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Primary Health Care Opioid Response Initiative

Year 2 Summary Evaluation Report

Executive Summary

Introduction & Background

This evaluation report presents year two of the evaluation findings completed for the Primary Health Care Opioid Response Initiative (PHC ORI). This is the executive summary of the *Year 2 Summary Evaluation Report*; is an evaluation of activities that have occurred, from January to December 2019, and their advancement towards the stated PHC ORI goals and objectives. In May 2019 an *Interim Evaluation Report* was produced summarizing findings from a mid-term process evaluation covering the majority of activities what took place from grant initiation to January 2019.

The PHC ORI work began with a collective understanding that tackling the opioid crisis in Alberta would require new and innovative approaches, including an immediate response of the entire health system to change the trajectory of the crisis. The engagement and response of primary care physicians, teams, and Primary Care Networks (PCNs) in Alberta was deemed essential in defining appropriate primary health care approaches that would address the systemic issues contributing to the crisis, and optimize the ability of primary care partners to respond quickly and effectively.

The resulting PHC ORI was a multi-stakeholder project funded by Alberta Health through a grant agreement with the Alberta College of Family Physicians (ACFP). The ACFP (including the Patients, Experience, Evidence, and Research (PEER) team), the Alberta Medical Association (AMA), Alberta Health Services (AHS), and zone Primary Care Networks (PCNs) Committees collaborated to lead this essential work in the primary care context that continued through March 2020.

PHC ORI Goals

The goals provided the common vision and strategic priorities for the initiative.

Evaluation Approach & Methods

The PHC ORI was a complex intervention, involving provincial partnerships, new planning based on zone-level considerations, and practice-level change. Correspondingly, it required an evaluation approach that could capture how the work unfolded, what was learned, what changed, what did not change and why. A collaborative evaluation approach[1] underpinned this evaluation. The PHC ORI evaluation team worked with project stakeholders to collaboratively design, develop, and implement the evaluation, based on their information needs and interests. To enable this approach, an Evaluation Advisory Committee was formed with representatives from each of the provincial partner organizations, zones, and a family physician.

The summative evaluation plan used several data collection strategies comprising both quantitative and qualitative methods between January and February 2020. These are listed briefly here, and further detail can be found in the technical report.

Table 1: Data Collection Strategies

Primary Data Collection Methods	
Focus Groups with Zone Working Groups	Collaboration Forum Survey
Focus Group with Provincial Operations Team	Key Informant Interviews
Focus Groups with Practice Facilitators	Primary Care Provider Survey
Focus Groups with ORCs	Case Studies
Opioid Response Coordinator Survey	Practice Facilitator Survey
Secondary Data Sources	
Program Data	Administrative Data

Evaluation Questions

1. What were the key activities that occurred in Year 2 of the grant?
2. What practice level changes occurred as a result of the PHC ORI grant?
3. What difference has this made for people at risk of /with Opioid Use Disorder (OUD) in the primary care context?
4. What were the facilitators and barriers (or strengths and challenges) of the PHC ORI grant?
5. What parts of the work built capacity for sustainability?
6. What elements of the PHC ORI can be scaled or leveraged for other health issues in Alberta, in Canada?
7. What lessons can be applied to rapidly respond to future health crisis needs?

[1]Cousins et al. (2015). *Principles to guide collaborative approaches to evaluation.* Retrieved from https://evaluationcanada.ca/sites/default/files/20170131_caebrochure_en.pdf

At-A-Glance

What follows is “a glance” at the core themes revealed through evaluation data analysis. These themes are those which had the greatest triangulation of data sources and thus represent the most substantiated findings from the evaluation.

Growth of Relationships/ Partnerships

Evidence indicates many activities fostered the growth of relationships and partnership at the provincial, zonal, community, and clinic-level. Collaboration was advanced across these relationships, with the Opioid Response Coordinators, Practice Facilitators, and Collaboration Forums being identified as a key mechanisms.

Education, Training & Knowledge Translation was Foundational

The evaluation captured the extent of the education and training activities that occurred as a result of the grant, as well as the numerous tools and resources developed for primary care. Results indicate these activities were informative, highly accessible and easy to use. Further, collectively, they were found to provide knowledge and increase skills and awareness about opioids and Opioid Use Disorder (OUD).

