



Pain Management in Primary Care

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CDC and Morbidity & Mortality Report

- Researchers reviewed a sample of 1.3 million adults prescribed opioids for the first time between 2006 and 2015.
- Probability of continued opioid use 1 year later was 6%.
- Of those who refilled a prescription, 14% were still taking opioids at one year.
- Longer supply at first Rx correlated with higher rates of chronic use.
- Starting with long acting opioids had the highest risk for long term use.
- Surprisingly, an initial Rx with tramadol had a 14% risk for long term use.
- <https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm>

Summary of CDC report

Summary: Transitions from acute to long-term therapy can begin to occur quickly: the chances of chronic use begin to increase after the third day supplied and rise rapidly thereafter. Consistent with CDC guidelines, treatment of acute pain with opioids should be for the shortest durations possible. Prescribing <7 days (ideally ≤3 days) of medication when initiating opioids could mitigate the chances of unintentional chronic use. When initiating opioids, caution should be exercised when prescribing >1 week of opioids or when authorizing a refill or a second opioid prescription because these actions approximately double the chances of use 1 year later. In addition, prescribers should discuss the long-term plan for pain management with patients for whom they are prescribing either Schedule II long-acting opioids or tramadol.

- <https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm>

Excerpt from the provider alert sent out by the State DOH and MQAC

“On July 15, 2016 the Washington State Medical Commission suspended the license of Dr. Frank Li, former medical director of the Seattle Pain Centers (SPC). Seven of the eight SPC across the state are now closed.

This impacts about 8,000 patients—many of whom are on long-term, high-dose opioid treatment and will need medical care for their pain management needs.

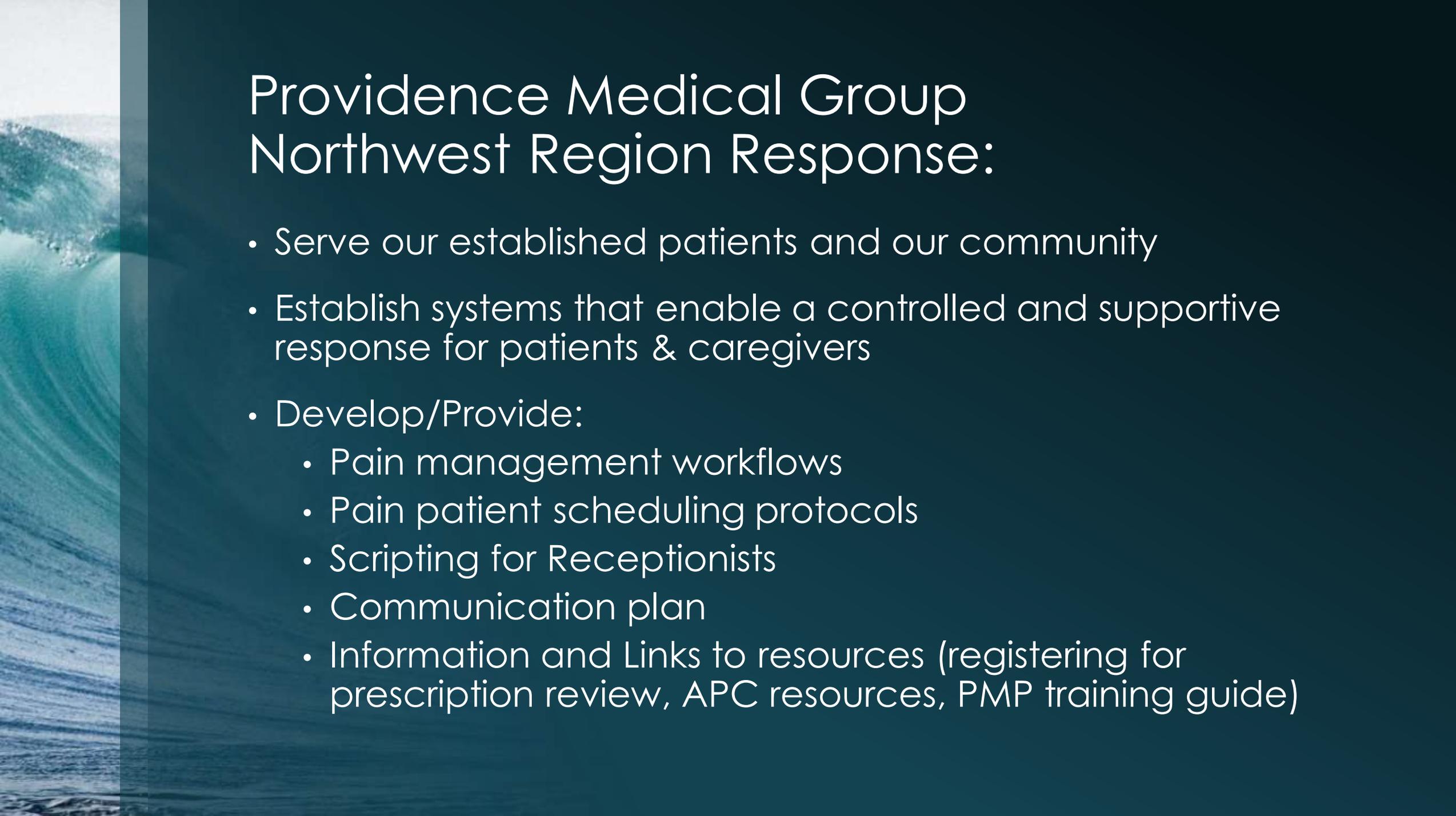
Displaced patients may call or visit your clinic or emergency department, and we're urging you to help address their medical needs. We understand you may be concerned about how you can treat these patients consistent with Washington's Pain Rules(cont.)”

