Central West **LHIN**

Opioids: Partnering in Practice

Dr. Tamara Wallington, FRCPC
Vice President, Clinical
Central West LHIN

Ontario
Health Quality Ontario
Qualité des services de santé Ontario

OntarioMD
Empowered Practices. Enhanced Care.

Canadian Mental Health Association
Mental health for all

Ontario
Central West Local Health Integration Network

Welcome and Introductions

Ontario
Health Quality Ontario
Qualité des services de santé Ontario

OntarioMD
Empowered Practices. Enhanced Care.

Canadian Mental Health Association
Mental health for all

Ontario
Central West Local Health Integration Network

Objectives of this learning session

- Provide an overview of the *MyPractice* - Primary Care Report
- Review the key recommendations of the Health Quality Ontario Opioid Use Disorder Quality Standards and Opioid Prescribing for Acute and Chronic Pain Quality Standards
- Provide an overview of the partnered efforts for safe opioid prescribing and using your EMR to help you do this well

Ontario Health Quality Ontario Qualité des services de santé Ontario

OntarioMD Empowered Practices. Enhanced Care.

Canadian Mental Health Association *Mental health for all*

Ontario Central West Local Health Integration Network

Christine's story

- In the report, 9 Million Prescriptions, Christine, a registered nurse in Ottawa who suffers from chronic pain after a car collision shares her experiences with opioids – the benefits and the harms.

"MY HIP, LEG, SHOULDER AND BACK, ***ALL THE MUSCLES WOULD CONTRACT AND THEY WOULDN'T RELEASE," CHRISTINE SAID. "IT WAS LIKE GETTING A CHARLEY HORSE, BUT IT COULD BE CONSTANT AND LAST FOR A COUPLE OF HOURS. I WAS FEELING THIS EVERY DAY."***

Partnering in Practice Central West LHIN

DR DAVID M KAPLAN

PRIMARY CARE LEAD

Health Quality Ontario

Let's make our health system healthier

Disclosure of Commercial Support

- **This program has received no commercial financial support**
- **This program has received no in-kind commercial support**

Disclosure

- Dr. David Kaplan receives salary support from Health Quality Ontario
- Dr. Kaplan is the Medical Director for Telemedicine at Right Health

Learning Objectives

- Learn how to access their own Opioid Prescribing via the MyPractice, Primary Care Report
- Be aware of the HQO Opioid Quality Standards

Issue

1 in 170 deaths

Approximately 1 of every 170 deaths in Ontario is now related to opioid use.

Among young adults aged 25 to 34, 1 of every 8 deaths is related to opioids.

High Prescription Rates

Opioid prescription rates have escalated such that there were 600 prescriptions per 1,000 Ontarians.

Ontario has the highest rates of opioid prescribing in Canada, and Canada has the second highest prescribing rates in the world.

18,829 admissions

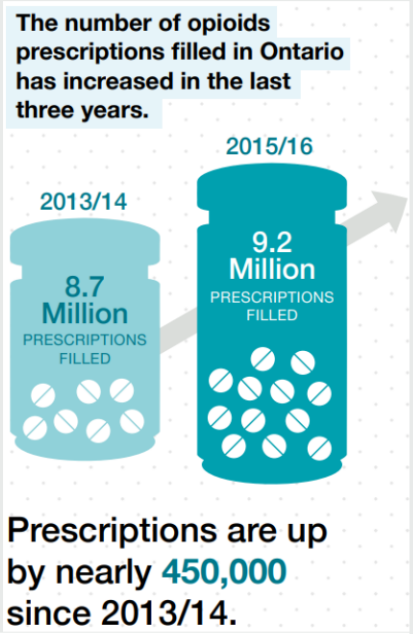
There were 18,829 opioid toxicity related hospital admissions in Ontario between 2003 and 2013.

Hospitalization due to opioid toxicity increase 22.5% across all age groups between 2006 and 2013.

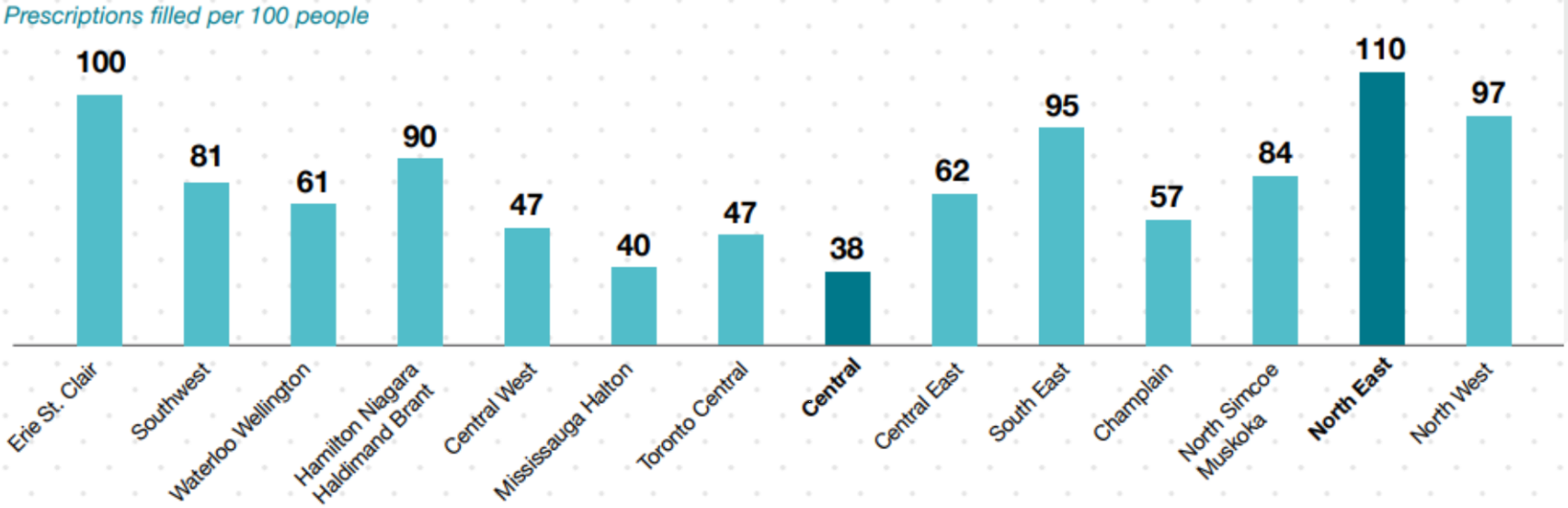
2

Setting the stage

- Overdoses and deaths associated with Opioid use, misuse and abuse have been on the rise[1].
- In 2015, over 700 people died in Ontario from opioid-related causes, **a 194% increase** since 2003[1].

