



Methadone Standards and Guidelines

What's New?



Update

- Saskatchewan Methadone Guidelines last reviewed in 2009
- Review of Alberta's Standards and Guidelines was done by CPSS last year.
- Felt that we needed an update
- Decision to follow Alberta's lead on introducing Standards



Standards

- *Standards of Practice* represent the minimum standard of professional behavior and good practice expected of physicians.
- *Standards*, or policies define a minimum acceptable level of care to ensure patient safety.
- *Standards* are a mandatory requirement.



Standards

- Increased number of methadone providers in the province
- Need for more methadone prescribers in the province
- Large geographic area
- Stigma of methadone
- Safety issues
- It is hoped that these Standards and Guidelines will clarify the requirements and protocols for MMT and encourage more physicians to either become an Initiating Physician, or maintain MMT patients as a part of their current practice.



Guidelines

- Methadone guidelines provide direction and recommendations for effectiveness and optimal care.
- Guidelines provide direction that “should” be followed.
- One must exercise reasonable discretion and justifiable reasons when there is a decision not to follow the guidelines



New Format

- Easy to follow
- Standards and guidelines clearly laid out
- Allows for quick reference.

Appendices

- Wealth of information
 - Drug interaction charts (not inclusive)
 - Prescription templates
 - Sample clinical notes
 - Carry contract
 - Policies



Why?

- Patient safety
- Consistency in care
- Clarification of guidelines and protocols – making it easier and safer for physicians new to addiction medicine to prescribe methadone.
- Protect the team



Concerns

- Barrier to care? Standards provide better, safer care – as a patient what would you prefer – Standard care – or sub standard care?
- These standards have been reviewed by many experts – and found to be acceptable.



What's New?

- Chapters 1 – 3 deal with requirements for prescribing methadone and licensing
- Chapter 4 – requirements for prescriptions
- Chapters 5 and 6 – Patient assessment and clinical visits
- Chapters 7,8,9 – Dosing and dosing issues as well as split dosing and missed doses



What's New

- Chapter 10 – Carries – Standards for carries – give a little more backing to physicians to stand by – are restrictive – but safety is the main concern
- Chapter 11 – urine drugs screens
- Chapter 12 – ECGs – criteria for ECG and QTc monitoring



What's New

- Chapter 13 – Drug interactions and standards regarding PIP viewer and QTc monitoring
- Chapter 14 – Voluntary and involuntary withdrawal from methadone
- Chapter 15 – Standards for transfer of care
- Chapter 16 – Standards for incarceration
- Chapter 17 – Adolescents



What's New

- Chapter 18 – Pregnancy
- Chapter 19 – Concurrent Diseases
- Chapter 20 – Suboxone



Summary

- The hope is that the new Standards and Guidelines make methadone more accessible to patients in Saskatchewan by taking some of the mystery and stigma away
- Safer care
- Easier for new physicians to consider prescribing methadone



Questions??