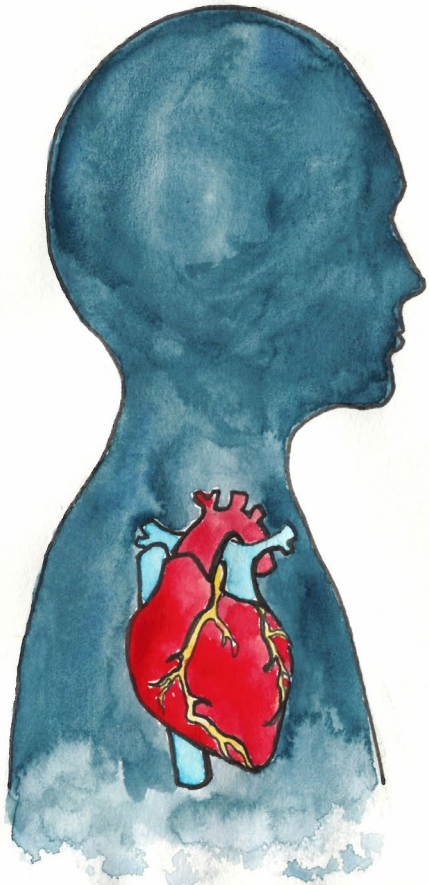


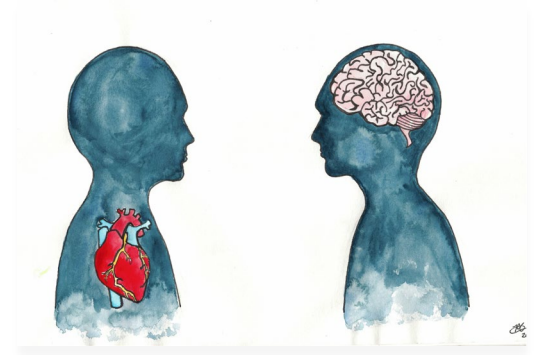
Improving Access to Health Care for patients on Opioid Substitution Treatment at Victory Square Pharmacy



Whakakotahi
Primary Care Improvement
Programme

2019

Background/Context



Research shows that OST patients have a biological age that is 15 years older than their chronological age, and that those patients with mental health and addiction diagnoses have a reduced life expectancy of around 20 years when compared to those who don't.

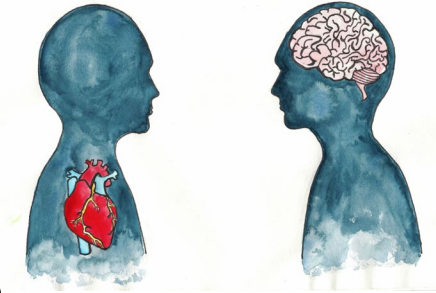
- Various barriers, but most commonly stigma, cost and transport issues
- More difficulty in accessing screening and diagnostic procedures
- Gaps in their care also form when prescribers limit the scope of what they will prescribe

Improvement Team



Megan Peters, Deirdre (Dee) Magee and Lynn Bell – Victory Square Pharmacists

*Rebecca Lukey - Mental Health and Addictions Pharmacist
Facilitator NMDHB*



Consumer Rep: Ali



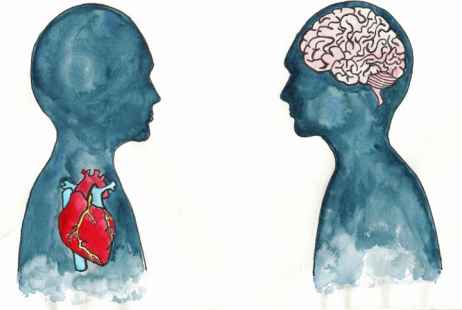
**Alcohol and Drug
Addiction Services Nelson**