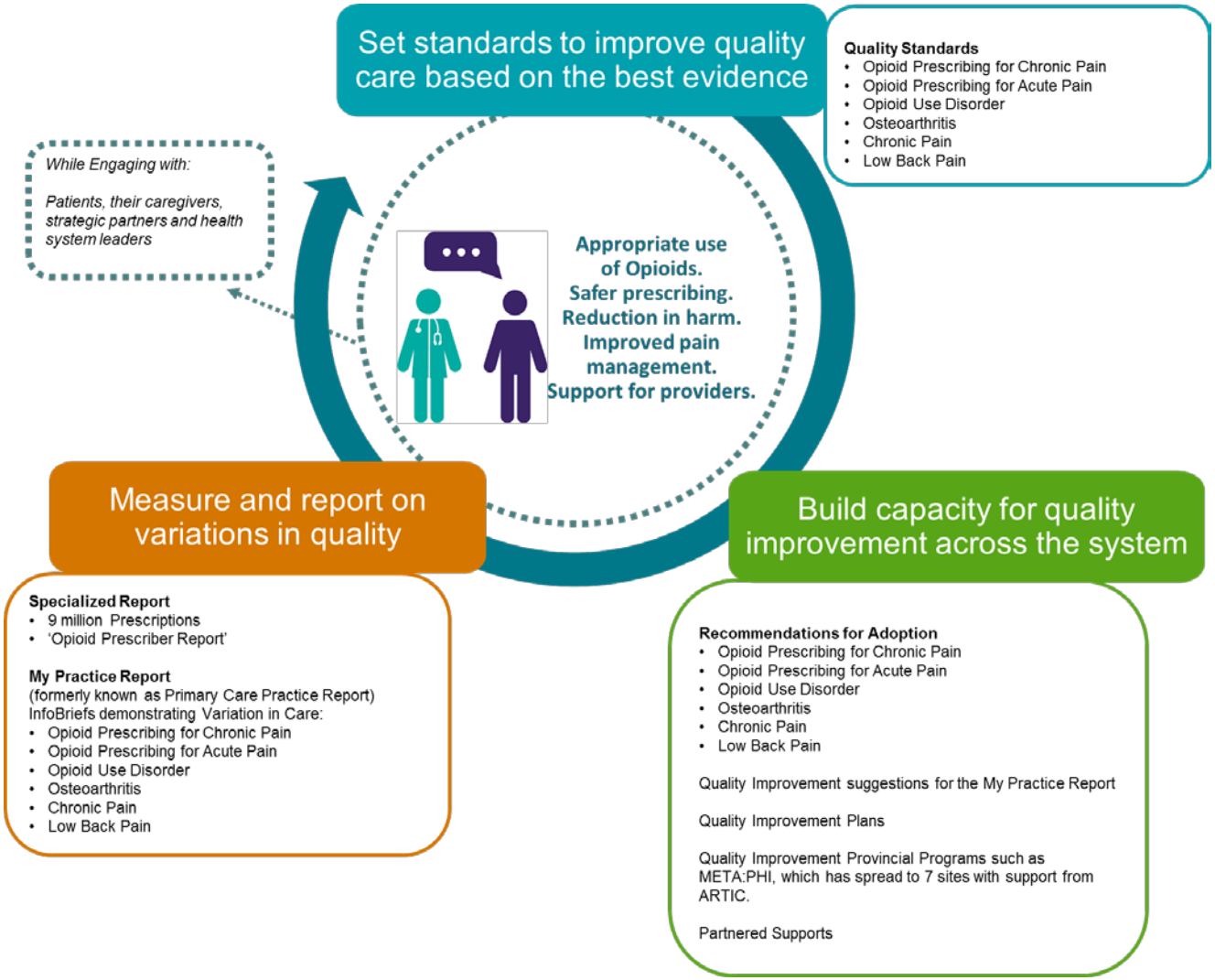


The number of opioid prescriptions filled varies substantially by region in Ontario.



1. Source: Health Quality Ontario. *9 Million Prescriptions: What we know about the growing use of prescription opioids in Ontario.* Queen's Printer of Ontario. 2017. Available from: http://opioidprescribing.hqontario.ca/

Ontario-Wide Collaboration for Pain Management & Opioid Use



Ontario
Health Quality Ontario

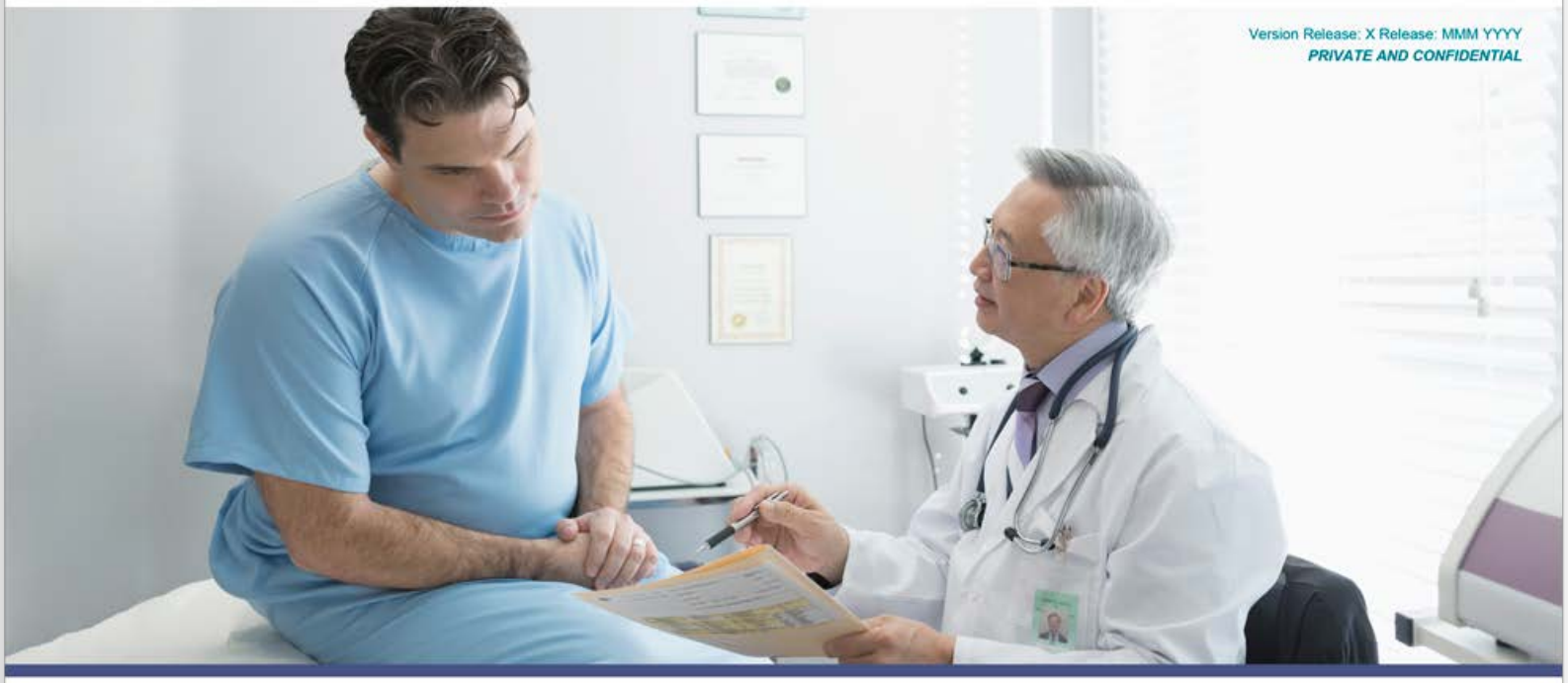
Patients with pain need help from their family physicians and experts advise against rapid tapering or suddenly discontinuing opioids.

Experts also advise against terminating the physician-patient relationship in patients who are being prescribed opioids

*My*Practice

A personalized report for quality care

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



Version Release: X Release: MMM YYYY
PRIVATE AND CONFIDENTIAL

Health Quality Ontario

Let's make our health system healthier

In partnership with:

ICES · Ontario College of Family Physicians · afhto association of family health teams of ontario · Centre for Effective Practice · OntarioMD

Practice Level Data

Dashboard

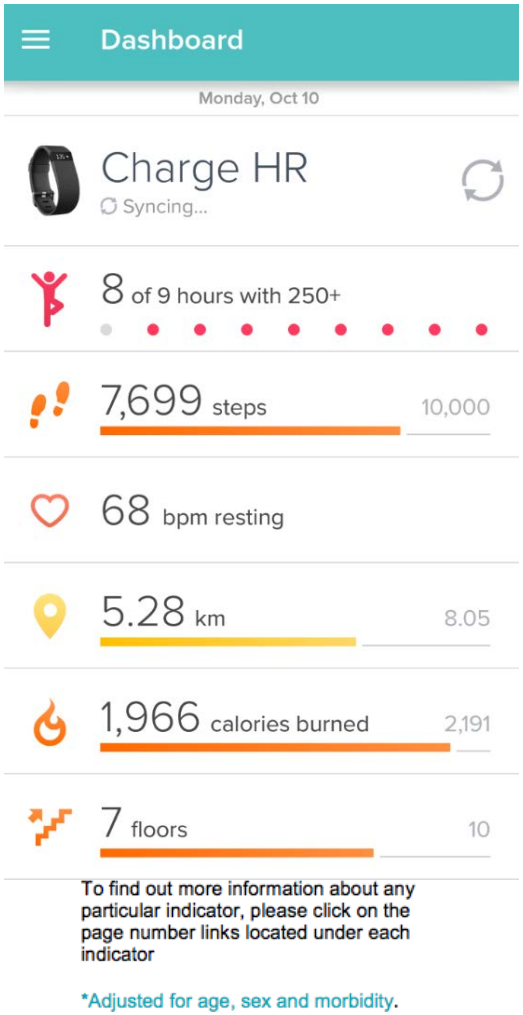
Data reporting period ending: March 31, 2014

HbA1C testing Pg. 12	-0.9%	
LDL testing Pg. 12	1%	
Retinal exam testing Pg. 13	1.1%	

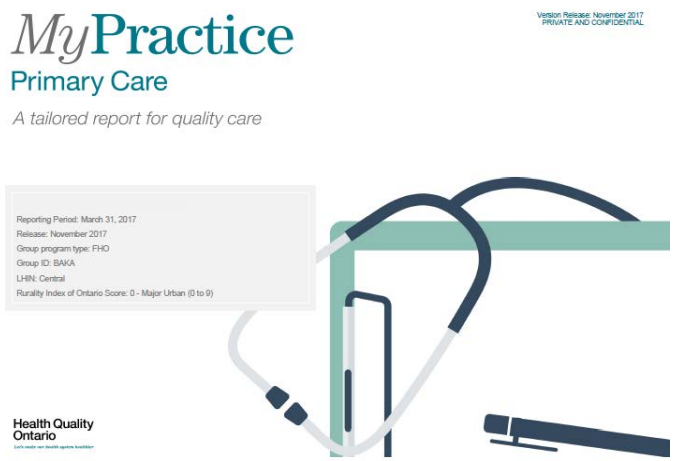
0% 100%

What resources are our patients using?

	Change from Sep 13 to Mar 14 (practice)	My Practice	My XXX	Ontario
Less/ Non-Urgent ED Visits (rate per 1,000)* Pg. 19	-6.3	160.0	172.4	148.4



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”.

