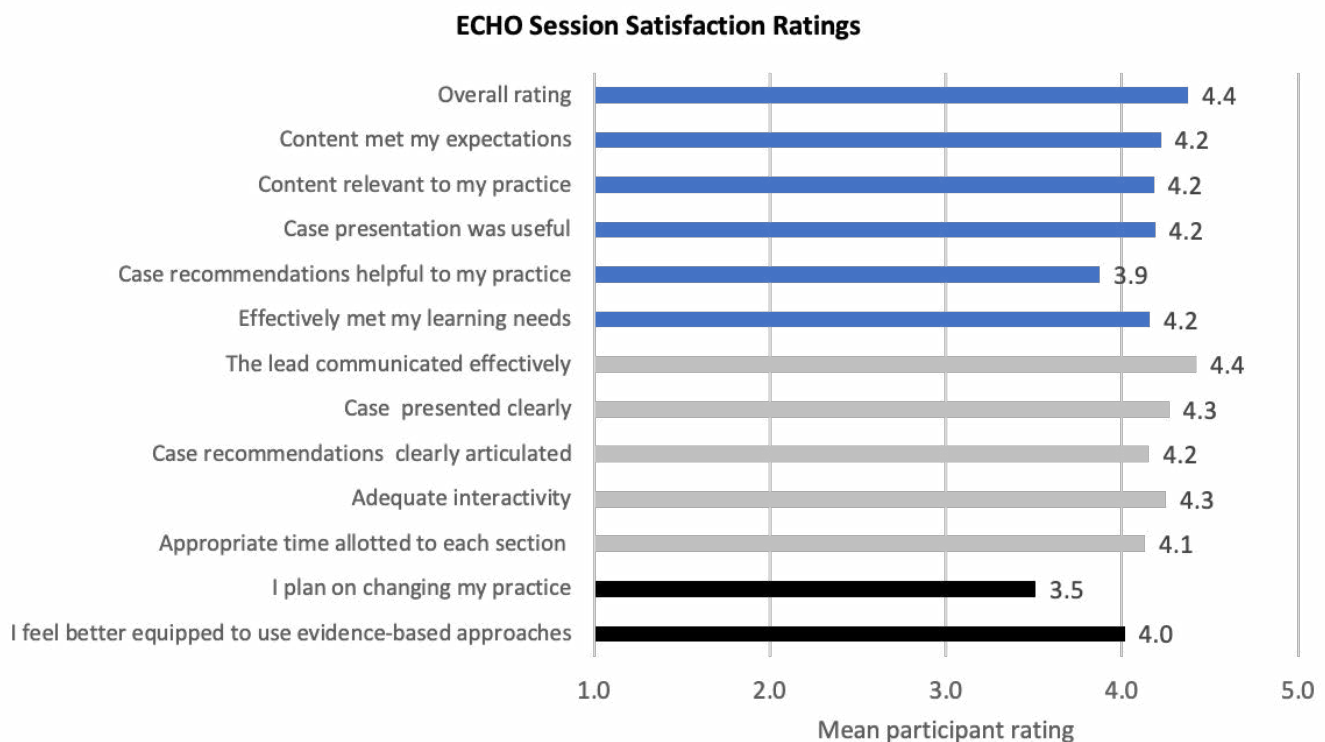


Figure 3. ECHO session participants' mean satisfaction rating on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree)

Feedback from qualitative interviews

Qualitative interviews were conducted over summer and early fall 2020 to understand the impact of the OUD ECHO series and experiences of health care providers. As a result of attending OUD ECHO sessions, health care provider and stakeholder participants felt they have:

- Expanded knowledge and solidified understanding of opioid use disorder care
- Increased confidence prescribing OAT medications and caring for patients with OUD, particularly in rural/remote communities
- Gained specific knowledge of strategies for treatment of opioid use disorder during the COVID-19 pandemic
- Extended and strengthened OAT clinical networks throughout BC and Yukon, which supported gains for non-participants through spontaneous knowledge sharing

Participants report sharing information from the ECHO sessions with colleagues, people in their OAT network, and community partners. A few key quotes follow:



“...in the past, if I’m planning to attend one, me and my coworkers will say oh, I’m going... I’m going to watch that ECHO and **we’ll make sure everyone knows about it and watch it together and talk about it and how it applies to our community.**”

“I think **ECHO’s been just a huge resource, particularly in a rural community.** So from all the variety of different topics, or if we have a challenging case, we can put it forward to folks, and build, you know, build an ECHO session around our particular context and our particular situation, and get the expertise of the [BC Centre on] Substance Use folks, but also the collective wisdom of all of the people, provincially and outside the province, that can weigh in on some, ‘You know, have you thought of this? Maybe you think of doing that, or this is what worked here, maybe try that there.’”



Outcomes and Impact

Post-session surveys captured intended practice change, while interview data confirmed practice changes and explored perspectives on program sustainability. A summary of responses is included below.

Intended practice change: Post-session surveys documented how participants planned to apply their new learning to improve the use of evidence in their practice. Examples included:

Client-centered care

- Focusing on patient-centric, self-directed care
- Engaging with clients about ways to practice that better meet client needs
- Discussing all OAT options with clients to highlight the different options
- Augmenting the range of treatment options available to patients
- Enhancing use of trauma-informed care principles

Clinical processes & protocols

- Implementing new assessment approaches
- Monitoring withdrawal more effectively
- Writing prescriptions appropriately
- Monitoring drug interactions more effectively
- Interpreting urine drug screening results more accurately and communicating with local labs about the test's limitations

- Changing the dosing and schedule for microdosing based on the recommendations
- Transitioning between treatments more confidently
- Developing a checklist to support transitions from correctional to community-based care on best practices
- Using informed decision-making related to pregnancy and post-partum care

Advocacy

- Advocating for dual diagnosis treatment
- Advocating for different medication options and therapeutic dosing within the health authority
- Supporting nurses in their practice

Confirmed practice change: Interview data confirmed a range of practice changes that were implemented by participants, including changes in prescribing (i.e., type of medication and dosage), managing patients with OUD (e.g., urine drug screenings, precipitated withdrawal, and buprenorphine/naloxone induction), using overdose prevention strategies and approaches in their practice settings, and supporting different subgroups (e.g., women or people with polysubstance use) more effectively. A sample quote is provided here:



“Because I had attended one of the ECHO sessions, I knew that 70 milligrams was completely reasonable to start doing the microdosing over to [buprenorphine/naloxone] and so **we saved that patient discomfort** and we did a really **successful microdosing** induction over to [buprenorphine/naloxone].”



Sustainability: All ECHO participants (28/28) and stakeholders (7/7) interviewed expressed that they thought the BC ECHO on Substance Use program is a sustainable long-term project. All interview participants and stakeholders also expressed the desire to continue attending ECHO sessions. Participants described ECHO as a cost-effective and sustainable program, which has contributed to improved knowledge, confidence, sharing and translation of addiction care information, expansion of the ECHO network, application of knowledge into practice, and connection with rural and remote communities. Participants also expressed that they have recommended ECHO to colleagues and community providers. Particularly in the context of the COVID-19 pandemic, the ECHO program was perceived as filling a critical need when other learning opportunities have had to be cancelled in response to public health guidelines.

Monthly Program Newsletters

Since January 2020, monthly program newsletters have been circulated to BC ECHO on Substance Use registrants. These newsletters highlight key information on substance use care, such as news updates, provincial and regional substance use education and training initiatives, and the latest clinical guidance. The newsletters also aim to foster provider connections across the province by spotlighting ECHO session participants and case presenters. This year, eight program newsletters were distributed. Newsletter reach increased by 84% over the year, growing from 554 recipients in April 2020 to 1019 recipients in March 2021. Mean distribution and engagement indicators for the newsletters this fiscal year are shown in **Figure 4**.

8
Newsletters this year
↑ 84%
Newsletter reach
increase since April
2020

Indicator	Annual Means
Distribution	707 recipients
Open Rate	31.1%
Click-to-Open Ratio	25.5%
Click Ratio	7.8%

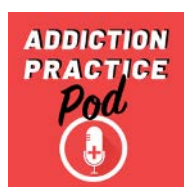
Figure 4. Mean distribution and engagement indicators for BC ECHO on Substance Use monthly newsletter

Website & Resources

The BC ECHO on Substance Use microsite (<https://bcechoonsubstanceuse.ca/>) houses key program information, practice support tools, ECHO program registration, session-sign up and attendance, session-level surveys, cycle-level surveys, and Addiction Practice Pod podcast information and episodes.

Since launching in mid-August 2020, **the microsite has received 34 552 page views** (20 090 unique page views). The most visited pages are the AUD ECHO series (2033 page views), OUD ECHO series (1992 page views) and Addiction Practice Pod (1479 page views) pages.

The two practice support tools developed have had 1486 total downloads since being made available online. These ‘frequently asked questions’ guidance documents were developed on caring for patients on opioid agonist treatment during the COVID-19 pandemic, in response to requests for additional written resources. The program team continues to look for opportunities to be responsive to the changing context of the COVID-19 pandemic through session topics, case presentations, and discussion during the sessions.



Podcast: Addiction Practice Pod

Addiction Practice Pod is a new podcast by the BC ECHO on Substance Use. Hosted by addiction physician Dr. Christy Sutherland and award-winning journalist David P. Ball, Addiction Practice Pod offers practical tips and guidance to health care providers seeking to improve their skills in addiction care. The first season launched in September 2020, with six 30-minute podcast episodes released on a bi-weekly basis.

Episode topics:

- 1) Supporting patients with substance use disorders to achieve their recovery goals
- 2) Bringing substance use care into your primary care practice
- 3) Substance use disorders and trauma- and violence-informed care
- 4) Providing compassionate care to young people who use substances
- 5) The harms of criminalizing substance use
- 6) Indigenous perspectives on health and wellness, substance use, and harm reduction

Podcast-Driven Change in Knowledge, Confidence & Intended Behaviour (post-listening):

Podcast listeners were invited to complete a survey about their change in knowledge, confidence, and intention to change clinical behaviour after hearing each episode. **Figure 5** summarizes these results. In total, 94% of the knowledge check questions were answered correctly, suggesting high knowledge retention.

