

Primary Health Care Opioid Response Initiative

Provincial PCN Committee
January 10, 2018



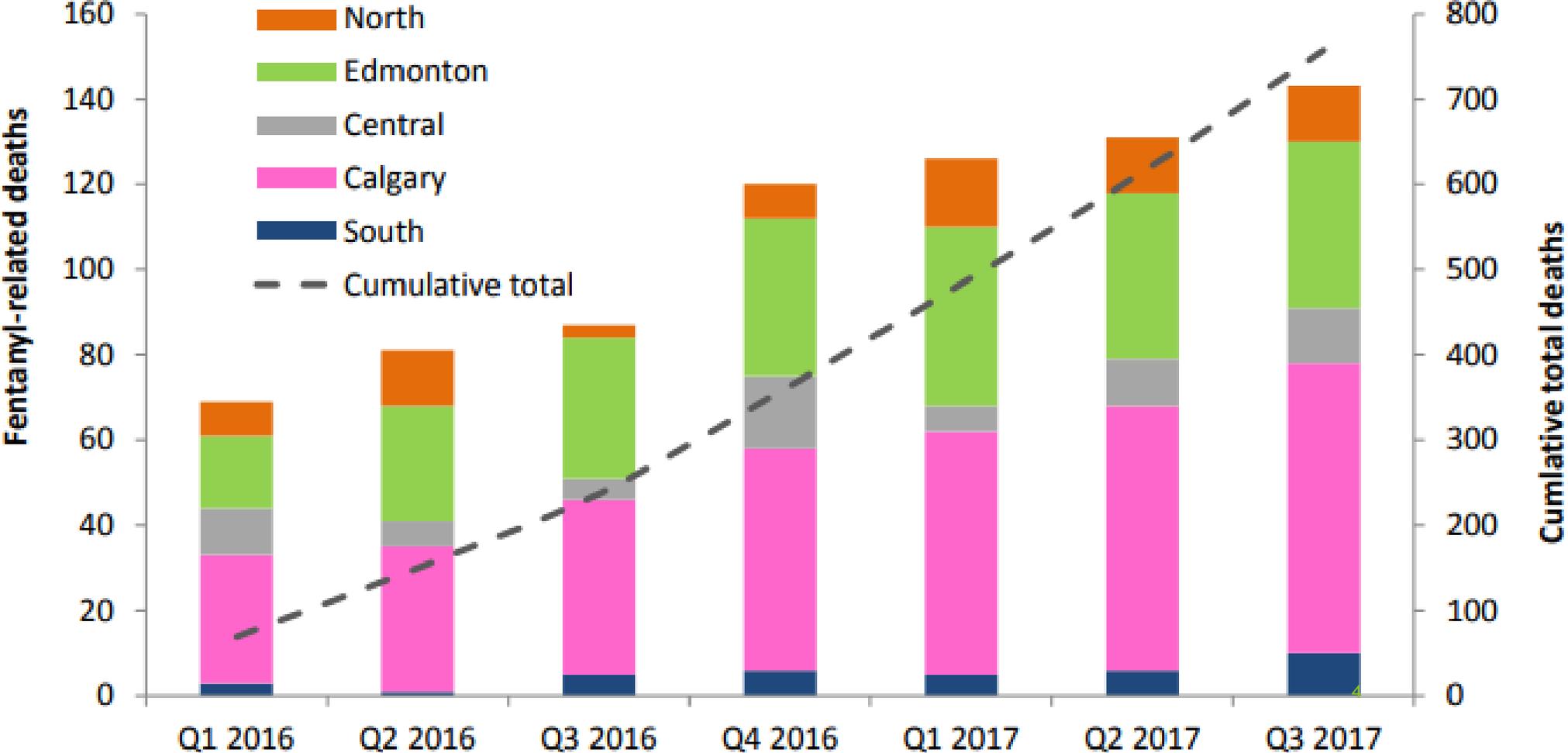
Overview

- Opioid Crisis in Alberta
- The Minister's Opioid Emergency Response Commission
- Role of Primary Care in the Opioid Crisis Urgent Response
- Key Opportunities

