

Partnering in Practice for Improved Pain Management and Opioid Prescribing

Panel:

- **David Barber, MD, OntarioMD**
- **David Kaplan, MD, Health Quality Ontario**
- **Tupper Bean, Centre for Effective Practice**

South East LHIN Primary Health Care Forum
November 7, 2018



Faculty/Presenter Disclosure

- Name of Presenter: **David Kaplan, MD**
- Relationships with financial sponsors:
 - Grants/Research support: nil
 - Speakers Bureau/honoraria: Nil
 - Consulting fees: Nil
 - Patents: Nil
 - Other: Dr Kaplan receives salary support from Health Quality Ontario, an agency of the Government of Ontario

Disclosure of Financial Support

- **This program has not received financial support from Health Quality Ontario**
- **This program has received in-kind support from Health Quality Ontario in the form of logistical support.**
- **Potential for conflict(s) of interest:**
- Dr. Kaplan has received salary support from Health Quality Ontario
- Health Quality Ontario provides secretariat support for the Ontario Pain Management Resources

Mitigating Potential Bias

- Dr. Kaplan is presenting free supports available to all primary care providers in Ontario.

Health Quality Ontario's Report

Health Quality
Ontario

Let's make our health system healthier

Qualité des services
de santé Ontario

Améliorons notre système de santé

OPIOID PRESCRIBING IN ONTARIO

WHAT WE KNOW

ACKNOWLEDGMENTS

METHODS NOTES

PDF

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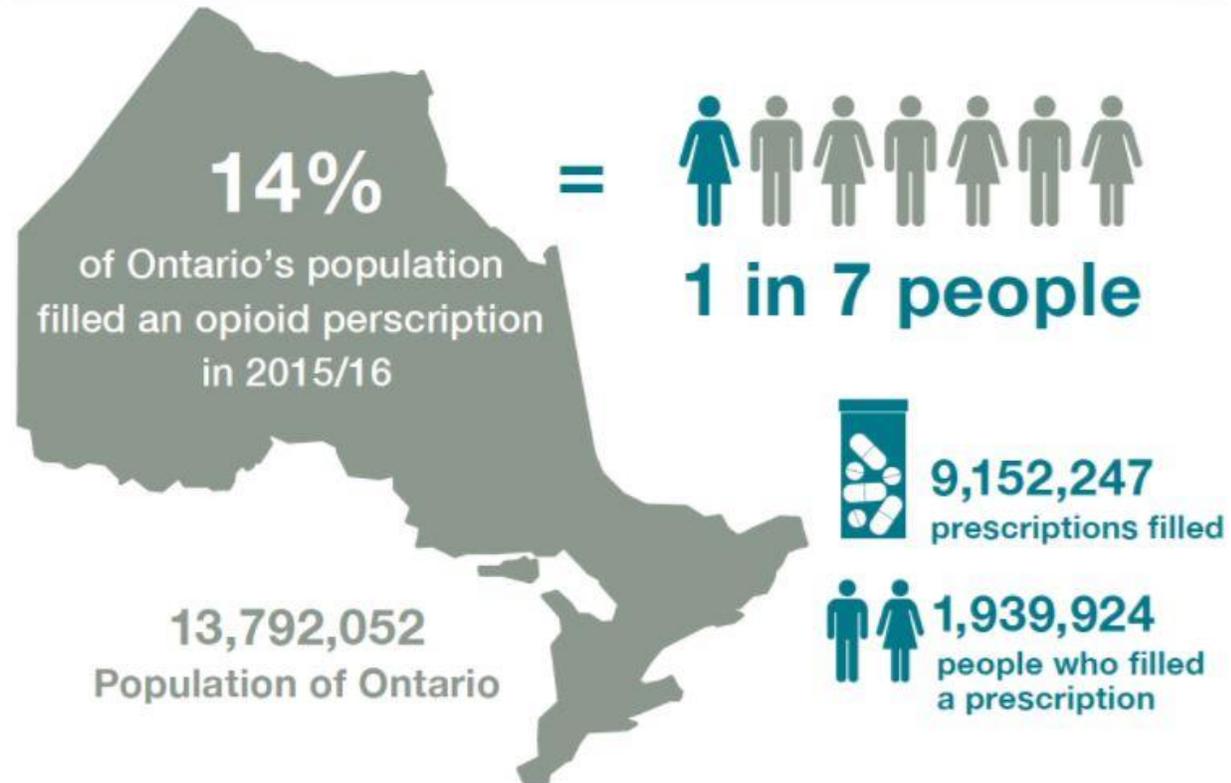
9 MILLION PRESCRIPTIONS

