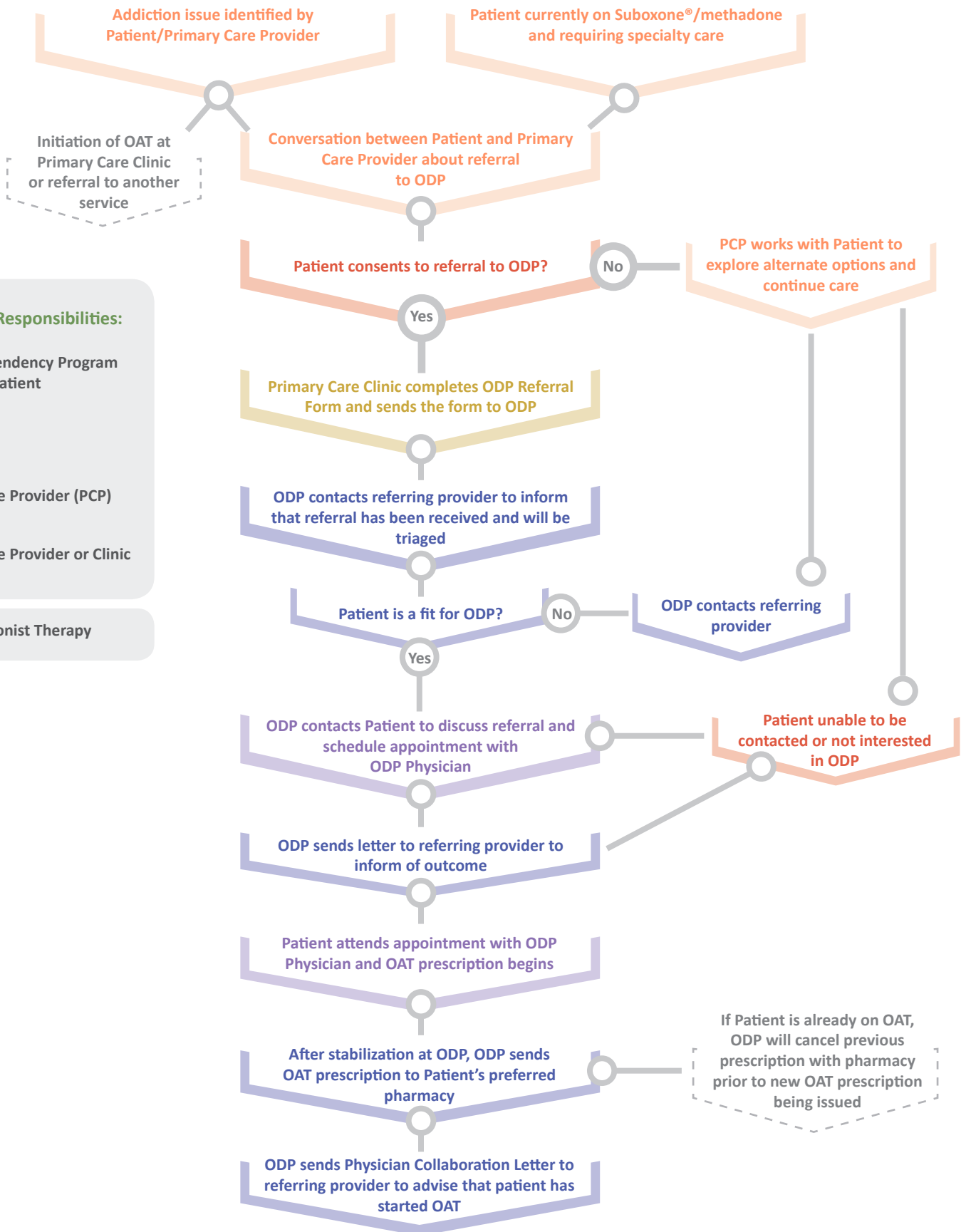


Primary Care to Opioid Dependency Program (ODP) Transition Pathway



Primary Care to ODP Transition Pathway



Roles and Responsibilities:

- Opioid Dependency Program (ODP) and Patient
- ODP
- Patient
- Primary Care Provider (PCP) and Patient
- Primary Care Provider or Clinic

