

# Overview: Partnered Supports for Opioid Prescribing and Pain Management

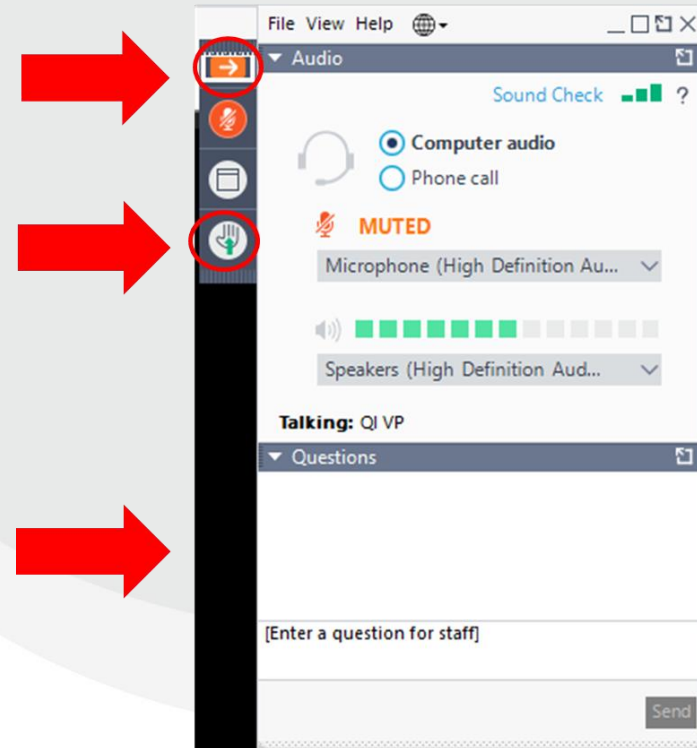
*An Integrated Program to Support Clinicians*

**WEBINAR: MARCH 8, 2018**

- **1:00 – 2:00PM**
- **6:00 – 7:00PM**

# How to Participate Today

- All participants will be muted throughout the rapid-fire presentations
- If you are using your phone line for audio, please enter your Audio PIN displayed in the GoToWebinar control panel
- The 'hands up' box can highlight to the organizer that you might have a technical concern or wish to be unmuted
- During the Q&A, please raise your hand if you would like to be unmuted
- If you would like to submit a question or comment at any time, please use the question box feature



# Objectives for Today's Webinar:

1. To provide an orientation to the work of the Opioid Partnered Supports Table (OPST)
2. To ensure all program delivery staff:
  - a) Are aware of the suite of supports that exist and how to access them
  - b) Feel equipped to speak about each support at a high-level
  - c) Are comfortable cross-promoting these offerings when engaging with clinicians

Agenda Item	Presenter
<b>1. Welcome (3 min)</b> <ul style="list-style-type: none"> <li>Overview of Webinar Objectives</li> <li>Introduction to the Opioid Partnered Supports Table</li> </ul>	Lee Fairclough
<b>2. Rapid-Fire Overview of Supports (45 min)</b>	
<ul style="list-style-type: none"> <li><i>Centre for Effective Practice</i></li> </ul>	Lindsay Bevan
<ul style="list-style-type: none"> <li><i>CPD Ontario</i></li> </ul>	Jennifer Wyman
<ul style="list-style-type: none"> <li><i>OntarioMD</i></li> </ul>	Darren Larsen
<ul style="list-style-type: none"> <li><i>Health Quality Ontario</i></li> </ul>	David Kaplan
<ul style="list-style-type: none"> <li><i>LHIN Perspective</i></li> </ul>	Jennifer Everson
<ul style="list-style-type: none"> <li><i>College of Physicians and Surgeons of Ontario</i></li> </ul>	Maureen Boon
<ul style="list-style-type: none"> <li><i>Project ECHO</i></li> </ul>	Jane Zhao
<ul style="list-style-type: none"> <li><i>Ontario College of Family Physicians</i></li> </ul>	Arun Radhakrishnan
<ul style="list-style-type: none"> <li><i>Association of Family Health Teams of Ontario</i></li> </ul>	Lisa Bitonti-Bengert <i>(HQO on behalf)</i>
<ul style="list-style-type: none"> <li><i>Centre for Addiction and Mental Health</i></li> </ul>	Peter Selby
<b>3. Q&amp;A (10 min)</b>	Moderator: Lisa Bitonti-Bengert
<b>4. Closing Remarks (2 min)</b>	Lee Fairclough

# Strategy to prevent opioid addiction and overdose

Ontario is implementing a comprehensive opioid strategy to prevent opioid addiction and overdose through:



**MODERNIZING OPIOID PRESCRIBING AND MONITORING**



**IMPROVING THE TREATMENT OF PAIN**



**ENHANCING ADDICTION SUPPORTS & HARM REDUCTION**

On August 29, 2017 the Ontario government announced further investments over three years to enhance this strategy

# Program Description and Goals

The Opioid Partnered Supports Table (OPST) is multi-year concerted effort to improve pain management for the people of Ontario through a coordinated approach that aims to...

1. Augment support for clinicians and patients in the best possible management of pain
2. Improve connections to services and supports to enhance decision-making
3. Help clinicians reflect on and assess patients currently being prescribed an opioid and where appropriate, consider alternatives
4. Lessen new starts of opioids, where appropriate
5. Improve the effective management of opioid use disorder

# Key Messages

- **There is room to reflect on and improve how we are supporting patients to manage pain**
- **Patients with pain need help from their primary care providers and experts advise against rapid tapering or suddenly discontinuing opioids**
- **Experts also advise against terminating the provider-patient relationship in patients who are being prescribed opioids**

# Overview of Provincial Evidence-Based Supports

What's available now? *What's coming?* Note: To access these supports click on [hyperlinked text](#)

## Data

- Ontario MD: digital tools like [eConsult](#) and [EMR dashboard](#) help you optimize the data in your EMR to understand current patterns of care
- HQO [MyPractice - Primary Care report: sign-up](#) to see your practice-level opioid prescribing patterns
- Association of Family Health Teams of Ontario: [Standardized EMR queries](#) to help you get started with building an opioid use registry in your practice
- *To assist with your pain medication review process, you may be able to access your patients' clinically relevant drug and pharmacy service information via the Digital Health Drug Repository. To find out more about the Digital Health Drug Repository [Connecting.Ontario@ehealthontario.on.ca](#) or click [here](#).*

## Peer Support and Mentorship

- OntarioMD: Interactive [CME-accredited sessions near you](#) as well as the accredited [EMR Every Step Conferences](#) are also available to educate practice staff on how your EMR can provide you with additional, immediate clinical value
- OCFP [Collaborative Mentoring Networks](#): On-demand support from an expert clinical mentor from the Medical Mentoring for Addictions and Pain Network is available to help navigate complex clinical situations around opioids, pain, and addictions. This program is certified by Mainpro+ at 3-credits per hour.

