

all about ortho

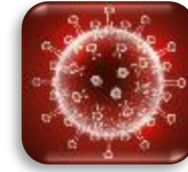
... and other
primary care
hot topics



Calgary Zone
mental health
and primary
care hot topics
webinar series

March 13, 2022

HOT TOPICS: LAND ACKNOWLEDGEMENT

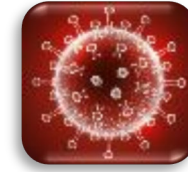


Calgary Zone
webinar series
**Mental health
& hot topics**

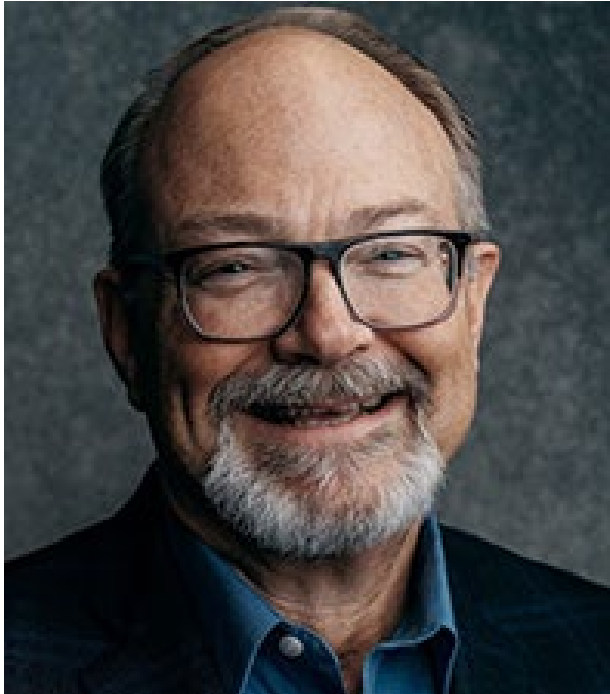
We acknowledge the traditional territories of the people of the Treaty 7 region in Southern Alberta, which includes the Blackfoot Confederacy comprising the Siksika (Sik-sik-a), Piikani (Pē-gun-ē), and Kainai (K ī -n ī) First Nations, as well as the Tsuut'ina (Soot' ina) First Nation, and the Stoney Nakoda (including the Chiniki (Chin-i-kee), Bearspaw, and Goodstoney First Nations). The City of Calgary is also home to Métis Nation of Alberta, Region 3.



YOUR HOST: DISCLOSURE



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Mental health
& hot topics



Dr. Rick Ward

Family Physician
Crowfoot Village Family Practice
Medical Director, Primary Care,
Alberta Health Services (Calgary Zone)

Disclosures

- Shire
- Pfizer
- Merck
- BI
- AZ
- Janssen
- Takeda
- Servier
- BMS

HOT TOPICS: AGENDA



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Time	Topic	Speaker
6-6:05 p.m.	Welcome, overview	Dr. Rick Ward
6:05-6:25 p.m.	Alcohol Use Disorder pathway	Dr. Niki Panich
6:25-6:30 p.m.	Mental health Q&A	
6:30-7 p.m.	All about ortho: Fractures - who should you call and why	Dr. Jason Werle
7-7:10 p.m.	Q&A	
7:10-7:30 p.m.	Opioids	Dr. Van Nguyen & Dr. Christine Luelo
7:30-7:55 p.m.	Hot topics Q&A	
7:55-8 p.m.	Next webinar	Dr. Rick Ward

Note: Today's webinar not eligible for credits. CME application in progress for series.

YOUR HOST: DISCLOSURE



Calgary Zone
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Mental health
& hot topics



Dr. Niki Panich

MD, FCFP, MDSA, MSx

Disclosures

- Family Physician – Maternity Care Clinic
- Co-Chair, Specialty Integration (Calgary Zone)
- Past Board Chair – Mosaic PCN
- Consultant:
 - Elevance Health (Previously Anthem)
- Corporate Medical Director
 - Cleveland Clinic



alcohol use disorder

A pathway for
primary care

AUD: OVERVIEW

Why an AUD pathway?

- New medical therapies for AUD
- Home detox
- New metabolic
- New screening paradigms
- You asked for it!



AUD: OVERVIEW

Who?

- Executive Committee identified (AS, MS, MG, RW, NP)
- Input from Provincial Advisory Committee
- Straw dog with three streams: primary care, metabolic, and management
- Identify Family Medicine and non-Primary Care Specialist Co-Chairs
- Three working groups with interdisciplinary representation to develop draft pathways
- FP co-chairs integrated three streams
- Endorsed by Executive Committee



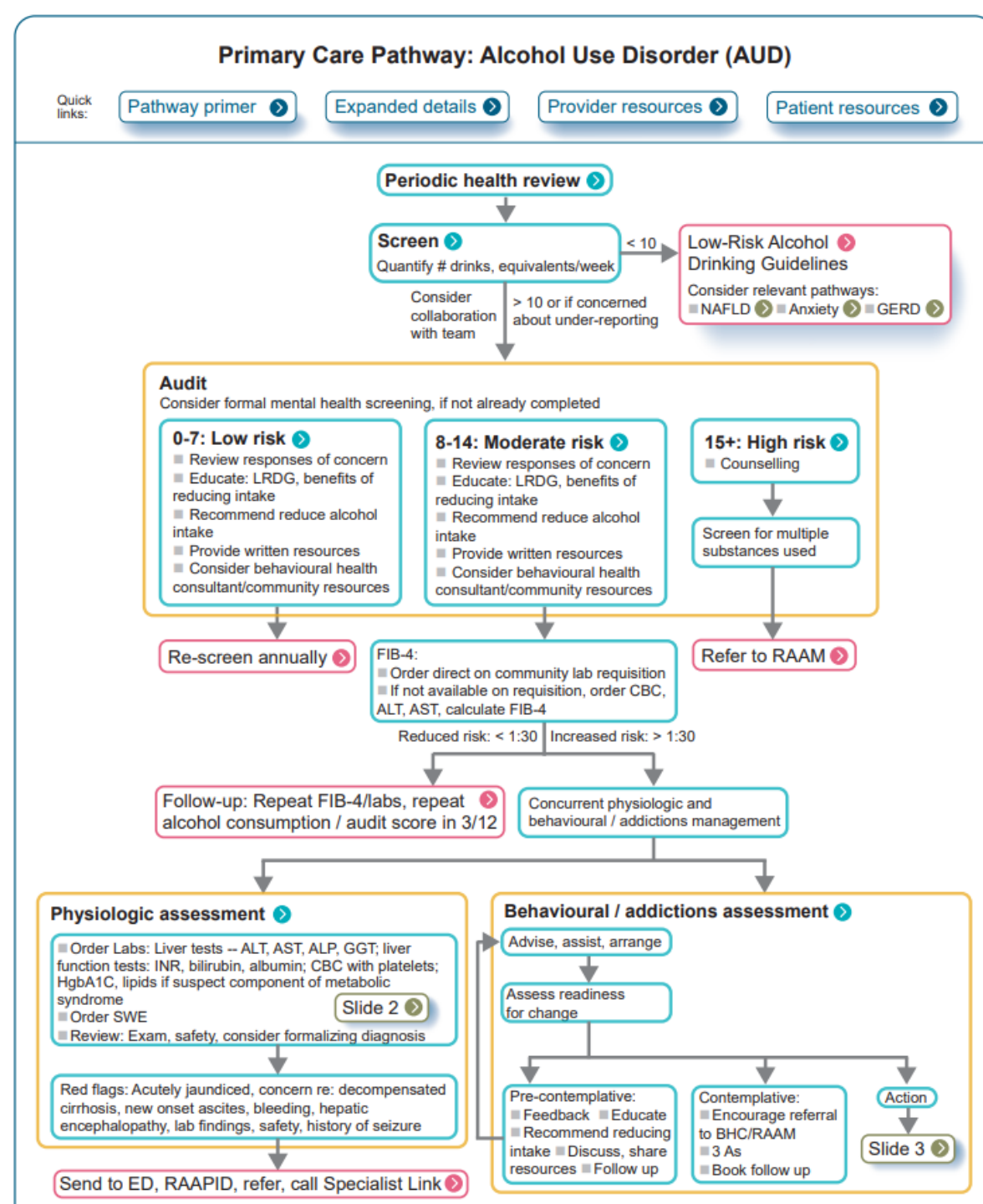
AUD: ASSUMPTIONS

- Primary care providers will only do what is practical in the office
- Pathways are guideline informed but may not reflect 'best practice'
- Focus on provider self efficacy



