

# Partnered Efforts in Safe Opioid Prescribing

On the Road with OntarioMD Regional Seminars



# Is There an Opioid Crisis?



# Ministry of Health Response

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## Ontario announces new funding, naloxone distribution plan in battle against opioid crisis

Toronto Public Health will hire five new front-line health workers with the additional funding

By Nick Boisvert, CBC News | Posted: Jun 12, 2017 3:52 PM ET | Last Updated: Jun 12, 2017 3:52 PM ET

- As the government rolls out \$222 million in new investments to fight the opioid crisis that were announced last week, the Premier and I have directed that the flow of funding for harm reduction initiatives be accelerated.

September 7, 2017



# HQO's Response

Health Quality  
Ontario

*Let's make our health system healthier*

Qualité des services  
de santé Ontario

*Améliorons notre système de santé*

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# 9 MILLION PRESCRIPTIONS

What we know about the growing use of prescription opioids in Ontario

Data Sources: Narcotics Monitoring System, provided by the Ministry of Health and Long-Term Care; Population estimates, provided by the Ministry of Finance

# Which Narcotics are Prescribed?

Number, proportion and percent change of people who filled an opioid prescription, by opioid type, in Ontario, 2013/14 and 2015/16

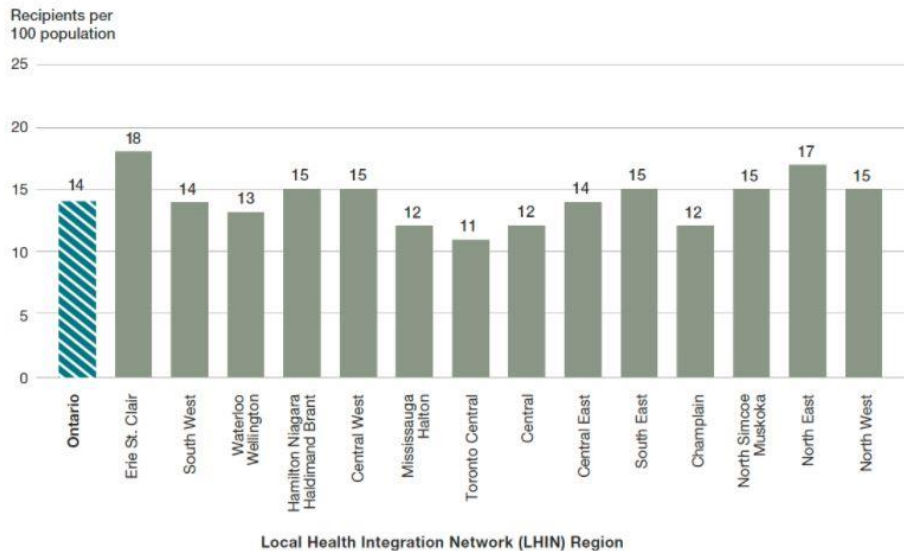
Opioid type	2013/14 Number (%)	2015/16 Number (%)	Percent change in number of recipients (2013/14 to 2015/16)
Hydromorphone	200,338 (10%)	258,741 (13%)	29%
Tramadol	164,767 (9%)	184,904 (10%)	12%
Morphine	98,734 (5%)	102,501 (5%)	4%
Oxycodone and oxycodone compounds	523,362 (27%)	520,953 (27%)	0%
Codeine and codeine compounds	985,818 (51%)	912,039 (47%)	-7%
Fentanyl patches	34,747 (2%)	28,563 (1%)	-18%

**Note:** This list only includes a select group of opioid types that have a relatively large number of people who filled prescriptions for them. The proportion does not add up to 100% and adding up the numbers of people who filled a prescription will be greater than the number who filled an opioid prescription in 2015/16 because some people fill a prescription for more than one opioid type.

**Data Source:** Narcotics Monitoring System, provided by the Ministry of Health and Long-Term Care

# Rx's per 100 Population; LHINs

Number of people who filled an opioid prescription, per 100 population, in Ontario, by LHIN region, 2015/16



Data Sources: Narcotics Monitoring System, provided by the Ministry of Health and Long-Term Care; Population estimates, provided by the Ministry of Finance



## The Opioid Crisis for Clinicians Feels Like....

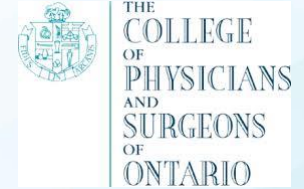
# What Will it Take to Solve it?

