Quality Standards

Recommendations for Adoption: Opioid Use Disorder

Recommendations to enable widespread adoption of this quality standard

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About This Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for opioid use disorder.

At the local and regional levels, health care providers and organizations in all applicable settings, local health integration networks (LHINs), and other health system partners are encouraged to use the quality standard as a resource for quality improvement. While many organizations and providers may be offering the care described in this quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts. The *Getting Started Guide* outlines how to use this quality standard as a resource to deliver high-quality care.

An important next step will be to put the recommendations included in this document into action. In some situations, this may require a more detailed plan or new resources, or it may require leveraging or expanding existing programs. Many aspects of the quality standard represent care that can and should be made available today.

A monitoring and evaluation strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

Opioid Use Disorder Quality Standard

This quality standard addresses care for people 16 years of age and older (including those who are pregnant) who have or are suspected of having opioid use disorder. The scope of this quality standard applies to all services and care settings, including nursing homes, mental health settings, remote nursing stations, and correctional facilities, in all geographic regions of the province.

While the scope of this quality standard includes adolescents aged 16 and 17 years and people who are pregnant, it should be noted that the statements in this standard are based on guidelines whose evidence is derived primarily from studies conducted on adult (aged 18 years and older), nonpregnant populations with moderate to severe opioid use disorder. Health Quality Ontario's Opioid Use Disorder Quality Standard Advisory Committee members agreed that virtually all of the guidance in this quality standard is equally relevant and applicable to people with opioid use disorder who are 16 and 17 years of age and to people who are pregnant. However, care providers should take into account that specialized skills and expertise may be required when providing treatment for special populations, including youth with opioid use disorder, those who use opioids intermittently or on a nondaily basis, and those with opioid use disorder who are pregnant. If treatment of these or other special populations is beyond a care provider's expertise, the provider should consult or work with a care provider with appropriate expertise.

This quality standard includes 11 quality statements and 1 emerging practice statement addressing areas identified by Health Quality Ontario's Opioid Use Disorder Quality Standard Advisory Committee as having high potential for improving the quality of care in Ontario for people with opioid use disorder.

Click here to access the quality standard.

The Recommendations for Adoption

These recommendations were developed to support the use of quality standards to promote practice improvement among health care professionals.[1-3]

Click here to download the detailed process and methods guide for a description of how the quality standard and recommendations for adoption were developed.

The recommendations for adoption were developed after a review of the available evidence and a scan of existing programs, as well as extensive consultation with the Opioid Use Disorder Quality Standard Advisory Committee, key stakeholders and organizations that work in this area, interviews with clinicians, and public comment on the quality standard. (See Appendix A for further details on the development of these recommendations.) These recommendations are designed to bridge the gaps between current care and the care outlined in the quality statements.

These consultations highlighted some common themes:

- The need to advance health care delivery and primary care integration to support people with opioid use disorder
- The need to increase clinician capacity to address concurrent mental health needs
- The need to improve harm reduction efforts and access to take-home naloxone
- The need to expand the availability of real-time opioid prescribing data for both prescribers and dispensers
- The need to expand provider access to education and training
- The need to improve access to education

Ontario is implementing a comprehensive strategy to prevent opioid addiction and overdose by enhancing data collection, modernizing prescribing and dispensing practices, and connecting people with opioid use disorder with high-quality addiction treatment services. The quality standards related to opioid prescribing and opioid use disorder have been developed to support Ontario's opioid strategy. The recommendations for adoption accompanying the quality standards will complement the existing initiatives led by Ontario, and suggest additional areas for consideration.

Equity considerations: A number of complex equity considerations were identified that are related to social factors, including low income, homelessness, history of trauma, stigma, linguistic and cultural barriers, and lack of adequate transportation in rural and remote areas. These factors are known as the social determinants of health. In many cases, the social determinants of health that lead to health inequities are interrelated and intermingled, which increases difficulty in determining causality. Specific adoption strategies should not reinforce the current state of inequity and inequality. Where possible, they should contribute to improvements or highlight areas of opportunity for equity and equality.

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
  - Access to care
  - Access to data
  - Quality improvement
- Education and training
- Policy and system planning

We describe three time frames for adoption: immediate (less than 1 year); medium term (1–3 years); and long term (more than 3 years).