AUD: FIRST GLANCE

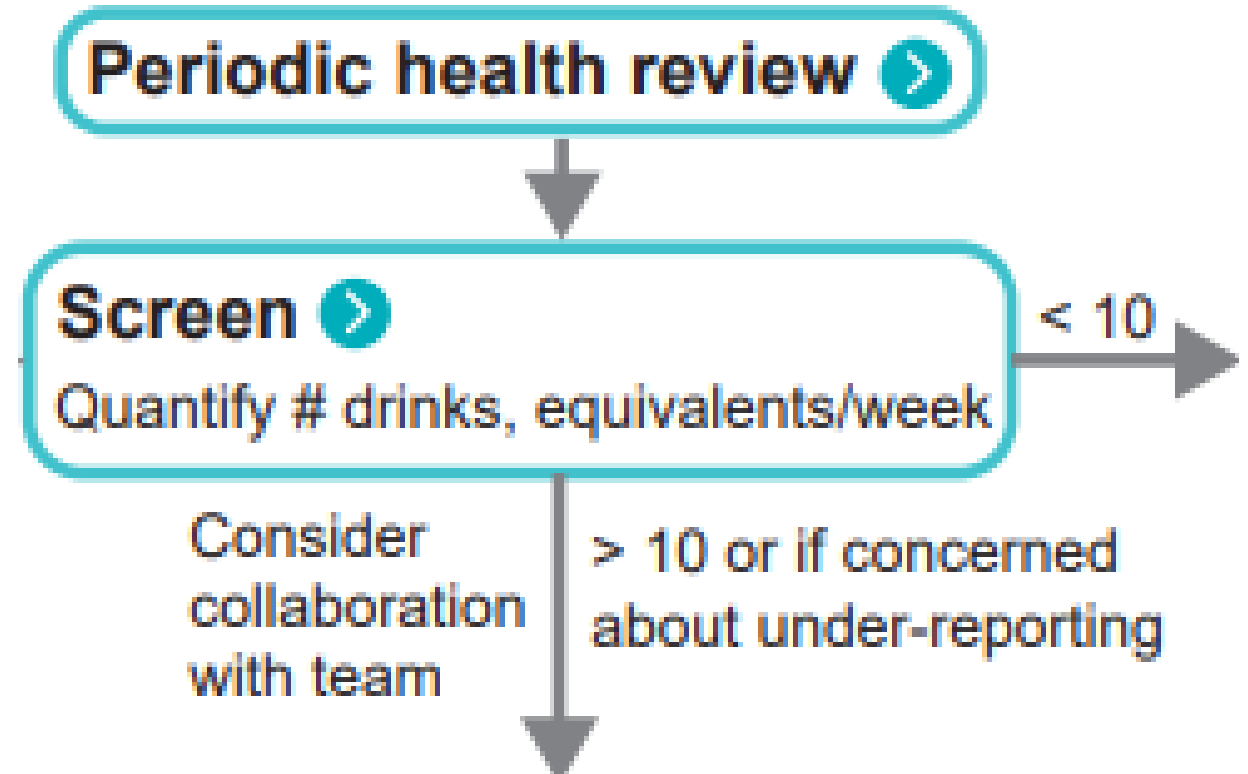
What does it look like?



AUD: SCREENING

Triggers for screening

- Periodic health review
- Clinical triggers
 - Psychiatric disorder
 - Physical findings
 - Family or personal Hx of AUD/overuse
 - Social stressors
- Lab markers
 - Elevated MCV, low platelets, LFT abnormalities

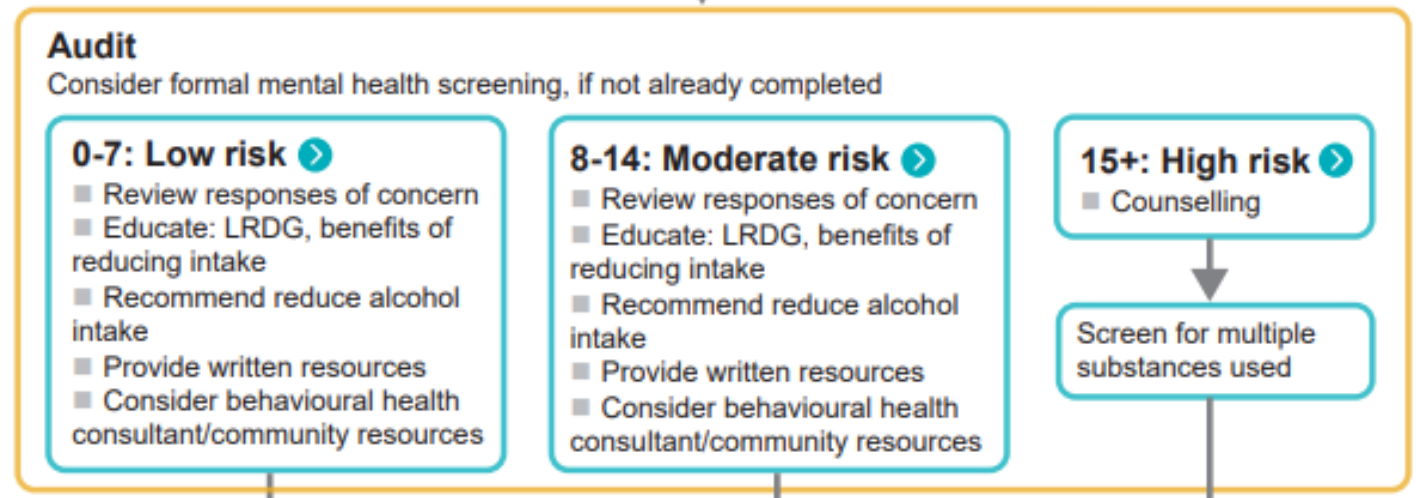


AUD: SCREENING

Do you drink more than 10 or more alcohol equivalents per week?

No → Review Canada Low Risk Drinking Guidelines + consider other pathways

Yes → Use audit tool



AUD: AUDIT QUESTIONNAIRE

Alcohol Use Disorder identification test

The AUDIT has been used worldwide since 1989. It enquires about the **three key domains** of:

1. alcohol intake;
2. potential dependence on alcohol, and;
3. experience of alcohol-related harm.

