RHODE ISLAND
DEPARTMENT OF HEALTH

ACCREDITED HEALTH DEPARTMENT
PHAB
PUBLIC HEALTH ACCREDITATION BOARD

Prescribing for Pain as Painlessly as Possible

James V. McDonald MD, MPH
Chief Administrative Officer
Board of Medical Licensure & Discipline

November 3rd, 2016

Dr. McDonald has no disclosures to report.

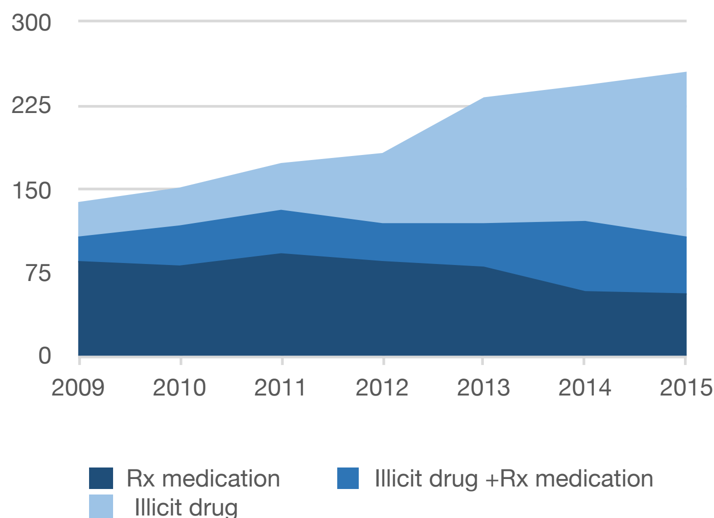
Objectives

1. Discuss rules and Regulations regarding pain and controlled substances
2. Discuss need to treat pain and balance the risk of opioid medications

What is the issue and what is your perspective?

- What is pain to you?
- Is pain a good thing ever?
- How do you act when you are in pain?
- How do you perceive people in pain?
- primum non nocere--above all, do no harm
- Risk & Benefits

Like many other states, Rhode Island's crisis **began with prescription drugs**



SOURCE: Rhode Island Department of Health

Building on a Strength

- Since 2011, the number of prescription-based overdose deaths has declined by nearly 40 percent.

More Work to Do

- Illicit drug overdose deaths are up 250 percent since 2011.
- Overdose deaths caused by a combination of illicit drugs and prescription opioids are up nearly a third since 2011.

Rules, regulations & guidelines

<u>Rules and Regulations</u>

- Force of law
- Minimum standard
- Exceeding this is good
- Promulgated by Department of Health

<u>Guidelines</u>

- Good ideas, yet need judgement
- What you *should* do all the time
- Exceeding these are hard and following is good
- Promulgated by anyone

Rules and Regulations for Pain Management, Opioid Use and the Registration of Distributors of Controlled Substances in Rhode Island

Approved March 2015

Applies to anyone with a CSR

- *3.2* Document a treatment plan
- 3.3 Duration of prescribing (superseded by PL 199) 30 Mg MED and no more than 20 doses for acute pain
- 3.4 Patient Education/Consent (duty to patients with history of substance abuse is higher)
- 3.5 Must review PDMP prior to starting an opioid