Intended practice changes included:

- Supporting long-term recovery by pairing medically supervised withdrawal with other treatment
- Referring patients to recovery facilities that offer opioid agonist treatment
- Developing a treatment plan based on client goals

34 552
webpage views

2
clinical tools

1486
downloads

6
podcast episodes

1887
downloads

% podcast evaluation participants reporting

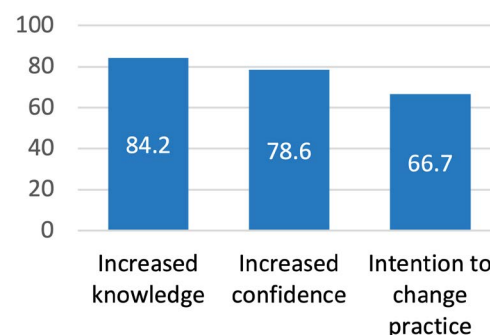


Figure 5. Self-reported change in knowledge, confidence and intention to change after listening to Addiction Practice Pod

Podcast Satisfaction

Respondents also found the episodes helpful because of the engaging conversation, clinical pearls, links to other resources, ability to pass the information onto colleagues to increase their knowledge and confidence, and for enhancing their valuing of people with lived experience and introducing new, less stigmatizing terminology. Tips about managing opioid agonist treatment within the fee-for-service model as well as hearing from guests with lived experience were also reported to be impactful.

Next Steps

In the 2021/2022 fiscal year, the BC ECHO on Substance Use program will continue to offer the OUD and AUD ECHO series, with sessions on both core knowledge and emerging practice areas of evidence-based substance use disorder care. A second season of Addiction Practice Pod is being planned for release in fall 2021, and a third season is planned for spring 2022. The monthly newsletter will continue to share regionally relevant news and spotlight ECHO program team members. Improvements are being planned for the BC ECHO on Substance Use website. The program team will also continue to explore opportunities for new practice support tools on substance use disorder care.

Summary

The innovative BC ECHO on Substance Use program expanded its educational programming in the 2020/2021 fiscal year and reached more people than previous years. In addition to offering 20 Opioid Use Disorder ECHO sessions, the program launched a new Alcohol Use Disorder series in August 2020 and offered a total of nine AUD ECHO sessions. The ECHO sessions focused on key areas of opioid and alcohol use disorder care to support health care providers to implement evidence-based practice, including two special sessions on COVID-19 and substance use. The program registration list grew 206%. Feedback indicates that registrants have found ECHO sessions valuable for the care of complex patient cases and for fostering new professional connections. Qualitative interviews highlighted that the OUD ECHO series offers a comprehensive understanding and expanded knowledge of opioid use disorder care as well as specific knowledge of strategies for the treatment of opioid use disorder during the COVID-19 pandemic.

Eight program newsletters were produced, featuring news updates, key provincial and regional substance use education and training initiatives, and the latest clinical guidance. The number of monthly newsletter recipients increased by 84%. Two clinical tools on 'frequently asked questions' about caring for patients on opioid agonist treatment during the COVID-19 pandemic were released. The program website launched in August 2020. The website is a sophisticated platform that combines program information, registration, session sign-up, the podcast, and integrates program evaluation surveys. The BC ECHO on Substance Use podcast series, Addiction Practice Pod, launched in September 2020. The first season of six podcast episodes featured practical tips and guidance for health care providers on topics such as recovery, trauma- and violence-informed care, and supporting young people who use substances. Listener feedback indicates podcast episodes were an effective tool to support knowledge retention.

British Columbia Centre on Substance Use Seminar Series



One of the key pillars of the British Columbia Centre on Substance Use (BCCSU) is the development and implementation of clinical care guidance, including evidence-based clinical practice guidelines, treatment pathways, and other practice support documents. To ensure that this vital research is embedded into clinical practice, it is crucial to invest in knowledge translation, implementation, and education pathways. One of the key knowledge translation activities are UBC CME-accredited seminars that are offered throughout the province.

The BCCSU, in partnership with the Divisions of Family Practice and regional health authorities, coordinated two main seminar series: the Provincial Opioid Use Disorder Guideline Seminars and the High-Risk Drinking and Alcohol Use Disorder Seminars. Each seminar is presented by an addiction medicine expert.

While each seminar is tailored to the specific audience, the purpose of the seminars is to support health care providers incorporate the clinical management of substance use disorders into practice by:

- Summarizing existing evidence
- Reviewing guideline recommendations
- Providing expert-led clinical pearls and the opportunity to “ask the expert”
- Discussing clinical cases

By tailoring the sessions to providers in a given local area, the BCCSU is able to host a supportive environment that encourages attendees to build local networks and share challenges related to substance use disorder care in a safe space.

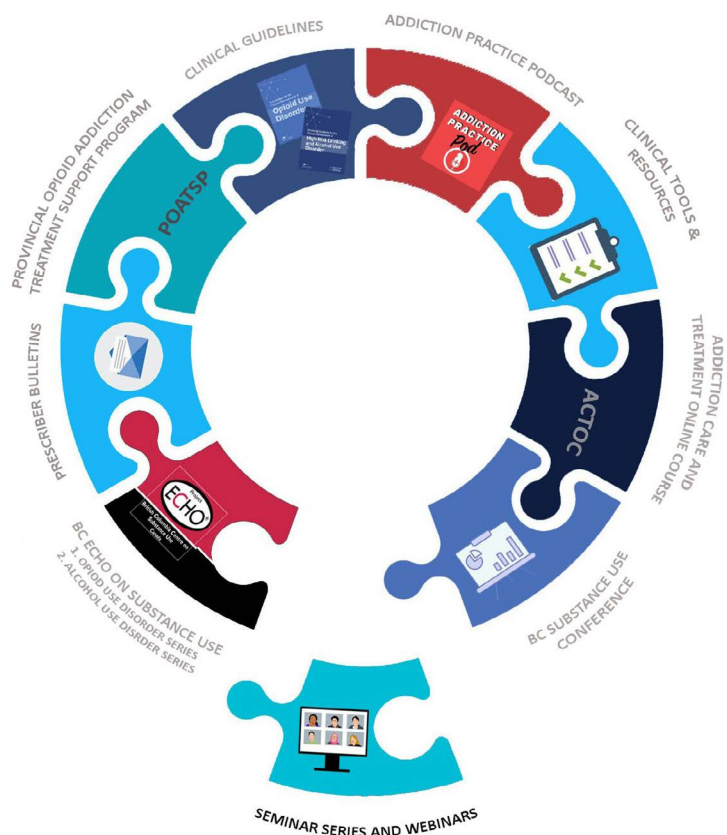
Provincial Opioid Use Disorder Guideline Seminar Series

Purpose

The Provincial Opioid Use Disorder Guideline Seminar Series reviews the key recommendations from the provincial opioid use disorder guidelines.

Outcomes

A range of clinicians have attended the Provincial Opioid Use Disorder Guideline Seminar Series. In the past fiscal year, the majority of attendees were family physicians, as well as nurses, specialists, pharmacists, and allied health clinicians. Between April 1, 2020 and March 31, 2021, 7 seminars were hosted where 164 clinicians attended. From November 1, 2016 and April 1, 2021, 3485 clinicians have attended training through 91 seminars ([Figure 1](#)).



Regional health authority	Number of sessions (n=91)	Number of clinicians trained (n=3485)
Island Health	13	493
Interior Health	24	690
Vancouver Coastal Health	25	1058
Fraser Health	16	558
Northern Health	5	143
Other (webinars)	8	543

Figure 1. Number of Provincial Opioid Use Disorder Guideline Seminar sessions held by each health authority and number of clinicians trained between November 1, 2016 and April 1, 2021

The seminars have been hosted at various locations across British Columbia, including rural and remote areas.



Abbotsford	Kamloops	Revelstoke
Ashcroft	Kelowna	Richmond
Bella Coola	Kimberley	Salmon Arm
Burnaby	Langley	Salt Spring Island
Campbell River	Lillooet	Sechelt
Castlegar	Maple Ridge	Smithers
Chilliwack	Nanaimo	Squamish
Comox	Nelson	Surrey
Coquitlam	North Vancouver	Terrace
Cranbrook	Penticton	Tofino
Duncan	Pitt Meadows	Vancouver
Fernie	Port Hardy	Vernon
Gabriola Island	Powell River	Victoria
Gibsons	Prince George	Whistler

Feedback

Every seminar attendee has the opportunity to provide feedback on the seminar, which facilitates improvements for future seminars. The seminars have proved invaluable for clinicians across British Columbia in providing opioid use disorder care.



“This useful information will provide me with the ability to apply it in an instructional context and advocacy lens with university students and internships that I teach or supervise. Also enhance my private practice regarding continuum of care, treatment options, and a deeper understanding of micro-dosing and other medications.”

— GP, Interior Health Authority

“I **plan to advocate more** for a controlled start of Suboxone for interested inpatients after having stabilized their acute withdrawal with short acting opioids unless already interested in Suboxone and in acute withdrawal.”

— GP, Vancouver Coastal Health Authority

“I feel I am now more aware of some of the complexities of drug use in BC particularly in the context of COVID and on Trauma Informed Care. I will make a point in my practice to reflect on “difficult” encounters in the moment to appreciate the factors that have led to the reactions seen in the encounter.”

— GP, Fraser Health Authority

“Good overview of how to prescribe OAT. The process seems less intimidating now, encouraging me to strongly consider getting certified to be a prescriber.”

— GP, Rural and Remote



Next Steps

The BCCSU will continue to organize the Provincial Opioid Use Disorder Guideline Seminar Series in close partnership with provincial and regional health authorities, Divisions of Family Practice, hospitals and community clinics, particularly in areas with a high burden of opioid use disorder as informed through prescriber density mapping ([page 22 of this report](#)). Given the challenges with COVID-19 this past year, most of the seminars from the past fiscal year and next fiscal year will be presented using a remotely accessible, webinar format.

High-Risk Drinking and Alcohol Use Disorder Seminar Series

Purpose

The High-Risk Drinking and Alcohol Use Disorder Seminar Series provided education on implementing key clinical management strategies for alcohol use disorder from the *Provincial Guideline for the Clinical Management High-Risk Drinking and Alcohol Use Disorder*.

By participating in these seminars, health care providers were able to build their competencies in:

- Early identification and intervention of alcohol use to reduce harm and prevalence
- Recognizing the symptoms of alcohol withdrawal and assessing the risk of complications
- Comparing the efficacy and safety of treatments
- Selecting the appropriate pharmacological and psychosocial treatment options; and
- Participating in collaborative models of care

Outcomes

A range of interdisciplinary clinicians attended the High-Risk Drinking and Alcohol Use Disorder Seminar Series, including family physicians, nurses, specialists, pharmacists, and allied health clinicians. Between April 24, 2019 and March 31, 2021, 901 clinicians have attended training through 42 seminars ([Figure 2](#)).

