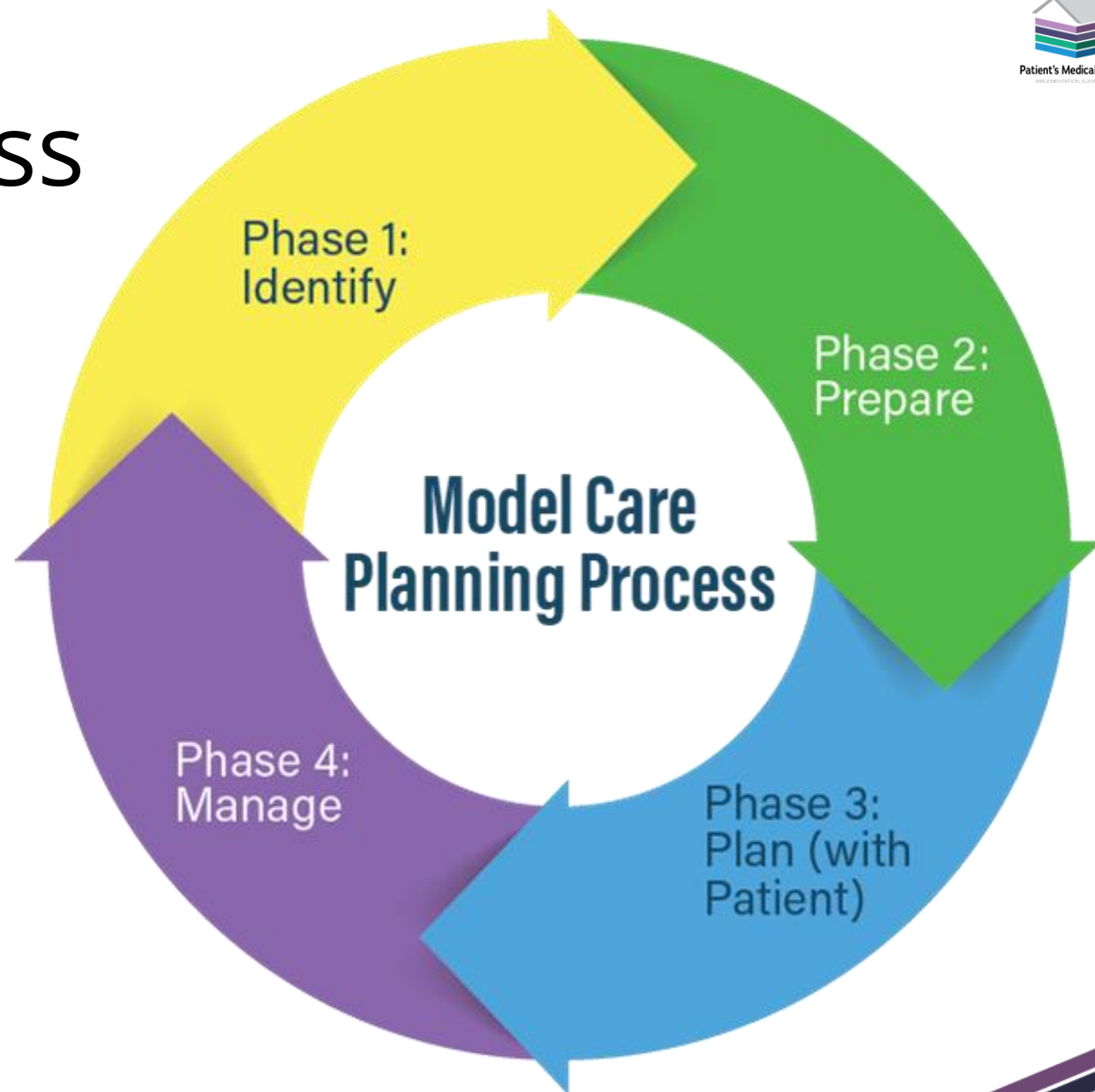
