

Report to Stakeholders on the MHLTC-funded MMT initiative

October 2008

Part A - Background

Introduction

In the summer of 2007 the Government of Ontario released the report of the Methadone Maintenance Treatment Practices Task Force, and announced a \$2 million investment in supports to methadone maintenance treatment (MMT). The funding was targeted to improved professional training, greater awareness of the benefits of MMT, and community engagement. The Centre for Addiction and Mental Health (CAMH) was asked – and funded – to assume a significant portion of this work, in conjunction with the College of Physicians and Surgeons of Ontario (CPSO), the Ontario Pharmacists Association (OPA), and the Registered Nurses Association of Ontario (RNAO).

In the autumn of 2007, CAMH developed a workplan for its portion of the project, and consulted with community stakeholders involved in MMT and related services across Ontario. Representatives of CPSO, OPA and RNAO participated in the consultation. CAMH asked its community partners a series of questions about how the plan could be implemented in a way that would make the greatest contribution to strengthening the supports offered to people with opioid dependence problems. A copy of the consultation paper is available on the CAMH website at http://www.camh.net/Public_policy/Public_policy_papers/MMTconsultation%20documentnov22.pdf.

Purpose of this paper

CAMH will once again be hosting a consultation with individuals and organizations involved in the delivery of MMT, including clients. The meeting is scheduled to take place on October 27, 2008. This consultation and report have two key objectives:

1. Report to community stakeholders on the implementation of CAMH's OpiATE project and the work of the other organizations funded by the Province of Ontario's methadone initiative – the CPSO, OPA and RNAO.
2. Engage community partners in a discussion of how the Ministry of Health and Long-Term Care (MHLTC) and Local Health Integration Networks (LHINs) can direct future resources in a way that best supports people with opioid dependence problems.

For information on the stakeholder consultation meeting, please contact Victoria Murphy at CAMH.

Part B – Report on MHLTC-funded MMT initiative

Update on CPSO portion of the MMT initiative

The CPSO has received funding from the MHLTC to work in two areas. First, the CPSO is enhancing enforcement of best practice guidelines and quality assurance initiatives related to methadone services. This project will see the implementation of an onsite assessment tied to the application for renewal of the physician's methadone exemption. Second, CPSO has been funded to work on the recruitment and retention of methadone prescribers. This project is modeled on the Ontario College of Family Physicians' Collaborative Mental Healthcare Network, and will involve four regions designated by the MMT task force as areas of high priority. The project will develop the mentoring skills of current methadone prescribers so that they can function as key educationally influential physicians in their own communities and serve as a resource for family doctors (mentees) in dealing with complicated addiction patients providing timely guidance and advice.

Over the past year, the CPSO has completed the following:

- Designed and implemented the process for the three-year review of physicians, and completed 85 reviews.
- Developed the partnership with the Ontario College of Family Physicians to execute the mentoring project.
- Mentorship steering committee has been established.
- Recruitment strategies and materials have been developed.
- Mentors in the four regions have been identified, and training took place on September 12.
- Mentees in the four regions have been identified, and training has been scheduled for October 24.

The following work remains to be completed:

- The onsite assessments will be ongoing until all physicians have been reviewed.
- Mentor/mentee relationships will need to be supported.

Update on the OPA portion of the MMT initiative

Based on the task force recommendation of initiating a mentorship program for pharmacists, the OPA reviewed pharmacist feedback stemming from a series of joint OPA-CAMH methadone maintenance certificate programs in order to determine areas of perceived need in methadone training. This feedback provided the basis for the educational modules and consulting forums for the OPA's methadone mentorship program, entitled "Optimizing Treatment of Patients on Methadone Maintenance". This program was offered via Internet, in a live and

interactive webinar format. This format was chosen in order to accommodate as many pharmacists as possible in all areas of Ontario.