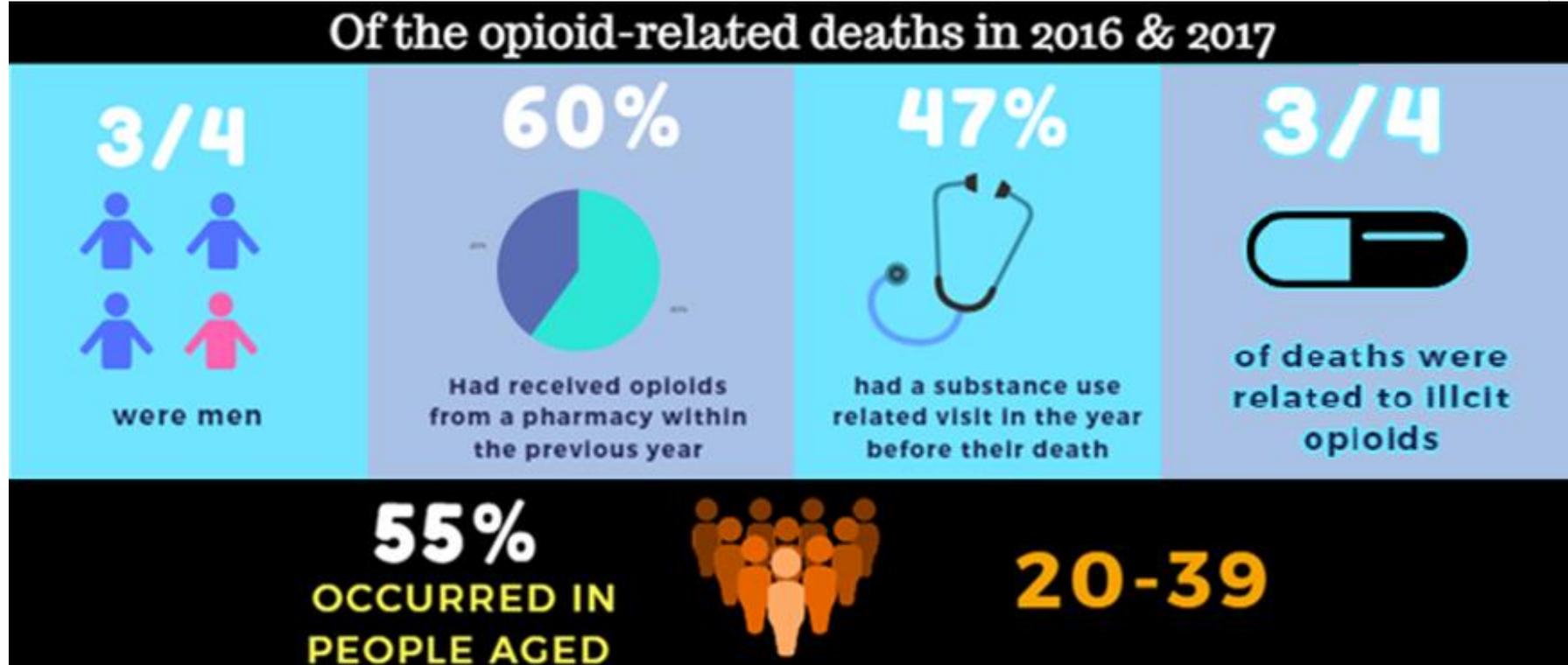
The Opioid Crisis in Alberta

Overview of the Issue

Number of apparent accidental fentanyl toxicity deaths, by Zone (based on place of death) and quarter. Jan. 1, 2016 to Sept. 30, 2017