<https://auditscreen.org>



AUD: AUDIT QUESTIONNAIRE

- Best questions from bank of approximately 150 questions used as the assessment instrument in original World Health Organization study
- WHO study included countries of all socio-economic status, different cultures and languages, and different health care systems and different social and political systems
- No country or culture dominated database development of the AUDIT
- **The AUDIT therefore has extremely strong credentials as an international instrument**
- <https://auditscreen.org>



AUD: AUDIT QUESTIONNAIRE

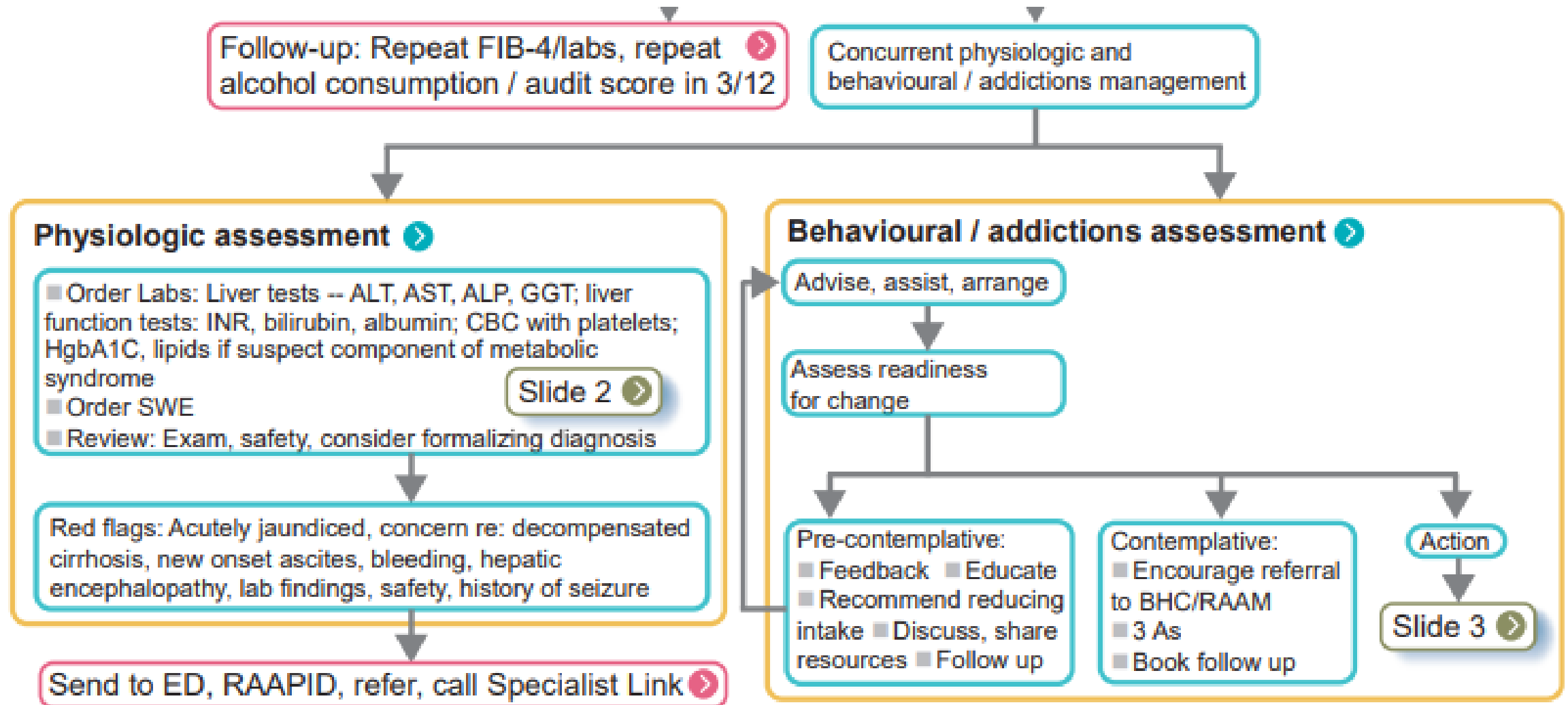
1. How often do you have a drink containing alcohol?
2. How many standard drinks containing alcohol do you have on a typical day when drinking?
3. How often do you have six or more drinks on one occasion?
4. During the past year, how often have you found that you were not able to stop drinking once you had started?
5. During the past year, how often have you failed to do what was normally expected of you because of drinking?
6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?
7. During the past year, how often have you had a feeling of guilt or remorse after drinking?
8. During the past year, how often have you been unable to remember what happened the night before because you had been drinking?
9. Have you or someone else been injured as a result of your drinking?
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?



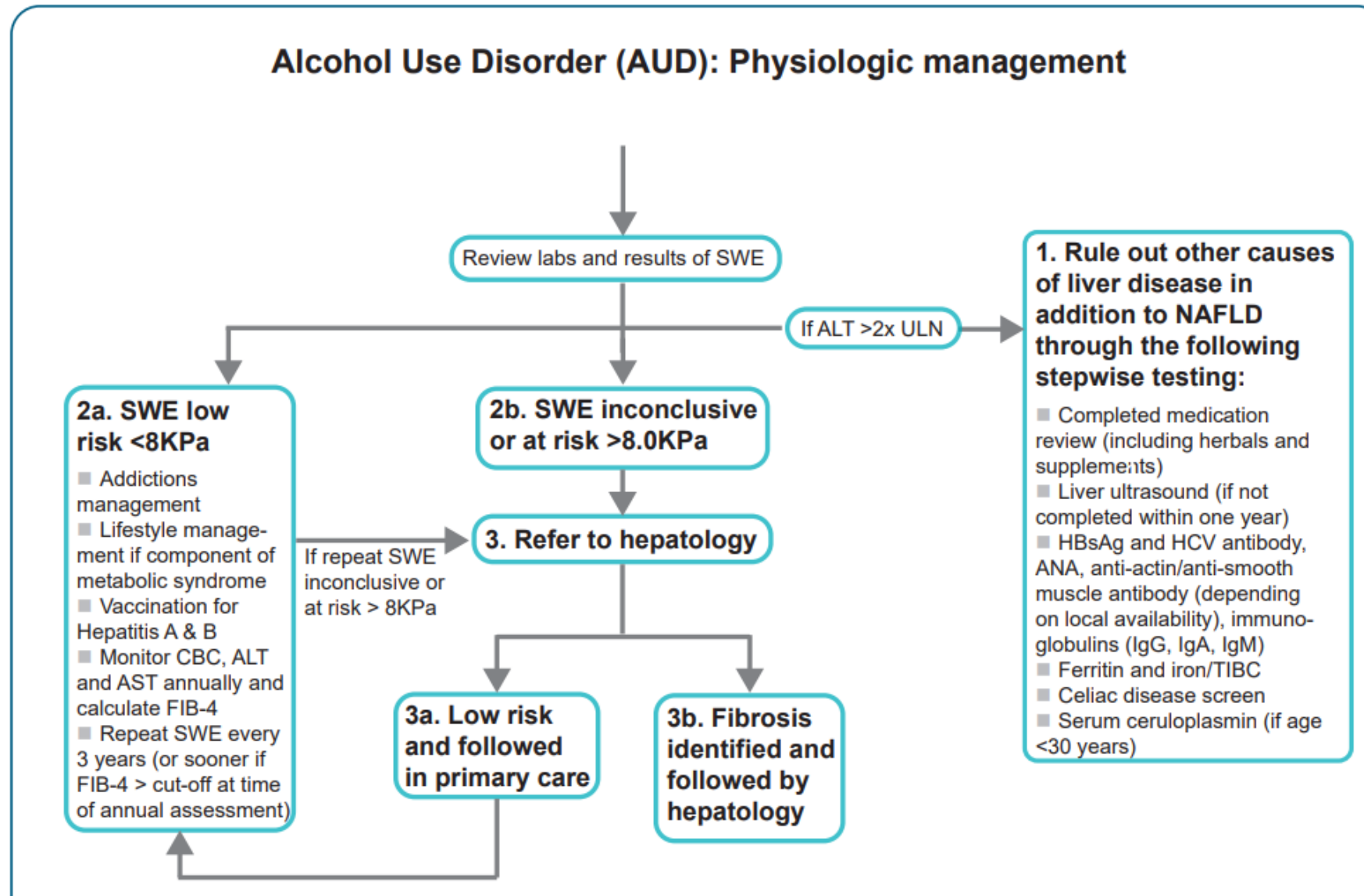
ACTIONS BASED ON AUDIT

Low Risk (Score 0 – 7)	Moderate Risk (8 – 14)	High Risk (15 +)
Review responses of concern	Review responses of concern	Counsel excessive use
Educate: LRDG, benefits of reducing intake	Educate: LRDG, benefits of reducing intake	Screen for other SUD (if yes then refer RAAM)
Recommend reduce alcohol intake	Recommend reduce alcohol intake	Concurrent physiologic and behavioral/addictions management
Provide written resources	Provide written resources	
Consider BHC/community resources	Consider BHC/community resources	
Screen yearly	Order FIB-4	
	If FIB-4 positive: move to high risk	
	If FIB-4 negative: review q 3 -6 mos	