Key Messages

- Patients with pain need help from their family physicians and experts **advise against rapid tapering or suddenly discontinuing opioids. Experts also advise against terminating the physician-patient relationship in patients who are being prescribed opioids**

- There is a group on Quorum, Ontario's new health care QI community, to help you make use of the data available in your *My*Practice – Primary Care report by providing you with the following:
  - Access to EMR queries to help you break down your practice-level opioid prescribing data to the patient-level
  - A document library including clinician resources on a variety of topics, and patient-friendly videos/handouts/posters to include in your waiting room or examination room.

Contribute to the discussion and share tools/resources with the primary care community here:
https://quorum.hqontario.ca/en/Home/Community/Groups/Activity/groupid/50

Dashboard

Overall Indicators Summary

Data as of March 31, 2017

NEW

	# Patients Dispensed an Opioid	# Patients Newly Dispensed an Opioid	# Patients Dispensed an Opioid and Benzodiazepine	# Patients With a High-Dose Opioid >90 mg MEQ Daily
Opioid Prescribing (pages 5-9)	**61**	**47**	**8**	**1 to 5**

	My Priority Indicators for Review (below 40th percentile)	My Indicators Around Average (between 40th - 75th percentile)	My Indicators Above Average (above 75th percentile)
Cancer Screening (pages 12-15)	None	· Pap smear testing · Mammogram testing · Any Colorectal screening	None
Diabetes Management (pages 17-21)	None	· Retinal Exam testing	· HbA1C testing

*Percentiles are based on physicians registered for the *MyPractice*: Primary Care report

Whom am I caring for?

# of Patients	Age (mean)	% Male	% Rural
1,127	**48.3**	**51.2%**	**1.1%**

† Data suppressed as per ICES' privacy policy (e.g. number of patients between 1 to 5);
N/A: Data not available; ¨ Please interpret with caution, denominator ≤ 30

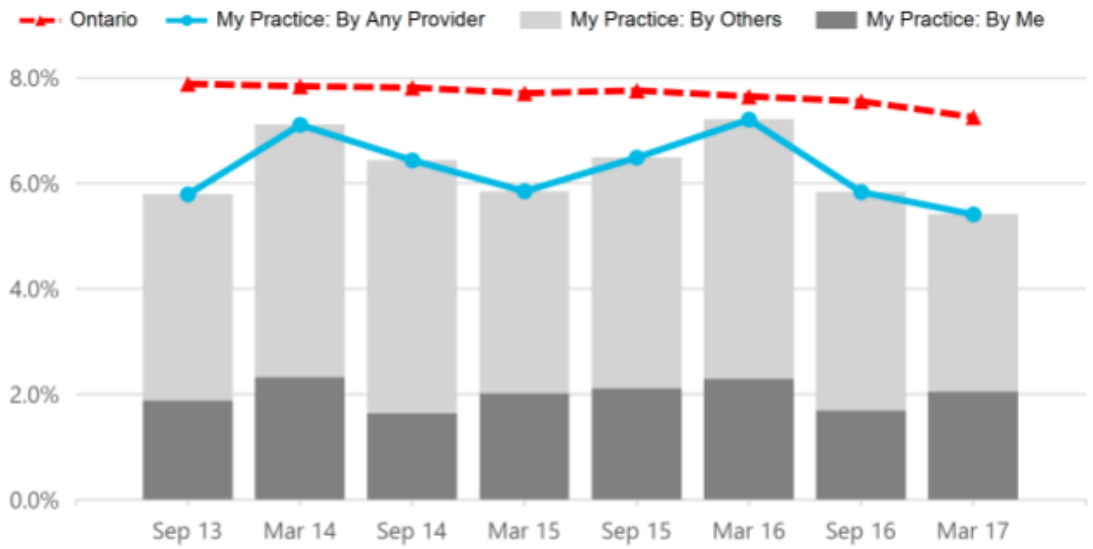
Indicator 1: Opioid Prevalence

Opioids Dispensed

Data as of March 31, 2017

What percentage of my non-palliative care patients have been dispensed an opioid prescription (excluding opioid agonist therapy) within the last 6 months?

- As of March 31, 2017, 5.4% of my patients have been dispensed an opioid prescription. 37.7% of those opioids were prescribed by me and 62.3% were prescribed by other providers (e.g., other family physicians, dentists, surgeons).
- My group and LHIN percentages are 5.8% and 5.9%, respectively. The provincial percentage is 7.3%. **These percentages are for context only and do not represent a target.**



† Data suppressed as per ICES' privacy policy (e.g. number of patients between 1 to 5); N/A: Data not available; ¨ Please interpret with caution, denominator ≤ 30

Palliative care patients are not included; they were identified from hospital and physician billing claims data. Opioid medications do not include opioid agonist therapy, opioid cough and anti-diarrheal medications.

Number of my patients who have been dispensed an opioid within the last 6 months

By Me : **23**
By Other Providers: **38**

Your patients who have pain need you.

Sometimes opioid prescriptions are appropriate. The data cannot weigh the benefits against the possible harms, but they can point to practice patterns worthy of reflection.

How many patients are taking opioids for a short-term acute use? Longer-term chronic use? (page 10)

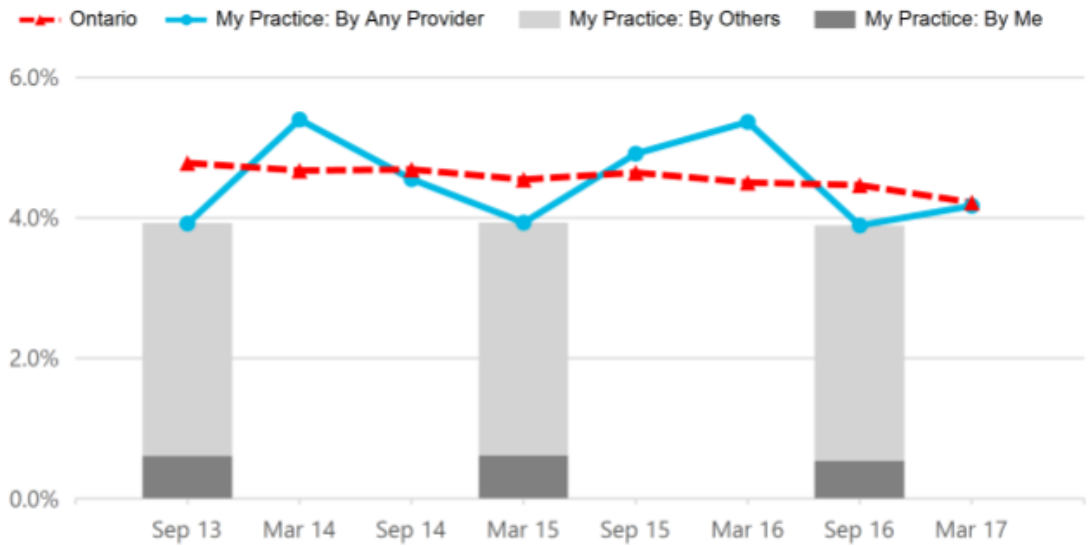
Indicator 2: Opioid Incidence

New Opioids Dispensed

Data as of March 31, 2017

What percentage of my non-palliative care patients have been newly dispensed an opioid prescription (excluding opioid agonist therapy) within the last 6 months?

- As of March 31, 2017, 4.2% of my patients have been newly dispensed an opioid prescription. † of those opioids were prescribed by me and † were prescribed by other providers (e.g., other family physicians, dentists, surgeons).
- My group and LHIN percentages are 4.2% and 4.0%, respectively. The provincial percentage is 4.2%. **These percentages are for context only and do not represent a target.**



† Data suppressed as per ICES' privacy policy (e.g. number of patients between 1 to 5); N/A: Data not available; ¨ Please interpret with caution, denominator ≤ 30

Palliative care patients are not included; they were identified from hospital and physician billing claims data. Opioid medications do not include opioid agonist therapy, opioid cough and anti-diarrheal medications.

Number of my patients newly dispensed an opioid within the last 6 months

By Me : †
By Other Providers: †

Your patients who have pain need you.

Sometimes opioid prescriptions are appropriate. The data cannot weigh the benefits against the possible harms, but they can point to practice patterns worthy of reflection.