Note that the organizations, programs, and initiatives described in this document are examples for consideration. They do not reflect all organizations, programs, or initiatives doing work in this area.

Appendix B provides a list of these recommendations aligned to specific organizations and groups.

References

1. French SD, et al. Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework. Implementation Sci. 2012;7:38. Available from: https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-7-38?site=implementationscience.biomedcentral.com

2. Bero LA, Grilli R, Grimshaw JM, Harvey E, Oxman AD, Thomson M. Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. BMJ. 1998;315:465-68.

3. National Implementation Research Network. Implementation Drivers. Chapel Hill (NC): FPG Child Development Institute, University of North Carolina [Internet]. [cited 2017 Feb]. Available from http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers

Integrating the Quality Standard into Practice - *Access to Care*

Gap: Primary care and hospitals (particularly the emergency department [ED] and post-operative settings) are not well equipped to support addiction and concurrent mental health needs. Rapid access to holistic and integrated approaches to care is needed. These settings also require increased competency, capacity, access, and formalized care planning with addiction and mental health services.

Recommendations	Quality Statements	Action Needed By	Time Frame
Expand access to programs that build clinicians' capacity for providing care for addictions and mental health disorders, starting in communities with the most overdose deaths and/or highest rates of opioid prescribing. Ensure these supports are available in rural and remote communities and correctional facilities.	#3: Addressing Physical Health, Mental Health, Additional Addiction Treatment Needs, and Social Needs #6: Access to Opioid Agonist Therapy	LHINs	Medium term

Integrating the Quality Standard into Practice - *Access to Care (continued)*

Gap: Access to and quality of opioid agonist therapy (OAT) varies across the province:

- Some institutions, including inpatient and correctional facilities, do not permit use of OAT owing to a lack of capacity to support continued OAT.
- In rural and remote communities, treatment programs might not be available, forcing people to travel long distances to receive therapy.
- Many pharmacies do not dispense methadone, buprenorphine/naloxone, or take-home naloxone, making it difficult for people with opioid use disorder to choose this treatment option.
- Some OAT clinics have high patient volumes and visit rates, impacting the quality of treatment and patient retention.

Recommendations	Quality Statements	Action Needed By	Time Frame
Ensure existing service providers, including clinics offering opioid agonist therapy, align their practices with the quality statements pertaining to access to opioid agonist therapy, take-home naloxone and overdose education, and harm reduction.	#6: Access to Opioid Agonist Therapy #8: Access to Take-Home Naloxone and to Overdose Education #11: Harm Reduction	LHINs Health care providers and organizations	Medium term
Increase access to prescribers able to prescribe opioid agonist therapy for treatment of opioid use disorder and/or opioid withdrawal.	#3: Addressing Physical Health, Mental Health, Additional Addiction Treatment Needs, and Social Needs #7: Treatment of Opioid Withdrawal Symptoms	LHINs	Medium term

Integrating the Quality Standard into Practice - *Access to Care (continued)*

Gap (continued): Access to and quality of opioid agonist therapy (OAT) varies across the province:

- Some institutions, including inpatient and correctional facilities, do not permit use of OAT owing to a lack of capacity to support continued OAT.
- In rural and remote communities, treatment programs might not be available, forcing people to travel long distances to receive therapy.
- Many pharmacies do not dispense methadone, buprenorphine/naloxone, or take-home naloxone, making it difficult for people with opioid use disorder to choose this treatment option.
- Some OAT clinics have high patient volumes and visit rates, impacting the quality of treatment and patient retention.

Recommendations	Quality Statements	Action Needed By	Time Frame
Assess the availability of opioid agonist therapy and take-home naloxone in the formularies of all settings where health care is provided, including but not limited to acute care, long-term care, complex continuing care, rehabilitation, and correctional facilities. Assess the availability of opioid agonist therapy and take-home naloxone in all community pharmacies across Ontario. Address the gaps in availability of these treatments.	#5: Opioid Agonist Therapy as First-Line Treatment #6: Access to Opioid Agonist Therapy #8: Access to Take-Home Naloxone and to Overdose Education #9: Treatment of Opioid Withdrawal Symptoms	Pharmacies Health sector organizations Ministry of Community Safety and Correctional Services	Medium term

Integrating the Quality Standard into Practice - *Access to Care (continued)*

Gap: There is a lack of concurrent care for people receiving OAT, particularly in routine primary care and mental health and addiction services. In particular, Indigenous communities need community-based programming for mental health and addiction treatment, such as healing centres.

