

Universal Precautions in Pain Management: *A Person-Centered Approach to Preventing Opioid Misuse*

May 18, 2023

11am-12pm

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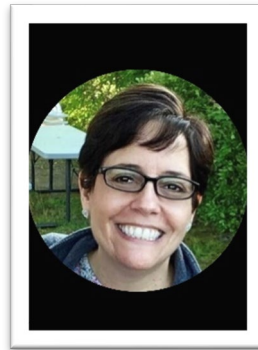
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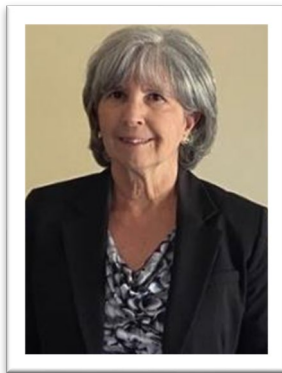
Today's Speakers



Rebekah Gardner, MD
Senior Medical Scientist
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Jennifer McCarthy, EdD, LCPC
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Medication Safety Pharmacist
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Chat In



Please use the chat feature to share your name, organization, and state.



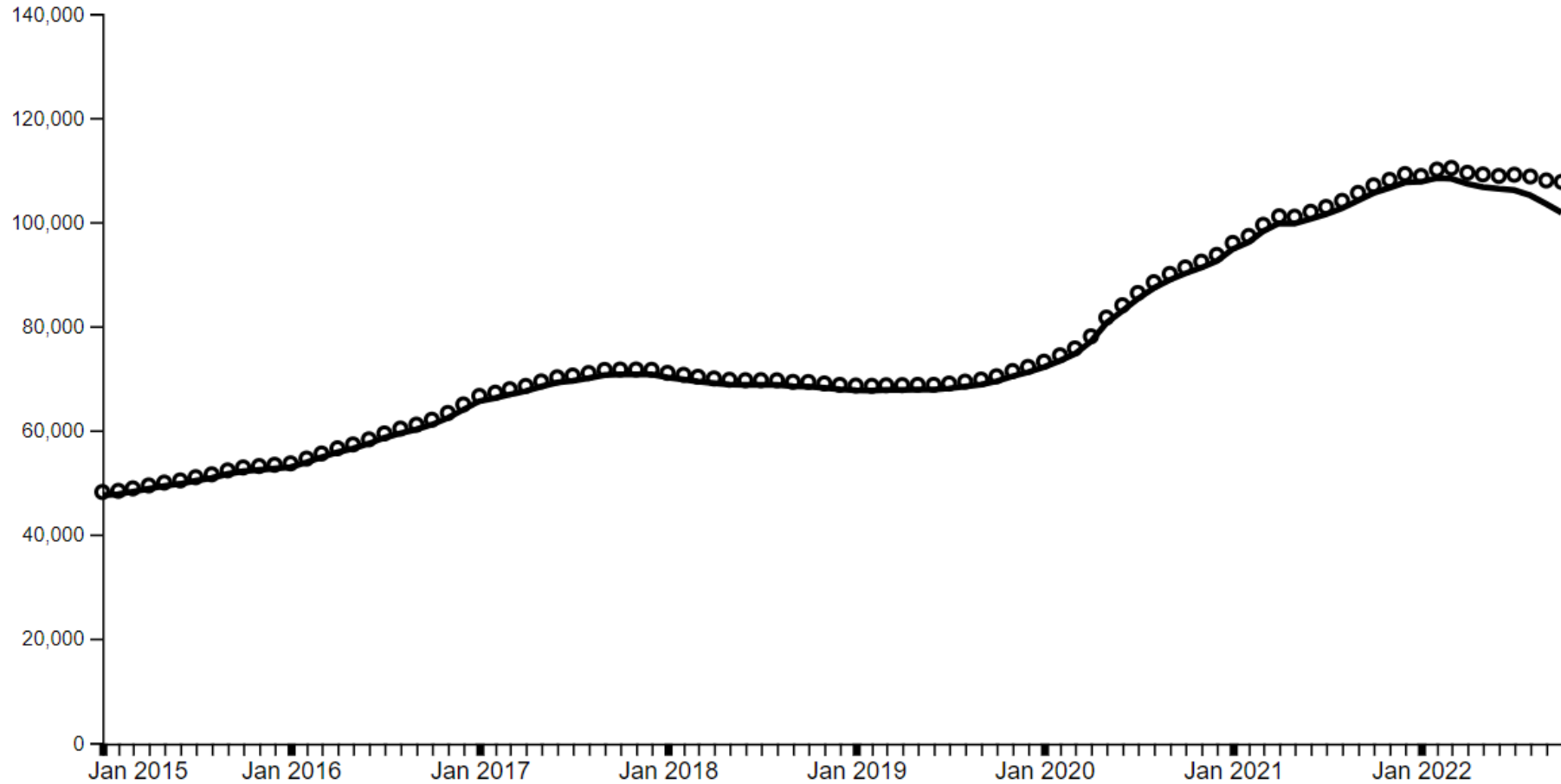
We want to know who is around the table



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Increase in Drug Overdose Deaths in US



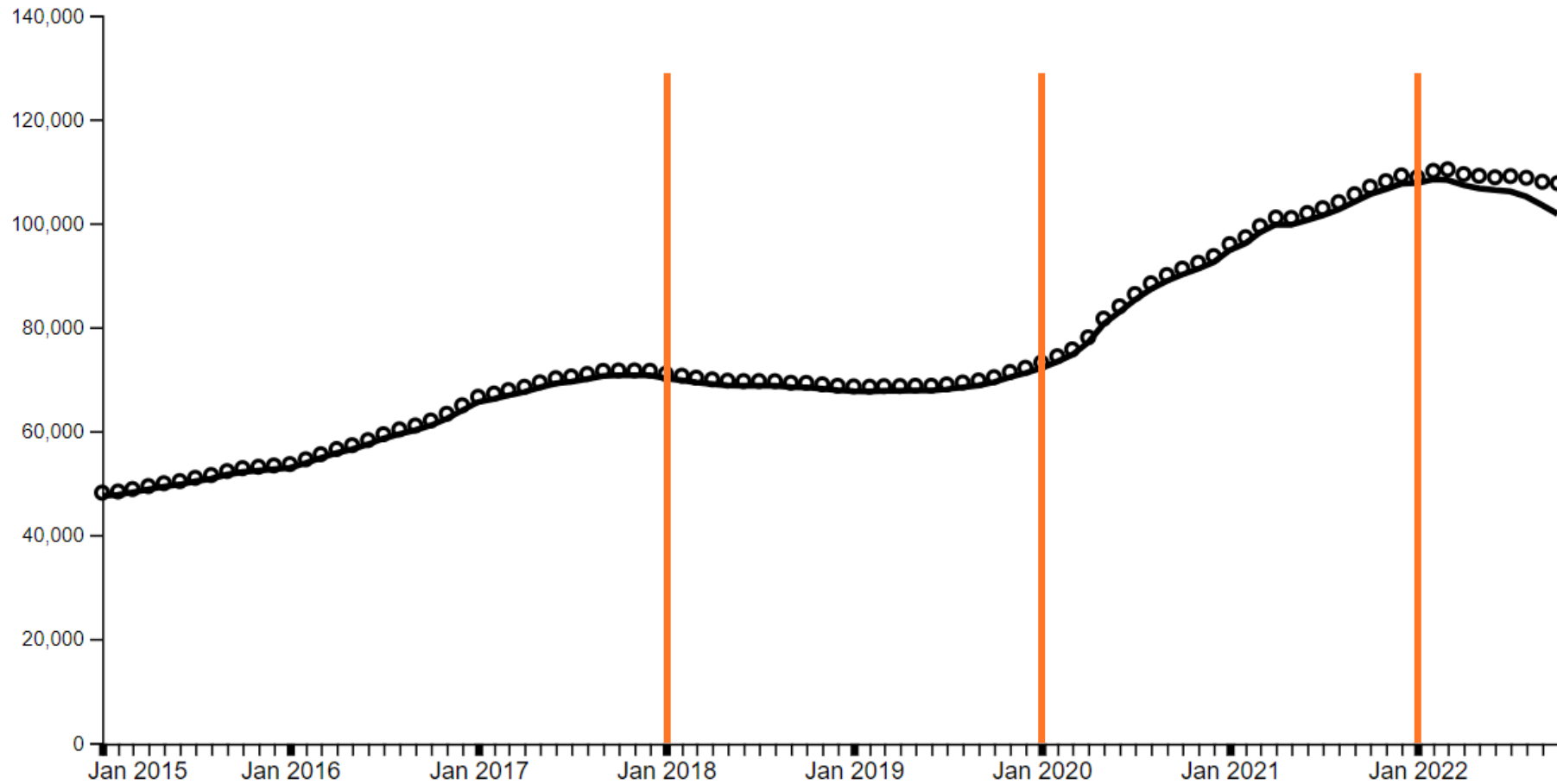
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