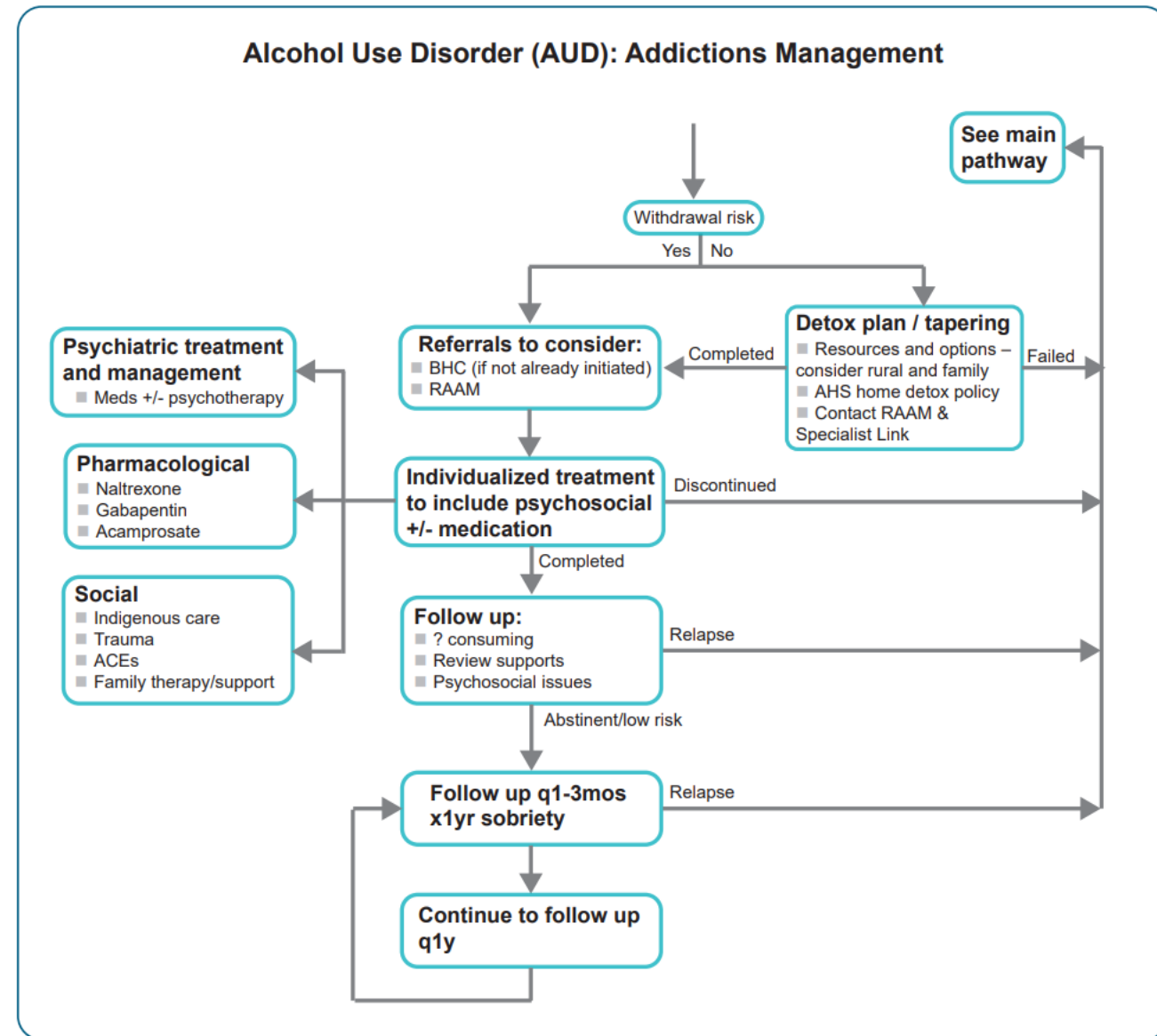
AUD: MANAGEMENT OF HIGH RISK PATIENTS



AUD: PHYSIOLOGIC MANAGEMENT



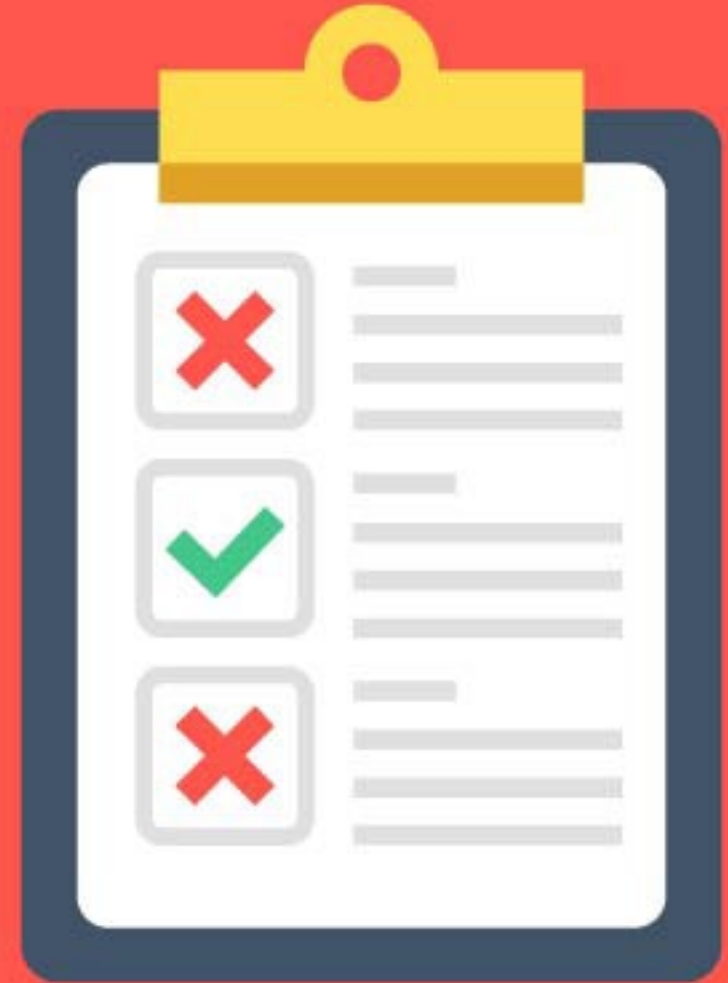
AUD: PSYCHOLOGICAL MGT



AUD: WHAT'S NEXT?