Recommendations	Quality Statements	Action Needed By	Time Frame
Review the current delivery of psychosocial supports and mental health services for people with opioid use disorder. Address the barriers that are preventing these people from receiving such supports from their opioid agonist therapy clinics and/or other providers.	#3: Addressing Physical Health, Mental Health, Additional Addiction Treatment Needs, and Social Needs	LHINs Professional associations Primary care organizations Opioid agonist therapy clinics	Medium term
Continue to work with Indigenous communities to build on existing mental health and addiction services and healing centres, ensuring they are appropriate, inclusive, and accessible.	#4: Information to Participate in Care	Indigenous health service providers and Indigenous communities LHINs	Medium term

Integrating the Quality Standard into Practice - *Access to Care (continued)*

Gap: Availability of harm reduction supplies and services, including take-home naloxone kits, are limited in settings such as pharmacies, hospitals, outpatient and primary care settings, and correctional facilities.

Recommendations	Quality Statements	Action Needed By	Time Frame
Expand the availability of harm reduction supplies and services in pharmacies, hospitals, and outpatient and primary care settings to reflect population needs, especially housing circumstances. Take-home naloxone should be readily available in these settings.	#3: Addressing Physical Health, Mental Health, Additional Addiction Treatment Needs, and Social Needs #8: Access to Take-Home Naloxone and to Overdose Education #11: Harm Reduction	Public health Health care organizations Pharmacies Indigenous health service providers and Indigenous communities	Immediate
Ensure that people leaving correctional facilities are offered take-home naloxone and information on local supports to facilitate their safe reintegration into the community.	*See above*	Ministry of Community Safety and Correctional Services	Immediate

Adoption Considerations

- *Ontario is implementing supports for people with opioid use disorder. This includes adding front-line harm reduction workers, expanding the supply of take-home naloxone, and creating new rapid-access clinics in every region of the province.*
- *Examples of programs and resources to increase clinician capacity for addictions and mental health include:*
  - *Mentoring, Education, and Clinical Tools for Addiction: Primary Care–Hospital Integration (META:PHI) collaborative and rapid access clinics*
  - *Project ECHO Ontario Mental Health*
  - *Ontario College of Family Physicians Medical Mentoring for Addictions and Pain Program*
  - *Health Quality Ontario will provide reports to physicians that show how their opioid prescribing compares to that of their peers and to best practices. The MyPractice: Primary Care reports are available to family physicians, with additional prescriber groups to follow.*
  - *ConnexOntario Health Services Information*

Integrating the Quality Standard into Practice - *Access to Data*

Gap: Data on the availability of harm reduction services and take-home naloxone kit distribution is unavailable to providers and the public. Such information would be useful for regional capacity planning and for referrals at the practice level.

Recommendations	Quality Statements	Action Needed By	Time Frame
Provide information on the local availability of harm reduction services and take-home naloxone kit distribution.	#11: Harm Reduction	LHINs ConnexOntario	Medium term

Adoption Considerations

- *The Government of Ontario website provides information about take-home naloxone and where to get a free take-home naloxone kit.*

Quality Improvement

Gap: There is a lack of practical tools to help providers and organizations integrate the quality standard into daily care practices. Such tools could help inform decisions at the point of care.

Recommendations	Quality Statements	Action Needed By	Time Frame
Increase awareness and uptake of the Medical Mentoring for Addictions and Pain Program to support prescribers and pharmacists with caring for people with opioid use disorder.	All	Ontario College of Family Physicians	Immediate
When available, access the real-time Narcotics Monitoring System (NMS) at the point of prescribing and dispensing.	All	Health care providers	Medium term
Assess the care provided against the quality standard using Health Quality Ontario's *Getting Started Guide*, and refer to the Action Plan Template and Indicator Guide as tools to support quality improvement.	All	Health care organizations	Immediate
Create or leverage the following validated tools: • A patient decision aid to inform the most appropriate treatment plan for a person with opioid use disorder • A clinical pathway for people at risk of opioid use disorder and people diagnosed with opioid use disorder • Harm reduction and take-home naloxone patient training tools Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.	All	Health Quality Ontario Opioid Pain Management Partnered Supports Program and other system partners	Medium term

Quality Improvement (continued)

Gap (continued): There is a lack of practical tools to help providers and organizations integrate the quality standard into daily care practices. Such tools could help inform decisions at the point of care.