OAT – Opioid Agonist Therapy

Primary Care to OPD Transition Pathway Process Chart

PROCESS	DETAILS	WHERE/WHO DOES IT?	SUPPORTING RESOURCES OR TRAINING
<p>Addiction issue identified by Patient/Primary Care Provider</p> <p>OR</p> <p>Patient currently on Suboxone®/methadone and requires specialty care</p>	<p>Opioid Dependency Program (ODP) criteria is a primary diagnosis of opioid use disorder (OUD)</p> <p>Any or all the following may also be present:</p> <ul style="list-style-type: none"> - Polysubstance use - Concurrent psychiatric diagnosis - Social determinants of health present barriers to treatment - Patient would benefit from psychosocial programs - Patient would benefit from daily monitoring by a health team 	<ul style="list-style-type: none"> • Primary Care Clinic - Patient/Primary Care Physician/Nurse Practitioner/Nurse/Mental Health Care Provider (i.e. Behavior Health Consultant, Psychologist) 	<p>Prescription Opioid Misuse Index (POMI) screening tool, with additional questions to screen for use of non-prescription opioids, and list of common opioid names and withdrawal symptoms (Appendix A)</p> <p>DSM – 5 OUD Diagnostic Criteria (Appendix B)</p> <p>Opioid Safety for Patients with Chronic Pain</p>
<p>Conversation between Patient and Primary Care Provider about referral to ODP</p>		<ul style="list-style-type: none"> • Primary Care Clinic - Patient - Primary Care Physician/Nurse Practitioner/Nurse/Mental Health Care Provider 	<p>ODP Information for Clinicians (Appendix C)</p> <p>ODP Information for Patients (Appendix D)</p>
<p>If patient consents to referral, Primary Care Clinic completes ODP Referral Form and sends the form to ODP</p>	<p>If patient does not consent to referral, further education or alternate treatment options to be explored (see Appendix F, Addiction and Mental Health Resource List)</p>	<ul style="list-style-type: none"> • Primary Care Clinic - Primary Care Physician/Nurse Practitioner/Nurse/Mental Health Care Provider 	<p>ODP Referral Form (Appendix E)</p> <p>Addiction and Mental Health Resource List (Appendix F)</p>
<p>ODP contacts referring provider to inform that referral has been received and will be triaged</p>	<p>Patients who are pregnant and/or HIV-positive will receive priority access</p>	<ul style="list-style-type: none"> • ODP Clinic - ODP Nurse/Social Worker/Administrative Staff 	
<p>ODP contacts Patient to discuss referral and schedule appointment with ODP Physician</p>	<p>If patient is not a fit for ODP, the referring provider will be notified within 3 business days to allow for follow up with the patient and exploration of alternate options</p> <p>ODP will contact patients within 3 business days of referral and attempt contact on 2 occasions prior to sending a status letter</p>	<ul style="list-style-type: none"> • ODP Clinic - ODP Nurse 	<p>Addiction and Mental Health Resource List (Appendix F)</p>
<p>ODP sends status letter to referring provider to inform of referral outcome</p>	<ul style="list-style-type: none"> • Outcomes to be communicated include: <ul style="list-style-type: none"> - Patient has been scheduled with an ODP Physician, details of appointment will be provided in letter - Patient not able to be contacted - Patient not interested in ODP services - Patient does not identify as having OUD 	<ul style="list-style-type: none"> • ODP Clinic - ODP Nurse/Social Worker/Administrative Staff 	<p>Addiction and Mental Health Resource List (Appendix F)</p>

PROCESS	DETAILS	WHERE/WHO DOES IT?	SUPPORTING RESOURCES OR TRAINING
<p>Patient attends appointment with ODP Physician and OAT prescription begins</p>	<p>Patient will initially dose at ODP until stabilized (timeframe can vary for each individual)</p> <p>If patient is already on OAT, ODP will cancel previous prescription with pharmacy prior to new OAT prescription being issued to avoid overlap</p>	<ul style="list-style-type: none"> • ODP Clinic - Patient - ODP Physician - ODP Pharmacist 	
<p>ODP sends OAT prescription to Patient's preferred pharmacy</p>	<p>Once patient is stabilized, patient can transfer to their preferred community pharmacy which they will attend daily for dosing</p> <p>Patients are eligible for carries (at home doses) with continued demonstrated stability (i.e. opiate free urines, no missed doses, attendance at appointments)</p>	<ul style="list-style-type: none"> • ODP Clinic - ODP Nurse 	
<p>ODP sends Physician Collaboration Letter to referring provider to advise that Patient has started on OAT at ODP</p>	<p>Letter will provide information regarding ODP's role and physician contact information</p>	<ul style="list-style-type: none"> • ODP Clinic - ODP Physician/Nurse/Administrative Staff 	