How can I reflect on my opioid prescribing patterns in my practice? (page 10)

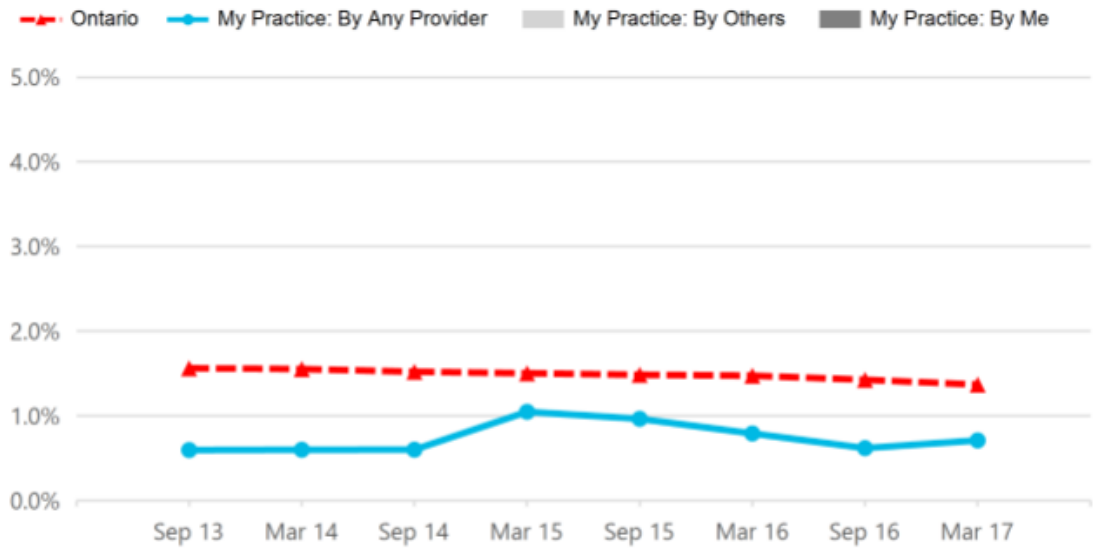
Indicator 3: Opioid and Benzodiazepine

Opioids and Benzodiazepines Dispensed

Data as of March 31, 2017

What percentage of my non-palliative care patients have been dispensed an opioid (including opioid agonist therapy) and benzodiazepine within the last 6 months?

- As of March 31, 2017, 0.7% of my patients have been dispensed an opioid and benzodiazepine. †¨ of those co-prescription were prescribed by me and †¨ were prescribed by other providers (e.g., other family physicians, dentists, surgeons).
- My group and LHIN percentages are 1.0% and 1.0%, respectively. The provincial percentage is 1.4%. **These percentages are for context only and do not represent a target.**



† Data suppressed as per ICES' privacy policy (e.g. number of patients between 1 to 5); N/A: Data not available; ¨ Please interpret with caution, denominator ≤ 30

Palliative care patients are not included; they were identified from hospital and physician billing claims data. Opioid medications do not include opioid cough and anti-diarrheal medications.

Number of my patients dispensed an opioid and benzodiazepine within the last 6 months

Both by Me : **†**
One or Both by Other Providers: **1 to 5**

Your patients who have pain need you.

The pharmacology suggests that sedatives and opioids enhance the depressant effect of the other, worsening the balance of harms versus benefits, though supporting evidence is unavailable. The expert perspective is that opioids and benzodiazepines should very rarely be prescribed together (1).

How can I reflect on my opioid prescribing patterns in my practice? (page 10)

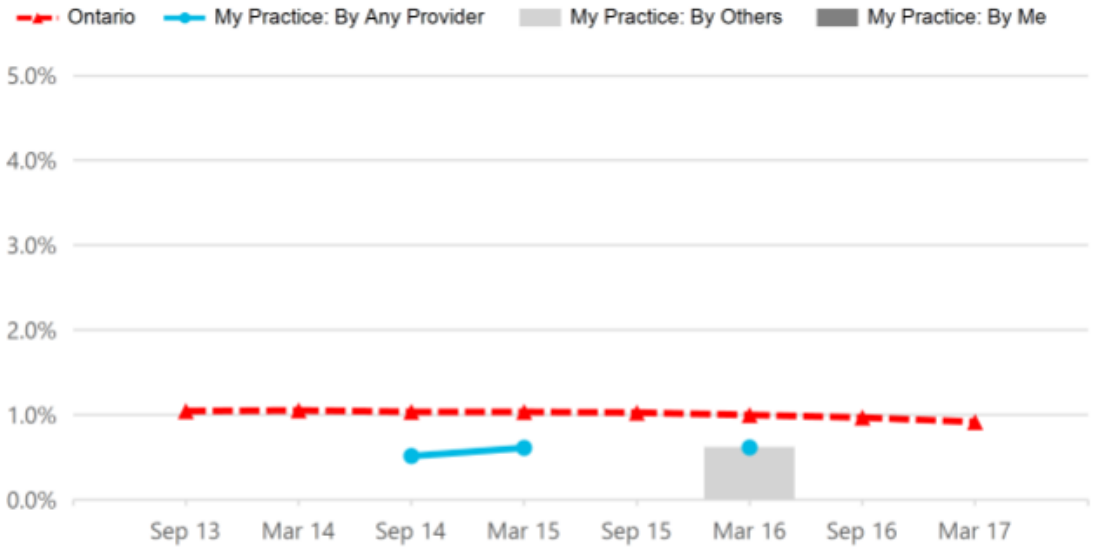
Indicator 4: Opioid High Dose

High-Dose Opioids Dispensed

Data as of March 31, 2017

What percentage of my non-palliative care patients have at least one high-dose opioid >90 mg MEQ daily within the last 6 months?

- As of March 31, 2017, † of my patients have a high-dose opioid >90 mg MEQ daily. † of those opioids were prescribed by me and † were prescribed by other providers (e.g., other family physicians, dentists, surgeons).
- My group and LHIN percentages are 0.5% and 0.6%, respectively. The provincial percentage is 0.9%. **These percentages are for context only and do not represent a target.**



† Data suppressed as per ICES' privacy policy (e.g. number of patients between 1 to 5); N/A: Data not available; ¨ Please interpret with caution, denominator ≤ 30

Palliative care patients are not included; they were identified from hospital and physician billing claims data. Opioid medications do not include opioid agonist therapy, opioid cough and anti-diarrheal medications.

Number of my patients with a high-dose opioid >90mg MEQ daily within the last 6 months

By Me : **1 to 5**
By Other Providers: **1 to 5**

Your patients who have pain need you.

Moderate quality evidence suggests a dose-dependent increase in risk as the prescribed dose of opioids increases. Some patients may gain important benefit at a dose of more than 90 mg MEQ daily (1). The data need to be interpreted in that context.

How many of my patients with chronic non-cancer pain are taking opioids outside of the recommended use guidelines? (page 10)

There is a group on Quorum, Ontario's new health care Quality Improvement community, to help you make use of the data available in your *My*Practice Primary Care report

http://bit.ly/mypracticeQI

Quality standards outline for clinicians and patients what quality care looks like.

Quality Standards

Each quality standard focuses on a certain health care issue and consists of:

A patient guide

A clinical guide

An information brief

Quality indicators

Recommendations for adoption

Quality Standards

Three new Quality Standards are being released:

- Opioid Prescribing for Acute Pain
- Opioid Prescribing for Chronic Pain
- Opioid Use Disorder (Opioid Addiction)

Quality Standard: Opioid Prescribing for Chronic Pain

A quality standard currently in development

- Do a **Comprehensive Assessment**
- Set **Goals for Pain Relief and Function**
- **Multimodal combination** of nonopioid pharmacotherapy and **nonpharmacological therapies** as first-line treatment
- Provide patients and families **information on Harms of Opioid Use** in order to facilitate **Shared Decision-Making**
- A trial of opioids for chronic pain starts at the lowest effective dose, preferably not to exceed 50 mg morphine equivalents per day.
- People with chronic pain are **not prescribed opioids and benzodiazepines** at the same time
- People prescribed opioids for chronic pain who are subsequently diagnosed with opioid use disorder have **access to opioid agonist therapy**.

Review

- Learned how to access your own Opioid Prescribing via the MyPractice, Primary Care Report
- Become aware of the new HQO Opioid Quality Standards
- Learned about the HQO-Partnered supports available to improve prescribing practices and reduce the harms related to opioids

LET'S CONTINUE
THE CONVERSATION:

hqontario.ca

@HQOntario

HealthQualityOntario

@HQOntario

Health Quality Ontario

Health Quality Ontario

Let's make our health system healthier

Appendix 1: Methods Notes

Download the Complete Technical Appendix here: http://www.hqontario.ca/Quality-Improvement/Guides-Tools-and-Practice-Reports/Primary-Care

Indicator 1: Opioid Prevalence

Percentage of non-palliative care patients dispensed an opioid (excluding opioid agonist treatment) within a 6-month reporting period

Denominator: Patients assigned (rostered & virtually rostered) to a physician for the specific reporting period.

Exclusion: Palliative care patients as identified from hospital and physician billing claims data.

Numerator: Patients dispensed an opioid prescribed by any provider (e.g. primary care physician, surgeon, internists, other physicians' specialties, dentists, nurse practitioners) within a 6 month look back period.

Notes:

- Opioid agonist treatment, cough and antidiarrheal opioid medications were not included in the opioid definition.
- This indicator is stratified by me and by others:
    - "By me": the assigned physician prescribed at least one opioid that was dispensed to the patient.
    - "By others": the assigned physician did not prescribe any opioids that were dispensed to the patient.

Data source: Client Agency Program Enrolment (CAPE), Canadian Institute of Health Information (CIHI) Discharge Abstract Database (DAD), OHIP (Ontario Health Insurance Program), RPDB (Registered Persons Database), Narcotics Monitoring System (NMS)

Indicator 2: Opioid Incidence

Percentage of non-palliative care patients dispensed a new opioid (excluding opioid agonist treatment) within a 6-month reporting period

Denominator: Patients assigned (rostered & virtually rostered) to a physician for the specific reporting period.

