Opioid Best Practices and the Medication Agreement

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FIRST THINGS FIRST

- Educate patient about pain
- Don’t foster catastrophizing, fear avoidance or disuse
  - “Looking at your spine x-ray, I’d guess you were 100 years old”
  - “you’ve never been this bad”
  - “It hurts when you walk, maybe you shouldn’t walk”
  - “We found lots of degeneration on your x-ray”
- Normalize pain and promote pain acceptance

MAXIMIZE NON-OPIOID TREATMENTS

- Getting moving: PT/OT/self-management, Pacing, graded exercise
- Appropriate non-opioid medications: Neuropathic meds, Analgesics, Acetaminophen
- Mood/stress/sleep: Including behavioral health, PT/OT, self-management, CBT, mindfulness

SOMETIMES YOU WILL PRESCRIBE OPIOIDS

- Risk/Benefit: How I dose a full assessment?
- How I assessed risk?
- Are opioids appropriate?
- Does patient have appropriate expectations?
- Am I following up within appropriate time frame?
- Am I using my team fully?
THINGS TO DO BEFORE YOU EVEN THINK ABOUT OPIOIDS

- Complete history and physical
- Assess function
- Assess mental health, substance abuse
- Make a diagnosis!

ARE OPIOIDS APPROPRIATE? IS THERE LIKELY TO BE BENEFIT?

- Physical
- Neuropathic: Potentially benefit from opioids
- Central Sensitization: Generally non-opioid responsive
- Emotional: Potentially benefit from opioids
- Spiritual: Generally non-opioid responsive
- Psychosocial: Rarely benefit from opioids
- Mixed: Generally non-opioid responsive

WHAT IS CONTRIBUTING TO THE PAIN EXPERIENCE?

- Physical
- Nociceptive
- Neuropathic
- Central Sensitization
- Emotional
- Spiritual
- Psychosocial
- Mixed
- Generally non-opioid responsive

OPIOID PRESCRIBING BEST PRACTICES

If opioids are potentially appropriate do the following before you prescribe:

- Check records from previous physician/prior treatments
- Check the prescription drug monitoring program website
- Obtain a UDS and see results
- Have patient fill out an ORT

OPIOID RISK TOOL

- Done once, ideally, before prescribing
- Score (risk for future opioid abuse)
- ≤ 3: low risk
- 4-7: moderate risk
- ≥8: high risk

RISK ASSESSMENT/ADJUSTMENT

- Morphine Equivalent Dose (MED)
- Co-morbid medical conditions
- Risky Co-prescribing
  - Benzodiazepines
  - “Z-drug” hypnotics
  - Carisoprodol (Soma)
  - Other centrally acting agents

MEDICATION AGREEMENT: A SHARED DECISION-MAKING TOOL

- Intended to be collaborative
- Review and document:
  - Treatment options
  - Risks/benefits
  - Responsibilities/expectations/boundaries
  - Agreed upon treatments
  - Definition of success/expectations
  - Exit strategy
- ICD 10: Z79.891 (long term use of prescription opioids)
Medication Agreement: Inside the Box

Risk / Benefit discussion
Treatment options
Commit to care plan

Shared Decision Making about Best Practice Pain Management

Clinic Standards for Safe prescribing

Narcotic Risk / Benefit discussion
Treatment options
Commit to care plan

DISCUSSING OPIOID RISK (MATERIAL RISK NOTIFICATION)

Nausea
Sleep Apnea
Narcoptic Bowel
Sexual dysfunction
Respiratory depression
Itching
Overdose and Death

Risk / Benefit discussion
Treatment options
Commit to care plan

Narcotic Risk / Benefit discussion
Treatment options
Commit to care plan

FOLLOW UP PAIN APPOINTMENT
MINIMUM EVERY 3 MONTHS

Progress since last visit
- Evaluate previously recommended interventions

Assessment
- Function
  - Physical
  - Psychological
- Safety / Risk
- Update Plan

SETTING EXPECTATIONS

UNREALISTIC EXPECTATIONS AHEAD

FOLLOW UP ASSESSMENT: THE PEG TOOL

1. How many times did you experience pain in the past week?
   0 = None
   1-4 = Slight pain
   5-10 = Severe pain

2. What number best describes how well you are coping with your pain in the past week?
   0 = Not at all
   4 = Fairly well
   8 = Very well

3. What number best describes how you have managed your pain in the past week?
   0 = Not at all
   4 = Fairly well
   8 = Very well

MULTIDISCIPLINARY CASE REVIEW

Primary Care Physician
Physical Therapist
Clinical Pharmacist
Occupational Therapist
Social Worker
Nurse
Behaviorist
Case Manager
Use Your Tools:

- PMG Homepage
- Provider Resources Link
- Pain Management Link
- Persistent Pain Sharepoint

TAKE HOME:

- Opioids are not first line for persistent pain
- Sometimes you will use opioids to meet functional goals
- Aim to use only when Benefit > Risk
- Due diligence before prescribing
- Follow up is critical
- Use your team
- Have an exit strategy if you are not meeting functional goals