Prescribing Policy – PHS Clinical Services

Overall Principles
1. Physicians will provide compassionate, patient-centered care. Physicians will use up-to-date evidence to guide their clinical practice.
2. All clinical plans will consider the significant impact of trauma, poverty, homelessness and mental illness for our patient population.
3. We won’t use opioids and benzodiazepines to engage people into medical care.
4. All prescribing will be based on well-documented functional and symptom improvement.
5. Physicians will meet with the interdisciplinary team about challenging cases to create patient-centered care plans.
6. Our clinics are embedded within current PHS projects, which operate with a housing first and harm reduction philosophy. Any clinical care is optional for people using PHS services. Clinical services operate within the greater context of the PHS and our approach to medical care must be considerate of the organization at large and the, often complex and challenging, circumstances of its residents (our patients).

Opioids for Chronic Non-Cancer Pain
1. Physicians will adhere to the Canadian guidelines for managing chronic non-cancer pain (http://nationalpaincentre.mcmaster.ca/opioid/).
2. Physicians will monitor functional and symptom improvement as we titrate or discontinue opioid therapy.
3. Physicians will have patients who are new opioid starts sign an opioid contract.
4. No opioid carries other than reasonable exceptions that are well documented, along with aligned urine drug screens.
5. Challenging cases will be discussed at the monthly physician case conference.
**Methadone**

1. Physicians will use the College of Physicians and Surgeons of British Columbia *Methadone Maintenance Program Clinical Practice Guideline*.
2. All patients will be registered at the College under Dr. Christy Sutherland (medical director).
3. Physicians will document goals of therapy and have ongoing updates of goals.
4. No methadone carries other than reasonable exceptions that are well documented, as well as urine drug screens in alignment.

**Benzodiazepines**

1. Benzodiazepines will only be prescribed as a taper with a goal of zero.
2. Due to the poor evidence supporting their use, and the increase in mortality and cognitive impairment, we will not prescribe benzodiazepines to treat anxiety or depression.

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