

The White Poppy

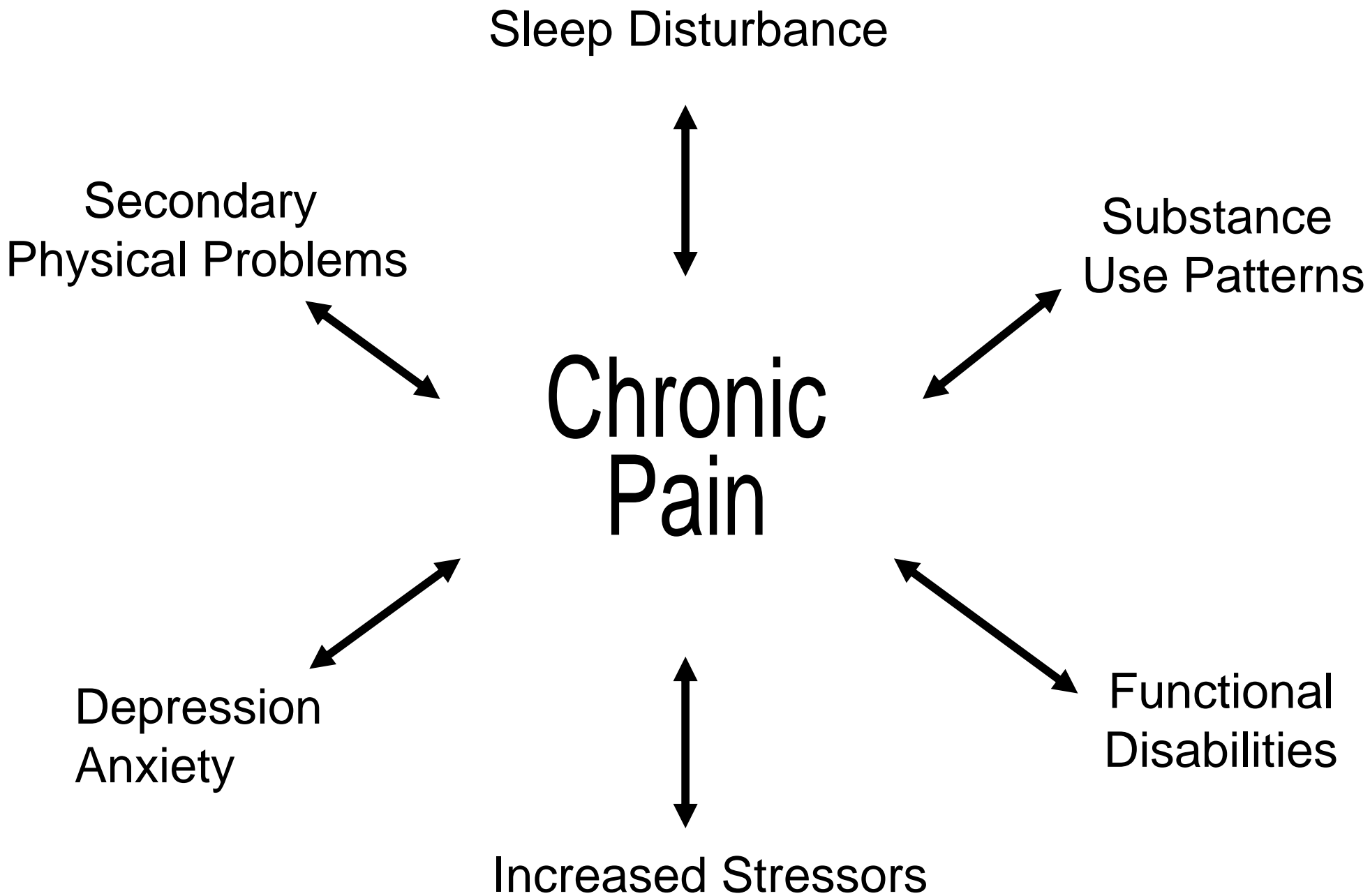
Opioid Therapy *Optimizing & Documenting Outcomes*