Recommendations	Quality Statements	Action Needed By	Time Frame
Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical record–based solutions and clinical pathways.	All	Health care organizations Opioid Pain Management Partnered Supports Program and other system partners	Immediate
Integrate relevant quality standard indicators for opioid use disorder into quality improvement plans.	All	Health care organizations Health Quality Ontario	Immediate

Adoption Considerations:

- *Information on the Medical Mentoring for Addictions and Pain Program and other supports for prescribers can be found here.*
- *This recommendation pertaining to the Narcotics Monitoring System aligns with the narcotics monitoring arm of Ontario's strategy to prevent opioid addiction and overdose: "Make Narcotics Monitoring System (NMS) data readily available to health care professionals, including physicians and pharmacists, so they have access to up-to-date medication dispensing information for their patients when making decisions concerning opioid prescribing."*
- *The Opioid Pain Management Partnered Supports Program for prescribers can be found here.*
- *Examples of point-of-care tools:*
  - *Digital Health Drug Repository*
  - *Mentoring, Education, and Clinical Tools for Addiction: Primary Care–Hospital Integration (META-PHI) Tools and Resources*
  - *Essential Clinical Skills for Opioid Prescribers (Institute for Safe Medication Practices Canada)*
  - *Key Opioid Prescribing Messages (Institute for Safe Medication Practices Canada)*
  - *Methadone and Buprenorphine/Naloxone Toolkit for Pharmacists, Part A: Methadone (Ontario Pharmacists Association)*
  - *Order sets (when available)*

Education and Training

Gap: Some primary care providers (PCPs) are reluctant to prescribe buprenorphine/naloxone and counsel on harm reduction and naloxone use, preferring that patients receive their care in methadone clinics. Improved access to education and training is needed for all PCPs on overcoming stigma, opioid use disorder treatment, concurrent disorders, withdrawal management, and other health issues prevalent among people who use opioids. In the emergency department setting, insufficient training on opioid agonist therapy means that treatment is rarely appropriately prescribed for people with opioid use disorder.

Provider-specific education and knowledge gaps include (but are not limited to):

- Culturally appropriate and trauma-informed care
- Identifying people at risk of opioid use disorder
- Providing/referring for appropriate treatment for opioid use disorder (i.e., methadone, buprenorphine/naloxone)
- Recognizing and treating opioid withdrawal
- Concurrent treatment of addiction and mental health issues
- Tapering opioid dosage effectively and appropriately
- Harm reduction
- Managing stigma
- Prescribing treatment in the emergency care setting
- Knowledge and use of publicly funded residential treatment programs
- Engaging family members in the patient's care
- Patient education resources available

Recommendations	Quality Statements	Action Needed By	Time Frame
Ensure existing provincial guidance for opioid agonist therapy is up to date and in alignment with this quality standard and the upcoming National Guideline for the Clinical Management of Opioid Use Disorder from the Canadian Research Initiative in Substance Misuse.	All	College of Physicians and Surgeons of Ontario	Immediate

Education and Training (continued)

Gap (continued): Some primary care providers (PCPs) are reluctant to prescribe buprenorphine/naloxone and counsel on harm reduction and naloxone use, preferring that patients receive their care in methadone clinics. Improved access to education and training is needed for all PCPs on overcoming stigma, opioid use disorder treatment, concurrent disorders, withdrawal management, and other health issues prevalent among people who use opioids. In the emergency department setting, insufficient training on opioid agonist therapy means that treatment is rarely appropriately prescribed for people with opioid use disorder.

