South East Toronto
Family Health Team

Chronic pain management

This project started with interest from 2 practising physicians and a pharmacist about current state of opioid prescribing in their practice & a question regarding resident knowledge and skills in prescribing opioids for chronic pain management.

- We currently use PS Suites Netmedical ® as our EMR.

Current

1. Physician specific chronic pain roster (using EMR searches & Excel sheet) for the physician to review and consider their population.
    a. Includes indication of "as needed use/ irregular scripts" or "chronic"
    b. For patients with chronic opioids (any long-acting medication or any short-acting medications with part-fills)
        i. Identification of morphine equivalents and moderate/ high/ very high as defined by Gomes et al[1] article
        ii. Opioid treatment/ narcotic contract on file
        iii. Adjunct medications being used (TCA, SNRI, gabapentin/pregabalin, NSAID/COX2)
        iv. Referral to mental health/ addictions counsellor
        v. Outside prescriber (usually pain clinic)
2. Addition of EMR tools to support safe prescribing by everyone
    a. Opioid risk tool as an EMR stamp
    b. Opioid treatment agreement handout
    c. Custom form for urine of drug of abuse screen
    d. Aberrant behaviors as an EMR stamp
    e. Pain journal handouts
    f. Opioid patient information handout
3. Resident policy and procedure created regarding their prescribing of opioids to patients.
4. Presentation to residents regarding current guidelines about opioid prescribing in chronic non-cancer pain, including a case of misuse.

Future

1. Creation of a working group regarding chronic pain management which includes 2 physicians, pharmacist, mental health/ addictions counsellor, psychologist and programs manager.
    a. Consider how to de-stigmatize chronic pain management and screening for addiction risk for patients on chronic pain therapy to ensuring that it can be done for every patient.
    b. Consider how to integrate non-pharmacological management, such as mindfulness, into treatment plans & how to offer at SETFHT
    c. Consider how to liaise with community linkages/ referral sites better
    d. Consider how to best use services with pharmacist and mental health/ addictions counsellor

[1] Gomes et al. Trends in opioid use and dosing among socio-economically disadvantaged patients. Open medicine 2011; 5(1): E13. http://www.openmedicine.ca/article/view/421/372

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Patient #	First Name	Surname	Age	PRN USE	Current script	Chronic opioid user	Current scripts	morphine equiv	moderate/ high/ very high	Narcotic Contract	On TCA	On SNRI	On Gabapentin/ pregabalin	On NSAID/ COX2	Seen mental health/ addictions	Outside prescriber
1	Donald	Duck	40		Percocet	1	Oxycodone 10 - 15mg	15 - 22.5	moderate					1	smoking	
2	Mickey	Mouse	50	1	Percocet											
3	Minnie	Mouse	45	1	Percocet											
4	Alvin	Chipmunk	84	1	Tylenol #2											
5	Archie	Comics	61		Fentanyl											1
6	Charlie	Brown	53	1	Tylenol #3											
7	Jem	Hologram	49		MS Contin + morphine IR	1	morphine 120 mg	120	moderate	1		1			Smoking	

Contact information

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