## Education

- Continuing professional development opportunities
- University of Toronto Faculty of Medicine [Safer Opioid Prescribing webinar and workshops](#)
  - *A comprehensive CPE program to support health care providers on appropriate opioid and opioid replacement therapy prescribing will be made available through HQO, with other system partners*
- Centre for Effective Practice: [One-to-one educational outreach visits](#) (also known as academic detailing; coming: Spring 2018)
- Project ECHO: [Ontario Chronic Pain and Opioid Stewardship](#) — A case-based learning program that includes weekly CME-accredited videoconferencing sessions with inter-professional pain specialist teams

## Other

- CAMH-AFHTO: *de-implementation of high-risk opioid prescribing and use program (in development)*
- HQO quality standards: outline what quality care looks like for people with [acute](#) or [chronic pain](#) considering opioid therapy, and people with [opioid use disorder \(opioid addiction\)](#)

Learn more: <http://www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/Primary-Care/Partnered-Supports-for-Helping-Patients-Manage-Pain>



# **Centre for Effective Practice**

## **Academic Detailing**

# Primary care academic detailing service

Centre for Effective Practice

[thewellhealth.ca/academicdetailing](http://thewellhealth.ca/academicdetailing)

# Academic detailing service

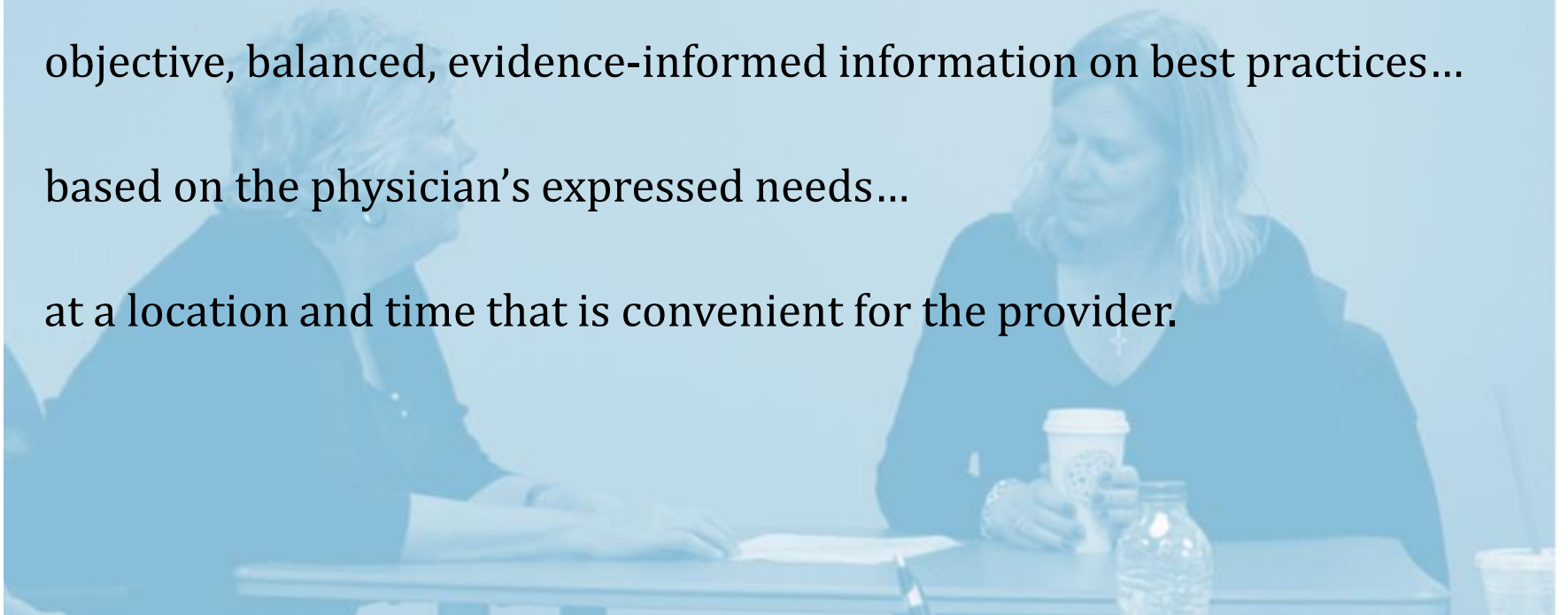
Health care providers...

working together to discuss...

objective, balanced, evidence-informed information on best practices...

based on the physician's expressed needs...

at a location and time that is convenient for the provider.



# Visit topics

Visit 1	Visit 2	Visit 3	Visit 4	Visit 5
Mar – Jul 2018	Aug – Dec 2018	Jan – Apr 2019	May – Sept 2019	Oct 2019 – Feb 2020

**Visit 1-3** – Supporting FPs care for their patients with CNCP:

- currently on opioid therapy
- considering opioid therapy
- and problematic opioid use

**Visit 4+** To be informed by participant feedback and aligned with provincial/LHIN priorities

The service has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit per visit

# Visit discussions



## Talking Points

Provide information about why a taper might be needed:

- “Chronic pain is a complex disease and opioids alone cannot adequately address all of your pain-related needs.”
- “I think it is time to consider the opioid dose you are on and its risk of harm. The risk of overdose and the risk of dying from overdose go up as the dose goes up.”



### Example of slow taper

**Current opioid:** Morphine SR 120mg bid  
Decrease Morphine SR by 15 mg

Weeks 1 & 2	Morphine SR 105mg qam and 120mg qhs
Weeks 3 & 4	Morphine SR 105mg bid
Weeks 5 & 6	Morphine SR 90mg qam and 105mg qhs
Weeks 7 & 8	Morphine SR 90mg bid
Weeks 9 & 10	Morphine SR 75mg qam and 90mg qhs
Weeks 11 & 12	Morphine SR 75mg bid
Weeks 13 & 14	Morphine SR 60mg qam and 75mg qhs
Weeks 15 & 16	Morphine SR 60mg bid
Weeks 17 & 18	Morphine SR 45mg qam and 60mg qhs
Weeks 19 & 20	Morphine SR 45mg bid

Continue until the lowest effective dose is found for the patient.

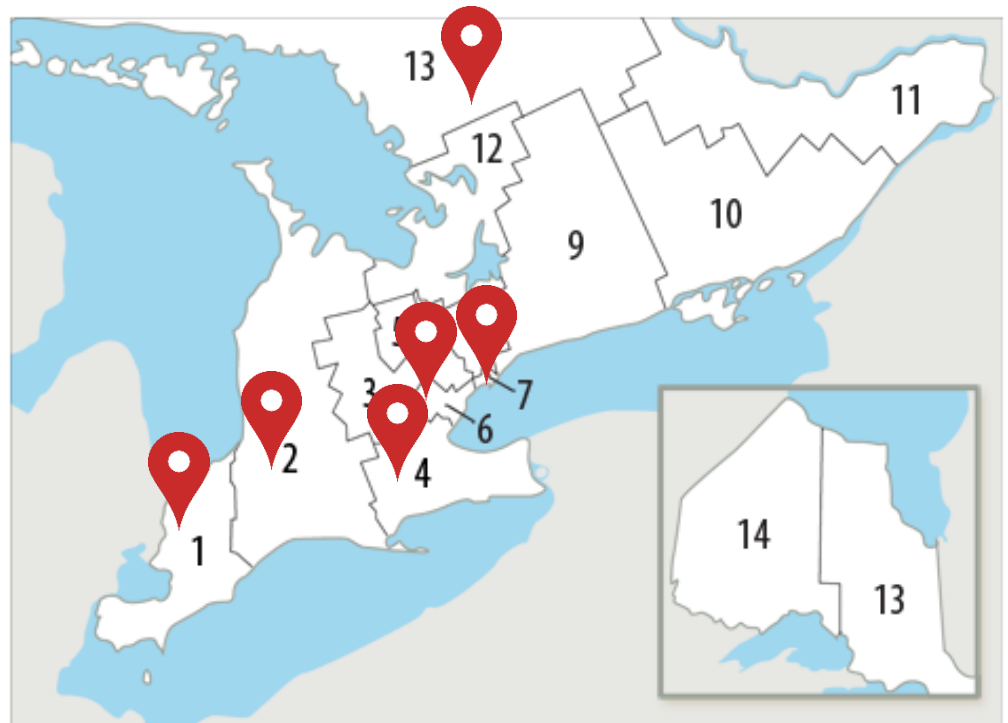


### Non-opioid pharmacotherapy options:<sup>2</sup>

- General: acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs)
- Anticonvulsants: carbamazepine, gabapentin, pregabalin
- Antidepressants: amitriptyline, duloxetine, fluoxetine
- Topical: topical NSAIDs, topical rubifacients

