Eradicating the opioid epidemic: Taking action to address the crisis

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With the second anniversary of the Canadian Drug and Substances Strategy (CDSS) coming December 2019, provincial and municipal governments are in the midst of implementing their opioid strategies. Hopes are high that the tide can be turned on the opioid crisis. There is no shortage of solutions and good ideas, however a comprehensive strategy still needs to be rolled out broadly across Canada. The current fragmented delivery model demands a system-level mandate to see impact at scale. Who has the courage to set bold goals?

In our previous Issue Briefs we discussed international and national highlights, and 'what works' to fight the crisis. Our main conclusion was that there is no 'silver bullet'. However, in this Issue Brief we make the case for an approach to get organized at a system level in order to effectively execute on the four pillars of the CDSS: prevention, treatment, harm reduction, and enforcement. We'll start by outlining the overarching problems and solutions at the system level, after which we provide a practical toolkit to get organized once new governance structures are in place. The driver behind it, however, will be a vision with a quantified goal. Harm and deaths caused by the opioid epidemic need to be reduced, if not eradicated. This is a challenge that doesn't ask for a 'go' or 'no go' decision. The question is 'when' and 'by how much'. Only then will we be able to start the movement and change the future for the better.

What are we doing wrong?

The opioid epidemic is unique in how it has transcended geography, race, gender, age and economic class as it has spread across the country. In Canada, with approximately 3,000 opioid-related deaths in 2016 and 4,000 deaths in 2017, the crisis still has shown no sign of slowing in 2018; preliminary data suggests the devastating number of deaths will continue to grow[1]. So why haven't we turned the corner yet?

First, (and we are guilty of this ourselves) discussing 'the opioid crisis' doesn't reflect the complexity of the problem we're facing. It suggests a single problem, which prevents us from coming up with a diversified and effective action plan. Rather than a single opioid crisis, as Dr. David Juurlink notes[2] we are dealing with a crisis of:

- opioid overdoses and deaths
- opioid addiction
- tainted illicit drugs
- chronic pain management
- scarce health care resource allocation
- Indigenous health equity

Second, we haven't done enough to prevent people from becoming addicted: from prescribing opioids at lower doses and for shorter durations, to using non-medical treatments to manage acute and chronic pain, to keeping drugs from people who use them without prescriptions. Third, we fail to address the basic causes of opioid use. We need to better understand what drives these behaviours, including the medical, mental and social issues that lead to opioid use, misuse and abuse. Finally, the Canadian Mental Health and Addictions (MHA) system is not governed under one umbrella, resulting in fragmented service offerings with often limited capacity.

An integrated solution

The epidemic represents an unprecedented public health crisis in both its complexity and breadth. Behaviour needs to change. Our responses can't be limited to a set of best practices, and multiple strategies are not the solution. To paraphrase Former President Bill Clinton: "We need everyone to be a part of the solution": governments and agencies at the regional, provincial and federal level; law enforcement and health care professionals; hospitals and pharmaceutical companies; community providers and nonprofits[3]. The key is in truly building new leadership capacity and governance structures to achieve system-level impact.

