THE FIRST ANNIVERSARY OF THE CANADIAN OPIOID GUIDELINE "MAINTAINING MOMENTUM"

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Early Career Award 2011
Canadian Pain Society
Disclosures

• Honoraria /advisory to Workplace Safety and Insurance Board (WSIB)
• Canadian Agency for Drugs and Technology in Health (CADTH)
• Grants from CIHR and Ontario MoH Innovation Fund
Objectives

• To identify activities for dissemination, implementation and evaluation of the Canadian Opioid Guideline

• To name research gaps regarding opioids for chronic-non cancer pain in clinical practice

• To become aware of iDAPT laboratory and its capacity to conduct pain research
Clinical Practice Guidelines

Guidelines are ‘statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options’

Clinical practice Guidelines we can trust, IOM Report 2011
Opioids for chronic noncancer pain: a new Canadian practice guideline

Andrew D. O'Brien MD BSc, Rhoda Teasdale MD MRCPC, Clarence W. Wright BSc, Pranam for the National Opioid Use Guideline Group (NOUGG)

Published by the National Opioid Use Guideline Group (NOUGG) in collaboration with:
- Federation of Medical Regulatory Authorities of Canada
- College of Physicians & Surgeons of Ontario
- College of Physicians & Surgeons of New Brunswick
- College of Physicians & Surgeons of Nova Scotia
- College of Physicians & Surgeons of Prince Edward Island
- Government of New Brunswick
- Yukon Medical Council


http://nationalpaincentre.mcmaster.ca/opioid/

CMAJ June 15, 2010
Canadian Guideline – Key Messages

Actions that should always be done when prescribing opioids for CNCP:

1. Start with a comprehensive assessment to ensure opioids are a reasonable choice and to identify risk/benefit balance for the patient.

2. Set effectiveness goals with the patient and inform patient of their role in safe use and monitoring effectiveness.

3. Initiate with a low dose, increase gradually and track dose in morphine equivalents per day – use ‘watchful dose’, (200mg meq) as a flag to re-assess.

4. Watch for any emerging risks/complications to prevent unwanted outcomes including misuse and addiction.

5. Stop opioid therapy if it is not effective or risks outweigh benefits.
Gaps

• Urine drug screenings .... Addiction/Diversion
• Treatment agreement .... Mis Abu Add Div Ove
• Opioid selection .... Comparative effectiveness
• Opioid administration .... Effective, Safe
• Define effectiveness .... pain, function, costs
• Monitoring long-term opioid therapy
• Collaborative care ... Clear communication
• Opioid discontinuation .... Taper, switch, stop
• Opioids .... Cognitive / psychomotor .... Driving
Opioids and Driving
What we still don’t know about treating chronic noncancer pain with opioids

Roger Chou MD

• Most recommendations are Grade C
• Best evidence comes from short-term trials, in highly selected populations
• Lack of effectiveness and comparative effectiveness trials in high risk population
• Until such studies are completed, the new Canadian guideline provides clinically sound recommendations for decision-making.
About Knowledge Translation

Knowledge Translation and CIHR

KT is important to CIHR because:

1. The creation of new knowledge often does not on its own lead to widespread implementation or impacts on health.
2. With the increased focus on research governance and accountability from the federal and provincial governments, as well as from the public, it becomes increasingly important to demonstrate the benefits of investment of taxpayer dollars in health research by moving research into policy, programs and practice.

Ultimately, KT is a fundamental part of CIHR's mandate: "The objective of the CIHR is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and by strengthening Canadian health care system, by." (Canadian Institutes of Health Research Act, 2000, p.7).
The Canadian Opioid Guideline’s National Faculty

- Idea conceived by NOUGG - build a national network to assist with Guideline implementation
- Individuals and organizations invited to participate
- Inaugural meeting in June 2009
- Virtual collaboration
National Faculty Goals

1. Define **targeted outcomes for guideline implementation** to promote safe and effective use of opioids for chronic non-cancer pain.
2. Develop a **Guideline implementation strategy** considering multiple audiences.
3. Contribute to creating a **funding plan** for implementing the **Guideline** into practice
4. Define **strategies to evaluate impact** of the **Guideline**.
National Faculty for Opioid Guideline Implementation – Logic Model