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Pandemic Erased Moderate Gains



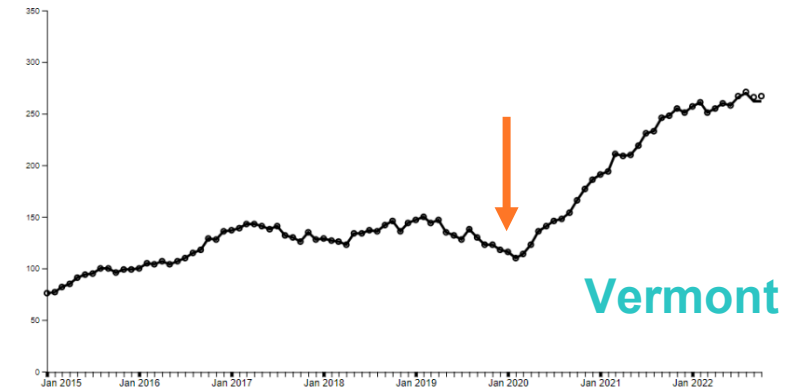
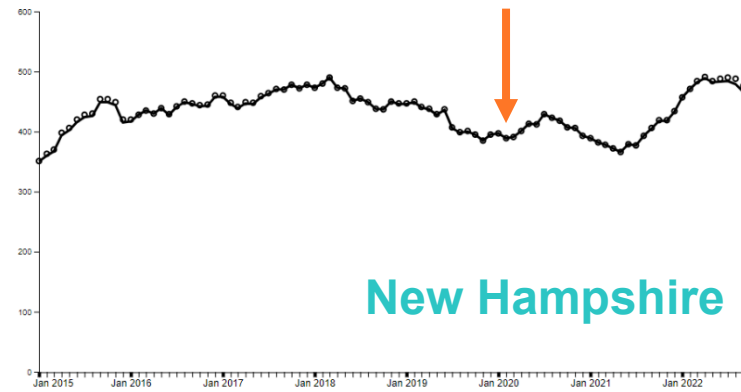
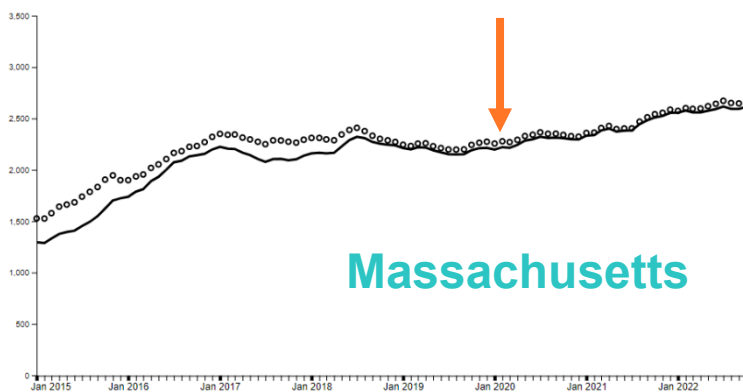
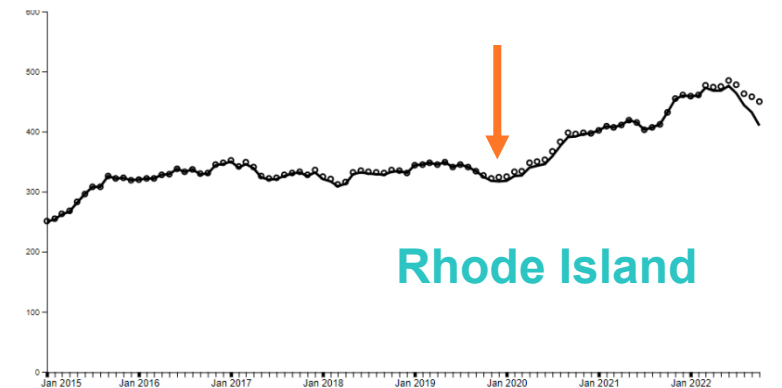
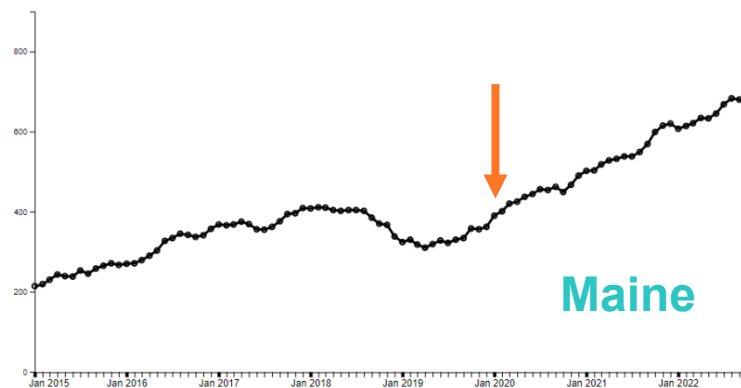