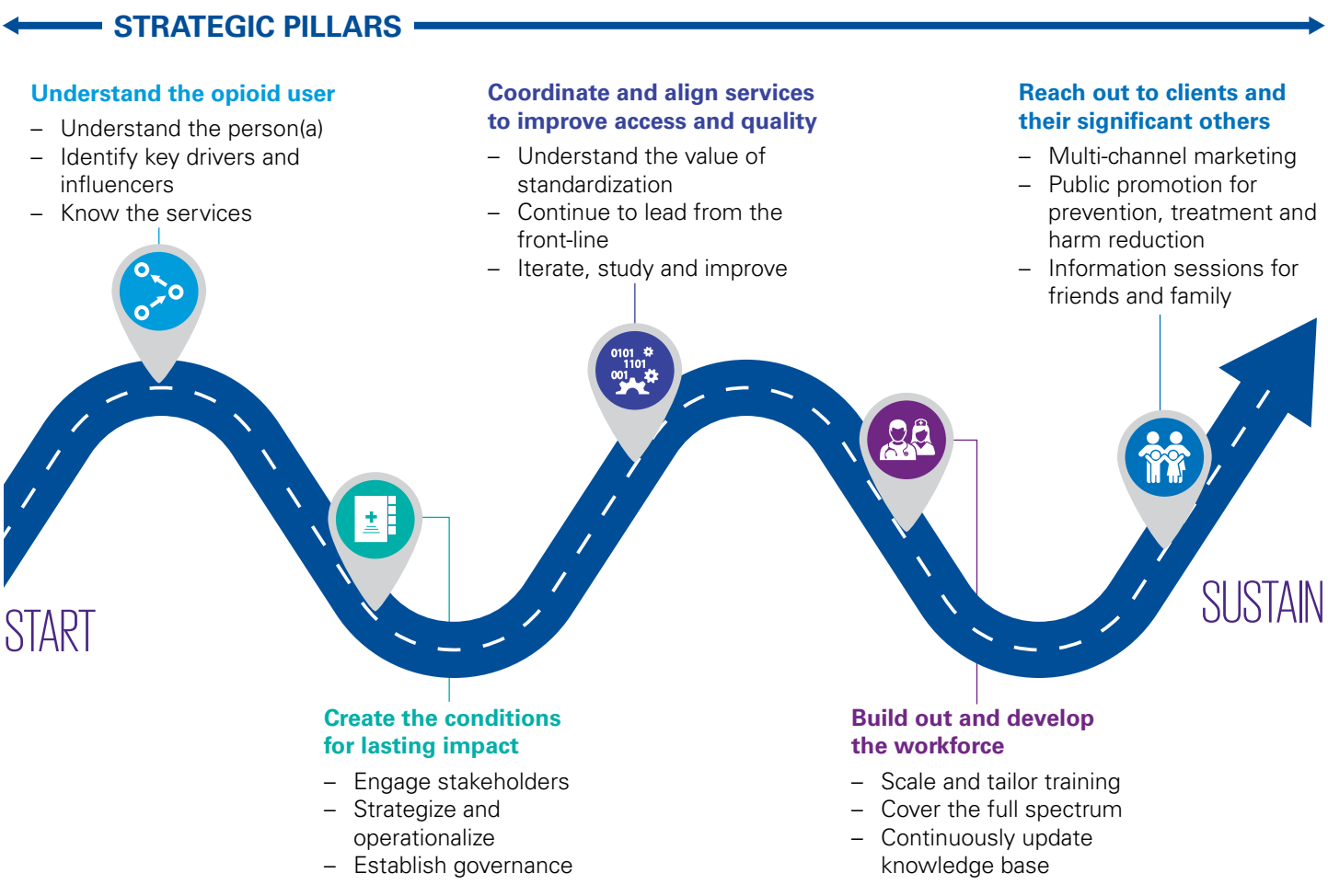
Excellent work has been done, as we discussed in our previous Issue Briefs: From the CDSS nationally, to provincial initiatives, such as the release of quality standards for managing chronic pain, acute pain and opioid use disorder by Health Quality Ontario (HQO), to local initiatives in LHINs and other health authorities. However, at this time we advocate for a bolder system change to execute on a comprehensive opioid strategy. A crisis should be addressed centrally at the highest level and carried out locally, with clear reporting structures and measurable outcomes.

The 'toolkit' below is meant to be a very practical framework to get organized, once new governance structures are in place. We have also included a checklist on the last page of this Issue Brief for local health authorities to take a proactive, 'bottom-up' approach to build a strategy or address existing gaps.

A toolkit for action

Through our work in this area, as well as our continued analysis of the crisis and the response from healthcare systems across the world, we have identified the main building blocks for system players to use as an effective toolkit for action. The toolkit consists of five pillars and is enhanced through three foundational enablers as illustrated in Figure 1.

Figure 1: A toolkit for action



Source: KPMG in Canada

Pillars

Understand the opioid user

The first action to take in combating the opioid crisis is to understand the people who you are trying to help – their behaviours, the drivers of their opioid use, and the services that exist to help them. One method to do this is a 'client journey mapping exercise', which focuses on interactions that support an individual to reach the highest possible quality of life. It might be obvious, however we do want to stress that understanding opioid users cannot be done without both opioid users and former users (people with lived experience). A process like this could include the following steps:

- *Understand the person(a):* The reason that no two journeys are the same is that all individuals are unique. However, developing personas is a common tool in service industries. A persona is an individual representation of a group with shared behaviours, attitudes and context (see Figure 2). This takes the traditional way of grouping clients based on their diagnosis and reverses it to focus on the person.
- *Identify key drivers and influencers:* The key to changing an individual's behaviour is to identify their main drivers of utilization – what are the social, economic, mental or physical reasons why someone may be using or misusing opioids?
- *Know the services:* This answers questions such as: where are individuals with an opioids addiction identified? What services are available? How are hand-offs and services between providers coordinated? And where are the gaps and bottlenecks in the system?

