


Provincial Context

Alberta Health provided \$9.5 million funding to primary care

1. Urgent Opioid Response
2. Enhanced Provider Decision Support, Knowledge Translation & Education
3. Enhanced Opioid Related Service Delivery through PCN Zone Committee Engagement, Planning and Implementation



Urgent Opioid Response

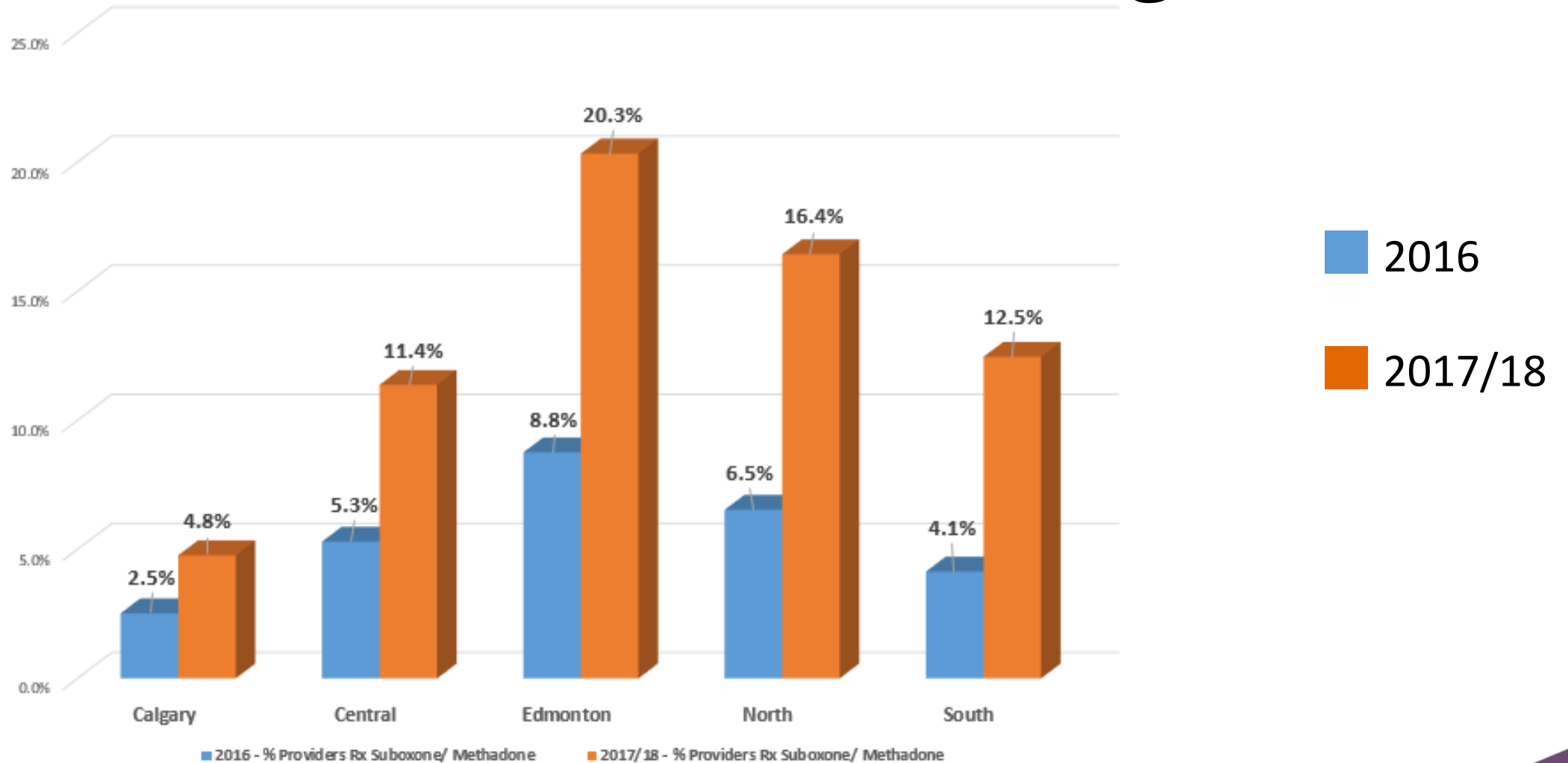


Who
can
prescribe
OAT

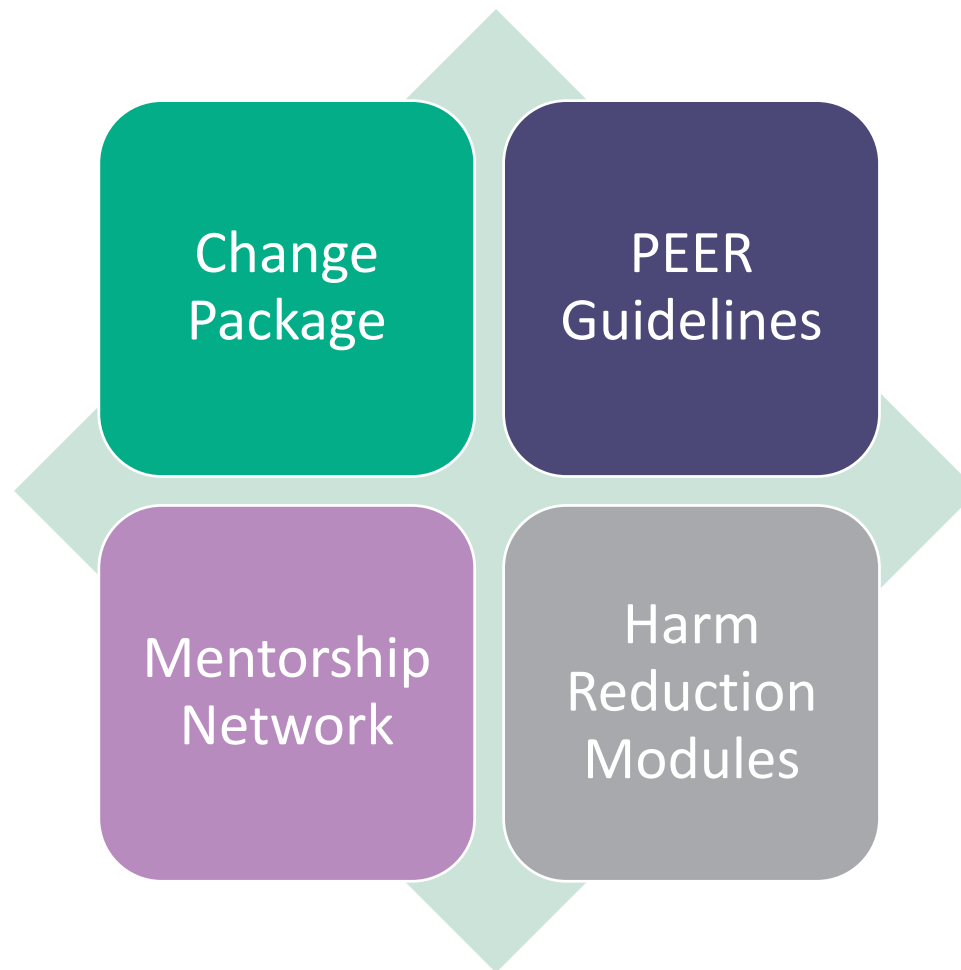
Those who
are
prescribing
OAT

of
patients
receiving
OAT

Zones: % of providers prescribing OAT



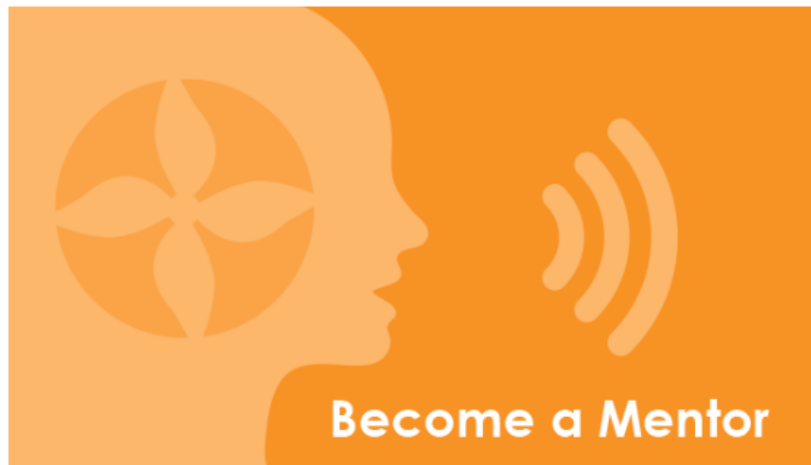
Enhanced Provider Decision Support, Knowledge Translation & Education



The Alberta Collaborative Mentorship Networks

Medical Mentoring for Chronic Pain and Addiction

The Alberta Collaborative Mentorship Networks (CMN) connect family physicians with colleagues who have experience and expertise treating pain and addiction. It provides a safe environment where professional colleagues can share ideas, ask questions, challenge recommendations, and build trusted mentoring relationships.