Exclusion: Palliative care patients as identified from hospital and physician billing claims data.

Numerator: Patients newly dispensed an opioid within a 6-month reporting period.

New dispensations were defined using a 6-month washout period i.e., no opioid prescription within 6 months of the first opioid prescription in the reporting period.

Notes:

- Opioid agonist treatment, cough and antidiarrheal opioid medications were not included in the opioid definition.

- This indicator is stratified by me and by others:

  - "By me": the assigned physician prescribed at least one of the newly started opioids dispensed to the patient.

  - "By others": the assigned physician did not prescribe any of the newly started opioids that were dispensed to the patient.

Data source: Client Agency Program Enrolment (CAPE), Canadian Institute of Health Information (CIHI) Discharge Abstract Database (DAD), OHIP (Ontario Health Insurance Program), RPDB (Registered Persons Database), Narcotics Monitoring System (NMS)

Indicator 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

Denominator: Patients assigned (rostered & virtually rostered) to a physician for the specific reporting period.

Exclusion: Palliative care patients as identified from hospital and physician billing claims data.

Numerator: Patients having an opioid (including OAT) and a benzodiazepine prescription dispensed at any time within a 6 month reporting period.

Notes:

- Cough and antidiarrheal opioid medications were not included in the opioid definition.

- Prescriptions do not have to be dispensed together or overlap in any way.

- This indicator is stratified by me and by others:

  - "By me": the assigned physician prescribed both an opioid and benzodiazepine that were dispensed to the patient.

  - "By others": the assigned physician did not prescribe both an opioid and benzodiazepine that were dispensed to the patient.

Data source: Client Agency Program Enrolment (CAPE), Canadian Institute of Health Information (CIHI) Discharge Abstract Database (DAD), OHIP (Ontario Health Insurance Program), RPDB (Registered Persons Database), Narcotics Monitoring System (NMS)

Indicator 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

Denominator: Patients assigned (rostered & virtually rostered) to a physician for the specific reporting period.

Exclusion: Palliative care patients as identified from hospital and physician billing claims data.

Numerator: Patients that had an average daily dose of > 90 MEQ on at least one day within a 6 month reporting period.

Notes:

- Opioid agonist treatment, cough and antidiarrheal opioid medications were not included in the opioid definition.

- This indicator is stratified by me and by others:

  - "By me": the assigned physician prescribed >90 MEQ to the patient on at least one day.
  - "By others": the assigned physician did not prescribe >90 MEQ to the patient on at least one day.

Data source: Client Agency Program Enrolment (CAPE), Canadian Institute of Health Information (CIHI) Discharge Abstract Database (DAD), OHIP (Ontario Health Insurance Program), RPDB (Registered Persons Database), Narcotics Monitoring System (NMS)

Partnered Efforts in Safe Opioid Prescribing

CWLHIN Family Medicine Rounds

June 19, 2018

Darren Larsen, MD, CCFP, MPLc

CMIO OntarioMD

OntarioMD

Empowered Practices. Enhanced Care.

Presenter Disclosure

Presenter: Darren Larsen

Relationships with commercial interests: None

Disclosure of Commercial Support

Commercial Support: None

Potential for conflict(s) of interest: None

Mitigating Potential Bias

Vetted by Peer Leader team and Partnership panel for content accuracy

Opioid Partnered Supports

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

Is There an Opioid Crisis?

OntarioMD

Ministry of Health Response

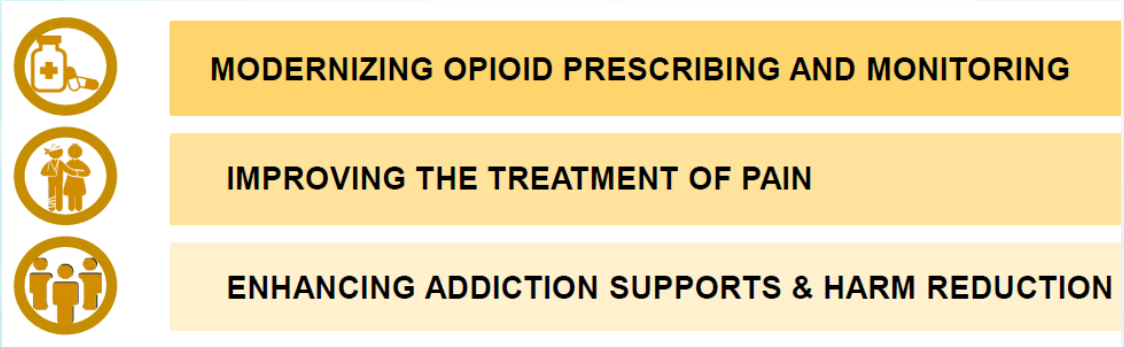
- As the government rolls out $222 million in new investments to fight the opioid crisis that were announced last week, the Premier and I have directed that the flow of funding for harm reduction initiatives be accelerated.

September 7, 2017

OntarioMD

Provincial strategy to prevent opioid addiction & overdose

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

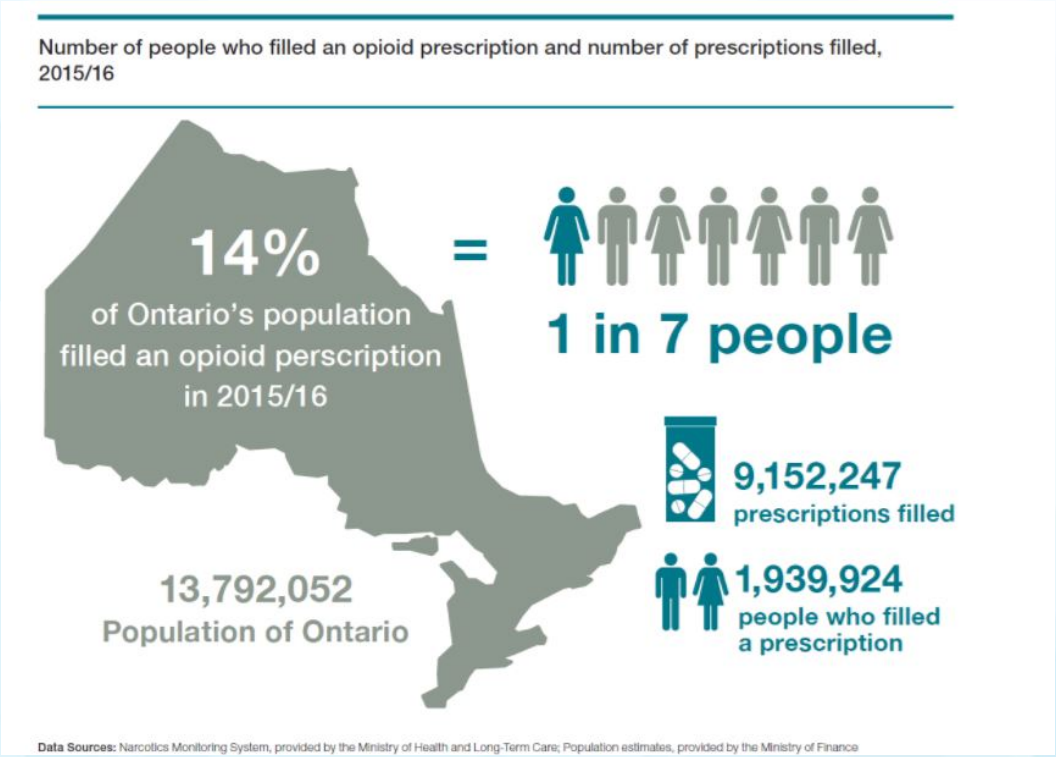


On August 29, 2017 the Ontario government announced further investments over three years to enhance this strategy

