Primary Care Networks
CALGARY AND AREA

Goals of framework: To support key conversations with patients and team around safe prescribing
To support application of CPSA Standards to clinical practice
To promote a team approach, when applicable, to support the work

rev. August 2019

Opioid Framework: Management of Continuation

CPSA Standards (ie: Must Do) ***MD is responsible for all CPSA standards, but can utilize team support***	**Guidelines & Suggested Tools (ie: Supports the "must do")**	**POTENTIAL TEAM SUPPORT** • **Clinic Office Staff (e.g. MOA, Nurse, EMR)** • **Community/PCN Allied Health (e.g. pharmacist, mental health therapist)**	
Document rationale for prescribing in patient's initial and reassessments			
Determine with patient the best medication choice considering: a. other drug and non-drug options b. side effects c. probability patient's health & function will improve	• Opioid Manager (see *Initiation Checklist*) • Opioid safety for patients with acute pain • Opioid safety for patients with chronic pain	e.g. Nurse • non-drug options	e.g. Pharmacist • support points a-c
Review medication history at least every 3 months on Netcare and before initiating or renewing a prescription. *If Netcare is unavailable, prescribe minimum amount needed until information can be obtained.*	• Call Triplicate Prescription Program @ 1-800-561-3899 ext 4939 if Netcare unavailable	e.g. Clinic staff • Access Netcare; have medication profile prepared for appointment	
When prescribing for long-term, non-cancer, chronic-pain opioid treatment, include a long-term plan: a. establish and measure goals for function and pain for patient	• Opioid Manager (see *Goals decided with patient*) • Opioid/Benzodiazepine Treatment Agreement • Consider taper plan in discussion with patient, and document (use Opioid Safety handouts above)	e.g. Nurse • Support discussion on function, not just pain improvement	e.g. Pharmacist
b. evaluate and document risk factors for opioid-related harms and incorporate strategies to mitigate the risks	• Opioid Manager (see *Opioid Risk Tool*) • Opioid Use Disorder algorithm (see Prescription Opioid Misuse Index - POMI) • Clinical Assessment of Psychosocial Yellow Flags • Management of Psychosocial Yellow Flags • 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain says opioids and benzodiazepines should rarely be prescribed together. Consider: (Benzodiazepines - Use and Taper) • Take Home Naloxone Kit Training - for patients (Recognize opioid overdose, and how to use Naloxone)	e.g. Nurse • Provide Naloxone education • Conduct proactive follow-ups with moderate- to high-risk patients (see Opioid Risk Tool, POMI, and Management of Psychosocial Yellow Flags) between prescription appointments to support care planning • Listen and support, focus on functional goals, educate on managing withdrawal and taking opioid as prescribed; alert physician if needed	e.g. Pharmacist • Support benzodiazepine taper

Blue boxes indicate patient resources

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c. prescribe lowest effective dose. If prescribing a dose exceeding opioid prescribing guidelines endorsed by the CPSA Council, justify the prescription and document the justification in the patient record	• 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain: <50 OME new patients; <90 OME overall • Opioid Manager (see *Morphine Equivalence Table*) • To facilitate collaborative care, fax to pharmacy: – Opioid/Benzodiazepine Treatment Agreement – Opioid Manager – opioid prescription	e.g. Clinic staff • Fax Treatment Agreement, Opioid Manager, and prescription to patient's pharmacy	
d. at minimum, reassess patient every 3 months		e.g. Clinic staff • EMR reminder if applicable	
e. document status of patient's function and pain at each reassessment	• Opioid Manager (see *Maintenance & Monitoring Chart*) • At next appointment, consider deprescribing opioids. Use Tapering framework.		
f. continue prescribing only if there is measureable clinical improvement in function and pain that outweighs the risk of continued opioid therapy **Harm reduction approach** • if patient requests early refill, consider prescribing the original dose (not increased dose that resulted in early refill) to tide patient over until the next refill date at the pharmacy • contact patient's pharmacy to increase frequency of dispensing to minimize amount of opioid patient has on hand to support patient's ability to manage his/her daily use of the medication (e.g. from monthly to weekly, to twice weekly, to daily dispensing)	• Opioid Manager (see *Maintenance & Monitoring Chart*)	e.g. Nurse • Proactive follow-ups with patients on opioid management, and to help them move towards functional goals in relation to pain between physician prescription appointments (listen and support, educate on managing withdrawal and taking opioids as prescribed, alert physician as required)	e.g. Pharmacist • Education on medication and side effects