

## Opioid Prescribing Learning Collaborative

### Session 2 - Determining Whether or Not to Initiate Opioids for Pain

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Empowering patients, families and caregivers to achieve health care quality improvement

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## Objectives

Participants will learn how to:

- Evaluate and assess the patient's prior medical history and medications
- Understand the pharmaceutical and non-pharmaceutical treatments for pain
- Determine if the patient needs pharmaceutical versus non-pharmaceutical interventions

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## CDC Recommendation One

### **Nonopioid therapies are at least as effective as opioids for many common types of acute pain.**

- Maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient
  - Consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient
- Before prescribing opioid therapy for acute pain, discuss benefits and known risks of opioid therapy with patients

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR](#)



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## CDC Recommendation Two

### **Nonopioid therapies are preferred for subacute and chronic pain.**

- Maximize use of nonpharmacologic and non-opioid pharmacologic therapies as appropriate for patient conditions
  - Initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient
  - Before starting opioid therapy, for subacute or chronic pain, talk with patients about benefits and known risks of opioid therapy
  - Work with patients to establish treatment goals for pain and function
    - Consider how opioid therapy will be discontinued if benefits do not outweigh risks

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR](#)



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# CDC Recommendations One and Two

## Determine Whether or Not to Initiate Opioids for Pain (CDC Recommendations 1 and 2)

### Recommendations

Determine the possible use of non-opioid therapies that are potentially as effective as opioids for acute pain and chronic pain. Evaluate the patient's symptoms, confirm the diagnosis and work with patients to establish specific and measurable treatment goals.

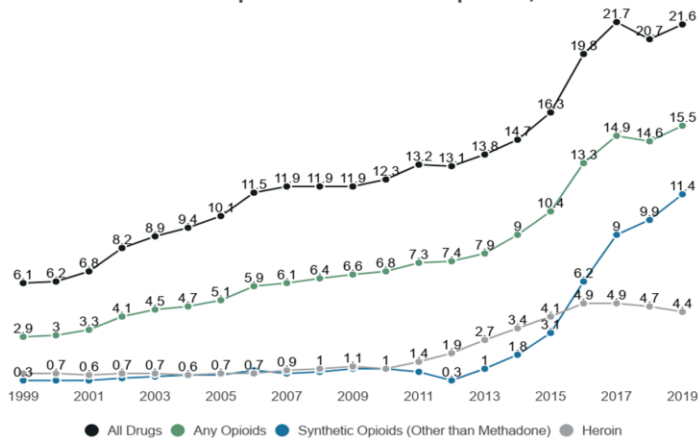
### Resource Materials

- [Alternative Treatments Fact Sheet. \(CDC\)](#)
- [2019 ALTO Pathways with Appendices \(Wisconsin Chapter American College of Emergency Physicians\)](#)



# Statistical Trends of Opioid Overdose-Related Deaths

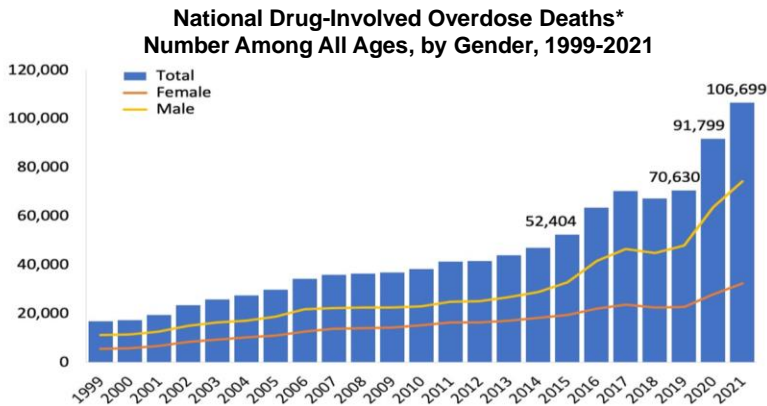
Historical Trends in Opioid Overdose Deaths per 100,000 Residents



[Drug Overdose Death Statistics \[2023\]: Opioids, Fentanyl & More \(drugabusestatistics.org\)](https://drugabusestatistics.org/)



# Statistical Trends of Opioid Overdose Related Deaths cont.



\*Includes deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

[Drug Overdose Death Rates | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)



