Bring on the Pain (Contract)

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Chronic Pain

- More than 11.5 million Americans age 12+ report misusing prescription opiates in 2016
- Estimated 11% of adults experience pain daily

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The Before

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The Pain Management Agreement

The greatest success in chronic pain management comes when there is a partnership based on mutual respect between patient and doctor.

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The Pain Management Agreement

The Promises the Doctor Makes

- Listen and try to understand the patient's experience living with pain.
- Accept the patient's reports of pain and response to treatment.
- Thoroughly assess the patient's pain and explore all appropriate treatment options, including those suggested by the patient.
- Explain what is known and unknown about the causes of the patient's pain.
- Explain the meaning of test results or specialty visits/consultations, and what can be expected in the future.
- Explain the risks, benefits, side effects and limits to any treatment.
- Respect the patient's right to participate in making pain management decisions, including the right to refuse some types of treatment.
- Make sure that the patient has access to acute care, even when the provider is not personally available.

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The Pain Management Agreement

The Promises the Patient Makes

- Understand that opiate therapy is only a small part of treating chronic pain and is often not indicated.
- Attend recommended therapy sessions and do their best to make recommended lifestyle changes.
- Be willing to be involved in programs that can help improve social, physical, or psychological functioning.
- Be willing to learn new ways to manage their pain.
- Take medication only at the dose and times prescribed.
- Make no changes to the dose or how the medication is taken without first talking to the doctor.
- Not ask for pain medications from other providers.
- Tell any provider they see all medications they are taking, including the ED.
- Arrange for refills only through one doctor's clinic during regular office hours.
- Not ask for early refills.
- Protect their prescriptions and medications.
- This means keep all medicines away from children AND from people (even family members) who might steal them.
- Take medications only for their own use and NOT share them with others.

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The Pain Management Agreement

The Informed Consent and Notice of Risks

- Sleepiness, confusion, difficulty thinking
- Nausea, vomiting, constipation
- Difficulty breathing, shortness of breath, wheezing
- Rash, itching
- Potential for allergic reaction
- Potential for interaction with other medications (increasing effects or side effects of drugs taken together)
- Potential for dose escalation/tolerance (need for higher doses for the same effect may occur with long-term use)
- Potential for dependence (after the body adjusts to these medications, they cannot be stopped abruptly without physical symptoms)
- Potential for withdrawal (stopping medications abruptly may cause nausea, vomiting, abdominal pain, sweating, aching, abnormal heartbeat or other symptoms that can be life threatening; medication changes should be under provider supervision
- Potential for addiction (compulsive drug use not related to pain relief)
- Potential for impaired judgement and/or motor skills (driving or operating machinery may be hazardous due to effects on the brain and nerves)
- Potential for testicular atrophy and impotence in men

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The Pain Management Agreement

The Informed Consent and Notice of Risks

- I will limit my dose of medications to the dose prescribed. I will not change the dose without contacting my doctor.
- I am responsible for my medications. Lost, misplaced, or stolen prescriptions will not be replaced.
- No early refills will be given.
- No refills will be given after-hours, on holidays, or on weekends.
- I will obtain all refills for these medications only at one pharmacy: ________________________________.
- I understand that my doctor may stop prescribing opiates or change the treatment plan if I do not show any improvement in pain from opiates or my level of functioning does not improve.
- I will not ask for pain medications from other doctors.
- I will tell any other doctors I see (including Emergency Room doctors) that I am taking opiate pain medications, and that I have a "Pain Management Agreement" with the doctors at UND Center for Family Medicine.
- Prescribed medications are only for my own use, and I will not share them with others.
- I will keep all medications away from children.
- I agree to participate in any treatments recommended by my doctor that are designed to improve my social, physical, and psychological functioning.
- I will not use illegal or street drugs or another person's prescription.
- If my doctor is concerned and believes a referral to an addiction counselor is appropriate, I agree to go to an initial evaluation and to follow through with the recommendations given.
- If in treatment, I will request that a copy of the program's initial evaluation and treatment recommendations be sent to my doctor. I will also request written monthly updates be sent to verify that I am continuing treatment.
- I will consent to random drug screening to assure I am only taking prescribed drugs. I understand that a drug screen is a laboratory test in which a sample of my urine or blood is checked to see what drugs I have been taking. I understand that I will be responsible for the cost of these tests.
- I understand that failure to follow these rules may result in no further prescriptions for opiates.
- The pain management team will review "Pain Management Agreement" periodically.

