Learner Prep Objectives

• 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 some of the key tools that you should be familiar with before undertaking the OSTI.
  • Note that additional information and resources are in the notes section of these slides
• By the end of this prep, you should be familiar with the following tools and concepts:
  • Universal Pain Assessment Tool
  • Prescription Monitoring Program (PMP) (MassPAT)
  • Opioid Risk Tool
  • Sample language to use when communicating with patients about the discontinuation of opioids
Case 102 Learner Tasks

- Obtain a history of his recent pain symptoms and pain management
- Discuss the results of the physical examination
- Discuss the MRI results
- Perform a risk assessment for the misuse of prescription opioids using the Opioid Risk Tool (ORT)
- 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 of the risks and benefits associated with ongoing use of opioid pain medication and inquire about his interest in discontinuing the use of opioids.
- 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.
Pain Scale

- Patients with or at risk for substance use disorders, may have real pain that requires treatment.
- Evaluation with a standardized tool can help convey a patient’s experience of pain – such tools are subjective.
- Pain derives from severity of pathology, emotional state and personal experience/ability to cope with pain.
- Additional questions should be asked to assess the impact of the pain and the effectiveness of the current pain management plan.
Sample MRI

Patient: OSTI, BACK P. MRN: 321-456-897

Requested by: PHYSICIAN, ORTHO
Reason for Study: SHIELDS ORDER 05-XXXXX - Lower back pain - Referred By:
Exam Date/Time: TODAY 17:35
Exam Type: MRI L-Spine without Contrast

EXAMINATION:
MRI of the lumbar spine without Gadolinium.

INDICATION:
Low back pain.

TECHNIQUE:
Images obtained on an 1.5 Tesla GE magnet system. Images include sagittal T-1, T-2, STIR, axial FSE, T-2.

COMPARISON:
None.

FINDINGS:
Minimal central focal protrusion of the disc L5-S1 without any compromise of the thecal sac or neural structures. Diffuse left posterolateral prominence of the disc L3-L4, outside the IV foramen. Minimal degenerative changes in both small joints L4-L5 without narrowing of IV foramina or lateral recesses. The rest of the configuration and the signals of the skeletal and intraspinal structures are unremarkable. There are no signs of significant degenerative osteo-arthritis, spinal stenosis or focal or diffuse bone or spinal cord lesions.

IMPRESSSION:
Minimal DJD of the small joints L4-L5 and of the discs L4-L5 and L5-S1 as described. No other abnormalities are seen.

COMMUNICATION:
Per this written report.

• STAFF: PHYSICIAN, RADIOLOGIST
Chronic Pain and MRI Findings

- Chronic pain refers to pain lasting more than 3 months
  - Does not include active cancer treatment, palliative care, or end-of-life care
- Disk protrusions and DJD changes are non-specific findings that are common in asymptomatic patients.
- Findings that would warrant more significant consideration include:
  - narrowing of foramina
  - thecal sac impingement
  - compromise of neural structures
- Look for well-documented objective evidence of disease prior to planning prescription treatment
2016 CDC Recommendations

• Use nonpharmacologic therapies (such as exercise and cognitive behavioral therapy) and nonopioid pharmacologic therapies (such as anti-inflammatories) for chronic pain
• Don’t use opioids routinely for chronic pain
• When opioids are used, combine them with nonpharmacologic or nonopioid pharmacologic therapy, as appropriate, to provide greater benefits
• When opioids are used, prescribe the lowest possible effective dosage
  • Start with immediate-release opioids instead of extended-release/long-acting opioids
• Only provide the quantity needed for the expected duration of pain.
Opioid Risk Tool (ORT)

The ORT is one of many screening tools
- The CDC has not endorsed a single tool as the best for different clinical settings

The ORT is a brief, self-report screening tool designed for use with adult patients in primary care settings to assess risk for opioid abuse among individuals prescribed opioids for treatment of chronic pain

Patients categorized as high-risk are at increased likelihood of future abusive drug-related behavior

Can be administered and scored in <1 min

For those patients with a risk category of low, 17 out of 18 (94.4%) did not display an aberrant behavior.

For those patients with a risk category of high, 40 out of 44 (90.9%) did display an aberrant behavior.
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 includes:
  - Name
  - DOB
  - Summary of prescriptions (# prescriptions, providers and pharmacies)
  - Details of individual prescriptions

<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>Oxycodone/acetaminophen</td>
<td>5/325 mg</td>
<td>Tablet</td>
<td>Last month</td>
<td>20/5</td>
<td>Sarah Santos</td>
<td>CVS Lincoln St Worcester</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>5 mg</td>
<td>Tablet</td>
<td>2 months ago</td>
<td>30/7</td>
<td>Mary Baker</td>
<td>Walgreen Lincoln St Worcester</td>
</tr>
<tr>
<td>Hydrocodone/acetaminophen</td>
<td>7.5/500 mg</td>
<td>Tablet</td>
<td>3 months ago</td>
<td>30/7</td>
<td>William Jackson</td>
<td>CVS Lincoln St Worcester</td>
</tr>
<tr>
<td>Oxycodone/acetaminophen</td>
<td>5/325 mg</td>
<td>Tablet</td>
<td>4 months ago</td>
<td>20/5</td>
<td>Jane Jones</td>
<td>CVS Lincoln St Worcester</td>
</tr>
<tr>
<td>Oxycodone/acetaminophen</td>
<td>5/325 mg</td>
<td>Tablet</td>
<td>5 months ago</td>
<td>30/7</td>
<td>John Smith</td>
<td>Walgreen Lincoln St Worcester</td>
</tr>
<tr>
<td>Oxycodone/acetaminophen</td>
<td>10/325 mg</td>
<td>Tablet</td>
<td>6 months ago</td>
<td>30/7</td>
<td>John Smith</td>
<td>Walgreen Lincoln St Worcester</td>
</tr>
<tr>
<td>Hydrocodone/acetaminophen</td>
<td>5/325 mg</td>
<td>Tablet</td>
<td>7 months ago</td>
<td>24/6</td>
<td>Mary Baker</td>
<td>CVS Lincoln St Worcester</td>
</tr>
<tr>
<td>Oxycodone/acetaminophen</td>
<td>5/325 mg</td>
<td>Tablet</td>
<td>8 months ago</td>
<td>24/6</td>
<td>Sunil Patel</td>
<td>Walgreen Lincoln St Worcester</td>
</tr>
<tr>
<td>Hydrocodone/acetaminophen</td>
<td>7.5/325 mg</td>
<td>Tablet</td>
<td>9 months ago</td>
<td>20/5</td>
<td>Sunil Patel</td>
<td>CVS Lincoln St Worcester</td>
</tr>
</tbody>
</table>
Maintaining patient rapport while discussing opioids

• See the supporting materials for Case 102: UMMS Communicating with Patients Regarding the Planned Discontinuation of Opioids.

• These conversations are difficult, this will assist you in techniques while you make a plan to address the patients pain and concerns.
Key Concepts for Case 102

- 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%
Key Concepts for OSTI

• Opioid use disorder is and should be treated as a chronic illness.
• The opiate epidemic has impacted communities of color for years. The current national focus suggests bias in 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 and must be accessed before prescribing.
• Co-prescribing naloxone should be considered for any patient on chronic opiates.
• Best practices include risk assessment (including for diversion), informed consent, monitoring, safe storage and disposal counseling.