

*Strategies for Opioid De-Implementation in Primary Care*

June 11, 2018 | Kingston, ON | Materials for Attendees



***Logistical Notes: Who, What, Where, and How?***

**Wi-Fi:** Free wi-fi is available throughout the building.

- In your list of available networks, select **KFLAMeetingRoom** and click “connect.”
- In your browser, login using the following:

**User Name:**

**KFLAMeetingRoom**

**Password:**

**KFLAis@HealthyUnit**

**Polls:** We will be doing a few polls using your smartphone or other Internet-connected device. Don’t worry; we’ll give you a tutorial. To connect to the polling platform, go to **www.slido.com** and enter event code **#SafePainMgmt**.

**Washrooms:** Washrooms are located to the left and right of the elevator on the main floor, the accessible washroom is directly behind the male washroom.

**Food:** Snacks will be available during registration and before the small group sessions. A buffet lunch will be served at 12:05pm. All food service will be in Auditorium A. Our caterer has tailored the menu to meet most dietary needs. Individual meals have been prepared for those with more restrictive dietary needs. Please speak to **Nicole Szumlanski**, a KFL&A staff member, for assistance.

**On-Site Assistance:** If you have questions or need help, please speak to **Nicole Szumlanski**.

## Acknowledgements

We acknowledge the Ancestral Traditional Territories of people whose territory we are gathering on today. This territory is covered by the Upper Canada Treaties.

- In Toronto, we gather on the traditional territory of the Ojibway, the Anishnabe, and, most recently, the Mississaugas of the New Credit.
- In Kingston, we gather on the traditional territory of the Huron-Wendat and Haudenosaunee (Iroquois) peoples.

We thank the following organizations for their contributions to this event: The Centre for Mental Health and Addiction (CAMH), KFL&A Public Health, and the Centre for Effective Practice.



## Social Media

Want to share your excitement about this workshop with your colleagues back home? Curious what others here think about it? On Twitter, use **#PainMgmt** and **#AddictionRx** to join the conversation. Feel free to follow or tag us: **@AFHTO**, **@CAMH**, and **@KFLAPH**. Want to connect with one of the presenters? Check their bio for a handle.

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## Overview and Welcome

**De-implementation** means stopping low-value ways of prescribing opioids and replacing them with better approaches. Low-value practices either don't work, make things worse or have an unknown effect. De-implementation does NOT mean teams stop using opioids altogether. It could mean using lower doses of opioids, or it could mean using lower doses of other drugs and/or helping patients manage their pain in other ways.

*Strategies for Opioid De-Implementation in Primary Care* is an opportunity for primary care teams to learn from each other and from experts in the field of mental health and addiction about interprofessional initiatives they can start using now to help patients manage their pain and opioid use. You may leave with a new idea to try. You may also leave with a more realistic sense of what is or is not possible in your team and perhaps decide to wait until you and your team are more ready to be successful in your efforts. Please see agenda below for more details. We look forward to learning with you today!

### **By participating in this workshop, you will:**

- Deepen your understanding of the opioid crisis in Ontario
- Learn what de-implementation is (and what it is not)
- Understand the value of opioid de-implementation
- Understand the role of primary care teams in advancing the provincial de-implementation strategy.
- Discover evidence-based, practical approaches to safer pain management, opioid stewardship, and addiction treatment in interprofessional primary care settings.
- Learn about tools and partnerships that can help advance your teams' existing opioid stewardship efforts.

# Workshop Schedule - Kingston

## 9:00 – 10:00 Registration and Refreshments

*Enjoy a coffee or tea, light snack, and time to network with colleagues from the South East and Champlain regions*

|       |  |
|-------|--|
| 10:00 | <b>Introduction and Welcome, Logistics (Live-streamed from Toronto)</b><br><i>Laura Belsito, Catherine Macdonald, and Carol Mulder, AFHTO</i>  |
| 10:10 |  |
| 10:10 | <b>Opening Remarks (Live-streamed from Toronto)</b><br><i>Peter Selby, CAMH</i>  |
| 10:30 |  |
| 10:30 | <b>Local Opening Remarks and Opioid Use Statistics and Trends</b><br><i>Dr. Fareen Karachiwalla MD, MPH, CCFP, FRCPC, Associate Medical Officer of Health, KFL&amp;A Public Health</i> |
| 11:15 |  |
|       |  |
|       | <b>Population Opioid Strategies</b><br><i>Rhonda Lovell, KFL&amp;A Public Health</i>   |
|       | <b>What opioid and pain related services does Street Health offer?</b><br><i>Travis Mitchell, Kingston CHC</i>   |
| 11:10 | <b>Opioids and Chronic Pain: Case Studies and Personal Experience</b><br><i>Dr. Rupa Patel, Kingston CHC</i>   |
| 12:10 |  |

## 12:10 – 1:10 Lunch Buffet

*Refuel, connect with colleagues, and visit the literature table at the back of the Auditorium*

|      |   |
|------|---|
| 1:10 | <b>Tools Showcase (Toronto and Kingston)</b><br><i>Learn about resources, partnership opportunities, and tools your team can start using today!</i> |
| 1:35 |   |
| 1:35 | <b>Panel Discussion: How are non-physicians in your team helping?</b><br><i>Cynthia Leung, Erin Desmarais, and Abigail Scott, Queen's FHT</i>       |
| 2:30 |   |
| 2:30 | <b>Closing Plenary (Live-Streamed from Toronto)</b><br><b>Next Steps TOGETHER</b><br><i>Peter Selby, CAMH and Carol Mulder, AFHTO</i>               |
| 3:00 |   |

