

## Implementing Pain and Opioid Management Guidelines in Primary Care Practice



## Objectives



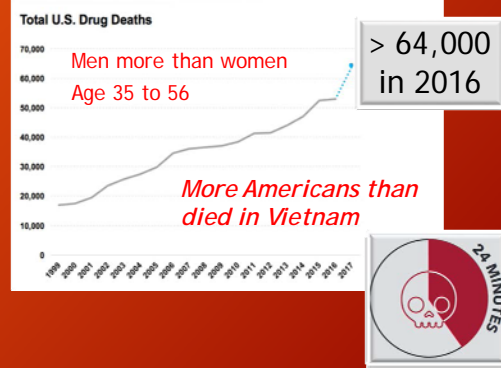
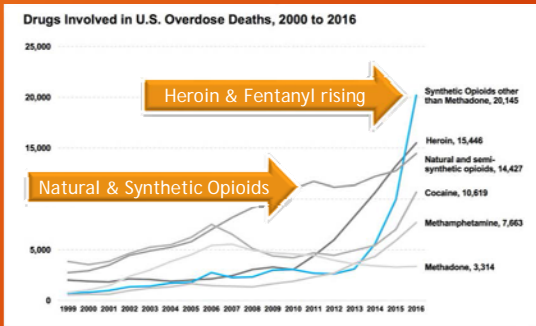
- Describe the opioid epidemic of death in the US and Oklahoma
- Describe pain and opioid guidelines
- Discuss the practice changes needed to implement new guidelines
- Compare the "Do No Harm" program with other change methods



# US Drug Overdose Deaths



In the US, drugs are the leading cause of accidental death, prescription opiates make up the majority of accidental drug deaths.



# States with highest opioid prescriptions

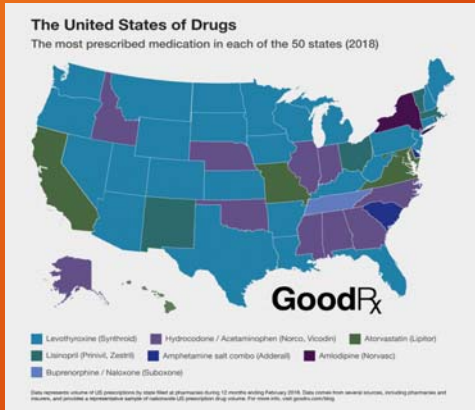


- Ten of the highest prescribing states for pain medications are in the South.
- Regional variation in use of prescriptions cannot be explained by the underlying health status of the population





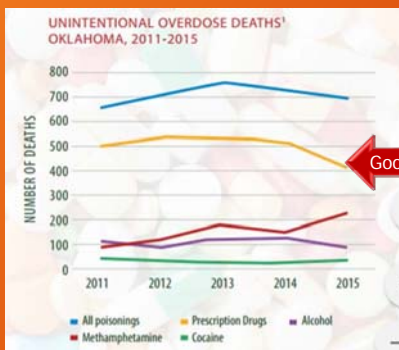
# OK's #1 Prescription is hydrocodone



Following surgery or a procedure, the average consumption of opioid analgesics is 4 pills, yet 30 pills are normally prescribed.



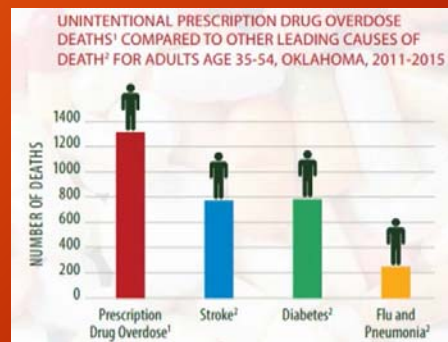
# Opioid-Related Deaths in Oklahoma



9<sup>th</sup> leading cause of death in OK, equal to lung cancer

Good, but Not Good Enough

Opioids surpassed MVA's as the #1 accident related cause of death in young men.