# Availability of service

- Currently offered to family physicians across 6 LHINs
- Service will be expanding to additional LHINs in May 2018



# Benefits for physicians

Balanced,  
evidence-  
informed  
information

Tailored to  
physicians' needs  
+ availability

Confidential, one-  
on-one format

Mainpro+  
accredited

Relationship-  
based

**To sign up for a visit:**  
**[thewellhealth.ca/academicdetailing](http://thewellhealth.ca/academicdetailing)**



# Continuing Professional Development

## Online Modules

# Foundational Opioid CPD Course

1

## 6 online modules designed for Primary Care Practitioners (MDs and NPs)

### *Competency based objectives:*

- Safer opioid prescribing in both acute and chronic pain
- Recognizing opioid use disorder, especially in the context of chronic pain
- Core skills for prescribing buprenorphine for the treatment of opioid use disorder
- Managing mood and anxiety in patients with chronic pain and substance use disorders
- Practical tools for managing chronic pain, including non-pharmacologic approaches

### *Key Messages:*

- Primary care providers have an essential role to play in managing patients who have developed opioid use disorder
- Buprenorphine is first line treatment for patients with opioid use disorder
- Sudden discontinuation of opioids puts patients at risk
- Naloxone should be readily available to people who use opioids and their families
- Treatment of patients with both chronic pain and opioid use disorder should include addressing trauma, anxiety and mood disorders

# Foundational Opioid CPD Course

2

**First 2 modules out mid-May, with the remainder by January 2019**

Will be available online with straightforward registration and accreditation

Linked to/promoted by:

- HQO Partnered Supports
- Practice Reports
- Centre for Effective Practice
- University CPD Departments
- Machealth

Connected with mentorship programs:

- Medical Mentoring for Pain and Addictions (MMAP)
- Academic Detailing

Complemented by local presentations and workshops (PriMed, May 2019 to start)

**OntarioMD:**

**Digital Tools and EMR  
Supports**



# Opioid Partnered Supports Table (OPST)

Contributions via EMR and Quality  
Improvement

OntarioMD

Empowered Practices. Enhanced Care.



# OntarioMD Delivers on OPST



EMR PHYSICIAN  
DASHBOARD



EMR PROGRESS  
ASSESSMENT TOOL



PEER LEADER  
PROGRAM



EMR PRACTICE  
ENHANCEMENT PROGRAM



PROVINCIAL  
eCONSULT INITIATIVE



EMR CERTIFICATION  
PROGRAM



EMR: EVERY STEP  
CONFERENCE

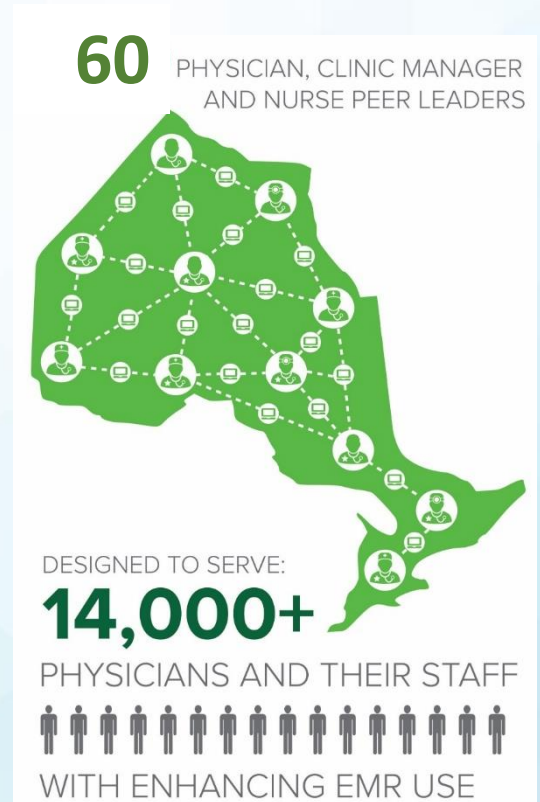


ON THE ROAD  
WITH ONTARIOMD

# Peer Leaders: Practice Effectiveness Advice

A network of physicians, nurses and clinic managers across Ontario who are proficient EMR users and understand the diversity of needs and challenges faced by busy community practices and mentor them

- Searching for cohorts, drugs used, doses used, combinations
- Practice management advice
- Best practices re contracts, testing etc.



# Clinician EMR Dashboard

- Population visualization
- Opioid indicators being built in
- HQO Quality standards incorporated
- Rolling out to 500 docs now
- Actionable insights: population at risk, dose range view, multiple meds risk
- Proof of concept with provincial spread next year





# Practice Advisors and EPEP: Optimizing EMR Use

- QI work now focused on 40+ measures, including opioid guidelines
- Will help with the change required to make QI real in practice using real time EMR data
- Combined with field teams who understand workflow
- Incorporating peer leaders and external help when required and useful
- Cooperative not competitive
- Working both regionally and provincially



# Educational Activities

## OntarioMD EMR: Every Step Conferences

- Toronto (annually) and smaller markets (e.g., Ottawa, London)
- Focus on provincial hotspots for presentations
- EMR training workshops
- 7.5 Mainpro+ credits

## On the Road with OntarioMD

- Opioid topic exclusive x 6 events
- 2 Mainpro+ credits
- Peer Leader time in small groups by EMR



# Health Quality Ontario

- **Specialized Reports**
- ***MyPractice* – Primary Care Report**
- **Quality Standards**



# Opioid Specialized Report Finds...

- There were nearly 1.3 million new starts of opioid prescriptions in Ontario in 2016
- High-dose new starts of opioids by surgeons vary widely by LHIN region

**Table 2** New starts of opioids, prescriptions filled, and percentage of prescriptions filled that are new starts, by provider type, 2016

Prescriber type	New starts	Total number of prescriptions filled*	Percentage of prescriptions that are new starts
Family doctors	600,549	6,882,720	8.7%
Surgeons	275,778	492,729	56.0%
Dentists	222,001	298,722	74.3%
Other doctors	172,084	584,561	29.4%
Other non-doctors	5,108	19,058	26.8%
<b>Total</b>	<b>1,275,520</b>	<b>8,277,790</b>	<b>15.4%</b>

- New starts of hydromorphone and tramadol are increasing
- Nearly half of new starts of opioids by family doctors, and more than 1 in 10 new starts by surgeons, were for a supply of more than 7 days

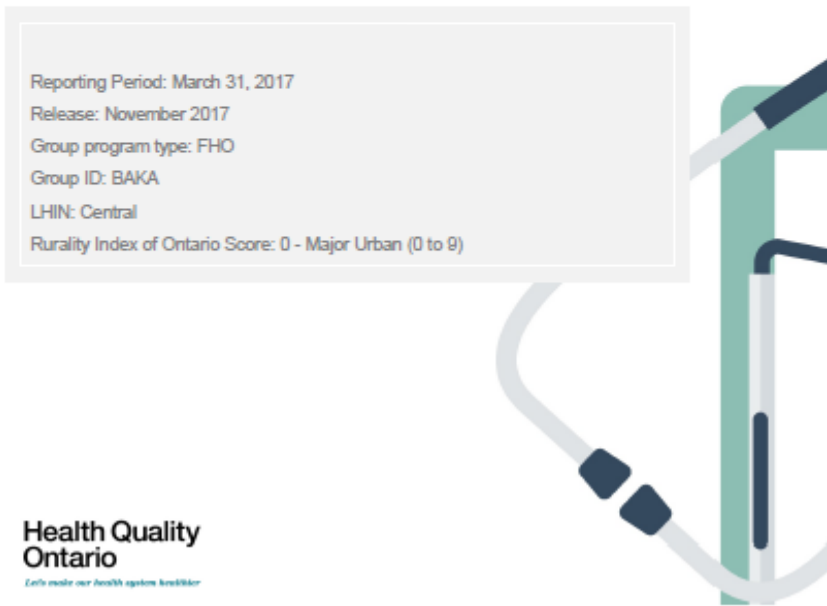
\*Excludes prescriptions for palliative care, opioids for cough, and methadone and buprenorphine/naloxone for opioid use disorder.

