

Pain Management Program for a Rural Medical Home

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Background

- Lebanon Community Medical Home
- High prevalence of chronic pain patients, many of whom were “fired” from other practices
- Negative outcomes = large impact on patient and community health
- Very limited resources
- Risk stratification was case-by-case, provider dependent
- Pain management contracts also case-by-case, provider dependent
- Great need for a systematic pain management program (PMP)

My Role

- Collecting and organizing ideas from providers and staff
- Identifying standardized, evidence-based tools to help with patient risk assessment and stratification
- Creating a PMP outline that can be easily followed by any provider/staff member and applied to all patients using chronic narcotics.

Goals of the PMP

- Educate patients on risks and benefits of opioid therapy
- Establish clear and realistic goals of treatment
- Engage patients in non-narcotic pain management strategies
- Involve mental/behavioral health earlier and more often
- Identify earlier those with yellow or red flags
- Providers play a more active role in addiction treatment through earlier recognition and enrollment into programs
- Reduce the negative impact on patient and community health

Identifying Patients for Enrollment

- Identify ALL patients already on narcotics
- Classify Acute vs Chronic
 - Acute: <3 months of daily use or occasional use
 - Monitored for ongoing use
 - Chronic: >3 month of daily use
 - Enrolled into PMP
- New opiate users – considered acute but move to chronic group and enrolled into PMP if daily use persists >3 months
- New patients already on narcotics – enroll as chronic

PMP Pre-enrollment Steps

- Ideally done *before* RX is written
- Perform Pain and Function assessment
 - *Pain Inventory, Pain Disability Index, Pain Assessment and Documentation Tool (PADT)*
- Perform Risk assessment and stratification
 - *Opioid Risk Tool (ORT), The Screener and Opioid Assessment for Patients with Pain (SOAPP), CAGE, AUDIT*

Pain Assessment and Documentation Tool

(PADT™)

Patient's Name: _____ Today's Date: ____/____/____

Current Analgesic Regimen

Drug Name	Strength (eg, mg)	Frequency	Maximum Total Daily Dose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The progress note is a clinician-directed interview—the clinician asks the questions, and the clinician records the answers. The following sections may be completed by the physician, nurse practitioner, physician assistant, or nurse. The Potential Aberrant Drug-Related Behavior and Assessment sections must be completed by the physician. Ask the patient the questions below, except where noted.

Analgesia

If 0 indicates "no pain" and 10 indicates "pain as bad as you can imagine" what is your level of pain to the following questions?

1. On average, during the past week what was your pain level? (Circle the appropriate number)

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

2. At its worst, what was your pain level during the past week?

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

3. During the past week, what percentage of your pain has been relieved? Write a percentage between 0% and 100% _____

4. Is the amount of relief that you are receiving _____

Activities of Daily Living

Please indicate whether the patient's functioning with the current pain reliever(s) is better, the same, or worse since the last assessment with this documentation tool. Please check each item.

	Better	Same	Worse
1. Physical functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Social relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sleep patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If this is the patient's first assessment, the clinician should compare the patient's functional status with the reports from the patient's last office visit

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, Obsessive Compulsive Disorder, Bipolar, Schizophrenia	[]	2	2
	Depression	[]	1	1
TOTAL			_____	_____

Total Score Risk Category

Low Risk 0 – 3

Moderate Risk 4 – 7

High Risk ≥ 8

Reference: Webster LR. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. *Pain Medicine*. 2005;6(6):432-442. Used with permission.

PMP Enrollment Steps (1)

- Education on efficacy and safety - written/video
- Risks vs. Benefits discussed
- Set clear and *realistic* goals and expectations
 - Elicit patient's expectations
 - Clearly document
- Informed Consent signed
 - *Consent for chronic opioid therapy*

PMP Enrollment Steps (2)

- PMP agreement signed – reviewed and updated yearly
 - UDS
 - Pill counts
 - Engagement in non-narcotic adjunctive pain management
 - Mental health involvement if yellow flags identified
 - Drug treatment program intake/interview if red flags identified
 - 1 prescriber, 1 pharmacy
 - No un-approved dose changes
 - Refill policy (28 days per rx, M-Thurs requests only)
 - External consults as needed (i.e. mental/behavioral health)
 - No illegal drug use
 - Pt identifies responsible party to confirm behavior related to med use