LINKS TO RESOURCES:

- Opioid Safety for Patients with Chronic Pain
http://www.cpsa.ca/wp-content/uploads/2017/08/opioid-safety_chronic_pain.pdf

APPENDIX A - ADAPTED PRESCRIPTION OPIOID MISUSE INDEX (POMI)



Using the POMI Information for Physicians

The Prescription Opioid Misuse Index (POMI) is a case finding tool that can be useful in patients receiving prescription opioids where a diagnosis of opioid use disorder is suspected.

Two additional questions have been added to the POMI to screen for non-prescription opioid use.

A score of two or more makes the diagnosis more likely.



Questions

Response (Circle one)

- | | |
|--|----------------------|
| 1. Do you ever use more of your medication, that is, take a higher dose, than is prescribed for you? | YES NO |
| 2. Do you ever use your medication more often, that is, shorten the time between doses, than is prescribed for you? | YES NO |
| 3. Do you ever need early refills for your pain medication? | YES NO |
| 4. Do you ever feel high or get a buzz after using your pain medication? | YES NO |
| 5. Do you ever take your pain medication because you are upset, using the medication to relieve or cope with problems other than pain? | YES NO |
| 6. Have you ever gone to multiple physicians, including emergency room doctors, seeking more of your pain medication? | YES NO |

Additional screening questions for non-prescription opioid use:

- | | |
|---|----------------------|
| 7. Have you ever taken an opiate medication that was not prescribed to you? | YES NO |
| 8. Have you ever purchased opiates illicitly (i.e. on the street)? | YES NO |

APPENDIX A - CON'T

Opioids are strong painkillers; these drugs contain opium or opium-like substances and are used to relieve pain. Tolerance can also occur, meaning that long-term users must increase their doses to achieve the same effect or high. Overuse of opioids can easily lead to addiction.

Examples of common opioid medications and street names:

Generic Name	Trade Name	Street Names
Codeine	Tylenol® 2, 3, 4 (codeine & acetaminophen)	T1, T2, T3, T4, 3s, 4s, Phosphates, Tec 30s, Cody, Captain Cody
Fentanyl	Abstral®, Duragesic®, Onsolis®	Down, Fent, Fakes, Sticky, Nerps, Beans
Hydromorphone	Dilaudid®	Dillies, Pickles, 4s, 8s
Oxycodone	OxyNEO®, Percocet®, Oxycocet®, Percodan®	Oxys, OCs, Apo, Greenies, Perc's
Morphine	Doloral®, Statex®, M.O.S.®	Pins and Needles, Greys, Peaches, Purple, Reds, M, Morph, Red Rockets
Meperidine	Demerol®	Demmies

Examples of opioids that are illicit (illegal): Fentanyl (Down, Fent, Fakes), Heroin (Pants, Down, Dizz, Scage)

Reference: Canadian Centre for Substance Use and Addiction (CCSA). (2017). Canadian Drug Summary: Prescription Opioids [PDF file]. Retrieved from <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Canadian-Drug-Summary-Prescription-Opioids-2017-en.pdf>, with additional input from patients of the Edmonton IOAT clinic.

Some Short-Term Effects of Opioids:	Some Long-Term Effects of Opioids:
<ul style="list-style-type: none"> • Nausea and vomiting • Constipation • Drowsiness • Tiny pupils • Vision problems • Anxiety • Trouble concentrating • Decreased appetite 	<ul style="list-style-type: none"> • Depression • Serious constipation • Body changes making natural painkillers so small pain seems worse • Hypotestosteronism • Amenorrhea • Increased risk osteoporosis/osteopenia (with decades of opioid use usually)

The body adapts to the presence of the drug and withdrawal symptoms occur if use is reduced or stopped. Withdrawal can be very difficult and dangerous, and it is recommended that it is best to stop with medical support. Replacement therapy may be a good alternative.