# MyPractice

## Primary Care

*A tailored report for quality care*

- Your opioid prescribing data are now available in the *MyPractice – Primary Care* report



- Reports are **confidential** and only available to the physician who signs up
- Other supports for opioid prescribing and pain management are available and highlighted in the report
- Sign-up for your report at: <http://www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports>

**Questions?** [Practicereport@hqontario.ca](mailto:Practicereport@hqontario.ca)

# Opioid Indicators in the Report

- 1) **Opioid Prevalence**: Percentage of non-palliative care patients dispensed an opioid (excluding opioid agonist treatment) within a 6-month reporting period
- 2) **Opioid Incidence**: Percentage of non-palliative care patients dispensed a new opioid (excluding opioid agonist treatment) within a 6-month reporting period
- 3) **Opioid and Benzodiazepine**: Percentage of non-palliative care patients dispensed an opioid (including opioid agonist treatment) and benzodiazepine within a 6-month reporting period
- 4) **Opioid High Dose**: Percentage of non-palliative care patients dispensed a high-dose opioid > 90 Morphine Equivalency Quantity (MEQ) (excluding opioid agonist treatment) within a 6-month reporting period

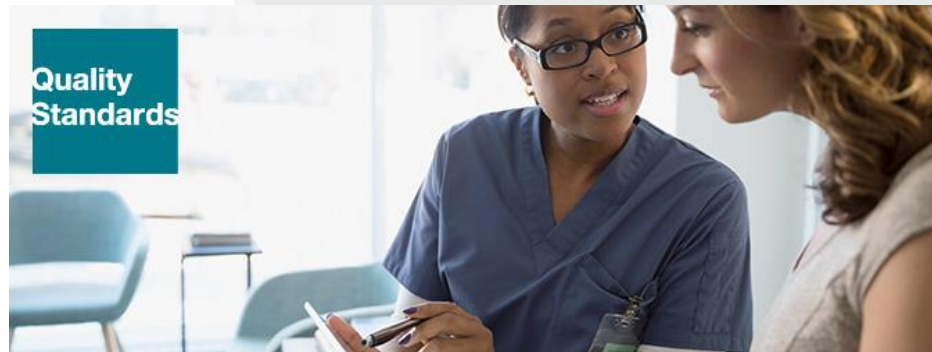


*All indicators will be stratified "by me" and by "others"*

# **New** Opioid Quality Standards

Three new Quality Standards are now available:

- [Opioid Prescribing for Acute Pain](#)
- [Opioid Prescribing for Chronic Pain](#)
- [Opioid Use Disorder \(Opioid Addiction\)](#)



**\*Other Quality Standards in Development:** Osteoarthritis (Summer 2018), Low Back Pain (Late 2018), Chronic Pain (Spring 2019)

**Learn more:** <http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards>

# LHIN Perspective

**Dr. Jennifer Everson**  
***VP Clinical, HNHB LHIN***



# Summary: Key LHIN Initiatives

- **Local work for populations and services**
  - hosting events to increase awareness of services
  - looking at EMR tools for primary care
  - expanding community addictions services
  - RAAM expansion
  - Working with public health to ensure naloxone distribution
- **Utilizing provincial resources**
  - E.g. Academic detailing, mentoring, *MyPractice* reports
- **Spreading/scaling the MSK Rapid Access Clinics**

## Implementation of MSK Rapid Access Clinics (RAC) follows an evidence-based approach

### The first pathways to be implemented are

- **Hip and knee arthritis** pathway for patients presenting with moderate to severe osteoarthritis; and,
- **Low back pain** pathway for patients presenting with less than 12 months of back pain.
- Over time, proven pathways for managing other MSK conditions will be integrated into the RACs.

### What do RACs provide?

- When a primary care provider is contemplating an opioid prescription, an imaging referral or specialist referral, they can refer their patient to a RAC.
- At a RAC, patients will see a specially trained interprofessional MSK provider who will work with them to determine the appropriate care pathway.
- Patients that do not need surgery will be given an evidence-based self-management\* plan and directed to local services if needed.

### Where will RACs be located?

- All around a LHIN! RAC providers will work with patients in community and hospital settings.
- Assessor practice locations are being determined locally under the principle of minimizing patient travel while ensuring safety and efficacy of care.

**Appropriate opioid prescribing for MSK conditions is a critical element of improving MSK care...**

The ministry has tasked Health Quality Ontario to, in collaboration with system partners such as the regulatory colleges and health professional associations, implement an integrated continuing education and professional development (CPD) model focused on appropriate pain management and opioid prescribing



**60%** of people referred to the hip & knee pathway need surgery.

**7%** of people referred to the low back management pathway need surgery.

# College of Physicians and Surgeons of Ontario

# Opioids: CPSO

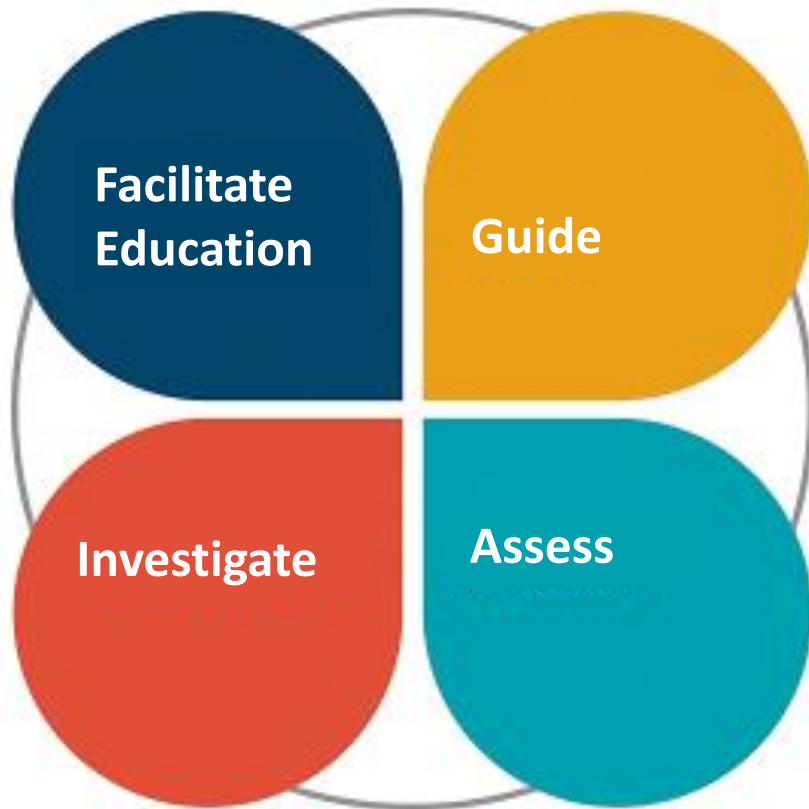
Opioids: Partnered Supports Orientation Webinar

March 8, 2018

Maureen Boon  
Director, Strategy



# CPSO OPIOID STRATEGY



- 
- A photograph of an open pill bottle with white pills inside. The bottle is slightly out of focus. Overlaid on the right side of the image is a dark blue semi-transparent box containing a numbered list of three items.
- 1 Facilitate safe & appropriate opioid prescribing
  - 2 Protect patient access to care
  - 3 Reduce risk to patients and the public