- Complex problem... no simple solution
- Get going before we get good
- Responsibility is all of ours





# Greater Chance of Success in Partnerships



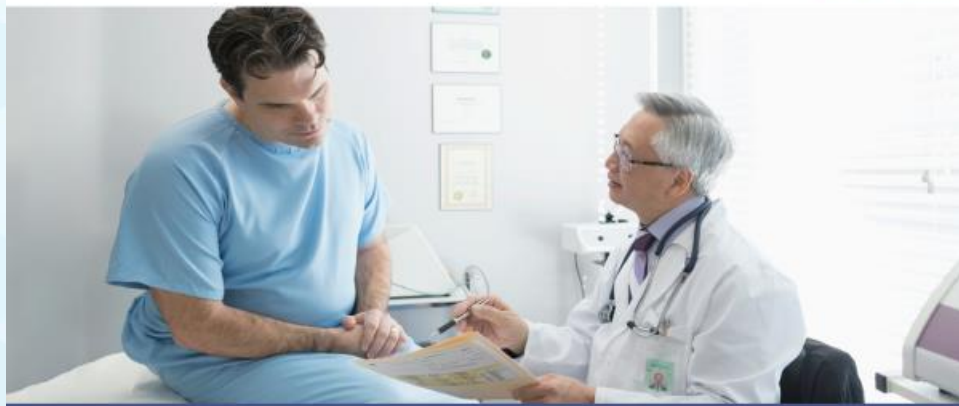


# Health Quality Ontario

## MyPractice

A tailored report for quality in primary care

Version Release: X Release: MMM YYYY  
PRIVATE AND CONFIDENTIAL



**Health Quality  
Ontario**

*Let's make our health system healthier*

**[WILL INSERT  
PARTNER LOGOS  
HERE]**

Dr. X  
Reporting Period:  
Group program type:  
Group ID:  
Group LHIN:  
Group Rurality Index of Ontario Board:

# Approach to Incorporating Opioid Content

- Opioid data and change ideas provided to physicians via the MyPractice report
- Narcotics Monitoring System (NMS) data linked to physicians' "practice profile" (CPSO number)
- Physicians' own and comparative prescribing patterns
- Aligned to opioid Quality Standards and Recommendations for Adoption
- Embed partner improvement supports, based on prescriber need

# Five Indicators

- Percent of assigned patients dispensed an opioid:
  - prescribed by any\* provider
  - prescribed by assigned physician
- Percent of assigned patients dispensed a new opioid:
  - prescribed by any provider
  - prescribed by assigned physician
- Percent of assigned patients dispensed an opioid and benzodiazepine
- Percent of assigned patients dispensed a high dose of opioid (50 to 90 MEQ)
- Percent of assigned patients dispensed a high dose of opioid (>90 MEQ)

source: Health Quality Ontario

# Ontario College of Family Practitioners

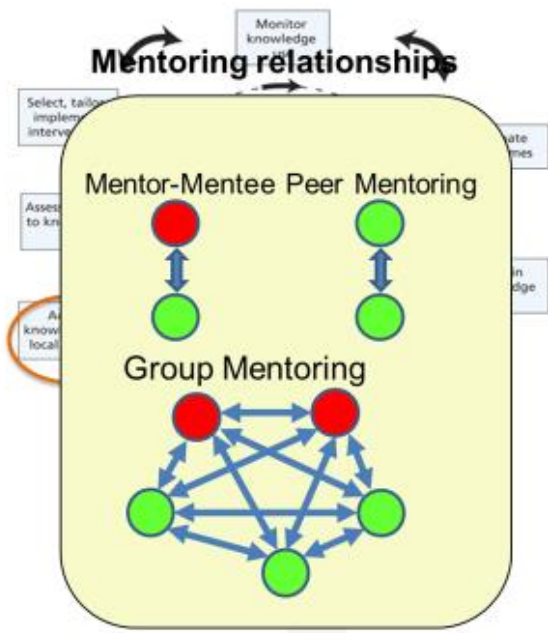
- Mentoring networks in Mental Health, and Chronic Pain and Addictions