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Common Outcome Targets Long-term Opioid Therapy

- Relieve pain
- Reduce pain related symptoms
(mood, changes, fatigue etc)
- Improve function
- Improve quality of life

- Avoid side effects
- Prevent diversion and misuse

Optimization of Care Longterm Opioid Therapy

- Multidimensional treatment
- Universal precautions in all patients
- Intensified structure of care for higher risk patients

Multidimensional Treatment Chronic Medical Illness (Pain)

- Target physiologic elements
 - Medications, physical modalities, interventionalist treatments, mind-body approaches
- Address psychological and functional issues
 - Depression, anxiety, sleep
- Address contextual issues
 - Relationships, work, recreation
- Empower patient in self management

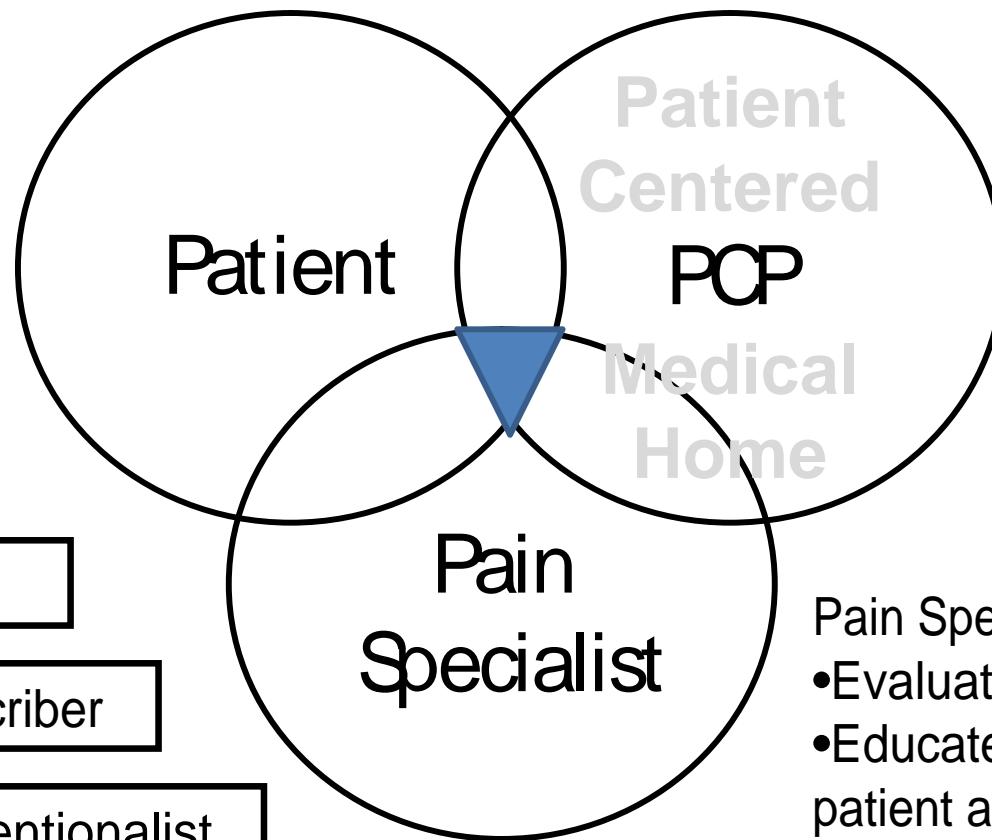
Multidimensional Care Team

Patient Roles:

- Report accurately
- Consider choices
- Elect treatments
- Care for self

PCP Roles:

- Provide, coordinate & integrate care
- Evaluate, educate advise & empower patient



Physical Therapist

Psychologist

Med Prescriber

Interventionalist

Others

Pain Specialist Roles:

- Evaluate patient
- Educate, advise & empower patient and PCP
- (Provide care)
- (Coordinate pain care)