**INPUTS**

- Canadian Guideline
- National Faculty
- NOUGG
- National Partners
- National Pain Centre

**ACTIVITIES**

**Inter-related Working Groups**
- Eyes & Ears in field network (Lydia Hatcher - NL)
- Patient/public education (Janine Luce - ON)
- Knowledge Translation to physicians & pharmacists (Fran Kirby - NL)
- Practitioners ‘tool kit’ (Andrea Furlan - ON)
- Policy-makers; health payers (Ian Goldstine - MB)
- Guideline Impact Evaluation (Mike Allen - NS)

**Short Term OUTCOMES**
- Awareness, Attitude, Knowledge

**Physicians:** aware of guideline; comfortable to try opioids for CNCP

**Pharmacists:** aware of guideline & appropriate prescribing

**Public/Patients:** aware of opioids risks & benefits for CNCP; their role in safe use

**Policy Makers & Health Payers:**
- Aware of how policies are barriers to appropriate care

**Medium Term OUTCOMES**
- Behaviour

**Physicians:** follow guideline re: history; risk screening; dose; monitoring

**Pharmacists:** educate patients re: safe opioid use

**Health Care providers:**
- Effective communication & collaboration around managing CNCP & opioids

**Public/Patients:** keep opioids secure; prevent diversion; communicate effectively with health care providers

**Policy Makers & Health Payers:**
- Policy change to remove barriers to appropriate care

**Long Term OUTCOMES**
- Improved Health

**CNCP patients have improved function & less pain**

- Decreased addiction, overdose, and death from opioids

**CNCP patients on opioids have well-managed side-effects & complications**

- Decreased non-medical use of prescription opioids
Activities
“Professional Intervention”

1. Mass media
2. Distribution of educational materials
3. Educational meetings
4. Local consensus processes
5. Educational outreach visits
6. Local opinion leaders
7. Patient mediated interventions
8. Audit and feedback
9. Reminders
10. Marketing

Grimshaw et al, 2006
Professional Intervention #1
Mass media

Definition: “Varied use of communication that reached great numbers of people including television, radio, newspapers, posters, leaflets, and booklets, alone or in conjunction with other interventions”
Opioid misuse sparks guideline for doctors

First Canadian guidelines issued for opioid painkillers

Guidelines are first comprehensive attempt at helping professionals navigate the minefield of prescribing the powerful drugs to potential patients.

See also:
- Health Canada reports: advance drug reports up 33 percent in 3 years.
- Rocky ed Canada’s painkiller problem.
- Big Pharma calling the shots.

MD guidelines aimed at curbing growing misuse of opioid prescriptions in Canada

New guidelines for prescribing opioids seek to curb abuse

BY MARKET RODGERS AND ALLAN CROSS, CARMINE NEWS SERVICE

MORE ON THIS STORY
- “I forgot how much my granddaughter had been affected by opioid medication.”
- Women who had abortion report more depression, drug abuse study
- U.S. says “drug crisis” growing threat

MUST READ
- UPDATE: Superior West budget talks reach impasse
- Men charged with drug trafficking in North Bay

TOPICS OPTIONS
- New Canadian guidelines for opioids use
- CTV News gets exclusive on new guidelines
- OPINION: The opioid crisis is a public health emergency
- U.S. report: 1,000 new cases of pneumonia each day
- New guidelines for prescribing opioids seek to curb abuse
- “I forgot how much my granddaughter had been affected by opioid medication.”