Collaborative  
Mentoring  
Networks

# Mentorship in MMAP

- Large Scale FP focused
- Bridging Evidence
- Dynamic
- On – Demand
- Longitudinal Support
- Regionalized



# Centre for Effective Practice

- Guidelines based toolkits, on paper and electronic
- Academic detailing
  - Combination of education and behavioral change
  - High touch and individualized
  - Up to 1000 clinicians to be supported with funding approval



# University of Toronto Faculty of Medicine

- Online courses regarding safe opioid prescribing
  - Accredited
  - 7.5h of time (three modules)
  - Rolling through the year
- Curriculum development for education of providers and learners
- Academic leadership

# Centre for Addiction and Mental Health

- Expanding treatment networks
- Educational content and courses with partners
- Subject matter expertise

# College of Physicians and Surgeons of Ontario

- Have identified and contacted highest risk prescribers
- On a path of assisting in a non-punitive way with guidance and steering people to seek help without acting reflexively
- Public safety: do not want abrupt withdrawal of narcotics

# Association of Family Health Teams of Ontario

- QIDSS support for data analysis on the EMR
- Quality reporting through Data2Decisions
- Working with CAMH on education delivery

# Foci of Attachment - Individualized

- Tier 1
  - highest risk practices and practitioners based on Rx written, strength, dispenses
  - Highest risk patient population
- Tier 2
  - Medium risk practices due to patient population or prescribing variance
- Tier 3
  - Average practices

# Individualized Support

- Assistance to physicians to meet their needs and support analysis of their practice
- Education for change in prescribing habits
- Assistance with skills in reducing narcotic starts
- Learning about techniques for gradual tapering where appropriate
- Ensuring that doctors do not feel alone in the journey

# What can you do in your EMR?

# OntarioMD Delivers a Suite of Digital Health Services

## Our Partners:



**eHealth Ontario**

**afhto** association of family health teams of ontario



**Otn.** eConsult

## Partnered Initiatives:



PROVINCIAL eCONSULT INITIATIVE



eNOTIFICATIONS



eREFERRAL



OLIS DEPLOYMENT



PEER LEADER PROGRAM

**eHealth Ontario** ONE ID

**eHealth Ontario** ConnectingOntario

**eHealth Ontario** ONE Mail



# What Can You Do in Your EMR?



- Understand your population
- Identify high risk patients
- Insert contracts
- Create reminders
- Compare your list to HQO MyPractice report
- Ask for help

# Understand Your Population

- EMR searches
  - Demographics
  - Numbers of people on narcotics
  - Numbers of different drugs prescribed
    - Patterns of high risk for addiction drug prescribing
  - Combinations of narcotics and benzodiazepines
  - MMEq (morphine milligram equivalent) searches for 50 mg/d and 90 mg/d

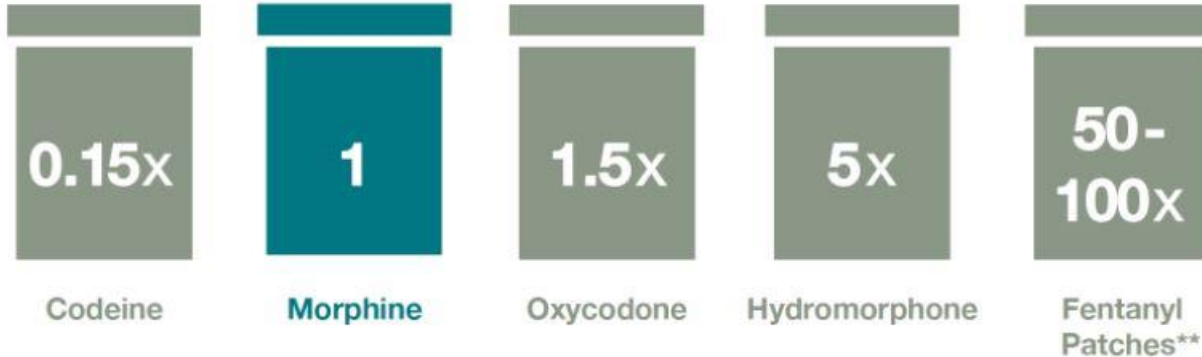
# Identify High Risk Patients

- EMR query based lists for people with
  - >50 MMEq / day
  - >90 MMEq / day
  - Fentanyl, Oxycodone, Hydromorphone
  - Narcotics > 90 days
  - Combinations of drugs
  - Addiction risk
- Access NMS database while prescribing via ConnectingOntario