- (full document included with links to resources embedded)

Seattle Pain Clinic Closure Impacts

Number of SPC Patients (served within 6 months of closure):

- 11,600 known SPC patients (statewide)
- 40% Medicare patients (50% fee for service, 50% Advantage)
- 50% Medicaid
- 10% Private/Other
- 240 patients on pain pumps
- 10% of the 11,600 patients are on high MED or Methadone
- From PMP data, 1,979 patients received an opioid Rx from SPC in Everett in the last 6 months



Providence Medical Group Northwest Region Response:

- Serve our established patients and our community
- Establish systems that enable a controlled and supportive response for patients & caregivers
- Develop/Provide:
 - Pain management workflows
 - Pain patient scheduling protocols
 - Scripting for Receptionists
 - Communication plan
 - Information and Links to resources (registering for prescription review, APC resources, PMP training guide)

Providers: PMG NW Pain Management Recommendations

A Guideline that supports Provider Decision Making & Treatment
Includes:

- Mission statement
- Training
- Documentation
- Recommendations
- Options
- Workflows for acute pain management for established and new patients, and dosage guidelines for chronic opioid therapy

(Full document included)

Medical Assistants: Workflow

- Chart review (up to a week in advance) confirm appointment notes and visit length
 - Follow Pain Management Pre-visit Checklist
 - Confirm Provider has updated problem list with “Chronic Pain”
 - Pend pain agreement and update FYI in chart
 - Start chart note and fill in answers from visit questionnaire
 - Perform urine drug screen, if applicable
- (Pain Management step-by-step Workflow included)

Receptionists: Workflow

- Book initial pain management as an extended visit
- Include specific appointment notes: “pain med refill”
- Hand out initial visit questionnaire for first visit
- Hand out follow up patient questionnaire for follow up visits (included)

*If patients have questions or refuse to fill the form out the MA will verbally collect the information

Schedulers: scripting

- **New Pain Patients:**

- PMG Providers will not prescribe pain medications on first visit, pain appointment required first. **Scripting:** When scheduling new patients for “pain”, advise the patient that their first appointment will be to assess their condition and that pain medication is not prescribed at the first visit.
- Please document in the appointment note, “patient advised of pain medication protocol.” This will notify the clinical staff/provider that the pain medication conversation took place and patient is aware.

