Anti-Drug Strategy Initiative

Summaries of Federally-Funded Projects Aimed at Improving Prescribing Practices

\(1\) Development and Mobilization of Appropriate Prescriber Practice Competencies for Controlled Drugs and Substances into Nurse Practitioner and Registered Nurse Education Programs

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Project Objectives:
• Improve the prescriber education of entry-level NPs in Canada so that NP graduates enter practice with the knowledge, skills, and attitudes required to prescribe controlled drugs and substances in the interest of quality patient care and the health of Canadians.
• Improve the education of RNs in Canada so that RNs enter practice better prepared to monitor and educate patients and their families regarding the appropriate safe use, risks, benefits, and harms associated with prescribed controlled drugs and substances.

Location/Reach of Project:
National project, aimed at reaching RN and NP faculty and students across Canada.

Target Population:
The primary reach of the project is faculty and students of entry-level university masters NP programs.
- 28 university NP programs across Canada
- Approximately 400 new NP graduates each year

The project will also reach undergraduate nursing faculty and their students through the development and dissemination of the e-resource.
- Over 8,000 RN faculty members employed in Canadian schools of nursing (CASN & CNA, 2013).
- Over 9,000 graduates from baccalaureate nursing programs.
- Responsible for monitoring and educating patients who have been prescribed controlled drugs and substances as well as their families.

Key Partnerships/Networks:
• To deliver the project outcomes, an Advisory Committee of experts in NP education and practice from across Canada has been established. The Advisory Committee will be responsible for guiding the project, attending teleconferences with the group, attending the in-person stakeholder forum, and providing feedback and input on the Competency/Indicator Framework as well as the e-resource.
Partnerships with key, national nursing associations have been established to carry out the project and they will be involved in the Advisory Committee.

- Canadian Council for Registered Nurse Regulators (CCRNR)
- Canadian Nurses Association (CNA)

**Key Activities/Outputs:**

**Activities:**

- The first is the development of the national, consensus based, Entry-to-Practice Competencies for Prescribing Controlled Drugs and Substances for Nurse Practitioner Education (“the competencies”). The competencies will specify the knowledge, skills, and attitudes NPs require to prescribe controlled drugs and substances appropriately, and will, therefore, provide an important curricular guide to the schools educating NPs across Canada.
- The second is the creation of an electronic teaching resource for faculty (“the e-resource”) to facilitate the integration of the competencies into curricula. The e-resource will provide nursing faculty with information and teaching tools that they can use to teach NP students the knowledge, skills, and attitudes they will need to prescribe controlled drugs and substances appropriately.
- The third is the inclusion, within the e-resource, of a section that will assist faculty to build knowledge, skills, and attitudes among RN students, as well as NP students, related to monitoring patients who have been prescribed controlled drugs and substances, and educating these patients and their families about appropriate use, risks, and harms.

**Outputs:**

The specific outputs that will be created are the following:

1. Environmental scan consisting of the following:
   - current issues with prescribing controlled drugs and substances (CDS) (i.e. potential for diversion and abuse);
   - best practices for prescribing CDS;
   - current educational practices for health practitioners who prescribe CDS;
   - existing teaching/learning resources;

2. National Consensus Based Framework of Entry-to-Practice Competencies for NP Prescribing of Controlled Drugs and Substances; and

3. Electronic Teaching and Learning Resource
   - NP Competency integration toolkit with teaching and learning resources for each competency including:
     - background information and key concepts related to each competency
     - virtual NP-patient scenarios
     - PowerPoint presentations
   - self-assessment quizzes
   - Section for RNs on patient monitoring and education
2) *Safer Decisions Save Lives (SDSL)*

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**Project Objectives:**

- Determine key content components of practice guidelines and other aspects of safe opioid prescribing for inclusion into clinical decision support systems (CDSS)
- Design effective and user friendly functional requirements for electronic medical records (EMRs) in collaboration with medical informatics and human factor experts
- Develop methods to evaluate the use and effectiveness of these functional specifications
- Use knowledge gained during the development of the functional specifications to develop consumer (patient/family) specific tools that highlight issues in opioid safety

**Location/Reach of Project:**

- National audience of primary care and community prescribers of opioids
- Patient/Family/Consumer

**Target Population:**

- Primary care and community practitioners who prescribe opioids for their patients, including those that do not use EMRs.
- Patients and families to promote the safe use of opioids.

