

Call to Action Key Messaging

Audience: Family Physicians

Released: August 1, 2018

The Opioid Crisis remains a crisis

Recent [reports](#) indicate that despite current efforts, the opioid related death rate continues to rise with an average of 1.8 apparent accidental drug poisoning deaths related to fentanyl per day, compared to 1.6 deaths per day in 2017. While efforts and investments are in place to address root cause and long-term prevention/treatment of pain and addiction, **there is a need to respond now and reduce the number of Albertans dying due to opioid dependency.**

Every health provider has a part to play

Patients with Opioid Use Disorder (OUD) present across the health system. Family physicians, and their teams, play a pivotal role in identifying patients currently with or at risk of OUD. As the trusted provider, family physicians are in the best position to support their patients through Opioid Agonist Therapy (OAT).

We know OAT will not solve all the complexities of patients with OUD; and work will continue to address root cause and long-term support for patients and providers, but there is an urgent need right now to increase OAT within the family practice.

Confidence, Capacity and Support

Prescribing and managing OAT comes with its own set of complexities and for some family physicians, this may provide a challenge or barrier to prescribing. Support and training is available including:

- [1-800 helpline](#) for a response from a seasoned practitioner within 30 minutes
- E-consult through Netcare
- [Patients Collaborating with Teams](#) (PaCT)
- Free Monthly ODT virtual health learning (3 hours)
- Mentorship Network (pilot commencing September 2018) (mentorship@acfp.ca)

NOW is the time to take action

Make connections with your local AHS partners to determine services and supports available in your area for you and your patients.

*If you are **confident** in prescribing OAT:*

- actively prescribe
- become a resource / mentor for your colleagues who are less confident (mentorship@acfp.ca)

If you are **less confident** in prescribing OAT:

- use the resources available to you through AHS partners and colleagues
- seek out support (contact your PCN)

If you feel the opioid crisis **does not affect** your practice:

- Review your panel with your team to identify patients at risk of OUD
- Determine how you can support unattached patients who are discharged from emergency or stable patients leaving ODT clinics

How does this urgent response align with the PHC ORI goals and activities?

The focus on increasing the number of providers who are prescribing OAT is directly aligned with the goals of The Primary Health Care Opioid Response Initiative (PHC ORI).

Goal 1 – Access and Continuity

Improve access, continuity and care delivery within primary care settings for individuals using opioids.

An increased number of physicians who are confidently prescribing OAT means that patients can rely on the trusted relationships they have with their family physician, clinic team and PCN to support them through Opioid Agonist Therapy, and other complex needs.

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 addition, mental health and/or pain issues resulting in use of or risk of use of opioids and/or with Opioid Use Disorder.

Supports identified above are readily available and accessible (free of charge) to equip family physicians to actively identify patients with or at risk of OUD and confidently prescribe OAT.

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.

Family physicians are not alone in this endeavour. Every health system partner is motivated to address the opioid crisis so the time is now to forge the relationships with ODT clinics and specialists to ensure smooth, continuous, coordinated care for patients. Reaching out to AHS partners at the local level and working together will best support patients with or at risk of OUD.

Goal 4 – Population Health Planning

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

Family physicians know their patients best. Working with local partners to support patients receiving OAT will inform long term service planning for opioid related care.