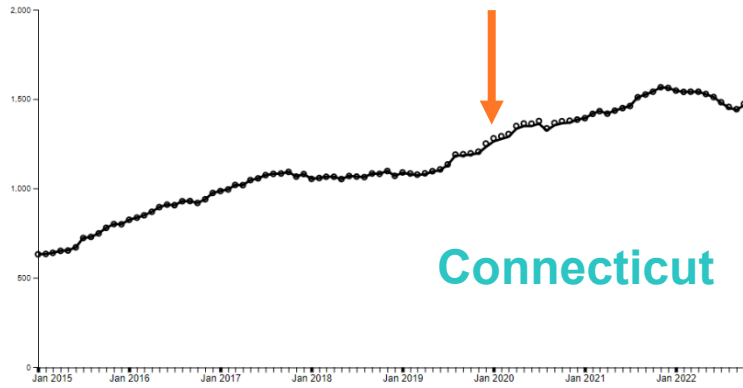
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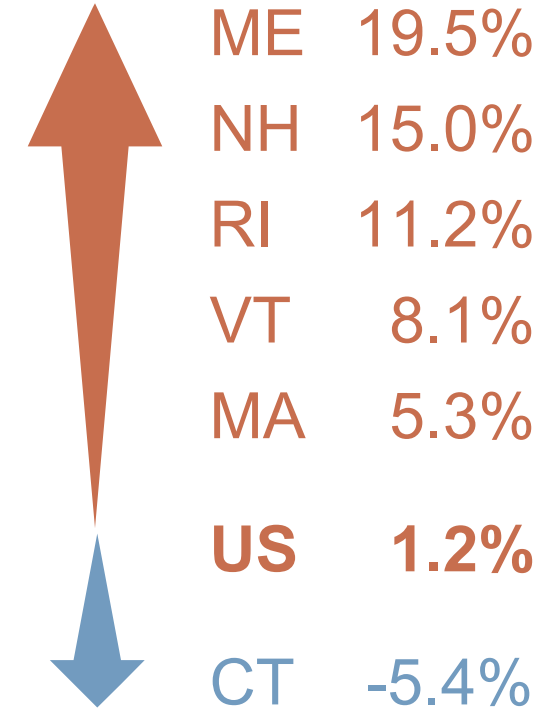
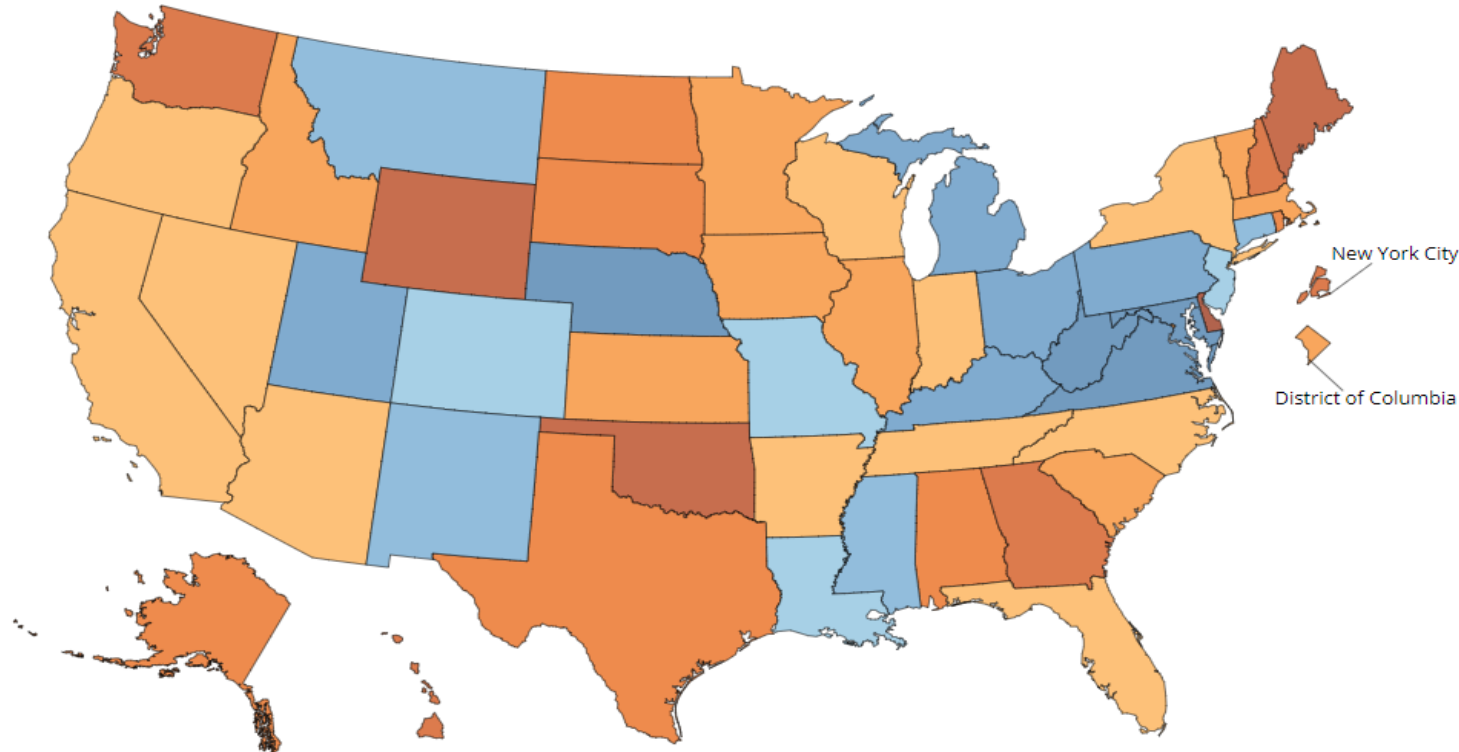
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Variation Across New England

