

Opiate Replacement Therapy in Primary Care

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Faculty/Presenter Disclosure

- ◆ **Faculty: Kernjeet K. Sandhu, MD**
- ◆ **Relationships with commercial interests: None**

Learning Objectives

At the end of this presentation participants will be able to:

- ◆ Identify the steps necessary in getting ORT started in primary care
- ◆ Name the resources available to those interested in providing ORT in primary care
- ◆ Summarize barriers, practicalities, and other issues related to ORT in primary care



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How I began...



- ◆ Reached out to the CPSM for the appropriate contact
 - ◆ Dr. Marina Reinecke
- ◆ Attended CME for ORT through the CPSM
- ◆ Registered for a CPSM approved online training course
- ◆ Applied for a methadone exemption



- ◆ Partnered with the Manitoba Opioid Support and Treatment (MOST) Program for:
 - ◆ ORT inductions when complex
 - ◆ Referrals for ORT patients
- ◆ Shadowed Dr. Reinecke to see how her practice flows
- ◆ Invited Dr. Reinecke to visit my clinic where she assisted a staff meeting discussion

First Patients

- ◆ Scheduled intakes for one hour
- ◆ Obtained consent to treat / UDS consent forms
- ◆ Scheduled family practice patients in case of no-shows and/or opened up walk-in care
- ◆ Learned how to write out ORT M3P duplicates and use fax cover sheets
- ◆ Performed on-site urine drug screens with intakes and follow-ups



24 HOURS HELD LINE
18002741022



Guru Nanak Dev Super-S
Hospital

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Barriers in practice

- ◆ Functioning as the single ORT provider on site
- ◆ Having limited support staff, no nurse on site
- ◆ Training staff on how to prepare UDS for my clinical interpretation, when not on site, sending task via EMR
- ◆ Developing a system for ORT with a full family practice panel

- ◆ Varying price of point of care UDS cups. (see related talk)
Consider negotiating the cost into your overhead.
- ◆ Dealing with relapses and missed doses when not on site
- ◆ Ensuring the fax cover sheet has your cell phone number on it so the pharmacist can call if there are any questions related to the duplicate
- ◆ Polysubstance abuse





Things to think about

- ◆ Ensure you always have M3Ps ordered in advance so that you do not run out
- ◆ Have M3Ps on you if you are at more than one site as you may need to fax script from elsewhere
- ◆ Start small and build your practice slowly

Referrals from RAAM

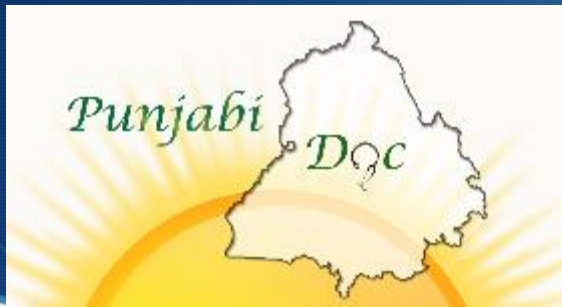
- ◆ Once a good system and flow is established you can start taking referrals from other programs.
- ◆ RAAM clinics usually need to offload their patients once they are stabilized, so offering this service to patients needing to establish future care can be very meaningful.

In conclusion

- ◆ Providing ORT in Primary Care is possible
- ◆ There are some barriers that can be overcome
- ◆ There are abundant resources: Ask for help!
- ◆ Feel free to contact me in the future – kernjeet@icloud.com



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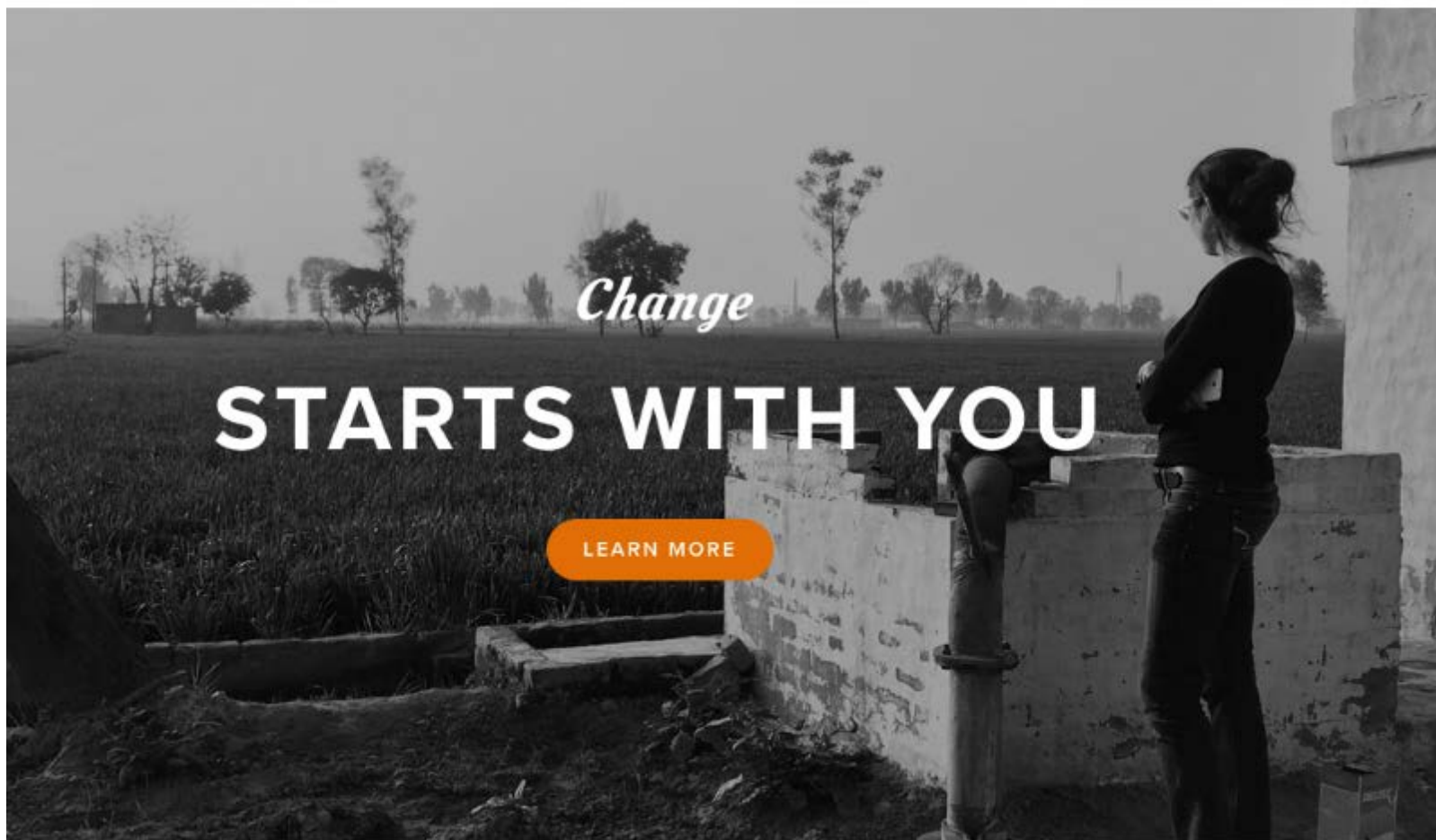
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