

Quality Matters podcast transcript

Episode 3: Cut the Count

Pat Rich From Health Quality Ontario – I'm Pat Rich.

And this is Quality Matters.

On today's episode: "Cut the Count."

A new campaign involving surgeons across Ontario is urging them to consider prescribing fewer opioids after surgery. This, in light of Ontario's opioid crisis that shows no sign of letting up.

In fact, recent data shows that the province experienced its largest jump in opioid-related deaths this past year.

The new campaign is spearheaded by hospitals in the Ontario Surgical Quality Improvement Network – a network that covers 80% of adult surgeries in the province.

Today we will be talking with one of the surgeons leading that campaign. We will also be talking to a family physician about the important role family doctors can play in helping patients manage pain after surgery guided by a quality standard on managing patients with acute pain that has been produced by Health Quality Ontario.

Dr. Tim Jackson is one of the leaders behind the "Cut the Count" campaign. He's the surgical quality lead here at Health Quality Ontario, and a general surgeon at the University Health Network.

Welcome, Tim.

Dr. Tim Jackson Thanks, Pat. Great to be here.

Rich Tim, the opioid crisis, we know, is complex. Yet the idea behind this campaign is quite direct – for surgeons and surgical residents to cut the *number* of opioid pills they prescribe to people after they've had surgery and help patients manage their pain more effectively. How do you see this working?

Jackson Well, Pat. I think we have a great opportunity here.

The core of this campaign is really scaling and spreading some of the great work that has already been done in our province and specifically there are really 3 main focuses that we hope to achieve throughout this process. One of them is as simple as hospitals adopting a common opioid prescribing protocol. What I mean by that is ensuring that surgeons are prescribing the minimum amount of opioids required for the shortest duration possible. The second type of intervention, that we could easily implement and get across in our centres throughout Ontario, is to focus on using other forms of pain management. This would include things that are not opioid medications, using non-medical strategies like physiotherapy, massage, mindfulness and a number of other interventions. And finally - as are outlined in the Opioid Prescribing for Acute Pain Health Quality Ontario Quality Standard – making sure we set reasonable expectations with our patients before surgery and provide them with education on the safe use of opioids after their procedure as well.

Rich Is it fair to say surgeons will take an individualized approach here and tailor the amount of opioids on the procedure that the person is undergoing.

Jackson Yes, I think that's fair to say. There's no 'one size fits all' but I do think there's an opportunity to have a common intervention that would be quite reasonable for the vast majority of patients in Ontario. So, I think we could standardize and reduce the number of opioids in a big way with those 3 interventions alone.

Rich How might have the prescriptions given after surgery played into Ontario's opioid crisis?

Jackson Well, as it may be in the current state, many patients are given far more opioids than they actually need to control their pain. So, in this situation there is a known excess of opioid pills out there which may not be used in a household and that creates an opportunity for them to fall into the wrong hands or potentially to be used by people they are not intended to be used by.

Rich Do you have a sense of the number of opioids being prescribed after surgery and maybe the number that are not being used appropriately.

Jackson Studies done in Ontario show that in excess of 50% or more of opioids or more prescribed to patients are not actually needed or being used by the patient.

Rich That's quite a dramatic number.

What's it been like for you – as a surgeon – amid the opioid crisis and what are you hearing from your colleagues?

Jackson Well, it has certainly been an eye-opening experience for me. I first began to pay attention to this in early 2018 after Health Quality Ontario released the "Starting on Opioids" report which clearly showed that surgeons were one of the groups that wrote many of the initial prescriptions for opioid medications and are thereby responsible for getting these opioids into our community. So that really hit home with me and wasn't something I was generally aware of before that. Since then, we have had a growing consensus within our surgical community and throughout our Ontario Surgical Quality Improvement Network that this is something we can make an impact on and we certainly want to make positive changes to reduce the impact of opioids in our community.

Rich We've seen a slight decrease in the number of opioids prescribed by surgeons in the last few years, and overall. What impact do you anticipate from the campaign?

Jackson Well, it's my hope we could have a very large impact in reducing the number of unused opioid medications in our communities and in our province and thereby reduce the potential for people to be exposed to these and in particular people who are at risk for misuse or dependence on these medications. And hopefully through that mechanism we can reduce some of the harm that's obviously occurring in some of our communities currently with opioids.