**Key Partnerships/Networks:**

- Canadian Patient Safety Institute
- HumanEra human factors research
- Dr. Meldon Kahan, Dr. Sheryl Spithoff
- MUMs Health, John Pilla
- Health informatics experts
- Opioid guideline developers
- EMR vendor
- Primary care practitioners
- Community pharmacists
- Patients/families
**Key Activities/Outputs:**

Key SDSL project activities include:

- Identifying best evidence, practices and procedures in opioid prescribing using sources such as literature searches, expert opinion, Canadian and international guidelines, experience in other jurisdictions to determine potential key components of the CDSS for consideration by an expert advisory panel.
- Convening an expert advisory panel including guidelines authors, opioid and addiction experts, family practice physicians, pharmacists and medication safety experts to determine key contents for the CDSS knowledge base.
- Developing functional specifications/rules based on agreed key contents for the enhanced CDSS.
- Working with EMR software vendors and human factor experts to design and refine the enhanced CDSS prototype, and complete pilot testing.
- Determining ways of evaluating the CDSS with groups of family practice physicians, community based prescribers and pharmacists.
- Developing non-electronic format of clinical decision support tools for physicians (and other community-based prescribers) who have not implemented an EMR in their practice settings.
- Marketing interventions for national uptake directed at EMR vendors, primary care prescribers and patients.

Key SDSL outputs include

- Functional Specifications for enhanced CDSS
- Incorporation of CDSS into EMRs
- Evaluation methods
- Non-electronic Decision Support Tools
- Patient/Family-focussed Safe Opioid Use Bulletins and related tools
3) Improvement of Medical Practices Pertaining to the Prescription of Opioid Drugs

Resource person

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Project objectives

• Provide a status report that focuses on two areas: 1) opioid drug prescription practices among Quebec physicians; and 2) a snapshot of training and tools available in the field in Quebec and elsewhere in Canada.
• Provide improved training to the highest standards of quality in opioid drug prescription for two target audiences: 1) practising physicians; and 2) medical students and residents.

Project location and scope

• The project will be carried out in Quebec with the partners of the Institut de santé publique du Québec; training and information materials will be developed in both languages and will be available to all Canadian physicians and professionals involved in prescribing opioids.
• The project will provide a snapshot of the prescribing physician in Quebec and will provide an understanding of the prescription profile, environment, practice and training needs in order to improve opioid drug prescription practices. The snapshot of prescribing habits and needs will serve as a basis for provinces wishing to put in place a training program that focuses on opioid drugs. These activities will therefore support the efforts of the Drug Strategy Community Initiatives Fund (DSCIF) in achieving results aimed at identifying one of the target audiences for information on the abuse and misuse of prescription drugs (Outcome 1 of the DSCIF program).
• It also aims to provide prescribing physicians (both current and future) with training programs and tools to improve their prescription methods. These activities are in line with DSCIF’s concern for applying knowledge and striving to improve community practices and resources to prevent opioid drug abuse (Outcomes 2 and 4 of the DSCIF program).
• It will make it possible to promote available training activities and tools in order to improve practices. These activities are broadly in line with DSCIF expectations with regard to greater network engagement (Outcome 3 of the DSCIF program).

Target population:

Opioid-prescribing physicians in Quebec and pharmacists. Faculties of medicine, establishments and professors involved in training physicians and pharmacists. A substantial portion of the materials developed will be available through on-line training activities or through the Centre de recherche et d’aide pour narcomanes (CRAN) website.
**Key partners and networks**

- The project’s four partners are the INSPQ, the Collège des médecins du Québec, the Université de Sherbrooke faculty of medicine, and a drug-addiction research centre, the Centre de recherche et d’aide pour narcomanes (CRAN).
- The following will also be involved in carrying out the project: Quebec faculties of medicine, the order of pharmacists, medical associations, university hospitals, and multidisciplinary pain management teams.