**Workshop adjourns at 3:00**

# Workshop Schedule - Toronto

## 9:00 – 10:00 Registration and Refreshments

*Enjoy a coffee or tea, light snack, and time to network with colleagues from across Ontario*

|       |   |
|-------|---|
| 10:00 | <b>Introduction and Welcome, Logistics</b>  |
| 10:10 | <i>Laura Belsito, Catherine Macdonald, and Carol Mulder, AFHTO</i>  |
| 10:10 | <b>Opening Remarks</b>  |
| 10:30 | <i>Dr. Peter Selby, CAMH</i>  |
| 10:30 | <b>An approach to Pain and Concurrent Addiction</b>   |
| 11:00 | <i>Dr. Andrew Smith, CAMH</i>   |
| 11:00 | <b>Elevator Pitches for Concurrent Small Group Sessions</b>   |
| 11:15 | <i>Each breakout presenter gives a 2-minute “elevator pitch” that answers the questions – WHAT is it about? WHO would benefit? WHY should you consider attending? Attendees will use this information to determine which two presentations are the best fit for them.</i> |
| 11:15 | <b>Concurrent Small Group 1</b>   |
| 12:10 | <i>Choose one of the initiatives to learn more<br/>Grab a snack on the way to your small group session</i>  |

## 12:10 – 1:10 Lunch Buffet

*Refuel, connect with colleagues, and visit the literature table at the back of the Auditorium*

|      |   |
|------|---|
| 1:10 | <b>Tools Showcase (Toronto and Kingston)</b>  |
| 1:35 | <i>Learn about resources, partnership opportunities, and tools your team can start using today!</i> |
| 1:35 | <b>Concurrent Small Group 2</b>   |
| 2:30 | <i>Choose one of the initiatives to learn more<br/>Grab a snack on your way.</i>                    |
| 2:30 | <b>Closing Plenary</b>  |
| 3:00 | <b>Next Steps TOGETHER</b>  |
|      | <i>Peter Selby, CAMH and Carol Mulder, AFHTO</i>  |

**Workshop adjourns at 3:00**

## Centering the Patient Perspective

Why did you come here today? Maybe you want to help your patients manage your pain in ways that are safer and more effective. Maybe you want to be a good steward of opioids and protect your patients from the effects of over- and mis-prescribing. Maybe you want to break down silos in your teams and manage pain and opioids in ways that are truly *interprofessional*. Maybe you want to connect with colleagues and develop cross-sectoral partnerships. Ultimately, you came because you want to provide better care for your patients. And while you'll mostly hear from your clinical peers today, please don't forget the wisdom of your patients.

Today, we're introducing you to the wisdom of two patients who have first-hand experience with pain and opioid use. Although they were unable to participate in person, they have graciously permitted us to share their stories.

**Tina Carr** is a patient of Queen's FHT whose experience was profiled in the Spring/Summer 2015 edition of the QFHT News (read it at [bit.ly/2J2gqX3](http://bit.ly/2J2gqX3), or pick up a printed copy from the literature table). After being prescribed a daily, high dose of opioids to manage chronic pain, Tina developed an addiction to the drug and thought she needed a higher dose. With the support of her Family Health Team, she has learned other ways to manage her pain, and this has allowed her to reduce her opioid use from daily to occasional. She feels better about herself and has returned to full-time work and school. Having an understanding doctor was essential to Tina's success.

*Dr. Watson didn't undermine my pain; she offered other ways to deal with it.*

**Carlyn Zwarenstein** is a freelance journalist and patient advocate. She has written extensively about her experience with chronic pain and opioid use. Her book, *Opium Eater: The New Confessions* was a Globe 100 Best Book of 2016. We'll be giving a few copies away during the closing plenary session today, but if you're not one of the lucky winners, you can purchase it online here: [amzn.to/2us1Q4A](http://amzn.to/2us1Q4A). Carlyn has also written an op-ed for *Choosing Wisely* (<https://bit.ly/2q9Rjql>), calling for caution and compassion in opioid prescribing (and de-prescribing). She notes that for some patients, such as herself, "effective dose of an opioid is the most sensible and merciful option [...], for now," and she expresses concern about "doctors absorbing a strictly anything-but-opioids message, rather than focusing on the overall well-being of the patient in front of them." She is cautiously optimistic about the Ontario approach to improving opioid stewardship, but she reminds us that the key to successful pain management is a constant conversation between patient and doctor. Learn more at [carlynzwarenstein.com](http://carlynzwarenstein.com).

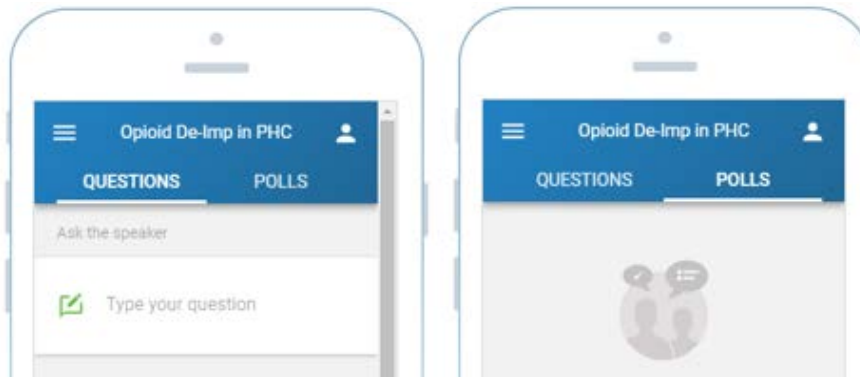
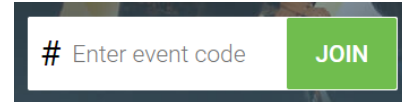
*No patient should be treated as a morphine equivalent, a prevalence statistic, an addiction risk or a lawsuit [...] Better and more fulfilling communication with pain patients—who can be the most grateful of patients, not because you write them scripts, but because you are a vital partner in helping them to thoughtfully weigh the multiple factors that make difficult lives more manageable—has the potential to improve physician job satisfaction as well as patient care.*



# Let's Get Interactive: Introducing Slido

Slido is a free audience-engagement tool that you can use on your smartphone's browser. You don't need to download any app, and you don't need to sign up.