For every opiate death there are 15 hospitalizations, 26 ED visits, 115 people who abuse or are dependent, and 733 nonmedical users. This adds up to \$4.35 million in healthcare related costs



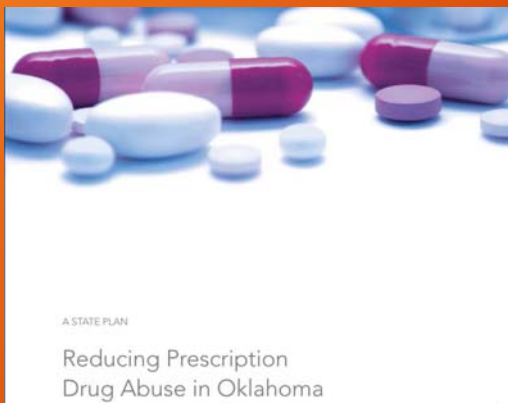
## How Did We Get Here?

James W. Mold  
**OPHIC**  
Oklahoma Primary Healthcare  
Improvement Cooperative



## What Can We Do?

James W. Mold  
**OPHIC**  
Oklahoma Primary Healthcare  
Improvement Cooperative



- OK Prescription Drug Planning Workgroup
- Prescribing Guidelines
- “Do No Harm”
  - Understand science-based guidelines
  - Implement office processes that activate the guidelines
  - Measure and track your effectiveness



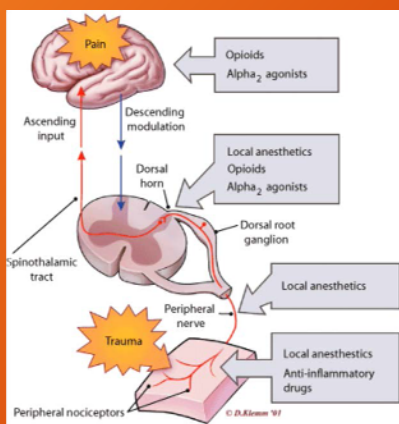
## Do No Harm Program



- Program of the Oklahoma Primary Healthcare Improvement Cooperative (OPHIC) & Oklahoma Department of Mental Health and Substance Abuse Services
- Focus on primary care practices
- In-practice support to implement Pain and Opioid Guidelines
  - Measurement & Feedback on current practice
  - Academic Detailing - The science behind guidelines
  - Practice Facilitation - Implementing roles & procedures
  - Technical Advice - Making EHR document, remind, and track
  - Research to practice - practice to research



## Pain Is A Whole Brain Phenomenon



- Pain is a psycho-sensory experience of tissue injury
- Pain may be Nociceptive or Neuropathic (peripheral or central)
- Pain may be Acute or Chronic
- Brain neurotransmitters and pathways modulate pain
- Chronic pain syndrome results from brain changes induced by pain





## Pain and Opioid Management Guidelines



1 Use non-pharmacologic and non-opioid medications first.

2 Before starting opioids, establish clear treatment goals.

3 Discuss risks and realistic benefits of opioids with patients.

4 Use immediate release instead of extended release opioids.

5 Treat acute pain with the fewest number of

6 Use lowest effective dose and frequently

7 Assess benefits and harms within 1-4 weeks, and no less than every 3 months.

8 Perform risk-assessment initially and periodically during continuation of opioids.

9 Review PMP data at start and routinely when prescribing and every 3 months.

10 Perform urine drug screening before starting and randomly thereafter.

11 Avoid using opioids and benzodiazepines together.

12 With opioid use disorder, consider MAT with buprenorphine or methadone.



## New Opioid Message



“Doctors used to think that opioids were safe and effective when used over long periods of time to treat chronic pain.”

“New information has taught us that long-term use of opioids can lead to multiple problems including loss of pain relieving effects, increased pain, unintentional death, addiction, and problem with sleep, mood, hormonal and immune function.”