Up next:

- Validate with key partners and Primary Care
- Medical writer to provide details
- Post to Calgary Zone Specialist Link website



all about ortho

... and other
primary care
hot topics



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webinar series

March 13, 2022



Dr. Jason Werle
Orthopaedic Surgeon

Disclosures

- Orthopaedic Surgeon: Rockyview General Hospital and Alberta Hip and Knee Clinic
- Head, Section of Orthopaedic Surgery, University of Calgary and AHS – Calgary Zone
- Senior Medical Director, Bone and Joint Health SCN
- Consultant:
 - Zimmer Biomet Inc.
 - Depuy Johnson & Johnson Orthopaedics



Orthopaedic surgery: Calgary

- 65 Orthopaedic Surgeons
- 4 Adult Acute Care sites
 - Foothills Medical Centre
 - Rockyview General Hospital
 - Peter Lougheed Centre
 - South Health Campus
- Pediatric acute care site (age 18 and under)
 - Alberta Children's Hospital
- 20% of all surgery in Calgary Zone is performed by orthopaedic surgeons (approx. 20,000 cases per year)
- Website: <https://cumming.ucalgary.ca/departments/surgery/sections/orthopaedic-surgery>

ALL ABOUT ORTHO: ORG CHART

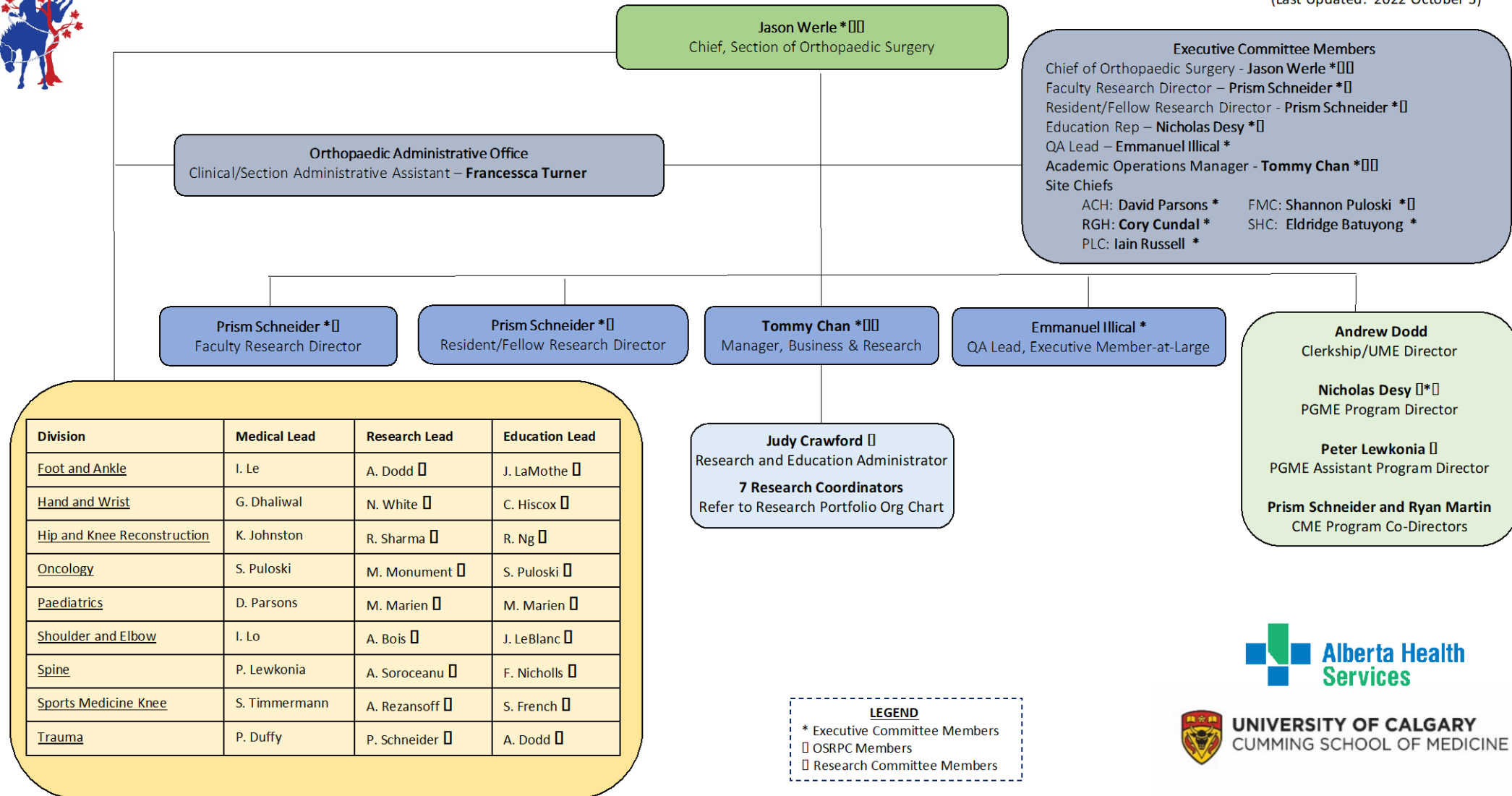


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Organizational Chart - Section of Orthopaedic Surgery

(Last Updated: 2022 October 3)



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

ALL ABOUT ORTHO: ACCESS

Tools/resources

- Access pathway via specialistlink.ca
- Located under clinical pathways > Orthopaedics
- Tele-advice available



PRIMARY CARE ACCESS TO ORTHOPAEDICS & SPINE



Please review the following clinical pathways:

- ✓ **Hip and knee surgical care pathway**
- ✓ **Shoulder assessment clinical pathway**

NON-URGENT ADVICE

Contact Specialist Link or make an eReferral Advice Request



Request advice online at specialistlink.ca or call:

Local: 403.910.2551

Toll free: 1.844.962.5456 (Link)

Get a call-back within one hour!

Log into Alberta Netcare and submit your questions electronically: albertanetcare.ca/ereferral.htm

Get a response within five calendar days

NON-URGENT CONSULTATION

Patient does NOT need to be seen urgently



- ✓ Indicate a clear reason for referral and all required information as outlined under mandatory info in the [provincial orthopaedics and spine referral pathway](#)
- ✓ See QuRE Referral/Consultation Checklist for high quality referral guidelines: ahs.ca/QuRE
- ✓ Alberta Facilitated Access to Specialized Treatment (FAST) is accepting referrals via fax (except for oncology and pediatric orthopaedics). Submit your completed referral to 1.833.627.7023
- ✓ Patients may be entitled to expedited surgery with WCB Alberta. Select "Contact with claim owner" on WCB report or call the WCB's physician help line at 1.855.498.4919
- ✓ For questions about assigned referrals, contact the specialist's office. See albertareferraldirectory.ca for individual clinic contact information. For submitted unassigned referrals, call FAST at 1.833.553.3278

URGENT ADVICE/CONSULTATION

Patient MAY need to be seen immediately



- ✓ Call on-call surgeon via **RAAPID South**: 403.944.4486 or 1.800.661.1700
 - **Indications:** Acute fractures, including all fractures within 4 weeks of injury, acute tendon ruptures and torn ligaments, dislocation, metastatic bone tumors, including impeding pathologic fractures, acute pathologic fractures
 - **Note:** If the patient is already under the care of an orthopaedic surgeon for this injury, please contact them. For suspected primary or locally aggressive bone tumors, refer to orthopaedic oncology

EMERGENCY CONSULTATION

Patient NEEDS to be seen immediately



- ✓ Call **RAAPID South** at 403.944.4486 / 1.800.661.1700 or send patient to emergency for:
 - Open fractures and / or fractures potentially requiring acute operative treatment, suspected septic joints and orthopedic infections, irreducible acute joint dislocations, compartment syndrome (acute), cauda equina or progressive neurologic deficit after injury



Tele-advice tips

- Non-urgent advice only (AKA “cold” orthopaedics)
- There is a separate hand call schedule (plastics/ortho)
 - All hand related calls or questions should go through RAAPID to hand surgeon on call
- There is a separate Specialist Link service for spine
- Questions regarding patients less than 18 years of age should be directed to pediatric orthopaedics (ACH)
- Fractures less than 4 weeks old are considered urgent and should be directed to RAAPID
- Please provide a direct phone number

ALL ABOUT ORTHO: REFERRAL PATHWAY



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Alberta Surgical Initiative / FAST

- Adult orthopaedic and spine referral pathway

Alberta Surgical Initiative

Provincial Adult Orthopedic & Spine Referral Pathway

REVIEW CLINICAL PATHWAY

(If available)

A clinical pathway may be available for your patient's condition. Please use the information to help support care decisions:

- ☐ [Shoulder Assessment Clinical Pathways](#)
- ☐ [Soft Tissue Knee Assessment Clinical Pathways](#)
- ☐ [Spine: Low Back Assessment Clinical Pathway](#)

If you have any questions while using a clinical pathway or if a clinical pathway is not available, reach out and seek advice.