Regional health authority	Number of sessions (n=42)	Number of clinicians trained (n=901)
Island Health	11	247
Interior Health	12	200
Vancouver Coastal Health	9	157
Fraser Health	5	160
Northern Health	3	95
Other (webinars)	2	42

Figure 2. Number of High-Risk Drinking and Alcohol Use Disorder Seminar sessions held by health authorities in British Columbia and number of clinicians trained between April 24, 2019 and March 31, 2021

The seminars have been hosted at various locations across British Columbia, including rural and remote areas.



Campbell River	Nelson
Coquitlam	Port Alberni
Courtenay	Powell River
Cowichan	Revelstoke
Delta	Richmond
Golden	Salt Spring Island
Grand Forks	Sechelt
Invermere	Tofino
Kamloops	Trail
Kelowna	Vancouver
Kitimat	West Vancouver
Nanaimo	Williams Lake

Feedback



“I learned the importance of setting treatment goals, which may be different than abstinence; even when people are keen to go to treatment, they often don't follow through b/c it's too daunting; setting intermediate or smaller goals can help there.”

— Social Worker, Northern Health Authority

“I will use every opportunity to screen for alcohol use disorder, even a small amount of time spent counselling is useful and **now I'm more comfortable with prescribing** naltrexone, acamprosate, or gabapentin for withdrawal.”

— GP, Fraser Health Authority

“Keeping a respectful patient-centred approach that honours the patient's right to choose their care, without shaming, is the most important thing to assist a patient to return to a healthier, more functional status in their family, community and work environment.”

— GP, Interior Health Authority

“The webinar gave me overall confidence over the whole subject as this was not really taught in medical school back then and having a professional actively working in an AUD role giving **the seminar was super and very relevant to my practice**. I plan to screen more, and then offer appropriate management if necessary and give patients options rather than informing them to try and cut down.”

— GP, Vancouver Coastal Health

“Excellent review of the therapies available for treating AUD. I didn't realize how much alcohol use contributes to cause of death in our population. I was also not familiar with the 2nd line therapies so this was particularly helpful.”

— GP, Rural and Remote



Next Steps

The BCCSU will continue to work in close partnership with the regional health authorities, the First Nations Health Authority, Divisions of Family Practice, hospitals and community clinics to identify educational and training needs for clinicians. Given the challenges with COVID-19 this past year, most of the seminars from the past fiscal year and next fiscal year will be presented using a remotely accessible, webinar format.

Summary

This past fiscal year, the BCCSU has hosted 156 seminars to educate clinicians in evidence-based care for opioid use, pandemic prescribing and alcohol use disorders across the province. Reception to each of the seminar series has been positive and demand continues to grow as communities build capacity to support patients. The BCCSU will continue to work with its partner organizations and health authorities to deliver these seminar series across the province.

In light of the ongoing challenges with COVID-19, the BCCSU continues to offer virtual seminars and will expand its utilization of web-based training platforms throughout 2021 in order to disseminate the updated and newly released provincial guidelines.

The 24/7 Addiction Medicine Clinician Support Line



Overview

In June 2020, the BC Centre on Substance Use (BCCSU) launched the 24/7 Addiction Medicine Clinician Support Line (the 24/7 line) for clinicians involved in the treatment of patients with substance use disorders in British Columbia. The 24/7 line was designed to offer clinicians tailored care guidance to aid them in their clinical decision making as it pertains to substance use care. Whether it is the clinician's first time treating a substance use disorder or an experienced clinician with a challenging case, the 24/7 line is a highly accessible and reliable service providing advice and support. The program draws upon the expertise of addiction specialists to offer consultative advice and provider education in harm reduction, screening, treatment, and management of substance use disorders. This service has helped to support the implementation of clinical guidance and regulatory amendments that have been rapidly developed in response to the dual public health emergencies, including considerations for prescribing safer prescription alternatives to the toxic drug supply.

Information about the program can be found here: <https://www.bccsu.ca/24-7/>

Purpose

The 24/7 line was initially designed to focus on opioid use disorder and opioid agonist treatment prescribing, with a view to supporting the provincial response to the ongoing opioid overdose crisis. However, when COVID-19 was declared as a global pandemic, the line was expanded to include all substance use disorders to respond to increasing pressure on the health care system due to COVID-19 restrictions and public health orders. Furthermore, analysis of clinician feedback gathered during BCCSU educational workshops identified

a consistent theme reported by participating clinicians: practitioners are motivated to provide care, but require additional supports for clinical decision making until they have built their skills and knowledge to effectively screen for and treat substance use disorders. Therefore, it was imperative that the 24/7 line integrate care for substance use more broadly and support on new guidance such as risk mitigation and the prescribing of pharmaceutical alternatives into its service offerings.

Another key consideration for this service was to ensure more diverse health care providers could have timely access to a consult service, recognizing the integral role that midwives, pharmacists, and nurses play in the care of patients with substance use disorders. Furthermore, practice innovation is leading to new models of care that expand the role of pharmacists and registered nurses in efforts to reach, engage and retain vulnerable British Columbians in opioid agonist treatment. Accordingly, the 24/7 line was made available to physicians, nurse practitioners, nurses, midwives and pharmacists practicing in British Columbia. While consultative advice is available through other platforms to physicians and nurse practitioners, the 24/7 line extends the range of clinicians that can call for advice, helping to fill important gaps in our province.



Accessibility and Format

Clinicians can connect with an Addiction Medicine Specialist by calling 778-945-7619. A call agent will review some basic details and collect caller information before connecting them with the on-call addiction specialist. Access is free and does not require prior registration. This was an important consideration for the 24/7 line as clinician feedback indicated strong preferences for low-barrier access (i.e. no need for passwords, phone apps, or computer software to be able to access the line). The line is staffed 24 hours a day, 7 days a week and 52 weeks a year to provide rapid response for time-sensitive substance use concerns. Each call is a tailored learning opportunity for the clinician to increase their overall substance use knowledge and comfort in providing care. The 24/7 line aims to bolster system capacity by enhancing prescriber knowledge and skills, and contribute to improved patient outcomes and access to care.

Key Developments

Midwifery Expansion

Midwives are well-positioned within the healthcare system to ensure patients receive the best evidence-based treatment and care when substance use is disclosed. Midwives support 20 to 25 per cent of all births in BC, which is approximately 8,500-10,000 births per year. Effective October 7, 2021, the BCCSU partnered with the Midwives Association of BC to expand the 24/7 line service to midwives supporting pregnant patients with substance use disorders in the province. While midwives play a unique role in establishing a trusting relationship with a patient who otherwise may have little to no contact with medical professionals, they also offer a critical opportunity to connect the patient with the healthcare system. Supporting clinicians with specific tools and knowledge to approach substance use care for patients during pregnancy will improve overall health outcomes and increase the likelihood of longer-term engagement in care. The expansion of the support line will help reduce barriers to substance use care, providing supports for clinicians to address substance use safely and effectively with their patients during pregnancy and post-partum periods.



We are pleased to learn that B.C. midwives will be able to provide this expanded service to our patients. Having access to these additional resources will help ensure birthing families in B.C. receive the best evidence-based treatment and care when substance use is disclosed. Midwives may be the only contact a client has with the health-care system, representing a singular and vital care role for a person with a substance-use disorder. Having access to a medical specialist with expertise and knowledge in addiction medicine will help midwives better support birthing families across B.C.

— Lehe Spiegelman, President, Midwives Association of BC



Indigenous Community Pilot Expansion

On December 21, 2020, the BCCSU partnered with First Nations Health Authority (FNHA) on a pilot expansion of the 24/7 Addiction Medicine Clinician Support Line to better support frontline health workers in Indigenous communities. Toxic street drugs, combined with the unintended effects of some COVID-19 safety protocols for people who use substances, have led to a tragic increase in overdose deaths among Indigenous people in BC. To address this, the six-month pilot expansion project was introduced to provide more support for frontline workers supporting at-risk clients and who would benefit from consultative advice and support. The service expansion functions alongside the FNHA's [Virtual Doctor of the Day](#) service and is running from December 2020 to June 2021.

Impact and Feedback

Since launch, this educational service program has attracted clinicians from different health authorities and settings as shown in [Figures 1, 2 and 3](#). The largest proportion of clinicians called from Fraser Health Authority (24%) followed by Vancouver Island Health Authority (22%).

Health Authority	Percentage
First Nations Health Authority	1.7%
Fraser Health Authority	24.4%
Interior Health Authority	14.0%
Northern Health Authority	8.8%
Provincial Health Services Authority	1.5%
Vancouver Coastal Health Authority	15.6%
Vancouver Island Health Authority	22.7%
Out of Province	0.2%
Unidentified	11.2%

Figure 1. 24/7 line calls by health authority

The largest proportion of clinicians called from a community setting (37%) followed by acute care (in-/out-patient) settings (24%).

Setting	Percentage
Acute Care	23.8%
Community Care	37.4%
Emergency Care	16.6%
Unidentified	22.2%

Figure 2. 24/7 line calls by healthcare setting

In [Figure 3](#), the majority of the clinicians were physicians (68%) followed by nurse practitioners (14%). It is important to recognize that typical clinical consult services and practices cater more to physicians and nurse practitioners. Through promotional efforts, the BCCSU also aims to provide education to help shift the consult culture to be more inclusive of a broad range of clinicians, recognizing the benefits of having addiction medicine expertise across disciplines.

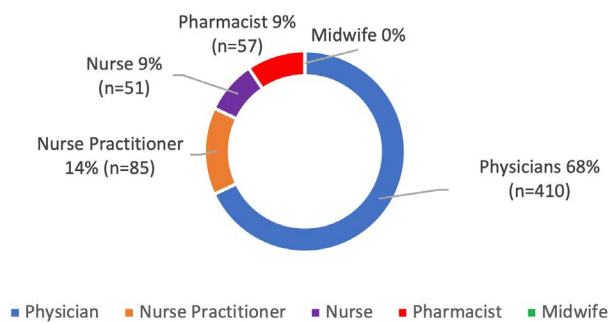


Figure 3. 24/7 line calls by profession

[Figure 4](#) shows the weekly number of completed calls since launch. Calls that did not pass the screening questions were excluded from the figure. As shown, the weekly call volume has been increasing over time though there are minor fluctuations from week to week. From its launch in June 2020 through April 1, 2021, the 24/7 line supported 592 calls from diverse practice settings.