Health Quality Ontario's Report

OntarioMD

Health Quality Ontario's Report



OntarioMD

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

Opioid Specialized Report Finds…

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

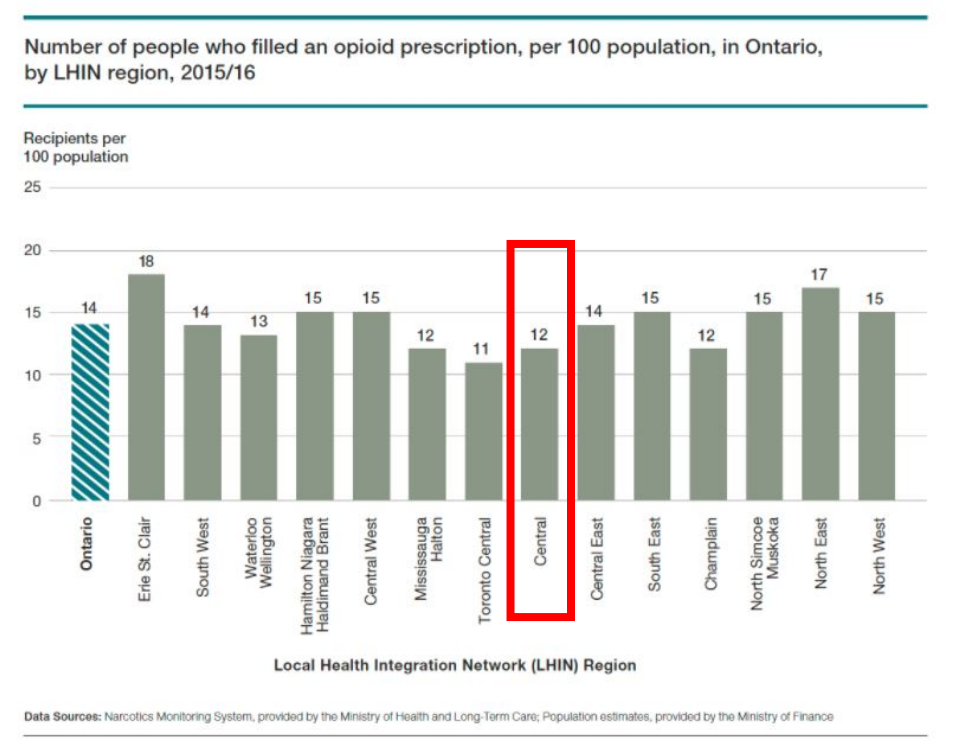
Prescriber type	New starts	Total number of prescriptions filled*	Percentage of prescriptions that are new starts
Family doctors	**600,549**	**6,882,720**	**8.7%**
Surgeons	**275,778**	**492,729**	**56.0%**
Dentists	**222,001**	**298,722**	**74.3%**
Other doctors	172,084	584,561	29.4%
Other non-doctors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

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

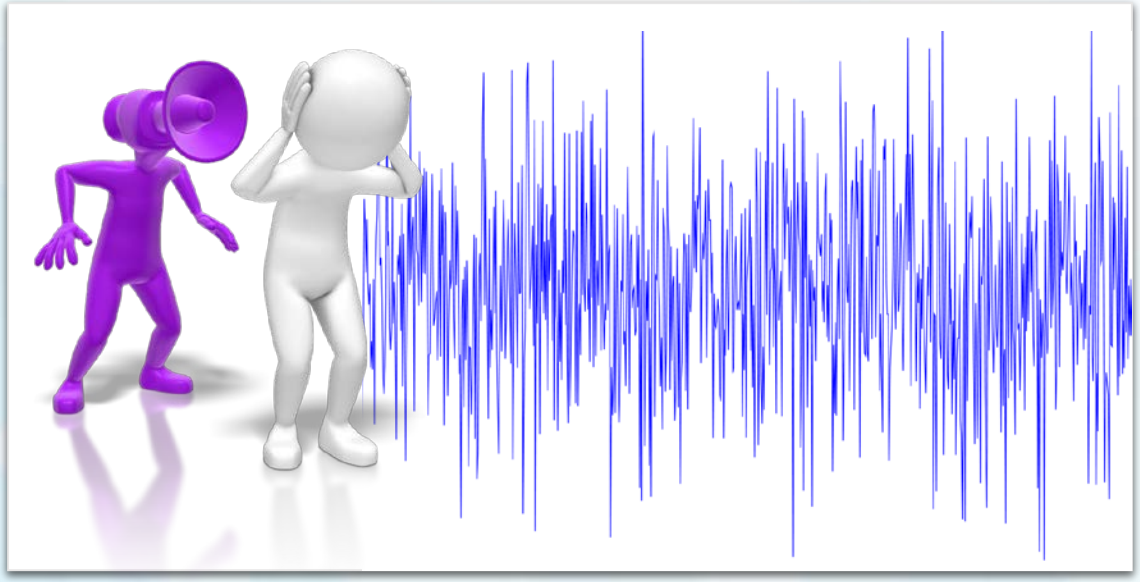
- There were nearly 1.3 million new starts of opioid prescriptions in Ontario in 2016
- High-dose new starts of opioids by surgeons vary widely by LHIN region
- New starts of hydromorphone and tramadol are increasing
- Nearly half of new starts of opioids by family doctors, and more than 1 in 10 new starts by surgeons, were for a supply of more than 7 days

OntarioMD

Rx's per 100 population; LHINs



OntarioMD



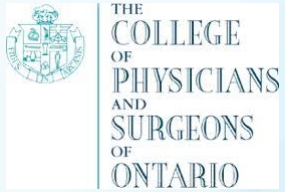
The Opioid Crisis for Clinicians Feels like….

What will it take to solve it?

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

Provincial partnership work

Greater chance of success in partnerships




mazco

Facilitate Education

Collaboration with partners to ensure educational resources in place

Guide

Prescribing Drugs Policy – To be reviewed 2018

Assess

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

Investigate

Regular complaints + Possible inappropriate prescribing identified from NMS data

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

What is known

- 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 is expected

- 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

Health Quality Ontario

Health Quality Ontario

OntarioMD

Health Quality Ontario

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)

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

OntarioMD Delivers on OPST

EMR PHYSICIAN DASHBOARD

EMR PRACTICE ENHANCEMENT PROGRAM

PEER LEADER PROGRAM

EMR PROGRESS ASSESSMENT TOOL

PROVINCIAL eCONSULT INITIATIVE

EMR CERTIFICATION PROGRAM

EMR: EVERY STEP CONFERENCE

ON THE ROAD WITH ONTARIOMD

OntarioMD

Peer Leaders: Practice Effectiveness

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.

OntarioMD

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

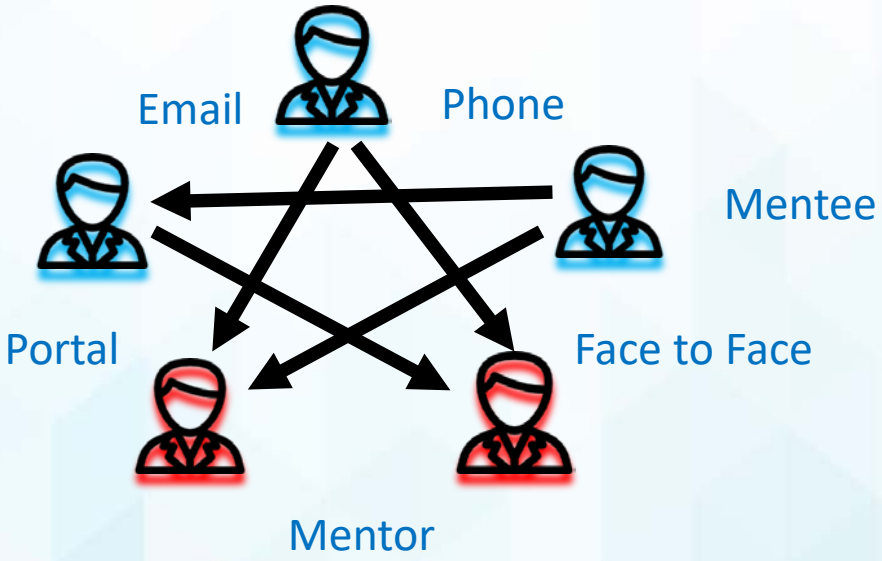
- QI work now focused on 40+ measures, including opioid guidelines
- Will help with the change required to make QI real in practice using real time EMR data
- Combined with field teams who understand workflow
- Incorporating peer leaders and external help when required and useful
- Cooperative not competitive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

Ontario College of Family Practitioners

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

MEDICAL MENTORING FOR ADDICTIONS AND PAIN (MMAP)

Mentorship – Small Groups



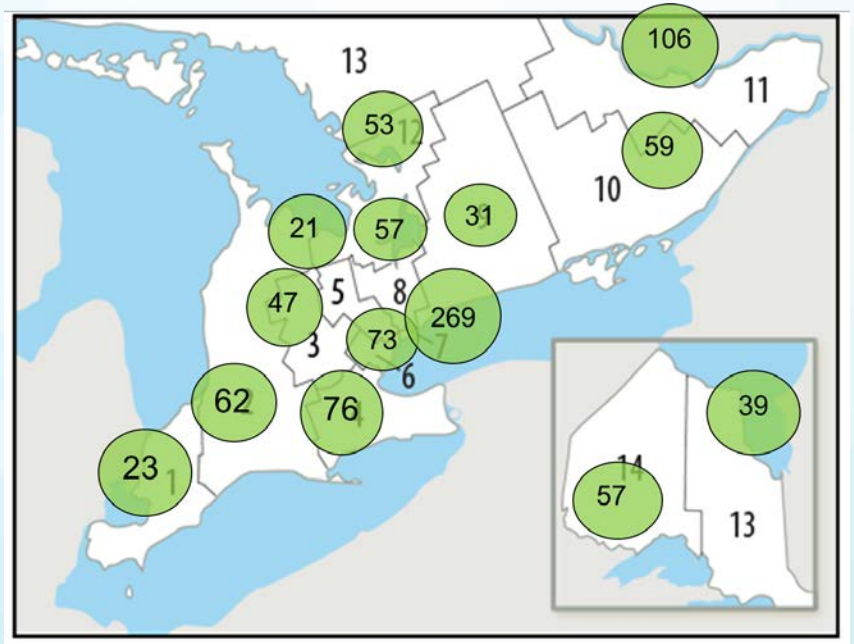
Adaptive

Responsive

Evidence to practice

Network Membership

Cumulative network membership by LHIN



OntarioMD

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

McMaster University | Michael G. DeGroote National Pain Centre

OPIOID MANAGER

University of Toronto Faculty of Medicine

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

Association of Family Health Teams of Ontario

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

Centre for Addiction and Mental Health

- Expanding treatment networks throughout the province
- Educational content and courses with partners (in person)
- Subject matter expertise

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

What can you do in your EMR?