ASK FOR NON-URGENT ADVICE

(Specialists provide advice to physicians for non-urgent questions)

If you have been directed to seek Advice or need to connect with a Specialist:

By electronic advice (Response within 5 calendar days):

Use [Alberta Netcare eReferral Advice Request](#) and submit requests. For more information, go to: albertanetcare.ca/eReferral.htm

By telephone advice:

North & Edmonton Zones - (calls returned within 48 hours): Call [ConnectMD](#) at 1-844-633-2263 or go online to pcnconnectmd.com for more information.

Calgary Zone - (calls returned within 1 hour): Call [Specialist Link](#) at 1-844-962-5456 or go online to specialistlink.ca for more information.

NON-URGENT CONSULTATION

(Patient does NOT need to be seen urgently)

- ☐ Indicate a clear reason for referral and all required information as outlined under **Mandatory Info (Essential investigations & timeframes)**.
- ☐ See QuRE Referral/Consult Checklist (ahs.ca/QuRE) for high-quality referral guidelines.
- ☐ **Alberta Facilitated Access to Specialized Treatment (FAST)** is accepting referrals via fax. Submit your completed referral to the Zone FAST fax number.
 - o If you have a question about a previously submitted but unassigned referral, call the FAST office.
 - o If you have a question about an assigned referral, please contact the specialist office directly.
- ☐ Visit the albertareferraldirectory.ca for individual clinic contact information.
- ☐ A referral requires confirmation your patient does not qualify for expedited surgery through Workers' Compensation Board (WCB). For help or questions, call WCB's Physician HELP line: 1-855-498-4919 or check "Contact with WCB Physician" on the WCB report when you submit it.

URGENT ADVICE (Patient MAY need to be seen immediately. Patients with conditions that require same day intervention and/or diagnostics but not hospitalizations and not life threatening.)

Indications: Acute fractures including all fractures within 4 weeks of injury, acute tendon ruptures and torn ligaments, dislocation, metastatic bone tumors including impending pathologic fractures, acute pathologic fractures.

Note: For suspected primary or locally aggressive bone tumors, refer to Orthopedic Oncology (except in Lethbridge – Call orthopedic surgeon on call for Wrist)

Note: If the patient is already under the care of an orthopedic surgeon for this injury, please contact them. Please refer to specific process for acute injuries below on Pages 2-3.

North: Call [Surgeon on Call](#) through **RAAPID North: 780-735-0811**

Edmonton: Call [Orthopedic Consult Line](#) through **RAAPID North: 780-735-0811**

Central: Call [Surgeon on Call](#) through **RAAPID North (North of Red Deer): 780-735-0811** or **South (in and south of Red Deer): 403-944-4486**

Calgary: Call [Surgeon on Call](#) through **RAAPID South: 403-944-4486**

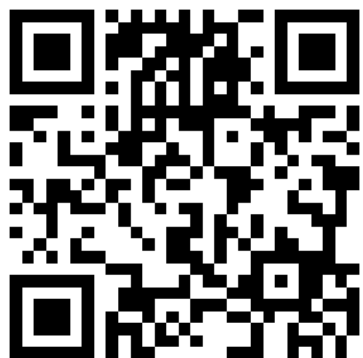
South: Call [Surgeon on Call](#) to arrange urgent consult

EMERGENCY CONSULTATION

(Patient NEEDS to be seen immediately)

Call RAAPID or send patient to Emergency for:
Open fractures and / or fractures potentially requiring acute operative treatment (bimalleolar ankle #, markedly displaced wrist #, hip #, long bone #s, comminuted proximal humerus #, etc.); Suspected septic joints and Orthopedic infections; Irreducible acute joint dislocations; Compartment syndrome (acute); Cauda equina or progressive neurologic deficit after injury

Refer directly to the Emergency Department or call RAAPID



Join at
slido.com
#1645 933



A 55-year-old twists her ankle and after x-ray you diagnose a non-displaced fracture of her 5th metatarsal. You see the ER/UC wait is 5 hours and wonder how to manage her fracture

☐ 0%

eReferral Advice Request

☐ 0%

Call RAAPID

☐ 0%

Referral via FAST

☐ 0%

Send patient to emergency

☐ 0%



Join at
slido.com
#1645 933



A 37-year-old patient fractures his ankle while skiing in Whistler. He flies back, assessed and casted. He makes an appointment to see you 5 days after the fracture...

Specialist Link tele-advice

☐ 0%

eReferral Advice Request

☐ 0%

Call RAAPID

☐ 0%

Referral via FAST

☐ 0%

Send patient to emergency

☐ 0%



Join at
slido.com
#1645 933



The same patient comes back 2 months after appropriate initial treatment. She has persistent pain, and an x-ray revealing 'non-healing' of the fracture...

Specialist Link tele-advice

☐ 0%

eReferral Advice Request

☐ 0%

Call RAAPID

☐ 0%

Referral via FAST

☐ 0%

Send patient to emergency

☐ 0%



Join at
slido.com
#3568 761

A patient who has had a Colle's fracture reduced in ER over the weekend calls because his cast is loose. He has an appointment for assessment at the cast clinic in a week's time but doesn't feel the cast will stay on that long...

Specialist Link tele-advice

☐ 0%

eReferral Advice Request

☐ 0%

Call RAAPID

☐ 0%

Referral via FAST

☐ 0%

Send patient to emergency

☐ 0%



Join at
slido.com
#3568 761

55-year-old w/mod hip osteoarthritis, severe acute disabling pain. A day later, she has restricted ROM to hip. X-ray: "progressive R hip OA with development of 1.6 cm subarticular geode/focus of osteonecrosis at the superolateral corner of the acetabulum."

Specialist Link tele-advice

☐ 0%

eReferral Advice Request

☐ 0%

Call RAAPID

☐ 0%

Referral via FAST

☐ 0%

Send patient to emergency

☐ 0%



Join at
slido.com
#3568 761



62-year-old man with history of rotator cuff strain, presents week after fall with shoulder pain, restricted ROM. Ultrasound shows "complete subscapularis and supraspinatus tendon tears at humeral insertions. Subdeltoid/subacromial bursitis. Rec. surgery"

Specialist Link tele-advice

☐ 0%

eReferral Advice Request

☐ 0%

Call RAAPID

☐ 0%

Referral via FAST

☐ 0%

Send patient to emergency

☐ 0%



Join at
slido.com
#3901 462

60-year-old obese man with moderate knee arthritis (not functionally limiting). Counselling to lose weight, attend PT and use topical and over counter medications. Says "sure I'll do that, but I want a referral to get in the queue to get my knee replaced."

Specialist Link tele-advice

☐ 0%

eReferral Advice Request

☐ 0%

Call RAAPID

☐ 0%

Referral via FAST

☐ 0%

Send patient to emergency

☐ 0%



Join at
slido.com
#3901 462



Same patient gets seen by ortho, who recommends same thing. Patient comes back to family physician demanding second opinion: “The surgeon was rude – told me I had to lose weight and do more physio and to come back when I couldn’t walk!”

