The Opioid Crisis and How To Optimize Outcomes for Pain Management

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Objectives
Discuss the opioid crisis and legislative issues
Discuss updated pain management guidelines, including ERAS
Describe pain management strategies and individualized outcomes

Legislative Issues
• Federal H.R.6 - Patients & Communities Act - opioid crisis provisions
• State Prescription Drug Monitoring Programs
• Prescribing limits - may vary by state
  • CDC 2016 acute pain limit to 3 days or less, more than 7 days rarely necessary
• Risk Evaluation and Mitigation Strategy (REMS)
  • Training available to all HCPs involved in management of patients with pain
  • FDA’s Opioid Analgesic REMS Education Blueprint, expanded REMS IR opioids
    • www.accessdata.fda.gov/drugsatfda
New Medicare Part D Opioid Over-utilization Policies 2019

- HCPs prescribing opioids to patients with Medicare Part D prescription drug benefit - identify "at risk" patients
- New Safety Alerts
  - 7 day prescription limit opioid naïve (submit request if > nec)
  - Opioid care coordination alert - reaches or exceeds 90 MME cumulative threshold
- Drug Management Programs
  - Improve coordination, case management, identify co-prescribing meds such as opioids/benzos, "pharmacy lock-in”, "prescriber lock-in"
- MAT not impacted by these initiatives, or hospice, palliative, end-of-life, active cancer-related pain

NY State Public Health Law 3331 (subparagraph 8)

- Summary
  - Written treatment plan in patient's record if practitioner has prescribed opioids for pain lasting > 3 months or past time of normal tissue healing
- Exceptions
  - Cancer, not in remission
  - Hospice or other end-of-life care
  - Palliative care
- Treatment plan criteria documented and includes: dx with goals/functionality, taper/dc of opioids, review risks/alternatives, evaluation of opioid risk factors

The Joint Commission: New Pain Assessment Management Standards 2018

- Hospital Accreditation
  - Leadership - Assessment, management, safe opioid prescribing and use, non-pharm modalities, resources for pain improvement
  - Provision of Care - Defined criteria, screening, treatment, referral, evidence-based practices, risk minimization, pt/family education
  - Performance Improvement - Data collection and analysis
- Medical Staff - Decrease potential for medication errors, orders are clear and accurate, communication, education

• ASA  ASRA  Pain Medicine  
• Adults and Children  
• Targets all clinicians managing postoperative pain  
• Multimodal analgesia regimens  

The Journal of Pain, Vol 17, No 2 (Feb), 2016: pp 131-137

ASRA: New Quality Pain Measures 2018

• Use of Neuraxial Techniques and/or PNBs for Total Knee Arthroplasty  
• Safe Opioid Prescribing Practices  
• Infection Control Practices for Open Interventional Pain Procedures  
• Multimodal Pain Management  

Jan. 13, 2018

Enhanced Recovery After Surgery  
ERAS

• Multimodal, opioid sparing, specialty protocols  
• Evidence based intraoperative care  
• Multidisciplinary, including nutritionists  
• Entire surgical spectrum: preadmission, preoperative, intraoperative, postoperative, post discharge  
• Education, active patient involvement throughout process  

www.mycme/postoperativepainmanagement  
www.erasociety.org
ERAS

Preoperative
- Early food & exercise
- Multi modal analgesia
- Defined discharge criteria
- Patient teaching through progress audits

Intraoperative
- Nausea / vomiting prophylaxis
- Opioid sparing, multi modal analgesia
- Intentional fluid use

Postoperative
- Early food & exercise
- Multi modal analgesia
- Judicious IV fluid use
- Defined discharge criteria