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

Health Quality Ontario's Report

Number of people who filled an opioid prescription and number of prescriptions filled, 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

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

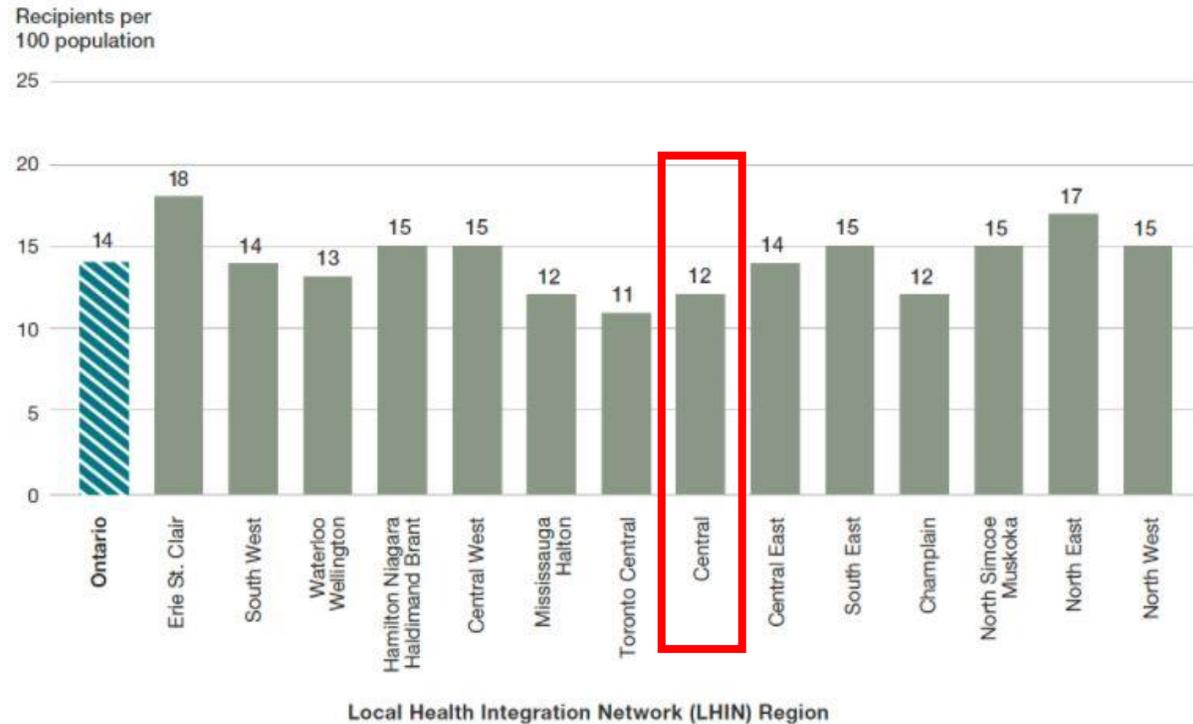
Prescriber type	New starts	Total number of prescriptions filled*	Percentage of prescriptions that are new starts
Family doctors	600,549	6,882,720	8.7%
Surgeons	275,778	492,729	56.0%
Dentists	222,001	298,722	74.3%
Other doctors	172,084	584,561	29.4%
Other non-doctors	5,108	19,058	26.8%
Total	1,275,520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

- 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

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

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

MyPractice



Health Quality Ontario

MyPractice

A tailored report for quality in primary care

Version Release: X Release: MMM YYYY

MyPractice: Primary Care Report

Health Quality Ontario

Overall Indicators Summary

Data as of March 31, 2017



Opioid Prescribing (pages 5-9)

