

OPIOID SAFE- PRESCRIBING TRAINING IMMERSION (OSTI)

Case 102 - Prep Materials



University of Massachusetts Medical School
Opioid Conscious Curriculum

Learner Prep Objectives

- To prepare you for the Opioid Safe-Prescribing Training Immersion (OSTI) Curriculum
- The following slides provide an introduction to key tools that you should be familiar with before participating in the OSTI.
 - Note that additional information and resources are in the notes section of these slides, and on the OSTI website
- By the end of this prep, you should be familiar with the following tools and concepts:
 - Visual Pain Scale
 - Prescription Monitoring Program (PMP)
 - Opioid Risk Tool
 - MRI results (imaging tests)
 - UMMS Communicating with Patients – Planned Discontinuation of Opioids

Case 102 Learner Tasks

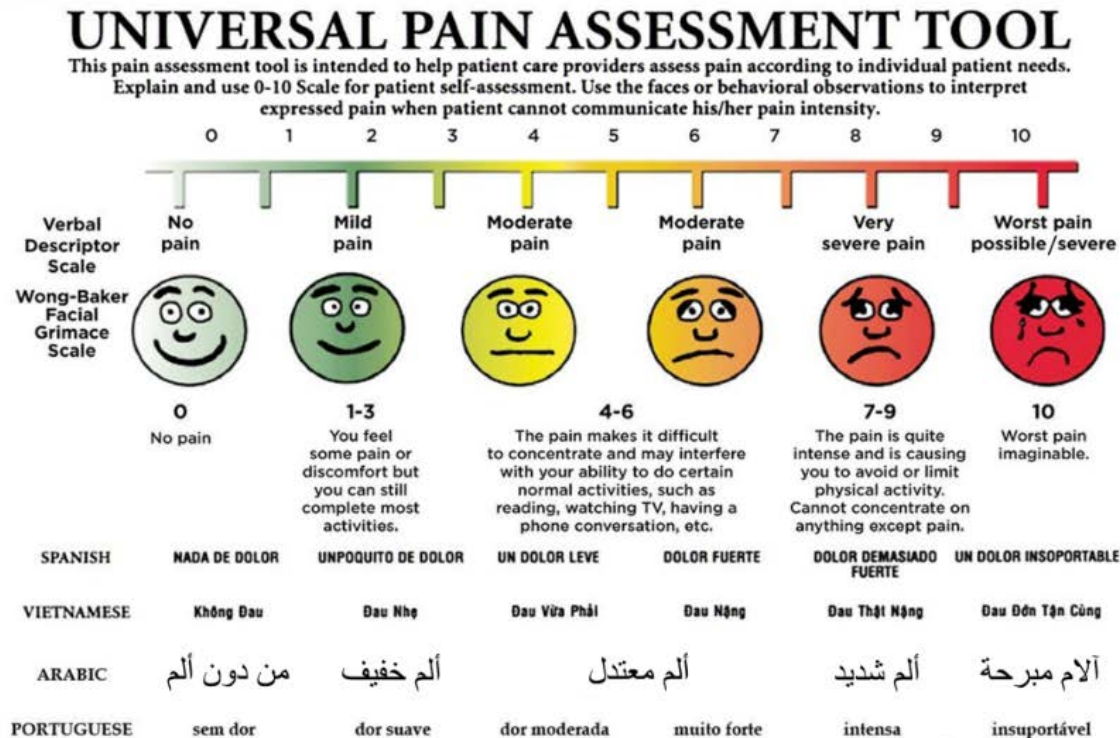
- Perform a Risk Assessment for the misuse of Prescription Opioids
 - Use Opioid Risk Tool (ORT) and assessing personal and family mental health and substance use histories
- Review the completed visual pain scale
 - discuss how the patient has been treating pain and the impact on life
- Discuss results of MRI
- Discuss findings from the Prescription Monitoring Program and the risks of taking medications from others
- Using non-judgmental conversation, communicate
 - Your assessment that the risks outweigh the benefits of ongoing use of opioid pain medication
- Create and prescribe non-opioid treatment plan for pain
 - Including NSAIDS, non-opioid analgesics, stretching, PT, etc
- Discuss strategies for patient self management to better manage condition is safer way
 - Set short term goals to help monitor progress and schedule follow up visits

Patients with opiate use disorders can have 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

Visual Pain Scale

Evaluation with a standardized tool can help convey a patient's experience of pain – such tools are subjective



Chronic Pain

- Chronic pain refers to pain lasting more than 3 months
 - Does not include active cancer treatment, palliative care, or end-of-life care
 - More than 3 million cases/ year
- Chronic Pain Syndrome (CPS)
 - common problem
 - presents a major challenge to health-care providers
 - Due to
 - complex natural history
 - unclear etiology
 - poor response to therapy
 - CPS is a poorly defined condition

MRI results for your patient

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: 3/28/2015 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 postero-lateral 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.

