OPIOID SAFE-PRESCRIBING TRAINING IMMERSION (OSTI)

Case 104- Prep Materials

University of Massachusetts Medical School
Opioid Conscious Curriculum Jan 2019
The purpose of this prep material is to prepare you for the Opioid Safe-Prescribing Training Immersion (OSTI) Curriculum.

The following slides provide an introduction to key tools that you should be familiar with before participating in the OSTI.

- Note that additional information and resources are in the notes section of these slides, and on the OSTI website.

By the end of this prep, you should be familiar with the following tools and concepts:

- Prescription Monitoring Program (PMP) (MassPAT)
- Opiate use disorder (OUD) referral decision tree - guide
- Safety Monitoring Guidelines: Includes Universal Precautions and Red & Yellow Flag Behaviors for Substance Use Disorders (SUD)
- A sample of local SUD treatment resources
- Screening, Brief Intervention and Referral to Treatment (SBIRT) tool
- Medication Assisted Therapy (MAT) Info sheet
- SAMHSA Medications used in MAT
Case 104 - Learner Tasks

• 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.
• 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.
• 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.
Prescription Monitoring Program (PMP)

• A PMP is a **statewide** electronic database which collects designated data on substances dispensed in the state.
  • Each state houses their own PMP with the goal of connecting all states
• Prescription monitoring programs collect data on the prescription and dispensation of potentially diverted drugs including opioids
• The PMP may also be accessed by law enforcement for investigative purposes.
Sample PMP

Differ by state but generally include:

- Name
- DOB
- Summary of prescriptions (# prescriptions, providers and pharmacies)
- Details of individual prescriptions

- View the OSTI website video link

<table>
<thead>
<tr>
<th>Medication Generic (Brand)</th>
<th>Strength</th>
<th>Form</th>
<th>Fill Date</th>
<th>Qty/Days Supply</th>
<th>Prescriber</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone/APAP</td>
<td>5/325 mg</td>
<td>tablet</td>
<td>1 week ago</td>
<td>20/3</td>
<td>David Dentist</td>
<td>Walgreen West Boylston St. Worcester</td>
</tr>
<tr>
<td>oxycodone</td>
<td>5 mg</td>
<td>tablet</td>
<td>One month ago</td>
<td>10/2</td>
<td>Emily Emergency</td>
<td>Worcester Pharmacy 123 Main St</td>
</tr>
<tr>
<td>Oxycodone/APAP</td>
<td>5/325 mg</td>
<td>tablet</td>
<td>6 weeks ago</td>
<td>20/3</td>
<td>Janet Gynecologist</td>
<td>UMASS Memorial Medical Center 55 Lake Avenue N.</td>
</tr>
<tr>
<td>Hydrocodone/APAP</td>
<td>5/325 mg</td>
<td>tablet</td>
<td>7 weeks ago</td>
<td>20/3</td>
<td>William Miller</td>
<td>Walgreen West Boylston St. Worcester</td>
</tr>
<tr>
<td>oxycodone</td>
<td>5 mg</td>
<td>tablet</td>
<td>2 months ago</td>
<td>30/5</td>
<td>Ursula UrgentCare</td>
<td>CVS Chandler St Worcester</td>
</tr>
<tr>
<td>Oxycodone/APAP</td>
<td>5/325 mg</td>
<td>tablet</td>
<td>7 months ago</td>
<td>40/5</td>
<td>Janet Gynecologist</td>
<td>UMASS Memorial Medical Center 55 Lake Avenue N.</td>
</tr>
</tbody>
</table>
# Universal Precautions

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Make a diagnosis with appropriate differential and a plan for further evaluation and investigation of underlying conditions to try to address the medical condition that is responsible for the pain</td>
</tr>
<tr>
<td>2.</td>
<td>Psychologic assessment, including risk of addictive disorders</td>
</tr>
<tr>
<td>3.</td>
<td>Informed consent</td>
</tr>
<tr>
<td>4.</td>
<td>Treatment agreement</td>
</tr>
<tr>
<td>5.</td>
<td>Pre-/post-treatment assessment of pain level and function</td>
</tr>
<tr>
<td>6.</td>
<td>Appropriate trial of opioid therapy +/- adjunctive medication</td>
</tr>
<tr>
<td>7.</td>
<td>Reassessment of pain score and level of function</td>
</tr>
</tbody>
</table>
| 8.   | Regularly assess the “Four As” of pain medicine<sup>a</sup>  
• Analgesia, Activity, Adverse reactions, and Aberrant behavior |
| 9.   | Periodically review management of the underlying condition that is responsible for the pain, the pain diagnosis and comorbid conditions relating to the underlying condition, and the treatment of pain and comorbid disorders |
| 10.  | Documentation of medical management and of pain management according to state guidelines and requirements for safe prescribing |

---


Red and Yellow flag behaviors for substance use disorder (see OUD referral decision tree)

<table>
<thead>
<tr>
<th>Red</th>
<th>Yellow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased work or social functioning</td>
<td>Frequent requests for more medication</td>
</tr>
<tr>
<td>Selling medications, forging prescriptions, or buying medications</td>
<td>Drug hoarding</td>
</tr>
<tr>
<td>from nonmedical sources</td>
<td>Nonadherence to recommendations for non-medication pain</td>
</tr>
<tr>
<td>Multiple reports of lost or stolen prescriptions</td>
<td>therapies</td>
</tr>
<tr>
<td>Using medications in ways other than prescribed (including injecting,</td>
<td>Obtaining similar medications from other providers</td>
</tr>
<tr>
<td>snorting)</td>
<td></td>
</tr>
<tr>
<td>Resistance to change in medications despite adverse effects</td>
<td>Occasional unsanctioned dose escalation</td>
</tr>
<tr>
<td>Refusal to comply with prescription drug monitoring agreement</td>
<td>Requesting specific pain medications</td>
</tr>
<tr>
<td>Concurrent alcohol/drug misuse</td>
<td></td>
</tr>
<tr>
<td>Using multiple physicians/pharmacies</td>
<td></td>
</tr>
</tbody>
</table>
Substance Use Disorder Treatment