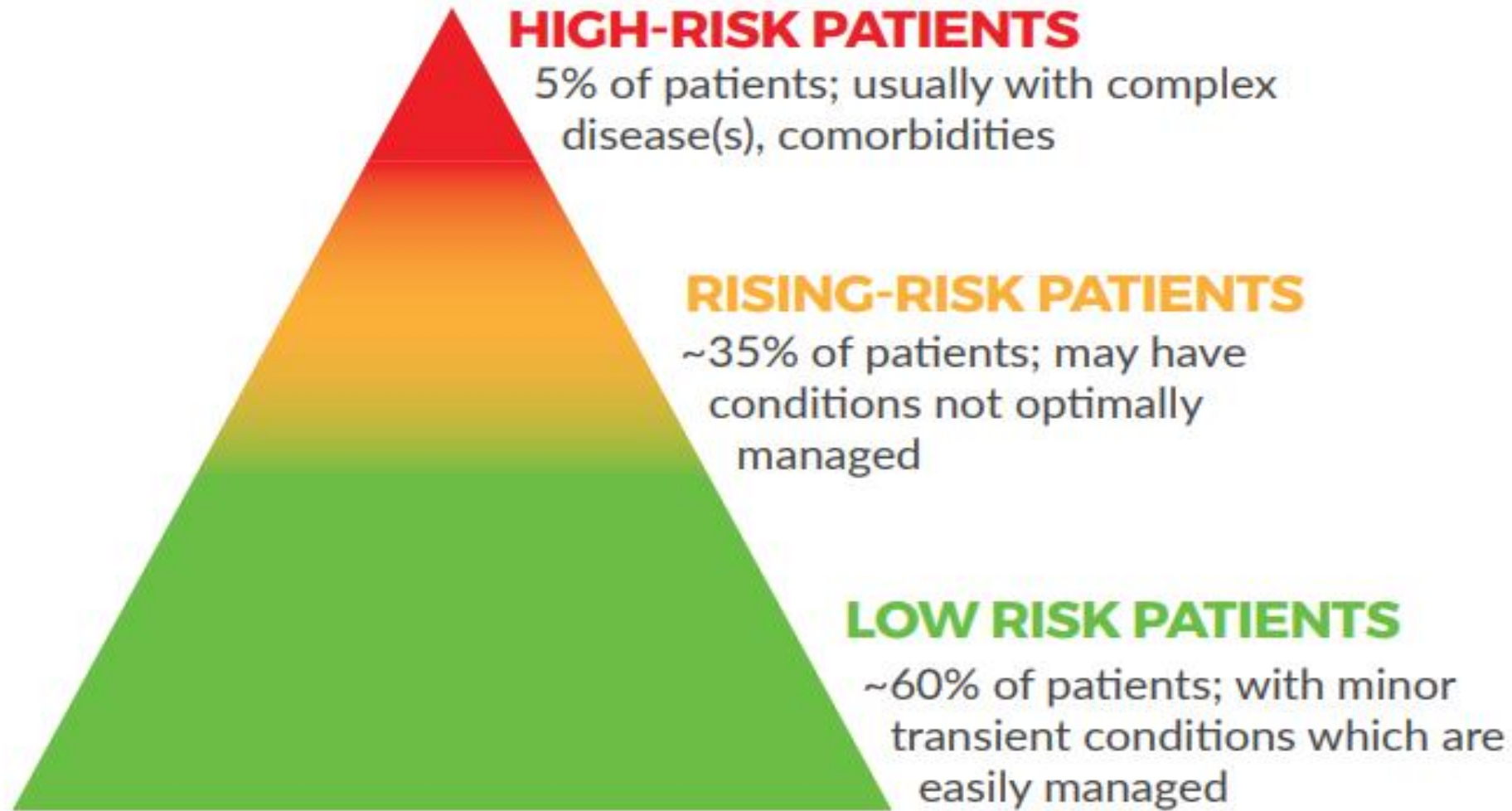