- In your browser go to [www.slido.com](http://www.slido.com).
- At the prompt, enter the Event Code **SafePainMgmt** and hit "JOIN"
- Under the heading "Opioid De-Imp in PHC," you will see two tabs: QUESTIONS and POLLS



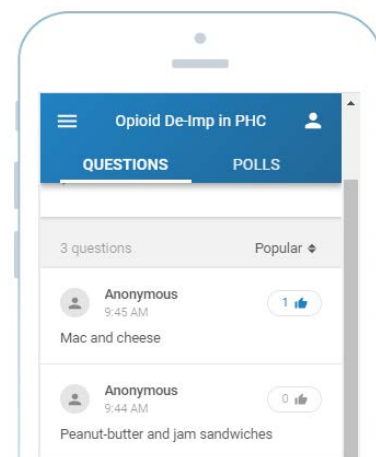
The QUESTIONS tab is for open-ended questions and comments. We will sometimes ask open-ended questions and ask you to type in your answers here (where it says, "Type your question"). We will be using this function to get some feedback from you at the beginning and end of the workshop.

- **Try it now:** *What is your favourite comfort food on a rainy day?*

As responses come in, you'll see them on your screen in the QUESTIONS tab, and you'll have the option to give a "thumbs up" to any response you agree with. Responses with the most "thumbs" float to the top.

- **Try it now:** *Give a thumbs-up to your peers' favourite comfort foods that you also like.*

The POLLS tab is where we ask pre-written questions. There are three types: Multiple choice, star rating, and open-ended. Open-ended polls work a bit differently from the QUESTIONS tab. You can't see other people's responses, and there's no "thumbs-up" function.





# Self-Assessment of Readiness

Mark where you and/or your team stand with respect your readiness to implement each project. Think about the problem the project addresses: Is it a high or low priority for your team right now? Is your team’s ability to do this project high or low right now? When completed, your self-assessment will show you where each project fits relative to the others in terms of feasibility and relevance to you. See Figure 1 for example of completed initial self-assessment.

Use the assessment to decide where to focus your efforts for the small group discussion. For example, you may consider attending a discussion about a project you are equivocal about in terms of readiness, so you can learn enough to clarify whether you will or will not proceed with aspects of that project. Or you may choose to attend a discussion about a project you know you are very ready for to build your confidence and background knowledge and/or identify peers who you can work with going forward. Use the template in Figure 3 to complete your initial self-assessment.

After you have had a chance to attend small group discussions, revise your assessment, moving the project on the grid, if appropriate (see Figure 2). Use Figure 4 to complete your revised self-assessment. The goal of the workshop is to refine your estimate of readiness to a place where you are more confident in your next step, even if that next step is a better-informed decision to defer action on the project.

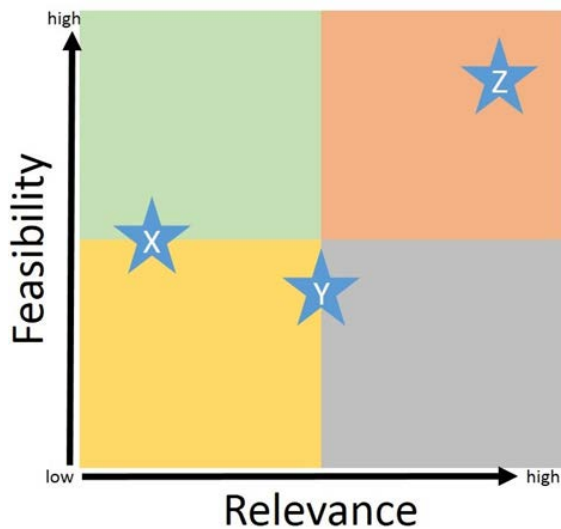


Figure 1: Initial self-assessment (projects X, Y, Z)

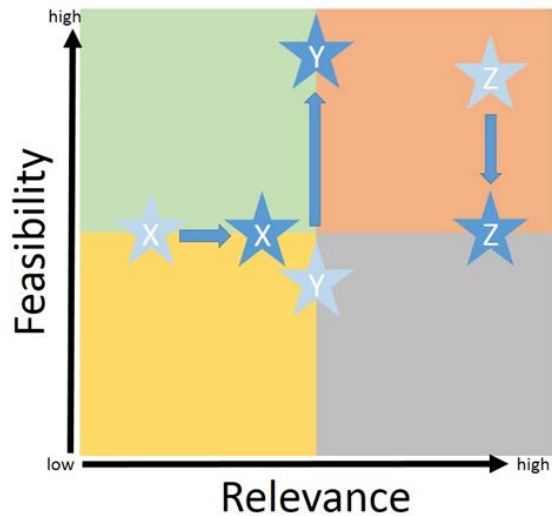


Figure 2: Post-symposium self-assessment (projects X, Y, Z)