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Clear Cut, Easy to Manage Clinic Policies

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Policies

Who Gets Referred?

- Any patient whose Provider feels they would benefit from the committee's recommendations
- Any patient on more than 3 medications indicated for pain. This includes non-opiates.
- Any patient needing more than 7 days of opiate therapy

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Policies

Risk Stratification

- We asked that all patients getting controlled substances be risk stratified.

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Policies

Opioid Risk Tool

	Female	Male
Family History of Substance Abuse		
Alcohol	[ ] 1	[ ] 3
Illegal Drugs	[ ] 2	[ ] 3
Prescription Drugs	[ ] 4	[ ] 4
Personal History of Substance Abuse		
Alcohol	[ ] 3	[ ] 3
Illegal Drugs	[ ] 4	[ ] 4
Prescription Drugs	[ ] 5	[ ] 5
Age between 16 and 45	[ ] 1	[ ] 1
History of Preadolescent Sexual Abuse	[ ] 3	[ ] 0
Psychological Disease		
ADD, OCD, Bipolar, Schizophrenia	[ ] 2	[ ] 2
Depression	[ ] 1	[ ] 1

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Policies

Screener and Opioid Assessment for Patients with Pain

	Never	Seldom	Sometimes	Often	Very often
	0	1	2	3	4
1. How often do you have mood swings?	[ ]	[ ]	[ ]	[ ]	[ ]
2. How often do you smoke a cigarette within an hour after you wake up?	[ ]	[ ]	[ ]	[ ]	[ ]
3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs?	[ ]	[ ]	[ ]	[ ]	[ ]
4. How often have any of your close friends had a problem with alcohol or drugs?	[ ]	[ ]	[ ]	[ ]	[ ]
5. How often have others suggested that you have a drug or alcohol problem?	[ ]	[ ]	[ ]	[ ]	[ ]
6. How often have you attended an AA or NA meeting?	[ ]	[ ]	[ ]	[ ]	[ ]
7. How often have you taken medication other than the way that it was prescribed?	[ ]	[ ]	[ ]	[ ]	[ ]
8. How often have you been treated for an alcohol or drug problem?	[ ]	[ ]	[ ]	[ ]	[ ]
9. How often have your medications been lost or stolen?	[ ]	[ ]	[ ]	[ ]	[ ]
10. How often have others expressed concern over your use of medication?	[ ]	[ ]	[ ]	[ ]	[ ]
11. How often have you felt a craving for medication?	[ ]	[ ]	[ ]	[ ]	[ ]
12. How often have you been asked to give a urine screen for substance abuse?	[ ]	[ ]	[ ]	[ ]	[ ]
13. How often have you used illegal drugs (eg, marijuana, cocaine, etc) in the past five years?	[ ]	[ ]	[ ]	[ ]	[ ]
14. How often, in your lifetime, have you had legal problems or been arrested?	[ ]	[ ]	[ ]	[ ]	[ ]

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Policies

- We asked that patients with contracts be seen every 3 months
- We required 28 day fills to avoid fills landing on a weekend
- We asked that UDS be collected every three months for the patients who were taking daily doses of opioids.

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Education and Provider Resources

'The Resident Guide to Loving Chronic Pain Management'

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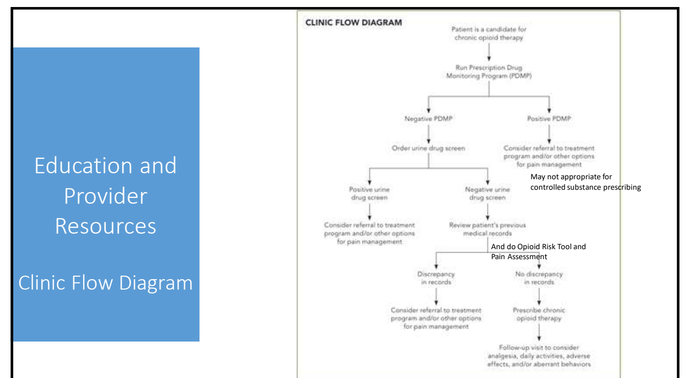
Education and Provider Resources

Clinic Flow Diagram



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Education and Provider Resources

Patient Pain Assessment Form

Pain Assessment

Name: ____________________ Date: ______________

Which side effects do you have?

