

PHC OPIOID RESPONSE INITIATIVE

LAST REVISED FEBRUARY 15TH 2018

KEY MESSAGES

BACKGROUND:

In May 2017, the government created the Minister's Opioid Emergency Response Commission to oversee and implement urgent coordinated actions on the opioid crisis, focusing on six strategic areas:

- Harm-reduction initiatives
- Treatment
- Prevention
- Enforcement and supply control
- Collaboration
- Surveillance and analytics

As of November 2017, the Commission has made 14 public recommendations. The full recommendations can be found on the [Alberta Health Opioid Website](#):

- Operational Funding for Supervised Consumption Services
- Evaluation of Supervised Consumption Services
- Alberta's Take Home Naloxone Program (3 recommendations)
- Treatment (3 recommendations)
- Supporting Indigenous Communities
- Primary Care
- Communications
- Ethno-cultural community supports

CURRENT CONTEXT:

There is recognition that the new governance structures for primary care, and shared service planning require a cultural shift focused on the value of primary health care and the medical home as a model of service delivery. Though this is still evolving, there is need for an urgent and immediate response to address the opioid crisis. The role and involvement of primary care is essential if there is to be a positive impact on reducing the number of deaths and other impacts occurring.

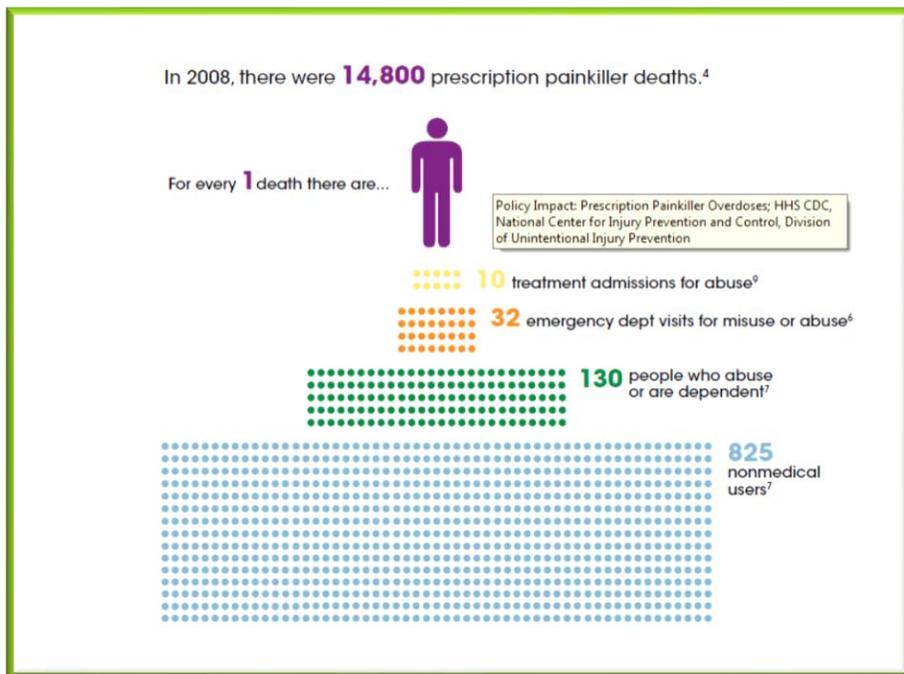
POPULATION OF FOCUS:

In considering the particular population health needs for a zone, within the context of the zone service planning underway, the following three sub-populations are of relevance in optimizing care for patients using opioids.

- **Non-medical** - often referred to as 'recreational' use or the well at risk
- **Pain management** - individuals with acute, sub-acute and chronic pain; implications include prescribing practices for opioids and non-pharmacological treatments of pain

- **Substance misuse and addiction** - individuals whose day to day functioning has been negatively and substantially impacted by opioid use, including individuals with Opioid Use Disorder; often unattached (do not have a family physician or medical home)

This is captured in the infographic below from the [Centers for Disease Control and Prevention in the US](#). The opioid crisis carries with it tragic consequences whose impact falls across the continuum of care.



CONSIDER THE PATIENT'S CARE JOURNEY:

The patient or individual's journey through the health system is central in considering a system level health service planning approach. From the perspective of patients and individuals with lived experience consider the following questions.

- At what point in the individuals care journey is primary care involved?
- How and at what point does primary care interface with other parts of the health system? What is this like now? What is ideal?
- Where are the known and potential care and service gaps?

PROPOSAL DEVELOPMENT:

In proposal development and planning there is flexibility to identify and address particular zone service level gaps, and priorities on the goals and objectives as outlined in the planning documents. Identified actions must take into consideration or align with the parameters of the PHC ORI grant as outlined by the Minister's Emergency Opioid Response Commission (MOERC). These criteria are identified in the *Zone Proposal Package*. The approval process for proposals will be an iterative one with opportunity for feedback and discussion as needed to meet the needs of the zone and the parameters of the grant.