Temerty Medicine

Using Medical Directives with Primary Care Clinics to Enable Peer Workers to Deliver Clinical Tasks

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Family & Community Medicine
UNIVERSITY OF TORONTO

Disclosure of Financial Support

This program has received financial support from Canadian Institutes of Health Research **in the form of a** grant for program evaluation.

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<u>Potential for conflict(s) of interest</u>:
The presenters report no personal financial conflicts of interest. The study collaborates with community organizations that benefit from harm reduction programs and a smoking cessation program called STOP (Smoking Treatment for Ontario Patients), which we will be discussing. We also benefit from their participation.

Why medical delegation?

Preventive Health Interventions

- Immunization
- Severe weather outreach
- Distributing Harm Reduction supplies
- Distributing HIV Self-Tests
- Distributing nicotine replacement therapy products
- Distributing Naloxone kits

Preventive Health Interventions

Immunization

Severe weather outreach



Distributing Harm Reduction supplies

Distributing HIV Self-Tests

Distributing nicotine replacement therapy products

Distributing Naloxone kits

IF >4MG nicotine

Delegation of Controlled Acts

Under Ontario law, certain acts, referred to as “controlled acts,” may only be performed by authorized regulated health professionals.

Controlled acts include:

“Prescribing, dispensing, selling or compounding a drug as defined in the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept.”

“Administering a substance by injection or inhalation.”
“Distributing >4gm of nicotine.”

Physicians may delegate these acts to trained peer workers under appropriate circumstances.

Smoking Cessation

Peer Workers provide free NRT products and behavioural support for up to 26 weeks through the STOP Program.

- Evidence-Based Program supporting people facing barriers to care.
- Provincially funded smoking cessation initiative delivered through healthcare and community organizations across Ontario. **Our program expands opportunities for peer workers to run the program.**
- Provides training, workflows, and access to free nicotine replacement therapy.
- **NRT includes >4mg of nicotine, which requires delegation for distribution.**

STOP PROGRAM – MEDICAL DIRECTIVE

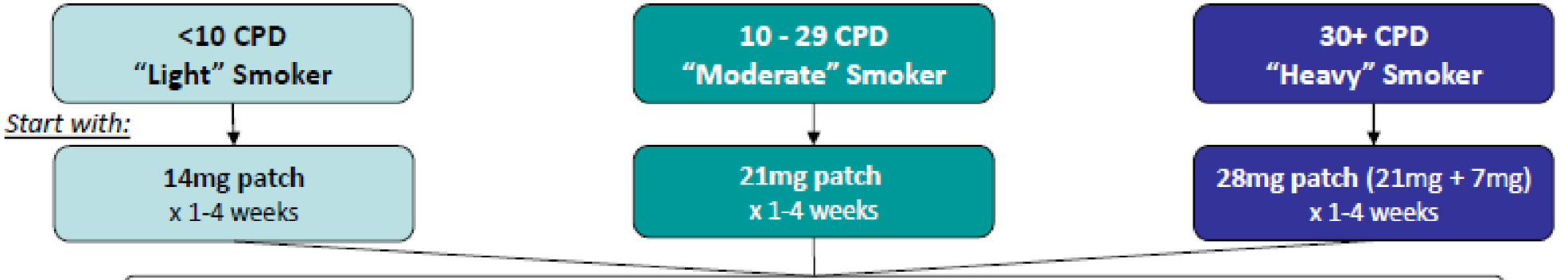
TITLE: Initiation of Nicotine Replacement Therapy by Peer Workers at **<Agency>**	
NAME OF EXECUTIVE DIRECTOR:	
NAME OF PROGRAM COLLABORATOR:	
APPROVAL DATE:	**DATE OF NEXT REVIEW:** <Every two years>
CATEGORY	Over-the-counter Nicotine Replacement Therapy (NRT) for smoking cessation
DESCRIPTION OF TREATMENT INTERVENTION OR PROCEDURE	1. Peer Workers (PWs) employed by **<Agency>**, on the authority of this clinical directive, may initiate orders to administer the nicotine patch, gum, lozenge or inhaler, directly to clients of **<Agency>**, without prior consultation with a physician, under defined circumstances. On-label dosing must be followed. 2. The PW and their supervisor must believe that he/she has the knowledge, skill and judgment to implement this clinical directive, and must have completed the educational requirements as outlined below.

STOP Program: Sample Nicotine Replacement Therapy (NRT) Algorithm

ASK: *How many Cigarettes do you smoke Per Day (CPD)?*

ADVISE/ASSESS: *Instruct the client to quit smoking on their target quit date, or reduce CPD by 50% by the next visit (if no quit date).*

ASSIST:



+ Choose one short-acting NRT (gum, lozenge, mouth spray or inhaler) for breakthrough cravings as needed

ARRANGE: *Follow up 1-4 weeks post quit date*

Assess smoking and adjust NRT dose if necessary:

- **If still smoking** **10+ CPD**: Add a 21mg patch to current dose
  6-9 CPD: Add a 14mg patch to current dose
  1-5 CPD: Add a 7mg patch to current dose
- **If smoking 0 CPD**: Continue on current dose [x1-4 weeks]

+ Choose one short-acting NRT (gum, lozenge, mouth spray or inhaler) for breakthrough cravings as needed

Brief Intervention: STOP Program

❑ Congratulations on your success! That's great.

❑ What benefits have you noticed since quitting/reducing? (breathing easier, more energy, can smell, taste, etc.)

- _____
- _____
- _____

❑ What successes have you noticed? (can delay cigarettes, not thinking about it all the time, 5 days without smoking, etc.)

- _____
- _____

❑ Tell me about your tobacco use (use notes)

❑ Lapses can be used as a learning experience

❑ What problems did you encounter?

- Depression
- Weight gain
- Alcohol
- Other smokers
- _____

❑ What challenges do you anticipate?

- _____
- _____

Immunization

Peer Workers administer intramuscular vaccines.

- Medical directives, supported with online and in-person training, can enable peer workers to administer and document vaccinations when supervised by nurses, physicians, or pharmacists.
- **Concerns from doctors:** Liability for adverse reactions, who would be responsible?

Yee, Ryan, et al. “Effectiveness, Acceptability, and Potential of Lay Student Vaccinators to Improve Vaccine Delivery.” Canadian Journal of Public Health [Cham], vol. 115, no. 5, Oct. 2024, pp. 746–55, https://doi.org/10.17269/s41997-024-00909-2.

HIV Self-Tests

- Peer workers distribute HIV self-tests, provide support with the test and education around prevention, testing, and treatment.

Harm Reduction

NOT CONTROLLED ACTS

- Peer workers distribute Naloxone kits and harm reduction supplies.
- Toronto Public Health provides safer drug use supplies, training, program development and logistical support.

Barriers to Implementation and Considerations

- Training time
- Funding
- Supervision
- Data Management
- Having resources to collect data (e.g., tablet, internet access)

Overcoming Barriers

- Integrating peer workers into workflows.
- Define who supervises peers.
- Provide training, clear protocols and documentation procedures.
- Compensate peer workers fairly.

Peer workers can extend the reach of healthcare teams by providing low-barrier, trust-based engagement that complements clinical care and helps address workforce shortages.

Thank You!

Questions?

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