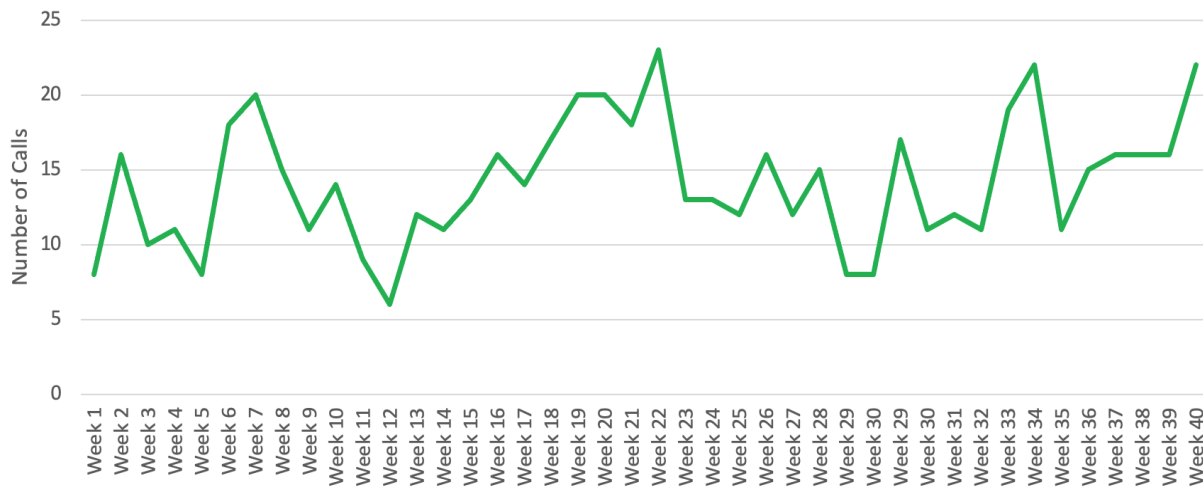


Figure 4. Completed 24/7 line calls by week

Unlike most consult services, the 24/7 line also supports clinicians working evenings, nights and weekend shifts to address clinician and care needs beyond typical business hours. Approximately one-third of the received calls occurred outside of standard business hours (Monday-Friday, 8am-5pm) as shown in Figure 5. Regardless of the time of the day or day of the week, clinicians are able to rely on the 24/7 line to better support their patients with substance use disorders.

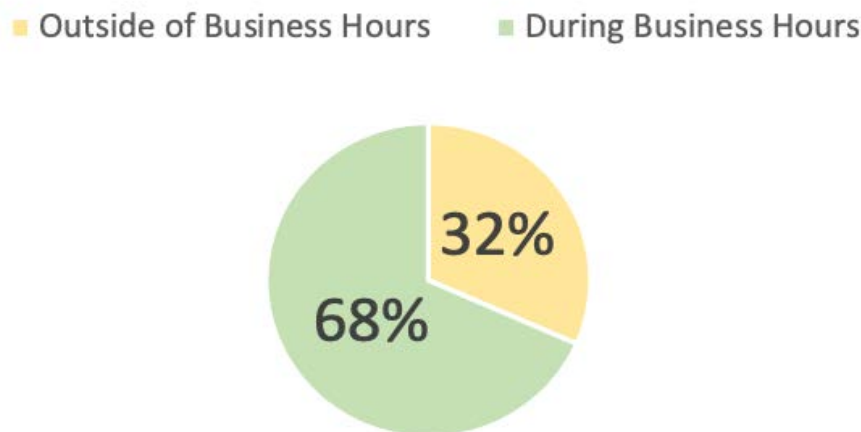
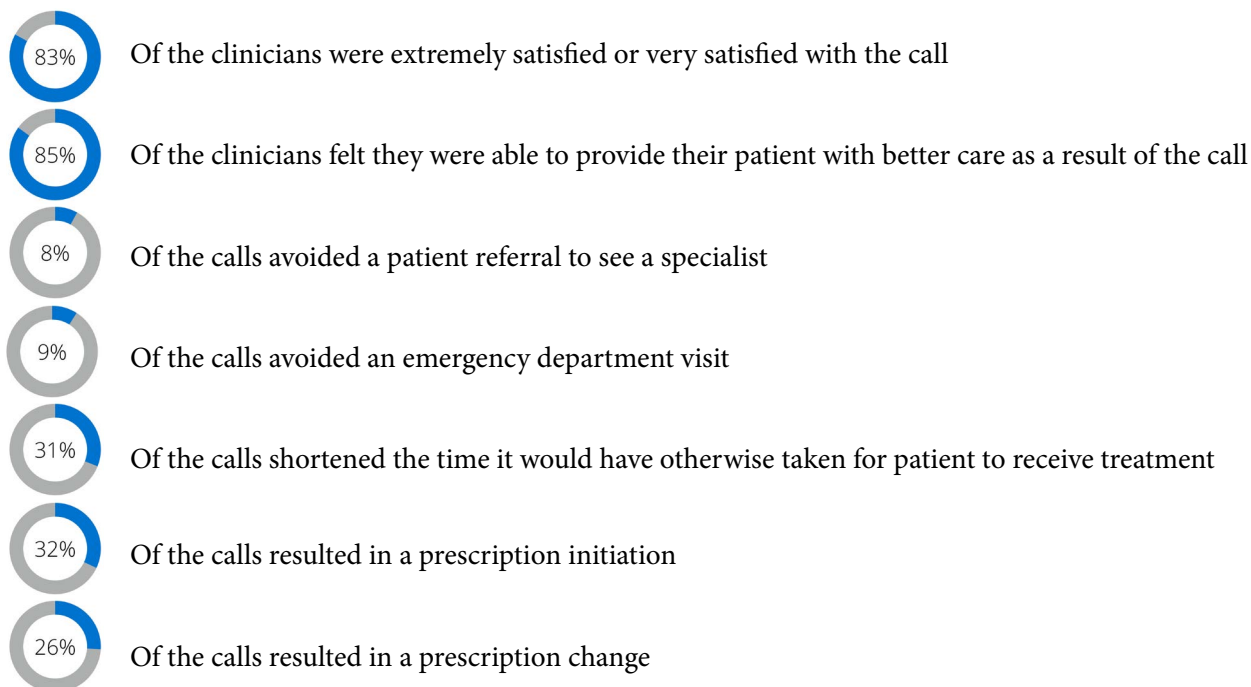


Figure 4. Timing of received calls

Feedback from clinician-callers is important to help determine the potential impacts and strengths of this service. To do this, the BCCSU sends callers a follow-up link (via email or SMS) to complete a short survey within 24 hours of their call. Both questions are closed-ended for an easier survey-taking experience and take less than one minute to complete. The first question asks about the satisfaction level of the service and the following questions ask about the call outcome(s) in a multiple-answer format.

Of the 149 respondents of the post-call survey:



“Training in addiction medicine remains a huge gap in the health-care system and people aren't able to access the treatment and care they need as a result, despite the urgent need as we grapple with two public health emergencies that are especially impacting people who use drugs. **This new support line will be a great asset to clinicians in many settings** – from an ER doctor working overnight to a nurse in a remote community – and **help improve the delivery of life-saving, evidence-based addiction care across the province.**”

— Dr. Christy Sutherland, Medical Director of PHS Community Services Society

“B.C.'s First Nations people have been historically underserved and disproportionately affected by untreated substance use. **The need for increased services and support for addiction medicine in our communities has never been greater, nor has the need for addictions clinical staff trained and supported to deliver that treatment and care.**”

— Dr. Nel Wieman, Acting Deputy Chief Medical Officer,
First Nations Health Authority (FNHA)



Next Steps

Over the past year, the 24/7 Addiction Medicine Clinician Support Line has been established as a reliable and highly accessible opportunity for clinicians to get clinical advice to support patients with substance use in British Columbia. For next steps, the BCCSU would like to increase call volumes and become a more widely accessed and established service amongst clinicians and organizations in BC. To do this, the BCCSU team will be focusing on targeted promotional efforts and campaigns to bring more awareness to clinicians outside of the BCCSU network. There will also be continued efforts to support the expanding roles and scope of clinicians providing care, including RNs and RPNs providing opioid agonist treatment. Ongoing evaluation work and feedback will help inform service adjustments and changes to improve the supports for both the on-call specialists and callers. With the ongoing dual public health emergencies, the 24/7 line will continue to support the implementation of updated or emerging clinical guidance in the province.

Addiction Medicine Fellowship Programs



The British Columbia Centre on Substance Use (BCCSU) in partnership with the Faculty of Medicine at the University of British Columbia (UBC) offers two addiction medicine Fellowship programs: the Interdisciplinary Clinical Addiction Fellowship Program and the International Collaborative Addiction Medicine Research Fellowship (ICAMRF).

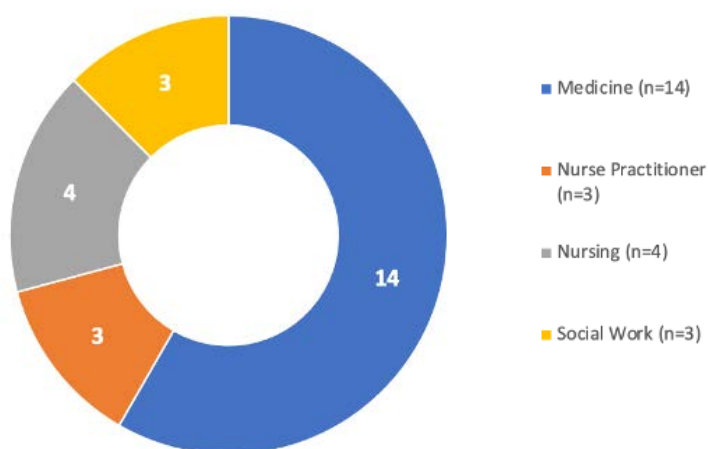
Interdisciplinary Clinical Addiction Fellowship Program

The Interdisciplinary Clinical Addiction Fellowship Program is an academic and clinically-focused program that provides specialty training in inpatient and outpatient addiction management to health care providers. There are four clinical streams available: medicine, nursing, nurse practitioner, and social work. The program is one-year full-time for physicians and 12 months part-time or six months full-time for nurses, nurse practitioners, and social workers. The Fellowship program provides valuable clinical skills and research-based opportunities through:

- Core and elective clinical rotations
- Introductory academic training consisting of lectures delivered by expert speakers
- Motivational interview training
- Monthly interdisciplinary journal clubs and study groups
- Conference attendance
- Presenting original research at the BCCSU conference
- Presenting a lecture as part of the *What's New* lecture series

Fellows gain knowledge and expertise in the management of addiction in a variety of settings and across a number of populations with unique needs, such as youth and pregnant people. Upon completion, Fellows are prepared to work as experts in the field of addiction medicine and take leadership roles in clinical, academic, and research settings.