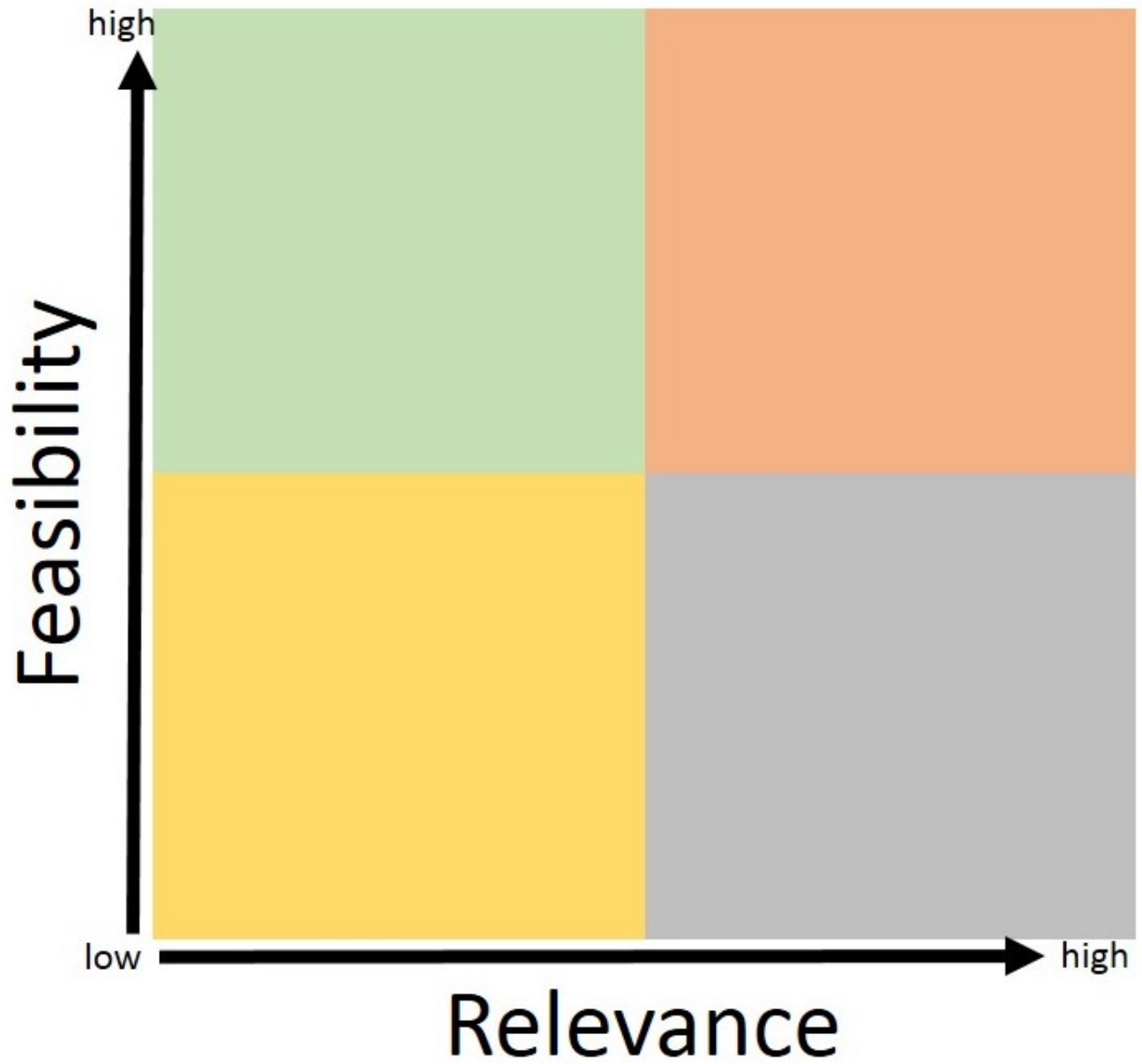


Figure 3: Pre-symposium self-assessment template (complete before attending small group discussions and team presentations).