Upset Stomach	Not at all	Mild	Moderate	Severe
Vomiting	Not at all	Mild	Moderate	Severe
Constipation	Not at all	Mild	Moderate	Severe
Itching	Not at all	Mild	Moderate	Severe
Brain Fog	Not at all	Mild	Moderate	Severe
Sweating	Not at all	Mild	Moderate	Severe
Fatigue	Not at all	Mild	Moderate	Severe
Overly Tired	Not at all	Mild	Moderate	Severe
Other:____________	Not at all	Mild	Moderate	Severe

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Education and Provider Resources

Patient Pain Assessment Form

How often does pain affect the following?

Your ability to do things around the house	Never	Sometimes	Often	Always
Your job	Never	Sometimes	Often	Always
Your time with family	Never	Sometimes	Often	Always
Your time with friends	Never	Sometimes	Often	Always
Your mood	Never	Sometimes	Often	Always
Your sleeping pattern	Never	Sometimes	Often	Always
Your overall functioning	Never	Sometimes	Often	Always

What is your overall pain level over the past week if 0 is no pain, 10 is most severe pain?

0 1 2 3 4 5 6 7 8 9 10

Are you happy with your overall pain control? Yes No

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Education and Provider Resources

UDS Interpretation Cheat Sheets

OPIOID METABOLISM

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Education and Provider Resources

MME Information

CALCULATING TOTAL DAILY DOSE OF OPIOIDS FOR SAFER DOSAGE

Higher Dosage, Higher Risk.

WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSAGE OF OPIOIDS?

HOW MUCH IS 50 OR 90 MME/DAY FOR COMMONLY PRESCRIBED OPIOIDS?

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Education and Provider Resources

MME Information

HOW SHOULD THE TOTAL DAILY DOSE OF OPIOIDS BE CALCULATED?

HOW SHOULD PROVIDERS USE THE TOTAL DAILY OPIOID DOSE IN CLINICAL PRACTICE?

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Education and Provider Resources

Charting Guide

1. Very thorough H&P
2. Check the PDMP and document that you did so
3. Use a pain assessment tool
4. Review the contract

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Education and Provider Resources

Charting Guide

- Clearly document the cause of the pain and associated diagnoses
- Pain type and intensity
- Previous diagnostic studies and their results
- Previous treatments
  - Therapies
  - Previous medications, doses, durations, why were they discontinued
- Document their physical functioning
  - Can they drive? How is their sleep? Employed? Do they live alone or have a family?
- Ask about depression, anxiety, psychiatric problems
- Assess their risk for drug abuse or diversion
  - Family history of substance abuse? – alcohol, illegal drugs, prescription drugs
  - Personal history of substance abuse? – alcohol, illegal drugs, prescription drugs
  - History of sexual abuse
  - History of ADD, OCD, Bipolar, Schizophrenia, Depression
- Request previous records
- Consider baseline UDS – especially if renewing or prescribing controlled substances
- Helpful to ask what time they last took their prescriptions if you are going to do a UDS

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Committee Started to Meet

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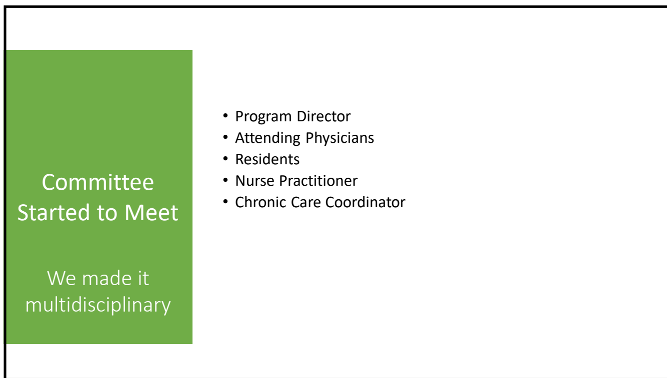

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