# Calculating MMEqs

## Commonly prescribed opioids in Ontario and their strength

Strength (approximate morphine-equivalent)\*




Source: Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, Michael G. DeGroote National Pain Centre, McMaster University, 2017

\*Strength does not factor in the dose, nor the length of the prescription. These levels are approximations only.

\*\*Varies depending on patch strength and length of time on skin.

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain



National pain center

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Canadian Guideline  
for  
Safe and Effective Use of Opioids  
for  
Chronic Non-Cancer Pain

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**PRACTICE TOOLKIT**

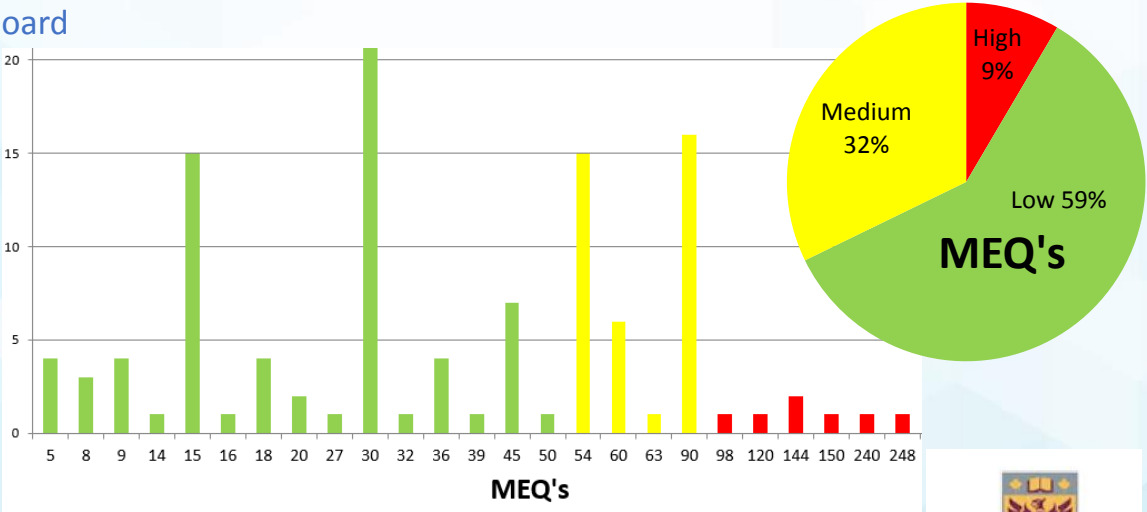


**Opioid** 55 MEQ's Meds **Visit** Screening Summary Tools Handouts References

Credit: Dr. Kevin Samson, Wellington East FHT

# Next Steps

## Dashboard



Partnering with the **Guideline Steering Committee** to include more specific and advanced decision support and to implement a research program to measure the impact



Credit: Dr. Kevin Samson, Wellington East FHT

# Creating Reminders and Alerts

- Patients on high doses
  - Drug testing
  - Those without contracts
  - Recalls for follow-up
  - Lost to follow-up
- Patients on high risk combinations
- Contract renewals

# Narcotics Contract

- Make these a regular habit
- Review them yearly
- Available from McMaster in their Opioid Toolkit and many other places
- Likely all narcotics patients longer than 30 days
- Couple this with an assessment of addiction risk



## Define an Action Plan

- Regularity of searches
- Who is responsible
- Regular recalls
- Define who may benefit from tapering
- Narcotics contracts for all chronic opioid users
- Consider outside help for the highest risk patients

# Thank You!

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