## Facilitate Education

Collaboration with partners to ensure educational resources in place

## Assess

Existing *Peer Assessments* may include a review of opioid prescribing

## Guide

Prescribing Drugs Policy –  
To be reviewed 2018

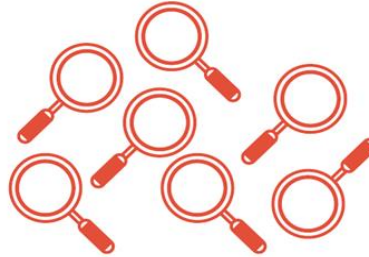
## Investigate

Regular complaints +  
Possible inappropriate  
prescribing identified from  
NMS data

# Investigate



CPSO received NMS data



**84** investigations begin



Assessors review charts/ information



**81**  
investigations  
complete



**3**  
investigations  
in process

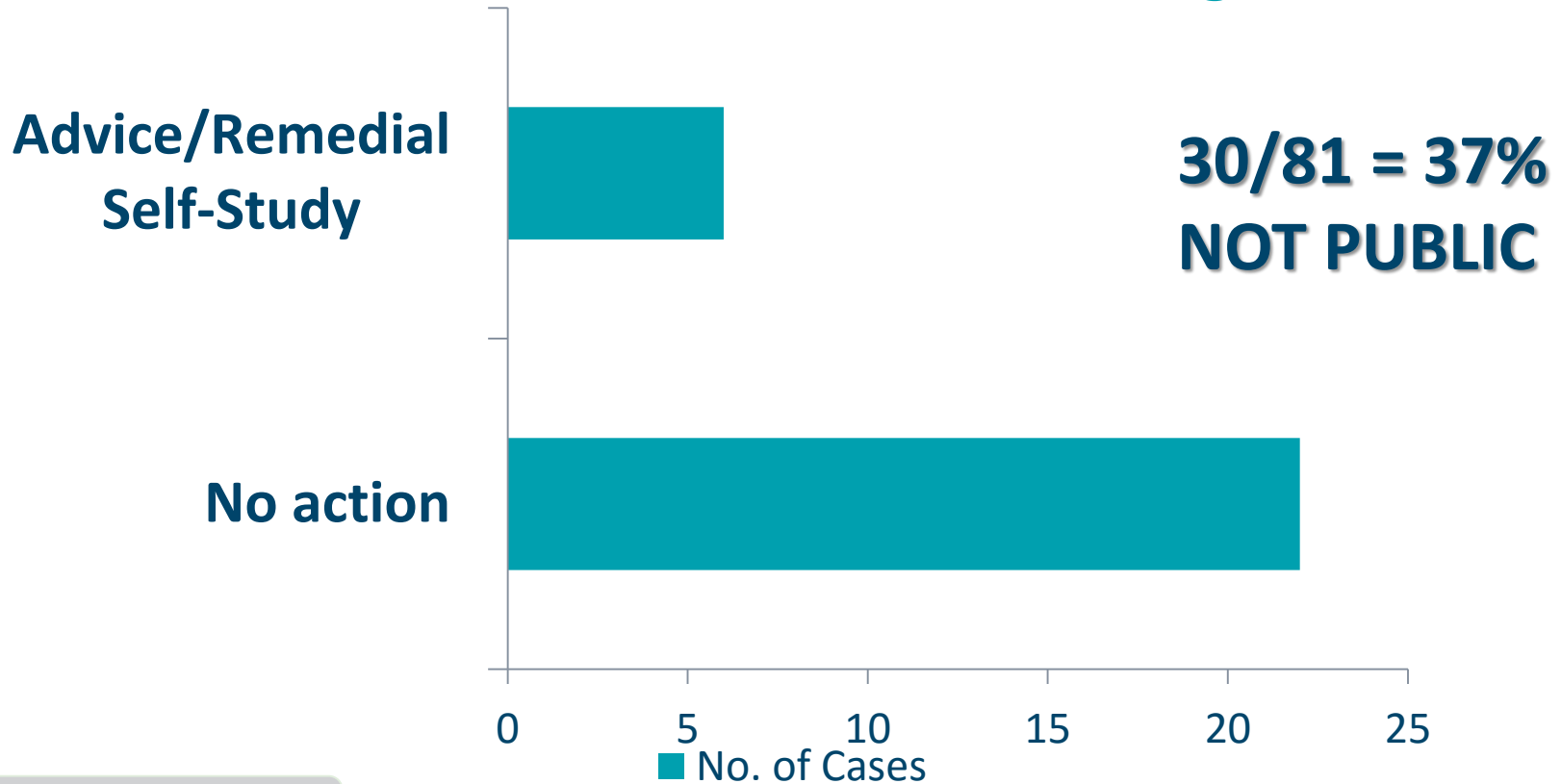
650mg  
OME/Day



Single  
Dispense  
20,000  
OME



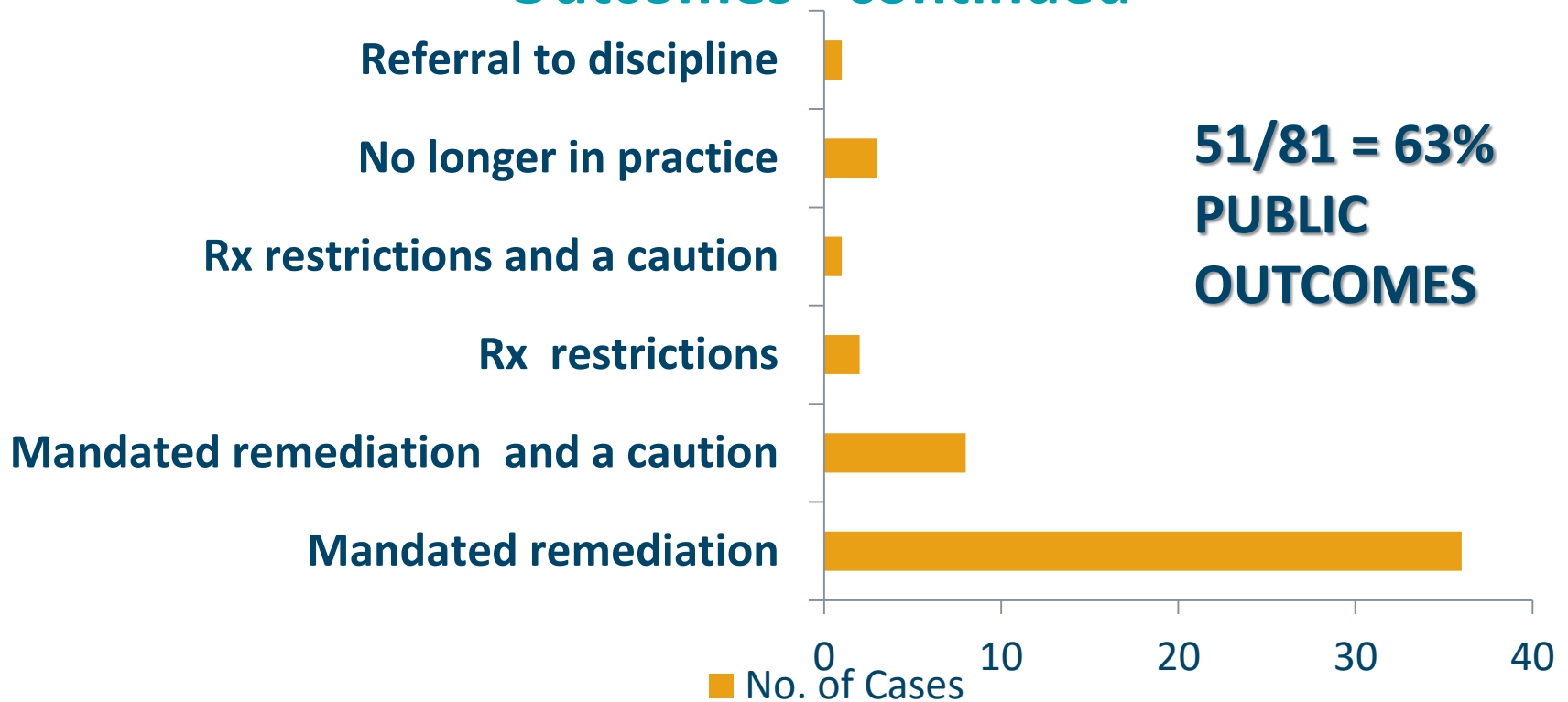
## Outcomes of NMS - Initiated Investigations