Universal Precautions

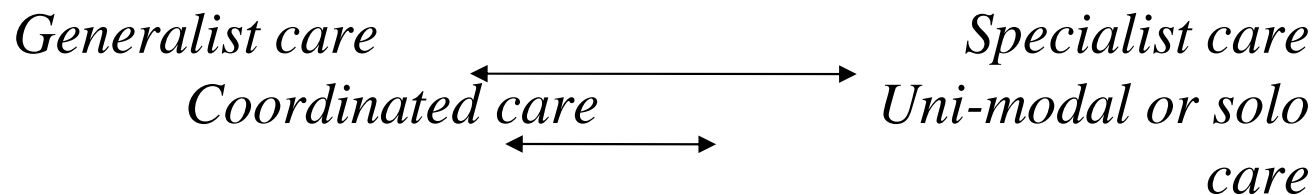
- Risk determination is imprecise
- Risks to both clinician and patient
- Basic universal precautions with all patients treated with opioids
 - Comprehensive pain, psych, substance assessment
 - Routine informed consent and agreement
 - Regular monitoring of pain, med use, mood, and function, including drug screens
 - Clear and consistent documentation

Structural Supports Opioid Therapy

- Setting and specialization of care
- Selection of treatments
- Supply of medications
- Supports for recovery
- Supervision and monitoring

Savage, 2004 and 2008

Setting of Care



	<i>Generalist care</i>	<i>Coordinated care</i>	<i>Specialist care</i> <i>Uni-modal or solo care</i>
Pain Etiology	Clear, straightforward etiology of pain	Uncertain etiology, but some physiologic clues or a suggestive pattern of pain	Etiology unknown, no physiologic clues or pattern, or complex treatment needs
Psychiatric	No history psychiatric disorder	Stable, well-compensated psychiatric disorder	Psychiatric instability
Addiction	No history substance misuse of addiction	In recovery or history of major substance misuse	Active addiction, current illicit use
Social Support	Good social support	Some social discord or challenging social net	Isolated, major social distress, destructive associates
Activity Engagement	Rich work or avocational life	Some engagement with meaningful activities	No satisfying work, recreation, other activities

Selection of Treatment

Goal: reduce reward in vulnerable individuals

- Availability of non-rewarding alternatives
- Reward potential of meds used as prescribed
- Reward potential of medications if misused
- Schedule of medications
 - As needed
 - Scheduled only
 - Scheduled and prn
- Active patient role
- Multidimensional care

Supply of Medications

Goal: assist in control of medication use

- Weekly to monthly typical for initiation
- Some may advance to every 3 months
- Some may continue at initiation level
- Some may require tighter control
 - Frequent dispensing, small quantities
 - Signed and dated patch
 - Dispensing by trusted other

Supports for Recovery

Goal: reduce relapse risks

- Substance treatment
 - Confirmation of AA/NA attendance
 - One on one or group counseling
 - Opioid maintenance for relapsing opioid addiction
- Toxicology screens
- Psychiatric care for co-morbidities
- Multidisciplinary pain care

Supervision

Goal: optimize pain treatment and identify/ address concerns early

- Frequency of visits
- Pain and medications diaries
- Observation of others
- Urine screens
- Pill counts
- Opioid challenge

Outcomes of Structured Care

171 pts with aberrant behaviors received structured opioid care (agreement, UDTs etc)

- 45% adhered to the OTA and resolved aberrant behaviors
- 38% self-discharged
- 13% referred for addiction treatment
- 4% with consistently negative UDT were weaned from opioids