Increased Awareness, Reduced Stigma about Opioids

The combined educational, training, and knowledge translation efforts of the PHC ORI grant have helped increase awareness about opioid use, the importance of the PHC ORI work, and reduce stigma in primary care. Harm reduction training was a critical factor in increasing awareness and reducing stigma.

Capacity Built Amongst Primary Care Providers & Teams

The evaluation found evidence of increased capacity in primary care. The educational and training activities as well as the role of the Opioid Response Coordinators/ Practice Facilitators were fundamental in advancing this finding. There is indication of a shift in practice occurring in primary care settings due to these efforts.

Increased Access to Services

Increasing awareness, reducing stigma, building primary care capacity and shifts in practice have all led to increased access to Opioid Agonist Therapy (OAT) services beyond a more specialist model of care by building on the familiar relationships that Albertans have with their primary care providers.

Sustainability & Scalability Opportunities

Data indicates there have been many activities to support the sustainability of the work and stakeholders remain committed. Key elements that will continue post-grant include established relationships and ongoing collaboration, awareness and skills about opioids, and access to foundational tools and resources.

Engaging Individuals with Lived Experience

When engaging Individuals with lived experience occurred, it was viewed as highly meaningful and impactful to the work. While some results indicated this engagement was challenging at times and in a few cases, unsuccessful, when it did happen, it helped to advance the work in important ways.

Elements that Facilitated the PHC ORI Work

The evaluation determined several elements that were critical to moving this work forward. The provincial governance structure was identified as an important facilitator of deliverables whereas the zonal governance structure enabled continued relationships and collaboration. Existing relationships were also key.

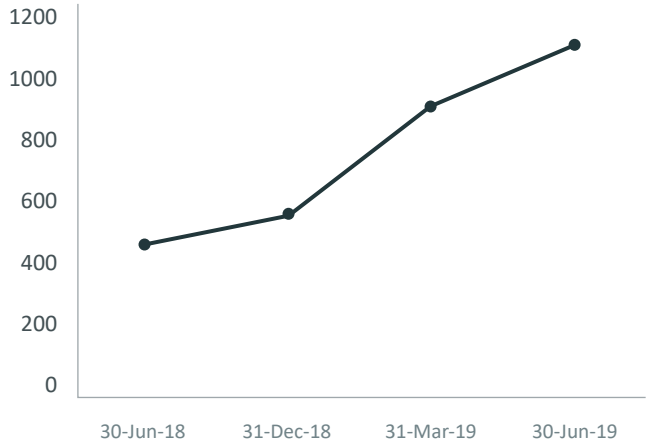
By the Numbers

One goal of the grant was accelerating access to Opioid Agonist Therapy (OAT) across the province. Throughout the initiative, the province demonstrated an increase in the number of Primary Care Network (PCN) providers trained on and prescribing OAT.

The number of PCN patients receiving OAT also increased over the course of this grant.

PCN Prescribing Providers Trained to Prescribe OAT

Figure 1: Total increase in the number of PCN Providers Trained to Prescribed OAT per Quarter, June 30, 2018-June 30, 2019



158%↑

increase in the reported number of PCN providers trained to prescribe OAT (June 2018-June 2019)

PCN Patients Receiving OAT

Table 2: Total number of PCN patients receiving OAT by zone, June 30, 2018-Dec 31, 2019

	June 30, 2018 (baseline)	Dec 31, 2019 (% ↑ from June 30/18)
South	686	917 (34%)
Calgary	1465	1665 (14%)
Central	790	796 (1%)
Edmonton	1827	2554 (40%)
North	386	550 (42%)
Total	**5154**	**6482 (26%)**

More Albertans are receiving OAT

PCN Physicians Prescribing OAT

891
Physicians prescribing OAT as of December 31, 2019

↑457
Additional 457 physicians in Alberta prescribing OAT

434
434 Physicians prescribing OAT as of June 30, 2018

Ways Forward

Maintain Relationships and Collaboration Efforts

Many gains have been made in building relationships and fostering collaboration at multiple levels in primary care. Trust has been foundational. Work should go into maintaining these efforts and building on these successes.

