RQS Insider

Risk Prevention Strategies: Decreasing the Pain

"The opioid epidemic is one of the most pressing public health issues in the United States. More Americans now die from drug overdoses than car crashes, and these overdoses have hit families from every walk of life and across our entire nation."
Sylvia Burwell, Secretary of Health & Human Services

What we first need to realize is there is not just one reason for the opioid epidemic; this is a multifaceted issue. On one end, healthcare providers may be inadvertently contributing to the problem. This could come from providers not conducting sufficient follow-up care, or providers not considering other pain management treatment methods. On the other end, there are patients who are already abusing prescription drugs and finding more outlets to access drugs. And in between all of this, there is a lack of standardization in what pain means in healthcare and a lack of preventive programs in place to help our patients and our communities.

Today, there is much more at risk than just healthcare providers being sued for malpractice; the increasing number of deaths and people who abuse pain medications is the bigger issue. Before things get worse, we need to raise the awareness regarding pain management risks and take action to reverse this trend. This will take time, but there are a variety of strategies that organizations, big and small, can implement to reduce some of these risks and improve the care of their patients who suffer from pain.

Strategies - Patient Encounters

- Establish the doctor-patient relationship
- Screen for history of abuse and suicide
    - In a study of malpractice suits involving patient overdoses, 80% of the suits had evidence of the patient having a current or past substance use disorder, and in 40% of those cases, the patient had a mental health disorder (Pain Medicine 2011)
- Identify and address co-existing mental health conditions such as anxiety, depression and PTSD
- Consider non-opioid therapies as first-line treatment
- Lay out a well-documented treatment plan, which includes:
    - Informed consent and agreements for treatment
    - Re-examination
- Discuss with the patient:
    - Treatment goals
    - Realistic benefits and risks
    - The patient and clinician responsibilities in managing therapy
    - Risk of respiratory depression and overdose
    - Use of other medications and the risks involved if the patient does not consult his/her physician or pharmacist before taking another medication
    - Use and risks of consuming alcohol while taking medications
    - The duration and options for discontinuing the medication if the benefits do not outweigh the risks
- Periodically review the efficacy of the patient's treatment
- Renew prescriptions during patient encounters
    - If it is necessary to renew without a visit, make sure the return visit is less than three months from the last
- Refer the patient to a pain specialist after a specified amount of time – do not hold onto the patient too long
- Refer the patient to a mental health specialist or to a psychiatrist if you recognize warning signs for someone who may have a mental illness or a problem with prescription drug abuse

Strategies - Provider Education

- Develop training programs to teach medical professionals specific pain management skills, such as how to talk to patients about substance abuse and how to recognize the warning signs
- Provide education on the difference between immediate-release opioids versus extended release/long-acting opioids and how to read and understand the medication labels
- Ensure providers have access to and review state prescription drug monitoring program data
- Recommend that healthcare providers use tools to assess a patient's pain characteristics, such as:
    - Initial Pain Assessment Tool
    - Brief Pain Inventory (BPI)
    - McGill Pain Questionnaire (MPQ)
    - Memorial Pain Assessment Card
    - Pain Drawing

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This sample list of self-assessment questions will help you evaluate how well equipped you are to manage opioid abuse from a provider to patient standpoint as well as from an organization to provider standpoint.

Self-assessment Questions	Yes/No/NA	Comments
1. Do you conduct an initial risk assessment with a patient before prescribing opioids? Do you conduct this type of risk assessment with every new patient?		
2. Do you regularly communicate with a patient's previous physician(s) and/or care team to check if he/she has been prescribed multiple drugs?		
3. Do you use effective screening tools such as SOAPP-R or COMM?		
4. Is drug testing conducted before initiating pain medications and is the drug testing continued to watch for other prescribed medications/illicit drugs that could be harmful to the patient?		
5. Is there an established review period for patients who are prescribed opioids? Is it longer than six months?		
6. Does your organization start patient treatment plans by developing goals related to pain relief and function?		
7. Does your organization provide the necessary substance abuse resources to staff? Do providers know who and what these resources are and how to access them?		
8. Are there established guidelines regarding the documentation of treatment plans and have they been shared with staff?		
9. Do you have written protocols for identifying opioid abusers?		
10. Are you required to review a patient's history of substance abuse through the state prescription monitoring programs?		
11. Does your organization conduct regular staff education sessions regarding opioids and addiction? When was your last session?		
12. Is your facility considering alternative, non-opioid therapies?		