



## **AGREEMENT IN PRINCIPLE**

## Alberta's Care Plan for Chronic Pain Patients on Long-Term Opioid Therapy January 14, 2021

Signatories: College of Physicians and Surgeons of Alberta, HELP Alberta's Pain, Alberta Medical Association (delegate), Section of Chronic Pain, Pain Society of Alberta, Section of Family Medicine, Section of Rural Medicine, Primary Care Alliance, Primary Care Network Leads Executive, Strategic Clinical Networks (AHS), Alberta College of Family Physicians

Topic: "Creating a comprehensive care plan for prescribers and patients requiring chronic long-term opioid therapy in Alberta"

The Signatories are:

<u>Reminding</u> all stakeholders that 20% of Albertans (of all ages) live with chronic and persistent pain and may use long term opioid therapy to manage their chronic pain condition;

<u>Affirming</u> that some individuals with chronic pain conditions maintain stability and function with the use of opioids, as noted in the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain;

<u>Stressing</u> that no individual on long-term opioid therapy should be expected to abruptly discontinue or reduce their medication without consent and in partnership with their primary care provider and that contextual clinical decision making is necessary to determine the appropriateness of any prescribing decisions;

<u>Conscious</u> that some patients on long-term opioid therapy are encountering difficulty in accessing appropriate care which may include medication management and prescription renewals; including the ability to access urgent care for unexpected situations;

<u>Acknowledging</u> that there will be a cohort of soon-to-retire physicians or physicians seeking to change their scope of practice, creating a cohort of patients on long term opioid therapy who will require new access to appropriate care;

<u>Appreciating</u> that some physicians may be reluctant to accept new patients with chronic conditions that may require among other management strategies, long-term opioid therapy;

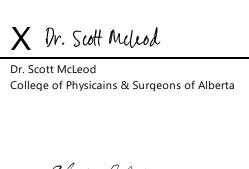
<u>Reaffirming</u> that the College of Physicians and Surgeons of Alberta has provided clear messaging to its members supporting continuity of care for individuals with chronic non cancer pain, including the use of long-term opioid therapy;

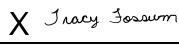
<u>Recognizing</u> that current opioid prescribing practices can be improved upon to promote patient and family wellbeing; and that not all requests for opioids may be appropriate to the clinical situation and/or condition of the presenting patient; and

<u>Understanding</u> that a province-wide approach will allow for sharing of contextually driven local innovative solutions to address the scale and scope of chronic conditions.

## The Signatories support:

- 1. Development of a health system opportunity that will allow the Primary Care Networks to build a health care delivery model that attaches patients with chronic and complex needs to a primary care provider in a manner that will meet their needs.
- 2. Building partnerships to champion support for patients (and their families) living with chronic pain and meet their unique medical needs within the patient medical home, identifying that transitions of care are a priority.
- Integration of primary care and specialized multidisciplinary pain clinics to provide consultation, guidance and collaboration to meet needs of complex chronic pain patients.
- 4. Identification of pathways of care to ensure continuity of care in emergent situations and accessibility to care for patients with chronic complex conditions that may require long term opioid management.
- 5. Facilitation of a culture change that encourages acceptance of chronic complex patients living with pain that may require opioid management, decreases stigmatization and places an importance on professional integrity and responsibilities as required by the Standards of Practice.
- 6. Open dialogue about appropriate compensation methods for complex chronic conditions which would support chronic pain management in primary care and specialized multidisciplinary clinics.
- 7. Engagement of all stakeholders to build capacity to manage any patient with complexity using evidence based bio psychosocial approaches in all available community resources of Alberta.





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