

The Importance of the Team Approach

2016 Saskatchewan Methadone and Suboxone
Opioid Substitution Therapy

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Presenter Disclosure

- I have no relationships that might pose a potential conflict of interest
- The program has been developed without support from commercial entities

- “To Err is human; to blame someone else shows management potential!”

- Anonymous

Objectives

- Review the potential components and interaction of a treatment team.
- Encourage the use of PIP.
- Explore the interface between confidentiality and the therapeutic sharing of information.
- Non-methadone treatment options

The Treatment Team

- All individuals who interact with the patient/patient files
 - Addiction Counselors
 - Reception
 - Pharmacy
 - Social workers
 - Mental Health and Addictions Services
 - Physicians (methadone prescribers and others)
 - Nurses, COA/MOAs
 - Cultural/spiritual support, family members

- “Methadone maintenance should include the following modalities in addition to the provision of the drug itself: psychological and vocational services, medical care and counseling.”

- American Society of Addiction Medicine Public Policy Statement on Methadone Treatment of Addiction

- “Initiating physicians should make reasonable efforts to provide non-pharmacological support to their patients (i.e.: pharmacy, addiction services, counseling, etc.).”

- Saskatchewan Methadone Guidelines and Standards for the Treatment of Opioid Addiction/Dependence (2015)

THE PATIENT/CLIENT

- Most important team member in developing treatment plan
 - Patients needs, social factors, employment
- Important to explore THEIR view of recovery and not assume ours is what they hope to achieve
- Important to find the balance between therapeutic monitoring and patient autonomy

Addictions Counselor

- Key contact for patients/clients
- Responsible for intake, screening and initial contact with patients
- Develops treatment plan for patient and ensures they are moving forward with the plan
- Connecting clients with other services, treatment, housing, CBOs
- Manages daily requests, concerns from patients
- Directs flow of clinic
- Often know the clients well and are important in decision making (carry requests, etc)

Reception

- First point of contact – ideally provide non-judgmental direction to patients
- Can help educate patients on appropriate interaction with care team and other patients in waiting room
- Help patient avoid frustration by addressing phone calls/faxes and steering them in the right direction

Pharmacy

- Crucial in care delivery
- Daily contact with patient
 - Ongoing monitoring of symptoms, side effects, social issues
 - counseling
 - Monitoring drug interactions
- Provide vital information to others on care team
- Help with carry audits
- Advocates for patients

A Word about PIP...

- An absolute MUST for monitoring patient care
 - Ensure patients are accessing their methadone daily
 - Monitor other medications patient is taking and potential drug-drug interaction (i.e. QTc prolonging agents)
 - Ensure no evidence of drug seeking behaviour with other providers – may need to realign treatment plan

Social Workers

- Assist with provision of special diet, transportation, etc for patients attending methadone appointments
- Help with funding for lock boxes
- Assist with housing and food security
- Help patients navigate their way back into society

Mental Health and Addiction Services

- Key linkage for developing treatment plan for patients
- Detoxification facilities
- Inpatient treatment facilities
 - Calder, MACSI, Cree Nation, PA Family Treatment, etc
- Provision of addiction counseling and psychology services
 - Necessary when patients stabilized to address underlying addictions issues, trauma, grief

Physicians

- Important for methadone providers to communicate with other physicians
 - To advocate for patient (FPs, specialists)
 - To communicate information about methadone treatment (drug interactions, etc)
 - Often need to see patients in hospital to provide methadone when they are admitted

Nursing/MOAs/COAs

- In primary care setting, important team members
 - Often more frequent contact with clients than physician
 - Understanding parameters of UDS collection and monitoring
 - Monitoring vitals and administering tests (ECGs, etc)

Team WORK

- Important to regularly connect as a team
 - Discuss new starts/intakes
 - Discuss difficult patients, manage triangulation
- Important for all team members to take necessary steps to ensure everyone is “in the loop”
 - Phone calls, faxes, notes
 - Team meetings
- Discuss community issues
- Education