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

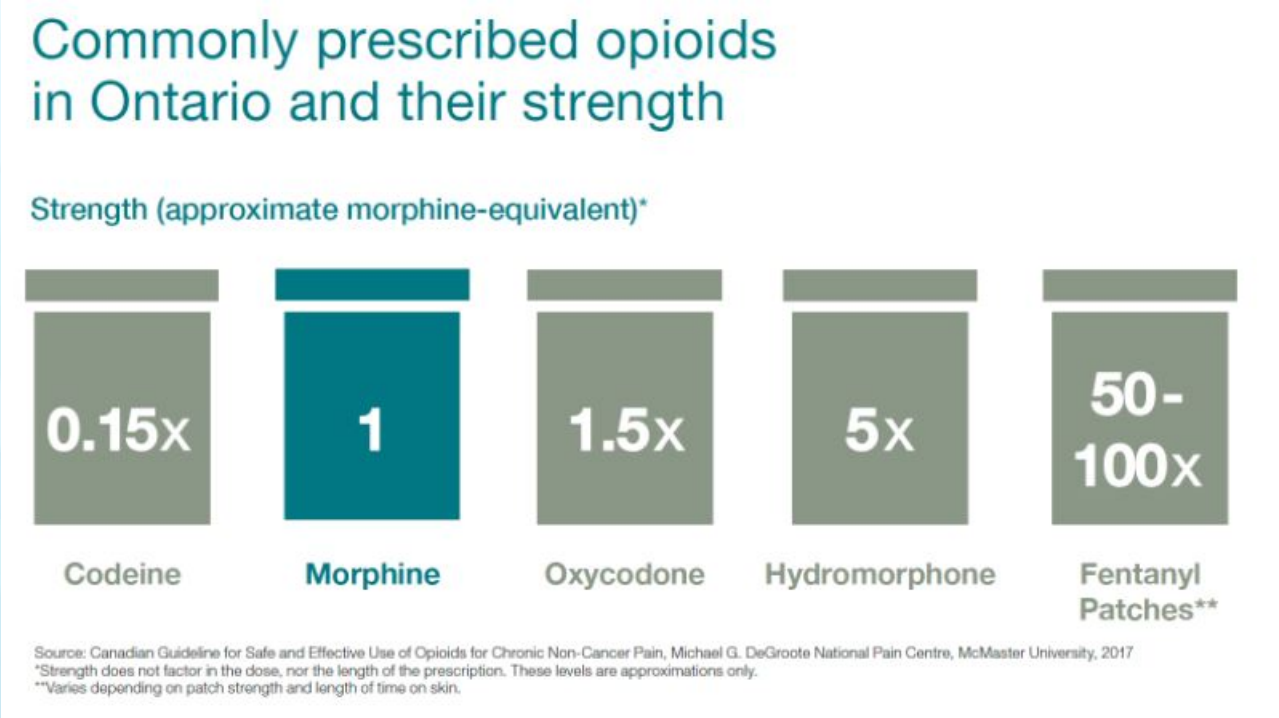
Understand your population

- 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



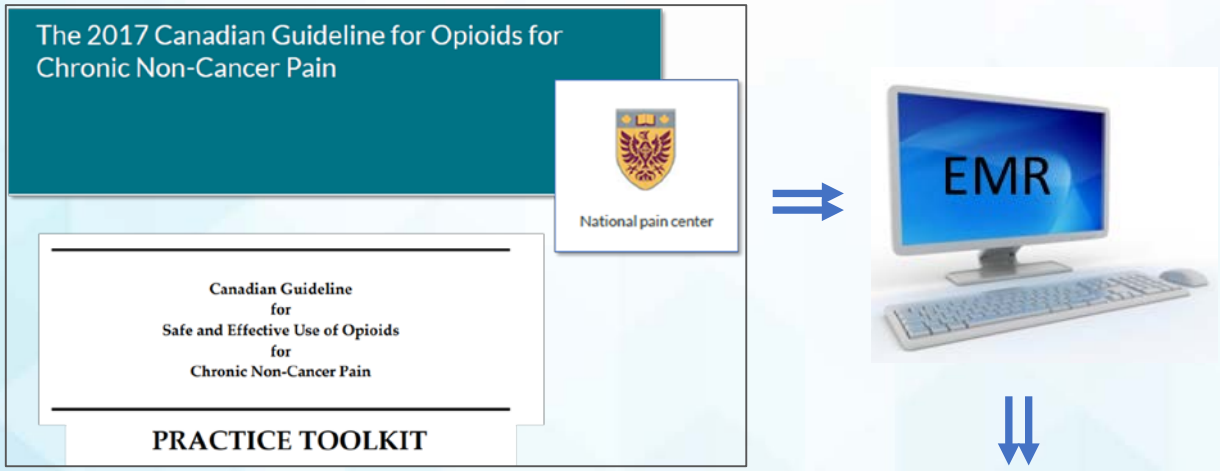
Creating reminders and alerts

- 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 / CEP in their Opioid Toolkit and many other places
- Likely all narcotics patients longer than 30 days
- Couple this with an assessment of addiction risk