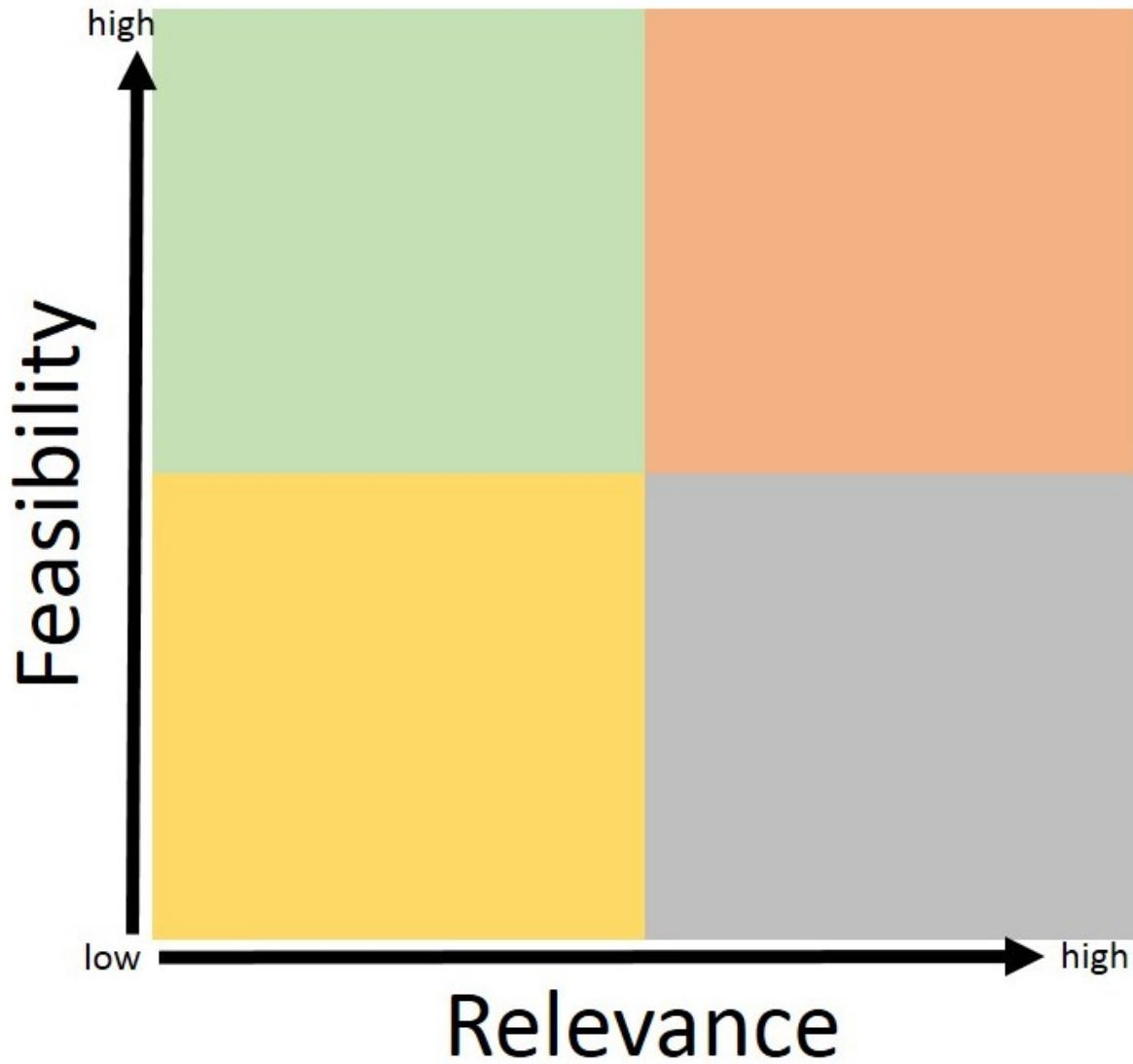


Figure 4: Post-symposium self-assessment template (complete after attending small group discussions and team presentations).

## Opening Remarks

In the opening plenary, Dr. Peter Selby will provide an overview of what opioid de-implementation is all about. He will introduce a new collaborative opioid initiative and explain how you and your team can get involved.

### *Presenter*

**Dr. Peter Selby MBBS CCFP FCFP MHSc DipABAM DFASAM** is the Chief of Medicine in Psychiatry Division, Deputy Physician-in-Chief of Education, and a Clinician Scientist at the Centre for Addiction and Mental Health (CAMH). He is a Professor in the Departments of Family and Community Medicine, Psychiatry, and the Dalla Lana School of Public Health at the University of Toronto. He is also a Clinician Scientist in the Department of Family and Community Medicine. Dr. Selby is the Executive Director and creator of the TEACH project - a continuing education certificate program in Applied Counselling for Health with a focus on smoking cessation, through the University of Toronto. Dr. Selby's research, as a Principal Investigator at the Ontario Tobacco Research Unit, includes smoking cessation especially in smokers with co morbid conditions. As the Principal Investigator of the STOP Study, he investigates the effectiveness of NRT and counselling in different types of intervention settings. He is also the Principal Investigator of CANADAPTT- a unique Canadian smoking cessation guideline development and dissemination project. Dr. Selby also continues his clinical research with pregnant women who use substances and is the Principal Investigator of a knowledge translation program (PREGNETS) to increase the adoption of evidence-based interventions with pregnant smokers.

## Deeper Dives – Local Sessions (Kingston)

### Local Opening Remarks, Opioid Statistics and Trends

**Dr. Fareen Karachiwalla** will introduce the day and thank everyone for attendance. She will set the context for the day by speaking about provincial trends in deaths, ED, and hospitalization data and then speak to our local experience in KFL&A area. She will touch on some of the sociodemographic data relevant to the statistics and introduce the concept of root causes of the opioid crisis – including physician prescribing and Adverse Childhood Experiences. She will introduce and briefly describe the framework for the population level action plan – i.e. harm reduction, prevention, treatment, enforcement/surveillance.

#### *Presenter*

**Dr. Fareen Karachiwalla MD MPH CCFP FRCPC** is a public health as well as family physician, currently working as an Associate Medical Officer of Health for KFL&A Public Health in Kingston, Ontario. In her current role, she is responsible for providing strategic guidance and direction on issues including opioids and substance use, healthcare provider engagement, health equity and social determinants of health. She also provides medical consultation to the infectious diseases and health protection branch. Part time, Fareen works as a family doctor at the Kingston Community Health Centre, primarily serving vulnerable communities with higher needs. Fareen completed her medical degree at the University of Western Ontario, her Master's in Public Health degree at Johns Hopkins University and her residency training (including family medicine) at the University of Toronto.

### Population Opioid Strategies

**Rhonda Lovell** will speak in more detail about strategies that KFL&A Public Health has initiated, in partnerships with other community groups in response to the growing local opioid crisis – including the Community Drug Strategy committee, naloxone distribution, and work with health system partners.

#### *Presenter*

**Rhonda Lovell RN** is a Registered Nurse with over 13 years experience in public health. Rhonda currently holds a specialized portfolio in opioid overdose prevention and response with the Substance Use, Mental Health and Injury Prevention (SUMHIP) Team at Kingston Frontenac Lennox & Addington Public Health. In 2017, Rhonda led the development and launch of KFL&A Public Health's naloxone distribution and training program. She has extensively conducted opioid overdose prevention, recognition and response training with businesses, community-based organizations, members of the public, and fire and rescue service personnel. Rhonda is passionate about health equity, the social determinants of health and addressing stigma.

## What opioid and pain related services does Street Health offer?

**Travis Mitchell** will describe the services that Street Health Centre provides, while highlighting two initiatives that have recently been added to their program list: Rapid Access Addiction Medicine and an Overdose Prevention Site. Travis will conclude by discussing stereotypical understandings of addiction and the various impacts that stigma places on people who use substances.

### *Presenter*

**Travis Mitchell** is the Hepatitis C Community Liaison & Overdose Prevention Site Coordinator for Street Health Centre; two programs that are a part of Kingston Community Health Centres. In his HCV role, Travis coordinates SHC's take-home naloxone program, which has distributed more than 1500 kits and has [reportedly] saved more than 220 lives. Travis also provides naloxone training and opioid overdose prevention/Hepatitis C education (both in the community and Federal Correctional Facilities), and he builds and maintains relationships with community partners. More recently, Travis became the Coordinator of Kingston's first Overdose Prevention Site (OPS), overseeing all operations and staffing involved in the function of the OPS. Travis incorporates a harm-reduction philosophy into every aspect of his life and is an enormous advocate in the community for individuals who are marginalized.

