

LEARNER TASKS

Gather Data:

- Confirm the patient's pain history, explore stressors at home and take a substance use 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.

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 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 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 6 months after laparoscopic surgery for ovarian cyst removal. 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 6 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.

Learners do not have this case detail. You may wish to share this information during debriefing.

Additional History:

- Given about 40 percocet on d/c from c-section by 'routine'; no pain for more than 2 years after c-section then this pelvic pain started and Gyn gave her #30 oxycodone for severe pain and also after the laparoscopic surgery. PMP shows she got 3 opioid scripts from one other provider, 2 that she did not disclose in her history.
- A friend was buying oxycodone for abd pain and she started buying it and taking 3 or more/wk; also taking it from family/friends' medicine cabinets.
- Husband works 'all the time', not helpful with home tasks but is supportive, not aware of opioid use; pt's decreased libido causing some marital stress.
- Father: depression, DM; Mother: depression, HTN.
- Teen alcohol use, tried oxycodone in high school, saw a counselor for 4-5 years then; excess college drinking, had a DUI and cut back but didn't stop.

Pain and Functional Assessment:

- Impairs sleep; feels anxious and overwhelmed caring for her kids.

Recommended Prescription and Counseling:

This patient would likely benefit from both counseling and medication assisted therapy. It will be important to work with her on developing a recovery plan engaging an interprofessional team and her family to the extent she is comfortable.

Rationale:

This patient has red flag behavior concerning for an OUD. She has sought opiates from multiple providers, purchased and stolen them from others.

SMALL GROUP FACILITATION		
<i>iCELS staff will announce timing to assure the day flows correctly.</i> <i>Please make every effort to stay on time.</i>	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.
<i>Use this space to record feedback notes, or any points to support ongoing learning.</i>	+	
<i>Include these questions in your discussion.</i>	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.	
<i>Ask each learner to read a key point aloud.</i>	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/ • Medication assisted treatment with agents such as methadone, buprenorphine and naltrexone can act as a bridge or long-term therapy to assist patients in overcoming opioid misuse disorders (https://www.samhsa.gov/medication-assisted-treatment). • 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.	