“We now know the best treatment for chronic pain is not opioids! The best treatments for chronic pain are non-drug treatments, such as psychological and rehabilitation therapies and non-opioid medications”



## Benefits and Risks of Opioid Therapy



### Benefits

- Modest short-term pain relief
- Possible short-term better function

### Risks

- Increase mortality and accidental overdose death
- Developing opioid use disorder (addiction)
- Developing or worsening...
  - Depression, pain, reduced quality of life
  - Falls, fractures, accidents, reduced function
  - Cognitive dysfunction, sedation, sleep disorder breathing
  - Nausea, constipation, dry mouth, immune dysfunction



## Practice Goals

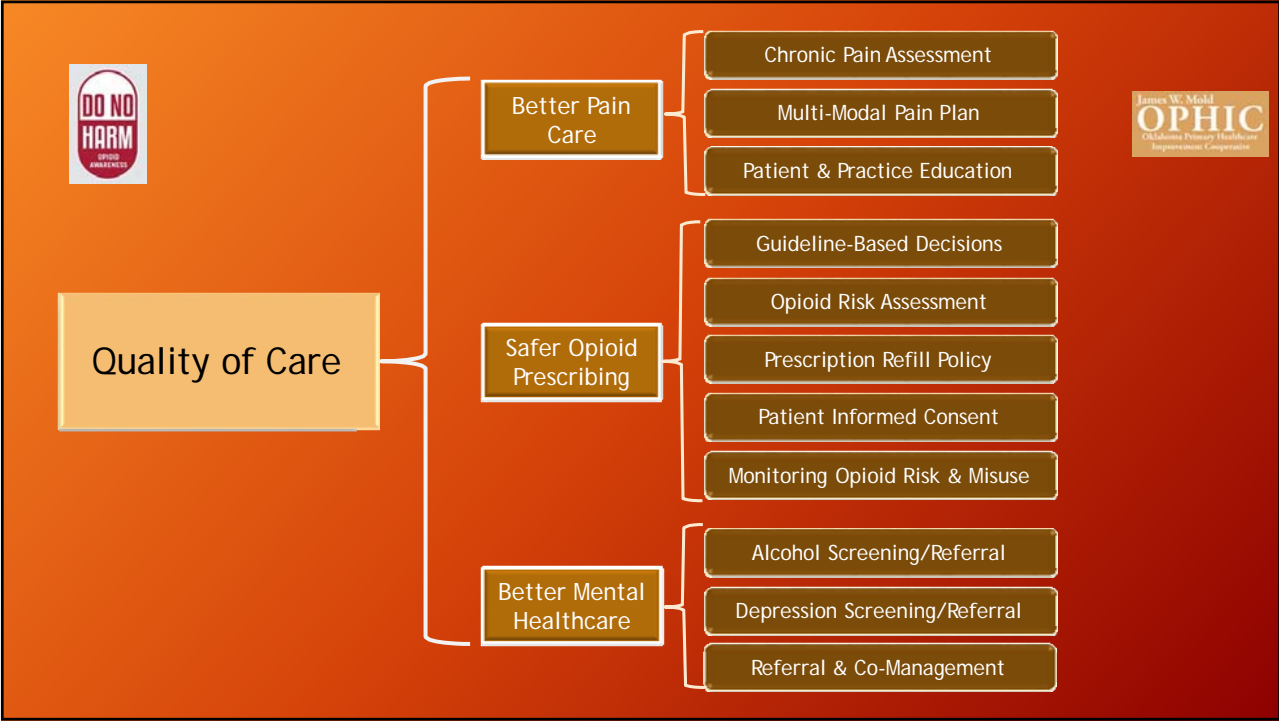


Quality of Care

Financial Security

Joy In Practice

Healthy Community







# OPHC "Do No Harm" Support



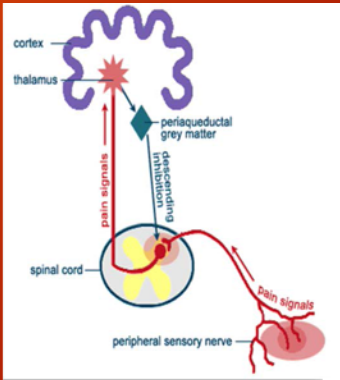
Practice Assessment	Academic Detailing	Practice Facilitation		Performance Feedback
<ul style="list-style-type: none"> <li>✓ Profile</li> <li>✓ QI Capacity</li> <li>✓ Adaptability</li> <li>✓ Priority</li> <li>✓ Processes</li> <li>✓ Technology</li> </ul>	<ul style="list-style-type: none"> <li>✓ Epidemic</li> <li>✓ New Science:               <ul style="list-style-type: none"> <li>▪ Pain</li> <li>▪ Analgesia</li> <li>▪ Opioids</li> </ul> </li> <li>✓ Guidelines</li> <li>✓ Practice Goals</li> <li>✓ OSU-ECHO</li> <li>✓ Resources</li> </ul>	<ul style="list-style-type: none"> <li>✓ Pain Plan</li> <li>✓ Consent</li> <li>✓ Opioid Risk</li> <li>✓ Misuse Plan</li> <li>✓ Rx Refill</li> <li>✓ Education</li> <li>✓ Screen SUD</li> <li>✓ Screen MH</li> <li>✓ Referral</li> <li>✓ Coordination</li> </ul>	<ul style="list-style-type: none"> <li>✓ EHR</li> <li>✓ OKPMP</li> <li>✓ Registry</li> <li>✓ Referral Mgt.