Patients Dispensed
an Opioid

61

Patients Newly
Dispensed an Opioid

47

Patients Dispensed
an Opioid and
Benzodiazepine

8

Patients With a High-
Dose Opioid >90 mg
MEQ Daily

1 to 5

Health Quality
Ontario

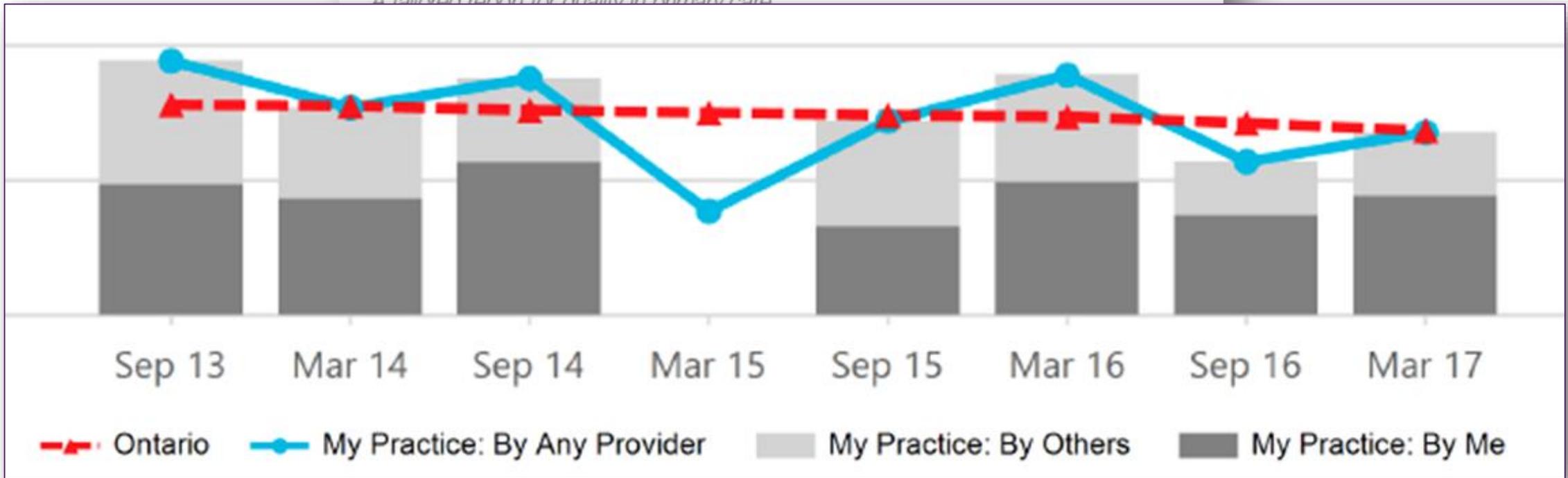
Let's make our health system healthier

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

Health Quality Ontario

MyPractice

A tailored report for quality in primary care



Ontario

Let's make our health system healthier

Group ID:
Group LHIN:
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Reflection

Identified that **62%** of patients on opioids are receiving them from a health care provider **'other than me'**



Change Idea

Opportunistically screen patients for prescribed and non-prescribed opioid use



Implement

Implemented screening questions in Periodic Health Review in patients' EMR and added CPP section for standardized documentation



Act

Using [Ontario Pain Management Resources](#) to help manage newly identified patients

HQO Quality Standards

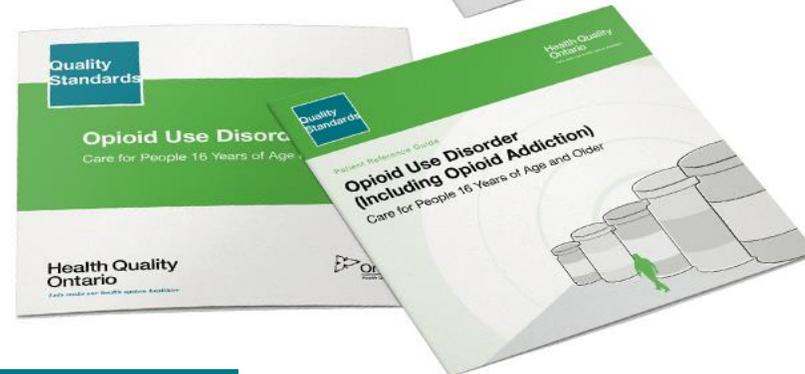
The collage features the following documents:

