

# It Takes a Team: Caring for patients taking opioids for chronic non-cancer pain

## What needed improvement?

Canadians are the second-highest per capita users of opioids in the world,\*\* with the rates of opioid prescribing<sup>§§</sup> and apparent opioid-related deaths rising in the country.\*\*\* The Shea Heights Community Health Centre is an interdisciplinary family practice clinic in St. John's, Newfoundland and Labrador, with a substantial number of patients with chronic non-cancer pain who have been prescribed opioids. The health care team recognized that more could be done to reduce the prescribing of opioids and the harms associated with their use.

## What was done?

The family physicians and pharmacist at the Shea Heights Community Health Centre identified reducing opioid prescribing as a priority and developed a team-based process for managing their patients with chronic pain. The recommendations and tools in the 2017 **Canadian Guideline for Opioids for Chronic Non-Cancer Pain** were used to develop a more structured process for initiating, monitoring, and tapering opioid use.<sup>†††</sup> Collaboratively the team developed procedures and processes to optimize patients' pain management and monitor opioids more closely to ensure these medications are used safely and effectively.

This interdisciplinary collaboration was especially helpful for patients who were receiving higher than recommended doses of opioids and were experiencing challenges in tapering. A team-based approach to monitoring patients on chronic opioid therapy facilitated unity in decisions related to patient care, which allowed physicians to feel less isolated and more empowered in their work lives.

The following guiding principles were adopted:

- Apply universal precautions, as identifying those who may develop an addiction or divert a medication is not always possible
- Optimize the use of non-pharmacological and non-opioid therapies for all patients
- Aim to lower the opioid to the minimum effective dose and discontinue where possible
- Minimize the use of other central nervous system depressants
- Evaluate the risk for addiction and overdose on an ongoing basis

\*\* International Narcotics Control Board. *Narcotic Drugs: Estimated World Requirements for 2018 - Statistics for 2016*. New York, NY: United Nations; 2018. Available from: [www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2017/Narcotic\\_drugs\\_technical\\_publication\\_2017.pdf](http://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2017/Narcotic_drugs_technical_publication_2017.pdf). Accessed 2019 Jan 11.

§§ Health Canada. Infographic: Opioid-Related Harms in Canada – December 2018. Government of Canada website. 2018. [www.canada.ca/en/health-canada/services/publications/healthy-living/infographic-opioid-related-harms-december-2018.html](http://www.canada.ca/en/health-canada/services/publications/healthy-living/infographic-opioid-related-harms-december-2018.html). Accessed 2019 Jan 11.

\*\*\* Canadian Institute for Health Information. *Pan-Canadian Trends in the Prescribing of Opioids, 2012 to 2016*. Ottawa, ON: CIHI; 2017. Available from: [secure.cihi.ca/free\\_products/pan-canadian-trends-opioid-prescribing-2017-en-web.pdf](http://secure.cihi.ca/free_products/pan-canadian-trends-opioid-prescribing-2017-en-web.pdf). Accessed 2019 Jan 11.

††† Busse JW, Craigie S, Juurlink DN, Buckley N, Wang L, Couban RJ, et al. Guideline for opioid therapy and chronic noncancer pain. *CMAJ*. 2017;189(18):E659-E666. Available from [www.cmaj.ca/content/189/18/E659](http://www.cmaj.ca/content/189/18/E659). Accessed 2019 Jan 14.

The team uses several approaches:

An **opioid treatment agreement** is provided to each new and existing patient. It outlines the expectations of the prescriber and the responsibilities of the patient.

**Urine drug screens** are randomly requested from all patients prescribed opioids. This helps identify the potential diversion of opioids and detect the presence of other non-prescribed substances.

The **Opioid Manager** is a point-of-care tool that summarizes the Canadian guideline described above.<sup>\*\*\*</sup> This tool provides structure for monitoring and assessing opioid use, with the goals of reassessing the patient's pain management frequently and reducing potential harms of the opioid. The Opioid Manager tool is used with each patient prescribed an opioid for chronic use and is updated on each visit.

Monthly **interdisciplinary opioid review rounds** are used as the main forum for reviewing all patients prescribed opioids. The monthly reviews include the pharmacist, family physicians, and family medicine residents. All members of the team identify patients with the highest needs for review and present these cases during the meeting. The pharmacist takes the lead in providing suggestions to modify therapy, which typically involves optimizing non-pharmacological and non-opioid therapies and deprescribing opioids. Higher-risk patients are identified and discussed as a priority among the group. This discussion forum gives the opportunity for the pharmacist and physicians to create patient-specific options for pain management. A structured form was created to guide the discussion and includes information such as opioid dosage, non-opioid and non-pharmacological therapies, functional status, pain score, adverse effects, aberrant drug-related behaviours, and urine screen results. Many patients' doses have been successfully tapered to meet the target of less than 90 mg of morphine equivalent per day. Clinic staff now feel patients are receiving more evidence-based care for pain management and it is easier to limit dosing in new patients initiating a trial of opioids. While the clinic staff's goals are to minimize the use of opioids and improve patients' quality of life, they continue to prescribe opioids for those patients who need them for pain management in accordance with current evidence.

Family physicians and the pharmacist at the clinic report they are happy to collaborate and share their expertise to optimize pain management in patients. The physicians say they feel more supported and confident that they are prescribing in a safe and effective manner.



### WHAT WAS LEARNED?

Collaboration between family physicians and pharmacists working in primary health care enhances patient care. Interdisciplinary collaboration using standardized processes makes opioid prescribing safer and more manageable. This model demonstrates that pharmacists and physicians can work together to optimize patients' pain therapy and reduce the potential harms associated with opioid prescribing. This interdisciplinary approach can be used as a model for other family practice clinics to support their opioid prescribing and optimize patient outcomes.

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<sup>\*\*\*</sup> Centre for Effective Practice and the University Health Network. Opioid Manager website. 2017. [cep.health/clinical-products/opioid-manager](http://cep.health/clinical-products/opioid-manager). Accessed 2019 Feb 6.