Chronic Pain Management in the Primary Care Setting

Keeping you and your patients safe.

Joel Porter, MD

October 1, 2015
Chronic Pain Management

- Chronic pain is a major public health problem
- Existing chronic pain treatments are unable to address the problem
- Long-term opioid therapy helps only selected patients
Why Focus on Opioid Prescribing?

- 1999: 10.6 per 100,000 suffered drug overdose fatalities
- 2013: 16.9 per 100,000 – a 59% increase
- 8th highest drug overdose mortality rate in the country
  - New Mexico and Vermont scored highest
  - South Dakota scored lowest
- From 2000 to 2010, sales of opioids increased by 378%

Source: Prescription Drug Abuse: Strategies to Stop the Epidemic, Trust for America’s Health 2013 Report
I hope these make you feel better, because they're all you're getting.
Safely Prescribing for those who require opioids

- MMA (including opioid fact sheet)- informed consent
- Urine drug screen
- Controlled Substance Database review
- More frequent patient visits
- Assessing for red flags*
- Assessments- pain management treatment plan
- Referral when high risk patients are identified.
- Practice universal precautions

RED FLAGS*
- LOST OR STOLEN PRESCRIPTIONS
- REQUESTS FOR EARLY REFILLS
- ABNORMAL URINE DRUG SCREEN RESULTS
- MISSED SCHEDULED DOCTOR APPOINTMENTS
- NOT COMPLETELY HONEST ABOUT DRUG USE
Medication Management Agreements

• We have a new medication management agreement!
• Purpose of MMA
  • Informed consent
  • Patient education
  • Reduce diversion, concomitant illicit drug use, “doctor shopping”, and ED visits.
Not meant to be punitive or hinder physician patient relationship
Medication Management Agreement

• It is meant to be used in combination with the Opioid Fact Sheet
• We are testing a new workflow where the MMA and Opioid Fact Sheet (informed consent) would be administered by our care manager or health advocate.
Urine Drug Screening

• Recommended yearly for all patients- practice universal precautions
• High Risk patients will likely require more frequent urine drug screens- (once a quarter or more frequently)
• Best done on a random basis and observed
• Don’t ignore abnormal results. These should be addressed with the patient and in your documentation.
Urine Drug Screening

- Recommend using the Intermountain Lab with reflex confirmation with ARUP
- False positives and false negatives do exist - wait for confirmation
Controlled Substance Database Review

- Recommend minimum of every 3 months (we do this at every visit)
- MA’s scrub the chart the night before and print out the CSDB report before we see the patient.
- Don’t ignore findings- address findings in your documentation.
Patient Visits

- The state recommends “regular visits” - what does that mean?
- We see patients who are high risk every month - low risk patients once a quarter.
Red Flags

• Lost or stolen prescriptions
• Requests for early refills
• Abnormal urine drug test results
• Not being completely honest about their drug use
• Missed regularly scheduled appointments
Proper Evaluation and Documentation

- Documentation of a functional and physical assessment
- Evaluation of medication side effects
- Evidence of functional improvement with medication
- Assessment of risk and aberrant behavior- (red flags)
- Treatment plan- including nonopioid and nonpharmacologic treatments
Patient Stratification

• So what determines who is high complexity?
• Working with analysts to try and group patients in low, medium and high complexity
• The goal is to identify those patients who need to be seen in consultation, monitored more closely, or referred to a multidisciplinary chronic pain clinic.
Chronic Pain Patient Stratification

**Low Complexity**
- Stable dosing less than 30-MED dosing - not increasing
- Not taking other controlled substances
- Currently stable mental health diagnosis
- No history of substance abuse
- No Red Flags*
- No recent ED or inpatient admissions related to chronic opioid use
- Evidence of functional improvement on opioids
- No Sleep Apnea
- ? Age, Tobacco use other comorbid conditions

**Moderate Complexity**
- Between 30-120 MED dosing - or dosing increase - not a stable dose
- Not on other controlled substances
- No history of substance abuse
- Low risk on risk evaluation tools (COMM, SOAPP-R, ETC.)
- One or fewer Red Flags*
- No psych admissions
- No ED or inpatient admissions related to chronic pain
- Stabilizing mental health diagnosis
- Well controlled Sleep Apnea
- ? Age, tobacco use, other comorbid conditions