- Opioid Prescribing for Acute Pain (Care for People 15 Years of Age and Older):** A document with an orange header and white body, featuring the Quality Standards logo.
- Patient Reference Guide: Opioid Prescribing for Acute Pain (Care for People 15 Years of Age and Older):** A document with an orange header and white body, featuring an illustration of a person's arm in a cast.
- WHY WE NEED A QUALITY STANDARD FOR Opioid Prescribing for Pain in Ontario:** An infographic with a white background and orange accents, including a bar chart showing regional data and a map of Ontario.
- Quality Standards: Opioid Prescribing for Acute Pain Measurement Guide (March 2016):** A document with a white background and orange accents, featuring the Quality Standards logo and the Ontario Health Quality Ontario logo.
- Recommendations for Adoption: Opioid Prescribing for Acute Pain:** A document with a white header and orange body, featuring the Quality Standards logo and the Ontario Health Quality Ontario logo.
- Getting Started Guide: Putting Quality Standards Into Practice:** A document with a white background and blue accents, featuring an illustration of two heads and a checkmark in a speech bubble.

Opioid Prescribing for Acute Pain

Opioid Prescribing for Chronic Pain

Opioid Use Disorder



Coming soon: osteoarthritis, chronic pain and acute low pain

Spreading Local Solutions

30 Rapid Access Addiction Medicine Clinics



Rapid Access Clinics for Musculoskeletal Care



ARTIC
Accelerating the spread of proven health care

Partnered Efforts in Safe Opioid Prescribing

David Barber, MD

OntarioMD Physician Peer Leader

OntarioMD
Empowered Practices. Enhanced Care.

Faculty/Presenter Disclosure

- Name of Presenter: **David Barber, MD**
- Relationships with financial sponsors: None
- Grants/Research support:
 - Speakers Bureau/honoraria:
 - Consulting fees:
 - Patents:
 - Other: OntarioMD Peer Leader

Disclosure of Financial Support

- **This program has received financial support from OntarioMD to cover the Peer time and expenses for presenting today.**
- **This program has received in-kind support from OntarioMD in the form of communications support.**
- **Potential for conflict(s) of interest:**
- David Barber, MD has received funding from OntarioMD for providing Peer Leader consulting services to family physicians who use certified EMRs.
- OntarioMD developed the Peer Leader Program and oversees EMR certification in Ontario. It does not receive any revenue from the products that will be discussed in this program.



Mitigating Potential Bias

- Dr. Barber's views related to the use of EMRs to enhance patient care are his own and he participates as an OntarioMD Peer Leader willingly in order to mentor his peers

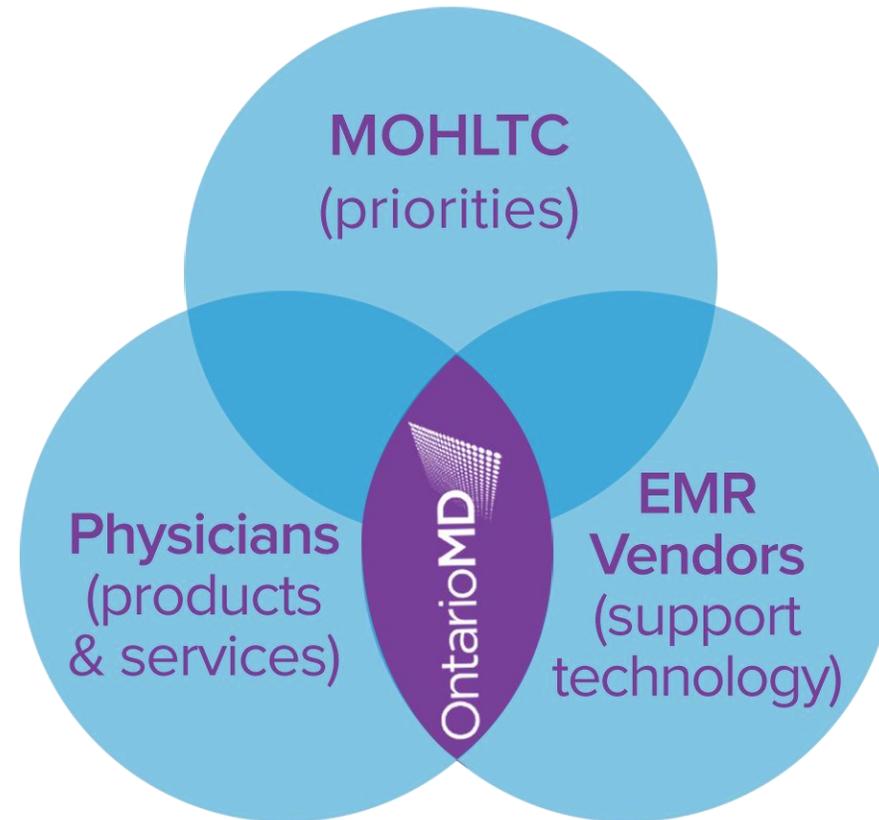
Who is OntarioMD?