IMPRESSION:

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

Your patient's MRI findings support conservative therapy

- 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 non-pharmacologic therapies (such as exercise and cognitive behavioral therapy) and non-opioid pharmacologic therapies (such as anti-inflammatories) for chronic pain
- Don't use opioids routinely for chronic pain
- When opioids are used, combine them with non-pharmacologic or non-opioid 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.

ORT

OPIOID RISK TOOL ©

		Mark each box that applies	Item Score If Female	Item Score If Male
1. Family History of Substance Abuse	Alcohol	[]	1	3
	Illegal Drugs	[]	2	3
	Prescription Drugs	[]	4	4
2. Personal History of Substance Abuse	Alcohol	[]	3	3
	Illegal Drugs	[]	4	4
	Prescription Drugs	[]	5	5
3. Age (Mark box if 16-45)		[]	1	1
4. History of Preadolescent Sexual Abuse		[]	3	0
5. Psychological disease	Attention Deficit Disorder	[]	2	2
	Obsessive Compulsive Disorder			
	Bipolar Disorder			
	Schizophrenia	[]	1	1
Depression	[]	1	1	
Total		[]		
Total Score Risk Category	Low Risk 0-3			
	Moderate Risk 4-7			
	High Risk ≥8			

Prescription Monitoring Program (PMP)

- A statewide electronic database which collects designated data on substances dispensed in the state.
- Each state houses their own PMP, though several allow access to records from other states
- Collect data on the dispensation of prescribed potentially diverted drugs (generally schedules II, III, IV) including opioids
- May also be accessed by law enforcement for investigative purposes.

Sample PMP

Differ by state but generally include:

- Name
- DOB
- Summary of prescriptions (# prescriptions, providers and pharmacies)
- Details of individual prescriptions
- View the OSTI [website video link](#)

Prescription Monitoring Program Report

Patient Name: Case 2
 DOB:

Prescriptions previous 12 months: 9
 # Prescribers previous 12 months: 6
 # Pharmacies previous 12 months: 2

Medication Generic (Brand)	Strength	Form	Fill date	Qty/Days supply	Prescriber	Pharmacy
Oxycodone/acetaminophen (Percocet)	5/325 mg	Tablet	Last month	20/5	Sarah Santos	CVS Lincoln St Worcester
Oxycodone	5 mg	Tablet	2 months ago	30/7	Mary Baker	Walgreen Lincoln St Worcester
Hydrocodone/acetaminophen (Vicoden)	7.5/500 mg	Tablet	3 months ago	30/7	William Jackson	CVS Lincoln St Worcester
Oxycodone/acetaminophen (Percocet)	5/325 mg	Tablet	4 months ago	20/5	Jane Jones	CVS Lincoln st Worcester
Oxycodone/acetaminophen (Percocet)	5/325 mg	Tablet	5 months ago	30/7	John Smith	Walgreen Lincoln St Worcester
Oxycodone/acetaminophen (Percocet)	10/325 mg	Tablet	6 months ago	30/7	John Smith	Walgreen Lincoln St Worcester
Hydrocodone/acetaminophen (Vicoden)	5/325 mg	Tablet	7 months ago	24/6	Mary Baker	CVS Lincoln st Worcester
Oxycodone/acetaminophen (Percocet)	5/325 mg	Tablet	8 months ago	24/6	Sunil Patel	Walgreen Lincoln St Worcester
Hydrocodone/acetaminophen (Vicoden)	7.5/325 mg	Tablet	9 months ago	20/5	Sunil Patel	CVS Lincoln st Worcester

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Maintaining patient rapport while discussing opioids

- Keep an open mind
- Be non-judgmental responses & questioning
- Provide empathy

- See case 102 resources: UMMS Communicating with Patients – planned discontinuation of opioids resource for sample language

Key Concepts

- Opioid use disorder (OUD) is a chronic illness and should be treated as such.
- The opiate epidemic has impacted communities of color for years. The current national focus suggests bias not only in prescribing, but in the response of 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
- Co-prescribing naloxone should be considered for any patients on chronic opiates.
- Best practices include risk assessment (including diversion), informed consent, monitoring, safe storage and disposal counseling.