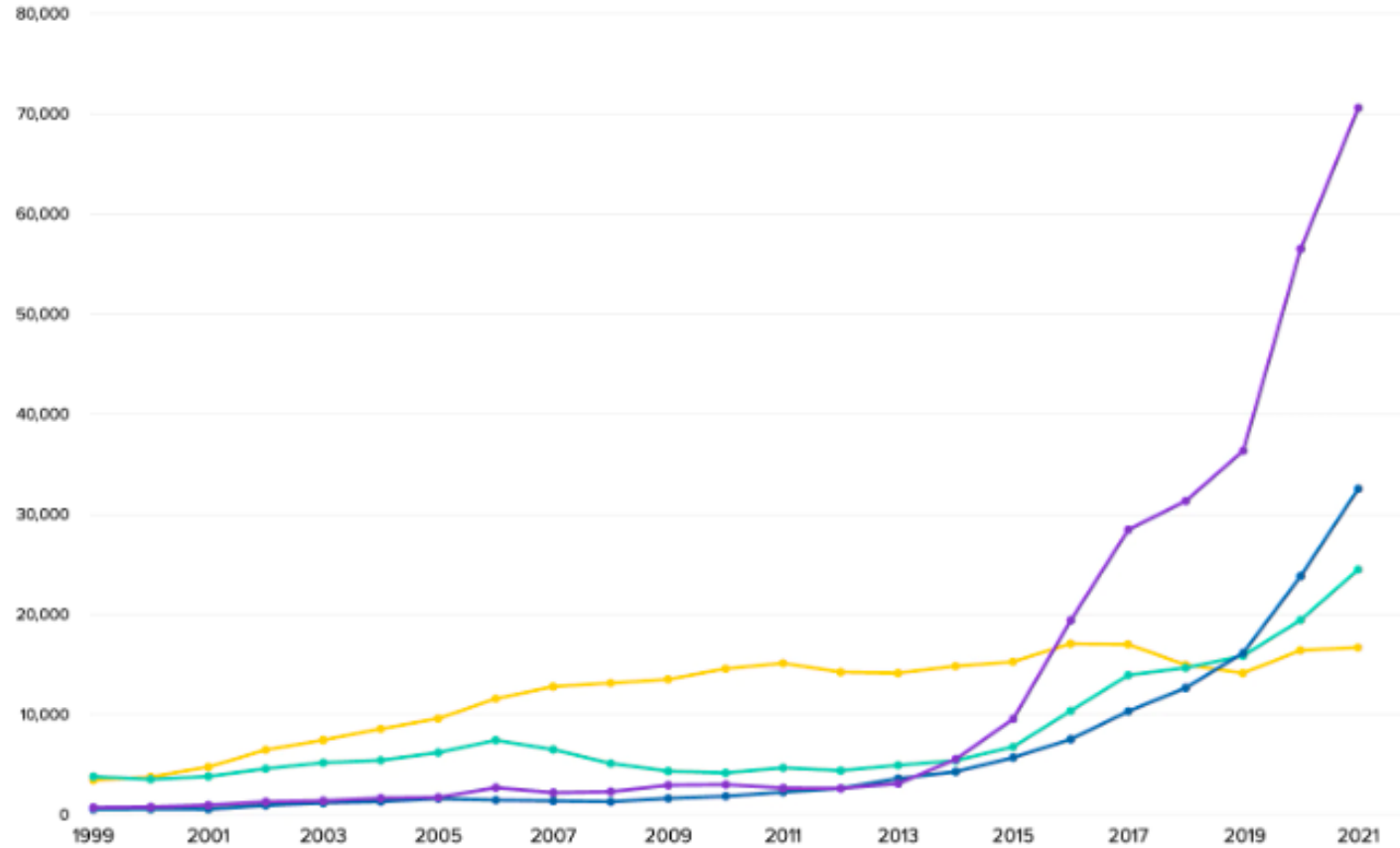


Percent Change in Deaths in the Past Year

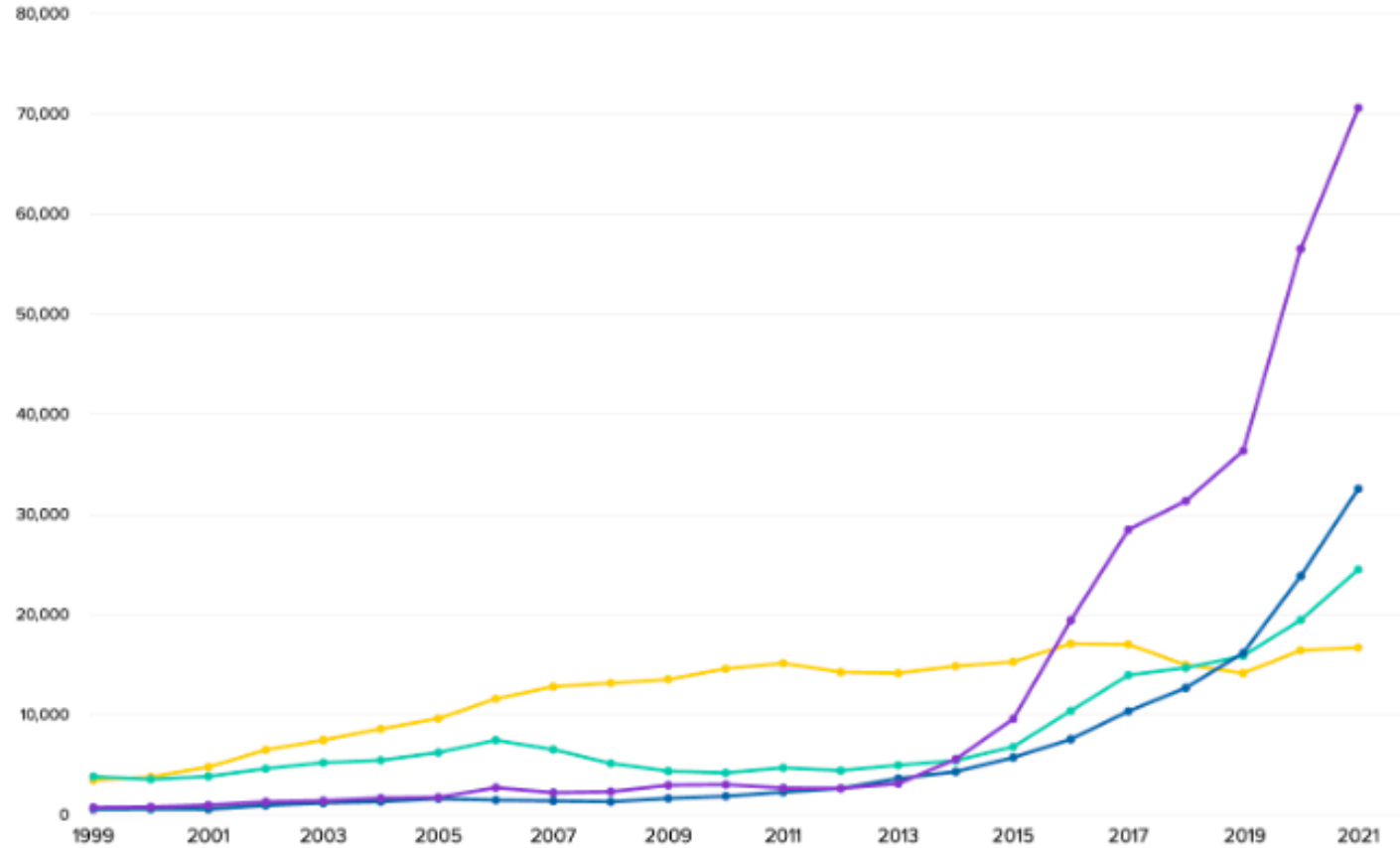


Most Deaths Now Due to Synthetic Opioids

Synthetic opioid
(including fentanyl)
overdose deaths
increased **97-fold**



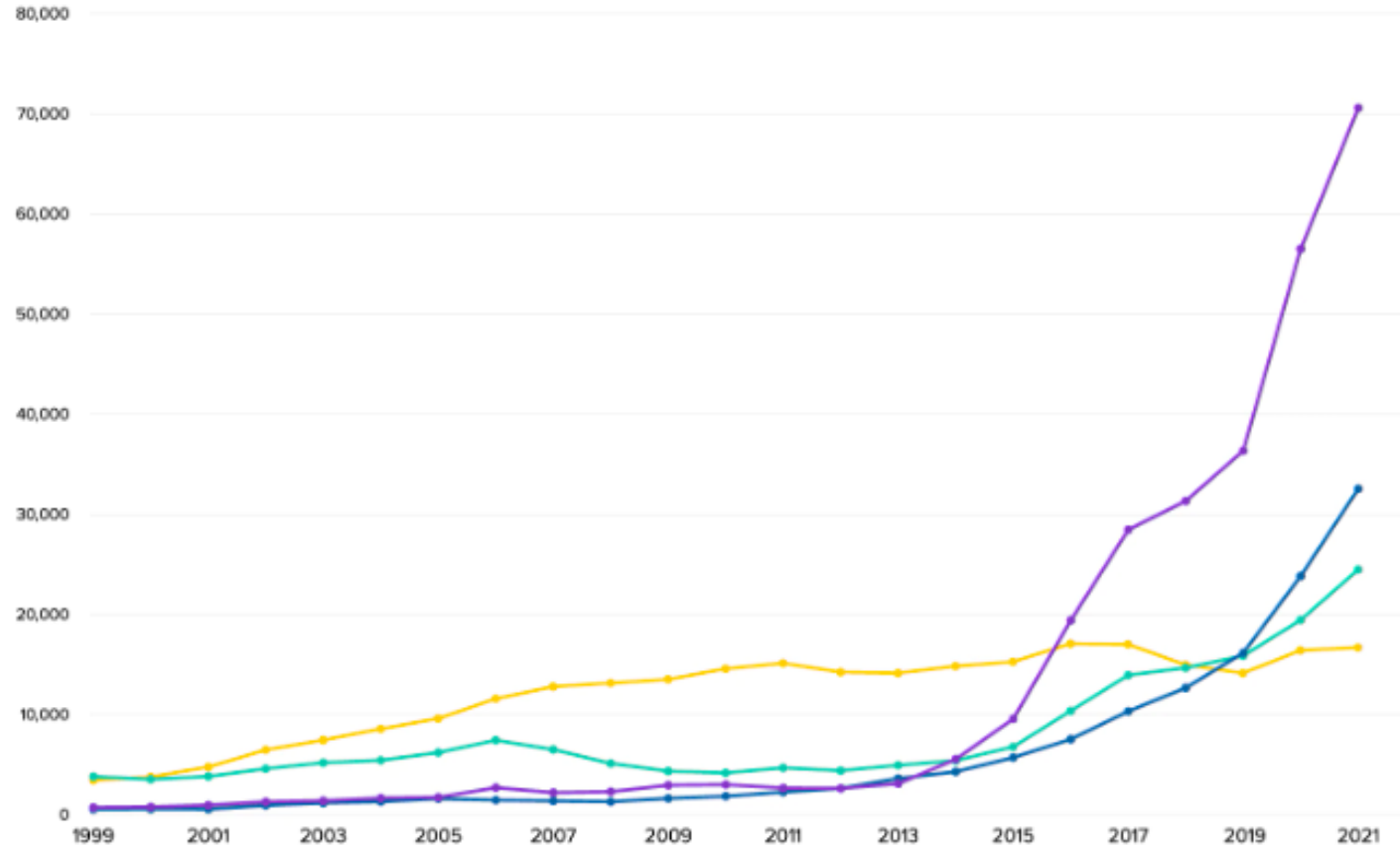
Most Deaths Now Due to Synthetic Opioids



Synthetic opioid
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Psychostimulant
(primarily
methamphetamine)
overdose deaths
increased **59-fold**

Most Deaths Now Due to Synthetic Opioids

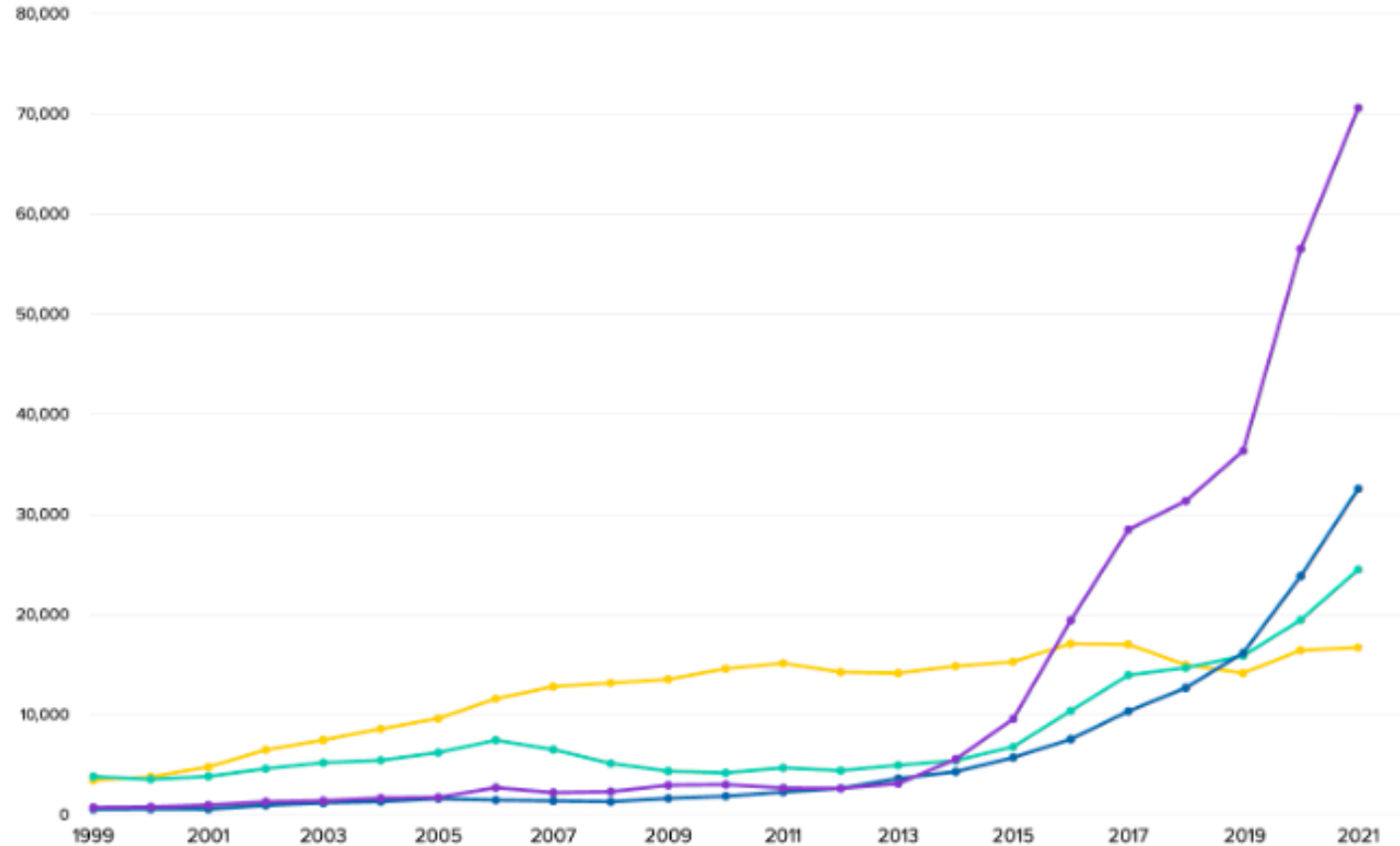


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Cocaine overdose
deaths increased **6.4-fold**

Most Deaths Now Due to Synthetic Opioids



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Psychostimulant
(primarily
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Cocaine overdose
deaths increased **6.4-fold**

Rx opioid overdose
deaths increased **4.9-fold**

Learning Objectives

Upon attending this session, participants will be able to:

- 1 Implement evidence-based assessments of patients' physical and behavioral needs
- 2 Describe a holistic treatment plan
- 3 Access tools and resources to better support patients and the community

Our Opioid Framework*

Primary
Prevention

Harm
Reduction

Evidence-Based
Treatment

Recovery
Support

Chat In



What are your goals for this session?