<https://cmnalberta.com/>

What's Happening in the Calgary Zone

- Helping clinics to implement 3 “frameworks” for safer opioid prescribing
 - Engaging and customizing for each PCN
- Met with Opioid Dependency Program to discuss transitions of care
- Term positions for:
 - improvement facilitator
 - education consultant



What's Happening in the Central Zone

- Shared zone and PCN summaries of physician needs assessment data
 - Completing kick off conversations about next steps
- Building quality improvement capacity in medical homes
- Pathway development
- Demonstration projects



What's Happening in the Edmonton Zone

- Physician needs assessment completed
 - Key findings
- Bringing education to physicians and team members
 - Collaborative Team-Based Approach to Opioid Prescribing workshop
- Developing care pathways with support from project manager
- Engaging medical homes in quality improvement projects



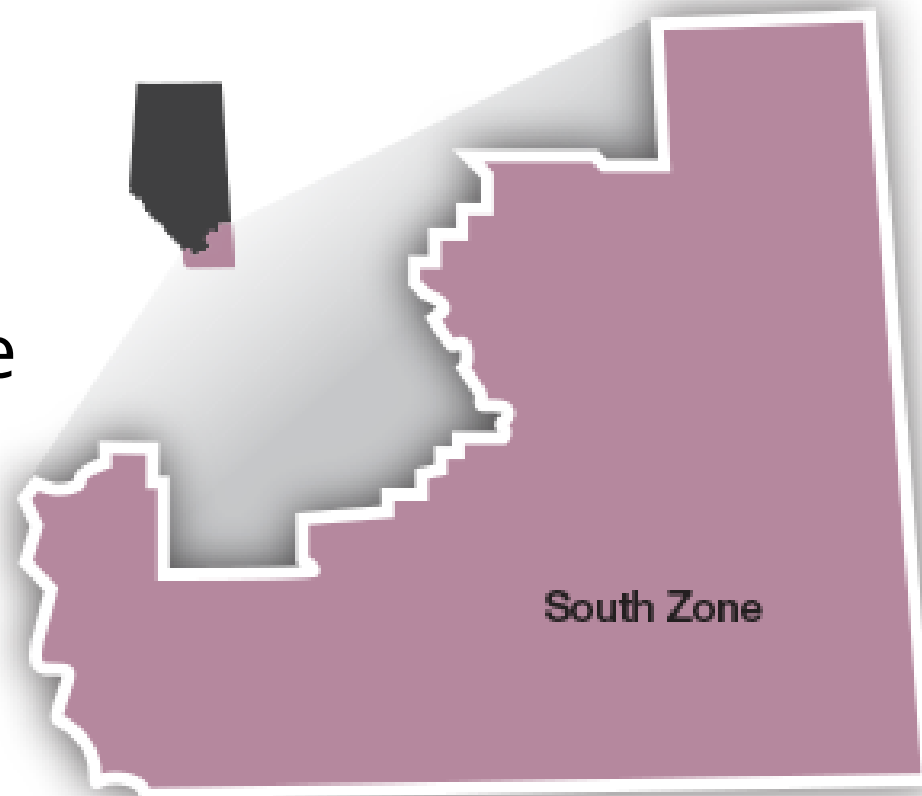
What's Happening in the North Zone

- Physician needs assessment completed
- Term positions for opioid response coordinators (ORC)
- Building local care pathways
 - Identifying local gaps in care ex psychosocial support
 - Building linkages with community programs
- Increase physician and team knowledge for opioid agonist therapy (OAT)
- Engagement with community pharmacists



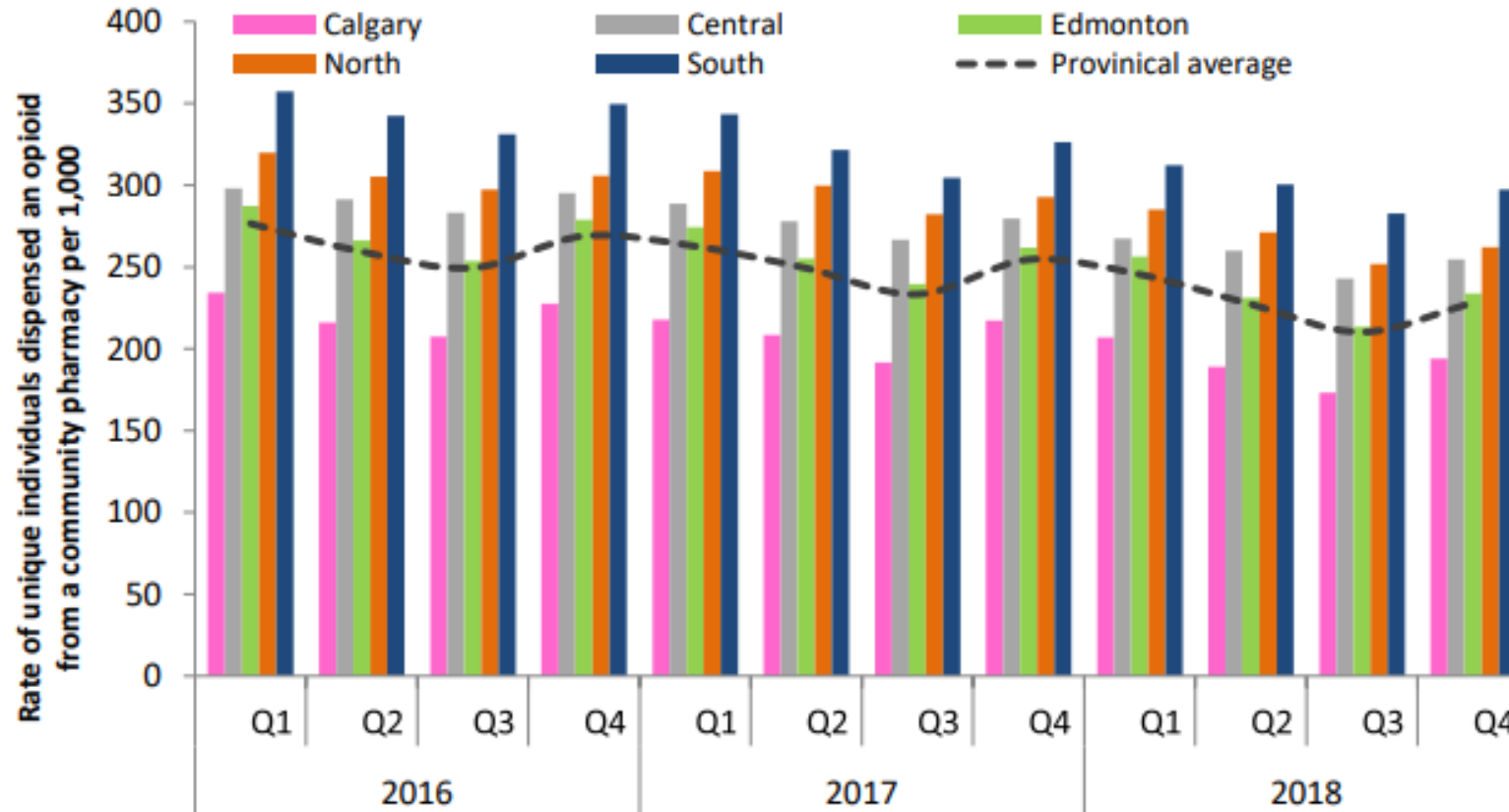
What's Happening in the South Zone

- Developing communication tools
 - telephone consultation support
 - Myth busting and Frequently Asked Questions document
- Engaging patients with lived experience
- Developing pathways for transitions between primary & specialty care
 - Opioid dependency treatment program



Prescription opioid dispensing

Figure 20: Rate of unique individuals dispensed an opioid from a community pharmacy per 1,000, by Zone and quarter. January 1, 2016 to December 31, 2018.



<https://www.alberta.ca/opioid-reports.aspx#toc-1>



SIGN IN

- ABOUT
- CPGS
- PATIENTS MEDICAL HOME**
- HEALTH NEIGHBOURHOOD
- EMR SUPPORTS
- EVENTS & TRAINING

Home > Patients Medical Home > Organized Evidence Based Care > Primary Health Care Opioid Response

Alberta Screening and Prevention Program

Primary Health Care Opioid Response

Urgent Response

Grant Toolkit and

Opioid Change Package

Group Medical Visits



Primary Health Care Opioid Response

Tackling the opioid crisis in Alberta will require new approaches and an immediate response of the entire health system to change its trajectory. The engagement and response of primary care physicians, their teams and Primary Care Networks (PCNs) in Alberta will be essential in defining new primary health care approaches to address the crisis and the systemic issues that contribute to the crisis. The Alberta College of Family Physicians (ACFP), Alberta Medical Association (AMA) and Alberta Health Services (AHS), together with Alberta Health (AH) are aligned to lead this essential work to focus the primary care response.