Maintain the provincial partnership. The PHC ORI grant represents the first time the Alberta College of Family Physicians (ACFP), Alberta Medical Association (AMA), and Alberta Health Services (AHS) have formally collaborated to address a shared health crisis. This partnership is now well positioned to collaborate on future issues.

Continue collaboration and intentionally sustain all levels of relationships. Relationship development was a key factor of much of the PHC ORI success. Further developing and strengthening these relationships will need to be intentional moving forward. Sustaining a virtual space, such as the Collaboration Forum, as a (webinar) platform to share activities and to advance a culture of organizational learning and quality improvement, will be essential.

Continue to explore collaboration between primary care and AHS Addiction and Mental Health. There are many opportunities available through greater collaborative efforts with AMH with the potential to further help individuals living with needs in a primary care setting. Barriers to treatment and stigma remain for those who are at risk of/living with Opioid Use Disorder (OUD) and increased linkages between primary health care and Addiction and Mental Health will support positive impacts for these patients.

Explore formal partnerships with the other stakeholders or healthcare partners involved or impacted by the work. Responding to the opioid crisis requires the entire health care system and multiple healthcare provider types.

Invest in Specific Activities to Continue and Broaden the Impact of PHC ORI

Aligning the work with other priorities is one important way to broaden this work. In addition, several activities were critical in forwarding the PHC ORI work. Continued investment in these activities are important to maintain momentum towards changing the trajectory of the opioid crisis.

Maintain and expand education modules, resources, and tools on-line, ensuring they remain centralized and easily accessible. Primary health care teams now have an accessible repository of a wealth of opioid-related information that were carefully created to serve their informational needs. This should be maintained. A mechanism to review, regularly update, and disseminate is important.

Continued efforts to reduce stigma and increase awareness about opioids, OUD, and addiction. While much work occurred in this regard, stigma still exists and continues to be a barrier for people at risk/with OUD. Continuing this discussion with a patient-centred care lens is critical.

Continue communication and information sharing on the indicators related to service planning work in the area of addiction and mental health. Provincial investment into ensuring zone and PCN teams stay connected to relevant planning information will be important to keep issues front and centre in the future. Sustaining the provincial reporting that began with this grant will contribute to more informed population health needs planning at multiple levels.

Maintain structures/mechanisms that allow primary care providers to build capacity in providing opioid related care. Many new structures, mechanisms, and roles were seen as building capacity for primary care providers and teams. The Collaborative Mentorship Network for Chronic Pain and Addiction (CMN), time spent building community partnerships and subject matter expertise, and advancement of demonstration projects allowed individuals to become, or have access to, experts in the domain of opioid related care.

Continue Knowledge Sharing Efforts

Efforts to continue provincial data reports is critical to build on the momentum created through this initiative. Reports moving forward should build on past reports that show mortality from opioid overdose by zone/attachment to PCN providers, emergency visits/hospitalizations linked to OUD, as well as prescribing data. Without continued reports summarizing provincial data, there is an increased risk that this work will no longer be prioritized, jeopardizing the success of the extensive work done to date on changing the trajectory of the opioid crisis in Alberta.

Collective impact. More could have been done to set up better coordination between the opioid response initiatives funded through Alberta Health. Strengthening evaluation efforts to allow for examination of the collective impact for system-level work would be ideal and allow for a path to extend the investment of any one initiative's work and learnings.

Align Work with Other Priorities

The PHC ORI goals and objectives should be aligned with future health priorities in order to sustain the work.

Look for opportunities to leverage the PCH ORI knowledge assets with advancing provincial work, such as the AB Surgical Initiative and the AB Pain Strategy. In addition, find opportunities to share findings from this work to ensure that evidence informed principles inform resource decisions moving forward in order to meet the needs of patients across the care continuum.

Find other opportunities to align this work. The best way forward for this work is to find sources of additional funding. In the absence of specific PHC ORI money, provincial stakeholders should look for other funding opportunities with which this work can align.

Zones & PCNs have a Key Role in Forwarding this Work

There is much that zones and PCNs can do to continue this work beyond the PHC ORI grant.

Integrate PHC ORI work with Patient Medical Home (PMH). Becoming a PMH requires that the family physician and health care team commit to changing the way the care is delivered in pursuit of continual improvement supported by appropriate funding and infrastructure. By integrating opioid related care into this process, this important work can be advanced through this broader vision.