PMP Monitoring (1)

- 28 day follow-up for *all* patients after enrollment to assess:
 - Adverse effects
 - Repeat pain and function assessment - meeting goals?
 - Aberrant behavior, misuse, abuse, dependence, addiction
 - Drug tests or pill counts
 - Prescription monitoring systems
 - *Current Opioid Misuse Measure (COMM)*
 - Revisit pain diagnosis
 - Review patient engagement in non-narcotic adjunctive treatment regimens – VERIFY

Current Opioid Misuse Measure (COMM)[®]

Please answer each question as honestly as possible. Keep in mind that we are only asking about the **past 30 days**. There are no right or wrong answers. If you are unsure about how to answer the question, please give the best answer you can.

Please answer the questions using the following scale:	Never	Seldom	Sometimes	Often	Very Often
	0	1	2	3	4
1. In the past 30 days, how often have you had trouble with thinking clearly or had memory problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the past 30 days, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work or appointments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the past 30 days, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the past 30 days, how often have you taken your medications differently from how they are prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the past 30 days, how often have you seriously thought about hurting yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the past 30 days, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PMP Monitoring (2)

- Level of monitoring = level of patient's risk

Yellow Flags	Red Flags
Needs increasing amt of med	Deterioration in function
Drug hoarding when sxs abate	Illegal activities (i.e. selling)
Specific med type requests	Injecting or snorting med
Openly acquiring similar med from other provider	Resistance to change tx despite adverse effects
Occ. unsanctioned dose escalation	Multiple episodes of lost or stolen rx
Unapproved use to treat other sxs	Concurrent EtOH or illicit drug use
Lack of engagement in non-narcotic pain management options	Refusal to comply with UDS or pill counts
	Multiple providers or pharmacies

PMP Monitoring (3)

Low Risk/Stable	Moderate Risk	High Risk
3 RX's for 28 day supply	Yellow Flags or hx of addiction/abuse with good recovery	Red Flags, current addiction/abuse, or hx of such with poor recovery
q3 month f/u	Mental/behavioral health consult mandatory	Enrollment into drug tx program
+/- mental or behavioral health involvement per patient and physician judgment	Possible screening for drug tx program	Provider may immediately d/c tx and manage withdrawal
	RX for only 28 day supply with q28 day f/u	Mental/behavioral health f/u mandatory after completion of drug treatment program
	May be weaned off of medications	

Summary

- Patient education and engagement
- Patient-provider partnership, mutual accountability
- Higher risk = more frequent follow-up, earlier involvement of mental health services, earlier enrollment into treatment programs
- The outcome... TBD!

Resources

- Brief Pain Inventory (BPI):
[http://www.painedu.org/Downloads/NIPC/Brief Pain Inventory.pdf](http://www.painedu.org/Downloads/NIPC/Brief_Pain_Inventory.pdf)
- Pain Disability Index (PDI):
<http://www.epicmentoring.com/files/4-Pain-Diasabilty-Index.pdf>
- Pain Assessment and Documentation Tool (PADT):
[http://www.practiceadvisor.org/docs/default-source//documents/pain assessment and documentation tool](http://www.practiceadvisor.org/docs/default-source//documents/pain%20assessment%20and%20documentation%20tool)
- Opioid Risk Tool (ORT):
[http://www.partnersagainstpain.com/printouts/Opioid Risk Tool.pdf](http://www.partnersagainstpain.com/printouts/Opioid_Risk_Tool.pdf)

Resources

- The Screener and Opioid Assessment for Patients with Pain (SOAPP):
- <http://nhms.org/sites/default/files/Pdfs/SOAPP-14.pdf>
- CAGE Questionnaire:
- http://www.integration.samhsa.gov/clinical-practice/sbirt/CAGE_questionnaire.pdf
- AUDIT Questionnaire:
- <http://www.agencymeddirectors.wa.gov/Files/aas.pdf>
- Example of Consent for Chronic Opioid Therapy
- <http://opi.areastematicas.com/generalidades/CONSENTINFORM.AAPM1999.pdf>