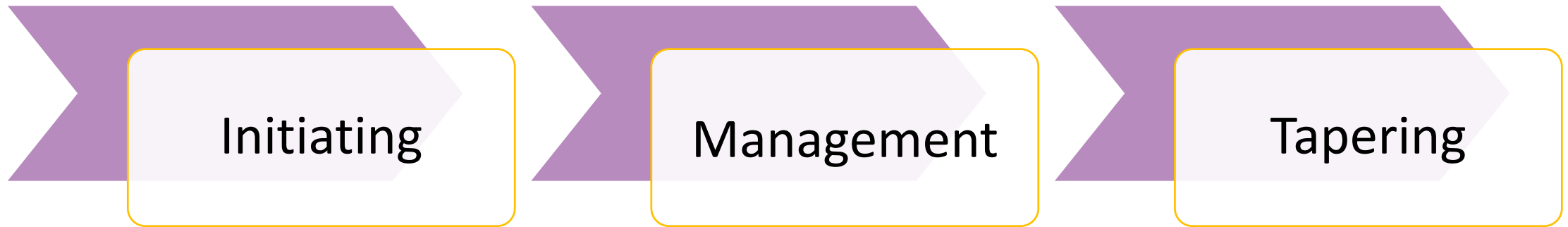


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<https://top.albertadoctors.org/opioid>



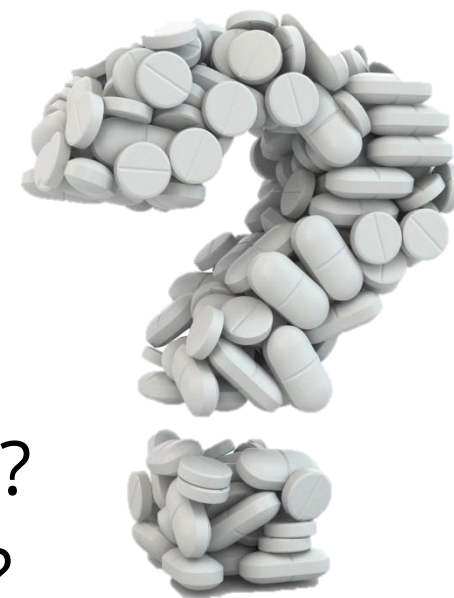
Cancer/Palliative



The Opioid Crisis Module

Discussion Points:

- What surprised you? Didn't surprise you?
- What were your key take-aways?
- As an IF, how can you use this information with teams?
- What do you still need to know (or know more about)?



Canada

#2

Prescription Opioid Use
(*per capita*)



Alberta

#1

Opioid Consumption Provincially

<https://www.alberta.ca/opioid-reports.aspx#toc-1>

History of Opioid Prescribing



The image is a composite of two parts. On the left is a black and white photograph of a middle-aged man with glasses, wearing a white lab coat over a suit and tie, with a stethoscope around his neck. He is holding a small notepad and a pen, looking directly at the camera. On the right is a vintage yellow advertisement for 'A MOTHER'S KISS' brand Mrs. Winslow's Soothing Syrup. The ad features a central illustration of a woman in a long dress holding a baby. The text is arranged around and below the illustration, including the product name, a list of ailments it treats, and a warning to 'BE SURE YOU ASK FOR' the correct brand.

A MOTHER'S KISS

Is Not Half So Soothing to
Baby as

**Mrs.
Winslow's
Soothing
Syrup**

As Millions of Mothers
Will Tell You.

*It Soothes the Child.
It Softens the Gums.
It Allays all Pain.
It Cures Wind Colic.
It is the Best Remedy for Diarrhoea.*

It is absolutely harmless and for over sixty years has
proved the best remedy for children while teething.

**BE SURE YOU ASK FOR
Mrs. Winslow's Soothing Syrup
AND TAKE NO OTHER.**

807



GOOD

BAD



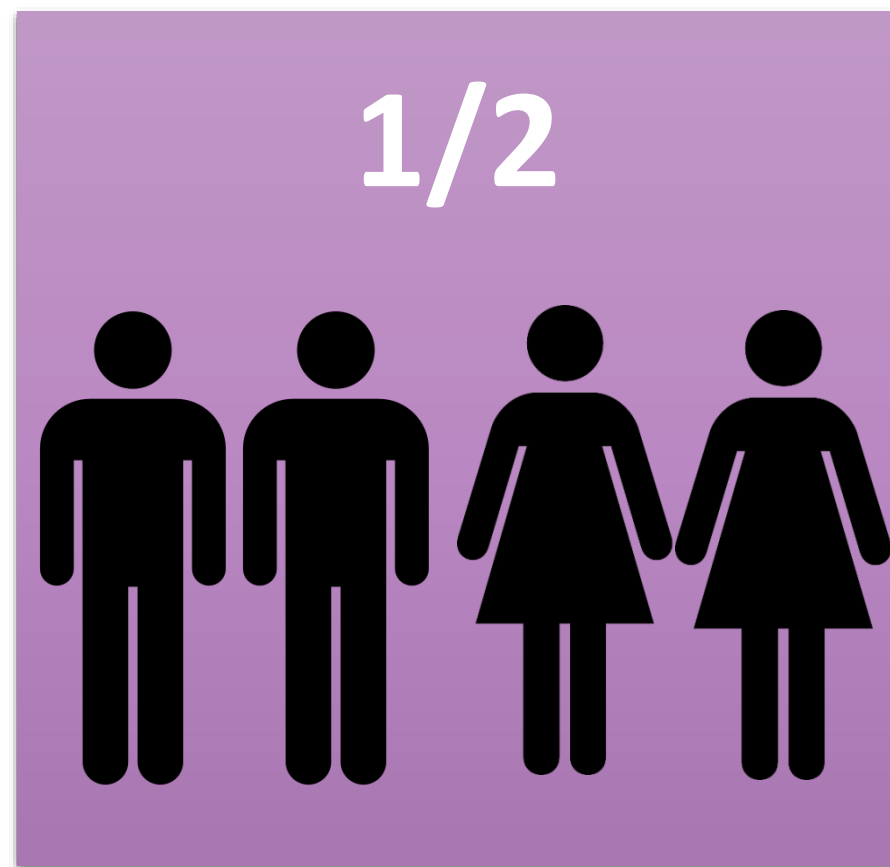
Who is the face of the opioid crisis?