Related
- Opioid deaths doubled since 1991: study
- OxyContin more abused than crack: rehab centre
- OxyContin abuse peaked in Ont., U.S.
- Atlantic region doctor sees OxyContin maker
Professional Intervention #2
Distribution of educational materials

Definition: “Distribution of published or printed recommendations for clinical care, including clinical practice guidelines, audio-visual materials, and electronic publications"
Guideline Website
http://nationalpaincentre.mcmaster.ca/opioid/

Visits: 43,035
from 135 countries

Page Views: 74,225
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New version
February 2011

Page views: 5,277
Registered users: 1,210
Translations to
- French
- Spanish
- Portuguese

Conversion to various EMR systems

10-min demonstration video
Toolkit

- List of 24 recommendations
- Urine Drug Screening
- Opioid risk tool
- Benzodiazepine tapering protocol
- Benzodiazepine equivalence table
- Instruments to assess function and pain
- Opioid selection and titration
- Opioid tapering protocol
Training videos

Difficult conversations between physicians and patients
Model physician’s behaviours

~ 1 to 2 minutes each
Professional Intervention #3
Educational Meetings

Definition “Health care providers who have participated in conferences, lectures, workshops, or traineeships”

Workshops (Full day, ½ day)
Lectures
Rounds
Conferences: CPS, CAPMR, CAS, CADTH
Ontario Community Workshops

- ½ day workshops
- MDs and Pharm
- 8 communities: Casselman, Simcoe, Ottawa, Thunder-Bay, Sudbury, Barrie, Peterborough, Kitchener-Waterloo
- ~ 700

![Bar Chart]

Changes in Practice & Using the Toolkit

- Percentage of physician responders who reported they made practice changes consistent with the 5 essential actions: 95%
- Percentage of physician responders who report using the ‘toolkit’: 95%
- Percentage of physician responders who report changes in interaction with pharmacists: 63%
Professional Intervention #4
Local consensus processes

Definition: “Inclusion of participating providers in discussion to ensure that they agreed that the chosen clinical problem was important and the approach to managing the problem was appropriate”

Development of the Canadian Opioid Guideline
- National Advisory Panel
Professional Intervention #5
Educational outreach visits

Definition: “Use of a trained person to meet with providers in their practice settings to discuss information with the intent of changing the provider’s practice”
Academic Detailing

RxFiles (Saskatchewan)

Academic detailers
- Saskatchewan: 9 (~350)
- BC: 9 (none yet)
- Manitoba: 1 (~50 MDs)
- Alberta: 4 (pharmacists)

Loren Regier

Dalhousie Academic Detailing (Nova Scotia)

- 3 trained academic detailers
- ~400 family physicians (60%)
- Pharmacists: group sessions ~ 100

Mike Allen and Isobel Fleming
Professional Intervention #6
Local opinion leaders

Use of providers nominated by their colleagues as “educationally influential.” The investigators must have explicitly stated that their colleagues identified the opinion leaders.

Ontario: Family Physicians Educationally Influential (EI) Network
Professional Intervention #7
Patient mediated interventions

Definition: “New clinical information (not previously available) collected directly from patients and given to the provider.”

“The National Faculty is committed to ensuring that patients have information about the guidelines and tools to help them make decisions about pain management with opioids.” Janine Luce
Professional Intervention #8
Audit and feedback

Definition: “Any summary of clinical performance of health care over a specified period of time”
Professional Intervention #9

Reminders

Definition: “Patient or encounter-specific information, provided verbally, on paper or on a computer screen that is designed or intended to prompt a health professional to recall information”

Hopefully, by the integration of the Opioid Manager into EMR
Professional Intervention #10
Marketing

Definition “Use of personal interviewing, group discussion (“focus groups”), or a survey of targeted providers to identify barriers to change and subsequent design of an intervention that addresses identified barriers”

Andrea Furlan: electronic survey of Ontario Physiatrists (Poster 45)
Mike Allen
  • electronic survey of Canadian Family Physicians
  • mailed survey of Canadian physicians (GPs and specialists) – submitted to CIHR for funding
How can we improve guideline use? A conceptual framework of implementability

Adaptability
Usability
Validity
Applicability
Communicability
Accommodation
Implementation
Evaluation

Gagliardi et al, 2011
How you can contribute

- The “eyes and ears in the field” group would like quick responses from primary care practitioners
- The “patient/public education” group would like to get more people involved
- “Toolkit” group would like to test the Opioid Manager in various platforms of EMR
Acknowledgments

NOUGG co-chairs: Rhoda Reardon and Clarence Weppler
National Pain Centre: Norman Buckley and Dale Tomlinson
National Faculty members
CIHR: 2 MPD grants

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