

Provincial Evaluation Registered Nurse and Registered Psychiatric Nurse Prescribing of OAT Initiative

Executive Summary

In September 2020, the Provincial Health Officer (PHO) issued an Order to permit registered nurses (RNs) and registered psychiatric nurses (RPNs) in British Columbia to prescribe controlled drugs and substances to people at risk of an overdose due to the use of toxic and unregulated drugs. The initiative (referred to herein as ‘nurse prescribing of OAT’) was implemented as one way to increase workforce capacity in opioid use disorder (OUD) care and ultimately increase access points to opioid agonist treatment (OAT) for people with OUD interested in pharmacotherapy especially in more rural and remote areas of the province. In June 2023, Changemark Research + Evaluation was contracted by the Government of British Columbia to evaluate the implementation and impacts of the initiative.

Overview of RN and RPN prescribing of OAT

The PHO Order authorized RNs and RPNs to autonomously provide several services (including ordering and interpreting diagnostic tests, making a diagnosis of a problem substance use condition or substance use disorder, prescribing specific drugs and referring those diagnosed on to other specific health and social services) providing specific criteria were met. Required criteria included that the RN or RPN receive approval by the medical health officer with responsibility for that geographic area and that prescribing be conducted in accordance with the standards, limits and conditions established by the British Columbia College of Nurses and Midwives (BCCNM). Nurses were also required to complete mandatory training and education (online and preceptorship) offered through the British Columbia Centre on Substance Use (BCCSU).

Importantly, the initiative was implemented in phases according to the types of OAT medications that nurses could prescribe, to promote client safety. Phase one included buprenorphine/naloxone prescribing (initiations, continuations, titrations and re-starts - first prescription March 2021, ongoing); Phase 2 added the prescribing of slow-release morphine and methadone (restarts, continuations, and titrations only - implemented as of November 2021 with the first prescription written in March 2022 and ongoing). In April 2023, the Ministry of Health (HLTH) approved regulatory amendments and in September 2023 BCCNM approved new and amended standards, limits and conditions to create a new designation for certified practice in OUD. This established a certified practice for OUD prescribing as a permanent nursing practice outside of the PHO Order, and this new designation came into effect November 2023. As of November 30, 2023, RNs and RPNs must hold a certified practice designation to prescribe. Alongside the transition to Certified Practice in OUD (CP-OUD), updated education and training was released in November 2023 to include full scope prescribing of buprenorphine/naloxone, methadone and slow-release oral morphine.

Evaluation scope and aims

In June 2023, Changemark Research + Evaluation was contracted by the Government of British Columbia to evaluate the implementation and impacts of RN and RPN prescribing of OAT in British Columbia, from the time the PHO Order was issued in 2020 until December 2023.

This multimethod evaluation aimed to understand the implementation and reach of the initiative to date, including understanding facilitators and barriers to nurse prescribing of OAT. In addition, the evaluation aimed to explore several indicators of effectiveness, through the perspectives of RN and RPN OAT prescribers, care team members working alongside nurse OAT prescribers and those who had received care from nurse OAT prescribers.

From the outset of the evaluation, it was clear that there was variability in terms of the approaches to implementation across the province, reflecting the diversity of regional settings, processes and priorities. As of December 2023, 124 RNs and 56 RPNs had completed the full education and training pathway to integrate OAT prescribing into their practice. In December 2023, there were 51 actively prescribing nurse OAT prescribers positioned across the province, providing care in a diverse array of clinical service settings.

Based on the findings, equipping nurses with the knowledge, skills and confidence to support people with OUD positively contributes to bolstering overall OUD system capacity. The findings demonstrate that nurse prescribing of OAT works well when prescribing is an extension of an existing role involving the care of people with OUD and with nurses experienced in providing substance use care. Nurse prescribing of OAT is further enhanced when nurse OAT prescribers are supported by an integrated clinical team with approaches that support team-based care, have access to mentorship from other prescribers, and have organizational or institutional support to maintain a manageable caseload. Care teams that were surveyed and service users who were interviewed viewed nurse prescribing of OAT as acceptable, and beneficial (e.g., increased access to OAT, greater flexibility in care provision). Overall, people who received care from nurse OAT prescribers described helpful aspects of the nursing role that kept them engaged in care and improved their care experience (e.g., continuity of the nurse-client relationship supported building or re-establishing trust in the health system and person-centered, nonjudgemental care from nurse OAT prescribers identified as critical to self-reported success on OAT).

While nurse prescribing of OAT was generally seen as beneficial by evaluation participants, some opportunities for improvement were identified. These include institutional policies and procedures that limit implementation in some settings, relational and power dynamics that needed to be navigated (particularly between the nurse OAT prescriber and other prescribers), a general lack of awareness of the initiative, and a lack of clarity regarding the role of nurse OAT prescribers and how they would fit into existing practice settings.

The findings highlight several key learnings that can be applied to future implementation of similar provincial initiatives.

Key learnings for implementing similar provincial initiatives

1. Prior to implementation, seek input on proposed policy changes from key target populations to ensure feasible and appropriate, including Indigenous communities and those servicing rural and remote settings
2. Prior to implementation, assess priority settings/communities for readiness to adopt the policy change (using indicators developed collaboratively with relevant key partners)
3. Building on traditional indicators of success (i.e., quantitative counts), develop targets and indicators that address more qualitative aspects of care, at initiative outset (determined through consultation and collaboration of health system partners)
4. Consider resourcing required prior to roll-out and work towards equitable access to resources (particularly in settings where inequities already exist, such as rural and remote locations, communities at highest risk for toxic drug poisoning events, and deaths and locations with lower prescriber density)
5. Create and support the deployment of accessible and comprehensive communication plans at the health authority and site levels
6. Aim for greater involvement of affected groups and impacted communities from implementation outset
7. Utilize available levers to encourage regional and provincial health authorities to create implementation pathways in a timely way

In addition, several aspects of nurse prescribing of OAT emerged clearly from the findings that should be considered to maximize the benefits of nurse prescribing of OAT and address ongoing challenges.

Opportunities to sustain and amplify the benefits of nurse prescribing of OAT

1. Urgently remove barriers to full nurse prescribing of OAT practice scope in service delivery settings where limitations exist
2. Leverage technology to enhance the provision of virtual care by nurse OAT prescribers
3. Create mechanisms for ongoing support and mentorship for nurse OAT prescribers to reduce professional isolation
4. Improve communication and conduct more fulsome engagement to raise awareness about nurse prescribing of OAT
5. Consider expanding prescribing parameters to optimize the effectiveness of nurse prescribing of OAT to meet the needs of people with OUD
6. Consider prioritizing expansion to additional primary care and mental health and substance use (MHSU) sites independent of health authorities
7. Create provincial electronic clinical support tools to enhance adoption and explore opportunities for additional monitoring and evaluation (i.e., for quality improvement)

In conclusion, there is a clear and present need to expand access to the full spectrum of care for people with OUD as one critical component of tackling the ongoing and continually intensifying toxic and unregulated drug crisis in British Columbia and beyond. The findings contained herein indicate some clear benefits to nurse prescribing of OAT, such as opportunities for enhanced client engagement and OUD care continuity. Nurse prescribing of OAT continues to evolve, as evidenced by the new designation of Certified Practice in OUD for RNs and RPNs that came into effect in November 2023, and further evaluation efforts are warranted to continue to understand the benefits, limitations and opportunities for this new practice. In addition, continued and sustained efforts should be taken to better understand the needs of priority populations (i.e., individuals in rural and remote communities) to determine if and how similar policy changes should be implemented to reduce existing health inequities.