Of the illicit opioid deaths in Alberta 2017-18



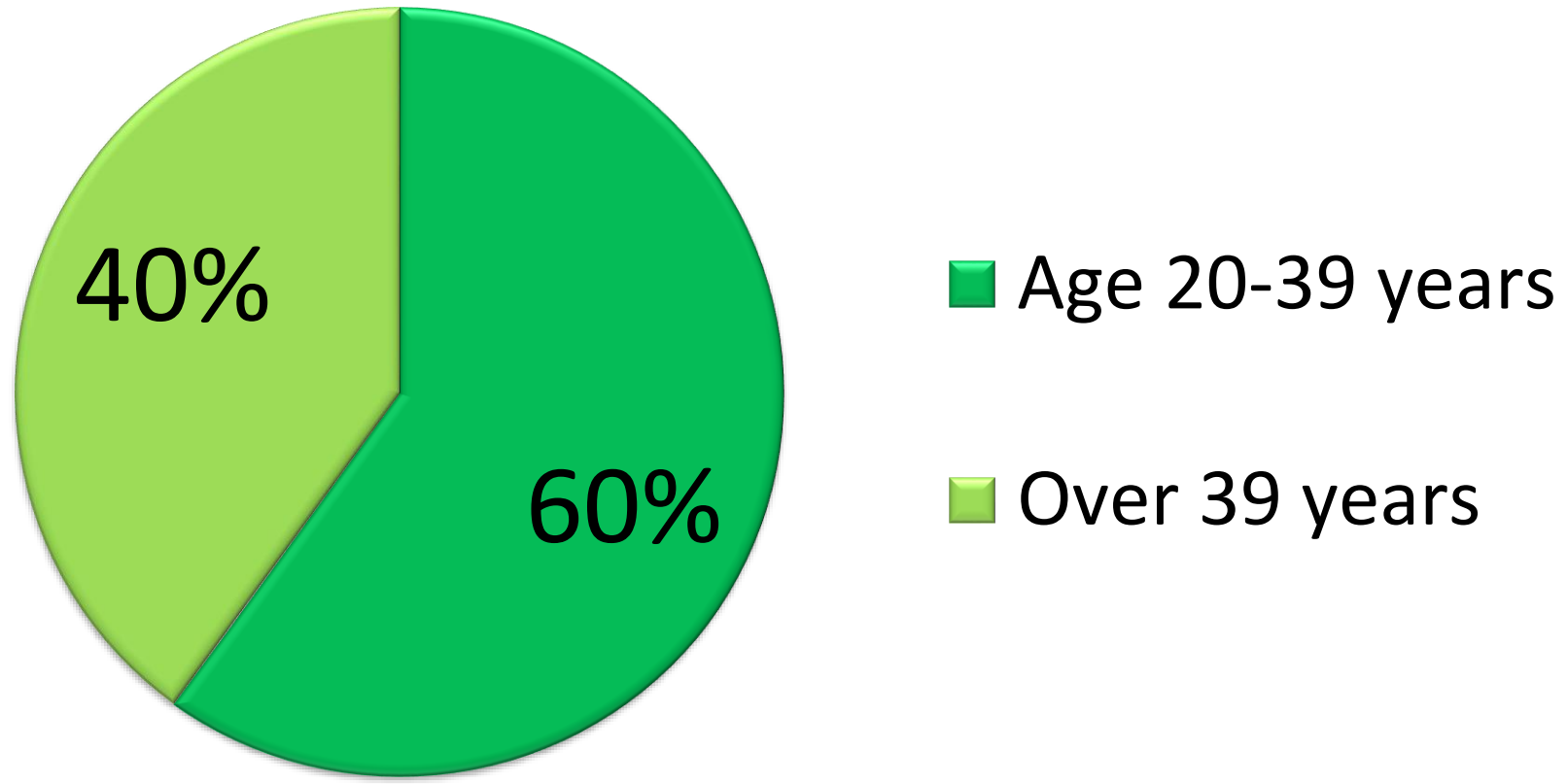
Were (young) male

Of the non-illicit opioid deaths in Alberta 2017-18

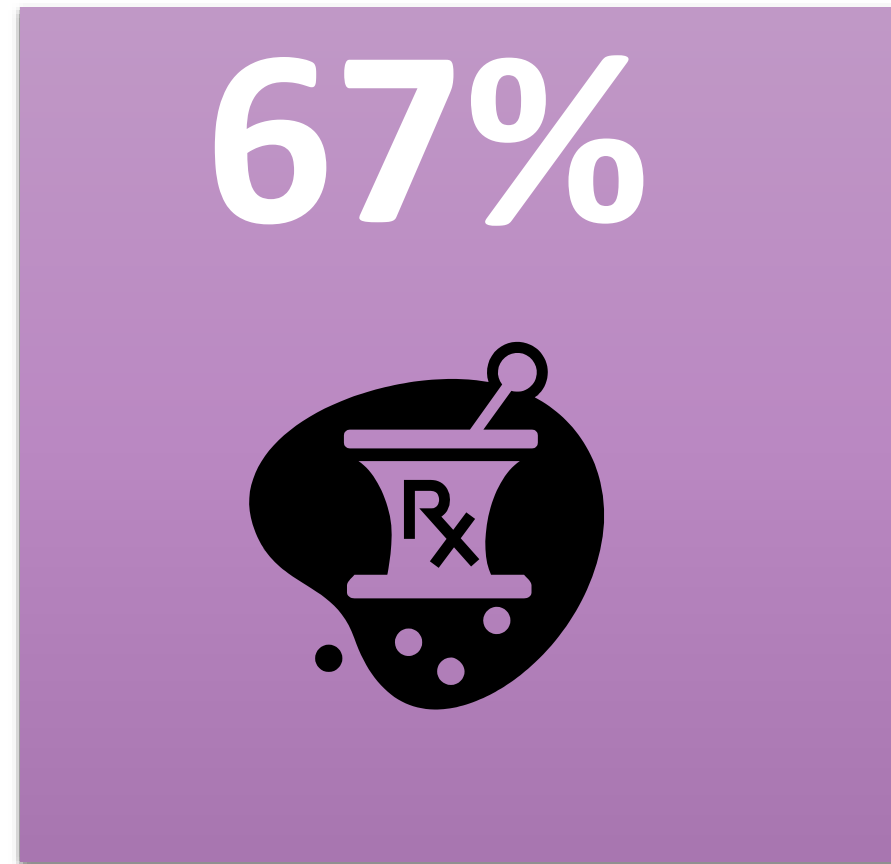


Were evenly distributed gender and age

Of the opioid deaths in Alberta 2018 (Q1-Q3)

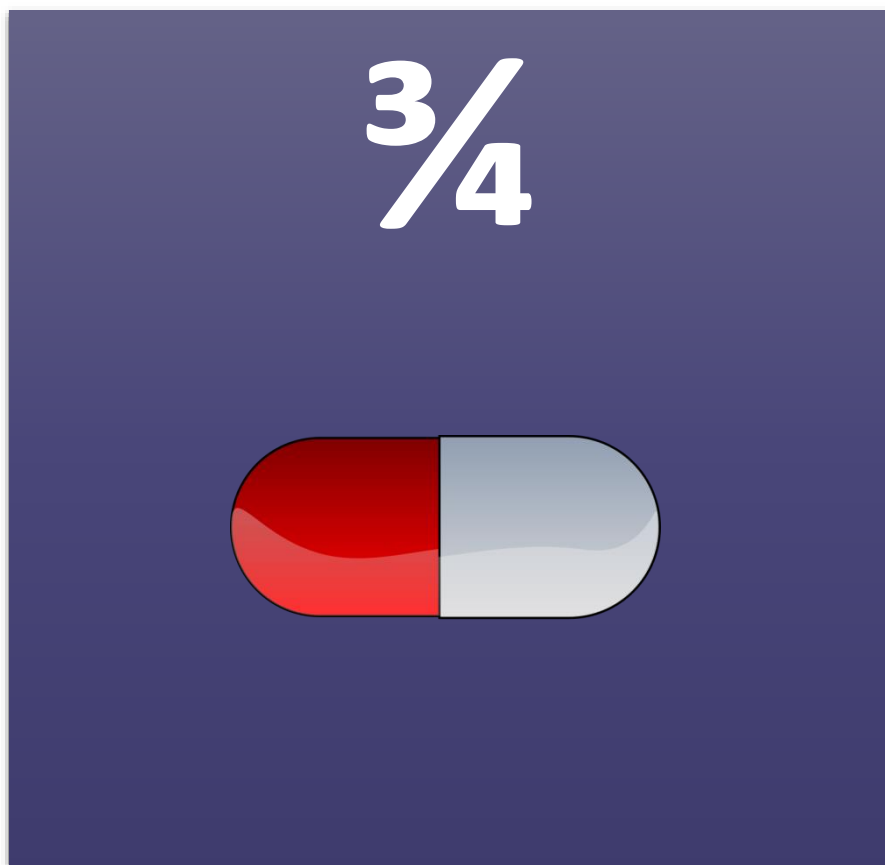


Of the opioid deaths in Alberta 2017-18

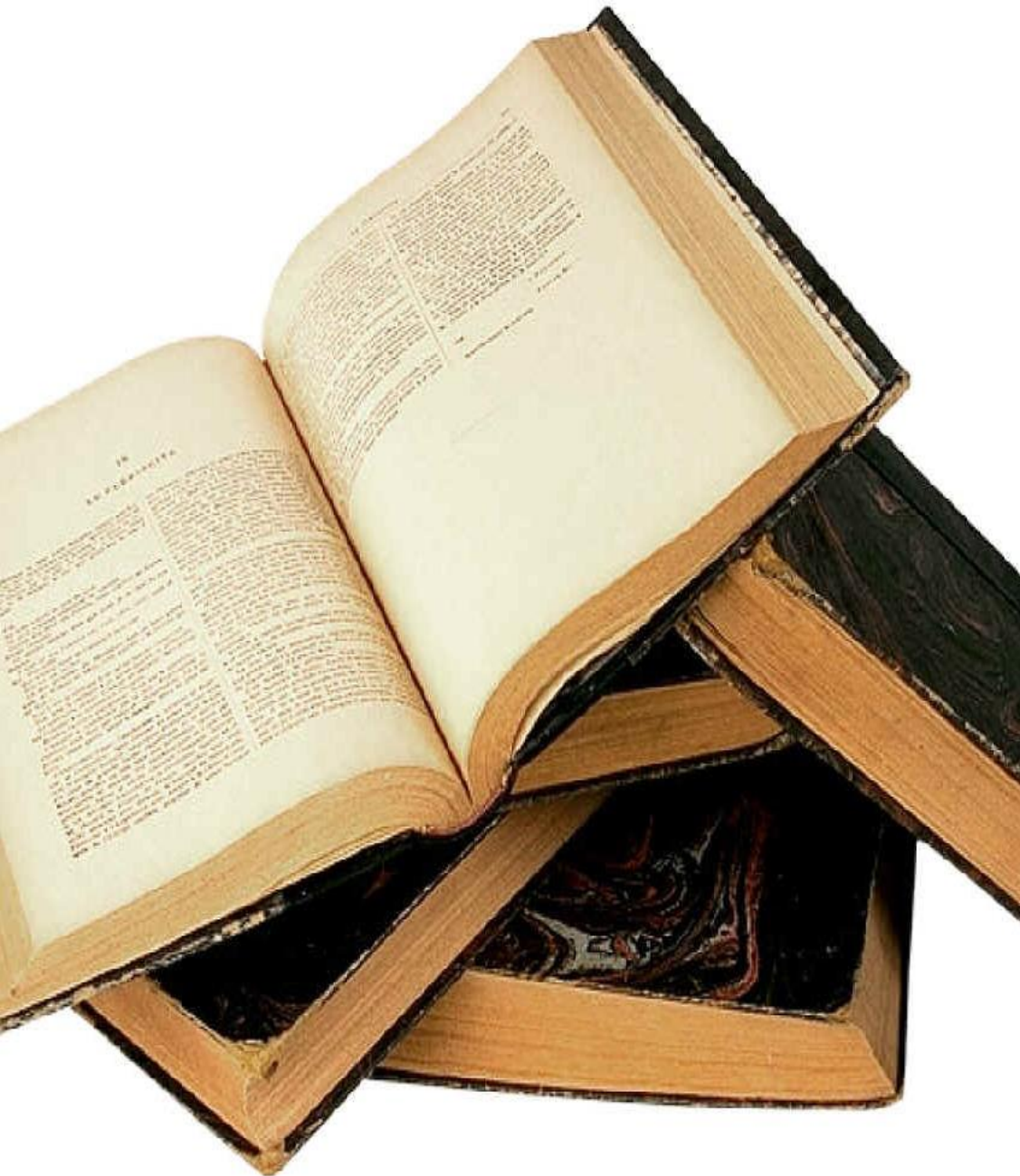


Received opioids from a community pharmacy within the previous month

Of the opioid deaths in Alberta 2017-18



Due to illicit drugs



- 2016 CDC Opioid Guidelines
- 2017 Canadian Opioid Guidelines
- CPSA Prescribing: Drugs Associated With Substance Use Disorders Or Substance-Related Harm
- MD Snapshot

