

Saskatchewan
Methadone
Program

**Methadone Standards and
Guidelines**

A Brief Review

Saskatchewan
METHADONE GUIDELINES
for the Treatment of Opioid Addiction/Dependence

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Standards

Standards of Practice represent the minimum standard of professional behaviour and good practice expected of physicians.

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Update

- Saskatchewan Methadone Guidelines recent reviews in 2009, 2015
- Review of Alberta's Standards and Guidelines was done by CPSS in 2014.
- Recent edit done by the Opiate Advisory Committee and approved by counsel 2016.
- Opioid Substitution Therapy Standards and Guidelines 2016.

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Guidelines

- Methadone guidelines provide direction and recommendations for effectiveness and optimal care.

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Why Standards?

- We have an increased number of methadone providers in the province
- Large geographic area
- Stigma of methadone
- Safety issues and myths

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Layout

- Chapters 1 – 3 outline the types of methadone exemptions available in Saskatchewan – Initiating, Maintaining and Temporary Exemptions as well as guidelines for those prescribing in corrections.

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Layout

- Chapter 4 – Prescriptions
- Chapter 5 – Patient Assessment
- Chapter 6 – Clinical Visits
- Chapters 7,8,9 – Dosing Guidelines
- Chapter 10 – Carries
- Chapter 11 - Urine Drug Screens
- Chapter 12 – ECGs and QTc monitoring

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Standards and Guidelines

- Any deviation should be documented
- Documentation keeps you and the patient protected
- Forces you to think about why you are deviating – second thought is helpful

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Layout

- Chapter 13 – Methadone and other Medications
- Chapter 14 – Discontinuation
- Chapters 15, 16 – Transfer of Care and Incarceration
- Chapter 17 – OST in Adolescents
- Chapter 18 – Pregnancy
- Chapter 19 – Concurrent Diseases

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Initiating Physicians

- May evaluate patients on their suitability for the treatment and start or initiate patients on opiate substitution therapy
- Need an exemption granted by Health Canada
- Need to complete a OST course recognized by the CPSS
- Direct training or mentorship (2 days) with a CPSS-approved physician
- Ongoing CME – 5 hours per year in addiction medicine

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Layout

- Chapter 20 – Buprenorphine
- Appendices contain many important items and sample forms useful in clinical work

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Maintaining Physicians

- Exemption granted by Health Canada
- Must have an ongoing association with an experienced initiating physician
- Must attend a OST workshop/course recognized by the CPSS

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Temporary Prescribing

- Hospital based temporary prescribing
- Specific exemption to in-patient treatment and is patient specific.
- Exemption only for the duration of the patients admission unless patient is discharged on the weekend then it may apply for up to 72 hours
- Unable to prescribe carries
- Cannot change or alter dose without collaborating with the patient regular methadone prescriber

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Audits

- Meant to be educational and help improve care
- Helps to identify gaps in service
- Audits will help us advocate for improved services in underserved areas

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Audits

- Self Audit
- Allow to reflect on ones practice and how it complies with the Standards and Guidelines
- Allows for some reflection on ones practice
- Allows for self improvement and improved quality of care

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Thank you !

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Audits

- PRP reviews
- Self audit
- May lead to a chart audit
- Educational process to help improve care
- Improve safety and quality of care
- Onsite audit is the third step in the process

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