



# A Provincial Approach to Opioid Dependence Treatment in Newfoundland and Labrador

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## ODT Hub and Spoke Model Overview and Implementation Update

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# Context Leading up to ODT Hub and Spoke Model

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- 2017 ODT Gaps Analysis Report Recommendations
- Increased Evidence and Research Knowledge Base
- Increasing Opioid-Related Overdoses
- Need for Integrated System of Service Delivery
- Increased focus on Improved Client Outcomes and Service Evaluation
- Limited Access to ODT services in rural areas
- National Opioid Crisis

# Previous Access to Opioid Dependence Treatment

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- ODT access through private physicians
- Opioid Treatment Centre -Eastern Health
- Correctional setting service for those already prescribed
- Western Health clinic maintained by a nurse and physician from Central Region

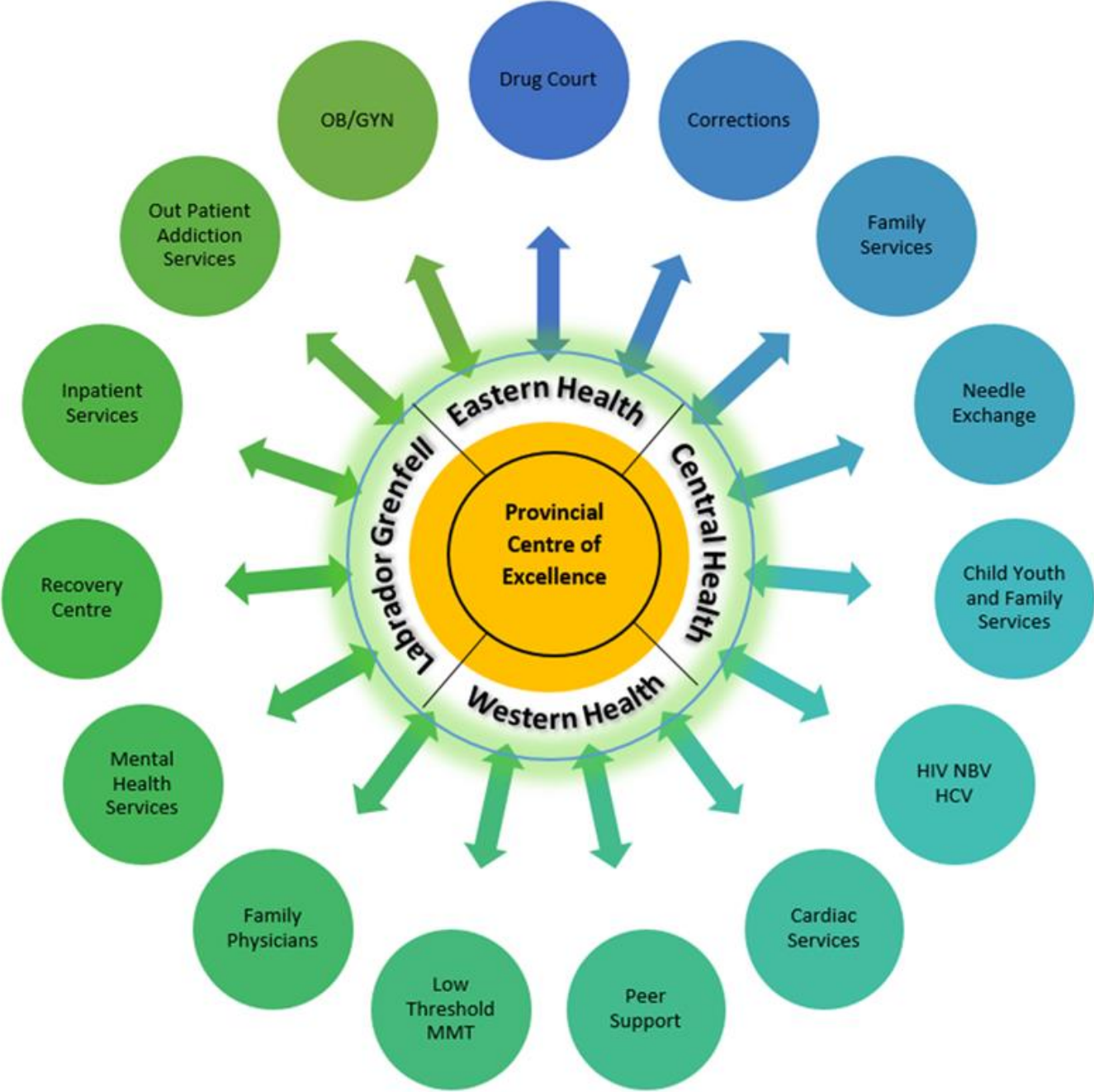
# Hub and Spoke ODT Model Overview

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A new comprehensive and integrated model of Opioid Dependence Treatment (ODT) and substance use disorder service delivery in Newfoundland and Labrador



# ODT Hub and Spoke Model



# Hub and Spoke ODT Model Overview

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- Integration of harm reduction, recovery focused, and person-centered care approaches
- Case management, behavioural counselling, and primary health care needs
- Collaborative teams
- Development and greater integration, connection, and support for primary healthcare ODT practices
- Increased Telemedicine/Telehealth infrastructure