- Established in **2004** to support and deliver digital health tools to physician practices on behalf of the Ministry of Health and Long-Term Care (MOHLTC)
- **Delivery Partner** for LHINs and other health care organizations who want to engage and support physicians to use digital health tools and services for better practice and better outcomes
- An **innovator and change agent** who has developed digital health products and services that contribute to making the health system more efficient



What does OntarioMD do?

- We work with community clinician practices, the MOHLTC and vendors.
- We are experienced in **translating digital health priorities into valuable digital health tools used to provide better patient care.**





The Opioid Crisis for Clinicians Feels like....

OntarioMD Delivers on OPMR

 EMR QUALITY
DASHBOARD

 EMR PRACTICE
ENHANCEMENT PROGRAM

 PEER LEADER
PROGRAM

 EMR PROGRESS
ASSESSMENT TOOL

 eCONSULT DEPLOYMENT
AND EMR INTEGRATION

 EMR CERTIFICATION
PROGRAM

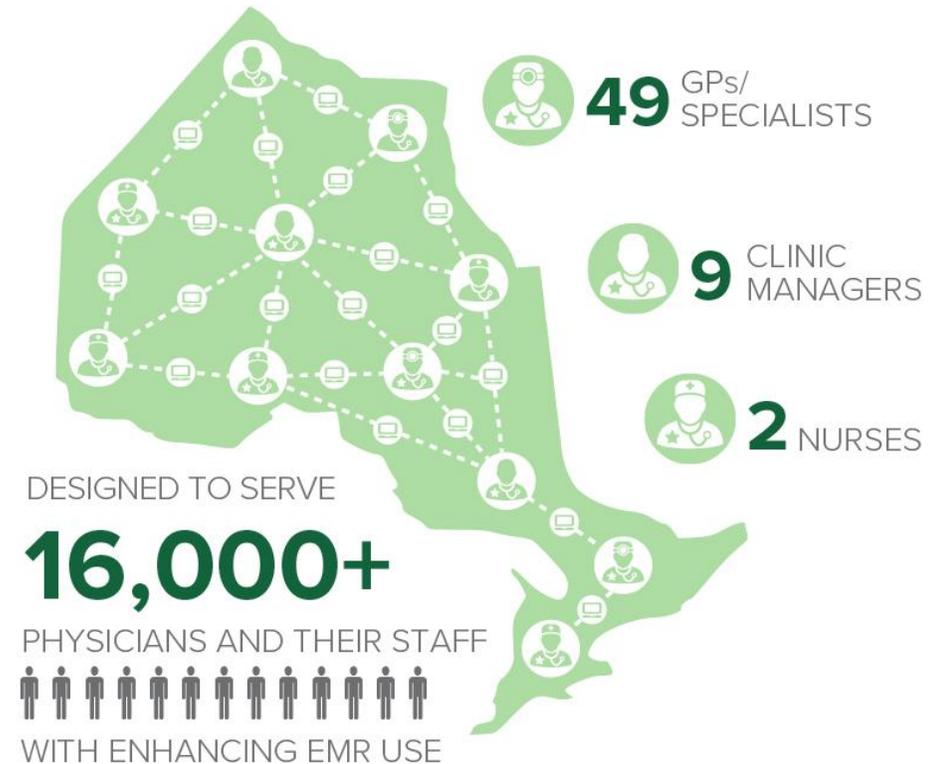
 EMR: EVERY STEP
CONFERENCE

 ON THE ROAD
WITH 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.