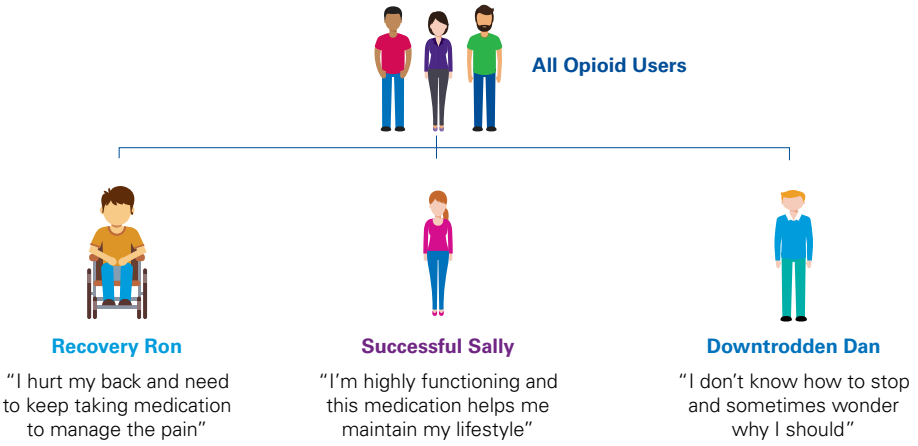
A better understanding of opioid users is the foundation for further organization and planning on opioids strategies. It defines the 'who', after which the focus can be shifted to 'how' to best approach the various challenges identified. As an example: the BC Patient Safety & Quality Council undertook an exercise to define a number of patient journeys, which illustrates the power that mapping system players can have[4].

Create the conditions for lasting impact

The second pillar of action is for **currently siloed services to be brought together to provide seamless, coordinated services to those suffering from an opioid addiction** to create sustainable impact. Health authorities are well positioned to 'call for action' and incentivize players (hospitals, addiction services, physicians, pharmacies, community and social services) to build long-lasting system partnerships through the following steps:

- *Engage stakeholders:* Bring system players together and demonstrate how each one has a role in caring for the individuals who walk through the different (but not wrong!) doors of the system… and fall through the cracks. Effective engagement achieves buy-in from system players by creating a sense of shared ownership of the problem and a shared vision, which can be sustained by one-time (project) or structural (bundled) funding.
- *Strategize and operationalize:* Alignment towards a vision helps define the future, but the 'how' of getting there is the critical, and most difficult, part of change. Lay out the big pieces of work and investments in an overall strategy, while making sure to understand the system's capacity for change (i.e. actual time professionals have to devote to putting these pieces in place). Where possible, prioritize implementation initiatives using data. Subsequently set goals, identify key performance indicators and define the timeline to operationalize the strategy.
- *Establish governance:* There is no shortage of solutions in healthcare, but long-term change efforts require clear oversight and decision-making apparatuses that are inherently difficult to design and establish – increasingly so as the number of players grows. Clear roles, responsibilities and reporting structures should be put in place to get the initiatives started and going.

Figure 2: Illustrative opioids-use personas



Coordinate and align services to improve access and quality

In order to create a seamless care journey for individuals, the many different parts of the system must be working in concert to provide services. Tangibly, this means that **all individuals should receive similar care from all providers and all providers should know what services each individual should be provided,** no matter where they are. This is difficult, even with collective commitment from system players, and therefore demands a structured approach:

- *Understand the value of standardization:* Speaking of 'standardization' in healthcare can be perceived to be going against the tenet that all individuals are unique. It's important to demonstrate that standardization allows for mass customization and actually helps providers save time and improve quality of care when based on evidence. By designing standard care pathways, professionals understand their role within the larger system from prevention and identification to treatment and follow-up.
- *Continue to lead from the front-line:* Nobody knows individual care journeys and the associated processes better than those in the system and those performing them. Change needs to be implemented from the front-line and can start by bringing together professionals and people with lived experience to co-design a system in which clients' needs are met, no matter where they are.
- *Iterate, study and improve:* The only surefire way of not improving on the status quo is to avoid change. Accelerate improvement by creating a structure that supports the implementation of small, incremental change that can be rapidly evaluated and scaled, revised or dropped based on results. A rapid cycle continuous improvement approach is a widely used methodology that supports sustained improvement based on front-line ideas and opportunities.