# Care Planning Process





15% - 35% of rising risk patients may not have their conditions optimally managed.

- PaCT
  - Tools and Resources
  - Evaluation and Measurement
  - PaCT Webinars

# Patients Collaborating with Teams

## Overview

Patients Collaborating with Teams (PaCT) takes a proactive, systematic approach to enable patient to manage their care when they have, or are at risk for having, multiple chronic diseases or other complex health needs. PaCT takes the next step in the patient's medical home by furthering the panel and chronic disease management work already underway in PCNs and primary care clinics.

### Panel and Continuity

Continuity of care is about improving Albertans' health through stronger ongoing relationships with their family physician or nurse practitioner and team, increased information sharing, and enhancing care coordination. The first step to improving continuity is identifying and maintaining a panel of unduplicated patients.



At the heart of PaCT, providers and their teams are supported to reach those patients that keep them up at night by shifting the conversation from, "What's the matter?" to "What matters to you?"

- Advances in evidence-based medicine create opportunities to improve care for patients with complex health needs
- Practice-level collaborative care-planning approaches are effective in supporting patients with complex health needs
- Research tells us that using team-based care improves patient outcomes
- 'Many hands make light work': when teams share skills and knowledge to care for those with complex health needs, the work is not as challenging for any one person
- Alberta data indicates that many practices have a significant number of patients with complex health needs who do not seek adequate care
- PaCT will build on panel identification and maintenance processes already embedded in practices and facilitate the spread of excellent care processes to all primary care practices.

Read PaCT's [one pager](#) or [FAQ](#) for more information. Or watch the following videos to learn more about PaCT:

- [What is PaCT?](#)
- [The benefits of care planning with patients](#)
- [PaCT: What is the evidence?](#)
- [Care Planning: The Patient Experience](#)
- [How Care Planning has Changed](#)

# Care Planning Template

Refer to  
Printed  
Materials

Patient Name: \_\_\_\_\_  
 AB Health Card No.: \_\_\_\_\_  
 Primary Care Provider: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_

Preferred Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Primary Provider Contact No.: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_

This document was created on: <INSERT DATE> and last updated on: <UPDATE DATE>

### Introduction to Your Care Plan and Care Planning Visit

During the course of this visit, this document (called a care plan) will be filled out by you and your health care team. A care plan is useful when you have several people involved in your care or you have ongoing health conditions. It helps keep everyone on the 'same page' as to what matters to you (your goals, values and preferences). It also helps keep track of what you and your healthcare team have planned or are working on for the next 12 months to improve your health and wellbeing.

It is designed to help everyone involved in your health to know:

- What is important to you
- Your goals for the next 12 months
- About your health conditions
- The healthcare and support you need

## PART A: Medical Summary

**Current Health Conditions**

**Impact of Health Conditions**

Health Target(s)	Test Results	My Current Number	Where I Need to be
BMI (height and weight calculation)			
Blood Pressure (BP)			

**Current Medications**

Medication	Dosage	When I Take It	What

**Past Medications**

Medication	Reaction	Severity
		Mild Moderate Severe

**Allergies and Intolerances**

No Known Allergies

Condition(s)

**Family Medical History**

Patient Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Alberta Health Care No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Significant Historical Medical Events

Medical Event	Date

### Other Team Members Seen for Tests and / or Treatments

Name of Test or Treatment	Frequency and/or Date	Health Team Member Name	Contact Number

### Modifiable Lifestyle or Risk Factors

Areas where doing well: \_\_\_\_\_

Areas for improvement: \_\_\_\_\_

### What is your smoking status?

Non-smoker  Ex-smoker  Smoker with desire to quit  Smoker actively quitting   
 Smoker with no plans to quit at this time  Other  Specify: \_\_\_\_\_

**Comments:**

**Medical and Assistive Devices**

None  Wheelchair  Oxygen  Other  Specify: \_\_\_\_\_

**Advance Care Planning**

I have a personal care directive: Yes  No  I have a Power of Attorney: Yes  No   
 Do you have your goals of care documented? Yes  No

**Comments:**

## PART B: Social History

Do you ever have difficulty making ends meet (paying your bills) at the end of the month? Is there anything current employment situation or finances that would impact your health and wellbeing? Who covers this and other services?

Is there anything you would like your care team to know about your housing situation? Do you feel safe in your home?

Do you feel you have enough support at this time to manage your health? Can you tell me more about any community resources or services that you use (e.g., transportation services, food banks, meetings, etc.)?

## PART C: Goals and Action Plan

What you want to achieve and why it is important to you

Where you need to start  
 There are a number of areas you can work on to achieve your goal(s) listed above. The list below helps to determine what area is the highest priority for you.

Priority (1=lowest priority, 5=highest priority. The same number can be assigned more than once.)

Area	1	2	3	4	5	N/A
1. Monitor and manage symptoms (e.g., pain, dizziness, weakness, blood sugars)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Engage in specific treatment activities (e.g., physiotherapy, foot care, mental health, wounds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Attend services and appointments (e.g., lab work, specialist, education sessions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Monitor and manage triggers and risk factors (e.g., alcohol, tobacco, recreational drugs, stress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Monitor and manage healthy lifestyle factors (e.g., physical activity, nutrition, mood, social support)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Manage medications (e.g., right doses, side effects, medication review)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What specific actions you need to take to achieve your goal(s)**  
 (SMART Goal – Specific, Measurable, Attainable, Realistic, Timely):

Is there anything you think of that might get in your way? How could you work around these things?