Interdisciplinary Clinical Addiction Fellows by Discipline 2020-21 (n=24)



The 2020/2021 Interdisciplinary Clinical Addiction Fellowship cohort has brought together 24 fellows from across regional health authorities (Vancouver Island, Fraser, Vancouver Coastal, Interior) as well as Canada.

Figure 1: Interdisciplinary Clinical Addiction Fellows by Discipline 2020-21

International Collaborative Addiction Medicine Research Fellowship

The ICAMRF is a US National Institute on Drug Abuse (NIDA) funded, one-year part-time Fellowship. The program trains interdisciplinary clinician-scientists who are involved in the care of patients with substance use disorders (e.g., physicians, nurses, nurse practitioners, and social workers) to develop the important skills required for careers in addiction research. Created in 2013, opportunities were initially for physicians; however, the program welcomed the first cohort of interdisciplinary Research Fellows in the 2020-21 year.

The overall structure of the curriculum includes:

- Addiction research immersion training
- Training in longitudinal research
- Monthly journal clubs
- Peer-review teaching
- Academic seminars and presentation skills development
- Presenting at the annual BC Substance Use Conference
- Developing first-author articles, including original research, systematic reviews, commentaries, and case reports

What's New Lecture Series

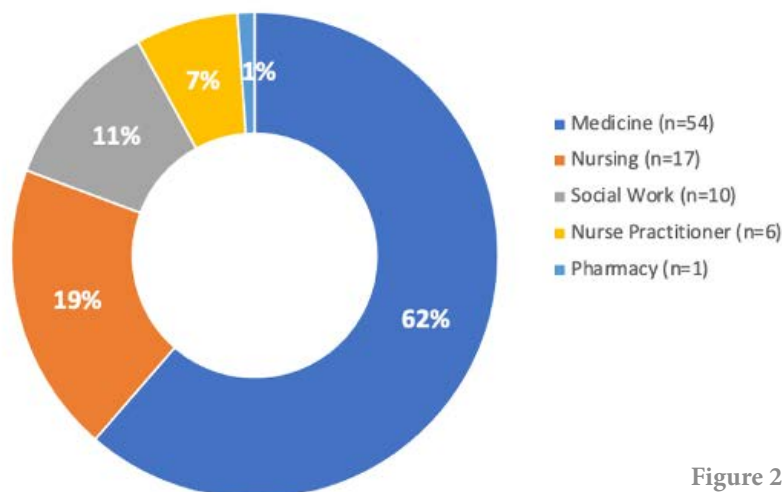
All fellows present a topic of their choice at the Noon Round lecture series entitled What's New in Addiction Medicine/Nursing/Social Work. These academic lectures are open to hospital staff, trainees, and community members. As of 2018, the BCCSU has broadcast these lectures live through a webinar platform in an effort to reach more clinicians from around the province. Recordings of these lectures are hosted on the BCCSU website so that learners can search and view any of these lectures held throughout the year. Access to past recordings is available at: <https://www.bccsu.ca/whats-new-lectures/>.

Lecture topics from the 2020/2021 fiscal year included:

- Navigating Cannabis Harm Reduction in Post-legalization Canada
- Time to Quit? A Review of Smoking Cessation Interventions & their Impacts on Substance Use Outcomes in Addiction Treatment
- A Review of Risk Mitigation Prescribing in the Context of Dual Public Health Emergencies

Impact

Total Graduates from BCCSU Clinical Addiction Fellowship Program 2013-2020 (n=88)



Since the launch of the Fellowship in 2013, 88 clinical and 24 research Fellows have graduated from the programs, with an additional 29 clinical/research fellows set to graduate in June 2021.

Figure 2: Total Graduates from BCCSU Clinical Addiction Fellowship Program 2013-2020

The BCCSU welcomed the following fellows in the 2020/2021 fiscal year:

The Interdisciplinary Clinical Addiction Fellowship				
Medicine	Nursing	Nurse Practitioner	Social Work	ICAMF
Britt Bailey Carolyn Marchand Charles Boissonneault Christine MacCauley Ethan Reiner Jelisia Kamel Jennifer Ng Justin Koh Tosh Mizzau Tyler Wilson Victoria Weaver Andrea Ratzlaff Megan Woolner Nathan Stefani	Benny Bloomfield Christine Deziel Ellery Cleveland Simran Riarh	Lukas Hestvik Patty Wilson Tim Gauthier	Alanna Mulholland Hella Lee Jessica Mensinger	Emma Garrod Kaye Robinson Miriam Harris Olivia Brooks Trevor Goodyear

Next Steps

The Interdisciplinary Clinical Addiction Fellowship program is gearing up to welcome the 2021–2022 fellows starting in July 2021. The fellowship will be kicked off with a virtual academic block bringing together experts in the field for didactic and case-based learning. In addition, the BCCSU is continuing to work with the regional health authorities to expand the provincial reach of the Fellowship program, via the Narrowing Gaps Funding. The aim is to recruit 18 trainees to the Fellowship program over three years using these funds.

NEW in 2021-2022: The Addiction Pharmacy Fellowship Stream will be welcoming two Pharmacy Fellows in its inaugural year.

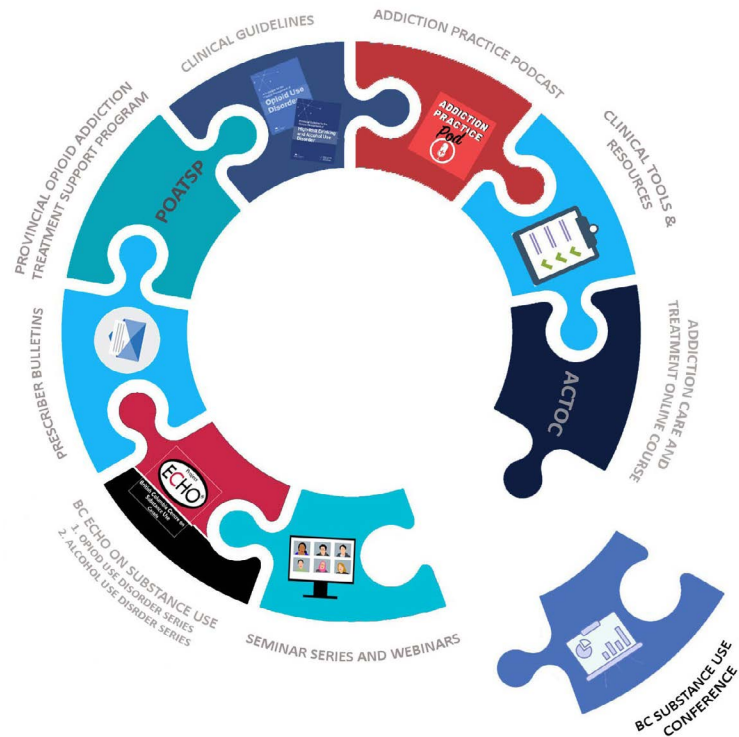
Fellows will be part-time over one year.

A pilot Pharmacy Fellow graduated in the 2019-2020 cycle.

Conferences

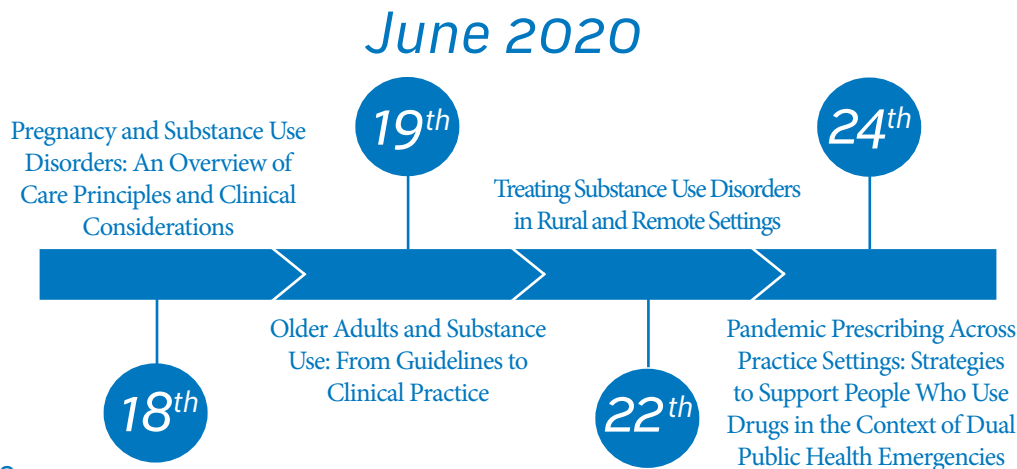
2nd Annual BC Substance Use Conference – June 2020

Building on the work of our first annual conference in 2019, the **BC Substance Use Conference** is intended to be an educational opportunity for physicians, nurses and nurse practitioners, allied healthcare professionals, and all other clinical and non-clinical personnel, with and without specialized training in addiction medicine, who are involved in the care and management of individuals and families affected by substance use. In addition, this conference is intended to be a medium for policy makers and healthcare administrators in the development of strategies and programs to seek input around unmet treatment and care needs within British Columbia in an evidence-based, cost-effective manner. Rural providers will be able to come to share ideas, learn from others, build new paradigms for practice, and contribute to the ongoing improvement of the public health and health care systems.



Adaptations Due to COVID-19

In accordance with the public health measures introduced by the Provincial Health Officer and recommendations to limit the spread of COVID-19, the BC Substance Use Conference shifted from an in-person format to a virtual conference in 2020. The BCCSU recognizes the importance of sharing guidance, experiences, and new evidence to protect communities, especially in light of the novel coronavirus and its impact on people who use substances or who are in recovery. The 2020 virtual conference was hosted from June 18-24, 2020.