MD snapshot

- # of patients to whom you prescribed opioids
- Total Oral Morphine Equivalents (OME)/day prescribed
- Average OME/day/patient
- # of patients receiving one or more opioid and one or more BDZ prescribed by you
- # of patients receiving opioids at an average dose ≥ 90 OME/day
- # of patients receiving three or more opioid ingredients
- # of patients receiving opioids from three or more prescribers

Refer to
Printed
Materials

Three Month Prescribing Snapshot: Opioids (1), including codeine

	Your Practice	Comparator Group Median (2)	Your Percentile
Patient(s) receiving opioids prescribed by you	19	21	47.9
Total OME/day (3)	967	272.8	74.1
OME/day/patient (4)	51	13.1	90.7
Patient(s) receiving opioids at an average dose of 90 OME/day or higher (5)	3		
Patient(s) receiving one or more opioid(s) and one or more BDZ/Z prescribed by you (6)	4		
Patient(s) receiving three or more different opioids (7)	0		
Opioid naive patient(s) receiving a longacting opioid (8)	0		
Patient(s) receiving opioids from three or more prescribers (9)	0		

The opioid/analytic group includes drug dispenses for opiates, opioids and certain nonopioid drugs (butalbital and acetaminophen). Non-opioid drugs and opioid drugs assigned an oral morphine equivalent (OME) value of zero (methadone and buprenorphine) do not contribute to total opioid dose calculations. These contribute to ingredient counts only. Codeine is included in all measures.

(2) Comparator groups are clusters of specialty groups with similar clinical practices and distribution within an analytical drug class. You are being compared to your peers who belong to the same group as you. Practice setting information from your annual renewal was used to determine your assignment to a group.

(3) Total OME/day prescribed is calculated by dividing the total oral morphine equivalents (OME) dispensed to patients from your prescriptions, divided by the number of days in the quarter.

(4) OME/day/patient average is calculated by dividing the Total OME/day you prescribed by the number of patients to whom you prescribed an opioid.

(5) Prescribers other than you, including pharmacists, nurse practitioners and dentists, who may have prescribed an opioid to your patient contribute towards this measure.

(6) BDZ/Z category includes dispenses for benzodiazepine and benzodiazepine-like drugs or Z-drugs (i.e. Zopiclone, Zaleplon or Zolpidem).

(7) Opioid naive patients are those with no opioid dispenses in the previous 180 days. Longacting opioids include agents that have a long serum half-life or a controlled or extended-release delivery mechanism.

Patient(s) receiving opioids at an average dose of 90 OME/day or higher

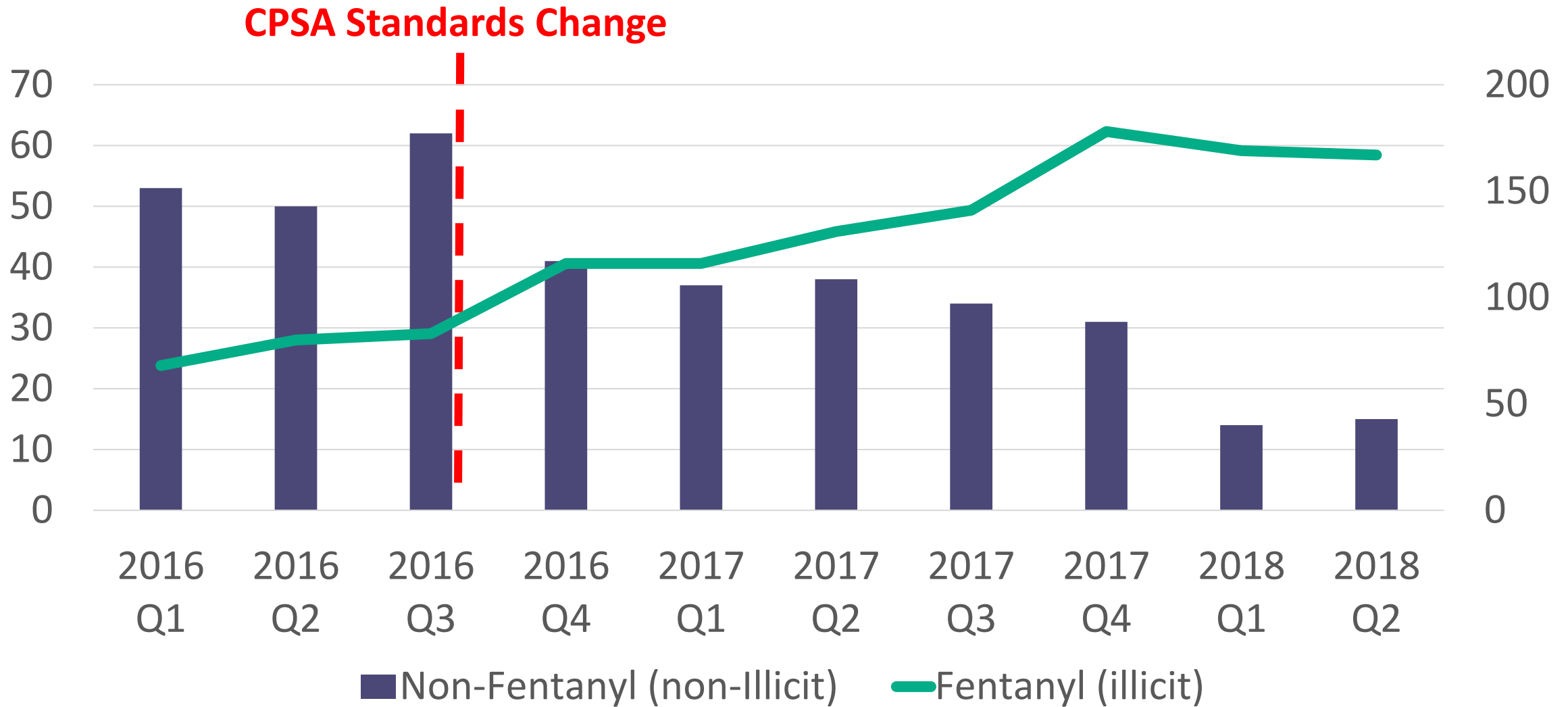
Name	PHN	SEX	DOB	OME/day
Brenner, Simon	UL000000000	M	1972-10-11	635.6
Harris, Lee	UL000000000	F	1969-10-12	116.3
Webb, Paul	UL000000000	M	1960-09-03	102.9

Patient(s) receiving one or more opioid(s) and one or more BDZ/Z prescribed by you

Name	PHN	SEX	DOB
Marsh, Mitch	UL000000000	M	1984-10-10
Gibbons, Beverley	UL000000000	F	1978-05-21
Webb, Paul	UL000000000	M	1960-09-03

Sample

Number of illicit and non-illicit related deaths in Alberta



Opioid-related deaths occur mostly in...

