

Why Hasn't This Expanded: Scalable Pilot Programs Chronic Pain and Addictions Committee, Marathon Family Health Team

The HARMS Program for Safer Opioid Prescribing through Systematic Risk Stratification and Urine Drug Testing



As successful as many healthcare programs are, they struggle to expand. Among them is a program in rural Northern Ontario, benefiting Marathon Family Health Team's patients. The High-yield Approach to Risk Mitigation and Safety (HARMS) program is a novel approach to the safe prescribing of opioids in chronic non-cancer pain. It uses universal risk stratification and urine testing to identify high-risk patients, keep tight control of their opioids, and if addiction is identified, then to treat the addiction.

Opioid addiction is even more prevalent in the north, so Marathon FHT formed a chronic pain and addictions committee to combat this crisis. With almost no resources to assist them, the committee drew on risk mitigation literature to create a strategy it could apply to the team's chronic pain patients.

Since the program's inception in 2014, positive results have emerged. Ministry of Health and Long-Term Care statistics show that the number of opioids dispensed by a patient's family physician has decreased by 58 per cent and the number of new opioid prescriptions has decreased by 29 per cent. There are also 20 to 30 patients receiving treatment for addiction now; there were none prior to HARMS.

The committee refuses to simply rest on its laurels, however. With the help of medical students, it is undertaking a program evaluation and expansion. A literature review of evidence on risk stratification and monitoring will allow the committee to streamline processes prior to expansion. The FHT is creating a program website so that other teams can adopt and adapt the program. Given that it was created using limited resources, it should be easily applicable elsewhere.

The committee has also created educational materials about the program, including videos, a handout and presentations. There are now partnerships with researchers in larger centres and the team is awaiting news about funding for a large-scale study that would be the first ever to address whether systematic urine drug testing in patients with chronic non-cancer pain improves safety. Meanwhile, the committee surveys patients annually to





ascertain community perceptions about opioids and has advertised and held information sessions about the program in the communities it serves.

Now that the HARMS program has proven its efficacy, it appears that it will no longer be a secret; instead, the FHT will attempt to help other teams adopt its cost-effective model.

Key Facts:

- Opioid addiction prevalent in Northern Ontario
- Opioids dispensed by family physicians for patients decreased by 58 per cent
- 64 per cent of area patients considered opioids a problem in the community
- 20 to 30 patients now receiving addiction treatment, compared to none prior to program
- Working on program expansion and improvement
- Website now under construction to share information

