LEARNER TASKS

**Gather Data:**
- Perform a risk assessment for the misuse of prescription opioids using the Opioid Risk Tool (ORT) and assessing personal and family mental health and substance use histories.
- Review the completed pain scale, discuss how the patient has been treating the pain and the impact on life.

**Build Relationship:**
- Discuss the MRI results.
- Discuss the findings from the prescription monitoring program and the risks of taking medications from other people.
- In a non-judgmental conversation, communicate to the patient your assessment that the risks outweigh the benefits associated with ongoing use of opioid pain medication.

**Engage Patient in Care Plan:**
- Create and prescribe a non-opioid treatment plan for his pain, including NSAIDS and other non-opioid analgesics, stretching, physical therapy and core strength training, activity and rest cycles.
- Discuss strategies for patient to self-manage his condition in safer ways and set short-term goals to help monitor his progress in follow up visits.

CASE DETAIL

**Patient Profile:**
Name: Dana Johnson, age per SP (30-50), gender per SP, married with children.
Occupation: Construction (Carpentry, roofing, plowing snow).
Pain Complaint: Low back pain unresolved from work injury 6 months ago.

**Setting:** The patient is a construction worker seeing you in Family Medicine clinic. You evaluated the patient initially 3 months ago. You treated them with hydrocodone-acetaminophen 5/325 mg 1-2 q 4 hrs. as needed for pain #80. The patient continued to complain of pain and 1 mos. later you increased this to 10/325 mg 1-2 hrs. as needed for pain #80 and ordered an MRI (report in folder) which was unremarkable. You referred to Physical Therapy. Pt. returns with ongoing symptoms after 2 mos. of PT. You have the MRI results to review at this visit (see report). Physical exam findings have been normal throughout. PMH includes mildly elevated blood pressure (no medications). No known allergies.

SMALL GROUP FACILITATION

<table>
<thead>
<tr>
<th>iCELS staff will announce timing to assure the day flows correctly. Please make every effort to stay on time.</th>
<th><strong>Encounter Timing:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 min</td>
<td>• Staff announce time to prep for the case: direct learners to review materials and tasks.</td>
</tr>
<tr>
<td>5 min</td>
<td>• The SP knocks and enters the exam room.</td>
</tr>
<tr>
<td>17 min</td>
<td>• Staff give the 2-minute warning.</td>
</tr>
<tr>
<td>19 min</td>
<td>• Staff announce the end of the encounter.</td>
</tr>
<tr>
<td>19 min</td>
<td>• The SP will not participate in feedback, but exit the exam room to complete a checklist.</td>
</tr>
<tr>
<td>19 min</td>
<td>• You will begin debriefing.</td>
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<tr>
<td>27 min</td>
<td>• Staff give the 2-minute warning to finish up debriefing.</td>
</tr>
<tr>
<td>29 min</td>
<td>• Staff announce the end: stop debriefing and direct learners to prepare for the next case.</td>
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</tbody>
</table>
Key Points:

- Simple, evidence-based tools are efficient to help assess patient risk for substance use disorder and develop a treatment plan (ex. Opioid risk tool, PMP).
- All pain treatment plans should consider non-pharmacologic and pharmacologic (both opioid and non-opioid) treatments—stretching, PT, ice/heat, core strengthening and impact on function/work.
- Providers should take a compassionate, non-judgmental stance in sharing their decisions not to prescribe opioids due to excessive risks to their patients.
- Prescription of opioids for low back pain has limited efficacy and substantial risk and is more common in the US than Europe. (BMJ 2015; 350:g6380. [http://www.bmj.com/content/350/bmj.g6380](http://www.bmj.com/content/350/bmj.g6380))
- In October 2017 Governor Baker reported that 97% of health care providers who prescribe narcotics in MA had registered for the Massachusetts Prescription Monitoring Program (MassPAT), which has helped reduce opiate prescriptions in the state by approximately 28%