3.7 Periodic Review

3.8 and 3.9 what is a pain physician and documentation of consultation

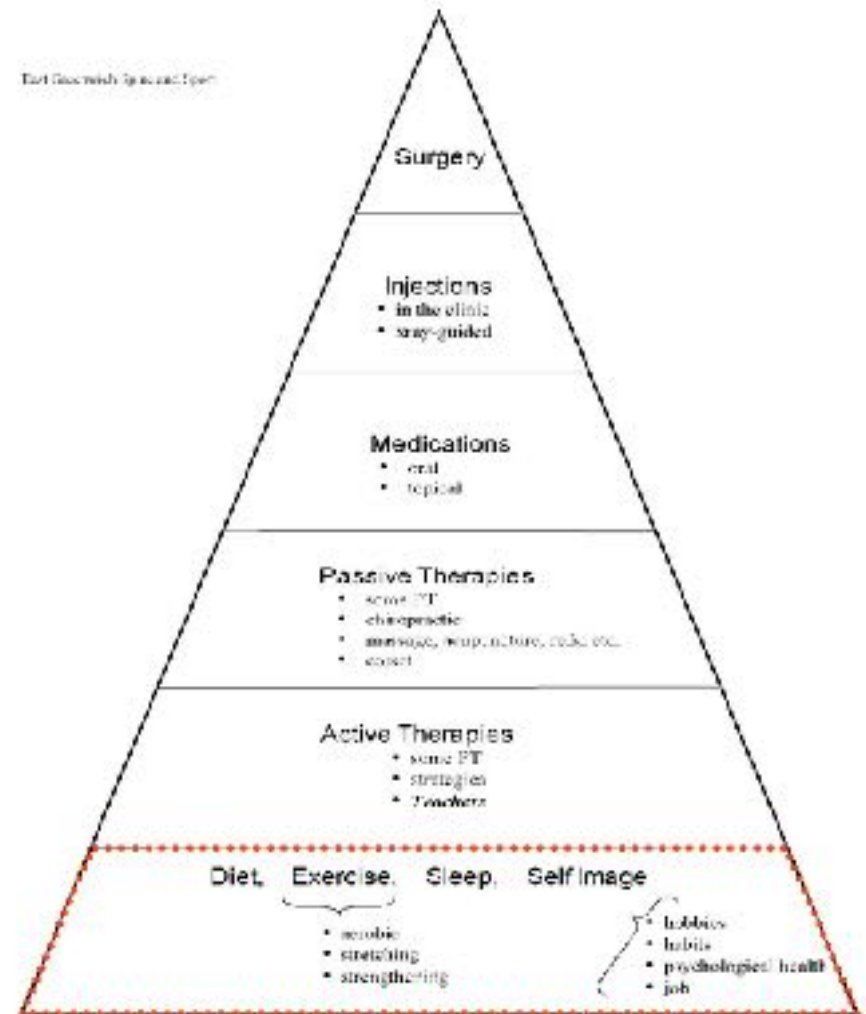
3.10 Transition of Care

3.11 Transmission of controlled substances

3.12 long-acting opioids including methadone

Art of Medicine and how we address pain

- Have I considered the psychosocial impact of pain?
- Am I treating pain or suffering or both?
- What are the non-pharmacologic options?
- What are the non-opioid options?
- Am I taking an interdisciplinary approach?



When is enough – enough or too much?

- Morphine Mg Equivalents per day
- Feeling pressured or bullied
- Not sure of the diagnosis
- Do not feel comfortable with the medications
- Not willing to follow the regulations

What are my obligations regarding long term opioids

- Is there an evidence base for this prescribing decision?
- Am I willing to follow all of the regulations?
- Was there any other option with less risk?
- Does the patient understand how there life is going to change?

How do I recognize Drug seeking behavior? Can I ?

- Lost RX- Treat as cash
- Drugs by Name
- Vague unprovable symptoms- back ache, headache, dental pain
- Manipulative behavior
- Bullying

- Non-narcotic drug allergy
- 3 visits in 7 days
- Over 3 complaints
- Chief Complaint of "refill"
- Multiple visits to ED's
- Inconsistent story about pain, medical history

PDMP offers some help

Practical tools Health.ri.gov/saferx

Screening Brief Intervention and Referral to Treatment (SBIRT): Consider screening all patients annually or upon entry to your practice to assess potential risk for substance abuse. Tools such as the Opioid Risk Tool (ORT) as well as DAST 10 (Drug and Alcohol Screening Tools 10) and several more tools available from Substance Abuse and Mental Health Services Administration (SAMHSA)

Make a Treatment Plan: The treatment plan should state objectives by which treatment success can be evaluated, such as pain relief and/or improved physical and psychosocial function, and indicate if any further diagnostic evaluations or other treatments are planned. The prescriber should tailor drug therapy to the individual medical needs of each patient. Several treatment modalities or a rehabilitation program may be necessary if the pain has differing etiologies or is associated with physical and psychosocial impairment.

Prescribe Proportionately: Only prescribe the amount of pain medicine reasonably expected to be needed. If you expect 3 days of severe pain prescribe only 3 days worth of medication. Acute Pain (< 5days) can often be managed without opioids.

Start an Opioid trial: Advise your patient to try the medication for a specified period of time and re-assess. Agree that if are not making reasonable progress, to consider stopping and trying a different approach.

Electronically Prescribe Controlled Substances: Make sure you upgrade your electronic health record system, get 2 identification tokens, and get approval from surescripts®. MORE

Obtain Informed Consent: The prescriber should discuss the risks and benefits of the use of controlled substances with the patient, guardian or authorized representative. This discussion should be documented and signed by the patient, guardian or authorized representative. SAMPLE

- History with Pain?
- History with Psychoactive substances?
- Family history relevant to addiction?

Opioid Risk Tool
DAST
COMM
SOAPP

Rhode Island Will **Reduce Overdose Deaths by One-Third** in Three Years

Governor Raimondo's Overdose Prevention and Intervention Action Plan focuses on four specific and complementary strategies designed to cut the number of lives lost to overdose by a third within three years:

- **Prevention**: Take aggressive measures to improve patient safety and better monitor opioid use through the Prescription Drug Monitoring Program.
- **Rescue**: Ensure access to naloxone
- **Treatment**: Expand the quality and availability of Medication- Assisted Treatment (MAT)
- **Recovery**: Expand access to peer-recovery services and MAT

In addition, her action plan outlines a **public education and community outreach plan** to end the stigma of addiction.

James V. McDonald, MD, MPH
Board of Medical Licensure and Discipline
Rhode Island Department of Health
James.mcdonald@health.ri.gov