</li> <li>✓ QI Measures</li> <li>✓ Code/Bill</li> </ul>	<ul style="list-style-type: none"> <li>✓ Dashboard</li> <li>✓ Achievement</li> <li>✓ Benchmark</li> <li>✓ Community</li> <li>✓ Research</li> </ul>



# Pain Plan: Analgesic Medications



Medication	Mechanism/Indication	Side-Effects
<b>Topical</b>		
Anesthetics	Blocks nerve transmission	Allergy
Counter irritant	Stimulate c-fibers	Skin irritation
NSAID	Blocks PG formation	GI, Kidney
Cold or Heat		Skin injury
Acetaminophen	Blocks Central PG?	Liver injury, overdose
NSAIDs	Peripheral & central PGI	GI, Kidney, CVD
Opioids	Mu receptor agonist	Tolerance, OUD, overdose, confusion, constipation, withdrawal

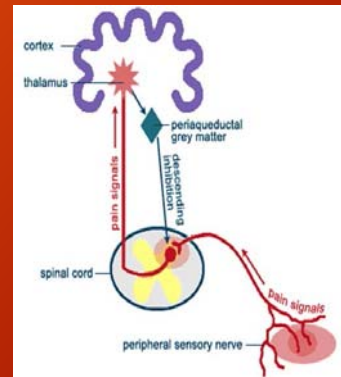




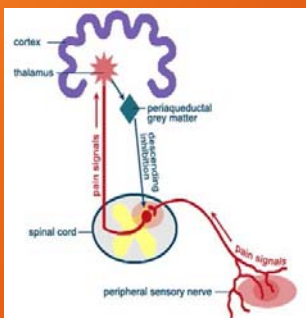
## Pain Plan: Non-Analgesic Medications



Medication	Mechanism/Indication	Side-Effects
<b>Antidepressants</b>	Spinal cord GABA, Blocks catecholamine	Dry mouth, blurred vision, nausea, constipation, difficulty urinating, weight gain, drowsiness, tremor
TCA (amitriptyline)	Fibromyalgia, post-herpetic neuropathy	
SSRI (e.g. serotine)	Neuropathy-central, peripheral	
SNRI (duloxetine)	Neuropathy, Knee DJD	
<b>Anticonvulsants</b>	Reduce nerve injury hyperalgesia stimulates descending inhibitory noradrenergic system	Confusion, memory loss, potential misuse in persons with OUD
gabapentin	Neuropathy, fibromyalgia	
pregabalin	Neuropathy, fibromyalgia	