Implement and test development pathways. This evaluation found that while many pathways have been developed, few stakeholders have had the chance to implement, test, and revise the pathways. Moving forward, these pathways must be tested and assessed, or there is the possibility that the investment in their development may result in wasted effort.

Continue to offer OAT and harm reduction practices to patients that require it. The PHC ORI established that these are effective ways of supporting patients at risk of/with OUD. Scientific evidence supports these practices and it aligns with health's core principle of patient-centred care. PCNs and clinics can continue to work in this manner and harm reduction can be integrated with recovery.

Zones and PCNs should continue to come together and collaborate. The PHC ORI grant work emphasized the power of collaboration and trusting relationships. Some zones already had this work underway and found the grant strengthened this for them. Continued efforts to share information and learnings across zones should continue.

Scaling Opportunities

There are several activities that can be scaled across the province, or the country.

Share training, education, resources, and tools nationally. Many effective training, education, resources, and tools were developed from this grant and can continue to be shared nationally.

Further scaling of opioid change package. The AMA Opioid Process Improvement Change Package was an effective mechanism that forwarded the PHC ORI work. This package ultimately helped transfer learnings into practice settings and should be considered as an essential tool/format to supporting change to guide improvement work.

Scale/adapt pathways across the province. While pathways are not fully transferable across contexts and require local adaptation, there is opportunity to examine how these can be shared through Plan Do Study Act cycles of "testing" to advance this work across the province.

Scale Opioid Response Coordinator (ORC) work with Alberta Works. ORCs in the North zone were successful in streamlining the approval process for individuals needing financial assistance for OUD treatment. Applications are now placed on high priority by Alberta Works and patients typically receive approval within one day. This is a significant change that should be examined in other regions to improve access to help for patients at risk/with OUD.

Increase Efforts at Engagement with Particular Populations

Increased efforts at engagement should occur across the province with individuals with lived experience (IWLE) as well as with Indigenous communities.

Increase efforts at engaging IWLE. Some significant success occurred working with IWLE in this grant, noting how powerful this engagement was for both practitioners and the IWLE. The evaluation also found that this was challenging for others and some zones were unsuccessful in their engagement with IWLE. Further and continued engagement with IWLE should occur, and additional supports for this work should be considered.

Increase Efforts Engaging with Indigenous Communities. It is well understood that opioids and OUD have a disproportionate effect on Indigenous peoples and their communities. Working with Indigenous communities was identified in the early conceptualization of the grant and was reconfirmed in the interim report. However, this evaluation revealed that little further work was conducted in Year 2 of the grant activities. Concerted efforts are needed to meaningfully engage with Indigenous communities to disrupt the impact of the opioid crisis.

Conclusion

The PHC ORI grant resulted in numerous successes while also uncovering important challenges. Looking back, the PHC ORI interim evaluation report (2019) readily acknowledged that momentum throughout primary care was going to take time to build; this summary evaluation report, written less than a year later, was able to triangulate multiple data sources and determine meaningful progress in the key thematic areas outlined in this report. While this report highlights the progress made against the goals and objectives put forth in the proposal, the work cannot stop. The opioid crisis continues to claim lives and devastate families. This will continue to be a challenge to our health system, reinforcing the importance of carrying on the work begun through the PHC ORI grant; it is our collective responsibility to improve the quality of life of those with OUD and save lives.

"In order to have a fully integrated health system that can respond effectively and efficiently to crisis will require us to continue to look for ways of working together, to share successes, to build trust and collaboration, and to drive policy and legislation that allows for resource reallocation and patient centred strategies. The people that joined forces to respond to the opioid crisis recognize the value of this integration, and we need a system that supports this ongoing way of working together. Thank you to all of you who had a role in the PHC ORI! We made a difference."

Terri Potter, PHC ORI Executive Lead, ACFP

Contact Information

For information about the Primary Health Care Opioid Response Initiative (PHC ORI), please contact:
Terri Potter, Executive Director, Alberta College of Family Physicians: Terri.Potter@acfp.ca

For more information about this evaluation, please contact:
Judith Krajnak, Director, Evaluation & Analytics, ARES, AHS: Judith.Krajnak@ahs.ca