Withdrawal Symptoms:

<ul style="list-style-type: none"> • Craving • Irritability • Stomach cramps • Nausea and vomiting/puking • Chills • Can't sleep 	<ul style="list-style-type: none"> • Sweating • Muscle and bone pain • Runny nose • Diarrhea • Shakes • Cold • Craving dreams 	<ul style="list-style-type: none"> • Restlessness and trouble sleeping • Weakness • Yawning • Goose bumps/chills ("cold turkey effect") • Itchy bones
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APPENDIX B - DSM-5 CLINICAL DIAGNOSTIC CRITERIA FOR OPIOID USE DISORDER

1	Opioids are often taken in larger amounts or over a longer period than was intended.	<p>The presence of at least 2 of these symptoms indicates an Opioid Use Disorder (OUD)</p> <p>The severity of the OUD is defined as:</p> <p>MILD: The presence of 2 to 3 symptoms</p> <p>MODERATE: The presence of 4 to 5 symptoms</p> <p>SEVERE: The presence of 6 or more symptoms</p>
2	There is a persistent desire or unsuccessful efforts to cut down or control opioid use.	
3	A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.	
4	Craving or a strong desire to use opioids.	
5	Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.	
6	Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.	
7	Important social, occupational, or recreational activities are given up or reduced because of opioid use.	
8	Recurrent opioid use in situations in which it is physically hazardous.	
9	Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.	
10	Tolerance,* as defined by either of the following: a) Need for markedly increased amounts of opioids to achieve intoxication or desired effect; b) Markedly diminished effect with continued use of the same amount of opioid.	
11	Withdrawal,* as manifested by either of the following: a) Characteristic opioid withdrawal syndrome; b) Same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms	

To be eligible for methadone, buprenorphine/naloxone (Suboxone™), or slow release oral morphine agonist treatment (SROM), patients must meet DSM-5 criteria for opioid use disorder.

* Patients who are prescribed opioid medications for analgesia may exhibit these two criteria (withdrawal and tolerance) but would not necessarily be considered to have a substance use disorder.

Reference:

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5.™ 5th ed. Arlington, VA: American Psychiatric Publishing, Inc.

APPENDIX C – OPIOID DEPENDENCY PROGRAM INFORMATION FOR CLINICIANS



Opioid Dependency Program (ODP) Edmonton
10010-102A Avenue, Edmonton, AB T5J 0G5
p: (780) 422-1302 f: (780) 427-0777

The **Opioid Dependency Program (ODP)**, offered through Alberta Health Services, provides methadone or Suboxone® treatment to people with a primary diagnosis of Opioid Use Disorder.

- Additional criteria that may be present includes:
 - Polysubstance use,
 - Concurrent psychiatric diagnosis,
 - Social determinants of health present barriers to treatment,
 - Patient would benefit from psychosocial programs, and/or
 - Patient would benefit from daily monitoring by a health team.

- Patients will have access to a multidisciplinary team that includes physicians, nurses, social workers, addiction counsellors, and pharmacists.

- The program provides:
 - Medical addiction assessment,
 - Stabilization of the patient on the most effective dose of methadone or Suboxone®,
 - Counselling,
 - Ongoing support and monitoring (e.g., prescription management, urine testing),
 - Hepatitis and HIV screening,
 - Links to community pharmacists for dosing, and
 - Links to other addiction treatment services and social and health support systems.

- Priority access will be provided to patients who are pregnant and/or HIV positive.

To refer to the ODP, please complete the ODP Referral Form included in the appendices of the Edmonton Zone Primary Care to ODP Transition Pathway and fax the form to 780-427-0777. Alternatively, patients are welcome to present to ODP for walk-in intake from Monday to Friday, 8:00 AM to 3:00 PM. The ODP is located at 10010 102A Avenue and is easily accessible from multiple bus routes and the LRT (Churchill Station). Paid parking is located on street level and at the Edmonton City Centre East Parkade next door.