Attendance

The swift transition from hosting an in-person event to an entirely virtual event did not deter provincial engagement in the four-part webinar format of the conference. Even with COVID-19 taking a toll on the capacity of healthcare workers in BC, providers and community members were committed to this valuable educational opportunity and their ongoing professional development related to substance use and addiction. As shown in **Figures 1 to 4** below, participation ranged from approximately 100-200 guests, depending on the topic.

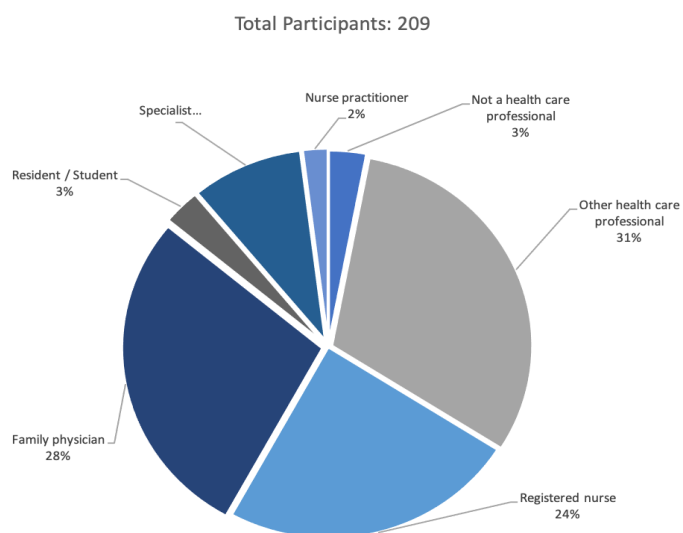


Figure 1. Attendance at Webinar 1 – Pregnancy and Substance Use Disorders

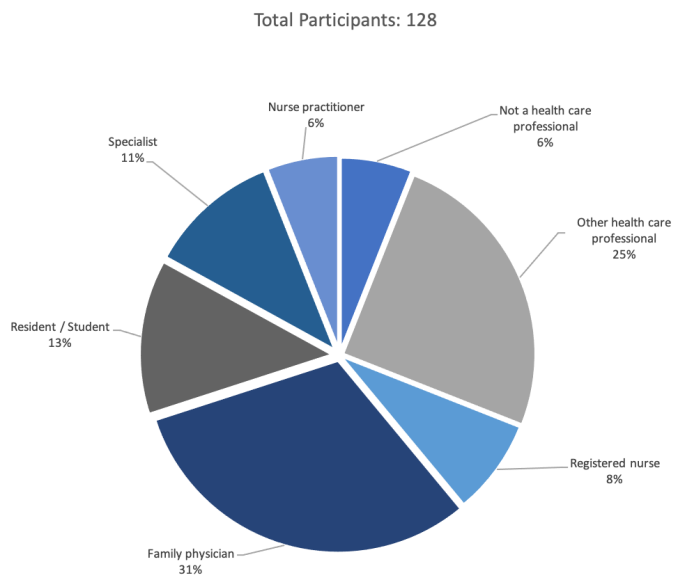


Figure 2. Attendance at Webinar 2 – Older Adults and Substance Use

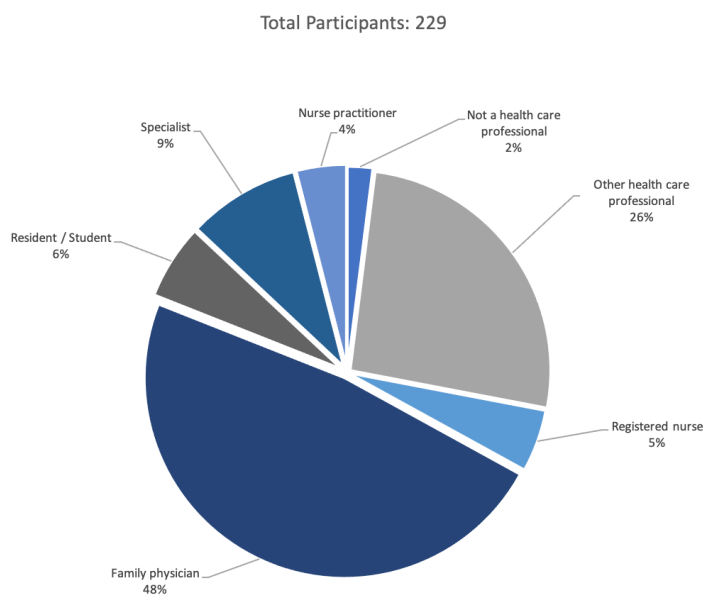


Figure 3. Attendance at Webinar 3 – Treating Substance Use Disorders in Rural and Remote Settings

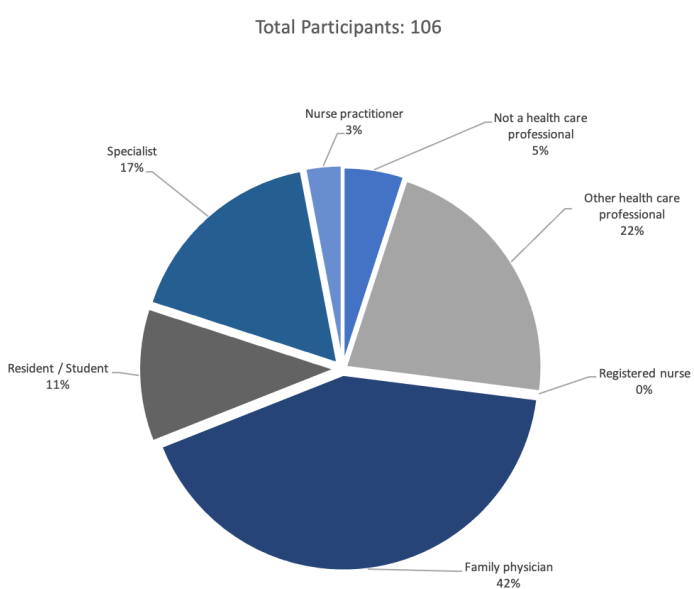


Figure 4. Attendance at Webinar 4 – Pandemic Prescribing Across Practice Settings

Impact and Feedback



"Great event overall. I am glad it was possible to attend through the online format. **The event was very informative, practical and up to date.**"

"I enjoyed knowing how practice is being changed in our delivery to health care services/supports and being delivered in rural/remote communities. **Knowing that the voices of community members are being listened to and more importantly being heard**"

"Due to Covid-19, most services have switched to telephone or televideo appointments. Listening to the rural perspectives, echoing some of our issues, but wow, much more difficult issues in Northern remote BC! **I was impressed by the dedication of those physicians.**"



3rd Annual BC Substance Use Conference – June 2021

The 3rd Annual BC Substance Use Conference brought together stakeholders from across the province to share clinical expertise, lived experiences, and the latest evidence relating to substance use. The two-day virtual conference included presentations and panels on research, education, and clinical care guidance related to the conference theme: *"Bridging The Gap: Connecting Harm Reduction, Treatment and Recovery."*

Due to Covid-19, it was not possible to gather in-person for the 2021 conference, so an interactive virtual platform was selected to host the conference. Within this platform, attendees viewed sessions on a variety of pertinent topics, and networked with other clinicians, stakeholders, and exhibitors.

The conference was organized around the following four key learning objectives:

- Provide safe and effective treatment and care to patients and their families across the continuum of care for substance use disorders
- Appreciate the complexity of substance use and substance use disorders, and the urgency to adopt practice changes and innovative solutions in BC
- Promote recovery, prevention, safety, wellness, and harm reduction to improve patient care and support for those with substance use disorders
- Describe new evidence-based research findings and innovative implementation models from around the province

The conference team also organized four keynote panels for attendees this year:

- Beyond Prohibition: The New Frontier of Legal Regulation
- Indigenous Wellness Journeys in the Context of Dual Public Health Emergencies
- Connecting Harm Reduction, Treatment and Recovery
- Speaking Out on Individualized Care: Redefining Harm Reduction, Treatment and Recovery

Lastly, the following sessions were offered to attendees during the conference:

- Regional and Provincial Programs with Impact
- Navigating Recovery: Understanding Diverse Experiences of Addictions Care
- Experiences and Evaluation of Providing Pharmaceutical Alternatives in the Context of COVID-19
- Buprenorphine/naloxone Microdosing Strategies within Community, Hospital and ED Settings
- What does 'nothing about us, without us' mean in the context of health research knowledge translation & drug policy? Learning from the Vancouver Decriminalization Exemption Application
- The Role of Pharmacists in Addiction Care
- The (lack of) evidence for opioid analgesics to treat minor acute and chronic pain – Think Twice!
- Managing Chronic Pain in Patients with Substance Use Disorders
- Involuntary substance use care: Are we reducing harms?

In addition to these sessions, there were two concurrent Fellowship streams occurring on Thursday, June 17, 2021. This was a key opportunity for BCCSU Fellows to showcase their research and engage with clinicians and other stakeholders.

External Conferences

The BC Centre on Substance Use (BCCSU) is committed to strengthening addiction medicine education activities across disciplines, academic institutions, and health authorities, and training the next generation of interdisciplinary leaders in addiction medicine. As part of the promotion of addiction medicine education and training, the BCCSU attends conferences and career fairs across the province.

Between April 2020 and April 2021, the BCCSU attended one conference in BC as an exhibitor, and disseminated virtual copies of OUD and AUD clinical guidelines; information in the form of various virtual handouts, educational and training resources; various handbooks targeted to patients, survivors or their family members; and other resources. This conference provided an opportunity for the BCCSU to interact with diverse professionals and to disseminate key BCCSU clinical care guidelines and education programs, but also to assess current gaps and needs from clinicians who are new to substance use and addiction care.

University of British Columbia Enhanced Skills Addiction Medicine Training Program

The British Columbia Centre on Substance Use (BCCSU) has partnered with University of British Columbia (UBC) Department of Family Practice to offer the postgraduate Enhanced Skills Addiction Medicine Training program, for family physicians seeking to develop clinical skills in addiction medicine.

Purpose

The program aims to educate and train practicing physicians to identify and treat substance use disorders. The program offers family physicians residency positions that respond to community needs in an effective way.

