

October 10, 2018

Goals and Objectives

Primary Health Care Opioid Response Initiative

Goal 1 – Access and Continuity

Improve access, continuity and care delivery within primary care settings for individuals at risk of/with Opioid Use Disorder (OUD).

Objectives

- 1.1. Albertans using opioids have access to a primary care provider ¹and team that they know and trust.
- 1.2. Patients at risk of/with Opioid Use Disorder are offered to develop a plan of care with their primary care provider and team.
- 1.3. Expand and improve the capacity within PCNs to support member practices to implement practice changes related to opioid prescribing, monitoring of opioid use, pain management, patient self-management support, and Opioid Agonist Therapy (OAT).
- 1.4. AHS zone services and PCNs support primary care clinics to increase access to and distribution of Opioid Overdose Response (naloxone) Kits and OAT.
- 1.5. Primary care providers increase offers of OAT and/or other appropriate offers of care to patients with Opioid Use Disorder.

Goal 2 – Decision Support, Knowledge Translation and Education

Implement relevant and practical evidence informed decision supports and knowledge translation tools, including mentorship, to better equip and educate primary care providers and teams, including clinics and PCNs, to support patients with addiction, mental health and/or pain issues resulting in use of opioids and/or with Opioid Use Disorder.

Objectives

- 2.1 Within a harm reduction approach, develop and support implementation of provider and patient education, decision support tools, knowledge translation strategies, practice change tools and resources.
- 2.2 Develop and implement a capacity building plan and approach to support distribution and uptake of decision supports, tools, resources and education in zones, PCNs and primary care practices.
- 2.3 Develop and coordinate a mentorship collaborative network(s) within each zone related to opioid use.

¹ **Primary care providers:** inclusive of both primary care physician and nurse practitioner

Goal 3 – Enhanced Coordination of Care and System Integration

Enhance system integration and coordination of care between primary care practices and other service delivery partners for patients using opioids including those with Opioid Use Disorder.

Objectives

- 3.1 Primary care, specialty care and community teams work together to identify opportunities for improved coordination and continuity of care across or within service areas, such as primary care clinics, Primary Care Networks, specialists, AHS specialty care programs, hospitals, acute care services, community services, social services, and other community supports.
- 3.2 Primary care teams work together to develop comprehensive and accessible care pathways for patients using or at risk of using opioids, Opioid Use Disorder, addiction, mental health and pain between primary care, specialty programs, specialists and hospitals in each zone.
- 3.3 Utilizing a harm reduction approach, interdisciplinary teams of providers within primary care settings work collaboratively with patients and their families to develop and implement successful care planning processes.
- 3.4 Patients using opioids are collaboratively supported to transition between primary and specialty care as needed.
- 3.5 Integrated Care Partnerships are formed and/or enhanced within each zone and enable the opioid response with primary care, community, specialty care services areas, specialty care programs and acute care focused on opioid use.

Goal 4 – Population Health Planning

Using a population health based approach, develop and implement a service plan and urgent response for the integrated delivery of opioid related care.

Objectives

- 4.1 Based on identified population and community needs, Zone PCN Committees develop and implement a service plan focused on opioid related care, including urgent response activities.
- 4.2 Zone PCN Committees prioritize the development of comprehensive and accessible care pathways across the continuum.