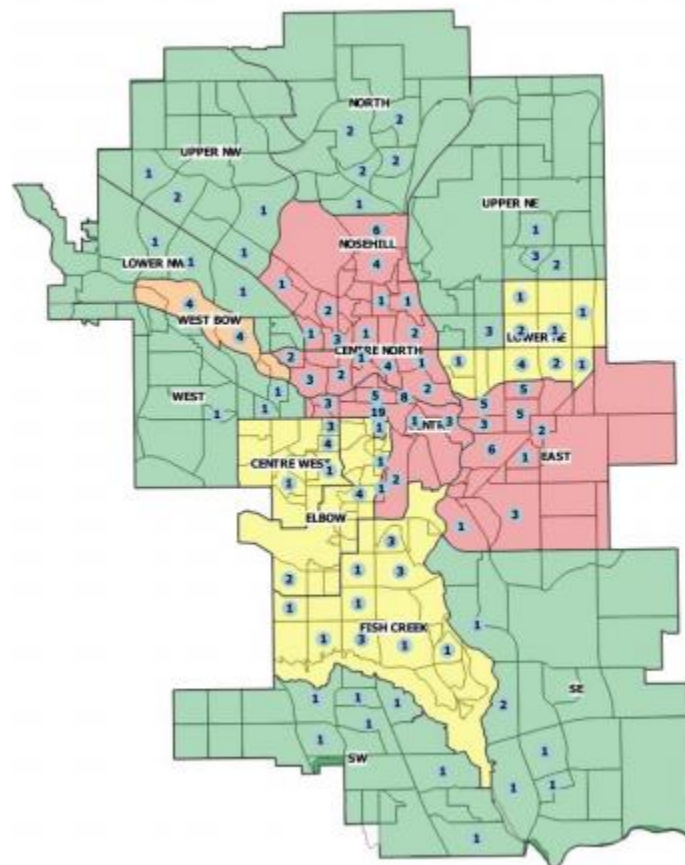


Urban Core



Non-central Urban Core

2018 (Q1-Q3) Calgary Zone

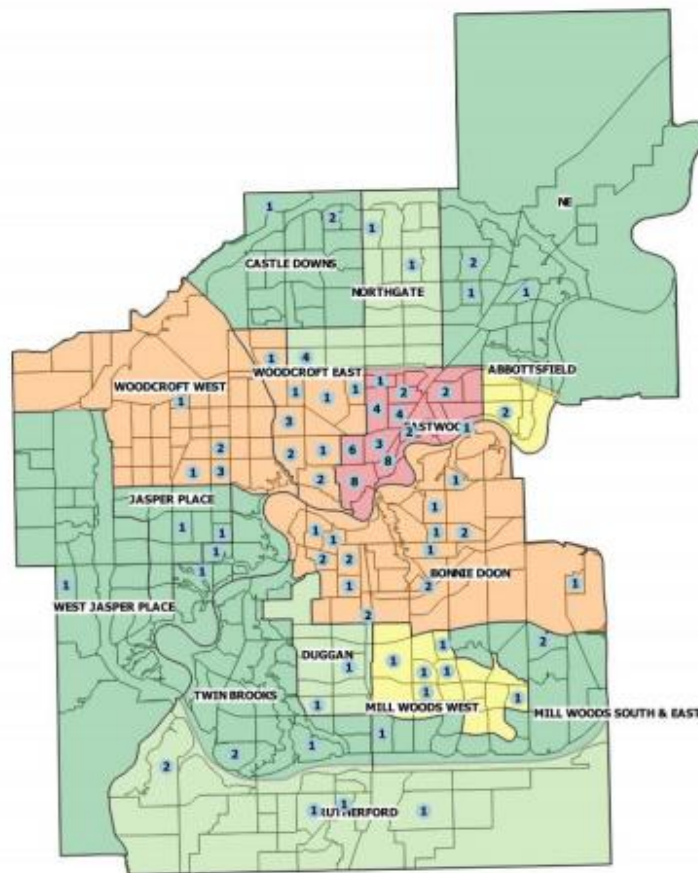


	Count	Rate per 100,000
CITY of Calgary	206	20.5
CENTRE	44	94.4
EAST	31	54.5
CENTRE NORTH	15	45.4
NOSEHILL	22	36.3
WEST BOW	8	50.5
ELBOW	7	21.9
CENTRE WEST	9	18.7
LOWER NE	13	17.4
FISH CREEK	15	17.2
UPPER NE	9	11.8
NORTH	9	10.8
SW	7	8.1
SE	6	6.7
LOWER NW	3	5.7
UPPER NW	5	5.6
WEST	3	4.3

206

apparent accidental
opioid poisoning deaths

2018 (Q1-Q3) Edmonton Zone

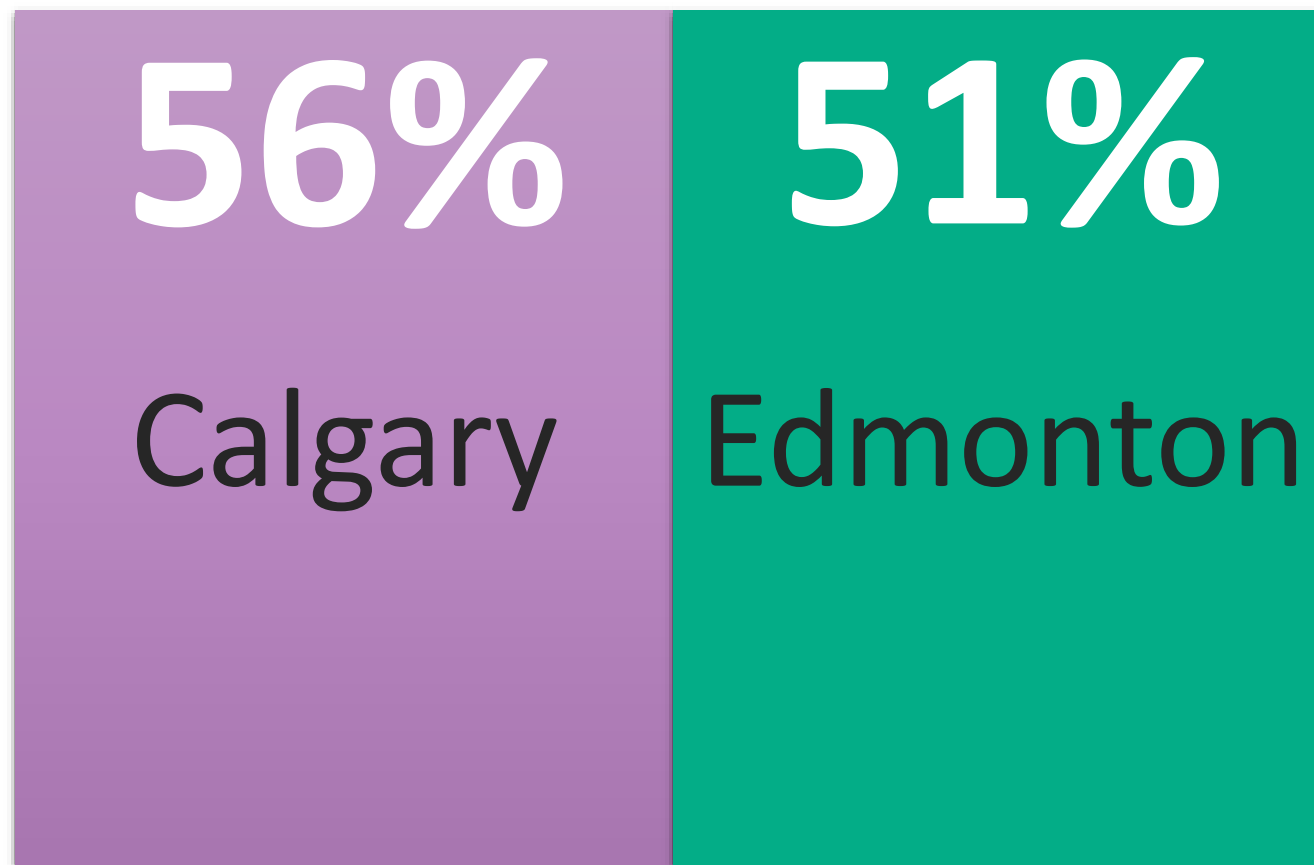


	Count	Rate per 100,000
CITY of EDMONTON	117	15.7
EASTWOOD	41	72.0
WOODCROFT WEST	7	30.2
WOODCROFT EAST	12	25.7
BONNIE DOON	17	22.9
ABBOTTSFIELD	2	17.3
MILL WOODS WEST	6	14.0
NORTHGATE	6	9.7
RUTHERFORD	5	9.2
DUGGAN	3	9.1
NE	4	6.3
CASTLE DOWNS	3	6.1
JASPER PLACE	2	5.4
MILL WOODS SOUTH & EAST	3	5.3
TWIN BROOKS	3	5.0
WEST JASPER PLACE	3	4.3