# Statistical Trends of Opioid Overdose-Related Deaths cont.

<p><b>70,630</b> people died from drug overdose in 2019<sup>2</sup></p>	<p><b>10.1 million</b> people misused prescription opioids in the past year<sup>1</sup></p>
<p><b>1.6 million</b> people had an opioid use disorder in the past year<sup>3</sup></p>	<p><b>2 million</b> people used methamphetamine in the past year<sup>3</sup></p>
<p><b>745,000</b> people used heroin in the past year<sup>1</sup></p>	<p><b>50,000</b> people used heroin for the first time<sup>1</sup></p>
<p><b>1.6 million</b> people misused prescription pain relievers for the first time<sup>1</sup></p>	<p><b>14,480</b> deaths attributed to overdosing on heroin (in 12-month period ending June 2020)<sup>3</sup></p>
<p><b>48,006</b> deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)<sup>3</sup></p>	<p><b>SOURCES</b></p> <ol style="list-style-type: none"> <li>2019 National Survey on Drug Use and Health, 2020.</li> <li>NCHS Data Brief No. 394, December 2020.</li> <li>NCHS, National Vital Statistics System. Provisional drug overdose death counts.</li> </ol>

[Opioid Facts and Statistics | HHS.gov](#)



## Statistical Trends of Opioid Overdose Related Deaths cont.

- Naloxone
  - Less than 10% of people who need such treatment are receiving it
  - Prevents death from an opioid overdose if administered in time

[Opioid Facts and Statistics | HHS.gov](https://www.hhs.gov/opa/2017/08/01/opioid-facts-and-statistics/)

## Knowledge Check

How many people die each year from opioid overdose?

- A) 60,400
- B) 100,433
- C) 70, 630
- D) 75, 390



## What is pain?

### Acute Pain vs. Chronic Pain

- **Acute pain:** Acute pain is caused by injury, surgery, illness, trauma or painful medical procedures. It serves as a warning of disease or a threat to the body. It generally lasts for a short period of time, and usually disappears when the underlying cause has been treated or has healed.
- **Chronic pain:** lasts three months or more and can be caused by a disease or condition, injury, medical treatment, inflammation, or even an unknown reason.

[Causes of Chronic Pain \(healthline.com\)](https://www.healthline.com/health/chronic-pain-causes)



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## Pain Assessment

### Wong-Baker FACES Pain Rating Scale

The numerical scale measures pain on a scale of 0-10

- Zero means “no pain,” and
- 5 or 10 means “moderate pain or the worst possible pain.”



[Home - Wong-Baker FACES Foundation \(wongbakerfaces.org\)](https://www.wongbakerfaces.org/)



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## What are non-opioid medications?

### Definition:

- Nonopioid drugs, including serotonin and norepinephrine reuptake inhibitor (SNRI) antidepressants, pregabalin or gabapentin, and nonsteroidal anti-inflammatory drugs (NSAIDs), are associated with small to moderate improvements in chronic pain and function.

[Nonopioid Therapies | Opioids | CDC](#)



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## What are non-pharmaceutical treatments?

Comfort therapy may involve the following:

- Companionship
- Exercise
- Heat/cold application
- Lotions/massage therapy
- Meditation
- Music, art, or drama therapy
- Pastoral counseling
- Positioning
- Individual counseling
- Family counseling
- Group counseling
- Neurostimulation

Physical and occupational therapy may involve the following:

- Aquatherapy
- Tone and strengthening
- Desensitization
- Psychosocial therapy/counseling
- Psychosocial therapy
- Transcutaneous electrical nerve stimulation (TENS)
- Acupuncture
- Acupressure
- Yoga

[WHO Analgesic Ladder | NIH](#)



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## Benefits of Non-Pharmaceutical Treatments

- Minimal Side effects
- Easily combine treatments
- Mitigate usage of opioids if pain is not extreme per the Wong-Baker FACES scale and verbal responses when appropriate
- Reduce potential addiction to medications

[The Benefits of Non-Pharmacological Pain Treatments - Aspen Laser](#)



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## Why are opioids high-risk drugs?

- Respiratory Depression
- Poly Pharmacy
- Falls
- Confusion
- Sedation
- **Constipation**
- Overdose
- Security of Medications and Disposal of Medications

[Nonopioid Therapies | Opioids | CDC](#)



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## What are pharmaceutical treatments?

ANALGESIC	POTENCY RELATIVE TO MORPHINE	DURATION OF ACTION (HOURS) <sub>b</sub>
Codeine Dihydrocodeine	1/10	3-6
Pethidine	1/8	2-4
Tapentadol	1/3	4-6
Hydrocodone (not United Kingdom)	2/3	4-8
Oxycodone	1.5(2) <sub>e</sub>	3-4
Methadone	5-10 <sub>d</sub>	8-12
Hydromorphone	4-5 (5-7.5) <sub>d</sub>	4-5
Buprenorphine (SL)	80	6-8
Buprenorphine (TD)	100 (75-115) <sub>e</sub>	Formulation dependent (72-168)
Fentanyl (TD)	100 (150) <sub>e</sub>	72

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## Knowledge Check

What are the contraindications for prescribing NSAIDS and/or Tylenol? (select all that apply):



- A) Normal kidney and liver function
- B) Elevated kidney function
- C) Fatty Liver with elevated liver function
- D) Patient is on anticoagulation therapy

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## Before Prescribing...

