

McKinney, Jodie HLTH:EX

From: Tupper, Kenneth HLTH:EX
Sent: Friday, September 23, 2016 3:51 PM
To: McKinney, Jodie HLTH:EX
Subject: FW: Summary and follow-up re: NH Medical Lead

FOI response HTH-2016-63655

From: Tupper, Kenneth HLTH:EX
Sent: Friday, August 5, 2016 11:32 AM
To: 'Place, Jessica'; XT:Panessa, Ciro HLTH:IN
Cc: 'Julie.Odynack@northernhealth.ca'
Subject: RE: Summary and follow-up re: NH Medical Lead

Hi Jessica and Ciro

As you're probably aware, there is a new provincial health system governance structure being established for opioid overdose crisis response. As part of this, there are a number of themed "Task Groups" being formed, one of which is focused on treatment of opioid use disorders, a considerable focus of which will include opioid substitution treatment.

The Northern Health representative identified for participating on the Treatment Task Group (although not sure if 100% confirmed yet) is Julie Odynack. I just wanted to close the loop to ensure that you were aware of the work that Julie is engaged in through her involvement with the provincial Task Group, and that she was aware of the work you're undertaking on OST in Northern Health to hire a regional addiction medicine lead

Let me know if you have any questions!

cheers

Kenneth Tupper, Ph.D.
Director, Problematic Substance Use Prevention
British Columbia Ministry of Health
ph: 250-952-3207
email: kenneth.tupper@gov.bc.ca

From: Place, Jessica [<mailto:Jessica.Place@northernhealth.ca>]
Sent: Friday, July 15, 2016 9:16 AM
To: Tupper, Kenneth HLTH:EX
Cc: XT:Panessa, Ciro HLTH:IN
Subject: Summary and follow-up re: NH Medical Lead

Hi Kenneth,

Thanks a million for the great information. Will be very helpful. Here's a brief summary of my "take-aways" so that you can let me know if I've misunderstood or missed anything:

1. Given crisis around opioid overdose, the medical lead could/should do the following:
 - advance evidence based treatments, especially opioid substitution therapy (OST);
 - encourage primary care providers (PCPs) to take up practice of prescribing suboxone; and,

- explore possibility of bringing Methadone 101 workshop to the north
2. Promote practice of addiction medicine generally
 - Here, you recommended talking to Evan Wood about his initiatives
 3. Determine which parts of NH are underserved with respect to availability of methadone treatment
 4. Engage with PCPs, as this the most common point of interface for people with addiction, to build capacity and better integrate addiction medicine into primary care
 - Be cautious about the conflation of mental health and addiction
 5. You also mentioned scope – for example, will alcohol, tobacco, stimulants, and cannabis be addressed by this medical lead role?
 - Explore need for alcohol dependence treatment
 - Tobacco an addiction like any other so good reason to include
 - Cannabis – likely less urgent as people addicted to cannabis don't generally die from it
 - Stimulants – no strong evidence-based approaches to treating, but a good topic to discuss with Evan Wood

Thank you again for your time, and please do let me know if you would like to schedule more time to continue our discussion.

Best wishes,
Jess

Jessica Place
Regional Manager, Chronic Diseases Strategic Initiatives
Northern Health
Email: Jessica.Place@northernhealth.ca
Tel: 250.645.6480
Cell: 778.349.6273
Fax: 250.645.6336

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Regional Manager, Chronic Diseases Strategic Initiatives
Northern Health

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Tel: 250.645.6480

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Fax: 250.645.6336

Berkes, Andrea HLTH:EX

From: Kendall, Perry HLTH:EX
Sent: Monday, May 16, 2016 6:36 PM
To: XT:Allison, Sandra HLTH:IN; XT:Corneil, Trevor Dr. HLTH:IN; XT:Lee, Victoria HLTH:IN;
XT:HLTH Stanwick, Richard; Patty Daly [VC]; XT:Adams, Evan HLTH:IN
Cc: Henry, Bonnie HLTH:EX; XT:Tyndall, Dr. Mark HLTH:IN; Behn Smith, Daniele HLTH:EX
Subject: s.17