Perioperative Pain: Adjuvants

<table>
<thead>
<tr>
<th>Drug</th>
<th>Pain intensity</th>
<th>Analgesic Opoid Consumption</th>
<th>Opioid-related Side Effects</th>
<th>Prevention of Chronic Postsurgical Pain</th>
<th>Side Effects</th>
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<tbody>
<tr>
<td>Ketamine</td>
<td>+</td>
<td>+</td>
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<td>Yes Sedation, Headache</td>
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<tr>
<td>Pregabalin</td>
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<td>+</td>
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<td>Yes Sedation, Headache</td>
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<tr>
<td>Gabapentin</td>
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<td>+</td>
<td>+</td>
<td>No</td>
<td></td>
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<tr>
<td>IV Lidocaine</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>None noted, but monitor</td>
<td></td>
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</tbody>
</table>

Lidocaine Infusion

- Opioid sparing approach
- Consider: chronic pain pts., opioid experienced, hx SUD, MAT and/or Methadone treatment
- Patients who have contraindications to, or refuse regional anesthesia
- Less n/v, enhanced bowel function return, pain management, < hospitalization stay

Continuous local anesthetic infusion:  
Elastomeric Pain Pumps

- Infusion @ slow rate 2-5 days post op
- Models: fixed rate - with or without on demand
- After completion (container shrinks) tubing/catheter removed
- Some patients may require oral BTP analgesic
- Patient education - home care instructions

Clinical experience: S. Pendergrass

Gabapentin

Abuse potential may warrant risk assessment and close monitoring

Drug Updates 2018.

Consumer OTC Analgesics: Public Health Information
Nerve Blocks
Opioid Sparing Interventions for Acute - Chronic Pain

Nerve Blocks
• Therapeutic - relieve pain; may avoid or delay surgery
• Diagnostic - identify etiology, use of anesthetic with predictable duration of relief
• Preemptive - prevent subsequent pain post procedure
• Prognostic - assist in predicting outcome of given treatment
• Ablation/Neurolytic - guided imagery, not 1st line
• Peripheral (PNB) - upper/lower extremity
• Trunci - chest areas, anterolateral/posterior abd. wall
• Neuraxial - epidural, intrathecal


Non-opioid interventions for Chronic Pain
• Trigger Point injections
• Facet injections
• Spinal Cord Stimulator
• Home based chronic pain therapies, ie.
  Laser Light  Cool Pulse Waves
• Complementary alternative/integrative therapies need improved coverage & reimbursement
Assessment and Documentation

• Hands-on assessment - pain & functionality
• Medical/surgical/medication(s) history
• Wide variety of pain assessment tools - don't focus solely on pain scores
• Visual mapping - GeoPain app, "paint" pain 3D body image
• Documentation always......patient agreement when indicated
• Drug - Opioid-risk screening - protects pt. and hcp

Clinical experience, S Pendergrass

Risk Assessment Tools

Opioid Risk Assessment Tools

• Opioid Risk Tool (ORT)
• OASQ Questionnaire (adapted to include drugs)
• Urine Drug Screening (UDS)
• Screen and Opioid Assessment for Patients with Pain (SOAP-P)
• Current Opioid Misuse Measure (COMM)
• Hawaii Drug-Related Behaviors Indicators of Opioid Misuse
• Interview Guide for Alcohol Consumption
• Interview Guide for Substance Use

www.opioidriskassessmenttools
www.sudassessmentguides

Additional opioid safety measures 2018-2019

• Safety review at pharmacies for scripts, pt. education

• Digital therapeutics - mobile app
  FDA approved prescription mobile medical application for patients with OUD. Smartphone or tablet. 12 week adjunct CBT program, helps track pain & addiction triggers "reSET-O"

• DisposeRx - sequesters medications in viscous gel
Naloxone: Co-prescribe??

Intranasal (2)
Auto-injector
Brand - Evzio
Generic - 2019

Future Directions

• Research, including CAM & Cannabis
• Gene therapy; Stem cell
• Brain wave devices
• Naloxone access (OTC)
• Abuse deterrent SA opioids; "biased agonism" opioids
• Multidisciplinary team approaches, non opioid strategies
• Education/training - simulation lab, apps, virtual reality
• Regenerative medicine Telemedicine Nanomedicine

Thank You.

We cannot change the wind, but
We can adjust the sails....