The Role of Pain Specialists in High Risk Patients

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Objectives

• Establish who pain specialists are (not)
• Explain what we do
• Show how can we help eachother
Pain Clinics
Due to the high patient volume at this clinic we will be unable to accommodate patients who are 15 minutes or later for their appointment.
The Pill Mill

Pill Mill Crusher Crushes Multiple Tablets to Fine Powder Metal Grinder Tablet
Things I Hear
(when I won’t prescribe opioids)

• But you are the pain clinic, that is what you do!
• Lady, what are you good for then?
• My doctor said only you can prescribe me opioids. It the new law.
• Patient tested positive for cocaine, will refer to pain clinic.

• I didn’t want to come see you because I don’t want to be on pain pills.
Who We Are…

• Crazy?
• Variety of backgrounds
  » Anesthesiology
  » PMR
  » Neurology, Psychiatry, Internal Medicine
What We Do...

- Try to improve function
- Work to improve quality of life
- Use a multidisciplinary approach
  - Non-pharmacologic options
    - PT, TENS, acupuncture…
    - Psychological support
  - Medications
  - Interventional procedures
How We Can Help You

• Preparing your patient for surgery
• Following acutely for postoperative pain
• Helping wean off of opioids
• Managing chronic pain
• Substance abuse referrals
High Risk Patient
High Risk

- **Severe postoperative pain**
  - Chronic opioid use
  - Poor coping
  - Opioid abuse
  - Allergies or comorbidities limiting pain control options

- **Prolonged opioid needs**
  - Chronic pain patient
  - Cancer patient

- **Substance misuse**
  - History of previous abuse
  - Poor coping
Our Strategies

- Minimize opioids, especially preoperatively
- Set expectations for pain and treatment
- Maximize non-opioid options perioperatively
  - TLC
  - Ketamine, lidocaine
  - Regional techniques
  - Ice, TENS unit
  - Psychology
What I Expect

• Take medication only as prescribed to meet goals
• Obtain opioid prescriptions from one practice
• Attend scheduled appointments
• Refrain from sharing medications, use of illicit drugs
What Patient Should Expect

- Urine drug screens
- Pill counts
- Discontinuation of opioids if not **meeting goals** or not compliant with agreement
- Close monitoring
- No early refills or replaced prescriptions
HOLD ON...

...HOW ABOUT NO.
Not A Contract

Opioid Treatment Agreement

Opioid Information, Functional Goals, and Treatment Agreement

OPIOID INFORMATION and FUNCTIONAL GOALS

Opioids are painkillers that may help with severe pain. They work by decreasing the brain’s ability to sense pain. Opioids can be one small part of a pain management plan, but they require careful consideration and monitoring by both the physician and the patient. This is a joint responsibility.

Functional Goals
- The use of opioids must include an improvement in the ability for you to function physically, emotionally, socially, and at work. What would you like to see yourself doing differently?
- My two functional goals are:
  - Functional Goal 1:
  - Functional Goal 2:

Side Effects

Common:
- Nausea (28% of patients report this)
- Constipation (20%)
- Dryness (24%)
- Dizziness (38%)
- Dry skin / itching (15%)
- Vomiting (15%)

Other:
- Changes in vision (such as blurry vision)
- Sweating
- Trouble urinating
- Constipation
- Muscle jitters
- Decreased sex hormones
- Sleep apnea (changes in breathing while asleep)
- Increase in pain sensitivity

Dependency
- Being physically dependent on an opioid medication means that your body is used to having the opioid in your system. Suddenly stopping or reducing the amount of opioid may lead to withdrawal symptoms, which can be uncomfortable and include nausea, diarrhea, chills, feeling like you have the flu, and having increased pain from the withdrawal itself.
- Being psychologically dependent on an opioid medication means that there is loss of control over how you use your medication. For example, you may be using the medication out of habit, craving the medication, using more than directed by your physician, or using the medication despite harm to yourself.

Overdose
- Overdose means thinking and breathing slowed down - this may cause brain damage, coma and death
- Taking more medicine than prescribed greatly increases your risk of overdose
- Mixing opioid medication with alcohol or other drugs that cause drowsiness greatly increases your risk of overdose
- If you or your family members notice extreme sleepiness or difficulty to rise, call 911

OPIOID TREATMENT AGREEMENT

I understand that I am receiving opioid medication from Dr. _________ to treat my pain, and agree to the following:

- I understand that if opioid medication does not improve my ability to function, the opioid medication will be reduced slowly and stopped.
- I will not seek opioid medications from another physician.
- I will not take opioid medications in larger amounts or more frequently than is prescribed to me.
- I will not give or sell my opioid medication to anyone, nor will I accept any opioid medication from anyone else. Sharing medication is illegal.
- I will not use over-the-counter opioid medications such as Tylenol® No. 1 or 220® Tablets.
- I will not drive until my opioid dose is stable and I am not drowsy.
- I understand that if my prescription runs out early for any reason (for example, if I lose the medication, take more than prescribed, or miss an appointment), my physician will review why this has happened and make changes to my treatment plan (e.g. require medications to be picked up on a daily basis).
- I will fill my opioid prescriptions at one pharmacy only. Prescriptions will be filled directly to my pharmacy. Unused medications will be dispensed on frequent intervals (e.g. daily or weekly). Any unused opioids will be returned to my pharmacy for safe disposal.

- I will store my opioid medication in a secure place at all times.
- I will attend all appointments, groups, treatments, and consultations as requested by my treatment team, including self-management, psychology treatment, pain management, physical therapy, occupational therapy, exercise, and others.
- I will consent to urine drug tests and pill counts as requested by my treatment team. A urine drug test will help show all the drugs I am taking and ensure a combination of drugs is not placing me at risk. These are performed routinely for all patients to improve the overall safety of using opioids.
- If I have stopped taking my opioids for 3 days or more for any reason, I will not restart taking them until discussed with my physician.

I confirm that the benefits, risks, consequences, and alternatives of opioid medication have been explained to me. I am satisfied with and understand the information I have been given, and I consent to the terms of this agreement for the use of opioid medication.

Signature of patient giving consent: ___________________________ Date: yyyy-mm-dd

Opioid Prescriber Statement

I have explained the use of opioid medication to the patient. In my opinion, this patient understands the nature, benefits, risks, consequences, and other possible choices of opioid medication.

Name: ___________________________ Signature: ___________________________ Date: yyyy-mm-dd

Urine Drug Screens

• How often to order?
• What to test for?
• How do you interpret the results?
  » Last dose taken
  » Context
  » Drug metabolism
Big Picture
Pill Counts
Document Compliance

Medication Monitoring
NCCSRS database was reviewed today and it was appropriate.
Last urine toxicology screen was appropriate with EtOH on 10/19/16; repeat 3/22/17
Patient brought medications to appointment and counts are correct.
Opiate agreement signed: 8/23/16
Opiate Risk: Moderately risky per Dr. Patidar 8/23/16
Conditions: Continue to meet with Dr. Patidar, stay off of valium, remain sober from EtOH
Naloxone ordered: By previous pain physician expired; new rx 10/19/16
Aberrant behaviors: None
Opiate changes: None

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Compliance

WHICH ONE DO I GET IN?

THAT DEPENDS ON HOW COMPLIANT YOU ARE...

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Diagnosticimaging.com

No Opioids
“I’m happy to see you, too.”
In Conclusion…

HELP ME
HELP YOU

memegenerator.net