- Assess and evaluate [patient pain](#).
- Consider [non-opioid therapies](#).
- Evaluate and inform patient of the risks and benefits
- Establish treatment plan
- Screen for [substance use disorder \(SUD\)](#).
- Consider red flags
- [Prescription Drug Monitoring Program \(PDMP\)](#)
- Urine screening
- Schedule follow-up appointment 1-4 weeks

[Six Things to Consider Before Prescribing an Opioid \(ajmc.com\)](#)



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## Before Prescribing... cont.

- When prescribing, determine with the patient the dosages, duration, formulations, contraindication, and side effects
- Timeline of treatment using opioids
- Red Flags to consider when prescribing opioids
- Substance use disorder (addiction) and overdose history

[Six Things to Consider Before Prescribing an Opioid \(ajmc.com\)](#)



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## Before Prescribing... cont.

### Red Flags to Consider when Prescribing

- Patient's self-reported medical history is not verifiable
- Patient fails to comply with non-opioid treatments or referrals
- Patient has a history of:
  - Overdoses
  - Opioid dependence or substance use disorder
  - Illegal drug use
  - Prescription drug use for non-medical reasons
  - Mental illness
  - Sleep-disordered breathing
- Patient takes more pills than prescribed
- Patient is from out-of-state
- Patient fails urine or toxicology screens
- Patient requests:
  - Medications with high street value
  - Medications by name
  - Increased quantity or strength of opioid
  - Early refills
- Patient pays cash payments for medications
- Patient reports lost or stolen prescriptions
- More than one family member receives the same opioid prescription
- More than one person at the same address receives the same opioid prescription
- Patient reports financial stressors

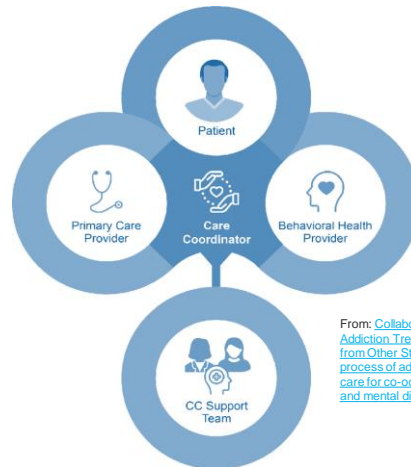
## Before Prescribing... cont.

- Substance use disorder (addiction) and overdose
- Refer for substance use treatment
- Consider referring to pain management specialist
- Consider treating with [medication-assisted treatment \(MAT\)](#)

## Before Prescribing... cont.

- Review any substance disorder
- Review current medications
  - BEERS criteria
  - Contraindications
- Side effects of opioids
- Determine with the patient the use of opioid therapy
- Opioids versus non-opioid therapy
- Evaluate patient's goals

[Six Things to Consider Before Prescribing an Opioid \(ajmc.com\)](http://ajmc.com)



From: [Collaboration Leading to Addiction Treatment and Recovery from Other Stresses \(CLAROS\)](#), process of adapting collaborative care for co-occurring opioid use and mental disorders

## Goals of Pharmaceutical and Non-Pharmaceutical Therapy

### Pharmaceutical Measurables

- Pain has decreased
- Able to tolerate opioids,
- Mitigate pain
- Improved function and quality of life
- Reduce the risks associated with opioid pain therapy

[Nonpharmacological Interventions for Pain Management in Paramedicine and the Emergency Setting: A Review of the Literature - PMC \(nih.gov\)](#)

### Non-pharm measurables

- Patient reports 3 days after Physical Therapy (PT), the patient's pain has decreased from a 5 to a 3 on a 1-10 Likert scale

## Knowledge Check

What medication will reverse an overdose?

- Methadone
- Buprenorphine
- Naloxone
- Paxlovid



## Summary and Takeaways

- Assess medical history
- Patient centered plan of care
- Compare risks and benefits of opioid prescribing
- Non-pharmaceutical therapy and/or OTC drugs
- Red Flags
- Prescribe low and slow
- Naloxone
- Monitor



## Questions?



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## Thank You

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## Upcoming Sessions

Future 30-Minute sessions will cover CDC recommendations three through 12.

- August 22, 2023
- September 26, 2023
- October 24, 2023
- November 7, 2023

Register at  
<https://buff.ly/43YxBiR>



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## Continue the Conversation in Superior Health Connect



Connect is a shared learning environment for Superior Health participants to come together to foster and promote an all-teach-all-learn climate that provides the framework to improve and sustain mutual health care quality improvement initiatives locally, regionally, and nationally.

<https://bit.ly/3BhfHc1>



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