



The opioid crisis: getting to “better”

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Dear Colleagues,

The CFPC, in collaboration with the Alberta College of Family Physicians, recently held an invitational summit to take stock of the societal challenge related to opioid use disorder (OUD).

The statistics are staggering. There were more than 9000 deaths from opioid overdose in Canada between January 2016 and June 2018.¹ Communities of all sizes are affected: in 2017, opioid-related hospitalizations in communities of 50000 to 99000 people were 2.5 times higher than in larger urban centres.¹ Also, in Alberta, almost half of fatal overdoses are among those older than age 39.² Further, 47% of those who died had an interaction with the health care system related to their OUD in the previous year.² At this summit, persons with lived experience candidly shared their frustration with their providers, many of them FPs, related to access, how they were made to feel regarding their addictions, and the sense of helplessness and hopelessness that emanated from these interactions. They also shared the incredible positive influence that an empathetic, knowledgeable family doctor played in their journey of recovery. I want to share some of my key learnings from that summit.

Our best chance to have an effect is with intervention at the community level. Retention while in treatment (86% vs 67%), street opioid abstinence (53% vs 35%), and patient satisfaction (77% vs 38% were very satisfied) were all better when care delivery was in primary care by primary care providers, as compared with specialty care.^{2,3}


Family doctors can and should play an important role in opioid agonist therapy. The evidence for opioid agonist therapy benefit in the journey of recovery is strong.³ It can be done; it is not that complicated; and influencing the journey of recovery can be very rewarding. It is another example of community adaptiveness, as described in the Family Medicine Professional Profile.⁴

Don't do this alone. A critical mass of FPs, with support from other providers, where possible, facilitates the provision of good care and decreases the risk of burn-out. We need to work together to have a positive effect

on the care of these complex patients. Several Chapters and provinces are implementing mentoring networks of providers. The Patient's Medical Home⁵ also offers ways of implementing team-based and proactive care.

We should harness the power of influence and advocacy. Several summit participants mentioned the 4-year election cycle, which might negatively affect funding dedicated to this particular care area; others reiterated the importance of a good marketing strategy in influencing public opinion (eg, an “I am in recovery, and I will vote” campaign to influence proposed health policy levers).

Appropriate compensation that recognizes the complexity of care for these patients is important. Physician compensation was identified as a barrier. The CFPC has recognized the limitations of the fee-for-service model of payment in addressing the needs of those with complex conditions. We hope that, at a minimum, provincial medical associations prioritize alternate payment models to better meet the needs of those patients; failing this, a complex care fee code would be a welcome starting point.

The CFPC participates in the creation and dissemination of educational tools on opioid care (eg, special Self Learning issue on opioids).⁶ Additionally, clinical practice guidelines on OUD were published in the May 2019 issue of *Canadian Family Physician*.³ Most provincial Chapters include high-quality continuing professional development programs on opioids. And CFPC's Certificate of Added Competence in Addiction Medicine can also be acquired by interested members. Meaningful sustained effects require the involvement of many partners working in concert to address this health emergency. We can and will do better. 

References

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3. Korownyk C, Perry D, Ton J, Kolber MR, Garrison S, Thomas B, et al. Managing opioid use disorder in primary care. PEER simplified guideline. *Can Fam Physician* 2019;65:321-30 (Eng), e173-84 (Fr).
4. CFPC. *Family Medicine Professional Profile*. Mississauga, ON: CFPC; 2018. Available from: www.cfpc.ca/fmprofile. Accessed 2019 May 6.
5. CFPC. *A new vision for Canada. Family practice—the Patient's Medical Home 2019*. Mississauga, ON: CFPC; 2019. Available from: <https://patientsmedicalhome.ca/vision>. Accessed 2019 May 6.
6. Self Learning. *Focus on: opioids*. Mississauga, ON: CFPC; 2017.

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