META:PHI
MENTORING, EDUCATION, AND CLINICAL TOOLS FOR ADDICTION: PRIMARY CARE – HOSPITAL INTEGRATION

NEWSLETTER

PROGRAM INNOVATION

It takes a team: Canadian Mental Health Association Peel Dufferin

Lisa Ali MHSc CHE MSW RSW
Senior Director Clinical Strategy and Services

Michelle Lewis MSW RSW
Clinical Manager

The CMHA Peel Dufferin's RAAM clinic is unique in its model and delivery of client care. The rotating community-based RAAM clinics in Central West LHIN provide low-barrier addiction medicine services as close to home as possible for those seeking treatment for substance use disorder. The RAAM clinics operate with a fully integrated multi-disciplinary team of two nurse practitioners, two registered nurses, four concurrent disorders specialists, one pharmacist, and one psychiatrist.

With the ongoing opioid crisis, it is urgent to improve access to treatment for opioid use disorder, and pharmacists as medication experts and health care practitioners have important roles to play. Pharmacists are well placed to engage patients regarding medication-centered addiction treatment. As an integral member of our RAAM, **Samim Hasham** BSc. Pharm (Hons) MMngt CDE PharmD BCMAS (c) brings a unique skillset as a consultant pharmacist. Samim's contributions to RAAM have resulted in clients benefiting from comprehensive assessments, reviews of medical and medication histories, better management and monitoring of medication, enhanced self-management through coordinated care, and improved adherence to medications. Samim provides education, learning opportunities, and knowledge translation across the multidisciplinary clinical team.

Her expertise has helped to build prescribing capacity for Nurse Practitioners and educating the RNs about drug interactions. She consults with clinical staff and provides direct consultation with patients at the clinic, in the community, and even in their homes. Samim supports the continuity of care, which prioritizes patient safety and improves overall outcomes.

It takes a team to run a successful RAAM clinic and drive positive patient outcomes. At CMHA Peel Dufferin the members of our multi-disciplinary team all play a vital role. We are all better, and our team is more effective, because of the expertise each member contributes.

CLINICIAN SPOTLIGHT

Melissa Holowaty PhD MD CCFP(AM)
Addiction and Family Physician, Marmora Medical Centre

Fresh out of residency, I set up a family practice in rural Ontario in 2011. Sometime in my second year, a patient told me that they had an opiate addiction and wanted help. They couldn't attend the nearest methadone provider 45 minutes away, because they didn't have the money to get there, didn't drive, and attending twice a week meant they couldn't work. This interaction and my sense of helplessness changed my life. I signed up for and sought out as many learning opportunities as I could, including the OCFP's Medical Mentoring in Addiction and Pain group. Slowly, I began treating my patients.

Currently, I operate a walk-in addiction medicine clinic out of my family practice office one day a week, as well as having follow-up integrated longitudinally within the rest of the week. This is fully blended within my regular office (which I share with four other primary care providers), allowing me to provide on-demand wraparound health care to this vulnerable population, including pap tests, birth control, referrals, diabetic management, immunizations, on-site phlebotomy, and in-person hepatitis C treatment. If a patient has a family doctor, they are sent consult notes with patient permission (I have never had a patient decline this!). We dispense naloxone kits and have a needle exchange. We also have monthly visits from a Community and Advocacy Legal Centre lawyer, who provides free legal counsel, and weekly visits from an addictions worker. Inspired by studies on contingency management, we reward drug-free behavior with a points system whereby patients can redeem points over time for gift cards.

I'm passionate about addiction medicine being embedded within family practice. My dream is for family practitioners to become as comfortable treating opiate and alcohol disorders as they are addressing smoking cessation.

ISSUE #05
MAY 30, 2019

Join the META:PHI Google group:
E-mail sarah.clarke@wchospital.ca to be added.

EVENTS

RAAM monthly videoconferences:

Prescribers	**Jun 11**
Nurses	**Jun 12**
Counsellors	**Jun 14**
Administrators	**Jun 20**

E-mail kate.hardy@wchospital.ca to join a videoconference or to have a provincial event featured here.

PERSPECTIVES

Reducing barriers to opioid agonist treatment: Enabling front-line health care workers

Anita Srivastava MD MSc CCFP
Addiction Physician, St. Joseph's Health Centre

Access to evidence-based opioid addiction treatment such as opioid agonist treatment (OAT) is complicated. For stable patients who are aware of treatment options and have the ability to seek care, there are many easy points of treatment entry. However, many patients are either unaware of treatment options or not actively seeking treatment. My experience with starting buprenorphine in the emergency department at St. Joseph's Health Centre back in 2010 taught me that having buprenorphine available to these patients in the emergency department was tremendously beneficial. Many patients started on buprenorphine in the ED would follow up with us at the rapid access clinic and state that they had not known that OAT would be so easy or effective: they were surprised that it had been so helpful for them and pleased at how easily they had received treatment when they most needed help. A formal assessment of our ED program (https://www.cfp.ca/content/65/5/e214/tab-article-info) showed that the ED physicians, with minimal training and no formal expertise in addiction medicine, were able to appropriately screen for patients with opioid use disorder and initiate OAT treatment, and that treatment retention was high for patients who received their first dose of buprenorphine in the ED.

More recently, I have started considering other areas where treatment could be accessed by patients in need of immediate treatment for their opioid use disorder. One such place is the pharmacy. Many patients who have had experience with OAT but have been out of treatment for a while return to their community pharmacies in the hopes of restarting their treatment. Although pharmacists can refer patients to nearby addiction clinics, pharmacies are usually much more accessible than clinics. If the pharmacist has done an assessment and knows the patient from the past and/or is able to verify a previous dose, it would be reasonable for the pharmacist to try and contact a physician and have a short-term prescription authorized until the physician can see the patient. While the CPSO methadone guidelines have traditionally recommended physician assessments prior to OAT initiation, these guidelines were written during a time when the overdose rate was lower, and they were written for methadone rather than buprenorphine. It is time to revisit these guidelines to allow physicians more latitude in covering patients at high risk of opioid overdose.

Moreover, I believe it is time to reconsider and expand the role of pharmacists to help address the opioid crisis. Pharmacists know their patients—who are often on and off OAT—extremely well. It is reasonable to expand pharmacists' role in OAT in the same way that we have been trying to expand the role of emergency departments. Both EDs and pharmacies have longer hours than ambulatory clinics and are both an integral part of the health care continuum for our patients with opioid use disorder. I believe that they can play a role in providing OAT to patients outside the formal assessment paradigm of addiction clinics.

IN THE NEWS

Improving quality mental health and addictions services across Ontario (Ontario Ministry of Health and Long-Term Care)
https://news.ontario.ca/mohltc/en/2019/05/improving-quality-mental-health-and-addictions-services-across-ontario.html

Pills can help people control risky drinking, so why aren't doctors prescribing them? (National Post)
https://nationalpost.com/news/pills-can-help-people-control-risky-drinking-so-why-arent-doctors-prescribing-them

Health Canada approves injectable hydromorphone to treat opioid addiction (CBC)
https://www.cbc.ca/news/canada/british-columbia/hydromorphone-approved-for-opioid-use-disorder-1.5138034

'It's concerning': OPP warns of resurgence in production following meth lab bust (CBC)
https://www.cbc.ca/news/canada/toronto/ontario-opp-meth-lab-bust-eldorado-1.5088332

Visit the META:PHI website:
www.metaphi.ca

Interested in being featured in a future issue?
E-mail kate.hardy@wchospital.ca