We want this time to be
of value to you



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The Case of Mr. Davani



72 y.o. man with GERD, CAD, CKD, and depression

Here to discuss worsening pain from hip osteoarthritis

Orthopedist is considering hip replacement

Every Encounter is a Prevention Opportunity

Assess physiological and behavioral needs and risks



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Identify patient-centered **treatment** plan that reduces both suffering and unintended harm



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Implement and **refer**, as needed, including complementary therapies



Every Encounter is a Prevention Opportunity

Assess physiological and behavioral needs and risks

Identify patient-centered **treatment** plan that reduces both suffering and unintended harm

Implement and **refer**, as needed, including complementary therapies

Follow up to provide support and **monitor progress**



Screening & Assessment

Jennifer McCarthy, EdD, LCPC
Grants and Contracts Manager
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Screening & Assessment

- Start with pain
- Reflect on relationship between pain and mental health
- Review mental health screens
- Explore findings from the Harvard Study on happiness
- Consider social screens
- Examine substance use screens



Use OPQRST as a Conversation Starter

Onset

- *Did your pain start suddenly or gradually get worse? What were you doing when the pain started?*

Provocation

- *What makes your pain better or worse?*

Quality

- *What words would you use to describe your pain? Is it dull or sharp?*

Region

- *Point to where it hurts the most. Where does your pain go from there?*

Severity

On a scale of 1 to 10, how would you rate this pain?

Time

- *How long has this been going on?*



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A Patient-Centered Approach



- Pain is subjective and relative for each individual patient
- All pain is valid

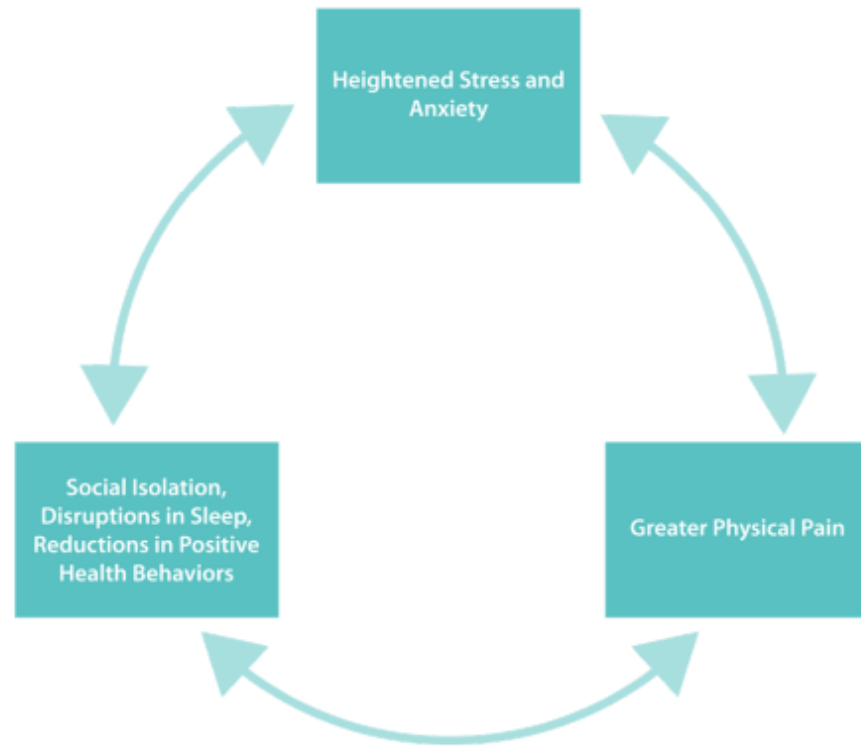
The Pain, Enjoyment of Life, and General Activity (PEG) Scale

Individuals rate

1. **pain on average** over the past week
2. how pain has interfered with **enjoyment of life**
3. how pain has interfered with **general activities**

1. What number best describes your <u>pain on average</u> in the past week:										
0	1	2	3	4	5	6	7	8	9	10
No pain					Pain as bad as you can imagine					
2. What number best describes how, during the past week, pain has interfered with your <u>enjoyment of life</u>?										
0	1	2	3	4	5	6	7	8	9	10
Does not interfere					Completely interferes					
3. What number best describes how, during the past week, pain has interfered with your <u>general activity</u>?										
0	1	2	3	4	5	6	7	8	9	10
Does not interfere					Completely interferes					

Strong Link Between Pain & Mental Health



Based on data from Mental Health America online screening tool

- Proactively initiate conversations about mental health and chronic pain
- Include trauma, stress, anxiety, depression, PTSD, coping skills, and resilience-building; not just substance use-focused services and supports

Learn more: <https://www.mhanational.org/mental-health-america-reports-strong-connection-between-chronic-pain-and-untreated-mental-health>



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SAMHSA's Definition of Trauma: The Three E's

An **event** of actual or extreme threat of physical or psychological harm which an individual **experiences** as traumatic, and which causes long-lasting **effects**.

Adverse Childhood Experiences (ACEs)

Potentially traumatic events that occur in childhood:

- **Abuse:** emotional, physical, and sexual
- **Neglect:** emotional and physical
- **Household dysfunction:** incarcerated relatives, mental illness, violence in household, marital issues/divorce, and substance use

Select Chronic Pain Conditions Associated with ACEs

- Dyspareunia, fibromyalgia, interstitial cystitis, migraines, and low back, orofacial, pelvic, or pregnancy-related pain

Primary Care PTSD Screen (PC-PTSD-5)

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. Have you ever experienced this kind of event?

In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
3. Been constantly on guard, watchful, or easily startled?
4. Felt numb or detached from people, activities, or your surroundings?
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

Patient Health Questionnaire for Depression

Over the last 2 weeks, how often have you been bothered by...

1. **Little interest or pleasure in doing things**
2. **Feeling down, depressed, or hopeless**
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more
9. Thoughts that you would be better off dead or of hurting yourself in some way

Good Relationships Keep Us Happier & Healthier

Harvard Study of Adult Development, found 3 lessons :

1. Social connections are really good for us; loneliness kills
2. Quality of close relations matter
3. Good relationships protect bodies and brains



2015 Ted Talk: <https://youtu.be/8KkKuTCFvzI>

Learn more: <https://www.adultdevelopmentstudy.org/>



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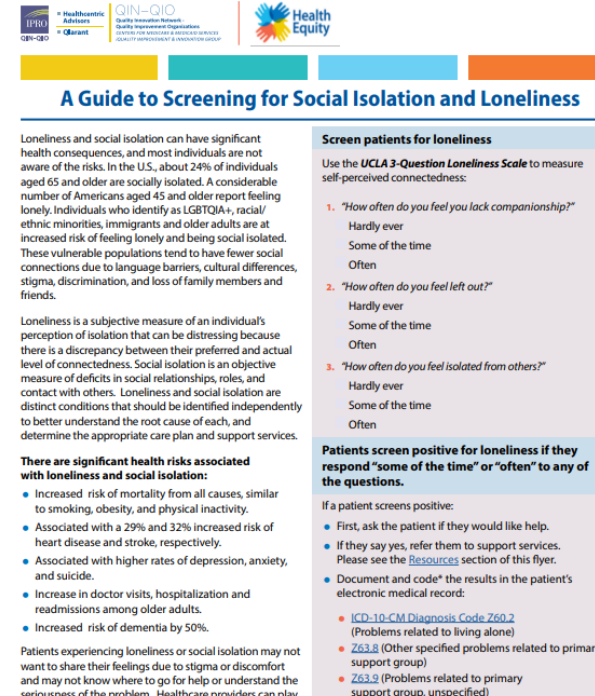
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Screening for Social Isolation and Loneliness

UCLA Loneliness Scale

1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, Validity, and Factor Structure. *Journal of personality assessment*. 66. 20-40.