Provider-specific education and knowledge gaps include (but are not limited to):

- Culturally appropriate and trauma-informed care
- Identifying people at risk of opioid use disorder
- Providing/referring for appropriate treatment for opioid use disorder (i.e., methadone, buprenorphine/naloxone)
- Recognizing and treating opioid withdrawal
- Concurrent treatment of addiction and mental health issues
- Tapering opioid dosage effectively and appropriately
- Harm reduction
- Managing stigma
- Prescribing treatment in the emergency care setting
- Knowledge and use of publicly funded residential treatment programs
- Engaging family members in the patient's care
- Patient education resources available

Recommendations	Quality Statements	Action Needed By	Time Frame
Align and integrate the quality standard into continuing professional development programs, credentialing programs, medical training, residency programs, other health professional education programs, and colleges. Promote awareness of observership and hands-on clinical opportunities focusing on addiction training for physicians and nurse practitioners.	All	Continuing professional development programs Educational institutions	Long term

Education and Training (continued)

Gap: Patient-specific education and knowledge gaps include (but are not limited to):

- Symptoms and treatment of opioid use disorder
- Benefits and risks of opioid agonist therapy and buprenorphine/naloxone therapy
- Knowledge of publicly funded treatment programs
- Self-management, including tapering and expectations
- Harm reduction and overdose education

Recommendations	Quality Statements	Action Needed By	Time Frame
Promote use of the patient reference guide for *Opioid Use Disorder*, including in clinician offices.	All	Health Quality Ontario Health care organizations	Medium term
Leverage existing patient education resources from stakeholder organizations.	All	Health care organizations	Immediate
Embed naloxone use training into first aid content.	#8: Access to Take-Home Naloxone and to Overdose Education	First aid trainers (e.g., St. John's Ambulance, Red Cross)	Medium term
With public health, share information with patients and families on where to find and how to use take-home naloxone kits.	*See above*	Public health Community partners Pharmacies Health care organizations	Medium term

Education and Training (continued)

Gap: The stigma among the public and providers is a barrier to appropriate care.

Recommendations	Quality Statements	Action Needed By	Time Frame
To reduce stigma, conduct a public education campaign informing people of opioid use, harm reduction, and take-home naloxone use. Leverage evidence-based interventions designed to reduce stigma related to substance use disorders.	#11: Harm Reduction	Public health Health care organizations Pharmacies Lived experience advisors Indigenous health service providers and Indigenous communities	Medium term

Adoption Considerations:

- *Ontario is establishing an Opioid Emergency Task Force to advise the government on a robust and targeted public education campaign to raise awareness of the risks associated with opioid use and how people can protect themselves and their loved ones against the harms associated with addiction and overdose.*
- *Example of provider education:*
  - *Project ECHO Ontario Mental Health*
  - *Medical Mentoring for Addictions and Pain Program (Ontario College of Family Physicians)*
  - *Opioid Dependence Treatment Certificate Program (Centre for Addiction and Mental Health)*
  - *Buprenorphine-Assisted Treatment of Opioid Dependence (Centre for Addiction and Mental Health)*
  - *Opioid Resource Hub (Centre for Addiction and Mental Health)*
  - *Ontario Harm Reduction Distribution Program*
- *Examples of patient education:*
  - *Opioid Agonist Therapy Handbook for Clients and Families (Registered Nurses' Association of Ontario)*
  - *Toronto Public Health Harm Reduction Program (The Works)*
  - *Government of Ontario website on the use of and how to obtain naloxone*

Policy and System Planning

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the *Opioid Use Disorder* quality standard to the Ministry of Health and Long-Term Care.

Recommendations	Time Frame
1. Expand access to programs that build clinicians' capacity for providing care for addictions and mental health disorders, starting in communities with the most overdose deaths and/or highest rates of opioid prescribing. Ensure these supports are available in rural and remote communities and correctional facilities.	Medium term
2. Ensure existing service providers, including clinics offering opioid agonist therapy, align their practices with the quality statement pertaining to access to opioid agonist therapy, take-home naloxone and overdose education, and harm reduction.	Medium term
3. Increase access to prescribers able to prescribe opioid agonist therapy for the treatment of opioid use disorder and/or opioid withdrawal.	Medium term
4. Assess the availability of opioid agonist therapy and take-home naloxone in the formularies of all settings where health care is provided, including but not limited to acute care, long-term care, complex continuing care, rehabilitation, and correctional facilities. Assess the availability of opioid agonist therapy and take-home naloxone in all community pharmacies across Ontario. Address the gaps in the availability of these treatments.	Medium term
5. Review the current delivery of psychosocial supports and mental health services for people with opioid use disorder. Address the barriers that are preventing these people from receiving such supports from their opioid agonist therapy clinics and/or other providers.	Medium term
6. Continue to work with Indigenous communities to build on existing mental health and addictions services and healing centres, ensuring they are appropriate, inclusive, and accessible.	Medium term

Policy and System Planning (continued)

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the *Opioid Use Disorder* quality standard to the Ministry of Health and Long-Term Care.