As of Feb 5, 2018



## Outcomes - continued



As of February 5, 2018

# What we know

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- Opioids are an important part of clinical care
- Patients are different and have complex needs
- Pain resources are not always available
- Tapering takes time

# What we expect

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- Awareness of the opioid guidelines
- Tailoring the guidelines to patient needs
- Understanding your opioid prescribing
- Attention to potential diversion, high doses and risk of overdose
- **Tapering, NOT abrupt cessation or abandonment**

# What we will do

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- Provide further info about investigations outcomes when they are available
- Consider assessment as alternative to investigation
- Hold off on requesting NMS data from Ministry for now\*

# What you can do

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Sign up for  
MyPractice  
Report

Access available  
opioids  
resources

Document



▶ The Practice Guide

▶ Policy

▶ Consultations

▼ Positions & Initiatives

▶ Clinical Practice Guidelines

▶ Cosmetic Procedures

▶ Disruptive Physician Behaviour

▶ eHealth

▶ Ethical Recruitment

▶ Nurse Practitioners

▶ Midwives

▶ Mifegymiso®

▶ Naloxone

# Appropriate Opioid Prescribing

SHARE



Canada is in the midst of an opioid crisis, with escalating overdose deaths in multiple provinces and the second highest rate of opioid prescribing/use per capita in the world. Like all health-care regulators around the globe, we are deeply concerned about the devastating impact on patients and



[www.cpso.on.ca/opioids](http://www.cpso.on.ca/opioids)

solutions and collaboration amongst government agencies, health-care educators, regulators, physicians and other health professionals to ensure patient well-being and public safety.

## Related Links

[CPSO Releases Interim Opioid Strategy Progress Update](#)

[CPSO Opioid Position Statement](#)

[Opioid Strategy Fact Sheets](#)

[Narcotics Monitoring System \(NMS\) Opioid Investigations – Backgrounder](#)

[Opioid Investigations – Opioid](#)

[Resources for Patients](#)

[A Message to Patients Living with Chronic Non-Cancer Pain](#)

# **Project ECHO**

## **Ontario Chronic Pain and Opioid Stewardship**

# What is the ECHO Model?

1. Use Technology to leverage scarce resources
2. Share “best practices” to reduce disparities
3. Apply case-based learning to master complexity
4. Evaluate and monitor outcomes via web-based database



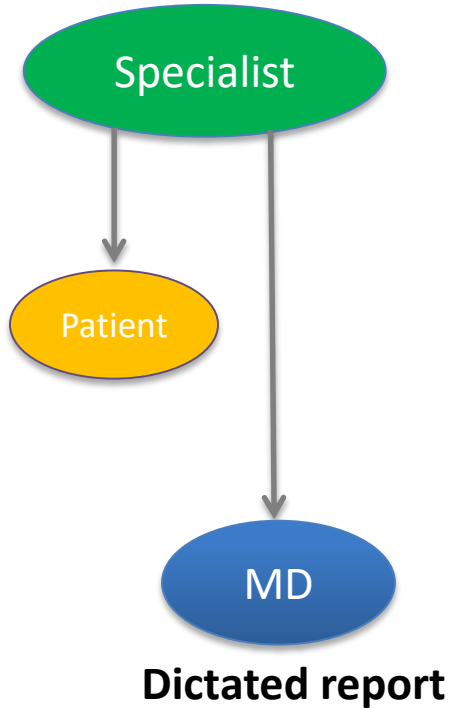
ECHO Ontario



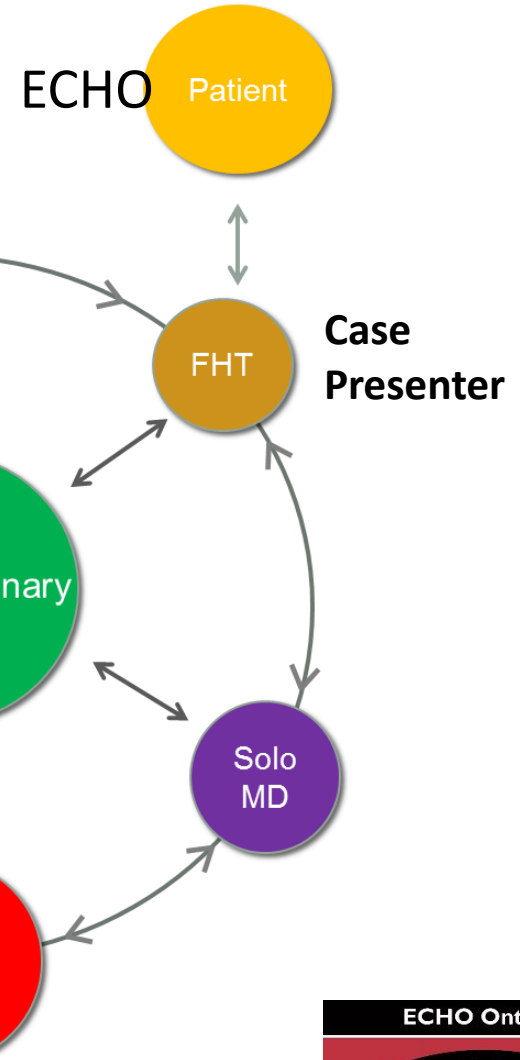


# How is ECHO different than telemedicine?

Traditional telemedicine



TELEMEDICINE improves ACCESS.



ECHO improves ACCESS and builds CAPACITY.



# ECHO Chronic Pain / Opioid Stewardship

- Launched June 2014
- Affiliations: University Health Network (Toronto) and Queen's University (Kingston)
- 12-member interprofessional hub
- 1 annual hands-on weekend workshop in Toronto
- ECHO Weekly Sessions: **Thursdays 12:30 to 2:30 pm**
- Opioid Tapering Evening Sessions 2018 (Mondays 7-8 pm) May 7, Sept. 10, Oct.22



# ECHOs in Ontario

1. Chronic pain / opioid stewardship
2. Mental health and addictions
3. Rheumatology
4. Liver Diseases
5. Child and youth mental health
6. First Nations, Inuit, and Métis wellness
7. Pediatric: pain, bariatric, complex care, palliative care
8. Care for the elderly
9. Northern Ontario chronic pain



ECHO Ontario



## To Register for ECHO:

Visit [www.echoontario.ca](http://www.echoontario.ca)

Email [info@echoontario.ca](mailto:info@echoontario.ca)

### Contacts:

Rhonda Mostyn, Project Manager ECHO at UHN and Queens  
[Rhonda.mostyn@uhn.ca](mailto:Rhonda.mostyn@uhn.ca)

Jane Zhao, Research Coordinator ECHO at UHN and Queens  
[Jane.zhao@uhn.ca](mailto:Jane.zhao@uhn.ca)



# **Ontario College of Family Physicians**

## **Medical Mentoring for Addictions and Pain (M-MAP) Network**



# Collaborative Mentoring Networks



**MEDICAL MENTORING FOR  
ADDICTIONS AND PAIN  
(MMAP)**



# Mentorship

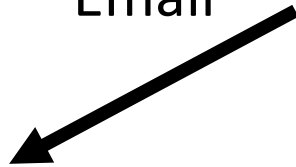
MMAP



Mentor

e.g. chronic pain  
and/or addiction  
expert

Email

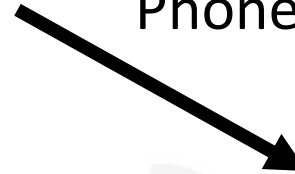


You

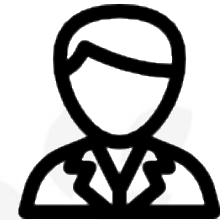
(the mentee)

“How do I rotate  
to a new opioid?”

