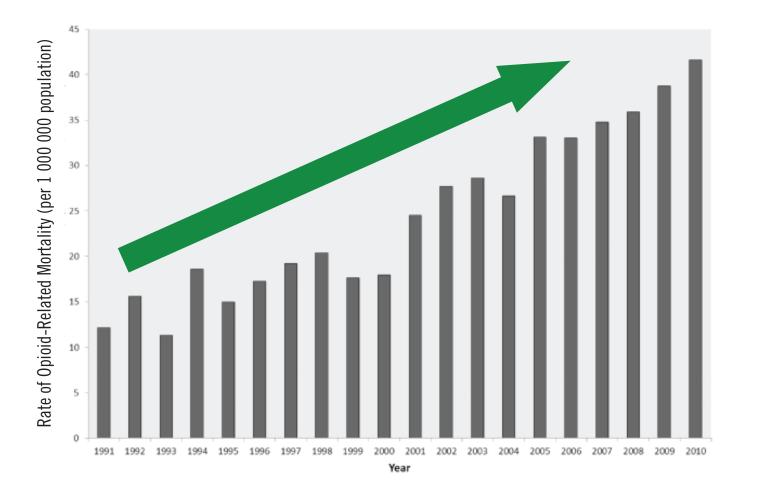


# Background

10-20% of Canadians suffer chronic pain **37%** of visits to Family Physicians are for pain (abdominal, chest, head, back) **80%** of chronic non-cancer pain is managed by Family Physicians

- Pain management is consistently reported a very challenging area of Family Practice<sup>1</sup>
- Increasing rates of opioid prescriptions and opioid related harms



- Prescriptions are primary source of opioids involved in overdose & addiction
- National and international problem with disproportionate harms to marginalized and rural communities
- Physician education is recognized as a key component of coordinated response to this crisis<sup>2,3</sup>
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- . National Advisory Council on Prescription Drug Misuse. First do no harm: responding to Canada's prescription drug crisis. Ottawa: Canadian Centre on Substance Abuse; 2013. Available: http://www.ccsa.ca/resource%20library/ canada-strategy-prescription-drug-misuse-report-en.pdf
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ARBOR

# Safe Opioid Prescribing An innovative, blended learning, flipped classroom program

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**Method** Evidence based, accessible, effective education interventions to reach a large number of prescribers in a short period of time.

Multiple Interventions	Webinar #1 Assessing Complex Chronic Pain	Webinar #2 Prescribing Opioids for Chronic Pain	Webinar #3 Addressing Opioid Challenges and Addiction	Case-based Workshop Challenging Cases in Opioid Use and Misuse
Preparatory Work	<ol> <li>Review Is the WHO Analgesic ladder still valid?</li> <li>Review Neuropathic pain: a practical guide for the clinician</li> <li>Complete practice audit of management of chronic pain and opioid prescribing</li> </ol>	<ol> <li>Review Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain.</li> <li>Complete practice assessment based on first 14 recommendations</li> </ol>	<ol> <li>Review Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain.</li> <li>Complete practice assessment based on final 10 recommendations</li> </ol>	<ol> <li>Review Definitions related to aberrant drug-related behaviour: Is there correct terminology?</li> <li>Submit summary of a Challenging Case from practic</li> </ol>
ctive Learning and utcomes Measures during Program	Share Practice Experience and Make a Clinical Decision- classify chronic pain versus chronic pain disorder	Calculate patients Opioid Risk Score Calculate Morphine Equivalence daily dose	Share Practice Experience and Make a Clinical Decision- differentiate addiction, tolerance, and withdrawal	Case study- calculate MEQ Role Play- complete observer checklist
ractice Application Exercises	Report on use of Brief Pain Inventory with 5 patients- assess pain score and functional impairment	Report on use of Opioid Manager with 5 patients- calculate Opioid Risk and MEQ	Submit draft Treatment Agreement, Fax Prescription to pharmacy, and Consultation Request	Practice Assessment of Skills usin the 24 Recommendations from th Canadian Guidelines
	Web-based synchronous webinar distance learning, Virtual learning community			Case-based small group interactive workshop
	Blended learning			Flipped classroom

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# Results

## **Scalable:**

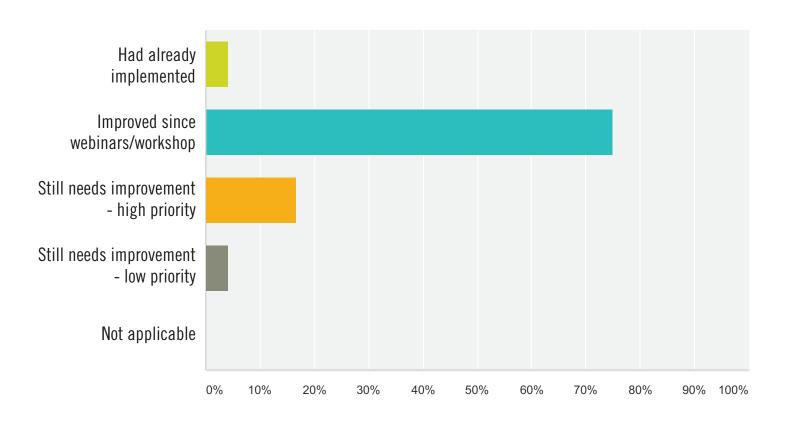
- Increase in annual participation by
- Up to cohorts of 100 every 3 months, 400 prescribers / year
- 10x potential increase in enrollment

### Accessible

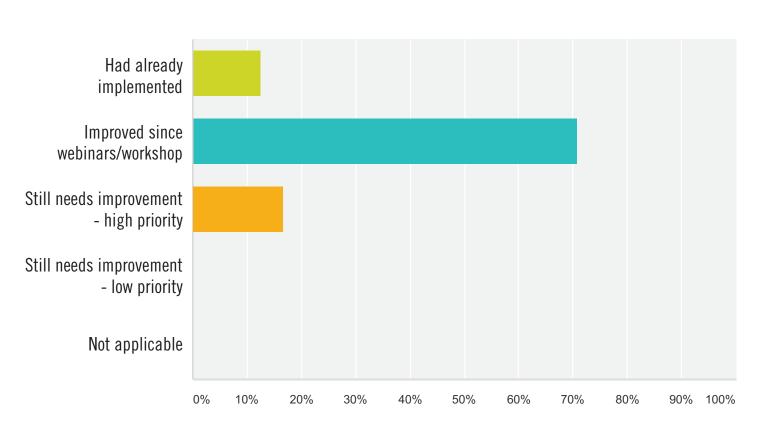
- Can be accessed from anywhere with internet connection without impacting time with patients
- > 80% complete the series

### **Effective:**

- High uptake of best practices such as urine drug screens and opioid treatment agreements
- Integration of practice tools like Opioid Manager



• Development of higher order prescribing skills such as communicating the necessity of tapering or a diagnosis of addiction



## **Relevant:**

How important are these changes to your current or future practice?



# Conclusions

- 1. Blended synchronous elearning increases accessibility without compromising completion rates.
- 2. Multiple interventions can drive practice level changes.
- 3. Flipped classroom maximizes competency building during resource intensive workshop.