# Provincial ODT Centre of Excellence

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- ODT learning and knowledge exchange opportunities
- Performance monitoring, research, and model/service evaluation
- Provincial-level prevention initiatives
- Harm Reduction education, program, policy and practice development
- Workforce development & collaboration
- Implementation of the Hub and Spoke Model



SUPPORT



COMMUNICATION



AWARENESS



EDUCATION



DEVELOPMENT



COLLABORATION

# Role of Provincial ODT Hubs

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- Four regional RHA-based Hubs - regional consultants and subject matter experts on opioid addiction and treatment
- Care Coordination and Consultation
- Comprehensive Care Management, Health Promotion, Transitional Care, Individual and Family Support, Referral to Community and Social Support Services

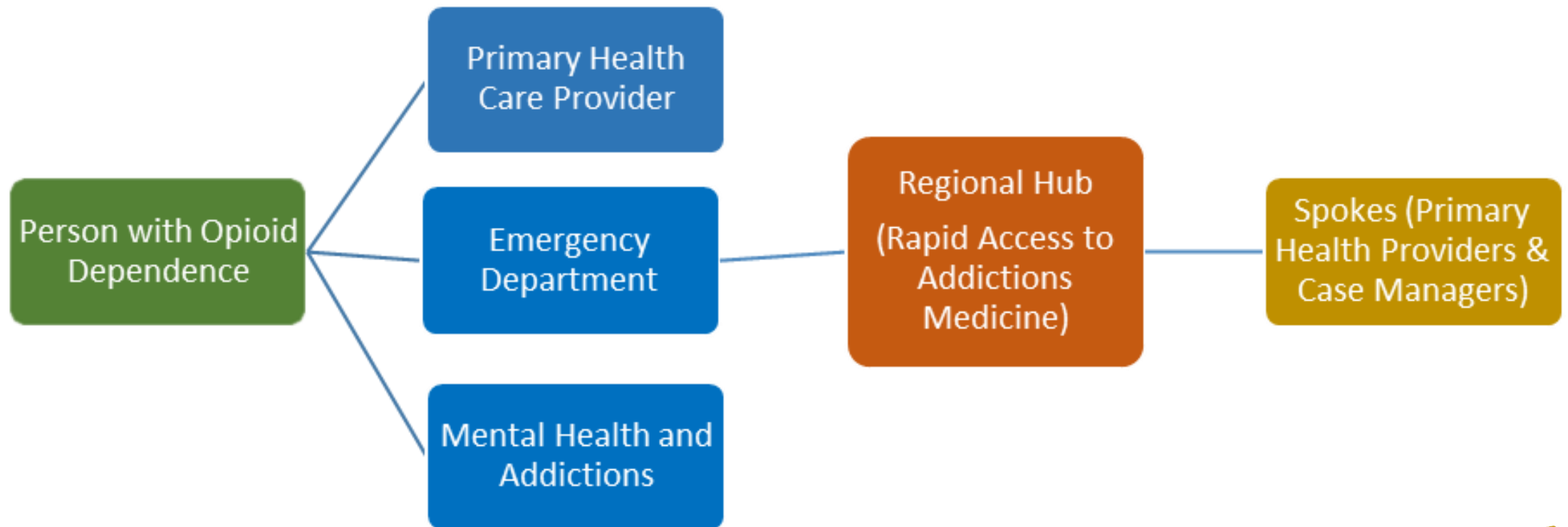
# Role of Primary ODT Services (Spokes)

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- Prescribing physician or nurse practitioner and the collaborating addictions counselling professionals/case manager
- Coordinate access to recovery supports and community services, counseling, and case management services



# Example Pathway



# Practicing Harm Reduction In ODT

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- Environment, Communication, & Language
- Screening, Assessment, & Discharge
- Overdose Prevention Awareness
- Take Home Naloxone Program
- Consultation and Training
- UDS
- Distribution of Harm Reduction Supplies

# Implementation Update

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## **2018-2019:**

- Establishment of Centre of Excellence
- Start of 4 Regional Hubs
  - Split HUB in Western and Central Health Region

## **2019-2020:**

- ODT Centre Of Excellence
- Spoke Identification and Development
- Program Design and Planning
- Pharmacy and Prescriber Coverage
- Provincial Opioid Information Monitoring Advisory Group
- Provincial HR Collective & PWLE



# Successes

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- HUB Service Access – No Waitlists
- Workforce Development
- Community Awareness
- Telehealth/Telemedicine Utilization
- Community Response to Needs Identification
- Harm Reduction Training and Awareness
- Collaborative Efforts – ODT Working Group
- Provincial Opioid Information Monitoring
- 72% Prescribers\*
- 26% Individuals
- 30% Pharmacies

# 2020/21 Spoke Implementation Framework

1. RHA Spoke Staff Support Identification
2. Spoke - Geographical Needs Identification
3. Spoke Selection Criteria & Site Readiness Assessment
4. Spoke Request for Proposals
5. Spoke Education, Guidance, and Implementation Support
6. Progress Reporting and Data Management
7. Performance Monitoring and Evaluation

- Spoke Implementation Advisory Group
- Family Practice Renewal Networks
- Scoping/Mapping

# Questions Thoughts Feedback

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