How confident are you that you can achieve the above goal and action plan?

Confidence Level	1	2	3	4	5	6	7	8	9	10
Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We (the physician and patient/agent) have discussed this care plan and the patient/patient agent has received a written copy of it. A similar document has not been completed with another physician in the past twelve months.

Date (YYYYMMDD) \_\_\_\_\_

Date (YYYYMMDD) \_\_\_\_\_

Physician Name \_\_\_\_\_

Patient and/or Agent Name \_\_\_\_\_

Physician Signature \_\_\_\_\_

Patient or Agent Signature \_\_\_\_\_



# Tools to Support Safer Prescribing

Refer to  
Printed  
Materials

- List of tools in IF package

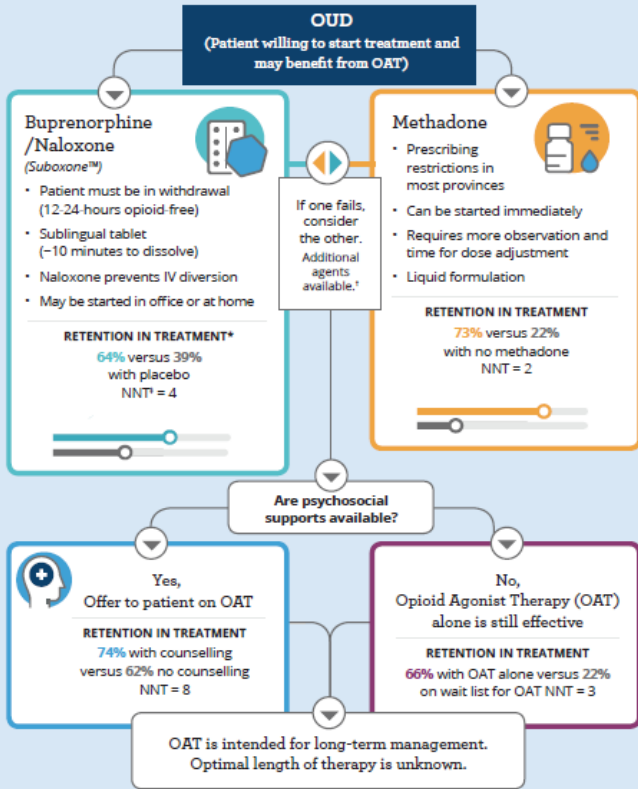




Consider Prescription Opioid Misuse Index (POMI) if patient receives prescription opioids and OUD is suspected.  
**Yes to ≥2 means diagnosis is more likely. If not, it is less likely.**

#### DO YOU EVER:

- Use your medication more often, (shorten the time between doses), than prescribed?
- Use more of your medication, (take a higher doses) than prescribed?
- Need early refills for your pain medications?
- Feel high or get a buzz after using your pain medication?
- Take your pain medication because you are upset, to relieve or cope with problems other than pain?
- Go to multiple physicians /emergency room doctors, seeking more of your pain medication?



#### PRACTICE PEARLS

- \* Naloxone kits should be provided to all patients who are prescribed OAT.
- † Avoid punitive measures. Continued drug use could suggest a need for treatment intensification.
- ‡ Stabilizing OUD may help with the management of chronic pain.

\* Most trials report on retention in OAT treatment. While RCT data is limited on patient oriented outcomes, observational data suggests retention in treatment is associated with reduction in mortality and improvement in quality of life.

