LEARNER TASKS: You are the provider seeing a patient in the family medicine clinic.

Gather Data:

- Address risk for misuse of opioid prescription using the completed 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 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 for low back pain.

Engage Patient in Care Plan:

- Create and prescribe a non-opioid treatment plan for his/her 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 (about 65), gender per SP, married with children.
Occupation: Construction (Carpentry, roofing, plowing snow).
Pain Complaint: Low back pain unresolved from work injury 3 months ago and at the time the x-ray was negative.

Setting: The patient is a construction worker seeing you in Family Medicine clinic. You evaluated the patient initially 2 months ago. You treated them with hydrocodone-acetaminophen 5/325 mg 1-2 q 4 hrs. as needed for pain #42 and referred to physical therapy. They called after 1 week for a hydrocodone-acetaminophen refill and they still had pain. You prescribed #80. The patient returned one month later and continued to complain of pain and reported they only went once to physical therapy because of scheduling and the first visit did nothing. You increased his pain medicine to 10/325 mg 1-2 q 4 hrs. as needed for pain #80 and ordered an MRI which was unremarkable and patient is aware of the result. Physical exam findings have been normal throughout. PMH includes mildly elevated blood pressure (no medications). No known allergies.

SMALL GROUP FACILITATION

iCELS staff will announce timing to assure the day flows correctly. ***Please make every effort to stay on time.***	**Encounter Timing:**	
	0 min	• Staff announce time to prep for the case: direct learners to review materials and tasks.
	5 min	• The SP knocks and enters the exam room.
	17 min	• Staff give the 2-minute warning.
	19 min	• Staff announce the end of the encounter. • The SP will not participate in feedback, but exit the exam room to complete a checklist. • You will begin debriefing.
	27 min	• Staff give the 2-minute warning to finish up debriefing.
	29 min	• Staff announce the end: stop debriefing and direct learners to prepare for the next case.
Use this space to record feedback notes, or any points to support ongoing learning.	**+**	**Δ**

Include these questions in your discussion.	**Debriefing:** • How did that feel for you? What went well? Where did you feel stuck? • How might we work with this patient to identify his goals and empower him in his own care (beyond prescribing medications)? • How does his age (about 65) affect the care you provide? What do you need to consider? • How do we manage our own discomfort when setting limits on prescribing while remaining empathetic and patient-centered? You may not make it through all elements of the case – this is ok: use this experience to emphasize that the case is difficult and may require more time or multiple visits. You may also finish early. If so, please use that time to share your personal experiences or discuss the key points in more detail.
Ask each learner to read a key point aloud.	**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. See mandatory requirements: https://www.mass.gov/news/updates-on-pmp-and-mandatory-educational-requirements-for-prescribers-0. Older patients may be more susceptible to opioid side effects. • 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 • 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%)