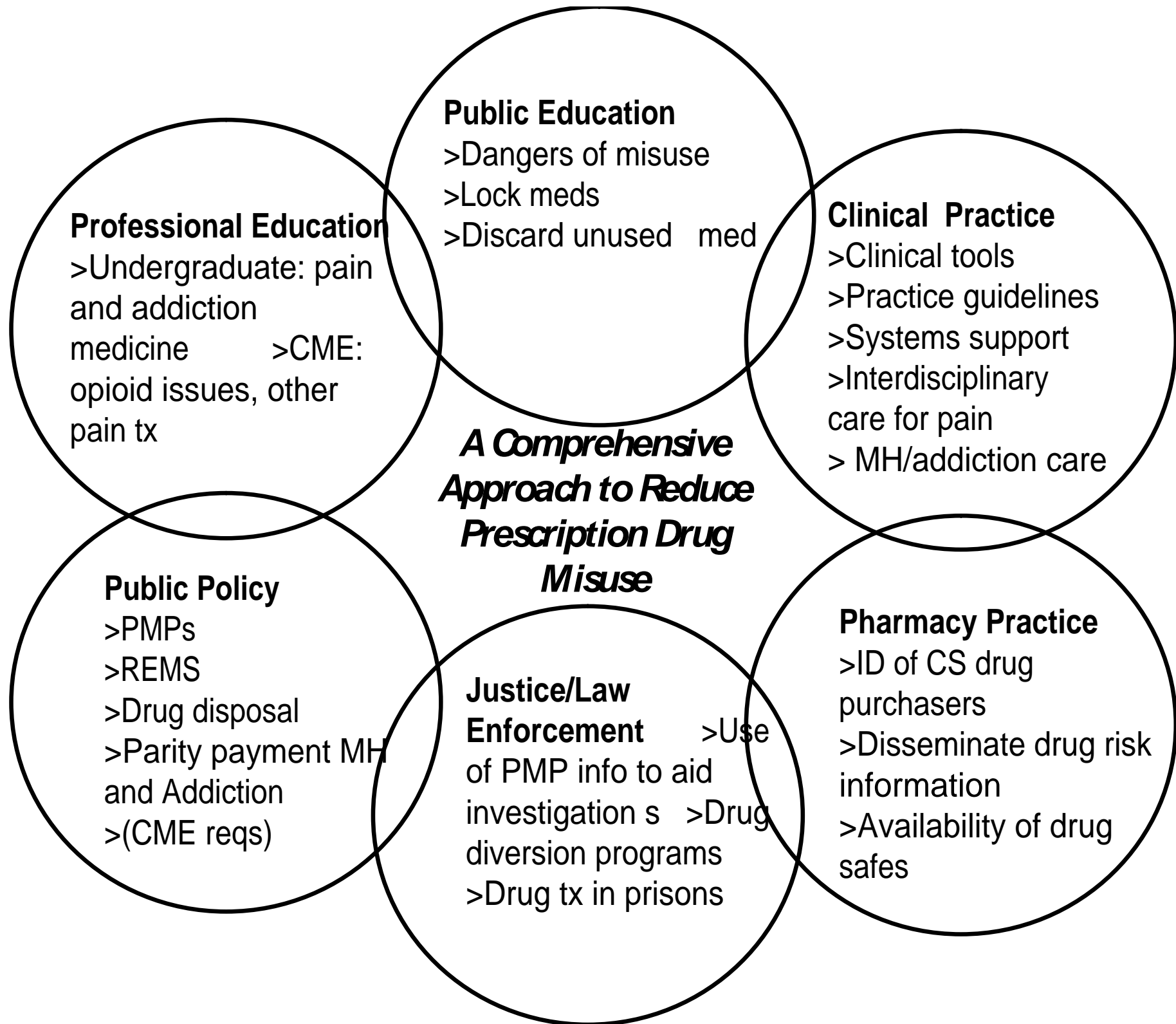
Weidemer, Harden, Arndt & Gallagher , 2007

Outcomes Structured Care

- Followed 3 groups over 6 months
 - 21 high risk pts received standard care
 - 21 high risk pts received enriched care - tox screens q mo, compliance checklists, motivational counseling
 - 20 low risk pts –standard care
- Findings: Positive Drug Misuse Index (PDUQ, ABC, tox screens)
 - High-Risk Control patients – 73.7%
 - High risk enriched care - 26.3%
 - Low risk controls 0 25%