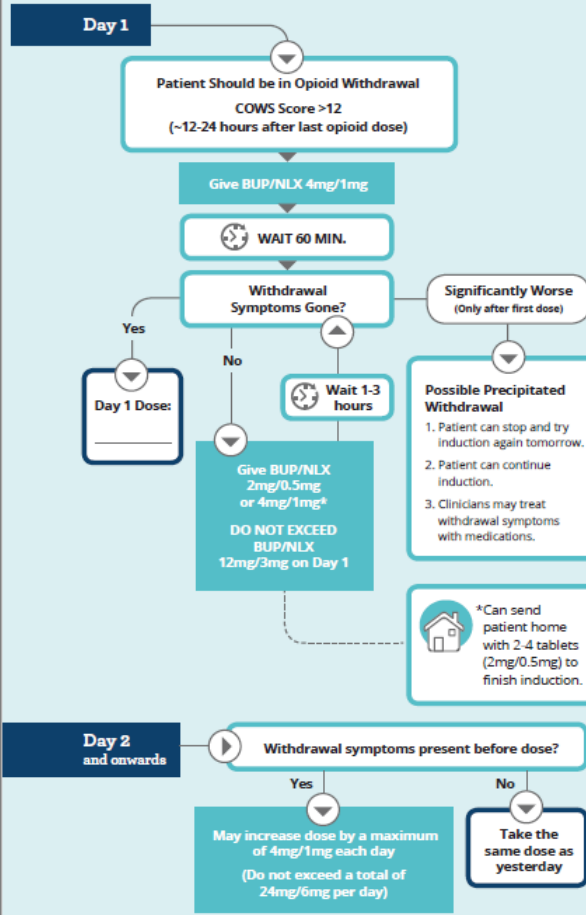
† Eg. injectable naltrexone (opioid antagonist that requires 7-10 day opioid free period) not currently available in Canada, slow release morphine.

‡ NNT = Number Needed to Treat

Korowynk C, Perry D, Ton J, Kolber MR, Garrison S, Thomas B, et al. Managing opioid use disorder in primary care. PEER simplified guideline. *Can Fam Physician* 2019;65:321-30.

#### TREATMENT CONSIDERATIONS

- Tailored to patient's needs and disease stability.
- Treatment Agreement (Contract)  
To outline patient and provider expectations.
- Urine Drug Testing  
May be required by provincial regulations.



#### Clinical Opiate Withdrawal Scale Score (0-48)<sup>†</sup> Category (Points), Clinician Admin

	WORSE			
	0	1	2	4
Resting Pulse Rate	0	1	2	4
Sweating	0	1	2	3
Observed Restlessness	0	1	3	5
Pupil Size	0	1	2	5
Bone or Joint Aches	0	1	2	4
Runny Nose or Tearing	0	1	2	4
Gastrointestinal Upset	0	1	2	3
Observed Tremor of Outreached Hands	0	1	2	4
Observed Yawning	0	1	2	4
Anxiety or Irritability	0	1	2	4
Gooseflesh Skin	0	2	3	4

#### TOTAL SCORE

#### Agents for Management of Withdrawal Symptoms (Including precipitated withdrawal)

Symptom	Agent	DIRECTIONS
Anxiety	Clonidine	0.1mg PO Q4H PRN
Anxiety	Quetiapine	25mg PO QHS PRN
Sleep	Trazodone	50-100mg PO QHS PRN
Pain	Ibuprofen	600mg PO Q6H PRN
Nausea	Dimenhydrinate	50mg PO Q6H PRN
Nausea	Ondansetron	4mg PO Q6H PRN
Diarrhea	Loperamide	4mg, followed by 2mg after each loose stool (max:16mg/day)

† Full COWS Scoring Available at: <https://www.drugabuse.gov/sites/default/files/ClinicalOpiateWithdrawalScale.pdf>  
For home induction, use patient administered Subjective Opiate Withdrawal Scale (SOWS) scoring available at: <http://www.bccsu.ca/wp-content/uploads/2017/08/SOWS.pdf>

Refer to  
Printed  
Materials

# Opioid Provider-Patient Conversation Checklist



Refer to  
Printed  
Materials

*Used to ensure that both patient and provider have a mutual understand of opioid therapy*

# Opioid Risk Tool

Mark each box that applies	Female	Male
<b>Family history of substance abuse</b>		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
<b>Personal history of substance abuse</b>		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

*Used to look for patient risk factors prior to prescribing opioid therapy*



# Adverse Childhood Experiences (ACEs) Questionnaire



1. A parent or other adult in the household would often swear at me, insult me, put me down, or humiliate me OR act in a way that made me afraid that I might be physically hurt
2. A parent or other adult in the household would often push, grab, slap or throw something at me OR hit me so hard that I had marks or was injured
3. An adult or person at least 5 years older than me touch or fondled me or had me touch their body in a sexual way OR tried to have oral, anal or vaginal intercourse with me
4. I often felt that no one in my family loved me or thought I was important or special OR that my family didn't look out for each other, feel close to each other, or support each other
5. I often felt that I didn't have enough to eat, had to wear dirty clothes, and had no one to protect me OR my parents were too drunk or high to take care of me or take me to the doctor if I needed it
6. I experienced a parental death, separation or divorce
7. A household member was often pushed, grabbed, slapped, or had something thrown at him/her OR sometimes kicked, bitten, hit with a fist, or something hard OR ever repeatedly hit over at least a few minutes or threatened with a gun or knife
8. I lived with someone who was a problem drinker or alcoholic, or who used street drugs
9. A household member was depressed, mentally ill, or attempted suicide
10. A household member went to prison