Build out and develop the workforce

The opioids landscape is rapidly moving. Both the size; the extent of the crisis and the shape; the different variations of opioids used are changing at a fast pace. **Training professionals is a vital pillar of action and can help save lives.**

- *Scale and tailor training:* The number of professionals trained to work in this area needs to be scaled quickly. In our previous Issue Brief on leading practices in Canada, we discussed the early success of training family doctors in prescribing suboxone and methadone. Different training materials should be tailored to different audiences to cover the full spectrum of professionals working in this area, from peer supports, to social workers, ED nurses, clinicians and government officials.
- *Cover the full spectrum:* Training topics can include, but are not limited to: the various users and their drivers of utilization, standards (example HQO's updated standards), drug strategies and legislation, an overview of different opioids, clinical treatment and harm reduction, cultural safety and humility and care coordination.
- *Continuously update knowledge base:* We heard from several providers that "we actually learn of the latest addictive substances from our clients". New and very lethal opioids are introduced quickly. Carfentanil for example, a synthetic drug, is 100 times as potent as the same amount of fentanyl and 10,000 times as potent as a unit of morphine[5]. New opioids require different treatments and harm reduction strategies, and therefore continuous knowledge sharing amongst professionals is crucial.

There are many effective training initiatives already in place, and a multitude of educational material exists. To rapidly expand the number of professionals trained in combating the opioids crisis, it is important that system level players work together and use what has already been proven effective.

Case study

From July, 2015 to July 2016, a rural hospital was looking to improve access to comprehensive opioid-use treatment and connect Emergency Department (ED) patients to more appropriate settings of care. The hospital joined a Rapid Continuous Cycle Improvement program and brought together local community providers and a multidisciplinary team to specifically address rampant opioid misuse in the area. Beginning with 1,236 ED visits attributed to 192 patients that used or were prescribed opioids, the hospital and its partners implemented a series front-line designed improvements without the benefit of additional funding. Improvements focused on standing policies around opioid-based medications, consistently communicating these policies to partners and patients, and workflow redesign work that supported improved transitions of care to community mental health and addictions providers. The changes resulted in an 80% decrease in opioid orders in the hospital.

Reach out to clients and their significant others

Even with all the right care infrastructure in place to take action against the opioid epidemic, **a strategy's impact will depend upon its ability to reach and engage with those struggling with opioid addiction**, as well as their family, friends and loved ones. A comprehensive outreach campaign is therefore the final pillar of an effective opioids strategy, and should include:

- *Multi-channel marketing:* Since opioid addiction affects a broad set of the population across age, ethnicity and socioeconomic status, outreach efforts should similarly be designed to reach as many different groups as possible. Social media, television, posters and flyers at the workplace, in community centers and places of employment, as well as liaisons in emergency departments are all valuable methods of engagement.
- *Public promotion for prevention, treatment and harm reduction:* Educating vulnerable populations on topics such as The Good Samaritan Act (to encourage prompt use of 911 in the event of an overdose), how to use naloxone and what other services are available must be part of a comprehensive outreach campaign.
- *Information sessions for friends and family:* The existing stigma around opioid use blocks effective approaches to tackle the crisis (or better, crises). Information sessions are a vital tool to engage and educate those most affected by the opioids crisis. Strong information sessions should include a teleconference component (in-person attendance may be low due to stigma and fear of 'outing' oneself or one's family), provide local and relevant data, and include speakers with lived experience.

Throughout all outreach activities, it is critical to ensure clear communication that addresses language differences, and considers culture, custom and belief. In order to reach individuals and groups who are not currently accessing the system and programs available to them, cultural safety and humility should be a guiding principle when reaching out[6].

Source: KPMG in Canada

Foundational enablers

True behavioural change that comes with system transformation has to be founded and grounded through the enablers below. Underlying and supporting the pillars of the toolkit for action, these foundational enablers enhance the ability of health authorities and service providers to make changes, communicate and measure progress at a system level:

- *Funding, policy, regulation and legislation:* The CDSS has made progress in laying the foundation for impactful action against the opioid crisis. A broader strategy can be rolled out by repositioning the MHA sector by establishing new governance structures and encouraging and sustaining new behaviour through alternative funding models.
- *IT connectivity:* In order to strengthen transitions of care and improve collaboration, IT connectivity will become increasingly critical in current and future care initiatives. Through shared information systems and formal lines of communication across system players, IT can enable health data to follow individuals across their journey through treatment to recovery services, thus improving transitions of care.
- *Data & analytics:* As an opioid strategy is implemented, measuring the success of its initiatives will give agencies the information they need to make evidence-based changes to their models of care. This can take the form of a single and consistent opioids dataset, collected by all participating providers and reported on regularly to the strategy's decision-making body.

