

Spotlight: Empowering Primary Care through Evidence:

PEER's Expertise in Connecting Patients and Providers to Support Shared Decision-Making

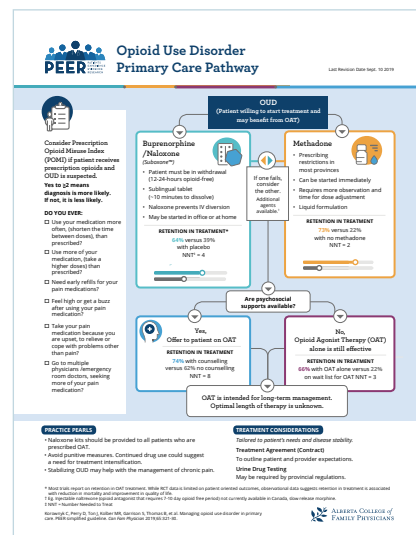


Who is PEER and how have they contributed to the Primary Health Care Opioid Response Initiative (PHC ORI) work?

PEER (Patients, Experience, Evidence and Research) is a primary care led research team that includes family physicians, pharmacists and nurses based at the University of Alberta. PEER supports family physicians and primary care practitioners by generating evidence and decision-making tools.

PEER's main contributions in advancing the PHC ORI work included:

- Developing a simplified guideline for managing opioid use disorder (OUD) in primary care (published May 2019).
- Delivering education sessions on OUD delivered via a variety of media to almost 50,000 people.
- Completing a systematic review and tool for shared informed decision-making in chronic osteoarthritis pain (published March 2020).



What is PEER's impact as a partner on the PHC ORI grant?

Throughout the evaluation, practitioners and grant stakeholders regularly cited PEER's contribution to achieving the outcomes of the initiative. Members of the provincial steering committee, zone PCN leadership and implementation leads from Alberta College of Family Physicians, Alberta Health Services and Alberta Medical Association recognized the value of PEER's OUD guideline in providing capacity building and many expressed their excitement for the proposed guideline on management of chronic pain in primary care. Furthermore, all products can be regularly accessed past the end of the PHC ORI grant and are scalable beyond Alberta, promoting the longer term impact of the knowledge products created using the PHC ORI grant funds.

Statements about the impact of PEER products include:

"The first guideline was well received and made an impact in clinical decision making in primary care. And having the chronic pain management guideline is really needed."

"Guidelines and pathways PEER developed will be used and the use of them will be sustained."

"We have a mechanism to get the PEER guideline out to family physicians once it is available. That work will continue."

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As part of their work to support the advancement of the PHC ORI grant:



2,080

Presented to a total of 2,080 Primary Care Providers on Opioid Agonist Therapy or Opioid Use Disorder in Alberta



47,313

PEER's resources had 47,313 total online audience, including 10,755 views/downloads of the PEER Simplified Guidelines: Managing Opioid Use Disorder in Primary Care

Table 3. PEER Products Posted on Canadian Platforms and Number of Views/Downloads

Distribution Methods and Titles	Number of views/downloads
Tools for Practice Location, Location, Location: Treating patients with opioid use disorder in primary care, Does this patient taking opioids have opioid use disorder, Buprenorphine-naloxone (Suboxone™) for pharmaceutical opioid use disorder, What is the incidence of iatrogenic opioid use disorder, Spread the word: widespread distribution of naloxone to decreased opioid-related deaths	26,306
Guideline publication PEER Simplified Guidelines: Managing Opioid Use Disorder in Primary Care	10,755
Systematic review on OUD Opioid Use Disorder in primary care: PEER umbrella systematic review of systematic reviews	4,221
Webinars Managing opioid use disorder in primary care, An office-based induction of buprenorphine/naloxone using PEER guidelines	2,434
OD Guideline-related Pathways Opioid Use Disorder Primary Care Pathway, Buprenorphine/Naloxone Induction Flow Diagram	2,108
Conferences	1,368
Pain Calculator website (http://pain-calculator.com/)	1,306
In-person/telehealth workshops	598
Small group educational outreach	114
Online video Opioid Use Disorder Guideline summary video	183
Educational Module developed with McMaster University and the Foundation for Medical Practice Education	Not available
Podcasts with the Best Science Medicine Podcasts Episodes 404, 405, 406, 417, 418, 419, 425	Not available
Systematic Review on managing chronic osteoarthritis pain	Published March 2020
Knowledge Translation tool for managing chronic osteoarthritis pain	Published March 2020
TOTAL:	49,393*

*As of December 2019. Note: The same individual may have accessed more than one product developed by PEER.

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Family physicians reported the PEER OUD guidelines are valuable and have resulted in changes to their practice for patients with or at risk of OUD.

Thirty (30) family physicians attended a workshop on opioids use disorder at the 2019 Practical Evidence for Informed Practice (PEIP) Conference. Almost all (95%) of the family physicians (n=15) who responded to the six weeks post-workshop survey found PEER simplified guideline on OUD valuable, while **94% of the family physicians changed their practice for patients with or at risk of OUD**. Changes include initiating conversations about OUD with patients, a modified approach to identifying patients with OUD, initiating or referring more patients to OAT and accessing resources to help patients living with OUD. In addition, **38% prescribed buprenorphine/naloxone or methadone for the first time after attending the workshop**.

PEER's work aligned with PHC ORI's guiding principle to involve individuals with lived experience. PEER involved an individual with lived experience as an author of the OUD guideline and five more as reviewers. Two individuals with lived experience participated in the osteoarthritis Knowledge Translation Tool as reviewers.

What makes PEER decision support tools unique and impactful?

PEER has generated high quality and evidence-based resources for primary care providers for over ten years and has built a stellar reputation and credibility with family physicians. PEER's work is grassroots, led by primary care providers and researchers funded by various organizations focused on evidence-based practice, which eliminates financial conflict of interest and bias. As primary care providers, PEER's staff understand the demand for resources that are simple, precise, easy-to-use, rigorous and developed with end-users in mind.

What were the biggest challenges?

PEER has limited staff to meet the growing demand for their practical resources among primary care providers. Recruitment of qualified staff to advance PEER's work proves challenging as the grant funding only covers staffing costs for a short period of time. In addition, long-term funding sources are difficult to secure for work such as the much anticipated and needed guideline on management of chronic pain in primary care.

What does PEER's work mean for patients?

- Improved access to OUD services: PEER has shown patients with or at risk of OUD can be managed within the primary care setting and has built the capacity of primary care providers to do so through education and resources.
- Increased shared decision-making between patients and providers: PEER's guidelines promote conversations between healthcare providers and patients about opioid use.

For more information about PEER and their products, visit: <https://peerevidence.ca>