**Your ACE score is the total number of 'yes' answers**

# Prescription Opioid Misuse Index (POMI)

## 2 “yes” answers indicates a positive screen

1. Do you ever use **more of your medication**, that is, take a higher dose, than is prescribed for you?
2. Do you ever use your medication **more often**, that is, shorten the time between doses, than is prescribed for you?
3. Do you ever need **early refills** for your pain medication?
4. Do you ever **feel high or get a buzz** after using your pain medication?
5. Do you ever take your pain medication because you are upset, using the medication **to relieve or cope with problems** other than pain?
6. Have you ever **gone to multiple physicians**, including emergency room doctors, seeking more of your pain medication?

*Used to screen patients for possible Opioid Use Disorder*

# COWS

# SOWS

Patient's Name: \_\_\_\_\_ Date and Time \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_:\_\_\_\_

Reason for this assessment: \_\_\_\_\_

<b>Resting Pulse Rate:</b> _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	<b>GI Upset: over last 1/2 hour</b> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
<b>Sweating: over past 1/2 hour not accounted for by room temperature or patient activity.</b> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	<b>Tremor: observation of outstretched hands</b> 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
<b>Restlessness: Observation during assessment</b> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	<b>Yawning: Observation during assessment</b> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
<b>Pupil size</b> 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	<b>Anxiety or Irritability</b> 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
<b>Bone or Joint aches: If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</b> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	<b>Gooseflesh skin</b> 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
<b>Runny nose or tearing: Not accounted for by cold symptoms or allergies</b> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	<p style="text-align: right;">Total Score _____</p> <p style="text-align: center;">The total score is the sum of all 11 items</p> <p>Initials of person completing assessment: _____</p>

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal  
 This version may be copied and used clinically.



## SUBJECTIVE OPIATE WITHDRAWAL SCALE (SOWS)<sup>1</sup>

The SOWS is a self-administered scale for grading opioid withdrawal symptoms. It contains 16 symptoms whose intensity the patient rates on a scale of 0 (not at all) to 4 (extremely), and takes less than 10 minutes to complete.

Patient Instructions: please score each of the 16 items below according to how you feel right now. Circle one number only.

Item	Symptom	Not at all	A little	Moderately	Quite a bit	Extremely
1	I feel anxious	0	1	2	3	4
2	I feel like yawning	0	1	2	3	4
3	I am perspiring	0	1	2	3	4
4	My eyes are teary	0	1	2	3	4
5	My nose is running	0	1	2	3	4
6	I have goosebumps	0	1	2	3	4
7	I am shaking	0	1	2	3	4
8	I have hot flushes	0	1	2	3	4
9	I have cold flushes	0	1	2	3	4
10	My bones and muscles ache	0	1	2	3	4
11	I feel restless	0	1	2	3	4
12	I feel nauseous	0	1	2	3	4
13	I feel like vomiting	0	1	2	3	4
14	My muscles twitch	0	1	2	3	4
15	I have stomach cramps	0	1	2	3	4
16	I feel like using now	0	1	2	3	4

Total Score: \_\_\_\_\_

Menu

- ▶ Introduction
- Acknowledgements
- Learning Objectives
- ▶ OAT - Shared Decision
- CPSA Requirements
- ▶ Treatment Spectrum
- ▶ Opioid Withdrawal Syndrome
- ▶ Assessing for Opioid Withdrawal
- ▶ Withdrawal Management
- Summary - video
- Knowledge Check
- Conclusion

## Learning Objectives:



**Upon conclusion of this module, the following learning objectives will be accomplished:**

1. Define opioid agonist treatment and how it aligns with the spectrum of treatment intensity
2. Explain medically assisted withdrawal treatment
3. Describe 1st line vs 2nd line treatment recommendations for OAT Therapy
4. Compare and contrast Buprenorphine/Naloxone and Methadone
5. Practice in a simulated environment how to successfully complete a:
  - Methadone induction
  - Buprenorphine/Naloxone home induction
  - Conversion from full agonist to partial agonist (methadone to Buprenorphine/Naloxone)

# AHS PACES training

<https://www.albertahealthservices.ca/info/page16083.aspx>