EMR Quality 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





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

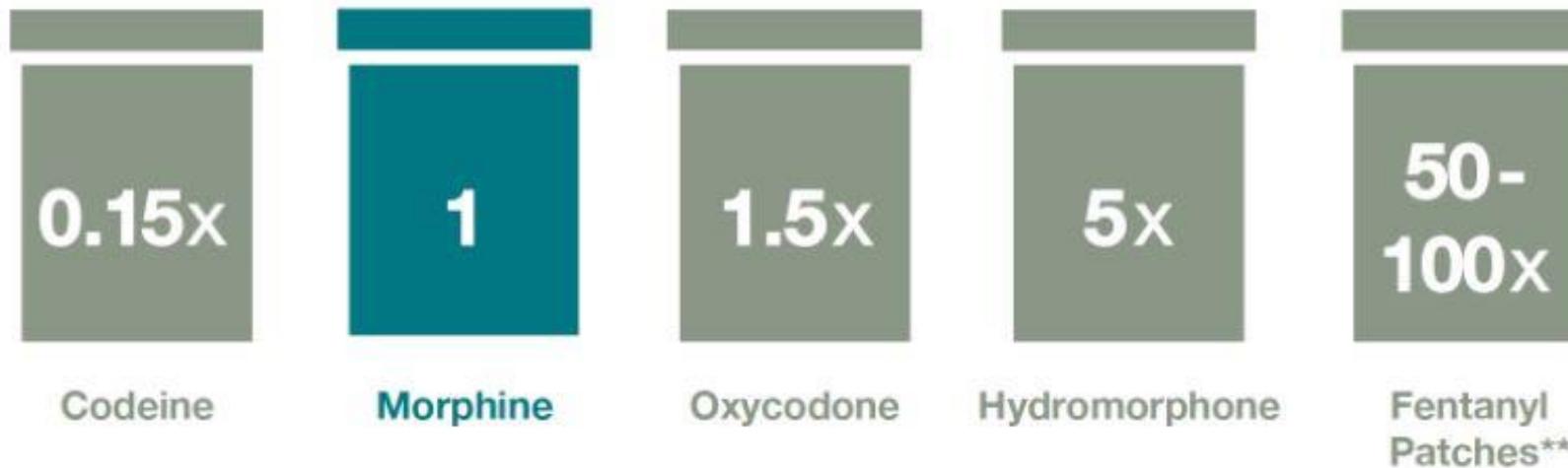
- EMR query based lists for people with
 - >50 MMEq / day
 - >90 MMEq / day
 - Narcotics > 90 days
 - Combinations of drugs
 - Addiction risk
- Access NMS database while prescribing via ConnectingOntario



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. DeGroot 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.

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

AGREEMENT FOR CHRONIC USE OF CONTROLLED SUBSTANCES

Controlled substance medications such as opioids, sedatives, hypnotics, and stimulants are very useful in treating medical conditions, but have a high potential for misuse. Therefore, the state and federal government closely control the prescribing and dispensing of such medications.

I understand that the main goal of treatment with chronic controlled substances is to improve my ability to function and/or work and/or reduce pain.

- In consideration of that goal, and the fact that I am being given potent medication to help me to reach that goal, I agree to help myself by following better health habits, including exercise, weight control, safe sex, avoiding the use of tobacco, alcohol, and illegal drugs/substances.
- Chronic controlled substance medications are intended to improve function and quality of life.
- I must comply with the treatment plan as prescribed by my provider.

I understand that only through following a healthier lifestyle can I hope to have the most successful outcome to my treatment. Because my provider is prescribing such medication for me to help manage my _____ (diagnosis), I agree to the following conditions:

1. I am responsible for my controlled substance medications.
If the medication(s) are lost, misplaced, or stolen, or if I use it up sooner than prescribed, I understand that it may not be replaced. I will not increase or decrease my dosage without talking with my provider.
2. I will not request or accept controlled substance medication from any other provider or facility without notifying my (clinic name) or provider or their designee, except in emergency or urgent healthcare situations.
I acknowledge that receiving duplicate medications may endanger my health. The only exception is in an emergency or urgent healthcare situation.
I will not allow anyone else to use my medications and will keep them secure.
3. Refills of chronic controlled substance medications.
A. Will be made during regular clinic hours. Refills will not be made at night, on holidays, or weekends.
B. Any exceptions such as "I ran out early" or "I lost my prescription" or "I spilled or misplaced my medicine" must be addressed by the provider or designee.
I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining.