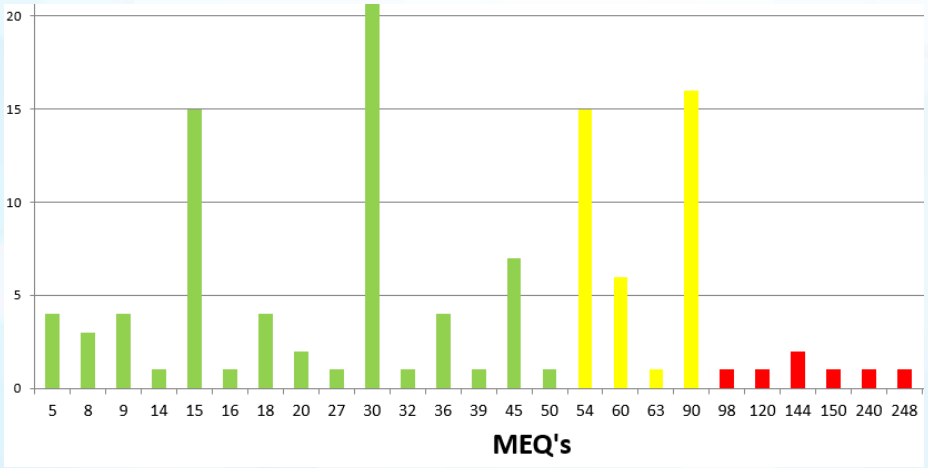
Toolbars

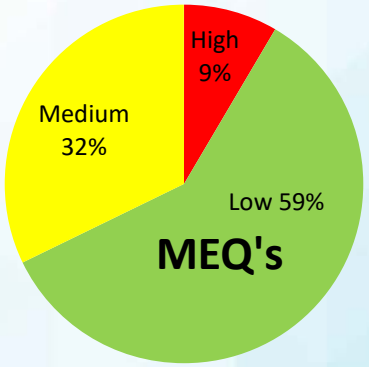


Credit: Dr. Kevin Samson, Wellington East FHT

Next Steps

Dashboard





National pain center

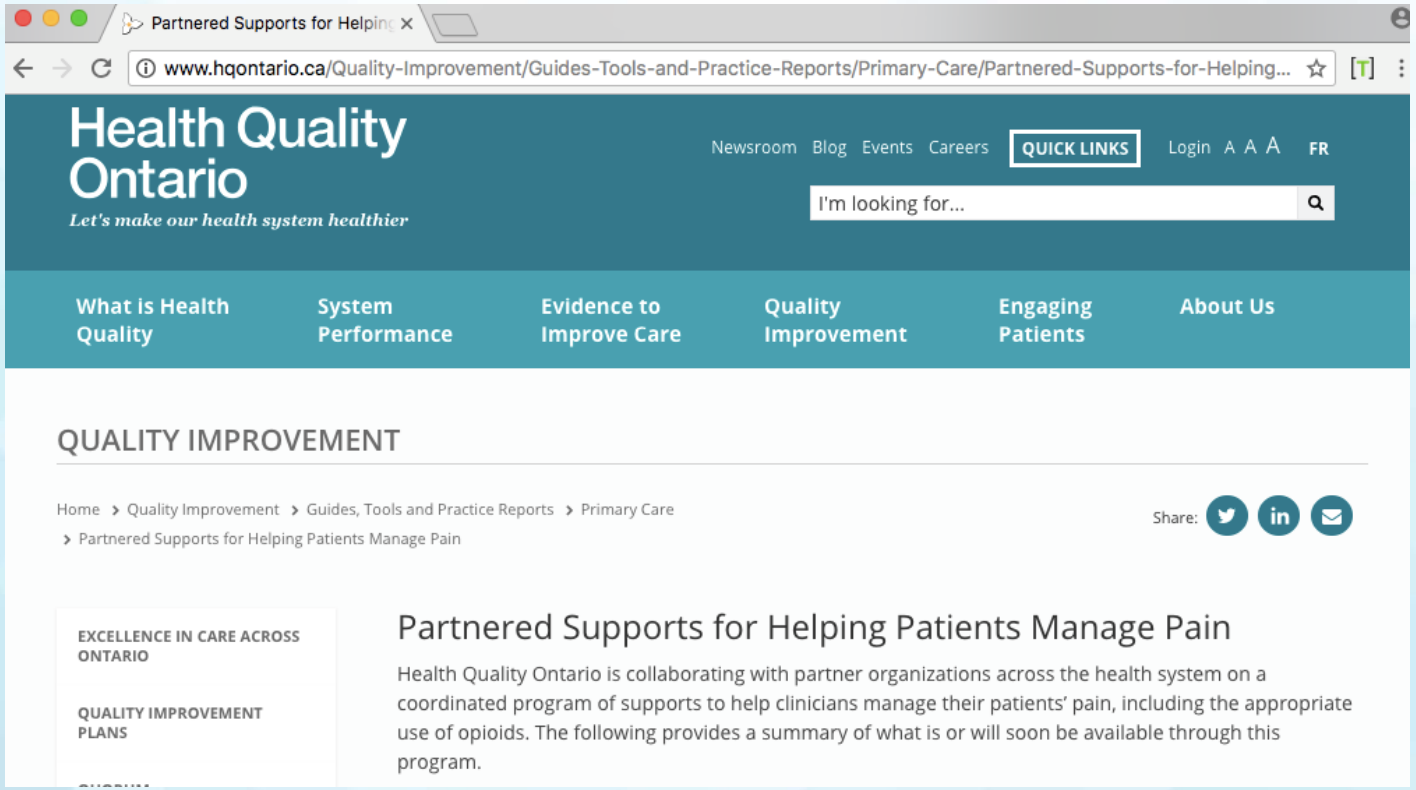
Partnering with the **Guideline Steering Committee**
to include more specific and advanced decision support
and to implement a research program to measure the impact

Credit: Dr. Kevin Samson, Wellington East FHT

Define an action plan

- Regular searches
- Who is responsible?
- Recalls and follow up
- Define who may benefit from tapering
- Narcotics contracts for all chronic opioid users
- Consider outside help for the highest risk patients
  - Consult partners!

Partnership Website



OntarioMD

Thank You!

Darren.Larsen@OntarioMD.com @larsendarren

OntarioMD
Empowered Practices. Enhanced Care.

Canadian Mental Health Association
Peel Dufferin
Mental health for all

Association canadienne pour la santé mentale
Peel Dufferin
La santé mentale pour tous

Rapid Access Addiction Clinic

Strategy to Prevent Opioid Addiction and Overdose in the Central West LHIN

Led by CMHA Peel

Rapid Access Addiction Clinic

TEAM BASED

Nurse Practitioner led clinic with multi-disciplinary team, including:

- Concurrent Disorder Specialists
- Pharmacy (as per NP discretion)
- Psychiatry (as per NP discretion)

OUTCOMES

- Retention in treatment
- Reduction in substance use/safer substance use
- Reduced stigma
- Reduced ED visits/hospitalizations
- Reduced Healthcare Spending

Walk-In

Barrier-free access to NP for assessment and treatment

Booked Appointments

Appointment based treatment goals, including medication, counselling and referral

Knowledge Exchange

Sharing of best practices & supports

Canadian Mental Health Association
Peel Dufferin
Mental health for all

Rapid Access Addiction Clinic

Walk-In

Low barrier access to NP for assessment and treatment

Booked Appointments

Appointment based treatment, including medication, counselling and referral

Knowledge Exchange

Sharing of best practices & supports

The core responsibilities of the RAAC clinic include:

- Diagnose substance use and concurrent mental health disorders
- Initiate pharmacotherapy
- Provide harm reduction interventions and advice
- Overdose prevention guidance
- Provide brief solution-focused counselling, trauma-informed care
- Make appropriate links to community services for addiction, psychosocial, and social services
- Link clients back to primary care when stable
- Connect clients to primary care providers if unattached
- Educate and support health care providers about addiction treatment
- Provide advice and support to primary care physicians

CD Specialists developing and delivering ***education*** and ***training*** sessions for stakeholders including:

- Shelters
- Community Partners
- Hospital
- Primary Care
- Etc.

Canadian Mental Health Association
Peel Dufferin
Mental health for all

NURSE PRACTITIONER'S ROLE AT THE RAAC

INCLUDES BUT NOT LIMITED TO:

- Provide clinical leadership and client consultation to other team members (CD specialist)
- Assess and attend to staff, client and clinic needs
- Determine client care needs and treatment plan, appropriate care procedures and formal referral pathways (the need for the Psychiatrist, Pharmacist or external Referrals)
- Initiate, monitor, evaluate and revise client treatment plan
- Close coordination and collaboration with other RAAC team members
- Provide continuous oversite of client care processes throughout client's stay

Current Disorder Specialists

Are the point of contact for their own Sub-Regions

Their Primary Focus includes:

- Maintaining day-to-day functioning of the clinic (ie., ensuring clinic coverage while off, f/u appointments, maintaining supplies, communication pathways, etc)
- System Navigation, community outreach & stakeholder engagement for own clinic

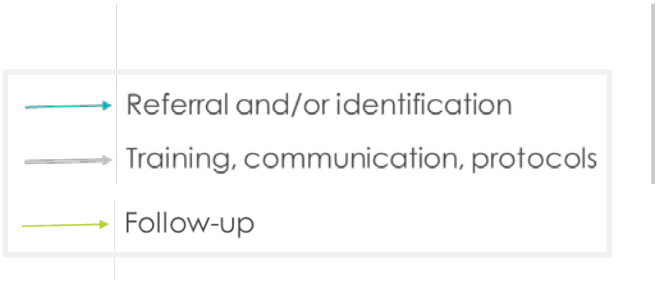
Case management

- Psychosocial support and counselling interventions
- Check on client status post treatment initiation – days 1-5 or as needed
- Maintain open communication with NPs regarding clinic happening through group Huddle, email, or phone calls

Rapid Access Addiction Clinic - Model

- **Rapid Access Addiction Clinic** where clients who are in urgent need of an assessment can be seen without a booked appointment. Clients will be assessed and directed to the Nurse Practitioner immediately for assistance.

- Rapidly assessing, educating and prescribing to reduce risk, craving and support harm reduction and withdrawal



Canadian Mental Health Association
Peel Dufferin
Mental health for all

RAAC Locations

RAPID ACCESS ADDICTION CLINIC LOCATIONS, DATES & TIMES				
Monday **Rexdale** Walk-In 10-12 A.M Booked 1-3 PM	**Tuesday** **Bramalea** Walk-In 10-12 A.M Booked 1-3 PM	**Wednesday** **Bolton-Caledon** Walk-In 10-12 A.M Booked 1-3 PM	**Thursday** **Dufferin** Walk-In 10-12 A.M Booked 1-3 PM	**Friday** **Brampton** Walk-In 10-12 A.M Booked 1-3 PM
REXDALE COMMUNITY HEALTH CENTRE	Canadian Mental Health Association Peel Dufferin *Mental health for all*		Canadian Mental Health Association Peel Dufferin *Mental health for all*	William Osler Health System
Rexdale Community Health Centre	**CMHA Peel Dufferin William G Davis Centre for Families**	**Caledon Specialist Clinic**	**CMHA Peel Dufferin**	**Peel Memial Centre for Integrated Health and Wellness**
15-21 Panorama Court, Etobicoke ON M9V 4E3	**102-60 West Dr, Brampton, ON L6T 3T6**	**L9-18 King Street E. Bolton, ON L7E 1E8**	**L2-1 Elizabeth St Orangeville, ON L9W 7N7**	**20 Lynch Street, L3 Outpatient Mental Health and Addictions Brampton, ON L6W 2Z8**

Referral Information

Complete the Central West Mental Health and Addiction Registration Form

Fax to: 905-459-2290

Call 905-451-1718 OR 905 451 2123 ext. 639 to book an appointment

Send clients or bring them directly to a walk-in at any clinic

Canadian Mental Health Association
Peel Dufferin
Mental health for all

QUESTIONS

Canadian Mental Health Association
Peel Dufferin
Mental health for all

Closing Remarks

- Networking
- Visit our booths: OntarioMD, CMHA Peel Dufferin and Health Quality Ontario
- Sign up for *MyPractice* report
- Pick up a copy of the Quality Standards
- Evaluations (*this group learning session has been accredited by the OCFP for 2 hours of Mainpro+ credits*)

Ontario
Health Quality Ontario
Qualité des services de santé Ontario

OntarioMD
Empowered Practices. Enhanced Care.

Canadian Mental Health Association
Mental health for all

Ontario
Central West Local Health Integration Network