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Glossary and Acronym List

Primary Health Care Opioid Response Initiative

Community of Practice (CoP)

A community of practice (CoP) is a group of people who share a {domain of practice} and/or a profession. It is through the process of sharing information and experiences with the group that the members learn from each other, and have an opportunity to develop themselves personally and professionally (Adapted from: Lave, Jean; Wenger, Etienne (1991). Situated Learning: Legitimate Peripheral Participation. Cambridge: Cambridge University Press, <http://insite.albertahealthservices.ca/12046.asp>).

Integration

According to Sutter, Oelke, Adair and Waddell (2007) while many definitions of health systems integration exist, the Canadian Council on Health Services for Accreditation defines integration as “services, providers, and organizations from across the continuum working together so that services are complementary, coordinated, in a seamless unified system, with continuity for the client” (Retrieved Feb 15, 2018; <https://www.albertahealthservices.ca/assets/info/res/if-res-hswru-hs-integration-report-2007.pdf>)

Harm Reduction

“Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.” (Harm Reduction International)

Health Home

“Health homes are a new concept in Alberta. For Albertans, a health home is essentially their ‘home base’ within the health care system, where they can access primary health care and be connected to the other health and social services that they need. In a health home, individuals have access to a core set of comprehensive primary health care services, delivered by a primary health care team.” (Retrieved from Alberta’s Primary Health Care Strategy, Alberta Health, January 2014)

Inter-professional Collaboration

The Canadian National Interprofessional Competency Framework, defines inter-professional collaboration as:

“learners, practitioners, patients/clients/families and communities developing and maintaining interprofessional working relationships that enable optimal health outcomes” (Canadian Interprofessional Health Collaborative, 2010).

Opioid Agonist Treatment (OAT)

Various terms currently exist and have been used at different times to describe the use of opioid agonist medications to treat the withdrawal symptoms of opioid dependency and support stabilization. It is described by the Centre for Addiction and Mental Health as the following.

Opioid agonist therapy (OAT) is an effective treatment for addiction to opioid drugs such as heroin, oxycodone, hydromorphone (Dilaudid), fentanyl and Percocet. The therapy involves taking the opioid agonists methadone (Methadose) or buprenorphine (Suboxone). These medications work to prevent withdrawal and reduce cravings for opioid drugs. People who are addicted to opioid drugs can take OAT to help stabilize their lives and to reduce the harms related to their drug use (CAMH, 2016).

Terms considered equivalent and used interchangeably are:

- **Opioid Substitution Therapy**
- **Opioid Replacement Therapy**
- **Medical Replacement Therapy**
- **Medication Assisted Therapy**

Other Related Terms:

- **Methadone Maintenance Treatment (MMT) Program**
- **Opioid Dependency Program (ODP)** – specialty clinics within Alberta Health Services

Opioid Dependency Treatment (ODT)

This term is not well defined; commonly used to identify a broad spectrum of evidence-based treatments, taken collectively, for addressing problematic opioid use or Opioid Use Disorder and dependency.

Opioid Collaborative Mentorship Network

Opioid Collaborative Mentorship Networks will be established as part of the provincial response to facilitate best practices and lessons learned, and to achieve integrated approaches across all zones.

Opioid Collaborative Mentorship Networks will connect family physicians with mentors to provide ongoing case-based support and continuing professional education.

Opioid Use Disorder (OUD)

Clinical disorder characterized by a pattern of problematic opioid use, linked to clinically significant impairment in function, and may include any of the following: cravings to use opioids, continued use despite experiencing social or interpersonal problems, tolerance, withdrawal, and others (DSM-5, APA, 2013).

Naloxone Kits

A Naloxone Kit is also known as an Overdose Response Kit, or Take Home Naloxone Kit. It is a small portable kit that can be used to respond and reverse opioid poisoning or overdose. Each kit contains:

- 3 vials of naloxone (each vial is 1 dose)
- 3 safety syringes
- 3 alcohol swabs
- 1 pair of rubber gloves
- 1 barrier mask (for rescue breathing)
- An information pamphlet explaining how to inject naloxone (<https://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-cbn-program-frequently-asked-questions.pdf>)

Patient's Medical Home (PMH)

The Patient's Medical Home (PMH) is a family practice defined by its patients as the place they feel most comfortable—most at home—to present and discuss their personal and family health and medical concerns. It is the central hub for the timely provision and coordination of a comprehensive menu of health and medical services patients need. It is where patients, their families, and their personal caregivers are listened to and respected as active participants in both the decision making and the provision of their ongoing care. It is the home base for the continuous interaction between patients and their personal family physicians, who are the most responsible providers (MRPs) of their medical care. It is where a team or network of caregivers, including nurses, physician assistants, and other health professionals—located in the same physical site or linked virtually from different practice sites throughout the local or extended community—work together with the patient's personal family physician to provide and coordinate a comprehensive range of medical and health care services required by each person. It is where patient–doctor, patient–nurse, and other therapeutic relationships are developed and strengthened over time, enabling the best possible health outcomes for each person, the practice population, and the community being served. (Retrieved from A Vision for Canada Family Practice – The Patient's Medical Home, The College of Family Physicians of Canada, September 2011)