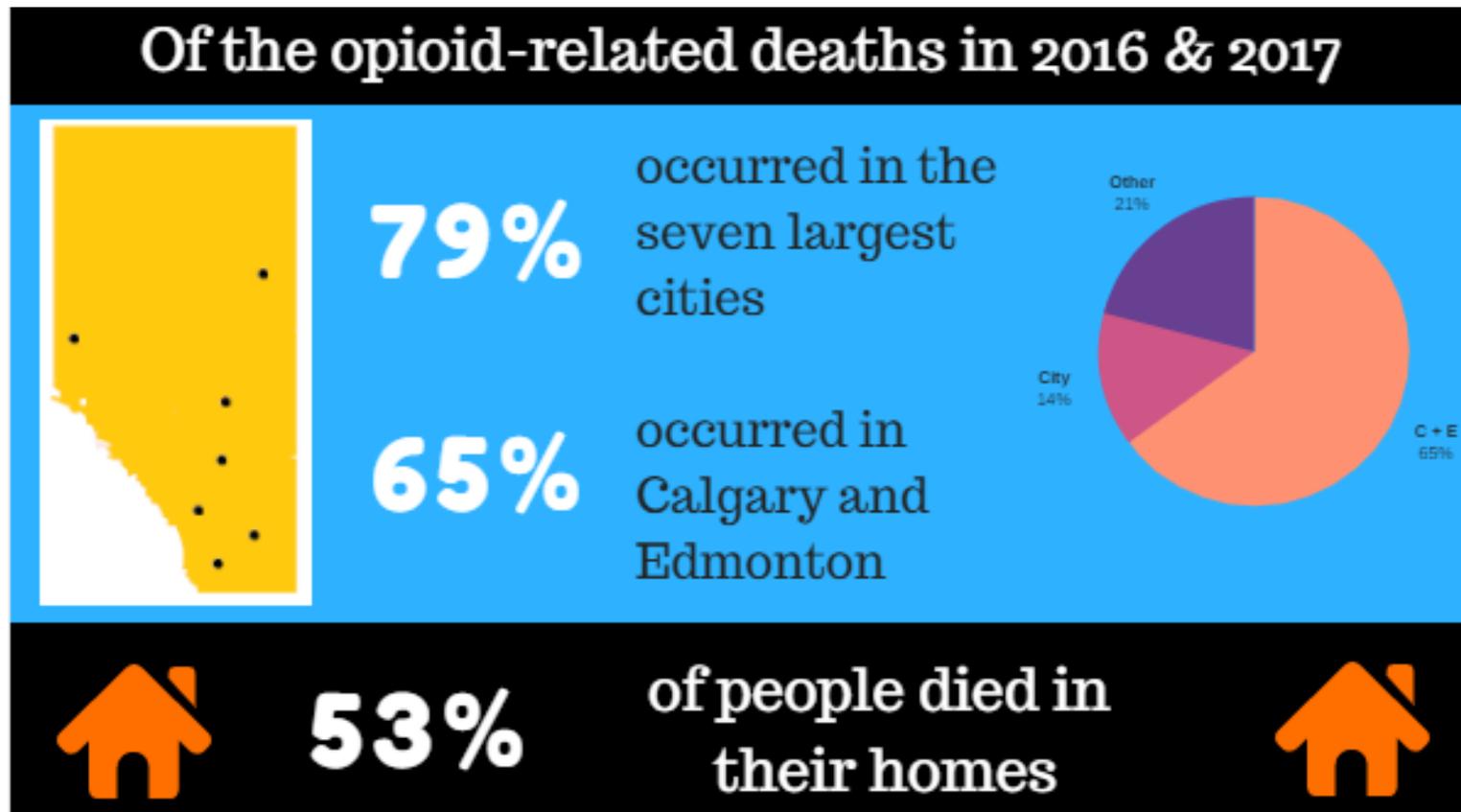
Opioid Deaths



Of those that died of an opioid-related poisoning since 2016, within the year before their overdose:

- 46% were known to have a mental health issue (including anxiety, depression, etc.)
- 16% were diagnosed with an *opioid use disorder* (opioid addiction)
- 76% of deaths were illicit opioid poisoning from fentanyl or a non-fentanyl opioid not dispensed from pharmacy

Opioid Deaths



- 14% in Fort McMurray, Grande Prairie, Lethbridge, Medicine Hat, Red Deer
- 21% occurred outside an urban centre
- 70% of all opioid-related deaths within Edmonton and Calgary occurred **outside** of centralized urban core of the cities, whereas the highest **rates** of opioid-related deaths occurred **within** the centralized urban core of those cities.

Scope of problem is much bigger

In 2008, there were **14,800** prescription painkiller deaths.⁴

For every **1** death there are...



10 treatment admissions for abuse⁹

32 emergency dept visits for misuse or abuse⁶

130 people who abuse or are dependent⁷

825 nonmedical users⁷

Overview of Minister's Opioid Emergency Response Commission (MOERC)

- ▶ Inception: May 31, 2017
- ▶ Membership: 14 members appointed by Ministerial Order representing diverse perspectives.
- ▶ Mandate: The mandate of the Commission is to develop recommendations for, and facilitate implementation of, urgent coordinated actions to effectively address the crisis.

MOERC Recommendations to Date

As of November 2017, the Commission has made 12 publicly posted recommendations. These recommendations are in various stages of the implementation process and have been made on the following topics:

- ▶ Operational Funding for Supervised Consumption Services;
- ▶ Evaluation of Supervised Consumption Services;
- ▶ Alberta's Take Home Naloxone Program (3 recommendations);
- ▶ Opioid Dependency Treatment (3 recommendations);
- ▶ Supporting the Indigenous Response;
- ▶ Primary Care Opioid Response Initiative;
- ▶ Communications; and
- ▶ Ethno-cultural community supports.

What is the Issue?

- ▶ This is an issue in Primary Care - opioid use affects people in all walks of life.
- ▶ Primary Care requires additional resources to support them in treating patients in what has been historically been considered a specialty service
- ▶ We need Primary Care involvement in order to increase access to treatment
- ▶ We need to increase understanding and acceptance across the health system for a harm reduction approach to patients

MOERC Recommendation

The Commission recommends the Minister support the proposal and funding request from Primary Care Networks and their partners to **increase and accelerate the participation of primary care in the urgent opioid response** in the following areas:

- ▶ Urgent Treatment
- ▶ Optimization of existing Primary Care Networks Programming
- ▶ Opioid related population based health service planning and integration
- ▶ Education and knowledge translation targeted to primary care

Why the Primary Care Initiative Matters

- ▶ Ability to reach more Albertans than any other Commission recommended initiative.
- ▶ Will improve access to Take Home Naloxone kits, expand and improve Opioid Agonist Therapy and related primary care services, and better equip physicians to be able to treat patients with Opioid Use Disorder, using a harm reduction approach.
- ▶ Plays an important supporting role to other response activities.