**Key activities and expected results**

- Conduct a survey of practising physicians in Quebec.
- Draw up a profile of training activities available in Quebec, Canada and North America.
- Prepare a review of available recommendations, references and tools regarding:
  - screening clienteles at risk of developing problematic opioid consumption habits;
  - best opioid-prescription practices.
- Evaluate the opioid-prescription profiles of practising physicians in Quebec.
- Analyze and revise practice guidelines and clinical decision-making assistance tools available in Quebec and, with the help of experts, make any required changes.
- Devise shared core competencies for the training of all medical students and residents in the pre-doctoral and post-doctoral programs.
- Develop and update training programs and training tools tailored to target clienteles.
- Promote the core competencies to Quebec’s four universities with medical programs.
- Promote the available practice guidelines, workshops, training programs and on-line training to practising physicians and pharmacists.
- Design and put up a microsite, to be added to the current CRAN website, devoted to improving opioid-drug prescription practices and preventing the abuse and misuse of opioids.
4) **UPDATE OF THE CANADIAN GUIDELINE FOR SAFE AND EFFECTIVE USE OF OPIOIDS FOR CHRONIC NON-CANCER PAIN**

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**Project Objectives:**
- Incorporate new research evidence and knowledge synthesis methods to develop an explicit, transparent, and evidence-based clinical practice guideline that will help clinicians, patients and policy-makers to use opioids more safely and effectively for the management of chronic non-cancer pain (CNCP).
- Facilitate awareness and understanding among target populations about use and abuse of opioids via a nation-wide e-learning program that will ensure that the resources are available for all relevant stakeholders
- Knowledge translation will also include train-the-trainer modules, face-to-face delivery, and tool kits, disseminated through appropriate networks across Canada.

**Location/Reach of Project:**
Health professionals across Canada practicing in both urban and rural communities, in English and French

**Target Population:**
Patients living with chronic pain, health care providers who manage chronic pain and other caregivers (including family members), provincial and territorial policy-makers, medical regulators and researchers.  
Prescribers of opioids across Canada – primarily physicians, but also including dentists, nurse practitioners, midwives, and pharmacists.

**Key Partnerships/Networks:**
- Professional organizations representing health professionals who prescribe opioids
- McMaster University, Michael DeGroote National Pain Centre
- Professional Development & Conferencing Services, Faculty of Medicine, Memorial University

**Key Activities/Outputs:**

**Activities:**
- Formulation of clinical practice guidelines for the use of opioids in the management of chronic non-cancer pain
- Establishment of working groups for disseminating the updated guideline recommendations
- Creation and dissemination of appropriate teaching materials
- Evaluation of the impact of the guideline and establishing criteria for future updates.
Outputs:

- Updated guidelines to maximize the benefits of opioid therapy for CNCP while reducing the risk of harm
- Nation-wide e-learning program, train-the-trainer modules, face-to-face delivery, tool kits
- Evaluation of opioid prescribing practices after release of the guidelines.
5) *Improving Canadian Family Physician Knowledge and Performance in Safe Prescribing of Opioids for Chronic Non-Cancer Pain*

**Project Contact:**

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**Project Objectives:**

- Develop and pilot an Online Opioid Self-Assessment Program (SAP) to improve physician knowledge of the Canadian Opioid Guideline  
- Design and evaluate measurements of knowledge, processes, and clinical practice relative to the guideline, for use in ongoing quality improvement  
- Understand the key facilitators and barriers for physicians to adhere to the guideline

**Target Population:**

Our target population served will be opioid prescribers in Canada, treating patients with chronic non-cancer pain. Our project will focus on family physicians, as they represent over 50% of physician in the Canadian workforce and are the major speciality caring for patients with chronic non-cancer pain.

