



Care Pathways: Considerations for Developing and Implementing

Introduction

The Canadian Centre on Substance Abuse (CCSA) received resources under the Drug Treatment Funding Program (DTFP) to perform an extensive literature review on evidence about treatment for youth and older adults experiencing harms from prescription drug use, with a view to develop care pathways for each population. These reviews were complemented by multiple consultations with subject-matter experts in a variety of fields, including primary care, psychiatry, psychology, geriatrics, anesthesiology, neurology, pharmacy and nursing, as well as with individuals with lived experience. These advisors were able to fill gaps in the literature with expert opinion, and also provide a picture of how theory is realistically applied in the field.

CCSA developed high-level care pathways that include the guiding principles and available resources related to treatment for prescription drug harms. It is expected that these pathways when implemented will be adapted to the specifics of a given context. This document is a companion to the high-level care pathways and contains the considerations that the expert advisors identified as key to the success in developing and implementing care pathways.

Goal

The primary aim of developing care pathways should be to improve and ensure quality of care for individuals who are experiencing substance use harms. The pathways should include guiding principles in the pursuit of improving individuals' movement through the treatment system. Care pathways can allow for identification of when a patient is not following the expected trajectory and can help identify variance from an anticipated path.

Patient-centred Focus

Individuals with lived experience reported that the key to getting people to enter treatment is to destigmatize substance use and therefore humanize the problem. Additionally, they reported that many individuals who might want treatment do not know what resources are available to them. The pathways are likely to be most successful if used by a healthcare provider who has an existing relationship with the patient. While older adults tend to trust their primary care physician and see them regularly, many youth, particularly those in marginalized populations, do not have a strong rapport with their physician or might not even have a family doctor. Thus, the pathways could be enhanced by broadening them to relate to all individuals who interact with youth (e.g., educators, coaches, shelter workers, addiction workers) and older adults (e.g., community centre leaders, pharmacists, personal support workers, emergency department staff, long-term care facility staff, nurses specializing in diabetes care).



Peer support can also be an effective component to help individuals make and sustain changes in substance use. Addictions and Mental Health Ontario had developed best practice recommendations for peer support work. In general, family therapy for youth substance use is one collective type of approach for which a strong evidence base for effectiveness has been demonstrated, compared to other treatment modes such as cognitive behavioural therapy (CBT), group therapy or motivational enhancement therapy (MET) (Tanner-Smith et al., 2013). Examinations of when, for whom and which type of family therapy may be most effective for treating youth substance use disorders is still being explored. Nonetheless, experts consulted did indicate that allowing individual's to note which members of their support network they wish to be involved in their care, allowing client feedback on areas for further improvement, and allowing visits by family and friends in the inpatient unit were key components of success for improving their treatment services.

While the care pathways were developed for youth (aged 12–24) and older adults (65 years and older), it might be beneficial to consider individuals experiencing harms in terms of their developmental, rather than chronological, age. This change will allow for a better matching of services to the needs of individuals. Additionally, while the pathways are presented in a linear structure to clearly present the evidence, it is recognized that treatment needs to be flexible and does not comprise discrete categories. Rather, treatment is a continuum and an individual might move in either direction throughout the pathway.

Pathway Entry Points

Expert advisors discussed whether the entry-point for an individual arriving at the need for treatment has any implications for the treatment course. For example, if an individual becomes dependent on prescription opioids as a result of following the advice of his or her physician, do his or her needs differ from someone obtaining these drugs illicitly? The advisors also considered what constitutes harm enough to engage someone in the pathway. If an individual is using medication not prescribed to them, but it is improving their functioning, is this usage harmful? It was agreed that there can be multiple entry points into the pathways, but that the main entry criterion should be that an individual requires treatment for prescription drug use issues because they are experiencing a related functional impairment.

Pathway Components

Start with an Awareness of Harms

Care pathways related to treatment for prescription drugs should start one step back from screening, and begin with awareness of the potential for harms to arise from prescription drug use, even when taken as prescribed. Physicians should be cautioned to monitor individuals taking prescription drugs for possible harms, including substance use disorders, and this monitoring should be considered an initial step in the pathways. If an individual states that he or she is not experiencing any harms from prescription drugs, it does not mean that he or she does not enter the pathway. Instead, they should be monitored and routinely reassessed, as they might develop harms in the future or might be inappropriately using the prescription even if harms are not currently being experienced.