117

apparent accidental
opioid poisoning deaths

Of the opioid deaths in Alberta 2017-18



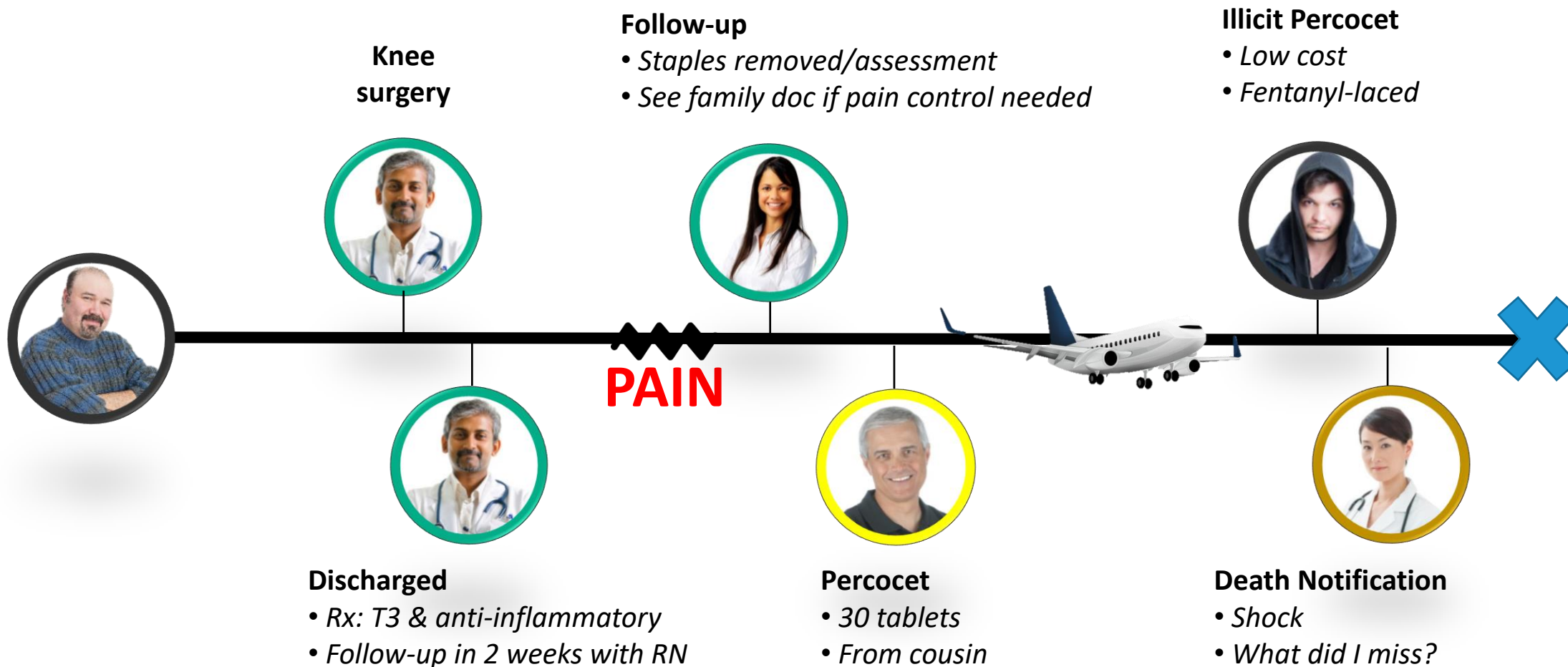
Death occurred at home address

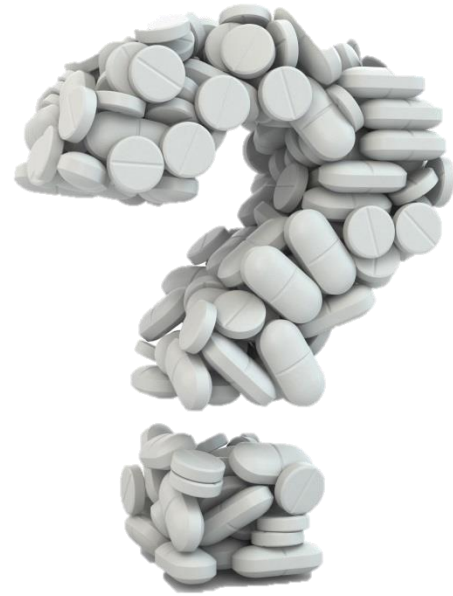
Meet Phil



- Self-employed plumber
- Heavy smoker
- Reports 2-3 alcohol drinks/day
- Hx of knee degenerative arthritis
- Taking Tylenol 3 for pain
- Daughter getting married soon
- Referred to orthopedic surgeon

Phil's Story





What kind of impact can primary care have?

Deaths in 2018 (Q1-Q3) due to:

OPIOIDS

701

INFLUENZA

54

Potential Years of Life Lost (PYLL):

OPIOIDS



33,648 PYLL

INFLUENZA



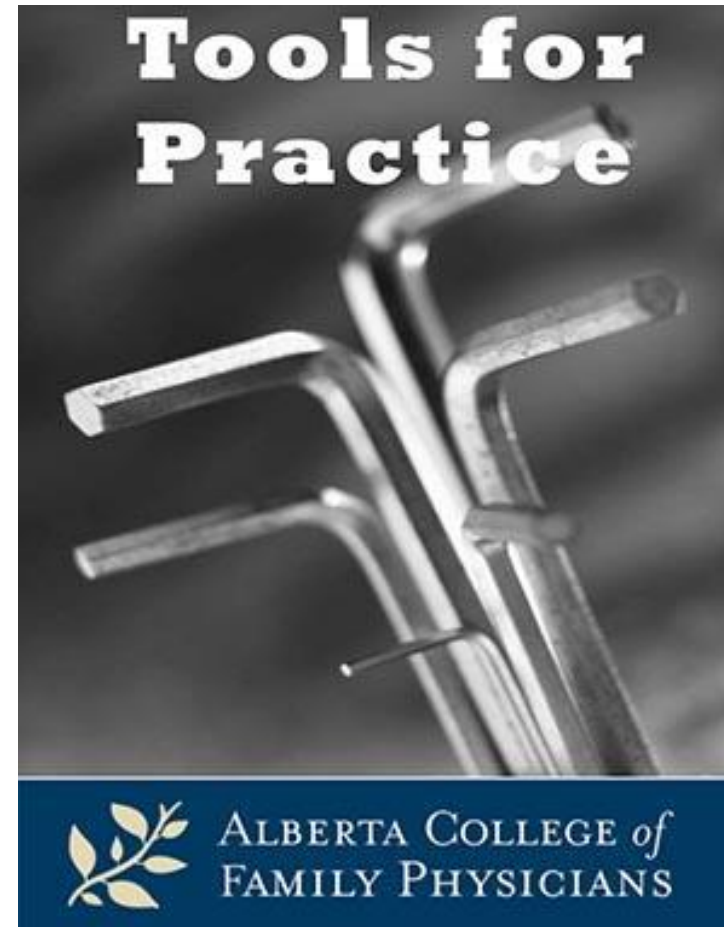
594 PYLL

Patients Living with Opioids

- $1/3$ of Alberta patients report that they, or another member of their household, have spoken to a physician within the past year about using an opioid to manage pain
- $1/4$ of Alberta patients report that someone in their household has received an opioid prescription within the last year
- $1/2$ of Alberta patients reported that a second prescription was required for their condition
- $1/3$ did not finish the entire first prescription

OUD is Best Managed in the Medical Home

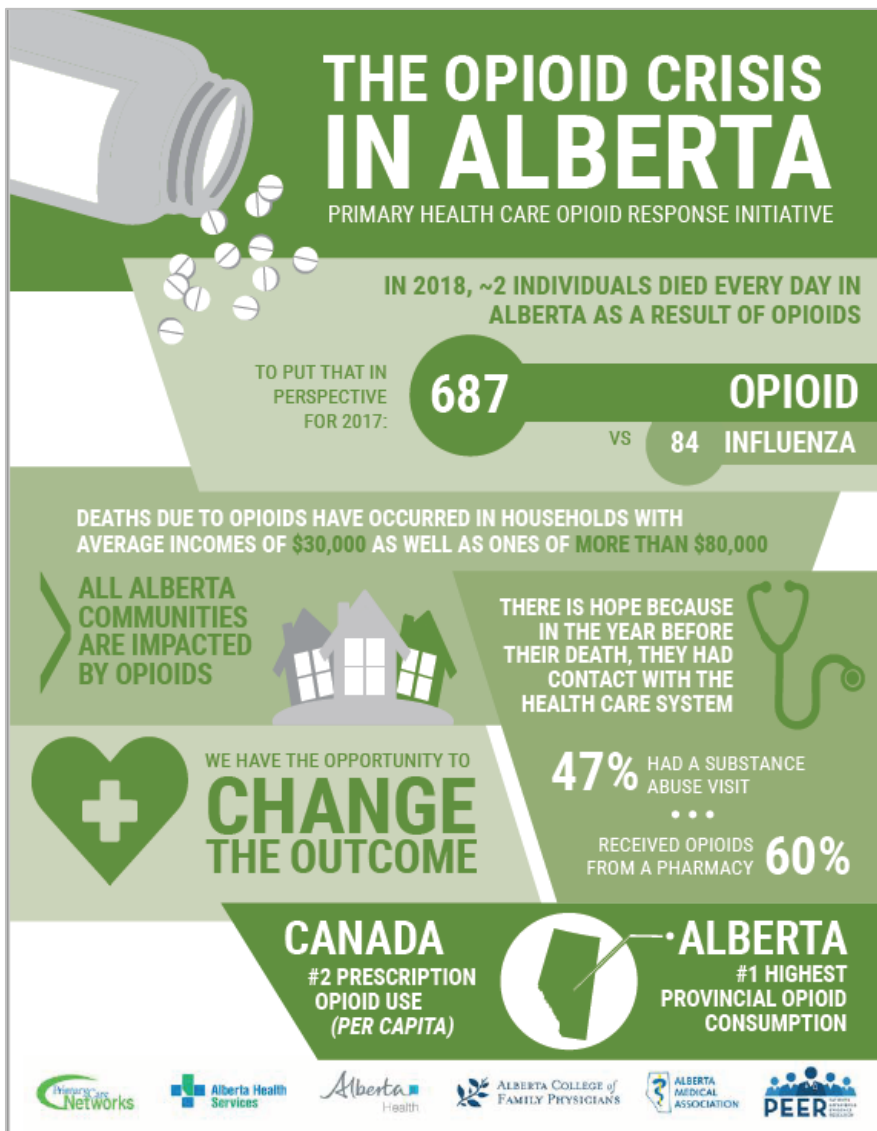
- Higher OAT retention rates
 - Additional 1 in 6 patients retained
- Increased patient satisfaction
 - 77% satisfied in primary care
 - 38% satisfied in specialty care



