

# Medication Assessment Centre Interprofessional Opioid Pain Service Phase I Evaluation

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## BACKGROUND

- One in five Canadians experience chronic pain<sup>1</sup>
- Access to interdisciplinary chronic pain management is limited<sup>1</sup>
- Medication Assessment Centre Interprofessional Opioid Pain Service (MAC iOPS) created with an aim to fill this gap
- Differs from traditional chronic pain services:
  - pharmacists coordinate care and lead team of social workers, a physical therapist, and parttime chronic pain physician
  - chronic pain physician does not provide direct patient care but fulfills supportive/consultative roles
  - services are available virtual and in-person
  - one-on-one provider support sessions are available
  - virtual group mindfulness and education sessions offered

## OBJECTIVE

To assess the effectiveness of the MAC iOPS

## METHODS

This study is phase I of the overall evaluation of MAC iOPS. This study includes a retrospective chart audit and surveys of MAC iOPS patients and referring health professionals. Medical records were retrospectively reviewed and analyzed. Surveys were mailed approximately 1 month after patient's last appointments.



## RESULTS

### Chart audit (n=103, mean age 57)

- 75 of 103 patients (72.8%) taking opioids at referral
- 5 patients (6.7%) switched to buprenorphine/naloxone (bup/nal)
- 70 patients remaining on opioids (excluding bup/nal) had mean morphine equivalent doses ↓ by 14.2% (233 mg/day to 200 mg/day)
- Clinical Global Impression-Severity (CGI-S) scores ↓ from mean of 4.1 (moderately ill) to 3.4 (mildly ill)

### Patient Survey (n=26, response 33%)

- 96% very satisfied/satisfied with the MAC iOPS care
- 62% felt their overall health status was much improved/improved

### Health Provider Survey (n=21, response 34%)

- 100% strongly agreed/agreed consultations helpful
- 100% recommended MAC iOPS to colleagues
- 71% felt more confident managing chronic pain
- 52% felt more confident prescribing opioids

## CONCLUSIONS

This study provides preliminary data that the MAC iOPS may improve patient health status and function, while promoting safer opioid usage and improving prescriber confidence.

## REFERENCES

1. The Canadian Pain Task Force. Chronic Pain in Canada: Laying a Foundation for Action [Internet]. Ottawa (ON): Health Canada; 2019.

## ACKNOWLEDGEMENTS

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