Recommendations (continued)	Time Frame
7. Expand the availability of harm reduction supplies and services in pharmacies, hospitals, and outpatient and primary care settings to reflect population needs, especially housing circumstances. Take-home naloxone should be readily available in these settings.	Immediate
8. Ensure that people leaving correctional facilities are offered take-home naloxone and information on local supports to facilitate their safe reintegration into the community.	Immediate
9. Accelerate access for prescribers to the real-time Narcotics Monitoring System at the point of prescribing and dispensing.	Immediate
10. Ensure existing provincial guidance for opioid agonist therapy is up to date and in alignment with this quality standard and the upcoming National Guideline for the Clinical Management of Opioid Use Disorder from the Canadian Research Initiative in Substance Misuse.	Immediate
11. With public health, share information with patients and families on where to find and how to use take-home naloxone kits.	Medium term
12. To reduce stigma, conduct a public education campaign informing people of opioid use, harm reduction, and take-home naloxone use. Leverage evidence-based interventions designed to reduce stigma related to substance use disorders.	Medium term

Measurement and Reporting

Health Quality Ontario will develop a monitoring, evaluation, and reporting plan for these recommendations as part of the broader quality standards evaluation. This plan may require development of measures and/or a resource plan to support data collection and monitoring. The evaluation will include the following components.

1. Use existing databases for ongoing monitoring of the key indicators identified for this quality standard. Note identified gaps and areas for improvement. For this standard, the outcome indicators below have been prioritized by the Opioid Use Disorder Quality Standard Advisory Committee and are currently measurable at the provincial level:
   - Rate of opioid-related deaths
   - Urgent hospital use:
     - Rate of opioid-related emergency department visits
     - Rate of opioid-related hospital admissions
   - Percentage of primary care providers (family physicians and nurse practitioners) who have prescribed opioid agonist therapy in the last year
2. Monitor the uptake of the recommendations for adoption.

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined. The RE-AIM Framework, which measures reach, effectiveness, adoption, implementation, and maintenance, provides a useful approach for the larger-scale improvement interventions that are proposed. This approach could leverage the process measures that we will collect from embedded tools, such as order sets.

Health Quality Ontario will recommend that the Ontario Quality Standards Committee receive twice-annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders from across the province and from a variety of professional roles and perspectives. During the public consultation process, we received 198 responses and considered them in the development of these recommendations.

The following organizations and groups were consulted in the development of these recommendations:

- Addictions and Mental Health Ontario Community of Practice
- Association of Family Health Teams of Ontario
- Centre for Addiction and Mental Health
- Centre for Effective Practice
- College of Physicians and Surgeons of Ontario
- Health Quality Ontario: Opioid Use Disorder Quality Standard Advisory Committee
- LHIN/Health Quality Ontario Clinical Quality Leads
- Ministry of Health and Long-Term Care
- Nurse Practitioners' Association of Ontario
- Ontario College of Family Physicians
- Ontario Pharmacists Association
- OntarioMD
- Project ECHO
- Registered Nurses' Association of Ontario
- South Riverdale Community Health Centre
- Toronto East Detention Centre
- University of Toronto

Note: Between November 2016 and September 2017, Health Quality Ontario connected with various individuals and organizations in primary care, community care, long-term care, research, mental health, LHINs, educational institutions, and professional associations from across the province. We engaged these individuals and organizations through public comment, structured meetings, targeted interviews, focus groups, and a virtual Town Hall in which 87 individuals participated. We also conducted two site visits: one at the Toronto East Detention Centre and one at the South Riverdale Community Health Centre. We used the results of these engagements to inform the gaps and recommendations outlined in this document.

Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

College of Physicians and Surgeons of Ontario	Time Frame
Ensure existing provincial guidance for opioid agonist therapy is up to date and in alignment with this quality standard and the upcoming National Guideline for the Clinical Management of Opioid Use Disorder from the Canadian Research Initiative in Substance Misuse.	Immediate

ConnexOntario	Time Frame
Provide information on the local availability of harm reduction services and take-home naloxone kit distribution.	Medium term

Continuing Professional Development Programs/Educational Institutions	Time Frame
Align and integrate the quality standard into continuing professional development programs, credentialing programs, medical training, residency programs, other health professional education programs, and colleges. Promote awareness of observership and hands-on clinical opportunities focusing on addiction training for physicians and nurse practitioners.	Long term

First Aid Trainers	Time Frame
Embed naloxone use training into first aid content.	Medium term

Health Canada	Time Frame
Continue to work with Indigenous communities to build on existing mental health and addictions services and healing centres, ensuring they are appropriate, inclusive, and accessible.	Medium term

Health Care Providers and Organizations	Time Frame
Ensure existing service providers, including clinics offering opioid agonist therapy, align their practices with the quality statement pertaining to access to opioid agonist therapy, take-home naloxone and overdose education, and harm reduction.	Medium term
Expand the availability of harm reduction supplies and services in pharmacies, hospitals, and outpatient and primary care settings to reflect population needs, especially housing circumstances. Take-home naloxone should be readily available in these settings.	Immediate
When available, access the real-time Narcotics Monitoring System (NMS) at the point of prescribing and dispensing.	Medium term
Assess the care provided against the quality standard using Health Quality Ontario's *Getting Started Guide*, and refer to the Action Plan Template and Indicator Guide as tools to support quality improvement.	Immediate
Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical record–based solutions and clinical pathways.	Immediate
Integrate relevant quality standard indicators for opioid use disorder into quality improvement plans.	Immediate
Promote the use of the patient reference guide for *Opioid Use Disorder*, including in clinician offices.	Immediate

Leverage existing patient education resources from stakeholder organizations.	Immediate
With public health, share information with patients and families on where to find and how to use take-home naloxone kits.	Medium term
To reduce stigma, conduct a public education campaign informing people of opioid use, harm reduction, and take-home naloxone use. Leverage evidence-based interventions designed to reduce stigma related to substance use disorders.	Medium term

Health Sector Organizations	**Time Frame**
Assess the availability of opioid agonist therapy and take-home naloxone in the formularies of all settings where health care is provided, including but not limited to acute care, long-term care, complex continuing care, rehabilitation, and correctional facilities. Assess the availability of opioid agonist therapy and take-home naloxone in all community pharmacies across Ontario. Address the gaps in availability of these treatments (all health sectors).	Medium term
Review the current delivery of psychosocial supports and mental health services for people with opioid use disorder. Address the barriers that are preventing these people from receiving such supports from their opioid agonist therapy clinics and/or other providers (primary care).	Medium term

Health Quality Ontario	**Time Frame**
Create or leverage the following validated tools: • A patient decision aid to inform the most appropriate treatment plan for a person with opioid use disorder • A clinical pathway for people at risk of opioid use disorder and people diagnosed with opioid use disorder • Harm reduction and take-home naloxone patient training tools Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.	Medium term

Integrate relevant quality standard indicators for opioid use disorder into quality improvement plans.	Immediate
Promote use of the patient reference guide for *Opioid Use Disorder*, including in clinician offices.	Immediate
Indigenous Health Service Providers and Indigenous Communities	**Time Frame**
Continue to work with Indigenous communities to build on existing mental health and addictions services and healing centres, ensuring they are appropriate, inclusive, and accessible.	Medium term
Expand the availability of harm reduction supplies and services in pharmacies, hospitals, and outpatient and primary care settings to reflect population needs, especially housing circumstances. Take-home naloxone should be readily available in these settings.	Immediate
To reduce stigma, conduct a public education campaign informing people of opioid use, harm reduction, and take-home naloxone use. Leverage evidence-based interventions designed to reduce stigma related to substance use disorders.	Medium term
Lived Experience Advisors	**Time Frame**
To reduce stigma, conduct a public education campaign informing people of opioid use, harm reduction, and take-home naloxone use. Leverage evidence-based interventions designed to reduce stigma related to substance use disorders.	Medium term
Local Health Integration Networks	**Time Frame**
Expand access to programs that build clinicians' capacity for providing care for addictions and mental health disorders, starting in communities with the most overdose deaths and/or highest rates of opioid prescribing. Ensure these supports are available in rural and remote communities and correctional facilities.	Medium term