Over the past year, the OPA has completed the following:

- Developed four educational modules covering difficult MMT situations, complex clinical situations, special populations and chronic pain management.
- Selected speakers for each module.
- Conducted extensive advertising for the program via email, fax, and pharmacy publications
- Continuing education accreditation was obtained for all educational modules
- Implemented 19 live, on-line educational modules – a total of 19 modules were presented between January and March 2008.
- Hosted three consulting forums on issues pertaining to the presentations and/or their practice experiences
- A commitment-to-change evaluation was developed to measure the impact this program has had on current practices related to the dispensing of methadone

The following work remains to be completed:

- Analysis of results of the commitment to change evaluation for the 2007/08 fiscal year
- Development and implementation of three additional educational modules that cover the initiation of a methadone program in community pharmacies; the management of pregnant or lactating women on MMT; and the provision of methadone maintenance treatment to patients with concurrent mental health issues
- Continuing education accreditation for online educational modules

Update on the RNAO portion of the MMT initiative

Building on the recommendations put forth from the MMT Practice Task Force and funding from the Ministry of Health and Long Term Care (MHLTC) in improving the care of clients on MMT across disciplines, RNAO is developing (a) an evidence-based nursing best practice guideline (BPG) and (b) an education and mentorship program for nurses.

Nursing Best Practice Guideline

The goal of the best practice guideline, as determined by the guideline development panel, is to provide nurses with recommendations, based on the best available evidence, in caring for clients who are either a potential candidate for or already on MMT for opiate dependence. The purpose of the guideline is to increase nurses' knowledge around this particular treatment as well as to assist nurses and

organizations in encompassing a client-centred approach in caring for those on methadone maintenance treatment. It is intended for nurses who are not necessarily experts in this area of practice, who work in a variety of practice settings, across the continuum of care.

Over the past year, RNAO has completed the following:

- Completed a literature review
- Recruited a guideline development panel
- Recruited a stakeholder panel to review the document
- Developed panel consensus on recommendations/discussions of evidence

The following work remains to be completed:

- Submit work to stakeholder review, and make revisions/edits as necessary
- Publish and launch the guideline by early 2009

Education and mentorship program for nurses

In order to address the task force's recommendations related to education, RNAO is creating a training and mentoring program for nurses with an end goal of increasing the knowledge around caring for clients on MMT, as well as increasing the support within the communities. This is being developed as two components, which are as follows:

E-learning: The goal of this component of the project is to create on-line learning modules that individuals can access and complete at their own convenience. There are a total of eight modules being created that cover a variety of topics in caring for clients on MMT.

Speakers Bureau: RNAO is developing a speakers bureau which will provide educational opportunities via web-streaming webinars. We will be inviting experts in their fields to speak about MMT and its effect on certain aspects of care.

Over the past year, RNAO has completed the following:

- Exploratory focus group process conducted to hear from nurses in various practice settings about their clinical experiences and how they might view a nursing-specific, MMT-related mentoring program
- Usability testing conducted for e-learning component; online format developed and seven modules completed and sent to the review panel for feedback
- Speakers contacted and preparing presentation and material

The following work remains to be completed:

- Completing the draft of the remaining one e-learning module, and distributing the draft to the review panel for feedback
- Secondary usability testing to be conducted with more nurses from the same facility over the next few months.
- This e-learning series, when completed, will be posted on the RNAO website (www.RNAO.org) for open-access download (not exclusive to RNAO members).
- Finalizing the website and use of e-learning to commence early 2009
- Arranging for the speaker's bureau sessions to be completed and made available on the RNAO website for access
- Sessions to run Fall 2008, Winter 2009 and Spring 2009!

Update on CAMH Strategy A – Interprofessional Training

The goal of this element of the project was to provide clinical training on prescription opioid use, opioid addiction and bio-psycho-social interventions, and inter-professional collaboration in order to strengthen the Ontario health care workforce delivering MMT and other treatments for opioid dependence.

