LEARNER TASKS: You are a provider seeing a patient in the OB/GYN clinic

Gather Data:

- Confirm the patient's pain history (do not repeat taking it), explore stressors at home and take a substance use and relevant psychiatric history.
- Perform a screening, brief intervention and referral to treatment (SBIRT) intervention, assessing her use patterns, stage of change, and motivation to stop or cut back on using.

Build Relationship:

- Demonstrate empathy for her situation by communicating an understanding for the many challenges she is experiencing.
- Consider your own biases towards patients with her SDOH.

Engage Patient in Care Plan:

- Discuss with patient the information you found in the PMP database regarding prescriptions from other providers.
- Discuss treatment options in developing a shared plan for ongoing care that explores untreated comorbidity and barriers to care. Use of sample local Substance Use Disorder (SUD) treatment resources and OUD Referral Decision tree.

CASE DETAIL

Patient Profile:
Name: Lisa Washington, age per SP (goal 30s), gender female, married heterosexual with children (3: twins age 3, singleton age 5)
Occupation: Homemaker
Pain Complaint: Pelvic pain

Setting:
The patient presents to OB-Gynecology clinic for follow up with 6 mos history of pelvic pain. Started with OTC ibuprofen or Tylenol. When that did not help, you gave her #14 oxycodone 5mg 1-2 PO q 4 hrs prn 5 mos ago for severe pain, 4 months ago she had laparoscopic surgery for ovarian cyst removal to address pain. Cyst was benign. She has had nagging pelvic pain on and off since then. Pre-op evaluation was negative except for identifying the cyst -- CT scan, pelvic ultrasound, urine and vaginal cultures all normal. You last gave her oxycodone 5 mg 1-2 PO q 4 hours prn #30 on discharge from the laparoscopic surgery 4 months ago. She reports going to an ED 2 mos ago complaining of pelvic pain where she had repeat abdominal-pelvic CT which was read as negative. She was given hydrocodone-APAP 5/325 #20 at that time. She has another 20 hydrocodone /apap 5/325mg tablets from another provider one week ago. Current pain is 0 (sometimes) to 6-7/10 (mostly). You performed the surgery and delivered all 3 of her children.
Note that the PMP shows she received 2 prescriptions from EDs that she did not report to you.

SMALL GROUP FACILITATION

iCELS staff will announce timing to assure the day flows correctly.

Please make every effort to stay on time.

Encounter Timing:	
0 min	• Staff announce time to prep for the case: direct learners to review materials and tasks.
5 min	• The SP knocks and enters the exam room.
17 min	• Staff give the 2-minute warning.
19 min	• Staff announce the end of the encounter. • The SP will not participate in feedback, but exit the exam room to complete a checklist. • You will begin debriefing.
27 min	• Staff give the 2-minute warning to finish up debriefing.
29 min	• Staff announce the end: stop debriefing and direct learners to prepare for the next case.

Use this space to record feedback notes, or any points to support ongoing learning.	**+** **Δ**
Include these questions in your discussion.	**Debriefing:** • How did that feel for you? What went well? Where did you feel stuck? • How might socioeconomic, cultural and racial factors impact the way that clinicians identify patients with addiction? Did you feel any bias? • How can we help this patient identify her goals and priorities that might motivate her to enter substance abuse treatment? You may not make it through all elements of the case – this is ok: use this experience to emphasize that the case is difficult and may require more time or multiple visits. You may also finish early. If so, please use that time to share your personal experiences or discuss the key points in more detail.
Ask each learner to read a key point aloud.	**Key Points:** • A thorough substance use history must start with assessing use as a youth include family history, stressors, how patients obtain drugs (borrowing from friends or stealing), route and pattern of use and impact on their function (home, work and relationships) 15% of high school seniors reported medical use of prescription opioids (MUPO) and 8% reported non-medical use of prescription opioids (NUPO) in 2015. (*McCabe S, et al., Trends in Medical and Nonmedical Use of Prescription Opioids Among US Adolescents: 1976-2015, Pediatrics March 2017)*. • The Screening, Brief Intervention & Referral to Treatment (SBIRT) model can help guide care and to use it effectively providers should be familiar with local substance use treatment options to facilitate referral as these differ by location. SBiRT can be used across all settings. http://www.masbirt.org/ • Prescription monitoring program data can help prescribers identify misuse or confirm appropriate use by patients and should be integrated into patient-care discussions and decision-making. These vary by state, a link to the Massachusetts site : https://www.mass.gov/prescription-monitoring-program-pmp • Approximately 70% of illicit users obtain drugs from friends or family. *(Beth Han, MD, PhD, MPH; Wilson M. Compton, MD, MPE; Carlos Blanco, MD, PhD; Elizabeth Crane, PhD, MPH; Jinhee Lee, PharmD; Christopher M. Jones, PharmD, MPH. Prescription Opioid Use, Misuse, and Use. Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. Ann Intern Med. 2017;167(5):293-301).* • Anxiety, depression and trauma-related symptoms are frequently associated with patients that are diagnosed with opioid use disorder. Identification, treatment or referral of patients with comorbid psychiatric disorder improves treatment outcomes. *(Ref: Volkow ND, Jones EB, Einstein EB, Wargo EM. Prevention and Treatment of Opioid Misuse and Addiction: A Review. JAMA Psychiatry. 2018 Dec 5. doi: 10.1001/jamapsychiatry.2018.3126)*