IFs Can Support Primary Care Teams



Refer to
Printed
Materials



THE OPIOID CRISIS IN ALBERTA

PRIMARY HEALTH CARE OPIOID RESPONSE INITIATIVE

IN 2018, ~2 INDIVIDUALS DIED EVERY DAY IN ALBERTA AS A RESULT OF OPIOIDS

TO PUT THAT IN PERSPECTIVE FOR 2017: **687** OPIOID VS **84** INFLUENZA

DEATHS DUE TO OPIOIDS HAVE OCCURRED IN HOUSEHOLDS WITH AVERAGE INCOMES OF \$30,000 AS WELL AS ONES OF MORE THAN \$80,000


ALL ALBERTA COMMUNITIES ARE IMPACTED BY OPIOIDS

THERE IS HOPE BECAUSE IN THE YEAR BEFORE THEIR DEATH, THEY HAD CONTACT WITH THE HEALTH CARE SYSTEM

WE HAVE THE OPPORTUNITY TO **CHANGE THE OUTCOME**

47% HAD A SUBSTANCE ABUSE VISIT
...
RECEIVED OPIOIDS FROM A PHARMACY **60%**

CANADA #2 PRESCRIPTION OPIOID USE (PER CAPITA) **ALBERTA** #1 HIGHEST PROVINCIAL OPIOID CONSUMPTION



GUIDING PRINCIPLES

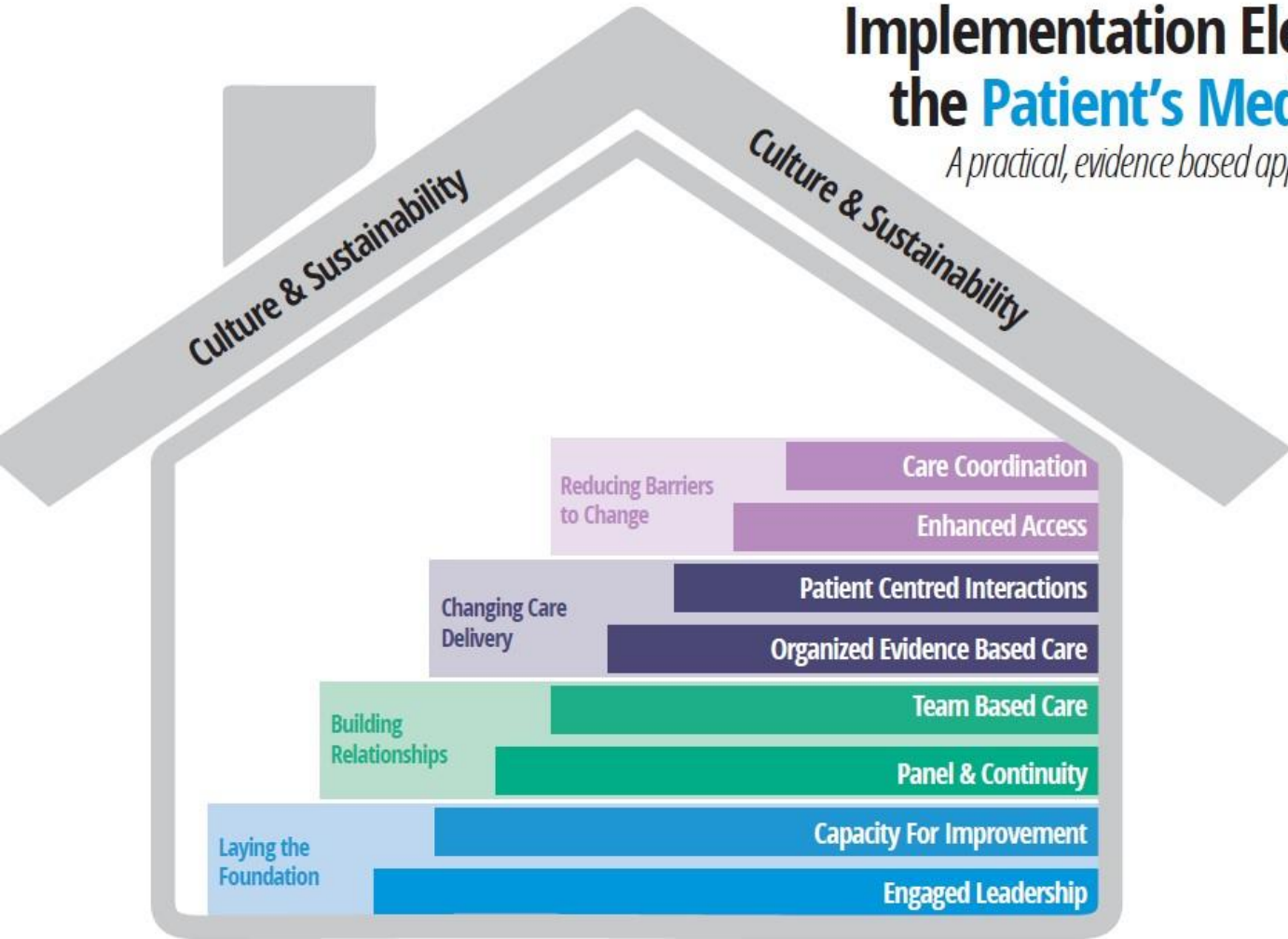
WE NEED YOUR SUPPORT IMPLEMENTING THE MEDICAL HOME & CREATING SAFER OPIOID USE FOR ALL ALBERTANS

- There is an opioid crisis in Alberta.
- Opioids are powerful medications that require careful monitoring.
- A different conversation about the use of opioids is required.
- Success will require partnerships with multiple stakeholders.
- There is hope for the future.
- Primary care physicians and team members are part of the solution through:
 - Initiating conversations about opioid use
 - Implementing practice change
 - Identifying patients at risk
 - Optimizing patient care management and prescribing
 - Supporting patients to initiate & maintain opioid agonist therapy
 - Coordinating care with other parts of the system to support patient needs
- A whole-person approach using a biopsychosocial-spiritual model is important.
- Patient autonomy and goals need to be respected.
- The care team in the medical home is well positioned to understand and meet patients where they are at.
- Recovery is a unique experience for each person and it's often complex including relapses.
- Harm reduction is essential for safer substance use.
- Change agents can help lead quality improvement work in the medical home, including using measurement to track progress.
- Opioid use is often a symptom of deeper needs.

Implementation Elements for the Patient's Medical Home

A practical, evidence based approach for clinic teams

Refer to Printed Materials



How do opioid process improvements fit with PMH?

Clinic Enablers (Customized by Clinic) | Practice Agreements | Human Resource Plan and Management | Financial Management | Electronic Medical Record | Legislated and Regulatory Compliance | Privacy and Information Sharing Practices | Office Efficiency Practices

PCN Supports (Customized By PCN) | Clinical Services | EMR/IT Supports | Measurement and Evaluation | Governance and Planning | Coordination and Integration with System Partners | Practice Transformation Services

System Level Supports | Integrated Information Systems | Provincial Support Programs | Supportive Payment Structures | Education and Workforce Development

Connection to Continuity





**MY DOCTOR
AND HEALTH TEAM:**
know my story

**A CONSISTENT
RELATIONSHIP
WITH YOUR FAMILY
DOCTOR AND TEAM CAN
HELP YOU STAY HEALTHY.**

Did you know seeing the same family doctor and team can lead to higher quality care than seeing a different one each time?

Let's work together to make decisions about your health care.

IF YOU DON'T HAVE A FAMILY DOCTOR CALL HEALTH LINK BY DIALING 811

Photo courtesy of
Alberta Health Services



**MY DOCTOR
AND HEALTH TEAM:**
know my family

**A CONSISTENT
RELATIONSHIP
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Printed
Materials

Opioid Change Package: **High Impact Changes**

Improving the patient experience

Identifying patients on a panel

Optimizing care management and
prescribing

Coordinating care in the medical home
and health neighbourhood

Potentially Better Practices

Refer to
Printed
Materials

HIGH IMPACT CHANGES OPIOID

The potentially better practices listed below are derived from a review of the literature, clinical practice guidelines, and from expert recommendations. They are anticipated to improve the care of patients who are using opioids. However, the list of practices is not exhaustive and should be customized, tested, and evaluated in your own clinical setting before you will know whether they are truly "better".



HIGH IMPACT
CHANGES



POTENTIALLY
BETTER PRACTICES



MEASURES



TOOLS