Specialist Link tele-advice

☐ 0%

eReferral Advice Request

☐ 0%

Call RAAPID

☐ 0%

Referral via FAST

☐ 0%

Send patient to emergency

☐ 0%

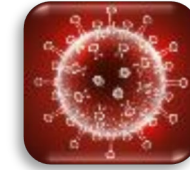


Dr. Christine Luelo
Family Physician

Disclosures

- Family Physician:
McKenzie Family Practice (fee for service)
- Zone Medical Director:
Calgary & area Primary Care Networks, ZOCC (contract)
- College of Physicians and Surgeons of Alberta: Chair,
Assessment Program Advisory Committee (honorary)
- Pharma: Nil
- 19toZERO Ambassador (volunteer)

SPEAKER: DISCLOSURE



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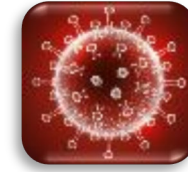


Dr. Van Nguyen

Family Physician,
Addiction Medicine
Physician

Disclosures:

- Family Physician (clinical ARP)
- CUPS Medical Director (contract)
- Calgary Alpha House Detox Medical Director (contract)
- Addiction Physician, ARCH Program, Peter Loughheed Center (ARP)
- ACFP CMN Mentor (Honoraria)
- AMA Section of Family Med Executive (Honoraria)
- Various AMA committees (AMA committee rates)
- Aventa Treatment for Women, Board of Directors (volunteer)

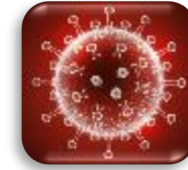


Managing opioid use disorder in the medical home

‘Patients are more likely to adhere to treatment (87% vs. 67%), avoid street opioids (53% vs. 35%) and have higher satisfaction (77% vs. 38%) in their care when OUD treatment is administered by primary care vs. specialty care¹’

Management of Opioid Use Disorder should be performed in the medical home as part of the continuum of care for patients. For many medical homes, this is most practical for Buprenorphine/naloxone.

1.Korownyk C et al. Opioid use disorder in primary care. PEER umbrella systematic review of systematic reviews. Can Fam Physician 2019;65:e194-206.



Opioid use disorder and the COVID-19 pandemic

- People who use substances are at increased risk of negative health outcomes during the COVID-19 pandemic due to:
 - Concurrent medical and mental health problems
 - Disruptions in the illicit drug supply
 - Unregulated drug poisoning risk
 - Barriers and reduced access to addiction treatments, recovery supports and harm reduction supplies and services
 - Social and health inequities are **MAGNIFIED** – Structural vulnerabilities further reduce access to care in a pandemic when in-person services are disrupted

HOT TOPICS: OPIOID USE DISORDER



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Note: This tool is best viewed on a desktop computer, and using full screen mode (F11). If you are having trouble viewing component of an individual figure, click on the figure, and select the maximize icon in the top right corner.

Data availability

January 1, 2016 to November 30, 2022:

Opioid poisoning deaths
All drug poisoning deaths that have been assigned a cause and manner of death

January 1, 2018 to March 5, 2023:

EMS (Emergency Medical Services) data

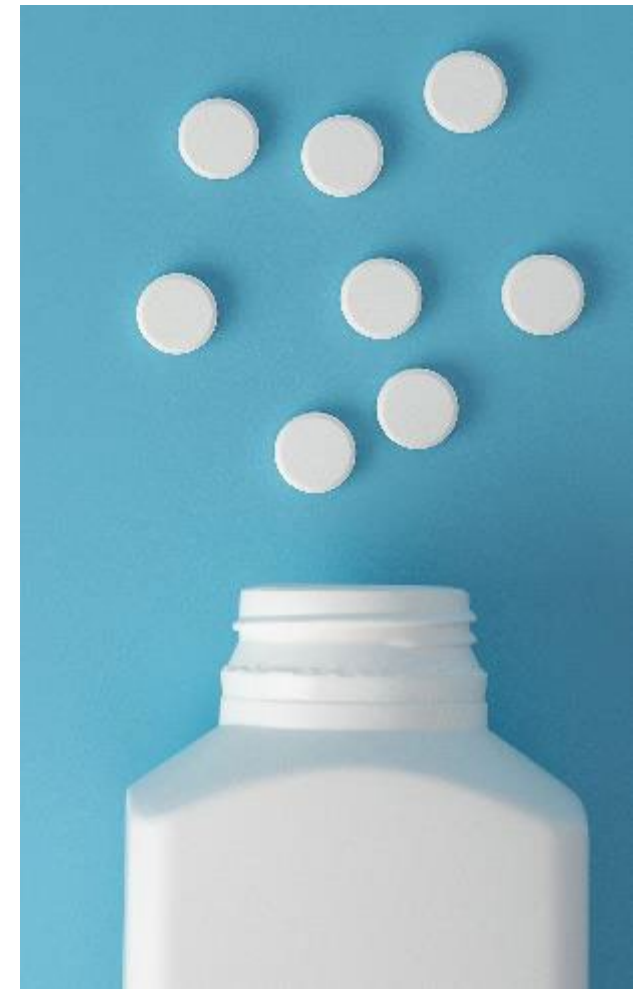
January 1, 2016 to September 30, 2022:

Drug dispensing data (Community pharmacy data only. Does not include acute care or hospital pharmacy dispensing data)
Community naloxone program data
AHS ODP (opioid dependency program) active client count data
Alberta Centre for Toxicology (ACT) AHS ODP patient sample data
ED (Emergency Department) visits related to substance use
Hospitalizations related to substance use

January 1, 2018 to September 30, 2022:

SCS (Supervised consumption services) data

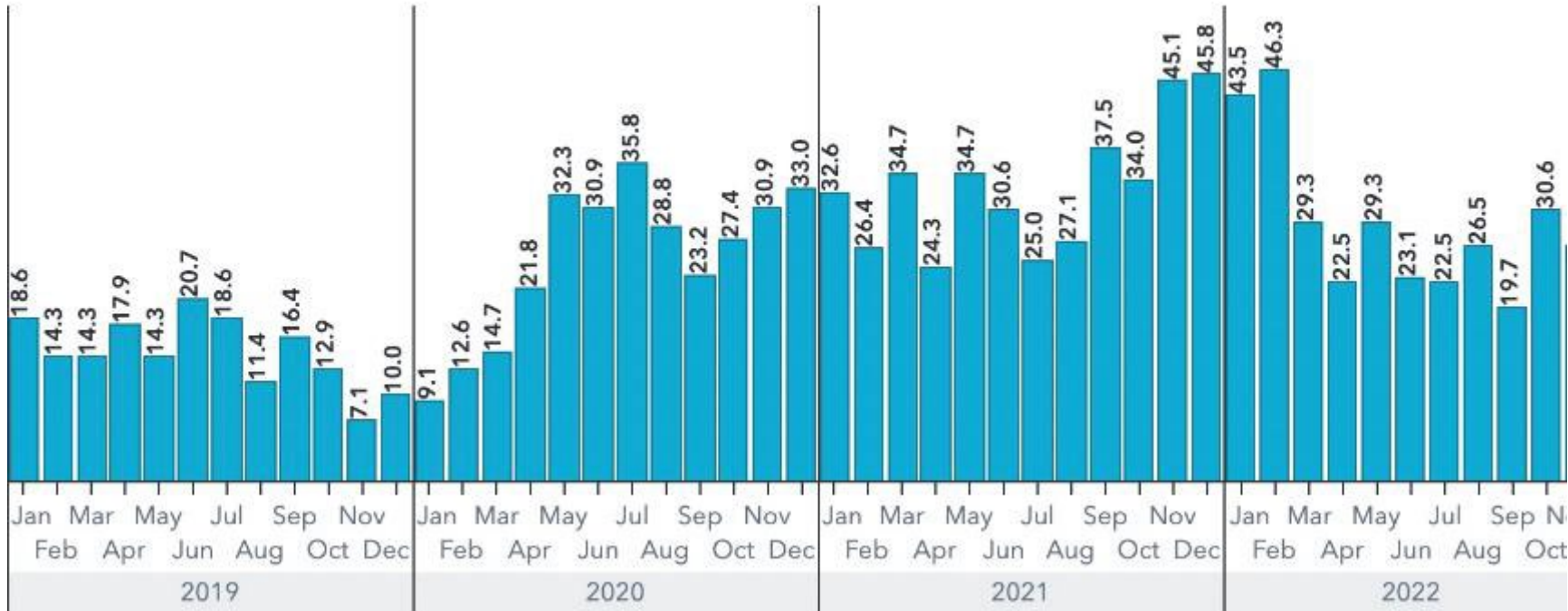
<https://www.alberta.ca/substance-use-surveillance-data>



HOT TOPICS: OPIOID USE DISORDER



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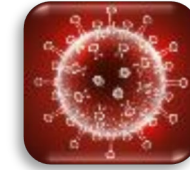
Calgary Zone rate of apparent drug poisoning deaths per 100,000 person years by month.