## Opioids and Chronic Pain

Using a case-based approach, the following objectives will be covered:

1. Understand the evidence for opioids in chronic pain in a primary care setting.
2. Review the harms of chronic opioid use.
3. Explain the current guidelines for responsible opioid prescribing.
4. Understand the need for a harm reduction approach when prescribing opioids

### *Presenter*

**Dr. Rupa Patel MD CCFP FCFP** is a family physician who has been in practice for over 20 years. She has worked in various practice settings- remote and rural communities, academic family medicine, and urban, inner city environment where she currently works. She also works as a GP-oncologist at the Kingston Regional Cancer Centre. She is an assistant professor with the Queens University Department of Family Medicine and Director of the Women's Health Program. Her academic interests are maternal and child health, trauma informed care, responsible opioid prescribing.

## Panel Discussion: Role of Interprofessional Healthcare Providers in Opioid De-implementation

This large Ontario academic primary care clinic (Queen's Family Health Team) has succeeded and struggled with several quality improvement initiatives over the past decade. During this workshop, three team members will share their collaboration to empower prescribers and patients to adapt their chronic pain therapies to recent evidence-based guideline changes in Canada and the United States.

The multi-disciplinary environment of over 100 prescribers, in a community with significant income disparity, known for its penitentiaries, elite university, military college, and an international border, had led the clinic to brainstorm repeatedly about how to institute systemic safeguards in prescribing of controlled substances. This winter, brainstorming turned into action and Queen's Family Health Team now has a Safer Opioid Prescribing program that is led by a pharmacist, social worker, clinical program coordinator, research associate, data analyst, and lead physician.

Queen's Family Health Team will be sharing the resources and tips and tricks that enabled successful collaboration between prescribers, patients, allied health professionals, and community stakeholders.

### *Presenters*

**Erin Desmarais BA MSW** is a registered Social Worker who currently works at Queen's Family Health Team in Kingston, Ontario. She provides individual, couple, family and group counselling in response to the psychosocial and mental health needs of patients. Erin obtained her Bachelor of Arts in Psychology in 2006 and Master of Social Work from the University of Windsor in 2008. Her background includes working within the child protection field both in Ontario and the United Kingdom, as well as providing mental health counselling in the community. Erin has expertise in working with high-risk and vulnerable populations to address and overcome a variety of mental health and addiction issues.

**Cynthia Leung BSc PharmD** is a primary care pharmacist with Queen's Family Health Team in Kingston ON. Cynthia obtained her Bachelor of Science in Pharmacy in 1999 and Doctor of Pharmacy in 2007 at the University of Toronto. She is also a certified geriatric pharmacist and certified diabetes educator. Prior to working in primary care, Cynthia has worked in psychiatry, pediatrics and long-term care setting. She is a clinical preceptor with the University of Waterloo, School of Pharmacy. She also blogs regularly on medications and pharmacy practice and has a passion for optimizing drug therapies and medication safety. Follow her on Twitter at @cleung26.



**Abigail Scott BA CHIM** is a data and quality improvement analyst at Queens FHT. Originally from the States, Abigail takes great pride in contributing to the Ontario health care system. She completed her bachelor's degree (Computer Science and Statistics) in her hometown of Madison, Wisconsin and came to Kingston, Ontario to earn a Health Information Management diploma. She has taught several classes in that same Health Information Management program over the past seven years, while also working at Queen's Family Health Team as their Data and Quality Improvement Analyst.

# Deeper Dives – Small-Group Sessions (Toronto)

## An approach to concurrent pain and addiction

Chronic pain affects approximately 25% of the Canadian population and is often associated with multiple co-morbidities. In this session, we will review a rational approach to managing pain, review common aberrant drug-related behaviours and how to manage them and frank substance use disorders in patients with a chronic pain condition. We will refer to recent guidance from the national opioid prescribing guidelines and Health Quality Ontario.

### *Presenter*

**Dr. Andrew Smith MDCM** is Medical Lead and Staff Physician, Pain and Addiction Medicine, at the Centre for Addiction and Mental Health (CAMH).

Dr. Smith hails from McGill Medicine, University of Washington Neurology and UCLA Medical Genetics, initially focusing on neurodevelopmental medicine. Frustrated by how many of his young patients with learning disabilities would fall into substance use problems despite early successes, he retooled in the emerging field of Addiction Medicine, and became the first Clinical Fellow in Canada to do a combined training program in pain and addiction at CAMH and Mount Sinai Hospital (Wasser Clinic). He now leads an interprofessional team at The Pain and Addiction Recovery Clinic at CAMH.

Andrew is passionate about improving access to better care for patients with chronic pain and addiction, educating patients, families and clinicians about pain and addiction, and reducing stigma. He is an executive / hub member of ECHO Ontario Chronic Pain - a telementoring resource for primary care clinicians to enhance their skills and confidence in managing more of their own patients who have complex pain and opioid issues.

## Opioid agonist treatment in primary care

In the midst of an opioid-crisis, improving capacity of primary care providers to manage clients with opioid use disorder is of urgent importance. This workshop will focus on office-based management of opioid use disorder (OUD) with buprenorphine-naloxone.

### **Objectives:**

1. Explain the pharmacology and pharmacodynamics of buprenorphine-naloxone.
2. Determine when buprenorphine-naloxone compared with Methadone is appropriate in the treatment of OUD
3. Understand how to complete an office-based induction with buprenorphine-naloxone
4. Describe harm reduction interventions applicable in primary care

### *Presenter*

**Dr. Nikki Bozinoff MD CCFP** is a family and addiction medicine physician practicing in Toronto. She is the Program Director of the Enhanced Skills in Addiction Medicine Program at the University of Toronto. She completed her residency in Family Medicine at St. Michael's Hospital, University of Toronto and her fellowship in Addiction Medicine at St. Paul's Hospital, University of British Columbia. She is the recipient of a 2015 Next Generation Award from the American Board of Addiction Medicine for work related to prevention of substance use disorders in adolescents. Her research focuses on action-oriented, mixed methods approaches to exploring topics of importance to urban, under-served communities.