- Doctors and case workers



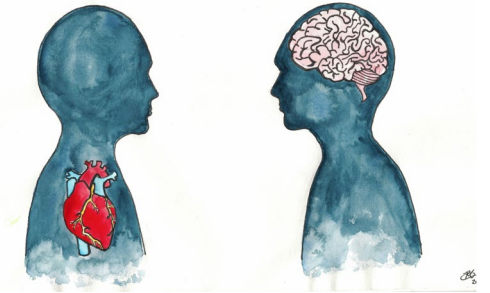
Patients' registered GP

Problem Statement



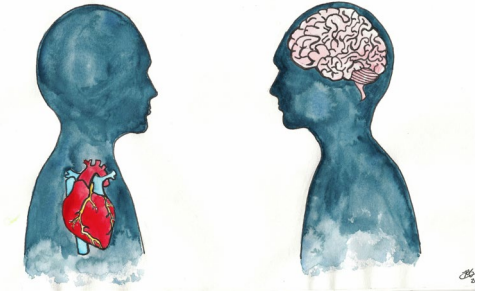
Patients who have opioid addiction often have co-morbid mental and physical health issues, but find it difficult to access health providers to either diagnose, or to help with management of the condition.

Aim Statement



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

How??



For community pharmacists to assist OST clients in overcoming the financial, personal and logistical barriers in accessing appropriate healthcare.

Pharmacists see the clients regularly, have an established relationship with them and are well placed to support clients with their healthcare management across multiple providers.

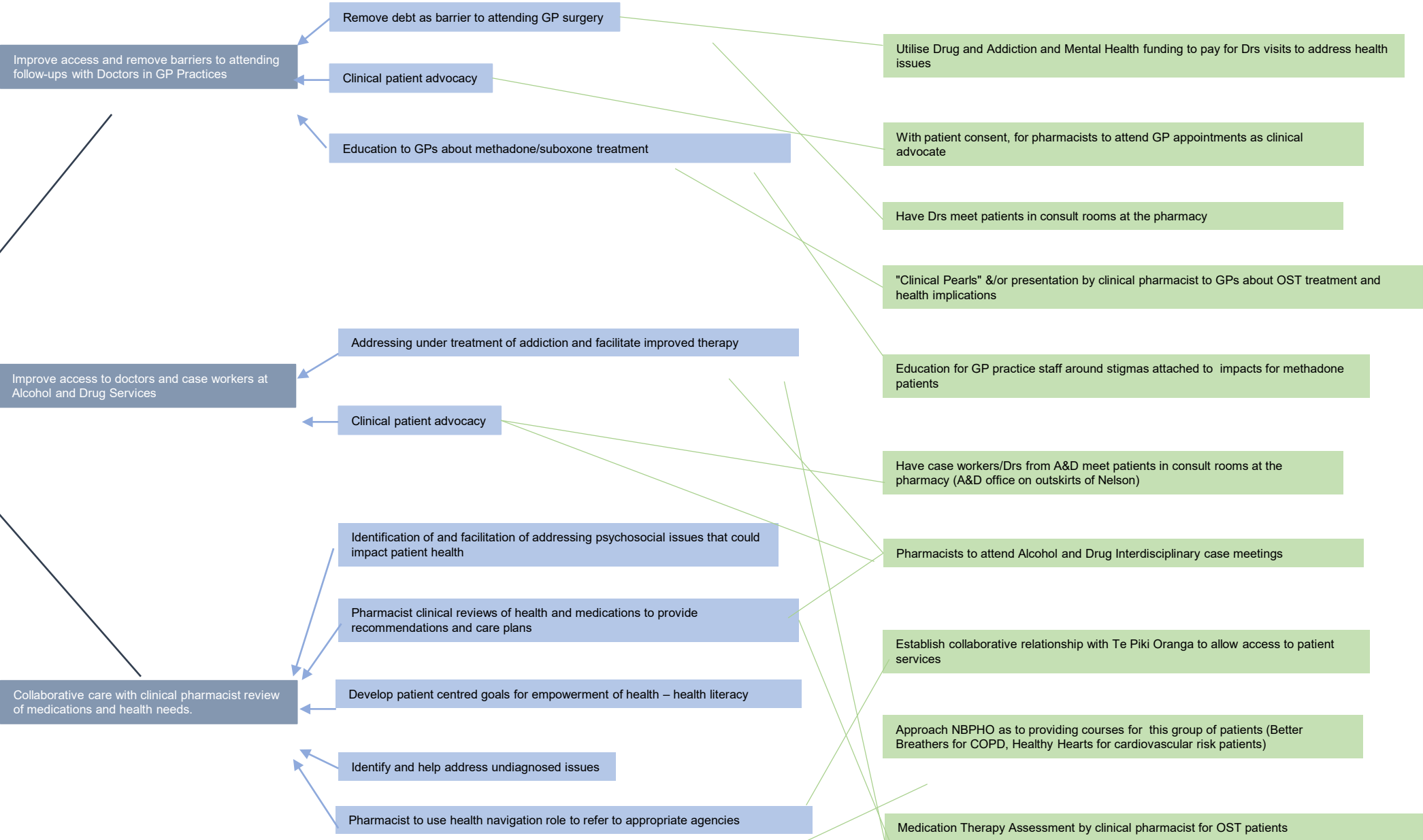
OST clients will be able to choose the level of participation they wish to have in the project:

- Full clinical health review with clinical pharmacist.
- Up to 4 appointments with their GP (including transport to the appointment and support person present).
- Access to any required diagnostic or screening procedures.
- Funded prescriptions needed.
- Health advice and medicines management.

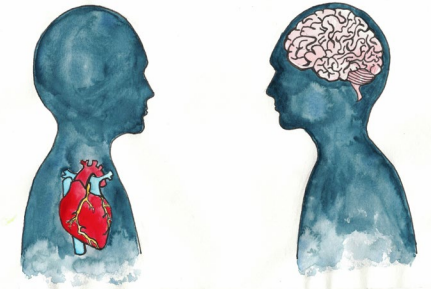
Covering COSTS

- HQSC Whakakotahi funding.
- Deirdre and Sean Magee – owners of Victory Square Pharmacy.
- Jane Kinsey (NMDHB) – covering costs of co-payment at GP appointments and prescription fees.
- Utilisation of services that the patient may be entitled to.

To have a pharmacist-led improvement of access to medical screening, treatment and management of the physical health of 30 patients enrolled on the Opioid Substitution Treatment (OST) programme at Victory Square Pharmacy by 2019



Capturing the Patient Experience



1. In what situations would you visit your Pharmacist/Pharmacy? (tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Serious and/or sudden health problem e.g. bleeding, chest pain | <input type="checkbox"/> Management of a diagnosed condition e.g. asthma/diabetes |
| <input type="checkbox"/> Minor health problem e.g. head cold, hayfever, ankle sprain | <input type="checkbox"/> Worsening of a health problem |
| <input type="checkbox"/> Infection e.g. flu, skin infection, chest infection | <input type="checkbox"/> Medication advice about side effects |
| <input type="checkbox"/> Vaccination | <input type="checkbox"/> Concern about health |
| <input type="checkbox"/> Health advice e.g. stopping smoking | <input type="checkbox"/> Concern about a health problem |
| <input type="checkbox"/> Contraception advice | |
| <input type="checkbox"/> Other (please specify) | |



2. What would **stop you/prevent you** from visiting your Pharmacist/Pharmacy? (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I worry that other people might hear my private health information | <input type="checkbox"/> It costs too much |
| <input type="checkbox"/> I feel uncomfortable in the environment | <input type="checkbox"/> I don't think the pharmacist knows enough |
| <input type="checkbox"/> I often feel more confused after visiting | <input type="checkbox"/> They might not be available/busy/closed |
| <input type="checkbox"/> I feel the pharmacist is judging me | <input type="checkbox"/> I feel I might be wasting pharmacist time |
| <input type="checkbox"/> I feel other staff are judging me | <input type="checkbox"/> I don't think they would be able to help (problem too serious/not serious enough) |
| <input type="checkbox"/> It takes too long/don't have time | |
| <input type="checkbox"/> Other (please specify) | |



