



NEWSLETTER

BULLETIN

## CHRONIC PAIN PROGRAM COMMITTEE SUMMER - 2016

### **CME/CPD OPPORTUNITIES**

### <u>Canadian Academy of Pain</u> <u>Management—Credentialing</u>

# UPCOMING CONFERENCES/MEETINGS

<u>CPS 38<sup>th</sup> Annual Scientific</u> <u>Program</u>

May 23–26, 2017 Marriott Harbourfront, Halifax, NS

## TOOLS FOR PRACTICE / RELEVANT LINKS

<u>Paediatric Pain Initiative – "It</u> Doesn't Have to Hurt"

Centre for Effective Practice

<u>Toward Optimized Practice</u> (TOP)

Ontario Ministry of Health and Long-Term Care Low Back Pain Strategy

### **UPDATE FROM THE CHAIR**

Welcome to everyone who has indicated an interest in the work of the CPFM Chronic Pain Program Committee. We are pleased to share our summer newsletter with you.

Our committee has been very active over this past year. In May, we met at the Canadian Pain Society Annual Scientific Assembly in Vancouver to continue helping develop and endorse best practice education in chronic pain management and addiction for all Canadian family physicians and trainees.

You are no doubt aware of the publicity surrounding the current "opioid crisis," involving misuse and diversion of prescription opioids, addiction, and opioid-related overdoses and deaths. "Indiscriminate" prescribing by physicians has repeatedly been discussed as **the** cause of the problem. Certainly, we need to urgently address the lack of adequate prescriber education about pain and addiction management in undergraduate and postgraduate training. However, there are many other important factors contributing to this crisis, including:

- limited access in some provincial formularies to non-opioid pain medications
- lack of funded access in most parts of Canada to non-pharmacological pain treatment options
- lack of adequate treatment resources for concurrent mental illness, the negative effects of childhood adversity or addictions
- the recent decision by Health Canada to cancel regulations for developing tamperresistant opioid formulations

The CFPC has joined the Royal College of Physicians and Surgeons of Canada, the Canadian Medical Protective Association, the Canadian Centre on Substance Abuse, the Federation of Medical Regulatory Authorities of Canada, the Michael G. DeGroote National Pain Centre, McMaster University, and Canadian CPD experts to discuss the development of mandatory, safe opioid prescribing education for all Canadian prescribers. The Chairs of the CFPC Addiction and Chronic Pain Committees are also at the table to provide the perspective of family practitioners. For more information, see the video blog by Dr Francine Lemire, CFPC Executive Director and CEO:

New decision on CPD and prescription drug abuse

Nouvelle décision sur le DPC et l'abus de médicaments sur ordonnance





NEW SLETTER | BULLETIN

#### **COMMITTEE MEMBERS**

Dr Ruth Dubin, Chair, ON
Dr Lori Montgomery, BC/AB
Dr Greg Chernish, SK/MB
Dr Mark Ware, QC
Dr Lydia Hatcher, ON
Dr Bruce Hollett, Atlantic
Canada

Dr Roman Jovey, Canadian Pain Society representative Dr Stacey Kling, Resident Rep

### **CFPC Staff**

Dr Victor Ng, Physician Advisor

Ms Lily Oeur, Manager, Practice Support Programs Ms Maureen Desmarais, CPFM Program Coordinator The Chairs of the CFPC Addiction Medicine and Chronic Pain committees, Dr Sharon Cirone and Dr Ruth Dubin had the recent privilege of hosting a session at the CFPC's first annual forum—for 120 CFPC leaders, faculty, and board members—about how to address the triple threat of poorly managed chronic pain, opioid addiction, and inadequately trained family physicians. We collected excellent feedback from these experts about how to better deliver this education, and will share it with you once we have finished collating the information.