APPENDIX D – OPIOID DEPENDENCY PROGRAM INFORMATION FOR PATIENTS



Opioid Dependency Program (ODP) Edmonton
10010-102A Avenue, Edmonton, AB T5J 0G5
p: (780) 422-1302 f: (780) 427-0777

The **Opioid Dependency Program (ODP)**, offered through Alberta Health Services, provides methadone or Suboxone® treatment for people dependent on opioids. Opioids are a class of drugs that include things like morphine, heroin, codeine, oxycodone, fentanyl, T3s, Dilaudid® (Hydromorphone) and Percocet®.

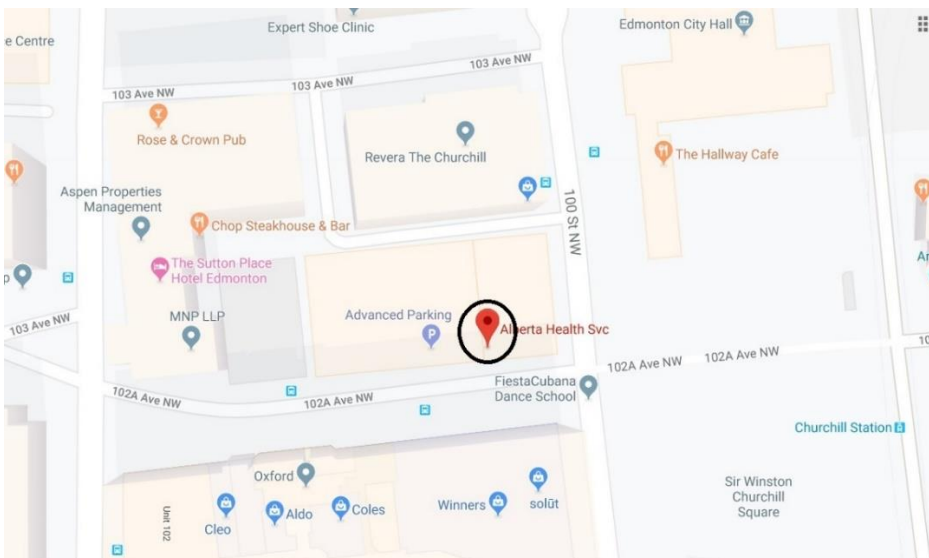
When you are on the right dose of medication, cravings will be easier to manage, and you should not experience any drowsiness or withdrawal symptoms.

Your Primary Care Provider will submit a referral to the ODP and an ODP Nurse will contact you within 3 business days of receiving your referral. The nurse will work with you to schedule an appointment with an ODP Physician.

As part of your treatment with ODP, you will work with a care team that includes physicians, nurses, social workers, addiction counsellors, peer support workers, and pharmacists. They are all available to provide support if you need it and answer any questions you may have about your treatment.

If you prefer, you can access ODP through walk-in intake offered Monday to Friday from 8:00 AM to 3:00 PM. ODP is located at **10010 102A Avenue** and is easily accessible from multiple bus routes and the LRT (Churchill Station). Paid parking is located on street level and at the Edmonton City Centre East Parkade next door.

If you have questions about the ODP, please contact us at 780-422-1302.



APPENDIX E – OPIOID DEPENDENCY PROGRAM REFERRAL FORM



Opioid Dependency Program (ODP) Edmonton
 10010-102A Avenue, Edmonton, AB T5J 0G5
 p: (780) 422-1302 f: (780) 427-0777

PATIENT INFORMATION	
<input type="checkbox"/> Patient agrees to referral	<input type="checkbox"/> Ok to leave message at phone numbers
Legal Name (Last, first, middle):	
PHN:	Date of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____	
Client Contact Info: (Phone Numbers)	

REFERRAL SOURCE INFORMATION	
Name:	
Practice ID:	
Check one: <input type="checkbox"/> Family Physician <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Other: _____	
Tel:	Fax:

SUITABILITY FOR OPIOID DEPENDANCY PROGRAM		
	Check	Details
Opiate Addiction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently on OAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach copy of prescription/triplicate prescription and pharmacy contact information.
Other Substance Use (e.g. stimulants, alcohol)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter substances used, route, amount and frequency