## ODMTNPCTTIYCPC: Ol' Doc MacLeod's Top Ten Non-Pharm Cheap Tricks to Improve Your Chronic Pain Care

Chronic Pain is a complex chronic disease that manifests a full complement of bio psycho social and spiritual problems for both those suffering and those caring for them. Come share the wisdom of your experience and learn from others including, the top ten practical and prompt, front-line solutions offered by Canada's largest and most diverse per capita interprofessional Chronic Pain Team.

### *Presenter*

**Bryan MacLeod MD CFPC FCFP** is the Medical Director to SJCG's Chronic Pain Management Program. He cut his teeth as a rural family doc in Marathon Ontario after graduating CCFP from the Northwestern Ontario family medicine program in 1998. Other interprofessional passions include: geriatrics, rheumatology and palliative care. He is an active Associate professor at the Northern Ontario School of Medicine. Research interests include Chronic Pain in the ER, chronic pain education, (ECHO [www.echoontario.ca](http://www.echoontario.ca)) and The Indigenous Pain Reality, all @PainResearchNWO (twitter). Bryan is a father of and cab driver for three busy increasingly adult, teenagers. His passions include: his family, Improv theatre, basketball, and of course medical education...☺

## Managing benzodiazepines and other controlled substances in the context of de-prescribing opioids with older adults

Opioids are the 3rd largest cause, in Canada, of hospitalization in Older Adults. Often, this has been in the setting of accidental interaction in the midst of therapeutic use. Compounding this is the emergence of Substance Use Disorder in Older Adults as an increasing health burden. In this context, this session will provide an approach to opioid deprescribing in older adults with a focus on screening for use, safer pharmacotherapy alternatives, as well as the management of benzodiazepines and other controlled substances in the midst of such a process. The presentation will also include information on appropriate non-pharmacological measures.

Additionally, we will address the inclusion of family and other peer or personnel supports and the balance between a confidential interview and involved collateral. Finally, some information (including the dates and details of the Knowledge Translation phase) on the upcoming Health Canada funded National Best Practice Guidelines for Substance Use Disorder in Older Adults, will be included.

### *Presenter*

**Dr. Jonathan Bertram MD** is a Focused Practice Addictions & Pain Medicine Physician. He has special interests in working with Older Adults, Aboriginal affairs, and Mental Health/Addictions in Primary Care. A Clinical Lecturer at the University of Toronto and a member of the Board of Directors at the Ontario College of Family Physicians, he is currently practicing Addictions Medicine at the Centre for Addiction & Mental Health (CAMH) in Toronto and running a Community Practice in Pain/Addictions Consultation & Shared Care co-located with the Bowmanville Family Health Organization. He is a consultant physician in Older Adult Addictions for COPA (Community Outreach Programs in Addiction) through Reconnect Mental Health Services and has been a part of the Substance Use / Geriatric Addictions Collaborative since its inception. He is also a part of CAMH's Aboriginal Engagement & Outreach Initiative. His work in Older Adults includes a Health Canada Grant for the generation of Substance Use Disorder Guidelines for Older Adults.

## **Mentorship Models for Family Physicians**

Family physicians and other primary care clinicians have identified the challenges of managing complexity around mental illness, addiction and chronic pain as an area in which they need substantial support. In response to this the Ontario College of Family Physicians developed the Collaborative Mentoring Networks to connect family physicians with local mentors who provide regionally relevant, on demand, rapid support to manage the complexity in these clinical areas. This session will outline these programs, the impact on the program participants and describe opportunities for those attending to access these programs. The session will draw on the active participation of the audience to reflect on how these programs may be used, potential challenges and value for their practices.

### *Presenter*

**Dr. Arun Radhakrishnan MD CM MSc CCPF** is a family physician with a focused clinical practice in chronic non-cancer pain and a teaching affiliation with University of Toronto and The Ottawa Hospital. His research interests are in knowledge translation, mentoring and information and communication technologies in healthcare. Currently he is the Clinical Lead for the Collaborative Mentoring Networks at the Ontario College of Family Physicians, the Clinical Lead for the Academic Detailing Service at the Centre for Effective Practice and is a 2017 AMS Phoenix Fellow.

## Tools Showcase:

### Resources to Support Opioid De-Implementation

#### Management of Chronic Non-Cancer Pain (CNCP) Tool, Opioid Manager, and Opioid Tapering Template; EMR Tool for CNCP

Through ongoing engagement with primary care providers and a rigorous tool development process, the Centre for Effective Practice (CEP) developed the Management of Chronic Non-Cancer Pain Tool. This tool aims to help primary care providers apply a multidisciplinary and multidimensional approach to the management of patients who experience chronic non-cancer pain.

This tool has been designed to assist primary care providers develop and implement a management plan for adult patients living with CNCP. To support primary care providers the tool has been organized into five sections:

5. Baseline and ongoing assessment
6. Non-Pharmacological Therapy
7. Non-Opioid Medications
8. Opioid Medications
9. Intervention Management and Referral

Where appropriate, primary care providers should use a combination of non-pharmacological and pharmacological options to build a comprehensive and personalized plan that incorporates the patient's goals.

Due to the success of this tool, the importance of topic area and the need from primary care providers, the CEP collaborated with the eHealth Centre of Excellence to take this paper tool and integrate it into both Telus Practice Solutions Suite and OSCAR EMRs.

The eHealth Centre of Excellence has developed an EMR tool in partnership with the Centre for Effective Practice (CEP), which incorporates the Management of Chronic Non-Cancer Pain (CNCP) Tool. It is currently available for TELUS PS Suite and OSCAR EMR, and an Accuro version will be developed. The tool is divided into the following sections: Baseline Assessment, Ongoing Assessment, Non-Pharmacological Therapy, Non-Opioid Medications, Opioid Medications and Intervention Management and Referral. This approach allows clinicians to conduct a complete assessment and provide a tailored management plan that incorporates the patient's goals, while adhering to current best practices in providing improved CNCP management overall.