Additionally, some individuals using psychoactive prescription drugs for a particular ailment might be hesitant to self-report misuse due to a fear that opioid treatment will be stopped. Providing a commitment to patients that care for all their concerns (e.g., chronic pain and substance use) will be addressed can help to eliminate this barrier. Some physicians might feel that individuals only need to be on a care pathway following a crisis state. Emphasizing the importance of ongoing assessment



will help healthcare providers to conceptualize the need to check in with their patients regularly and assess whether they should progress further on the treatment pathway.

Through prescribing, many physicians might have inadvertently contributed to an individual experiencing prescription drug harms, but they might not want to admit to their role. These doctors need a safe space to be able to speak honestly with their patients about changes in knowledge over time, which can inform the recognition that previous prescriptions might no longer be the best treatment option. Physicians often develop a common script that they use with their patients, which could now be supplemented to include two key messages:

1. That prescribing recommendations have changed so prescriptions will differ;
2. But the care and treatment for the individual will not cease.

It is important that a physician frames this discussion properly to avoid blame from a patient, while also ensuring that the patient remains confident in the physician's abilities.

Screening

If screening questions are presented as routine procedure for all patients, and clients are informed that 1) physicians are asking because harms can be experienced by anyone taking prescription drugs, and 2) that the importance of identifying problematic use early is paramount in avoiding negative outcomes, individuals might not be threatened or offended by such questions. Patients who, from these initial probing questions, indicate that they might be experiencing harms should be given a full screening using the identified tools in the pathways. This process can be eased if all patients are informed of a clear systematic approach to screening for harms when receiving a prescription for psychoactive medications. For example, one advisor to the care pathways project makes it clear to all patients to whom he prescribes opioids that:

1. They might undergo random urine drug testing;
2. They are required to sign an opiate use contract; and
3. A nurse will call them periodically to assess whether they are experiencing any harms.

A consistent approach for all patients that is shared with them at the outset of prescribing avoids feelings of accusation or stigmatization.

In relation to how often to screen for harms, when a known prescription is being taken, providers should ask about harms every time they engage with the patient. Formal screening tools should only be used once, however, as they might not be validated for test-retest conditions. If an individual's use of a psychoactive prescription drug or the underlying problem for which they began to take the medication (e.g., pain) is starting to vary, they should be seen more often. If psychoactive prescription drugs are not prescribed, harms can be identified by asking about other related areas of life. Youth often respond better to a conversational style, so asking about how youth like to party with friends can be a good segue into substance use. Furthermore, doctors can use opportunities such as youth appointments to address sexually transmitted infections or birth control requests as a way to open the conversation to prescription drug and other substance use harms.

Training in motivational interviewing can be helpful in the steps that follow screening. In this regard, physicians will feel as though they have something to offer in response to patients' concerns, as opposed to just asking the question without a plan to act based on the response. Additionally, the Extension for Community Healthcare Outcomes (ECHO) program uses technology to allow specialists to provide guidance to primary care providers who might be dealing with a patient's concern, which



they are not fully comfortable addressing, such as chronic pain. This model can be beneficial to enhancing primary care providers' capacity to respond to substance use concerns.

Readiness to Change

When an individual is ready to change, the pathways identify progress to a formal assessment stage. However, if an individual is not ready to change, it is recommended that the individual is provided with information on how the issues could be approached, using a motivational tone as opposed to a didactic one and asking the patient to consider the change until the next meeting. Small incremental changes should be offered first; reducing substance use should be viewed as a marathon as opposed to a sprint. Talking about one thing that individuals are willing to address can bring about the motivation to change. This perspective can avoid pushing people to using illicit substances, which can occur when prescription drug availability is promptly ceased.

Assessment

In addition to determining the severity of harms an individual is experiencing, it can also be useful to have an understanding of what a patient's goals are in relation to mitigating their substance use, and to match them with the treatment option that will help them achieve these outcomes. For example, an individual with a family might not be willing to go to a facility where they will be separated from their children. Considering multiple factors in an individual's life can improve treatment participation.