Phone



CMHN



Mentor,

e.g. psychiatrist or  
GP psychotherapist

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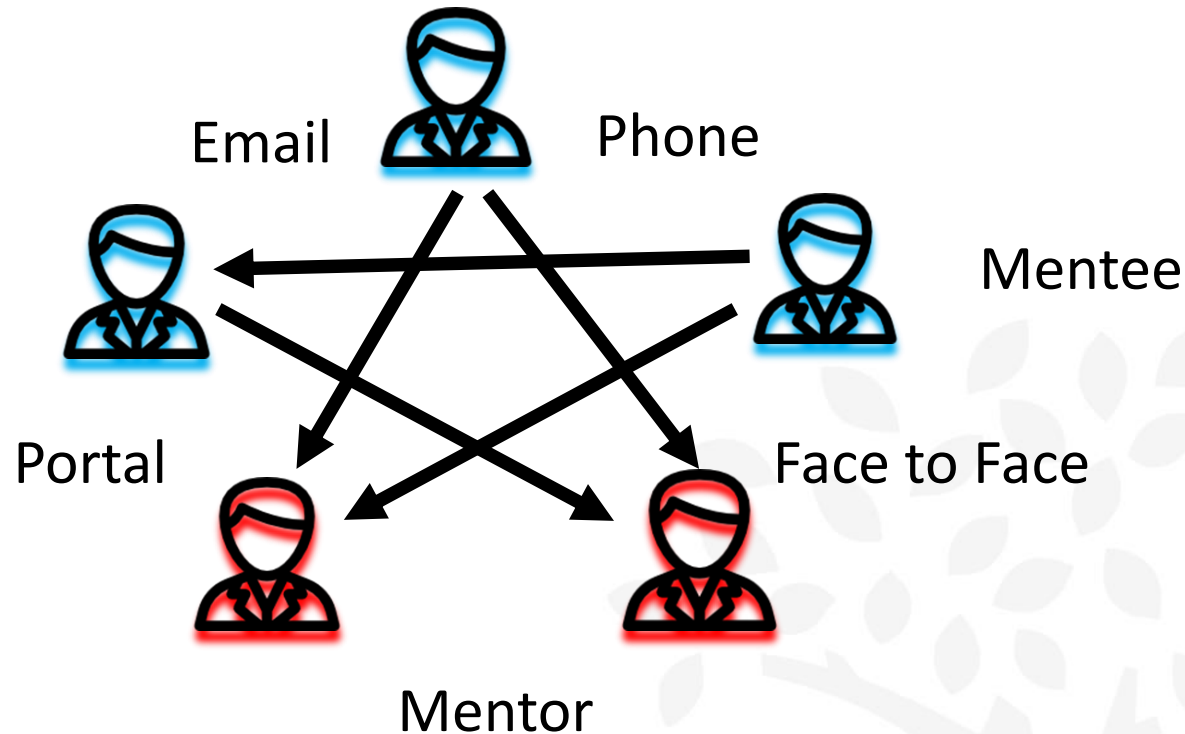
On Demand

Regional

Compassionate  
space



# Mentorship – Small Groups



Adaptive

Responsive

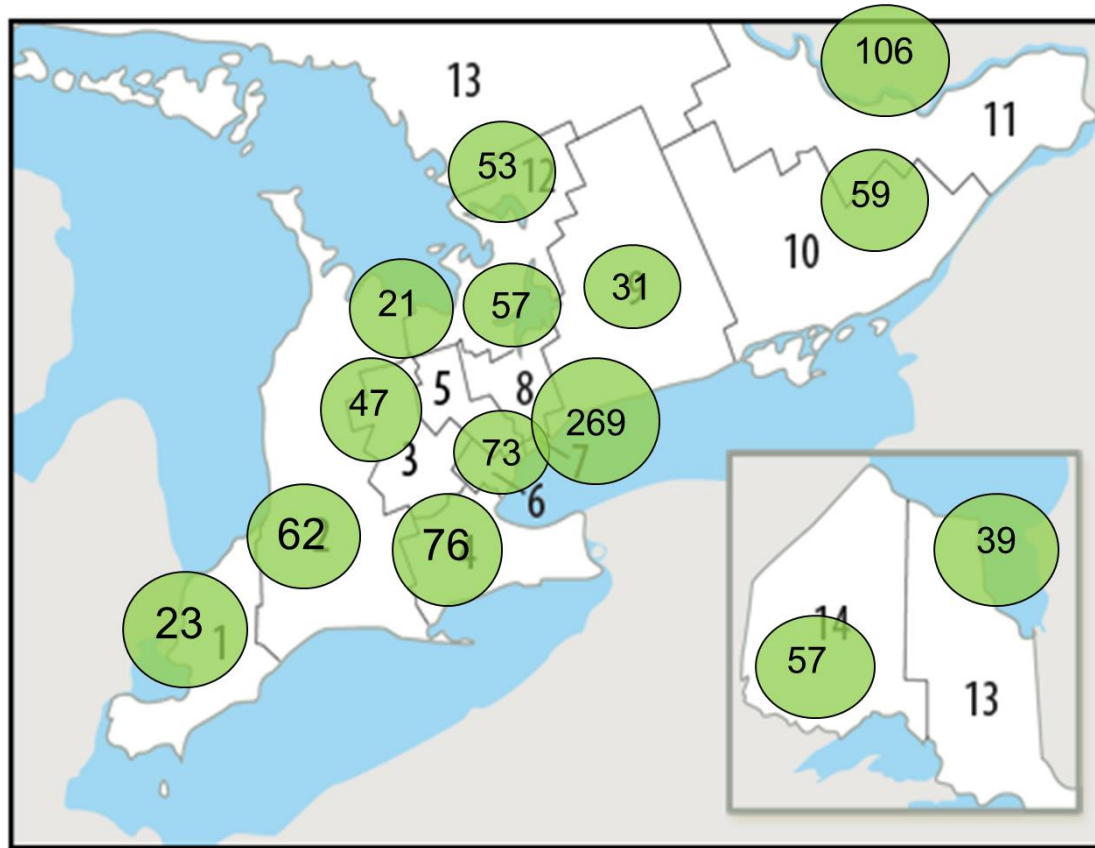
Evidence to  
practice





# Network Membership

Cumulative network membership by LHIN



# How to Join

- Join the network by
  - Visiting: <http://ocfp.on.ca/cpd/collaborative-networks>
  - Contacting our CMN Network Specialists at [ocfpmentoring@ocfp.on.ca](mailto:ocfpmentoring@ocfp.on.ca)



# Association of Family Health Teams of Ontario

- **Standardized EMR  
Queries**
- **Quality Improvement  
Decision Support  
Program**



## Technical Team

- Brice Wong, QIDSS, Erie-St. Clair FHTs
- Charles Bruntz, QIDSS, North East LHIN FHTs
- Tom Sitter, QIDSS, East GTA FHTs

## Communication Team

- Sara Dalo, Manage of Quality, Experience and Patient Safety, Windsor FHT
- Greg Mitchell, QIDS Knowledge Translation and Exchange Specialist, AFHTO
- Jesse Lamothe, QIDSS, Hamilton Niagara Haldimand Brant LHIN FHTs



## AP Team Purpose

Improve access to clinical data through the development of standard queries for multiple EMRs so that teams across the province can collect data on chronic conditions and medications.