Attachments:

Follow Up Flag: Follow up
Flag Status: Flagged

FYI courtesy of the minister.
Perry

Page 06 to/à Page 32

Withheld pursuant to/removed as

s.17

Withheld pursuant to/removed as

Berkes, Andrea HLTH:EX

From: XT:Allison, Sandra HLTH:IN
Sent: Monday, August 8, 2016 7:45 PM
To: Kendall, Perry HLTH:EX
Cc: XT:Fumerton, Raina HLTH:IN; Henry, Bonnie HLTH:EX
Subject: Re: Resources

I have directed this aspect to Cathy.

Dr. Sandra Allison MPH CCFP FRCPC
Chief Medical Health Officer
Northern Health

Sent from my iPhone

> On Aug 8, 2016, at 8:15 PM, Kendall, Perry HLTH:EX <Perry.Kendall@gov.bc.ca> wrote:

>

> Thx Raina. What about the addictions spaces?

>

> Sent from my BlackBerry 10 smartphone on the TELUS network.

> Original Message

> From: Fumerton, Raina

> Sent: Monday, August 8, 2016 11:31 AM

> To: Kendall, Perry HLTH:EX; XT:Allison, Sandra HLTH:IN

> Cc: Henry, Bonnie HLTH:EX

> Subject: RE: Resources

>

>

> Thanks Perry! Including Sandra here as well.

>

> Sorry to keep bringing up the issue of resources but it is significant for us. Given how much work needs to be done and given our funding is primarily population based we have very little "wiggle room" when it comes to both our human resources and budgets when these crises occur compared to other Health Authorities (0.5 FTE Harm Reduction Lead, 1 regional MHO, 1 public health epi!). Although our population is smaller the effort of initiating the many actions required across a vast geographic area with multiple jurisdictions is arguably a larger endeavor than the urban health authorities, and yet we have much less capacity. So the resource issue is disproportionate/inequitable for the north, given the funding model is largely based on population size. As one example there are logistical issues such as not having pre-existing EMRs that health authorities like VCH and FHA were already using to collect overdose data, we have had to implement a paper system for all the ERs (and we have many communities/ERs!) and so all data needs to be entered manually which takes time from our already depleted human resource base. Also, there will be a HUGE cultural shift required with our northern physicians. I can tell you in the northwest the physicians here are so disinterested/opposed to being involved in OST they are planning on hiring a fly in fly out contractor from Surrey to do it all for them. Sandra and I did convince Ronald Chapman (VP medicine) that we require a clinical physician to lead out the OST and safe prescribing

pieces for the north and he is planning to hire someone in the fall to lead this work - which is great, although it will only be a 0.4 FTE I believe).

>

> On the bright side we do have an MHO starting with us in just a couple of weeks (Andrew Gray) so that will be fantastic!

>

> R

>

> Dr. Raina Fumerton MD, MPH, FRCPC

> Northwest Medical Health Officer

> Acting Northern Interior Medical Health Officer Northern Health

> Authority

> 250-631-4261

>

> -----Original Message-----

> From: Kendall, Perry HLTH:EX [<mailto:Perry.Kendall@gov.bc.ca>]

> Sent: Monday, August 08, 2016 8:29 AM

> To: Fumerton, Raina

> Cc: Henry, Bonnie HLTH:EX

> Subject: Resources

>

> Raina- a couple of thoughts. RHAS are committed to expanding their addictions "spaces" and have not as yet, met the target of 500. Have you approached SET or Carhy to see how this commitment could assist with SCS? Similarly, is OST a part of primary carehomes? If not why not?

> Hope this is helpful.

> Perry

>

> Sent from my BlackBerry 10 smartphone on the TELUS network.