**High Complexity**
- Dosing greater than 120 MED
- On other sedating medications
- History of substance abuse
- History of recent psych admission
- Recent admit for complications associated with opioid use
- 2 or more Red Flags*
- High risk on evaluation tools
- Sleep Apnea - untreated
- ? Age, tobacco use, other comorbid conditions

**RED FLAGS***
- LOST OR STOLEN PRESCRIPTIONS
- REQUESTS FOR EARLY REFILLS
- ABNORMAL URINE DRUG SCREEN RESULTS
- MISSED SCHEDULED DOCTOR APPOINTMENTS
- NOT COMPLETELY HONEST ABOUT DRUG USE
Chronic Pain Patient Evaluation & Stratification*

Provider Assessment, Electronic Data Pull, Risk Assessment Tools, Red Flag Presence, Opioid DME, Referral Provided, Payer Provided, Case Management Alerts

Risk Stratified/Team-Based Management Model

**Low Risk**

- Standard Care
  - Primary Care Team Care
  - Pain Management Treatment Plan
  - Problem List Inclusion
  - Medication Management
    - non-opioid / opioid avoidance
    - opioid management < 30mg DME
    - side effect evaluation
    - patient education
  - Rehabilitative Services Evaluation
    - treatment, as appropriate
  - MHI Evaluation
    - treatment, as appropriate
    - group therapy
  - Patient Education Enrollment
    - Stanford Chronic Pain Course
  - Wellness Plan
    - exercise, diet, social groups
    - holistic approaches
    - Meditation, mindfulness, yoga
  - Social Services Evaluation
    - referrals, as appropriate

**Goal**
Remain in PCP Team Care

**Moderate Risk**

- Standard Care + Pain Team Care
  - Pain Team Consult
    - MD, NP, PT, RPh, BH (base members)
    - Primary Care team initiated
    - via phone or telepresence
  - Medication Mgmt Agreement
    - w/appropriate fact sheets
  - Opioid Risk Assessment
    - SOAPPR, COMM
  - Opioid Compliance Monitoring
    - DOPL reports
    - random UDM (up to every 6m)
  - Pain Team Management
    - Patient/Family involvement
    - as appropriate
    - Advanced Patient Evaluation
      - time-limited monthly visits
    - Opioid Management
      - rotation, tapering, eliminate
    - Case Management
    - Rehabilitative /Restorative Program
    - Behavioral Health Stabilization

**Goal**
Return to PCP Team Care
High Risk Referral, if appropriate

**High Risk**

May initiate directly from Evaluation & Stratification or Moderate Risk Pain Team Consult

- Consult of referral for Specialty Care
  - Pain Management
  - Physical Medicine & Rehab
  - Neurology
  - Orthopedics
  - Mental Health Specialist
  - Substance Use Disorder Treatment

**Goal**
Return to PCP Team Care
Return to Pain Team Care
Provider Resources

- These Resources include:
  - Care Manager/Health Advocate- In the next presentation we will show you how your care management team can assist in managing and treating patients with chronic pain.
  - MH Providers- Most chronic pain patients have comorbid mental health issues that must be addressed. However, just addressing their anxiety or depression is not the entire story for chronic pain. Patients need to learn new coping skills, meditation, engagement with family, friends, hobbies, etc.
"Have you tried enjoying the aches and pains?"
Provider Resources

- Physical Therapy- one of the mainstay treatments for chronic pain is physical activity. Patients may need directed PT for a specific diagnosis but usually they just need to start moving.

- Patient education classes- at the Layton clinic we developed a 10 week education course for patients with chronic pain. These courses were facilitated by our mental health providers.

- Pharmacy- need pharmacists to evaluate high risk patients and make recommendations for alternative drugs, dosing changes, and monitoring.

- Support groups, exercise classes, meditation classes, continuing education classes for patients.

- Substance abuse and addiction specialists.
Provider Resources

- Multidisciplinary Chronic Pain Clinic-
  - Place where PCPs can send their high complexity patients for a consult or ongoing treatment
  - Team members:
    - Chronic Pain Specialist- philosophy in line with our goals
    - Pharmacist
    - Physical Therapist
    - Mental Health Provider
    - Care manager
    - Ancillary resources
    - Telemedicine resources
    - Substance abuse referral resources- providers, programs, etc.