Over the past year, CAMH has completed the following:

- Developed a curriculum for a new 12-hour core program on treating opioid dependence (including MMT and buprenorphine treatment) for physicians, pharmacists, nurses, counsellors and case managers. This will replace the current CAMH MMT course
- Developed a full Certificate Program in Treating Opioid Dependence, which consists of the core program plus a series of electives.
- Developed a toolkit for establishing and maintaining MMT service, including the documents, forms and templates for physicians and pharmacists providing MMT services. These toolkits will soon be available on-line.
- The ACCS phone line is being relaunched as the ACES phone line (Addiction Clinical Education Service). This service includes physicians, pharmacists, nurses and counsellors.
- The staff manual for CAMH's Addiction Clinical Education Service (ACES) has been adapted and updated for the new ACES phone line.
- The full Opioid Dependence Treatment Certificate Program and the shorter Core Program have been accredited by the University of Toronto CME department. The Certificate has been approved as an 83.5-credit (CFPC) certificate program. In addition to this, each of the seven elective courses has been accredited separately. The program was also accredited for M1 credits for physicians and is also being accredited by the Ontario College of Pharmacists for CE credits. The program has also been approved by the CPSO Methadone Committee.

- We recruited participants for a pilot of the core education program and have a waiting list. A pilot of the core program is starting on October 6 and will be finished on November 6. More than 40 participants are taking this pilot program.
- The best practices guide for counsellors/case managers is underway – a review panel has been appointed and begun its review.
- The best practices guide for pharmacists is underway – a review panel has been recruited.

The following work remains to be completed:

- The new course will be evaluated after the pilot.
- The opioid education phone line is expected to be operational by the end of October, and will be advertised and promoted.
- The best practices guides for counsellors/case managers and pharmacists will be completed.

Update on CAMH Strategy B – Engaging the Community

The goal of this strategy was to reduce stigma and marginalization of addiction clients; promote collaborative, coordinated models of care; improve community and clinician acceptance of various treatment options in local communities.

Over the past year, CAMH has completed the following:

- Four communities have been selected on the basis of local MMT needs, community readiness, evidence of some community partnership, local resources and planning opportunities.
- In each community we have formed working groups to look at the needs of opiate users – part of the dialogue has focused on community commitment to look at the issue, and develop an action plan. Groups consist of variety of partners – addiction treatment providers, physicians, LHINs, mental health agencies, pharmacists, aboriginal services, Ontario Works, public health units, community health centres and police.
- Meetings held in each community to secure participation of community partners in development of an action plan.
- Draft outline of the guide has been finalized.
- Established province-wide advisory group to solicit feedback on community engagement strategies, service delivery models, revisions to guide.

The following work remains to be completed:

- Draft of community guide - final version to be published in early 2009.
- At least one public meeting in each community – in most cases two – to raise awareness of the need for MMT, including screening of Prescription for Addiction.

- Developing a focused community model for meeting needs for MMT – action plan and preferred model for each community by early fall.
- Implementation of action plan by community working group.

Update on CAMH Strategy C – Raising Awareness

The goal of this strategy is to increase awareness of the benefits of treatment for opioid dependence; improve understanding of treatment options for those who are dependent on opioids; and initiate greater awareness about changes to policy, regulations and prescribing activity that will address the problem of dependency on pharmaceutical opioids.

Over the past year the following activities have been undertaken:

- CAMH has worked with an external communications firm to develop a communications strategy to increase awareness of methadone. Key messages have been tested with audiences of current and former MMT clients, health professionals, and the general public.
- Staff of the Opiate project were on site at the conferences of the Association of Ontario Health Centres and the Ontario Pharmacists Association and presented at the annual general meeting of Addictions Ontario and the Ontario Federation of Community Mental Health and Addiction Programs.
- *Prescription for Addiction* has been updated, following an agreement with the Ontario Federation of Community Mental Health and Addiction Programs and Skyworks Charitable Foundation. This film tells the story of addiction to pharmaceutical opioids, using real life examples from across Ontario. The new stories highlight the target communities, and will form part of public engagement strategies to portray the human face of opioid addiction.
- The MMT client guide has been reprinted. It is widely available, particularly in the four target communities.
- A group of clients and family members have been trained to present their stories as part of panel presentations accompanying the film.

The following work remains to be completed:

- Staff of the OpiATE project will have a booth at the Canadian Family Practice Conference in November.
- *Prescription for Addiction* will be publicly screened in public meetings in the four target communities in the autumn, and in several film festivals around Ontario.
- A website with comprehensive information about MMT, including anti-stigma messaging, will go live in the fall, along with written and other material publicizing the site.