Canadian pain physicians have expressed considerable concern following the BC College of Physicians and Surgeons' adoption of the American CDC guideline for prescribing opioids for patients with chronic pain, as **a standard of care**. This happened without any consultation or feedback from any provincial pain experts. A group of Canadian pain clinicians have endorsed a letter that discusses this unilateral action, to all Canadian regulatory colleges, attached here:



Meanwhile, an update of the Canadian opioid guideline by a multi-stakeholder group, is proceeding at the National Pain Centre at McMaster University, and is expected to be released in 2017. We may have an update in the fall.

Cannabis has also been in the news regularly and discussions about legalization are under way. One of our Chronic Pain Committee members, Dr Mark Ware, co-leads this initiative and is seeking feedback from all Canadians on this issue. Submissions from CFPC members interested in sharing their perspective on the legalization of cannabis in Canada should be submitted to cannabis@canada.ca by August 30, 2016.

We hope that all family physicians are aware of Health Canada's naloxone initiative to reduce opioid-related overdoses and deaths. Naloxone has been approved by Health Canada as an over-the-counter medication used to reverse opioid overdoses. To date it has only been available at needle exchange sites. However, once supplies are available, anyone can request a naloxone injection kit at a pharmacy—for free. Pharmacists will provide the training for the proper use of injectable naloxone. Naloxone nasal spray has also been recently approved by Health Canada. For more information, see Health Canada's Notice - Availability of Naloxone Hydrochloride Nasal Spray (NARCAN®) in Canada.



NEW SLETTER | BULLETIN

<u>FMF 2016</u> is taking place in Vancouver this year, November 9<sup>th</sup> to 12<sup>th</sup>. Primary care providers with an interest in chronic pain management will find a wide variety of topics to keep them busy at FMF this year. The action starts on Thursday, November 10, with six focused sessions to help you navigate the complexity of chronic pain within the medical home. From using the ECHO model to support community-based teams, to an update on the status of the new Canadian opioid guidelines, to an introduction to the identification and treatment of myofascial pain, there will be something for everyone. This group of sessions starts at 1000h and runs until 1545h, with a break for lunch. Last year's event was very popular, so make sure to arrive early!

On Friday November 11, sessions will address two complex populations: those with comorbid pain, mental illness, and substance use; and pain in the older patient.

On Saturday November 12, sessions include managing low back pain with the CORE BACK tool, cannabis use for pain, and using motivational interviewing strategies to help patients make changes to their patterns of opioid use. Join us first thing Saturday morning for our annual networking breakfast. Meet your colleagues from across the country with an interest in pain management, and take part in a discussion of mentoring networks and how they can enhance your care of your patients with pain every day.

Click here for the latest **FMF Schedule at a Glance**.

### Mentorship Opportunities:

The Medical Mentoring for Addictions and Pain (MMAP), or the Atlantic Pain Network (if you live in the Maritimes), are online forums where members can seek advice on de-identified cases or ask clinical questions that will be shared with expert mentors and the entire community at large. Posts to the network usually get responses within a few minutes. For more information check out the <a href="website">website</a> and join the MMAP Program.

For those of you who live in Ontario, the Ministry of Health-funded **Project ECHO**Ontario/Chronic Pain/Opioid Stewardship leads weekly 2-hour video-conferencing sessions where an interprofessional HUB of experts (neurology, addiction, pain medicine, physiatry, psychiatry, pharmacist, psychology, occupational therapy, social work, and physiotherapy) connects with primary care providers from all across Ontario. During each 2-hour ECHO session (which provides no-cost CPD credits), one expert gives a brief talk on an aspect of chronic pain management. Our community



NEWSLETTER

BULLETIN

providers then present one of their perplexing cases and receive management suggestions from the entire group. ECHO members also have access to expert advice at any time, and can attend hands-on skills programs as well. For more information contact Rhonda Mostyn, at Rhonda.Mostyn@uhn.ca, or check out the ECHO website.

NOTE: No patients are seen during these sessions. ECHO is a telementoring model, not a clinic.

With that, we wish you all a happy and restorative summer. For more information about these or other topics, contact us at <a href="mailto:cncppc@cfpc.ca">cncppc@cfpc.ca</a>.

Sincerely,

Dr Ruth Dubin, Chair