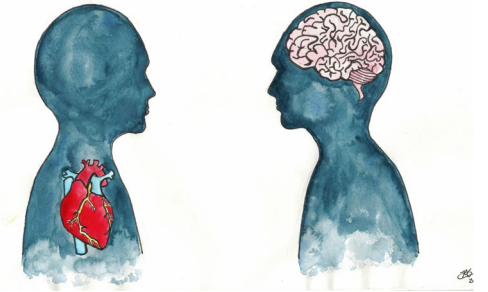
World Health Organization

WHOQOL-BREF

Quality of life assessment tool - asks how the patient feels about their quality of life, health, or other areas of their life.

share your story

Key Success/Barriers



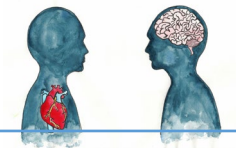
HOW WILL WE KNOW WE ARE SUCCESSFUL?

- All patients consented to the project have had full reviews and physical health needs have been identified and are being managed.
- Patient feels empowered to be engaged with their GP, AOD and Pharmacy in their healthcare journey.
- Patient quality of life scores have improved from when first completed at the start of the project.

POTENTIAL BARRIERS

- Project member's time/availability.
- Project risks becoming too complex.
- Serious health issues are discovered whilst health screening.
- Other health providers resistant to pharmacist involvement.
- Patients not wanting to know they have a serious health conditions.

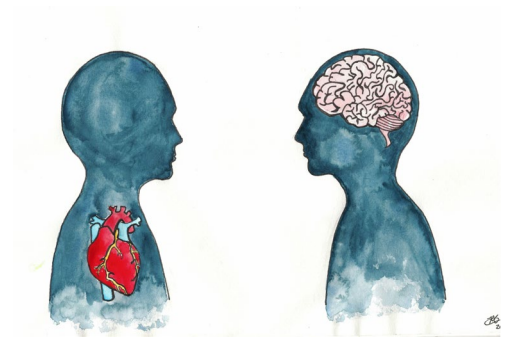
Stakeholder communication plan



Stakeholder	Motivation/values	Action/message	Strategy	Responsibility	Reflection
Patient	Physical Health needs are addressed	Obtain permission from patients to be part of the project	Information explained and given as written	Pharmacy	✓ All consents/refusals received
GP	OST patient re-engaged in the practice	1. Introduction to project	Meet with GP to explain project – questions can be answered at the time.	Patient GP's to be divided amongst group and team members to visit surgery's	Large number of GP's to visit about the project. Need to allocate more time to this – perhaps when patient is reviewed. Maybe send letter to OST patients' GP outlining project details, then meet if any questions
		2. Information provided about OST impacts on health	Suggest presentation to practice at next clinical meeting		<i>Still to undertake</i>
Alcohol and	Better communication	Get pharmacist involved	Meet and greet with	Dee/Beccs	



PDSA



Change Idea/PDSA #1: Pharmacists to attend Alcohol and Drug Interdisciplinary case meetings

Pharmacists attended Alcohol and Drug meeting to discuss and share knowledge of clients involved in the project.

Result: Regular meetings agreed to have pharmacists invited to discuss OST clients

Change Idea/PDSA #2: ECGs to be done/updated for each OST client on methadone regardless of dose

Background: Methadone can cause QT prolongation. With higher doses there are greater risks, but many patients are also prescribed other medication that can prolong QT, and so increases risk.

Currently in DO phase

1. Check all patient files to see if have had a recent ECG report done.
2. For those OST patients with no/outdated ECG reports to be booked with Alcohol and Drug for ECGs.