# ***Front-end* queries, *multiple* EMRs**

- Queries designed for use by individual practice teams and/or large-scale programs (Enables physicians to review their own patients in their own practice)
- Queries are developed using the front-end tools available within the native EMR settings
- No additional software or programming required
- Development plan for Telus PS, Accuro, OSCAR

# Opioid query *spread*

- Query released to AFHTO members in November 2017
  - Opioid/Benzo query released in December 2017
  - Opioid MEQ for OSCAR released December 2017
- Query shared with Ontario MD Practice Enhancement Consultants who provide support to primary care practices
- HQO references query in November PCPR and Partnered Supports for Helping Patients Manage Pain
- Query shared with OCFP
- Query shared with Centre for Effective Practice (CEP) to be used in two CEP projects
- We have receive 25 requests for the Telus PS query to date – 8 of those related to the release of the Physician PCPR on November 30, 2017

# What *next* on opioids?

Opioid queries in development:

- Identification of patients on opioid (done)
- Identification of patients on opioid + benzo (done)
- Identification of patients on opioid with high MEQ (in development)



# Thanks to our Partners in Development



**EMERALD**



# **Centre for Addiction and Mental Health**

## **De-Implementation of High-Risk Opioid Prescribing and Use**

# Deimplementation of High-Risk Opioid Prescribing and Use

Dr. Peter Selby

Dr. Alexia Jaouich

**camh**

Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale



# Goal

Identify and replace low-value practices in opioid prescribing with better clinical approaches in team-based primary care settings (FHTs, CHCs)

Develop and deploy systems level approaches to build primary care and cross-sectoral capacity to facilitate de-implementation

- Solutions to be co-created with primary care sites
- Strong partnership with AFHTO and other stakeholders

# 3 arms to the initiative

1. Build primary care team's capacity for managing opioids
  - Help teams care for people with pain and addictions by enhancing in-house capacity (n = as many sites as interested)
2. Build shared care pathways with community addictions agencies
  - For primary care teams that are ready and interested in a shared care model (n = initially 6, then scale-up)
3. Build cross-sectoral collaboration and capacity
  - For a small number of communities involving primary care teams and other sectors (e.g., social service, criminal justice, public health) (n = 2)

# What will the sites get?

- Learn about and receive methods for high-value ways to care for patients with pain and addiction, with and without opioids
- Pathways for prescribing opioids in a safe way
- Implementation support from CAMH
- High-quality accredited training and resource material for prescribers and other practitioners, free of cost
- Tools to query data from EMR to monitor how the team's prescribing behaviour changes over time
- Linkages with community addictions agencies to provide more intense care to patients who need it
- Detailed QI updates to help sites keep learning and improving along the way

# Objectives & progress update

## 1. Engage stakeholders

- HQO Partners' Efforts Table; AOHC; AMHO

## 2. Knowledge synthesis/SME opinion to inform program iterations

- Scoping/systematic review underway; SME interviews are being planned
- Intervention will be initiated based on SME opinion, but subsequent iterations will be further informed by results from systematic review

## 3. Readiness Assessment

- Co-created with AFHTO, in consultation with MOHLTC
- Deployed by AFHTO to FHTs on Feb 28<sup>th</sup>
- To be deployed by CAMH/AOHC to CHCs soon
- Several EMR queries developed by AFHTO/QIDSS; others to be developed

## 4. Education/prescriber support

- Accredited CAMH courses: some ready to be offered; others undergoing updates
- Print resources for practitioners
- Leveraging/creating prescriber support initiatives

# Objectives & progress update

## 5. Addictions assessment, Tx, de-implementation workflows, and technology platform to enable them

- Complex interventions for within primary care, between primary care and addictions agencies, among primary care and other sectors
  - Partially formulated; to be informed by responses in Readiness Assessment survey and to be co-created with participating sites
- Technology developers to enable assessment tools, data linkages, workflow development and coordination with site EMRs are identified; some statements of work created while others to be informed by sites
- KTE day planned for June 11<sup>th</sup> in collaboration with AFHTO

## 6. Evaluation

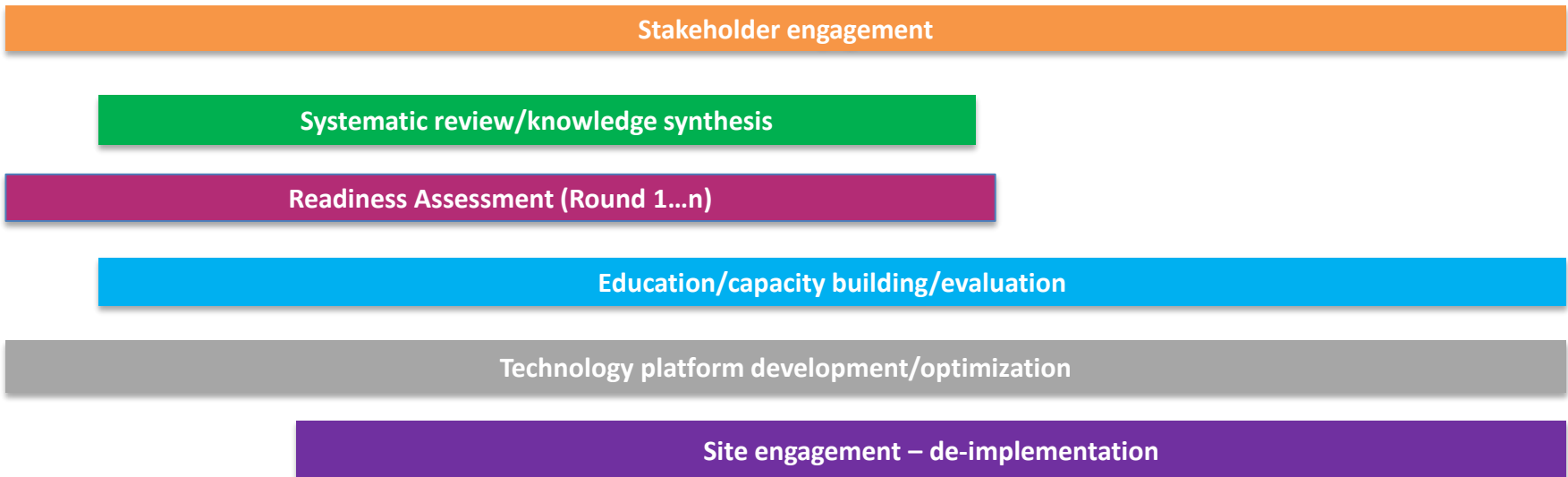
- Outcome and process evaluation plan in development
- Evaluation, data collection at practice and patient levels
- Coordinate with and support HQO evaluation plan



# Timeline

Project is currently funded to March 2019

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017	2018											2019			



# Q&A

- **Please type your questions into the question box**
- **Please raise your hand to be un-muted**

# Summary

- How can these help?
  - Reflect on your practice and see your own confidential opioid prescribing patterns
  - Learn about other pain management options
  - Learn how to run a query in the EMR for a more complete picture of your patient's history
  - Learn how to safely de-prescribe opioids, where appropriate
- These supports are about knowing as much as possible about *what's* available, *what* you can do, and who can help.
- For more information about these partnered efforts, please contact: [painQI@hqontario.ca](mailto:painQI@hqontario.ca)

# Contact Us

## E-mail

- [PainQI@hqontario.ca](mailto:PainQI@hqontario.ca)

## Learn more about this program:

- [hqontario.ca/painsupports](http://hqontario.ca/painsupports)