# Physician Forum on the Opioid Crisis & Addiction Medicine

*Campbell River Golf & Country Club | 17 April 2018*

## Community Specific Discussion Notes

### Campbell River Discussion

#### *What is working well?*

- Great group of engaged Opioid Agonist Treatment (OAT) physicians in the community
- Great local education opportunities available
- Great General Practitioner (GP) adoption of treatment model and attitudes toward it
- Young/recently graduated nurses are well trained in this area, and acting as good referral base
- Continuity of care:
    - Intensive Case Management (ICM) team and Assertive Community Treatment (ACT) program are good enablers
    - Sobering Assessment Centre and integration of resources
- Emergency Department (ED) physicians' availability for Suboxone starts

#### *What are the challenges or barriers to providing care?*

- How to route family and friend-of-patient referrals
- Health professionals' attitudes *(although many suggested this may have shifted positively in recent years)*
- Physician referrals of pain patients
    - How to expand referrals to other patient cohorts
- Community is a large geographic area with many rural and remote outlying neighbourhoods that can be hard to reach
- Communication between GP/Primary Care providers and Mental Health Substance Use (MHSU) program/clinicians
    - Documentation silos of information
    - Return communication from specialists to GPs not always received
- Time pressures in primary care encounters
    - Fee-for-service billing structural (dis)enablers
- GP/Primary Care provider understanding of requirements and best practices in starting OAT

#### *What do you need?*

- To know expectations; where GP support should start, and how to interact with patients already on a specialists' case load
- Support on how to effectively get patients to the needed Clinical Opioid Withdrawal (COW) score
    - A physical location that is able to hold/support the patient for the required 12-24 hours
- Improved communication with Island Health's MHSU department
- Ability to have Suboxone inductions done in-community with community nurses and OAT physicians; the service going to where the patients are physically located
- One stop shop for patient support

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### Comox Valley Discussion

#### *What is working well?*

- Knowing who to call *(this was not agreed upon by all discussion participants, however)*
- Availability of documentation on VIHA website
- Health Connections Clinic can provide Suboxone and psycho-social supports

#### *What are the challenges or barriers to providing care?*

- Withdrawal Management Nurse is not available to hospital
- ED physicians don't know who to call for patients who are already on OAT, and what the follow-up process is
- No RACE line on weekends
- Lack of communication between Mental Health Substance Use (MHSU) and GPs

#### *What do you need?*

- To have someone in ED/In-Patient care to connect the patient with out-patient/community services
- More funding for OAT in primary care; Island Health's Health Connections Clinic OAT is currently at capacity
- ED needs consistent place to send patients for follow-up
    - Send to pharmacy for holding dose?
- Social worker to connect patients with financial assistance, housing, etc.
- Future Ideal State(?): Primary care management with appropriate specialist backup; providing coverage as a community (clinics collaborating).