SUITABILITY FOR OPIOID DEPENDANCY PROGRAM		
Benzodiazepine Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Concurrent Psychiatric Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PATIENT MEDICAL HISTORY
<p>Pertinent Medical History (attach patient summary including medications, allergies, HIV/Hep C status)</p>
<p>Please attach ALL screening tools used</p> <input type="checkbox"/> COWS (Clinical Opiate Withdraw Scale) <input type="checkbox"/> POMI (Prescription Opioid Misuse Index)/Adapted POMI <input type="checkbox"/> ACES (Adverse Childhood Experiences Study) <input type="checkbox"/> Other: _____

Signature

Date

Please fax completed form to 780-427-0777

If you have any questions or concerns do not hesitate to contact the Opioid Dependency Program at 780-422-1302

APPENDIX F - ADDICTION AND MENTAL HEALTH RESOURCE LIST

Alternate Opioid Agonist Therapy (OAT) Clinics in Edmonton:

- **Panorama**
10106 111 Ave, 780-471-4434 (Ph), 780-471-4438 (Fax)
- **Metro City**
10419 102 Ave, 780-429-3991 (Ph), 780-429-3988 (Fax)
- **Savera Medical Centre**
6730 75 St, 780-761-6767 (Ph), 780-761-6769 (Fax)
- **Alberta Health Services (AHS) Injectable Opioid Agonist Therapy (iOAT) Clinic**
 - Intensive treatment with injectable prescription HYDROmorphine for patients diagnosed with moderate to severe Opioid Use Disorder (OUD) who have been unsuccessful with oral OAT options. By referral only. 780-342-7810 (Ph)
- All **Emergency Departments** in the Edmonton Zone can start patients on Suboxone® then refer to the Opioid Dependency Program (ODP) for continued care.

Supervised Consumption Sites in Edmonton:

- **Boyle Street Community Services**
10116 105 Ave, Open 7 days a week, closed 10:30 AM to 12:00 PM
Morning – First intake at 8:30 AM, last intake 10:30 AM
Afternoon/Evening – First intake at 12:00 PM, last intake 7:30 PM
- **The George Spady Society**
10015 105A Ave, Open 7 days a week
First intake at 8:30 PM, last intake at 7:00 AM
- **Boyle McCauley Health Centre**
10628 96 St, Open Monday to Saturday
Monday to Thursday – First intake at 8:30 AM, last intake at 7:30 PM
Friday – First intake at 8:30 AM, last intake at 3:30 PM
Saturday – First intake at 9:00 AM, last intake at 12:00 PM

Additional supports:

- ODP Edmonton: 10010 102A Ave, 1st Floor; 780-422-1302 (Ph)
- ODP Satellite Clinics (Sherwood Park, Northgate and Edmonton West PCN): 780-405-8193 (Ph)
- VODP (Virtual Opioid Dependency Program): 1-844-383-688 (Ph)
 - Patients seen by telehealth at AHS locations across Alberta
- OUD Consultation Line: 1-800-282-9911 or 1-780-735-0811 (8:00 AM to 5:00 PM daily)
- AHS Addiction and Mental Health Intake: 780-424-2424 (Ph) (24/7)
- AHS Addiction Services Edmonton: 10010 102A Avenue, 2nd Floor; 780-427-2736 (Ph)
 - Walk-in intake available Monday, Tuesday, Thursday, Friday 8:00 AM to 3:00 PM, Wednesday 8:00 AM to 12:00 PM
 - Provides outpatient services such as individual and group counselling and psychiatry.
- AHS Addiction Recovery Centre (Inpatient Detoxification Services): 10302 107 St, 780-427-4291 (Ph)
 - Assessment from 9:30 to 10:30 AM daily, admission based on triage and bed availability.
 - Medically supported detox, average length of stay is 4-7 days.
- Momentum Counselling: 780-757-0900 (Ph)
 - Counselling services on a walk-in basis with affordable fees, <https://www.momentumcounselling.org/#>
- City of Edmonton Short-Term Counselling Services (for individuals or families, no cost): 780-496-4777 (Ph)
- Narcotics Anonymous: 780-421-4429 (Ph)
 - Mutual aid meetings daily, www.eana.ca
- Opiates Anonymous:
 - Opiate specific mutual aid group, Edmonton Meeting Sunday 7 PM at Recovery Acres, 6329 118 Ave