Ensure review Resources and have Providers & MA's Register for Prescription Review

Prescription Review page:

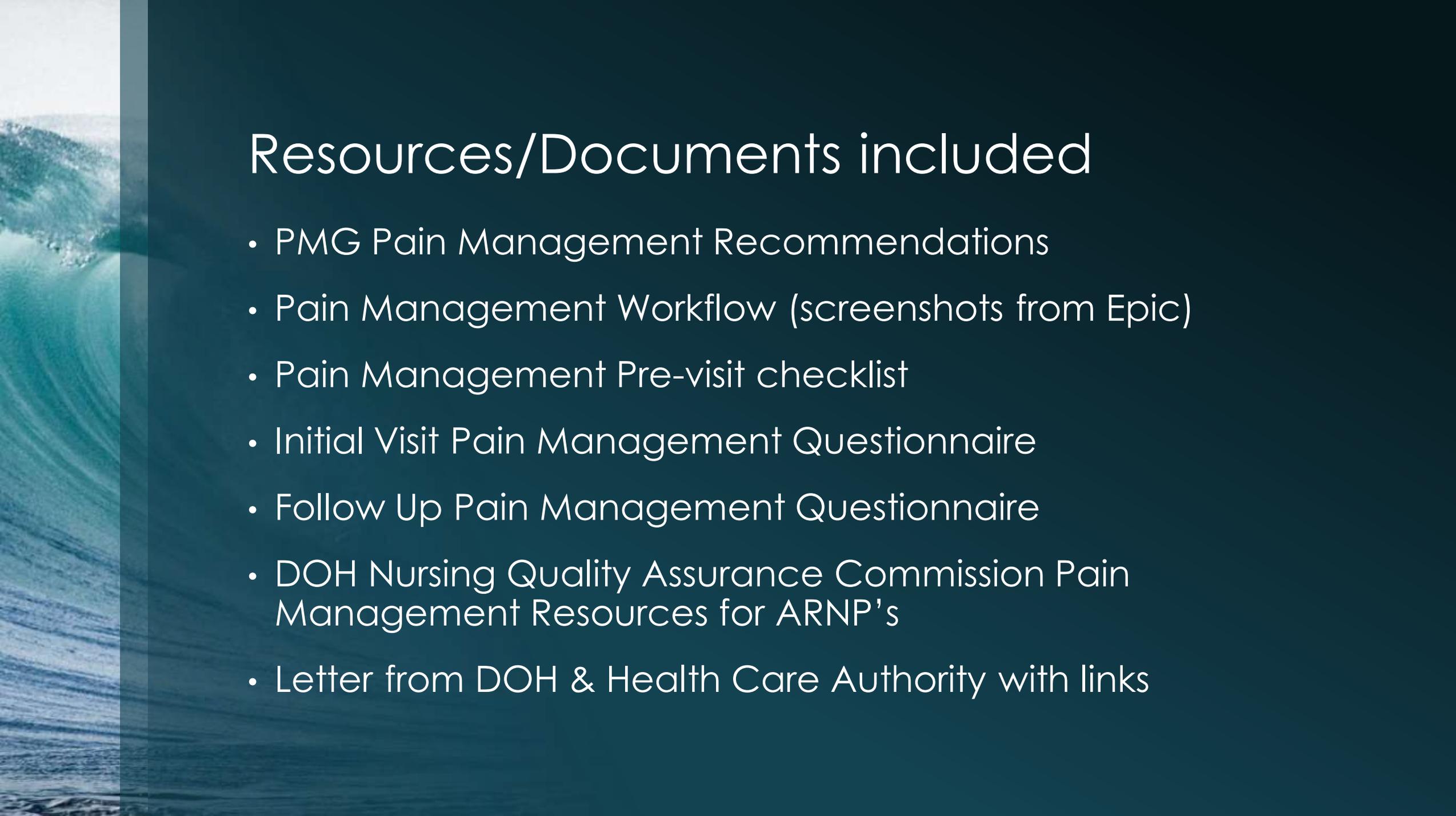
<http://www.wapmp.org/practitioner/pharmacist/>

This site includes resources, FAQ's, Rules, etc. The opening page shows a pathway for registering for prescription review

Secure Access Washington (SAW) page:

<https://secureaccess.wa.gov/>

This site has a link to create an account if the provider does not already have one



Resources/Documents included

- PMG Pain Management Recommendations
- Pain Management Workflow (screenshots from Epic)
- Pain Management Pre-visit checklist
- Initial Visit Pain Management Questionnaire
- Follow Up Pain Management Questionnaire
- DOH Nursing Quality Assurance Commission Pain Management Resources for ARNP's
- Letter from DOH & Health Care Authority with links



Questions?

Thank you!

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