A Guide to Screening for Social Isolation and Loneliness

Loneliness and social isolation can have significant health consequences, and most individuals are not aware of the risks. In the U.S., about 24% of individuals aged 65 and older are socially isolated. A considerable number of Americans aged 45 and older report feeling lonely. Individuals who identify as LGBTQIA+, racial/ethnic minorities, immigrants and older adults are at increased risk of feeling lonely and being social isolated. These vulnerable populations tend to have fewer social connections due to language barriers, cultural differences, stigma, discrimination, and loss of family members and friends.

Loneliness is a subjective measure of an individual's perception of isolation that can be distressing because there is a discrepancy between their preferred and actual level of connectedness. Social isolation is an objective measure of deficits in social relationships, roles, and contact with others. Loneliness and social isolation are distinct conditions that should be identified independently to better understand the root cause of each, and determine the appropriate care plan and support services.

There are significant health risks associated with loneliness and social isolation:

- Increased risk of mortality from all causes, similar to smoking, obesity, and physical inactivity.
- Associated with a 29% and 32% increased risk of heart disease and stroke, respectively.
- Associated with higher rates of depression, anxiety, and suicide.
- Increase in doctor visits, hospitalization and readmissions among older adults.
- Increased risk of dementia by 50%.

Patients experiencing loneliness or social isolation may not want to share their feelings due to stigma or discomfort and may not know where to go for help or understand the seriousness of the problem. Healthcare providers can play

Screen patients for loneliness

Use the **UCLA 3-Question Loneliness Scale** to measure self-perceived connectedness:

1. "How often do you feel you lack companionship?"
Hardly ever
Some of the time
Often
2. "How often do you feel left out?"
Hardly ever
Some of the time
Often
3. "How often do you feel isolated from others?"
Hardly ever
Some of the time
Often

Patients screen positive for loneliness if they respond "some of the time" or "often" to any of the questions.

If a patient screens positive:

- First, ask the patient if they would like help.
- If they say yes, refer them to support services. Please see the [Resources](#) section of this flyer.
- Document and code* the results in the patient's electronic medical record:
 - ICD-10-CM Diagnosis Code Z60.2 (Problems related to living alone)
 - Z63.8 (Other specified problems related to primary support group)
 - Z63.2 (Problems related to primary support group, unspecified)


Tool: <https://qi-library.ipro.org/2023/01/12/a-guide-to-screening-patients-for-social-isolation-and-loneliness/>



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Substance Use Screening Tools



SBIRT
Screening,
Brief Intervention, and
Referral to Treatment

Screening
quickly assess

Brief Intervention
for insight/awareness


Referral
to treatment



DAST-10
Drug Abuse
Screening Test

**Self-report Instrument
for population screening**

For use with adults and
older youth



TAPS
Tobacco, Alcohol,
Prescription
Medication,
and other
Substance Use Tool


Screening
([TAPS-1](#))

Brief assessment
([TAPS-2](#))



ORT-OD
Opioid Risk Tool -
Opioid Use Disorder

For use during an
initial visit



AUDIT-C

Alcohol Use
Disorders
Identification Test

<https://qi-library.ipro.org/2023/01/19/reimbursement-resources-for-screening-supporting-patients-with-substance-use-disorder/>

Coding for Screening & Brief Intervention Services

Medicare Reimbursement		Medicaid Reimbursement <i>Check with your state Medicaid agency about which billing codes to use.</i>		Bundled Payments for Substance Use Disorders Under PFS	
HCPCS Code	Description	HCPCS Code	Description	HCPCS Code	Description
G1028	Take-home supply of nasal Naloxone; 2-pack of 8mg per 0.1 mL nasal spray	G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and brief intervention, 15 to 30 minutes	G2086	Office-based treatment for a substance use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.
G2215	Take-home supply of nasal naloxone; 2-pack of 4mg per 0.1 mL nasal spray	G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and intervention greater than 30 minutes	G2087	Office-based treatment for a substance use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and brief intervention, 5-14 minutes	G0442	Annual alcohol misuse screening, 15 minutes	G2088	Office-based treatment for a substance use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes. (List separately in addition to code for primary procedure).
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and brief intervention, 15 to 30 minutes	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes		
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and intervention greater than 30 minutes	G0444	Annual depression screening, 15 minutes		
		H0049	Alcohol/and/or drug screening		
		H0050	Alcohol and/or drug services, brief intervention, per 15 minutes		



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Assessment Considerations

- Evaluate, select, and use valid, reliable tools appropriate to your practice and the needs of the individual
- Be aware of language, cognitive ability, age, culture, and disability factors
- Assess all aspects of pain: sensory, cognitive, cultural, behavioral, affective, etc.
- Recognize potentially higher risk populations: elderly, marginalized groups, people with past trauma, people with current or past history of substance use

Assessment Best Practices

- Recognize a patient's perception of pain, previous experiences with pain, current knowledge of pain, and spiritual/religious beliefs
- Schedule routine screening for all assessments
- Designate minimum frequency
- Document clearly and consistently to facilitate tracking
- Identify levels of pain that trigger assessment and intervention/planning
- Build referral pathways

Holistic Treatment Planning

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Medication Safety Pharmacist
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Realistic Goal Setting

- Reduce pain, improve comfort – short & long term, and improve quality of life
- Maximize medications for effect and minimize side effects
- Improve strength and function
- Improve psychological status