The Primary Health Care Opioid Response Initiative

Overview of the Grant and Deliverables

“Never waste the opportunity offered by a crisis” *Niccolo Machiavelli*

- ▶ A crisis shakes us out of complacency and forces us to challenge conventional wisdom so that we can create transformative change.

PCN Objectives



Catalyst for Patient's Medical Home

- ▶ Accessible
- ▶ Continuous
- ▶ Patient and Family Centered
- ▶ Comprehensive Team-Based
- ▶ Community and Population Focused

PHC Opioid Response Initiative Grant

\$9.5 million in one-time funding, implemented over a 2+ year period, focused on three key priority areas for action:

1. Urgent Opioid Response
2. Enhanced Opioid Related Service Delivery through Zonal Council Engagement, Planning & Implementation
3. Enhanced Provider Decision Support, Knowledge Translation & Education in Primary Health Care

PHC Opioid Response Initiative Deliverables

Key Priority Area

Deliverables

Urgent Opioid Response

- Improve access to Take Home Naloxone kits within primary health care settings
- Increase options and opportunities for individuals to access Opioid Agonistic (substitution) Treatment (OAT) within a health home in the community

Enhanced Opioid Related Service Delivery Through PCN Zone Committees Engagement, Planning & Implementation

- Increase uptake and engagement of physicians, other health care providers, and leaders within each zone towards supporting patients, their families, and individuals with lived experience related to opioid use, harm reduction, and prevention strategies.
- Resources are in place related to appropriate prescribing practices, supporting individuals with lived experience utilizing a harm reduction approach, and treatments for patients
- Enhanced alignment of opioid response services across communities within a zone
- Increased service delivery efficiencies through opioid related population base health service planning and integration

Enhanced Provider Decision-Support, Knowledge Translation (KT) & Education

- Development and dissemination of new provider decision supports, education, and knowledge translation focused on primary health care
- Development & delivery of an education module and related knowledge translation supports focused on harm reduction approaches for the primary health care context
- Development and dissemination of **Continuing Professional Development (CPD) program** around pain management (focused on opioid use in the context of acute and chronic pain) and management of patients with Opioid Use Disorder in primary care
- Inclusion of best practices in the areas of self-management support, harm reduction, trauma informed care, and health behaviours change including motivational interviewing practices

1. Urgent Treatment Deliverables

- Patients presenting with suspected problematic opioid use and/or dependency are assessed to determine **attachment to a health home** and mechanisms put in place to support those who are not
- Expanded access to and **availability of take-home naloxone kits to individuals with lived experience, patients, and families through PCNs, and family physician clinics;**
- **Phased approach to enhance access of Opioid Agonist (Substitution) Therapy (OAT)**, including the initiation and maintenance of Suboxone and Methadone.

2. Enhanced Opioid Related Service Delivery through PCN Zone Committee, Engagement, Planning & Implementation Deliverables

- Increased uptake and engagement of physicians or other providers and leaders within each zone
- Ensure that the needed resources are in place for physicians and multi-disciplinary health care provider teams related to:
 - Appropriate prescribing practices
 - Harm reduction approach
 - Treatment of patient determined problematic opioid use and/or Opioid Use Disorder
- Enhanced alignment of services across communities within a zone
- Increased service delivery efficiencies through opioid related population based health service planning and integration

3. Enhanced Provider Decision Support, Knowledge Translation & Education Deliverables

- Development and dissemination of new provider decision supports, education, and knowledge translation focused on primary health care
- Development & delivery of an education module and related knowledge translation supports focused on harm reduction approaches for the primary health care context
- Provide a comprehensive ***Continuing Professional Development (CPD) program*** around pain management (focused on opioid use in the context of acute and chronic pain) and management of patients with Opioid Use Disorder in primary care
- Inclusion of best practices in the areas of self-management support, harm reduction, trauma informed care, and health behaviours change including motivational interviewing

Proposed Timeline

- ▶ PHC Opioid Response Initiative Steering Committee will include Zone Representatives
- ▶ Call out for Proposals will happen in early February
- ▶ Approved Proposals submitted to PHC Opioid Initiative Steering Committee for review, alignment with grant requirements

Key Opportunities

- ▶ Opportunity to impact key priority areas for action
- ▶ Opioid Initiative can act as a test case for the Zone Service Planning approach; there are resources to enable, engage, and involve
- ▶ Alignment with Provincial PCN Committee Strategic Priorities

Next Steps and Questions

- ▶ Zone Representatives at the PHC Opioid Response Initiative Steering Committee
- ▶ Role of the Provincial PCN Committee
- ▶ Organizational Leads
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