Optimization Beyond Clinical Care

- Patient education & public awareness messages
 - Prescribed opioids can kill.
 - You can not predict who wants your opioids.
 - Keep your opioids locked.
- Needs
 - Media campaign
 - Pharmacies to stock lock boxes



Public Education

- >Dangers of misuse
- >Lock meds
- >Discard unused med

Clinical Practice

- >Clinical tools
- >Practice guidelines
- >Systems support
- >Interdisciplinary care for pain
- > MH/addiction care

Professional Education

- >Undergraduate: pain and addiction medicine
- >CME: opioid issues, other pain tx

A Comprehensive Approach to Reduce Prescription Drug Misuse

Public Policy

- >PMPs
- >REMS
- >Drug disposal
- >Parity payment MH and Addiction
- >(CME reqs)

Pharmacy Practice

- >ID of CS drug purchasers
- >Disseminate drug risk information
- >Availability of drug safes

Justice/Law Enforcement

- >Use of PMP info to aid investigations
- >Drug diversion programs
- >Drug tx in prisons

Outcome Measurement Clinical Practice

Rationale:

- Revise treatment to:
 - Achieve goals
 - Avoid unnecessary or harmful treatment
- Opioids may be self-perpetuating medications (due to physical dependence, tolerance, hyperalgesia, or addiction) –need indicators
- Reimbursement increasingly tied to demonstration of efficacy

Pain Outcomes/Changes

- Location(s)
- Radiation
- Quality
- Variability
 - Temporal
 - Activity related
- Amelioration and exacerbatation
- Intensity*

Tools for Documentation of Pain Intensity

- Measurement tools: Numerical, visual analogue, faces, verbal descriptor
- Relative ratings over proscribed time
 - Benchmark
 - Worst
 - Best
 - Typical
 - Satisfactory

Tools for Documentation of Function

- Pain Impact Questionnaire 6
- Oswestry Disability Scale
- Roland Morris Disability Scale
- Others

Documentation of Quality Of Life

Example : American Chronic Pain Association

- 0 - Stay in bed all day Feel hopeless and helpless about life
- 1 - Stay in bed at least half the day Have no contact with outside world
- 2 - Get out of bed but don't get dressed Stay at home all day
- 3 - Get dressed in the morning Minimal activities at home Contact with friends via phone, email
- 4 - Do simple chores around the house Minimal activities outside of home 2 d/wk
- 5 - Struggle but fulfill daily home responsibilities No outside activity. Not able to work/volunteer
- 6 - Work/volunteer limited hours. Take part in limited social activities on weekends
- 7 - Work/volunteer a few hours daily. Active at least five hours a day. Can make plans to do simple activities on weekends
- 8 - Work/volunteer at least six hours daily. Energy for plans one evening during week
- 9 - Active on weekends. Work/volunteer/be active eight hours daily. Take part in family life. Outside social activities limited
- 10 - Go to work/volunteer each day. Normal daily activities each day Have a social life outside of work Take an active part in family life

Combined Documentation

- Specific tools: PADT, Brief Pain Inventory, others
- Electronic record systems
- Chronic disease registries

Emerging EMRs

- Patient portal for data entry
- Accessible by all providers
- Dashboard inclusions
 - Key history and co-occurring conditions
 - Cumulative treatment and responses
 - Evaluations and results
 - Medication use issues
 - Longitudinal graphic tracking of pain, function, mood, others dimensions as indicated

Chronic Disease Registries

- Point of care entry of data points on patients with specific chronic conditions
- Purpose
 - Track condition specific information
 - Prompt recommended care (visits, evaluations, management strategies)
 - Permit assessment of trends and outcomes
 - Provide basis for quality improvement efforts by individual clinicians or organizations
 - Facilitate outcomes research

Chronic Disease Registries

- US DHHS Agency for Health Research and Quality (AHRQ)
 - Guidance for diverse chronic disease registries
 - Support
- Emerging pain registries
 - International acute pain registries
 - Proprietary chronic pain registries
 - Regional opioid registries
 - Distinct from PMPs, REMs