Program Format & Completion

The Category 2 Addiction Medicine Enhanced Skills program is tailored specifically to meet the objectives of individual physicians and consists of focused rotations over three months. This time is typically divided between high-yield clinical settings that include inpatient and outpatient addiction medicine, withdrawal management facilities, residential treatment centres, and culturally-focused substance use disorder treatment clinics. Enhanced Skills trainees enter with the goal of providing specialized care to a particular community by developing focused competencies within addiction medicine. In the 2020/2021 fiscal year, one trainee completed the Category 2 program.

Next Steps

Five trainees are scheduled to complete the Category 2 Addiction Medicine Enhanced Skills Program in the 2021-2022 academic year.

A new Category 1 Addiction Medicine Enhanced Skills program (one year), accredited by the College of Family Physicians of Canada, will launch in 2021-2022 and provide training through the BCCSU Clinical Addiction Medicine Fellowship.



The Flexible and Enhanced Learning Projects Program

The British Columbia Centre on Substance Use (BCCSU) partnered with the Faculty of Medicine at University of British Columbia (UBC) to offer a variety of scholarly activities to undergraduate medical students, named the Flexible and Enhanced Learning Projects (FLEX) Program. The program is designed to foster innovation, creativity, and critical thinking while preparing graduates for roles as scholars and life-long learners across the full trajectory of their medical careers.

The project is open to current medical students enrolled at UBC as a part of their FLEX curriculum in years 1, 2, and 4. Designed for highly motivated students, the project is geared toward medical students who are interested in potentially pursuing a career in addiction medicine or epidemiology research.

Purpose

1 Intro to Research with Vulnerable Populations

Approximately 20 hours

2 Clinical Addiction Medicine Education

Approximately 30 hours

3 Research Project

Approximately 110 hours

Students who participate in the FLEX project gain research experience in urban health, addiction medicine, and substance use. The skills students gain include:

- Introductions to different types of scholarly activities
- Oral and written communication
- Principles of conducting research with vulnerable and underserved populations

Program Format

There are three components to a FLEX Project as outlined in [Figure 1](#). Depending on the curriculum year (1, 2 or 4), the didactic components can range from four to 24 hours. Figure 1 highlights the approximate hours for first year students to complete the program.

Figure 1. The three components to a FLEX Project.



The majority of the FLEX Project is dedicated to the completion of a scholarly research project. Students can choose one research area from six different topics that are offered by the BCCSU ([Figure 2](#)). To provide the opportunity to publish an original research article in a peer-reviewed journal, students are paired with an appropriate research mentor. This self-directed learning allows students to begin incorporating scholarly inquiry and social accountability into their future practice.

Figure 2. The six options that students can select from for the FLEX Project research project.

Program Completion



A total of 10 students completed FLEX projects with BCCSU in the 2020/2021 fiscal year across FLEX 419, 429 and 449.

Impact and Feedback

The BCCSU is committed to enhancing learning experiences based on students' feedback. At the end of their FLEX orientations and projects, students complete an evaluation of their overall experience to help improve the program.

In addition to providing useful information for improving the FLEX Projects program, the evaluations also provide students with an opportunity to reflect on their own learning.



"The topic of 2SLGBTQ+ people in regards to substance use, healthcare etc is very relevant and important, especially to healthcare providers. They provided great evidence-based work in regards to health inequities and challenges facing this community."

"The FLEX orientation was a great intro to ... substance use and the foundations of research. It was also great to hear about the unique opportunities offered by BCCSU, ways to continue to get involved in the future, and interesting educational tools/modules to supplement our experience. It was a great way for us to know what we are getting involved with."

"It was great to get a history of the work being done by BCCSU and the impacts that several of the studies have had over the past couple decades. It definitely magnified the necessity of research and statistics in creating meaningful change."



Next Steps

The FLEX program will continue to expand its capacity for training medical students as the network of research supervisors associated with the BCCSU grows. In addition, the didactic curriculum offered to our students is continuously being updated according to feedback received from previous cohorts, and will build in new educational experiences in the upcoming year such as an introduction to Indigenous cultural competency.

LOUD in the ED



Purpose

The LOUD in the ED initiative is a collaboration between the BC Centre on Substance Use (BCCSU), the BC Patient Safety & Quality Council (BCSQC), and the Overdose Emergency Response Centre (OERC). The emergency department setting provides a unique opportunity to connect with people who use substances and to provide good care, particularly when patients present with acute health concerns such as an overdose or withdrawal. Applying best practices for people with opioid use disorder (OUD) in the emergency department (ED) improves patient care and has the potential to reduce length of stay, re-admission rates, and workload for and burnout among staff. As such, this initiative was designed to provide continuing education relevant to clinicians working in these settings. This initiative ran from October 2020 to February 2021 with an aim to improve access to evidence-informed care, particularly buprenorphine-naloxone (Suboxone®), and to reduce morbidity and mortality related to substance use.

Information about the program can be found here: <https://bcpsqc.ca/improve-care/substance-use/loud/>

Accessibility

LOUD in the ED was formally launched as an entirely virtual action series (webinars paired with follow up actionable homework as highlighted below) with 24 participating teams in October 2020 and in the context of dual public health emergencies. This adapted delivery model provided teams with increased flexibility and practical hands-on learning activities while they participated in a condensed virtual delivery format. The initiative was redesigned in close consultation with faculty who provided on-the-ground insight into the capacity of EDs across the province, and under the guidance of leadership from all partner organizations. Recruitment efforts involved a Call to Action, information sessions, and recommendations from key regional stakeholders. Twenty-four teams of clinicians were recruited to participate in this program.

Format

LOUD in the ED was launched as a virtual action series to provide clinicians with flexibility and to eliminate in-person events and non-essential travel during the COVID-19 pandemic.

The action series had several elements that provided support for teams in affecting change at their local sites.

- **Action periods** were defined periods of time themed around an aspect of change that involved learning, networking, resources and activities to identify new approaches and opportunities for improvement.
- **Learning sessions** marked the start of a new action period; these sessions included an interactive webinar to teach and highlight tools and resources for improving care in the ED. The first and fourth learning sessions were half-day sessions (3.5 hours) to enable participating staff to apply for backfill and enable more in-depth conversation and collaboration with teams. All other learning sessions were one hour in length.
- **Coaching calls** during the action period were one-hour calls that offered opportunities for learners to have deeper discussions with subject matter experts on specific topics or areas of clinical care.

The program consisted of five action periods, with each period focussing on a clinical education driver (as shown in **Figure 1** below), and the fifth action period focussing on the achievements of the participating teams and next steps.

LOUD in the ED was a virtual action series that was organized by four main drivers of improvement as identified by the faculty:

1. **Recommended Clinical Decision Support Tools:** Implementing recommended practices to inform order sets and guideline development.
2. **Clinical Education and Strategies:** Seizing clinical education opportunities and promoting culture change.
3. **People and Provider Centred Care:** Stigma, engagement and access.
4. **Connection Continuum:** Bridging community and ED care.

The primary drivers and key secondary drivers are captured in **Figure 1**.

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
1. Increasing buprenorphine-naloxone (Suboxone®) starts by 20% and ensuring 100% of eligible patients are given information on where and how to access harm reduction supplies; 2. Increasing successful connections to community services by 20%; and/or 3. Improving the experience of OUD care for both people with OUD and providers of care (reduce stigma).	1 Recommended Clinical Practices and Decision Support Tools	• Adapt OUD recommended practices and point-of-care tools that fit into existing workflow.
		• Enhance clinician decision-making through clinical decision support tools.
		• Support the ability to consult expertise for additional clinical decision-making support.
	2 Clinical Education and Strategies	• Ensure access to ED relevant education to OUD care and OAT prescribing for providers.
		• Ensure practitioners are knowledgeable and confident on recommended practices and resources around OUD care.
		• Support continuous learning on OUD processes in the ED.
	3 People- and Provider-Centered Care	• Ensure practitioners are knowledgeable and confident on best practices for person- and family-centred and trauma-informed care.
		• Reduce barriers to offering OUD care.
		• Support increased communication for people with OUD during their ED experience and when they are referred to the community.
	4 Connection Continuum	• Decrease stigma and dispel myths about OUD amongst providers.
		• Increase empathy across all spectrums of care.
		• Increase awareness and accessibility of community resources.

Figure 1. Clinical drivers – primary and secondary

For every action period, the teams completed the corresponding Action Period Guide, which listed out both mandatory and optional activities as shown in **Figure 2**. During the action period, teams could also seek further support from designated coaching calls with subject matter experts on specific topics or areas of clinical care. Overall, each action period provided education, networking, resources, and activities to identify new approaches and opportunities for improvement in emergency departments.

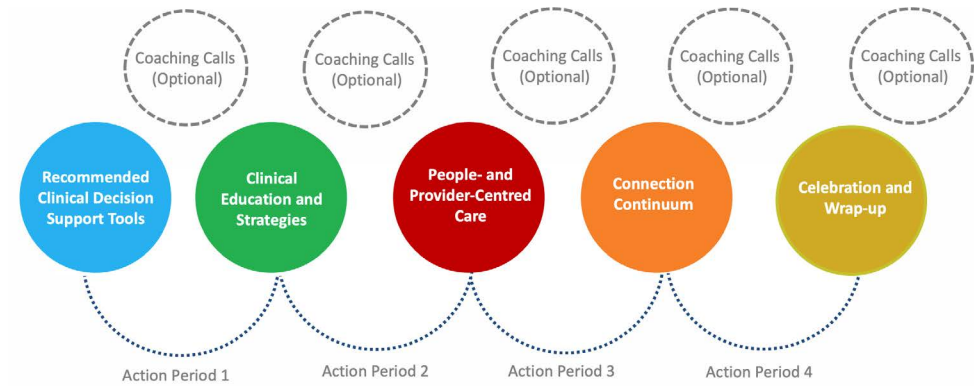


Figure 2. LOUD in the ED action periods

Impact and Feedback

LOUD in the ED included five learning sessions (LS) and eight coaching calls (CC) hosted virtually on Zoom between October 2020 to February 2021. All team members, faculty and regional supports were invited to attend 'live'; though it was observed that due to scheduling conflicts and mounting pressures in EDs, participation during the sessions was limited. All sessions were recorded, posted on the LOUD in the ED resource page and shared with participants in a weekly email update. Participants who could not join the live sessions were expected to watch the recordings at their earliest convenience. **Figure 3** shows attendance during the live sessions.