Treatment

The circumstances and patterns of use are important when considering treatment options. Older adults tend to start using prescription drugs to treat a specific ailment, whereas a youth's onset of prescription drug use is most often due to a complexity of factors and is likely only one component of poly-substance use. The differing motivations for use should be addressed when developing a comprehensive treatment program.

There is still a great need to integrate services to ensure best outcomes for an individual. Youth require access to specialized services as substance use has implications for the developing brain, and can arrest their pubertal development (requiring referral to endocrinologist), interrupt schooling and alter the ability to establish social relationships – all of which can have long-standing implications for their well-being. Older adults require access to specialized services based on comorbid health concerns, considerations for their quality of life including social support and concerns about isolation, independent or home care living arrangements, and accessibility of treatment centres.

Other Considerations

Timing and Decision Making

Though timing for changes in an individual's well-being can be specific to the individual, benchmarks at each stage of the pathway should be included as a mechanism to remind healthcare providers when they should reassess a patient's progress, and when it might be time to make a change in treatment. Decision points can sometimes be overlooked, with healthcare providers maintaining the same treatment even though patients' symptoms are not improving. Care pathways serve to highlight to healthcare providers when a necessary turning point has been reached in an individual's treatment. Timing can be especially critical in the older adult population as their cases often involve a



complexity of issues that might require more time with a patient and greater coordination of services, resulting in a longer time to treatment uptake.

Interdisciplinary Collaboration

Interdisciplinary collaboration that is meaningful and productive is key. Example of challenges currently experienced when trying to connect with other services include such things as being put on hold on the phone for extended periods of time or being put on a lengthy wait list for other services. An outline of what is expected in each person's role – highlighting the unique scope of practice and level of severity that each profession can service, articulated in a language appropriate to each discipline – will ensure that the cumulative effect of a team's work is a positive outcome.

The key to achieving this collaboration could be the development of an interdisciplinary network within the community. However, advisors indicated that it might be hard to get buy-in from professionals when you tell them that the first step is to develop connections among services. It was suggested that the issue could be mitigated by developing a summary of what information needs to go to each service provider, which would also reduce the need to reassess an individual or for the individual to have to report his or her history multiple times. However, this kind of collaboration raises the question of who is the ultimate case manager.

The experience of the Royal Ottawa Hospital provides an example of successful network development, wherein memoranda of understanding were developed with all collaborating services to clearly outline the expectations of all involved and an understanding of what each service provides to the network. *Collaboration for Addiction and Mental Health: Best Advice* has been developed by the Canadian Executive Council on Addictions, the Mental Health Commission of Canada and CCSA.

Efficiencies

Pathways should address efficiencies from the perspective of adding value for patients, with potential cost efficiencies being a secondary outcome. Patients should not have to repeat their story or be assessed multiple times. Similarly, providers should not have to redevelop a treatment plan every time they see a new patient, but rather customize a plan to an individual's needs to ensure a client-centred approach is being taken. Enhancing inter-professional collaboration and clarity of roles will contribute directly to achieving efficiencies.

Outcome Evaluation

To assess the effectiveness of care pathways, key outcomes should be assessed at each stage or milestone. These assessments could be based on a clinical value compass, where clinical, functional and cost outcomes, and patient and care provider satisfaction are evaluated. However, employee satisfaction should be cautiously used as an indicator, as satisfaction can be rated highly without the process or pathway being effective from the patients' perspective. Improved functional outcomes are often more valuable to a patient than a reduction in symptoms. If any steps in the pathway are not adding significant value, they should not be included.

Other

Factors such as mental health status, pain, poverty, gender, trauma and culture were cited as related variables that should be considered in the treatment of substance use disorders. Screening for these factors and taking them into account when developing a treatment plan can be critical to success. Clinicians stated that patients often appreciate acknowledgement of these precipitating factors, even if they are, as with gender, unchangeable.



References

Tanner-Smith, E. E., Wilson, S. J., & Lipsey, M. W. (2013). The comparative effectiveness of outpatient treatment for adolescent substance abuse: A meta-analysis. *Journal of Substance Abuse Treatment*, 44(2), 145–158.

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