Final thoughts

While there are other services, tactics and frameworks that can be considered in responding to the opioid crisis, the system transformation and practical toolkit as described within this briefing provides a strong foundation for effective action. Like with any strategy, its success will depend up the leadership commitment and the extent and effectiveness of its implementation and the unique political, demographic and socioeconomic context of a particular geography must always be taken into account when designing an appropriate and effective opioids strategy.

It is time for action. We need everyone to be a part of the solution. The key is in truly building new leadership capacity and governance structures to achieve system-level impact. We can't close our eyes for what seems to be an unsolvable problem. We need to be bold and set goals so the next generation will talk about the opioid epidemic in past tense.

On that note we'd like to end with a quote from Don Berwick, Former President and CEO, Institute for Healthcare Improvement (IHI), and challenge our political leaders and professionals to be able to say the same about people who (might) have struggled with an opioid addiction in the next years to come: *"The names of the patients whose lives we save can never be known. Our contribution will be what did not happen to them. And, though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, and that grandchildren will know grandparents they might never have known, and holidays will be taken, and work completed, and books read, and symphonies heard, and gardens tended that, without our work, would never have been"* [7].

Opioid Strategy Framework Checklist

The checklist below is designed as a tool to check your systems infrastructure for addressing the opioid crisis. It is intended to help direct effort to initiatives that will support a system-wide approach to addressing opioid use and identifying critical gaps.

Understand the opioid user

- [ ] Have you created categories to help understand the sub-populations of those at risk?
- [ ] Have you identified and stratified the different social, economic, mental and/or physical drivers of opioid use or misuse?
- [ ] Do you have a listing of all the services (including community services) offered to support people with an opioid use disorder? AND is that list shared with all providers in the region and regularly updated?
- [ ] Do you have a clear understanding of gaps in your delivery system and are you addressing those gaps?

Create the conditions for lasting impact

- [ ] Are system leaders aligned around a single vision for how to address opioid use and misuse in the area?
- [ ] Is it clear who is leading the effort and is responsible for overall outcomes? If needed, are you incentivizing consolidation of services in your region?
- [ ] Is there a regular forum in place for system leaders to discuss strategic issues and hold each other accountable?
- [ ] Do you understand how decisions are made on the deployment of related resources and services?

Coordinate and align services to improve access and quality

- [ ] Are there standard care pathway(s) and protocols in place for supporting people with an opioid use disorder?
- [ ] Are providers aware of and adhere to these standards?
- [ ] Are clients made aware of the process to support them and understand where they are in their care journey?
- [ ] Is there a regular forum in place for cross-organization front-line staff to coordinate effort on complex cases?

Build out and develop the workforce

- [ ] Do you have a forum for knowledge sharing in your region, with accurate updated information on opioids (not more than 3 months old)?
- [ ] Do you have a diversified training curriculum in place for professionals on topics such as quality standards around (prescriptions for) chronic pain management, opioid use and cultural humility and safety?
- [ ] Do you track what percentage of professionals is trained?

Reach out to clients and their significant others

- [ ] Do you have public outreach campaigns that take cultural humility and safety into account (different methods (e.g. work with schools and pharmacies), multiple languages, etc.)?
- [ ] Do you have public outreach campaigns for family and significant others?
- [ ] Do you measure the number of people you reach?

Other

- [ ] Have you identified a standard indicator set to measure impact (outcomes) for opioid users in your region? And do providers deliver data on these indicators on a frequent basis (every three months minimum, if not centrally collected)?
- [ ] Do providers have the ability to share client data in real time?

Source: KPMG in Canada

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Contact us

Aaron Berk
Partner, Management Consulting
416-777-3217
aberk@kpmg.ca

Emmeline Roodenburg
Director, Management Consulting
416-777-8854
eroodenburg@kpmg.ca

Robbie DiMaria
Senior Consultant, Management Consulting
647-777-5274
rdimaria@kpmg.ca