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Exploring Experiences of Health Care Providers in the Management of Clients on Opiate Replacement Therapy in Prince Albert, Saskatchewan

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Introduction

- Canada has the highest prescribed opiate use per capita in the world
- Opiates are the second most abused illicit substance in Canada
- In 2015, 13% of Canadians over the age of 15 years (3.8 million) reported using opiates
- In 2014-15, 4,779 opioid poisoning hospitalizations
- Saskatchewan leads in opioid poisoning hospitalizations at 20.5/100,000 per capita
- In 2011, opiates accounted for \$15 million in hospital admission costs

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Methadone treatment in Canada



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Methadone Administration



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Methadone retention



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Substance use landscape in Prince Albert, Saskatchewan

Albert, Saskatchewan

HIV RATES ACROSS CANADA (2013)

PER 100,000



Source: Public Health Agency of Canada



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Methadone treatment in Prince Albert

- More than 450 clients are enrolled to the MMT clinic
 - a) one clinic offers HIV care alongside ORT
- Both clinics are based on a semi comprehensive care model of care
- Morphine and dilaudid are the commonest opiates abused
- Clients on come to ORT are after chronic substance use
- Hence, they have complex concurrent health issues

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Methods

- Aim: To explore the experiences of health care providers who provide care to clients on ORT
- Design: Exploratory qualitative study design
- Study participants: Methadone case managers, physicians, clinic managers, pharmacists, and a laboratory technician
- Setting: 2 methadone clinics

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Methods Cont'd

- 18 semi-structured interviews conducted
- Interview questions developed with the HCPs working in the clinics and were recorded electronically, transcribed verbatim
- Analytical framework guided data analysis
 - a) First phase: three transcripts coded inductively, were harmonized then formed basis of coding framework for remaining transcripts
 - b) Second phase: using NVIVO 11 software, nodes grouped into thematic schema → emergence of three themes

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Results

- Three themes related to the experiences are described
 - a) Theme 1: How Methadone is Organized and Coordinated
 - b) Theme 2: The Challenges of Holding Clients Accountable for their Care
 - c) Theme 3: Cultivating Therapeutic Alliance with the Clients

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Theme 1: How Methadone is Organized and Coordinated

Organization of Methadone Maintenance Treatment (MMT)

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Theme 1 contd. Key highlights

- There are 8 methadone prescribing physicians – spend 15 minutes per clients
- Four methadone coordinators with a case load of 100 each
- Clients- present with complex physical and mental health issues from chronic substance use
- GPs are not keen to take on clients on methadone
- Clients are unable to meet the demands of the treatment

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Theme 2: The Challenges of Holding Clients Accountable for their Care

- Accountability measured by full compliance with treatment contract
- Why accountability matter
 - a) Determines if the clients remain on treatment or is discontinued
 - b) Help them meet the goals set
 - c) Progress in recovery

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Theme 2: Contd

- Health care professionals experiences holding clients accountable
 - a) Unease with enforcement of treatment stipulations
 - b) Frustration with lack of commitment
 - c) Conflict between clients and providers
- Lack of commitment can be attributed to
 - a) Continued substance use in treatment
 - b) Complex health issues
 - c) Socioeconomic issues such as poverty, housing
 - d) Inadequate health care services

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Theme 3: Cultivating Therapeutic Alliance with the Clients

- Fostered by the regular interaction between client and the HCPs
- Some HCPs have been able to form genuine relationship
 - a) Pharmacists were presented with more opportunities to relate with the clients
- The perception that clients were succeeding in the program was a great motivation to the health care providers.

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Theme 3: Contd

- Clients who demonstrated commitment to care
 - a) boosted HCPs positive regard for the clients.
 - b) HCPs trusted them more, becoming their ardent advocates
 - c) HCPs intervened for such clients to enable them succeed in treatment

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Discussion

- Obvious that the clients are not likely to do well in care because of personal and systemic factors
- Systemic factors
 - a) restrictive model of care
 - b) disconnect in services
 - c) unmet client needs
- HCP factors
 - a) heavy workload
 - b) stigma from other health care professionals

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Discussion contd

- Clients clinical outcomes and progress is a downer for many health care providers
- Client performance impacted Client- HCP relationship
 - a) Trust developed when clients seemed committed to care
 - b) HCPS are likely to support clients if they are pulling their weight
- A trusting relationship between HCPs and clients made easy for advocacy, support to happen.

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Implications for practice

- Self care for HCPs
 - a) Stress associated with dealing with challenging clients
 - b) A high workload leading to fatigue and less time for patient
- Rethink models of care
 - a) Support for clients including navigation to care
 - b) One stop shop services
 - c) non-stringent model of care,
 - d) application of harm reduction agenda

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Questions

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