Ensure existing service providers, including clinics offering opioid agonist therapy, align their practices with the quality statement pertaining to access to opioid agonist therapy, take-home naloxone and overdose education, and harm reduction.	Medium term
Increase access to prescribers able to prescribe opioid agonist therapy for the treatment of opioid use disorder and/or opioid withdrawal.	Medium term
Review the current delivery of psychosocial supports and mental health services for people with opioid use disorder. Address the barriers that are preventing these people from receiving such supports from their opioid agonist therapy clinics and/or other providers.	Medium term
Continue to work with Indigenous communities to build on existing mental health and addictions services and healing centres, ensuring they are appropriate, inclusive, and accessible.	Medium term
Provide information on the local availability of harm reduction services and take-home naloxone kit distribution.	Medium term
Ministry of Community Safety and Correctional Services	**Time Frame**
Assess the availability of opioid agonist therapy and take-home naloxone in the formularies of all settings where health care is provided, including but not limited to acute care, long-term care, complex continuing care, rehabilitation, and correctional facilities. Assess the availability of opioid agonist therapy and take-home naloxone in all community pharmacies across Ontario. Address the gaps in availability of these treatments.	Medium term
Ensure that people leaving correctional facilities are offered take-home naloxone and information on local supports to facilitate their safe reintegration into the community.	Immediate
Ontario College of Family Physicians	**Time Frame**
Increase awareness and uptake of the Medical Mentoring for Addictions and Pain Program to support prescribers and pharmacists with caring for people with opioid use disorder.	Immediate

Opioid Agonist Therapy Clinics	Time Frame
Review the current delivery of psychosocial supports and mental health services for people with opioid use disorder. Address the barriers that are preventing these people from receiving such supports from their opioid agonist therapy clinics and/or other providers.	Medium term

Opioid Pain Management Partnered Supports Program	Time Frame
Create or leverage the following validated tools: • A patient decision aid to inform the most appropriate treatment plan for a person with opioid use disorder • A clinical pathway for people at risk of opioid use disorder and people diagnosed with opioid use disorder • Harm reduction and take-home naloxone patient training tools Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.	Medium term
Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical record–based solutions and clinical pathways.	Medium term

Pharmacies	Time Frame
Assess the availability of opioid agonist therapy and take-home naloxone in the formularies of all settings where health care is provided, including but not limited to acute care, long-term care, complex continuing care, rehabilitation, and correctional facilities. Assess the availability of opioid agonist therapy and take-home naloxone in all community pharmacies across Ontario. Address the gaps in availability of these treatments.	Medium term
Expand availability of harm reduction supplies and services in pharmacies, hospitals, and outpatient and primary care settings to reflect population needs, especially housing circumstances. Take-home naloxone should be readily available in these settings.	Immediate

With public health, share information with patients and families on where to find and how to use take-home naloxone kits.	Medium term
To reduce stigma, conduct a public education campaign informing people of opioid use, harm reduction, and take-home naloxone use. Leverage evidence-based interventions designed to reduce stigma related to substance use disorders.	Medium term

Professional Associations	**Time Frame**
Review the current delivery of psychosocial supports and mental health services for people with opioid use disorder. Address the barriers that are preventing these people from receiving such supports from their opioid agonist therapy clinics and/or other providers.	Medium term

Public Health	**Time Frame**
Expand the availability of harm reduction supplies and services in pharmacies, hospitals, and outpatient and primary care settings to reflect population needs, especially housing circumstances. Take-home naloxone should be readily available in these settings.	Immediate
Share information with patients and families on where to find and how to use take-home naloxone kits.	Medium term
To reduce stigma, conduct a public education campaign informing people of opioid use, harm reduction, and take-home naloxone use. Leverage evidence-based interventions designed to reduce stigma related to substance use disorders.	Medium term

System/Community Partners	Time Frame
Create or leverage the following validated tools: • A patient decision aid to inform the most appropriate treatment plan for a person with opioid use disorder • A clinical pathway for people at risk of opioid use disorder and people diagnosed with opioid use disorder • Harm reduction and take-home naloxone patient training tools Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.	Medium term
Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical record–based solutions and clinical pathways.	Immediate
With public health, share information with patients and families on where to find and how to use take-home naloxone kits.	Medium term

Quality Standards

For more information:

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