## Pain Plan: Cognitive & Mind-Body Therapy



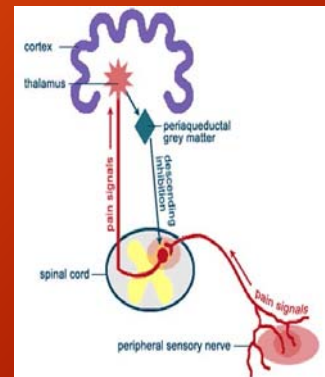
Therapy	Pain	Function	QOL	Evidence
Physical Therapy/Exercise	↓↓↓	↑↑	↑↑↑	* * * *
Cognitive Behavioral Therapy	↓↓	↑↑	↑↑↑	* * *
Mindfulness Meditation	↓↓	↑	↑↑↑	* *
Hypnosis	↓↓	↑	↑	* *
Osteopathic Manipulation	↓	↑	↑	*
Chiropractic	↓	↑	↑	*
Massage	↓	↑	↑	*
Acupuncture	↓	↔	↔	*
Support Groups	↔	↔	↑	Control
Education	↔	↔	↔	Control
Stress Management	↔	↑	↑	Control



# Pain Plan: Interventional Pain Therapies



Procedure	Use	Effectiveness
Epidural Steroid Injections - Radicular or sciatic pain	Radicular/Sciatic Pain	Uncertain
Trigger-point Injections	Fibromyalgia	Modest
Lumbar Facet or Sacroiliac Joint injections or denervation		Limited
Spinal cord stimulation	Failed back surgery syndrome, Complex regional pain syndrome, peripheral artery disease, and refractory angina	
Botulinum Toxin	Chronic Migraine	Modest

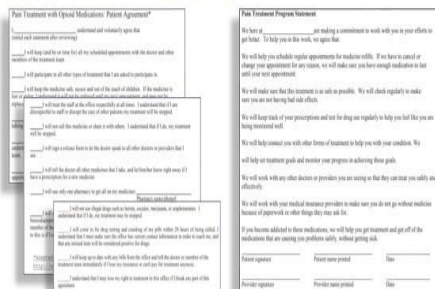


# Pain Management Agreement



## Sample Patient Agreement Forms

<http://www.theguide.com/meds/defa.../files/SamplePatientAgreementForms.pdf>





## Delivery System Design: Follow-up Follow-up for Opioid Misuse



### Respectfully separate patients

- Medication Side-Effect
- Substance (Opioid) Use Disorder
  - SBIRT, AUDIT and DAST-10
  - COMM™
  - OK PDMP
  - Random urine drug screen
- Mental Illnesses
  - PHQ-9, GAD-7, PC-PSTD
- Illegal trafficking of drugs

### Action to be

- taken Adjust, change, taper Refer for Treatment / Co-Management
- Refer for Treatment / Co-Management
- Dismiss, report concern to OBND



## Performance Measures



Goal	Measure	Source
Better Pain Care	Total Number of Patients	Registry
	Total Chronic Non-Cancer Pain Diagnosis	Registry
	Performed Annual Pain Assessment	Registry
	Perform Multi-Modal Pain Plan	Registry
	Perform 3-Month Pain Monitoring (MIPS-408)	Registry
	Practice PEG Score for CNCP (New)	Registry
Safer Opioid Prescribing	Total long-term Opioid Treatment (LOT)	PMPDB
	Number with MMED >90	PMPDB
	Number with multiple prescribers	PMPDB
	Number with Benzo plus Opioid	PMPDB
	Perform Risk-Mitigation Protocol (MIPS-414)	Registry
	Obtain Patient informed consent (MIPS-412)	Registry
Better Mental Health Care	Perform Substance use screening (NQF-2152)	Registry
	Perform Depression screening (NQF-418)	Registry
	Co-Management Addiction	Registry
	Co-Management Behavioral Health	Registry



## How Can *Do No Harm* Help?



### Education (*Dissemination*)

- Neurobiology of pain
- Pharmacology and treatment of analgesics
- Evidence-Based Guidelines

### Implementation

- Best practices
- Office processes
- Team approach - frees clinician to counsel

### Partners

- Pain and Mental Health specialists
- Addiction Treatment resources
- Medical Neighborhood
- Community services and resources



## Questions and Comments



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