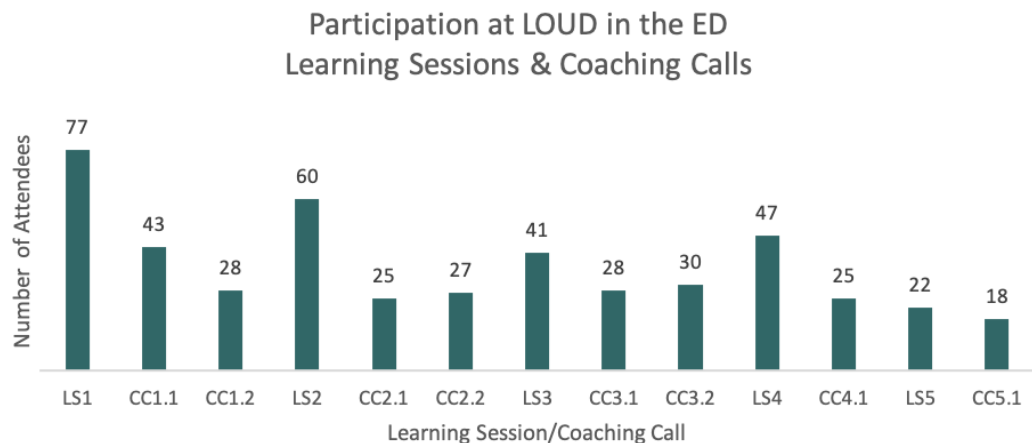


Figure 3. Participation in LOUD activities

Through LOUD in the ED, two new modules in the Provincial Opioid Addiction Treatment Support Program (POATSP) and an OAT decision support tool (OAT-DST) were developed to further support clinicians practicing in acute care settings. As an incentive, LOUD in the ED offered sessional funding for clinicians to complete the acute care stream of POATSP. A total of 141 clinicians from various health authorities completed POATSP through LOUD in the ED. Additional funding for clinicians to complete the new POATSP modules was a key reason behind the success of this initiative. Funding was considered a major enabler, as well as for clinician participation, and should be considered in the future.

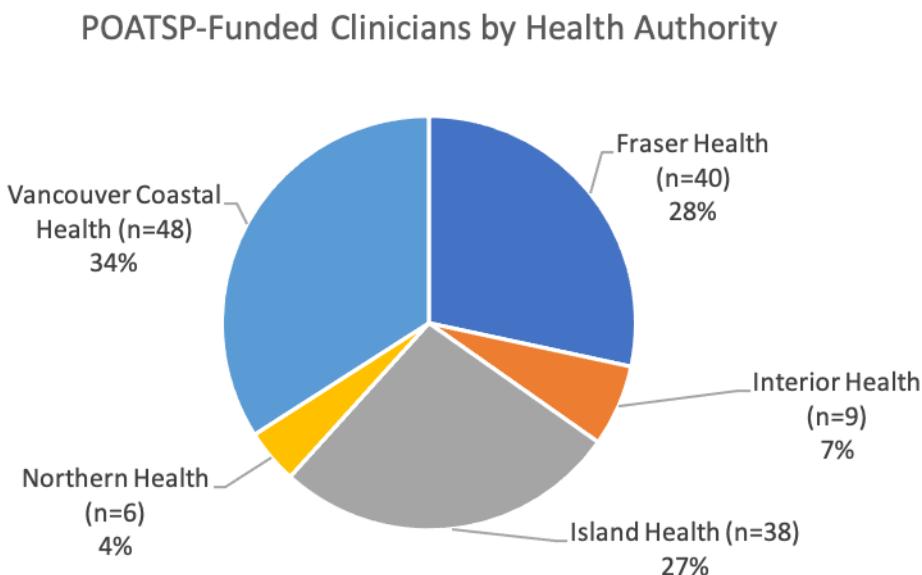


Figure 4. POATSP completion funded by LOUD

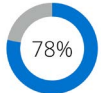


"Great course. Thanks. I think funding should be made available to offer this to all interested ED physicians in BC"



"It is a good course. More information than needed for suboxone inductions/initiations in ED but all the same very interesting and an excellent reference."

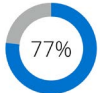
At the end of the LOUD in the ED, a final questionnaire was administered on the outcomes of the initiative and assessed the needs for future education on opioid use disorder (OUD) care. Of the 59 respondents with representation from all regions of BC:



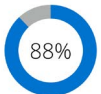
of respondents were satisfied or very satisfied with LOUD



of respondents greatly or somewhat improved their confidence in providing OUD care in the ED



of respondents indicated webinars were extremely or very relevant, with another **30%** indicating they were somewhat relevant



of respondents would recommend participating in LOUD to a colleague

Next Steps

LOUD in the ED has made significant strides to bolster access and quality of opioid use disorder care in emergency departments for both patients and clinicians. Due to the ongoing needs of and high interest from this community of practice, the LOUD in the ED will develop and host a webinar series to supplement and expand on the educational content from the LOUD in the ED and POATSP. This webinar series will focus on topic areas aligned with opioid use disorder care in emergency departments and continuity of care after discharge from hospital.

LOUD in the ED faculty continue to support the sustainability of the program and develop a strategies to increase the quality of opioid use disorder care and minimize harm in emergency departments. However, further work needs to be done to help standardize ED protocols for buprenorphine/naloxone inductions across the province, build practice supports for community providers (particularly providers in rural and remote communities), and enable the provision of sufficient carry doses of medication upon ED discharge.

Summary

As highlighted throughout this report, the LOUD in the ED initiative has enabled significant progress on the expansion of OUD care and services throughout BC. At the start of this initiative, external stakeholders engaged in the project's design had stated that many emergency departments did not want to prescribe or start OAT for patients despite the ED being a key contact point with the health system for people with opioid use disorder. Similarly, while some ED prescribers were willing to initiate OAT, there were many gaps and issues identified compromising a smooth transition for patients to the care of community prescribers. This meant that patients were leaving the ED either without a prescription, or with a prescription and no way of continuing treatment or renewing the prescription after discharge, putting them at significant risk. LOUD in the ED focused on addressing these two key issues through its five-part action series and the participating emergency departments have demonstrated improvements in quality of care for patients with opioid use disorder.

Purpose

UBC Health (health.ubc.ca) works under the auspices of the Office of the Vice-President, Health. Complementing efforts of the university and the health sector, UBC Health seeks to connect diverse expertise and resources across disciplines to help advance education, research, and policy in pressing areas such as substance use and addiction.

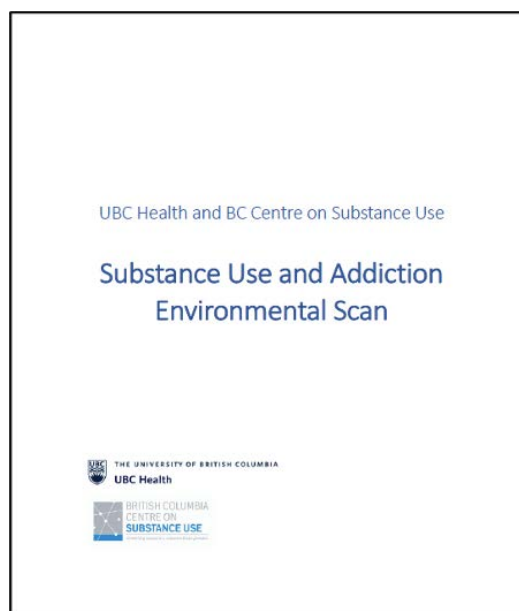
In recognition of the importance of substance use education and training at the pre-licensure level and beyond, and as a result of the 2018 President's Roundtable on UBC's response to the overdose crisis, the BCCSU has partnered with UBC Health to strengthen collaborative, interdisciplinary education, training and research opportunities in substance use and addiction. A partnership manager is working across both organizations and closely with UBC programs to build strategies that will facilitate the integration of content about substance use and addiction into education and research activities across the university.

Environmental Scan

As a first step, an environmental scan was conducted to:

- 1) identify existing substance use and addiction content across programs on both UBC campuses, inclusive of both classroom and clinical placement experiences
- 2) help identify opportunities to enhance substance use and addiction education and training across disciplines.

To follow up on this work, UBC Health and BCCSU hosted a Substance Use and Addiction Education Symposium on June 25, 2021 to bring together faculty and the UBC community interested or involved in substance use education across both campuses to identify opportunities to enhance existing educational offerings with support from the BCCSU.



Next Steps

UBC Health, in partnership with BCCSU, will continue to work with interested partners to identify strategies for advancing the calls to action proposed during the symposium. This partnership has also facilitated a collaboration between BCCSU and the Patient and Community Partnership for Education (PCPE, a unit within UBC Health) to develop a workshop on substance use and stigma. This workshop is included in a yearly workshop series provided to interdisciplinary health students, where students learn directly from patients and community members. Going forward, additional ways of enhancing substance use and addiction education by including the voices of people with lived and living experience will be explored.

Final Remarks

The British Centre on Substance Use (BCCSU) offers a diversity of education and training programs, aligned with evidence-based clinical guidance, for health care providers and individuals who are interested in substance use and addiction. As the needs of patients increase in complexity, so does the need for continued professional development in addiction medicine. The BCCSU recognizes the importance of interdisciplinary and collaborative care models and is committed to providing opportunities for health care providers to advance their knowledge, skills, and expertise in addiction medicine.

In the 2020/2021 fiscal year, BCCSU education and training opportunities have supported health care providers to improve their knowledge of substance use and addiction. In the upcoming 2021/2022 fiscal year, the BCCSU will work to:

- Increase the accessibility of these programs to build capacity across the province, particularly within rural and remote communities
- Build upon existing education content and programs with the release of new clinical research and evidence-based guidelines
- Adapt education and training programs to virtual platforming and learning where possible to mitigate the risks and spread of COVID-19

While the number of active OAT prescribers in British Columbia has roughly tripled since the declaration of the public health emergency in 2016—with an increase in the number of patients engaged in treatment during this same time period—the lack of health care personnel with appropriate training in substance care outside of larger urban centres continues to present a challenge. There is an opportunity to address these gaps by increasing program reach through rural and remote communities, through the provision of team-based care, and by expanding the scope of practice of other clinicians, including nurses and pharmacists.

As highlighted through this report, BCCSU clinical education and training continues to be low-cost, high-impact, and a cornerstone of the expansion of evidence-based clinical practice across British Columbia. The variety of educational opportunities and support to clinicians offered by the BCCSU are critical to ensuring that new evidence is translated into practice and that people with substance use and addiction have access to substance use and addiction care in their home communities.