Rich Tim, thank you for taking the time with us today.

Jackson Thanks so much, Pat. Happy to be here.

Pat Dr. Tim Jackson is Health Quality Ontario’s surgical quality lead and a general surgeon at the University Health Network, which is joining hospitals across the province participating in Cut the Count, a year-long campaign involving surgeons across Ontario with the goal of having them reduce the number of opioid pills prescribed after surgery by 30%. While cutting the count post-surgery may be one critical piece of the solution – another as important - lies with family physicians who coordinate the care for patients after surgery.

Joining us now is Dr. Tiffany Florindo – who practices family medicine at North York General Hospital.

Hello, Tiffany.

Florindo Hi.

Rich What do you make of this “Cut the Count” campaign, focused on surgical teams?

Florindo I think this is an excellent campaign. The focus has been on opioid pain medication as a primary pain control modality for too long and the studies show that adequate doses of both acetaminophen and NSAIDs can oftentimes be all the patient needs for some procedures. We have been educating family physicians about alternative pain therapies modalities for some time now so its amazing to see our specialist colleagues also promoting a less is more approach in the interest of patient safety.

Rich Do you have any concerns that with this campaign patients may be driven to approach their family doctor for more opioid pills? If so, how should the family doctor respond?

Florindo I really don’t think so, especially since the studies are showing taking a multi-faceted approach can help patients with pain control without needing more than a few days of opioids. I think if patients are coming in to see their family doctor it’s important to see why their pain is either not better or is worse and in these situations one should ask oneself whether there is something else going on like an infection or a post-operative complication. I would recommend to my family physician colleagues that if they are at all worried in these situations contacting the surgeon to arrange follow-up can also be helpful. It’s important to note that while most patients with have adequate pain control with the proposed campaign other patients may take a bit longer to heal or have different pain control needs and as family doctors we have long-term relationships with our patients and know their medical and social histories and this can help us work with our patients to develop the best pain controls strategies for them that doesn’t necessarily include more opioids.

Rich Frontline clinicians have voiced concern and some exasperation throughout the opioid crisis – wanting to help patients manage severe pain, while also wanting to be mindful of the larger problem. How are family physicians to consider these complexities and come to a good decision?

Florindo When it comes to pain management I often use a combination of therapies including both non-pharmacologic and pharmacologic modalities. Non-pharmacologic techniques include yoga, mindfulness, cognitive behavioral therapy, acupuncture, physiotherapy and massage. But a big part of this approach is managing patient and physician expectation. Physicians will set themselves up and their patients up for failure if their goal is to

completely rid the patient of the pain. This is in a lot of cases is not possible but if pain-free periods occur then that's a bonus. The goal instead should be adjusted to what we call functional pain, that is pain that is present but doesn't inhibit the patient's ability to lead their life. Knowing some days will be good and some won't be so good, it should be about maximizing those good days but knowing these others may occur and having a plan for those days.

Rich And what about patient education?

Florindo Patient education is huge and can go a really long way and it's also important to recognize that not all pain is bad, so to speak.

Rich What is your approach to using medications to manage pain?

Florindo For me, first-line pharmacologic therapy is almost never opioids for chronic non-cancer pain. I'll often times combine acetaminophen and NSAIDs as first-line therapy using them together for their synergistic effects. If this isn't sufficient I then add on other medications as the clinical picture dictates including anti-depressants, anti-convulsants, topical therapies, steroid injections and even cannabinoids. In the right context these can be much safer. And then at the end of the day if pain is still not well managed or if we need a bridging therapy then adding in the least amount of opioid on an as needed basis is still appropriate. We can't be scared to write the prescription but with proper patient and physician education these can be used effectively and safely.

Rich Tiffany, thank you.

Florindo Great. Thank you so much for having me.

Rich - For more information on how frontline clinicians can help their patients manage pain, you can visit us at hqontario.ca – and search 'pain management'. There, you'll find guidelines and standards, EMR supports, a new opioid prescribing hotline that's expanding to the entire province, and much more including a patient guide for surgeons and family doctors to share with their patients.

And to read our latest blog on the Cut the Count campaign, please go to hqontario.ca/Blog.

Thanks for listening. Bye for now.