## *Presenters*

**Tara Lonergan HIMP CM (Prosci Methodology) Certified Change Management Specialist.** After completing her Bachelors of Honours Arts degree, Tara went on to complete her post graduate diploma in Health Information Management. Following her diploma, Tara successfully challenged the CHIMA National Certification Exam and is a certified HIM professional. Tara is an advocate for improving the quality of patient care through innovation and the effective use of enabling technologies. Her primary focus is on developing Chronic Disease Prevention and Management (CDPM) templates for the Electronic Medical Record (EMR), in collaboration with regional and provincial subject matter experts. Tara will be showcasing the electronic Chronic Non-Cancer Pain (CNCP) EMR tool, developed with the Centre for Effective Practice (CEP), based off of the CNCP paper-based toolkit. Follow the eHealth Centre for Excellence on Twitter: [@eHealthCE](https://twitter.com/eHealthCE).

**Amanda Van Hal BSc** manages a variety of knowledge support projects at the Centre for Effective Practice (CEP). She supports the CEP team and clients in all aspects of project research, definition, scope, objective setting and implementation activities to achieve the uptake of evidence at the system level. Amanda focuses a significant portion of her time on designing clinical tools and resources for primary care providers through innovative user-centred design principles and techniques while integrating clinical evidence and provider needs. Prior to joining the CEP, Amanda worked in various roles in the medical, pharmaceutical and environmental industries.

## **EMR Queries to Support Opioid Stewardship**

The Algorithm Project is a group of AFHTO-member volunteers who have developed a set of standard and validated queries for 3 of the most commonly used EMR systems in Primary Care. Today's presentation will highlight the Opioid patient identification queries for Telus PSS, Accuro QHR and OSCAR. The queries are developed using EMR front-end tools and do not require the use of additional software or programming experience. The queries are designed to put the data in the hands of the health care provider.

These queries, which are available for free from AFHTO's website at <https://bit.ly/2J51EPt> will allow you to identify patients who:

- Have one or more current prescriptions for opioid use.
- Have concurrent prescriptions for both opioid and benzodiazepine use.
- Have one or more current prescriptions for opioid use with high morphine equivalent (MEQ) (OSCAR only – Telus PS and Accuro QHR in progress).

## *Presenter*

**Jesse Lamothe BHSc** grew up in Northern Ontario and obtained his BHSc from the University of Ottawa as well as TEACH (Training Enhancement in Applied Cessation Counselling and Health)

certification from CAMH. He's a QIDS Specialist, supporting the Hamilton Family Health Team and other FHTs in the HNHB LHIN. He is Strategic Lead of AFHTO's Algorithm Project Team.

## HARMS Program for Safer Opioid Prescribing

The HARMS Program was designed and implemented by family physicians who wanted safer opioid prescribing in chronic non-cancer pain (CNCP). HARMS works based on the simple principle that every patient has some level of risk and should have prescribing and monitoring strategies tailored to that risk. Higher risk patients should have tighter control, but even patients thought to be "low risk" need some level of systematic monitoring. Every patient on opioids for CNCP is monitored systematically based on his/her risk category, and that risk category itself is adjusted dynamically based on the results of that monitoring. Urine drug testing (UDT) is the pillar of HARMS Program monitoring. We call this overall approach of monitoring and risk adjustment "Dynamic Risk Stratification". It is drawn from key principles in the prescribing of opioids for addiction (methadone or buprenorphine/naloxone). The HARMS Program is the first of its kind in that it applies principles of Dynamic Risk Stratification to chronic pain. Early research suggests that the HARMS Program is effective, with plans for expansion and more rigorous scientific evaluation underway.

### *Presenter*

**Ryan Patchett-Marble MD, CCFP** is assistant professor at the Northern Ontario School of Medicine and a rural family physician at the Marathon Family Health Team (MFHT). He has a focused practice in addictions and is the addictions lead at the MFHT. When he began family practice in 2013, he started applying addiction principles for risk mitigation to all of his chronic pain patients on opioids. These principles would later become the central tenets of the HARMS Program. He enjoys diverse interests outside of medicine but most importantly time with his young family.



## Closing Plenary:

### Putting the Strategies to Work – Next Steps *Together*

After divergence, convergence. In our small and local groups, we have done deep-dives into strategies to support opioid stewardship and safe pain management in our own teams and communities. Now it's time to put our collective heads together to figure out our next steps... *together*.

We'll be using Slido again, so sharpen your virtual pencils and get your tablet or smartphone ready. In your browser, go to [www.slido.com](http://www.slido.com) and enter the event code **SafePainMgmt**. We'll ask you to tell us what you're taking back home with you, and how you plan to work with your teams, your patients, and your community partners, to put it to use tomorrow.

And in case we forgot to mention it... there will be prizes! We'll be giving away copies of *Better Now* by Danielle Martin, *Opium Eater: The New Confession* by Carlyn Zwarenstein, and other great resources for you and your team. But you have to stick around to get them.

#### *Presenter*

**Carol Mulder DVM MSc DBA CUTL** has a long-standing interest in helping people use data to improve. She brings over 25 years of a diverse collection of experience in this to AFHTO's Quality Improvement and Decision Support (QIDS) program. The journey that brought Carol to AFHTO started in public health, moved through community and teaching hospitals and onto information management consulting nationally and internationally, including a few projects with the WHO. She joined the Faculty of Medical Sciences at the University of the West Indies before returning home to work with the South West LHIN. Carol's education is as diverse as her experience. She is a fully licensed veterinarian with a master's degree in Epidemiology. Carol has certificates in Gestalt methods and adult education. She graduated from TUTOR-PHC, an interdisciplinary research capacity building program, receiving an alumni fellowship shortly thereafter. Most recently, Carol completed her doctorate in Business Administration focussing on change management. In addition to her role as provincial lead for the QIDS program, Carol teaches in the IDEAS program with Western University.