<https://www.alberta.ca/substance-use-surveillance-data>

- **4X increase** from Dec 2019 to Dec 2022
- **Fentanyl** = 93% of apparent deaths
- **Most deaths occur at home**: Q2 2022 saw 45% of deaths in the owner's private residence and 18% in another private residence
- Most deaths are **poly substance** with top 4 being: methamphetamines, carfentanyl, cocaine and alcohol ***

***Consider screening for other substance use disorders when using the Alcohol Use Disorder pathway

HOT TOPICS: OPIOID USE DISORDER



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Finding Opioid Use Disorder in your practice

[AMA ACTT Primary Health Care Opioid Response](#)

- Practice tools and supports, opioid change package
- Case finding:
 - COMM – Current Opioid Misuse Measure, 17 question scale
 - POMI – Prescription Opioid Misuse Index, 6 question checklist
- Diagnosis:
 - DSM 5 Criteria: A problematic pattern of opioid use leading to clinically significant impairment/distress, as manifested by at least 2 of the following over a 12-month period:
11 criteria covering behaviors, social consequences and physical
 - Severity: Mild (2-3), Moderate (4-5), Severe (6 or greater)
- Diagnostic markers
 - Urine drug screening (**limitations) – Most short-acting opioids remain positive in urine 12-36 hrs after last use
 - Confirmatory test: use DynaLIFE general lab req for gas/liquid chromatography/mass spec confirmatory (several days turnaround), or
 - POCT Immunoassay (within minutes) – \$5-12 per test.
 - <https://www.bccsu.ca/wp-content/uploads/2021/07/Urine-Drug-Testing-Breakout-Resource.pdf>
- Identify opioid misuse risk PRIOR to thinking about opioid RX for chronic pain

HOT TOPICS: OPIOID USE DISORDER



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Treatment of Opioid Use Disorder

- **BUPRENORPHINE/Naloxone** – partial agonist, **FIRST LINE**
 - Multiple formulations: DAILY SL tablet, SL film, buccal film, 6-MONTH subdermal implant, MONTHLY SC injection
 - Traditional induction, macro-inductions, micro-inductions
 - Immediate take-home dosing
 - No triplicate required, no special license
 - Safe in pregnancy, alternative first line agent
 - Covered under provincial opioid agonist therapy gap program for 120 days*
- **Methadone** – full agonist, **2nd line**
 - Triplicate, Alberta opioid dependency treatment course, exemption required
 - First line in pregnancy
 - Covered under provincial opioid agonist therapy gap program for 120 days*
- **Slow-Release Oral Morphine (SROM)** – full agonist, **3rd line**
 - No specific AB guidelines, may refer to BC guidelines for treatment of OUD
 - Prescribers should have an opioid agonist therapy exemption
 - NOT covered under provincial opioid agonist therapy gap program

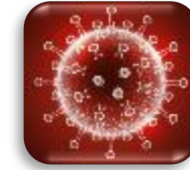
1. *Alberta ODT Virtual Training Program*
2. *Guideline for the clinical management of opioid use disorder, BCCSU 2017 + Practice update Jan 2022*



NEW: Narcotic Transition Services (NTS)

- As of March 4, 2023
- Alberta legislation under the amended Mental Health Services Protection Regulation
- Requires that management of opioid use disorder with high potency narcotics* be delivered by a licensed prescriber in a licensed AHS facility (AHS opioid dependency program clinics)
- Patients diagnosed with severe opioid use disorder and have been unsuccessful with other opioid agonist therapy medications.
- Not yet an evidence-based treatment option, purpose is harm reduction

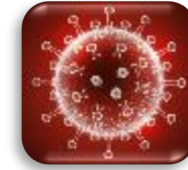
*hydromorphone, diacetylmorphine, fentanyl



Narcotic Transition Services

- Calgary Opioid Dependency Program Clinic, Sheldon Chumir
 - Referral: family physician-referred or patients can self-refer
 - Booked appointment or walk-in
 - Initial assessment and then opioid agonist therapy recommendations provided
 - Family physician continues to support primary care components
 - Must dose all medication doses on-site in clinic, no exceptions
- Exemptions
 - Acute care
 - Acute and chronic pain management (*ensure well-documented)
- <https://cpsa.ca/news/legislative-changes-impacting-opioid-use-disorder-oud-treatment/>

HOT TOPICS: OPIOID USE DISORDER



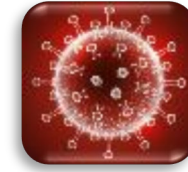
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Timely access to Opioid Agonist Therapy medications

- Opioid agonist therapy clinics in Calgary:
 - AHS Calgary ODP clinic
 - Metrocity Medical Clinic
 - Bridgeland medical clinic
 - SMART Clinic
 - The Alex RAAM clinic
 - AHS RAAM – Suboxone only
 - CUPS
- Virtual opioid dependency program – 7 days/week, 1-844-383-7688
- Specialist Link for addiction medicine
- Detox programs in Calgary:
 - Calgary Alpha House
 - AHS Renfrew Detox
- Emergency, admissions

When you get a phone call about taking over stable Suboxone prescribing, SAY YES!

HOT TOPICS: OPIOID USE DISORDER

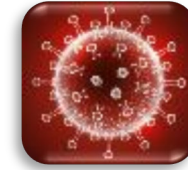


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Reducing harm, a role for primary care

- Access to take-home naloxone kits – pharmacies
- Access to sterile harm reduction supplies – AHS Safeworks (403-955-3380)
- Access supervised consumption services – Sheldon Chumir
- DORS app - <https://www.dorsapp.ca/>
- STBBI testing, prevention and education
- Education about harm reduction practices
- Offer and/or refer for immunizations
- Mental health supports/referrals
- Avoid stigmatizing language
- Compassionate, trauma-informed, person-centered care

HOT TOPICS: OPIOID USE DISORDER



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Practice-related resources for care providers

- Alberta College of Family Physicians Collaborative Mentorship Network for chronic pain and addiction:
 - Webinars, online tools and resources, request mentorship
 - Hands-on learning through Observership program
 - <https://cmnalberta.com/observe/>
- College of Physicians & Surgeons of Alberta:
 - <https://cpsa.ca/physicians/competence/physician-prescribing-practices/opioid-agonist-treatment-program/#resources>
- AMA Accelerating Change Transformation webpage:
 - <https://actt.albertadoctors.org/PMH/organized-evidence-based-care/Opioid/Pages/default.aspx>

HOT TOPICS: OPIOID USE DISORDER



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Thank you!

Dr. Van Nguyen

nguyvt@gmail.com

I welcome any comments, questions or concerns that you would like to share with the AMA Section of Family Medicine



Q&A



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HOT TOPICS: TILL NEXT TIME



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Thank you for attending!

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Feedback, issues, support or complaints:

info@calgaryareapcns.ca

Next webinar:

Scheduled for Monday, May 15