Types of Pain

Acute
Pain

Sudden pain lasting < 1 month

Subacute
Pain

Pain lasting 1 – 3 months

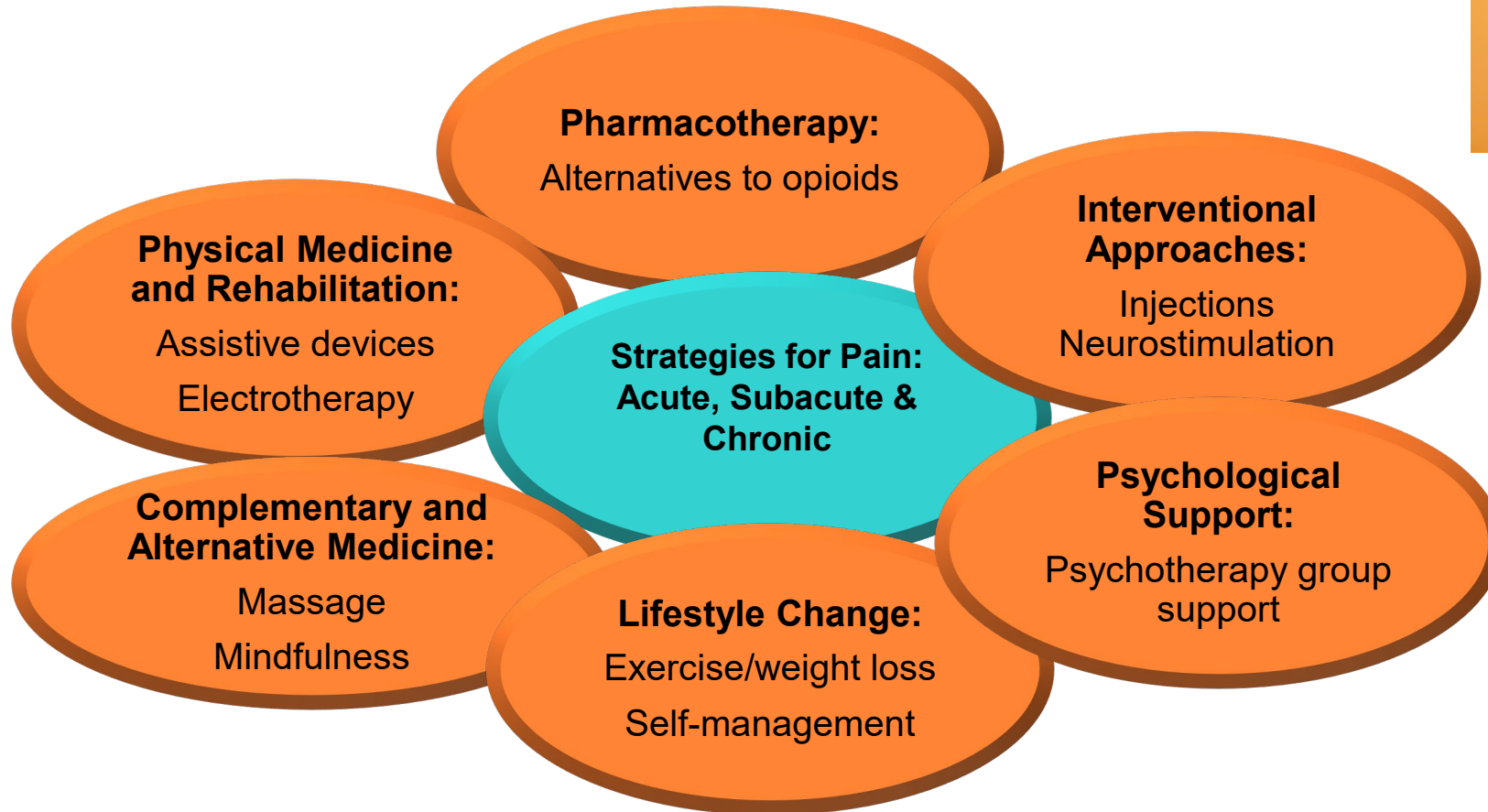
Chronic
Pain

Underlying condition, injury, etc.
lasting > 3 months

Multi-Modal Treatment Options



Multi-Modal Treatment Options



Chat In



How familiar are you with other treatment options in your community?



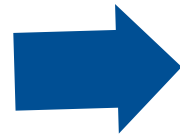
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CDC Framework for Opioid Prescribing

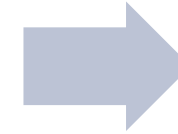
Determining whether to initiate opioids for pain,

- Benefits/risks
- Treatment goals & expectations
- Patient Contract



Selecting opioids and determining opioid dosages

- Opioid naive vs opioid tolerant
- PDMP
 - Incorporate into workflow/ designated authority
- Lowest effective dosage of immediate release/ shortest duration of therapy



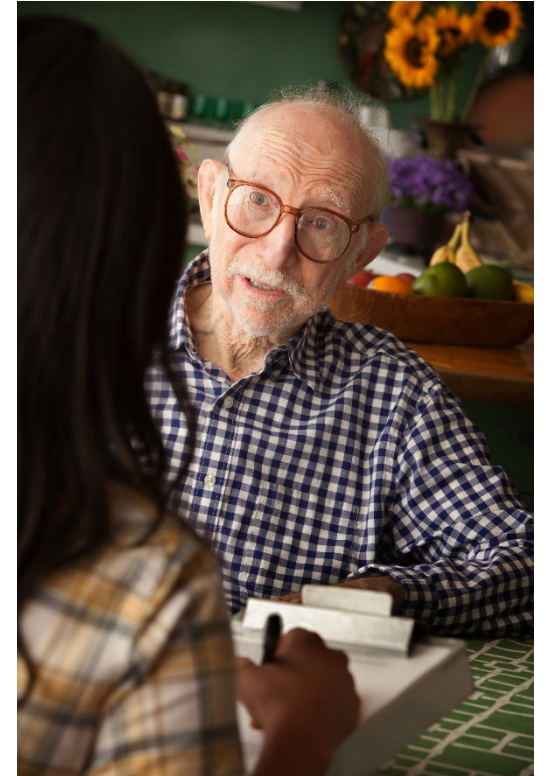
Deciding duration of initial prescription and conducting follow-up

- Monitor between 1 – 4 weeks with an exit plan in mind
- Acute vs Chronic
- PDMP to monitor
- Baseline assessment

Other Important Considerations

Assessing Risk/Addressing Potential Harm of Opioid Use

- Prescription drug monitoring programs
 - Incorporate into workflow - designate authority
 - Set and check PDPM alerts
- Naloxone with every opioid prescription
- Co-prescribing, drugs to avoid
- Side effects to manage - constipation
- Tapering plan
 - Avoid rapid tapers or sudden opioid discontinuation
 - Monitor withdrawal symptoms



Tools to Support Awareness & Education

Know the ABCDs of Your Medicines

New England QIN-QIO
PFAC
Patient and Family Advisory Council
Endorsed by PFAC

Ask 5 questions about your medicine.

- Why take it?
- When to take it?
- How to take it?
- What is it?
- What are the side effects?

Call your doctor or pharmacist if you have questions or worries about your medicines or how you feel.

Don't wait until it's an emergency!

Bring all your medicines in a bag to appointments.

Check which to start, to stop, and to continue.

Dispose of unused medicines.

See your state's medicine disposal card for safe disposal tips.

Tips

- Stay safe: Do not take other peoples' prescriptions.
- Stay on schedule: Use a pillbox, reminder tool or smartphone to help.

If you are taking:

- Antibiotics**
Take exactly as instructed until gone, unless your doctor tells you to stop.
- Blood Thinners (Anticoagulants)**
Notify your doctor if any signs of bruising or bleeding.
- Diabetes Medications**
Ask about diet, exercise and when and how to check your blood sugar.
- Pain Medication**
Talk with your doctor about addiction risks, storage and disposal.

- Patient Agreement/Contracts
- Medication Education
 - Use Teach Back method
 - Encourage patients to know the ABCDs
- Med disposal locations
- Drug Take Back days

Every Encounter is a Prevention Opportunity

Assess physiological and behavioral needs and risks

Identify patient-centered **treatment** plan that reduces both suffering and unintended harm

Implement and **refer**, as needed, including complementary therapies

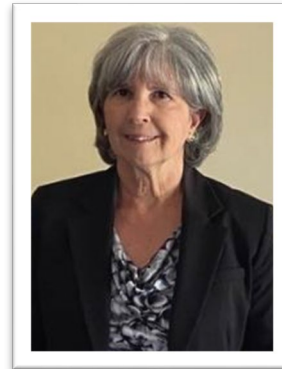
Follow up to provide support and **monitor progress**



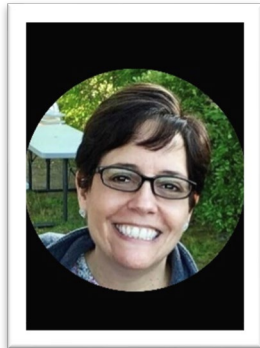
Panel Discussion



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*Connect.
Contribute.
Improve.*

Educational
Series



Reserve Your Seat for the Remaining Sessions

Date & Time	Topic
5/25 11am-12pm	<u>Opioid Use Disorder: Paving the Way for Evidence Base Care across the Continuum</u>
6/22 11am-12pm	<u>Supporting the Recovery Journey with Community Connections</u>
7/27 11am-12pm	<u>Bringing it All Together</u>

View all educational opportunities on [IPRO QIN-QIO event page](#)



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