Components of Comprehensive Drug Abuse Treatment

- Child Care Services
- Vocational Services
- Family Services
- Intake Processing/Assessment
- Housing / Transportation Services
- Mental Health Services
- Financial Services
- Medical Services
- Legal Services
- Educational Services
- Behavioral Therapy and Counseling
- Treatment Plan
- Clinical and Case Management
- Pharmacotherapy
- Substance Use Monitoring
- Self-Help/Peer Support Groups
- Continuing Care
- HIV/AIDS Services

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.
- Substance Use Disorder Treatment is a continuum
- A given patient may need some or all of these levels of care at some point in their addiction; however, not all do
Substance Use Disorder Treatment Spectrum

There are several options for SUD treatment. Patients may be amenable or eligible for more than one. Examples:

• Individual and group counseling
• Inpatient and residential treatment
• Intensive outpatient treatment
• Partial hospital prog.
• Case/care mgmt.
• Medication
• Peer supports
• 12-Step fellowship
• Recovery support svcs
Vocabulary for the SUD Inpatient Treatment

- Inpatient Detoxification Program ("Detox"): 4-6 days of inpatient medical monitoring of withdrawal symptoms. Focus on medical management of symptoms, some counseling services included.
- Clinical Stabilization Services (CSS): Intensive, short-term (up to 30 days) inpatient residential program. Focus on skills for early recovery.
- Short-Term Residential Treatment: 24 hours a day care, generally in non-hospital settings, often in therapeutic community model with varied lengths of stay of between 30 days-6months
- Long Term Residential Treatment: Residential treatment between 6 and 12 months
- Alcohol and Drug-Free Housing AKA “Sober Home”: Typically unstructured community of individuals in recovery from addiction, often requires drug monitoring
  - is not state-regulated or licensed; Quality and intensity of housing varies; Many private companies,
  - Half-way House: May refer to a Sober Home with more intensive treatment engagement requirements for individuals between residential treatment and independent sober living.
  - Three-quarter House: May refer to Sober Home with fewer requirements than a half-way house, but more than minimum sober home requirements
Vocabulary for SUD Outpatient Treatment

- Partial Hospitalization Program: Intensive outpatient treatment usually 5 days/week all day group counseling and skills workshops
- Intensive Outpatient Program (IOP): Usually half-day 3-4 days/week group counseling and skills workshops
- Group counseling: Often once or twice weekly for 1-2 hours. Type of group is determined by the therapist and can include support groups, skills development and psychoeducational
- Individual counseling: One-on-one counseling sessions with behavioral health specialist
- Alcoholics Anonymous/Narcotic Anonymous: 12-step model (See below)
- Sponsor: An individual in recovery addict who is willing to share their knowledge with those who are less experienced in the program
  - Resource for information about recovery
  - Someone who is available to listen, guide
  - Role model
Medication Assisted Treatment (MAT)

To date, there is strong evidence to support the use of MAT (usually methadone, buprenorphine or naltrexone) in opioid addiction.

- Decreases withdrawal in the early phases of recovery
- Decreases cravings
- Decreases risky activities associated with obtaining medications or drugs
- Increases patient retention

https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat
Narcotics Anonymous

Mutual aid groups like AA and NA have frequent meetings, and require no financial resources or insurance to participate

- 12-step programs
- Focus tends to be on drug-free living, sometimes to the exclusion of MAT
- Your patient may have a sponsor through AA or NA, that serves as additional support

"NA is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. We … meet regularly to help each other stay clean. … We are not interested in what or how much you used … but only in what you want to do about your problem and how we can help."
Screening, Brief Intervention, Referral to Treatment (SBIRT)

• Consists of
  • Screening: assess the level of use, reasons for use, and other important factors (there are many specific tools and additional SBIRT information on the [SAMHSA website](http://www.samhsa.gov))
  • Brief intervention: engage the patient in conversation, consider using ‘ruler’ to assess interest/willingness to change
  • Referral to Treatment: based on availability and the patient’s specific needs, interest, insurance.

• Watch this 7 [minute video](http://www.youtube.com/watch?v=example) on using SBIRT for drug use

• Consider using an [SBIRT app](http://www.example.com)

• Can be used in multiple settings including the office, emergency room or urgent care.
Key Concepts Case 104

• 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.

• 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)
Key Concepts for OSTI

- Opioid use disorder (OUD) is a chronic illness and should be treated as such.
- The opiate epidemic has impacted communities of color for years. The current national focus suggests bias not only in prescribing, but in the response of the healthcare system, policy-makers and media.
- Safe prescribing does **NOT** mean NO prescribing -- even for patients in recovery.
- The prescription monitoring program (PMP or MassPAT) provides accurate, up to date prescribing information.
- Co-prescribing naloxone should be considered for any patients on chronic opiates.
- Best practices include risk assessment (including diversion), informed consent, monitoring, safe storage and disposal counseling.
- Medication assisted treatment with agents such as methadone, buprenorphine or naltrexone can act as a bridge or long-term therapy to assist patients in overcoming opioid use disorders.