Part C – Future Directions for MMT in Ontario

The funding announced by former health minister George Smitherman in July 2007 was intended to address three critical building blocks for the improvement of MMT in Ontario: greater community acceptance of the need for MMT; improved strategies for engaging communities; stronger professional supports for the health professions involved in the provision of MMT. The bulk of this report describes the efforts of the funded partners to make progress in these three important areas.

But the MMT Task Force that reported in 2007 contained recommendations that went beyond the scope of the initiative funded by the ministry. Most notably, the task force recommended that the Government of Ontario “develop a provincial strategy and policies to ensure that Ontarians have equitable access to a comprehensive range of integrated MMT services that include information and advice on all treatment options, medical care, counseling and support, case management, health promotion, disease prevention and education, and methadone dispensing.” At this point, the government has not developed such a strategy.

In 2008, however, the government committed itself to the development of a mental health and addiction strategy for Ontario. The ministry may also be considering its options for funding MMT-specific services beyond March 31, 2009, which is the date that funding of this initiative ends. What advice would the MMT sector have for funding and policy priorities to improve access to MMT and improve care for clients?

Questions to consider:

1. How can access to MMT within primary care be promoted, particularly with family health teams (FHTs)?

The MMT task force identified both the FHTs and Community Health Centres (CHCs) as appropriate multi-disciplinary primary care environments well suited to MMT. Has there been any action on the part of the Ministry to actively encourage FHTs and CHCs to provide MMT, as recommended by the Task Force? Is there any evidence that FHTs are interested in providing MMT to their clients? What support would be available to FHTs interested in MMT?

2. How can the comprehensiveness of treatment be improved for those clients with strong access to physicians, but much weaker access to counseling and case management?

The task force urged the Ministry to work toward equitable access to a comprehensive range of services. The task force noted that “[a]ddressing the wide range of needs – and recognizing that these needs change over time – increases the chance that people will continue with MMT.” It remains the case that a very large proportion of those with access to the MMT do not have access to comprehensive services and supports. How can this be addressed? What

role do the provincially funded case managers play in providing these services, and has this initiative been effective? Should the expansion of case management be a priority for the ministry?

3. Should the government be doing more to encourage alternatives to MMT, most notably buprenorphine?

Some forms of buprenorphine have been available in Ontario on an experimental basis for years. In November 2007, however, the buprenorphine formulation Suboxone was introduced to the Canadian market. The CPSO has advised its members that the methadone exemption is recommended – but not required – for physicians choosing to prescribe buprenorphine, and notes that the ability to prescribe both drugs “increases treatment options, and helps ensure patients can receive the most appropriate care for their dependency.”

4. What role should LHINs have in addressing this problem? How can the sector assist LHINs to understand MMT, and make it a priority in their areas?

The task force recommended that LHINs assume local leadership for methadone, in part by supporting public hospitals to dispense methadone in areas where access to MMT is particularly poor. What experience do stakeholders have in engaging LHINs in addiction generally, and MMT in particular?

5. Given the increasing problem of addiction to pharmaceutical opioids, should governments be working harder to prevent pharmaceutical opioid misuse?

The task force concluded that Ontario needs a comprehensive drug strategy, and that it should include a plan to address the abuse and diversion of oxycodone. What leadership can we expect from the Ministry on this issue? What advice do MMT providers, counsellors and stakeholders have for the Ministry?

6. What has been the effect of the restrictions on OHIP billing for MMT? Has access to MMT been compromised, and – if so – what can be done about it?

When the minister announced the release of the task force report and the funding to support increased access to MMT, he committed the Ministry to changes in the OHIP fee codes that govern payment for testing performed in physician’s office related to MMT. This responded to the task force recommendation that the government implement caps on billing for urine drug testing to a level that would conform to best practice guidelines. Fee code amendments were introduced in early 2008. There has been no formal evaluation of the effect of this change, but it has certainly made physician participation in MMT less lucrative. What effect has this had on the number of prescribers and access to service?

If you have questions about this report, please contact any of the four participating organizations.

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