Toolbars

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



National pain center

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

PRACTICE TOOLKIT



Opioid

55 MEQ's

Meds

Visit

Screening

Summary

Tools

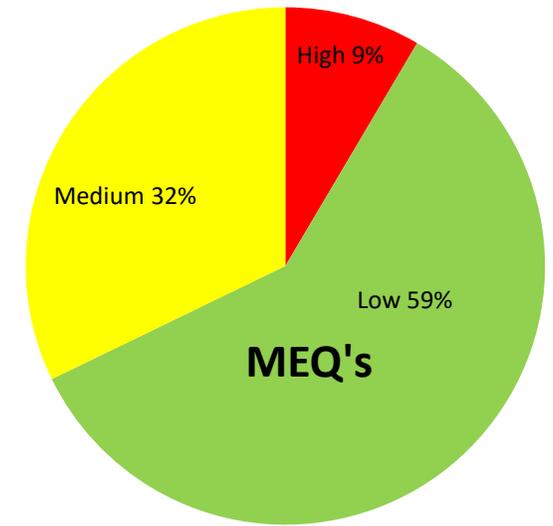
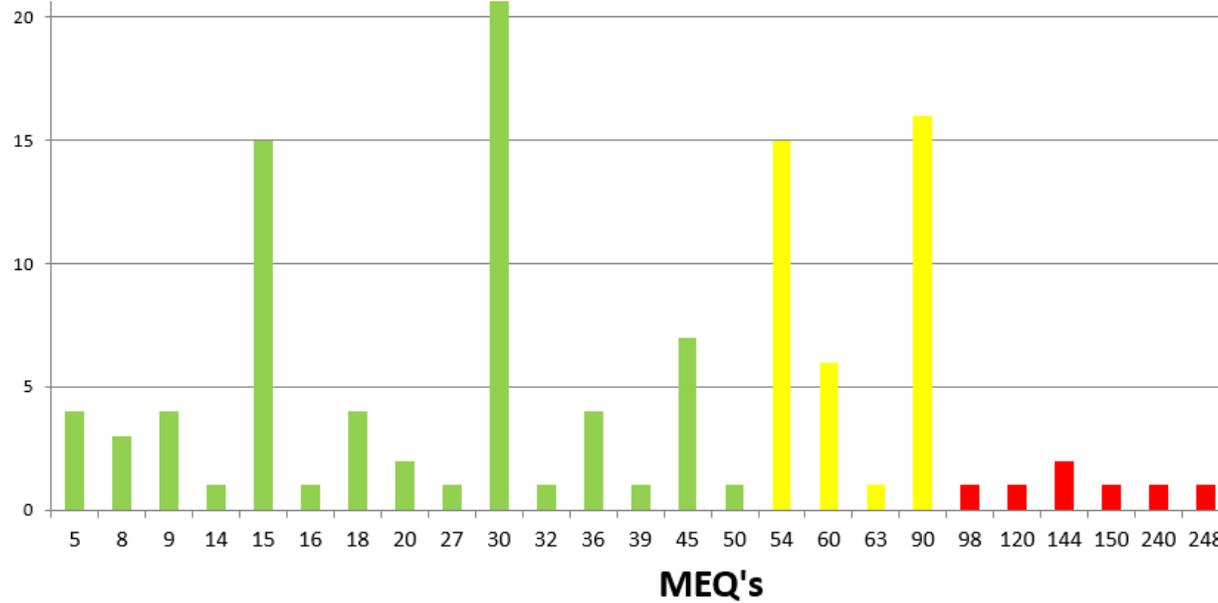
Handouts

References

Credit: Dr. Kevin Samson, Wellington East FHT

Analysis

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 for your clinic

- Regular searches to keep list up to date
- Who is responsible?
- Recalls and follow up should be standardized
- Define who may benefit from tapering
- Care agreements for all chronic opioid users
- Consider outside help for the highest risk patients
 - Seed out OPMR partners!





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