**Location/Reach of Project:**

The project activities will undergo initial pilot testing with a group of family physicians in Ontario, with plans for national expansion. In Year 2 of the project we will begin national implementation of one component, the Online Opioid Self-Assessment Program.

**Key Partnerships/Networks:**

- Institute for Safe Medication Practices (ISMP) Canada  
- College of Family Physicians Canada  
- College of Physicians and Surgeons of Ontario  
- Department of Family and Community Medicine, University of Toronto  
- United States Department of Veterans Affairs

**Key Activities/Outputs:**

**Activities:**

- **First phase:** complete the design and development of our four products that make up the Opioid Self-Assessment Package (Opioid Knowledge Test, Online Opioid Self-Assessment Program, Opioid Practice Self-Assessment Tool & Opioid Chart Review Checklist).
• **Second phase**: pilot the package with family physicians in Ontario treating patients with long-term opioids for chronic non-cancer pain. We will collect qualitative and quantitative data to evaluate our processes and outcomes.

• **Third phase**: use results of the pilot testing and evaluation to revise these products and prepare for scaling up of the package for use across Canada.

  **Outputs:**

• Improved knowledge and adherence of the Canadian Opioid Guideline

• Improved understanding of family physician barriers to guideline adherence & improved understanding of family physician attitudes toward using opioid prescribing quality improvement processes in their practice.

• Established knowledge self-assessment program related to the opioid guideline, as well as established chart review checklist & practice self-assessment for quality improvement in opioid prescribing in family practice settings.
6) **Interdisciplinary Initiative to Reduce Prescription Opioid Misuse**

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**Project Objectives:**

- To develop a multi-faceted interprofessional education program, interactive toolkit and online peer-mentoring forum on prescription opioid misuse for physicians and pharmacists based on guidelines and evidence for best practice.
- To increase awareness and understanding among participating physicians, pharmacists, students, and trainees of prescribed opioid management strategies and clinical issues associated with opioid misuse.
- To increase awareness and role-recognition among participating physicians and pharmacists and to improve identification of collaborative management to enhance care for patients receiving prescribed opioid medication.
- To assess the impact of a collaborative and interprofessional education approach on participants’ knowledge, uptake and patient care practices.
- To achieve accreditation for the education program and promote wider dissemination of the developed program and associated tool to professional and health organization.

**Location/Reach of Project:**

The project will be conducted provincially and will be disseminated nationally across Canada.

**Target Population:**

Physicians, pharmacists, students and trainees.

**Key Partnerships/Networks:**

- University of Waterloo
- Ontario Pharmacy Research Collaboration (OPEN)
- McMaster University’s DeGroote School of Medicine
- Center for Family Medicine Family Health Team (CFFM)
- Gateway Centre of Excellence in Rural Health (Gateway)
- South Western Academic Health Networks (SWAHN)
- Mr. Ben Lobb, Member of Parliament for Huron-Bruce and the Chair of the Health Standing Committee
- Ms. Lisa Thompson, Member of Provincial Parliament for Huron-Bruce.
Key Activities/Outputs:

Activities:

• Formation of project advisory committee
• Co-develop multi-faceted education program, interactive toolkit and online peer-mentoring forum
• Accreditation of the program and associated tools
• Implement program for students, trainees (as part of the interprofessional education IP) and for practitioners in Southwestern Ontario
• Dissemination and advocacy with regulatory bodies

Outputs:

• An interdisciplinary, interactive, multi-faceted education program and interactive toolkit on prescription opioid misuse based on guidelines and evidence for best practice with complementary online peer-mentoring forum
• A new component for the IPE program for students and trainees in Pharmacy and Medicine
• A program on opioid misuse that health organizations within Gateway or SWAHN networks can take advantage of, offer to their clinicians, and implement at their respective sites as part of quality improvement.
• An accredited CPD activity available for any interested physician or pharmacist to participate in and enhance their continuing education portfolio with.
• Research report(s) on initiative outcomes for presentation at the professional, governance, and community levels.