

A Team-Based Approach to Chronic Pain Management

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Objectives

- * Understand the definition of chronic pain and its prevalence.
- * Define chronic pain management programs.
- * Discuss the role of the case or condition manager in the management of chronic pain.
- * Recognize and explain the role of pharmacists in chronic condition management.
- * Demonstrate an understanding of various medication management programs and services available to individuals with chronic condition.
- * Recognize the team-based interventions used to manage chronic pain.

Understanding Chronic pain

Incidence/Prevalence:

- * 100 million people in the United States
- * 20% of primary care visits
- * 12% of prescriptions
- * \$560 - 630 billion/year in direct and indirect expenses in the United states

Pain Definition

Somatic perception containing:

- * a bodily sensation with qualities like those reported during tissue-damaging stimulation,
- * an experienced threat associated with this sensation, and
- * a feeling of unpleasantness or other negative emotion based on this experienced threat
- * may be worsened by fear of movement, mood, and depression/anxiety

Chronic pain usually characterized as:

- * Lasting beyond the ordinary duration of time that an insult or injury to the body needs to heal
- * Adversely affecting function and quality of life

Impact on Daily Life



- * Has anyone tried Tommie Copper Compression shirts? Just wondering if they work at all. Montel Williams uses them for his MS pain, so a friend suggested it for my RA.
- * Trying to decide if I want to take my new RA medicine. COMMON side effects:hair loss,nausea,weight loss,dizziness,headache, backpain...and the list goes on.
- * I have to try a new medication tonight to see if it helps with the freezing-hot burning-cold sensation in my feet. Stupid MS. Wish me luck!

Types of Pain

- * Nociceptive pain — tissue damage (eg, postoperative pain). Nociceptive pain is further subdivided into somatic and visceral pain.
- * Neuropathic pain — abnormal neural activity secondary to disease, injury, or dysfunction of the nervous system. Neuropathic pain is further subdivided as follows: Sympathetically mediated pain (SMP), Peripheral neuropathic pain, Central pain

Psychiatric Co-morbidities

- * People with mental health diagnosis twice as likely to have chronic pain
- * Common psychological co-morbidities associated with chronic pain: depression, anxiety, and sleep disturbances



Chronic Pain Management Programs

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Chronic Pain Self-Management Program

- * *6-week program
- *Telephone or in person
- *Self-Management Strategies
- *Outcomes: Improved Sleep and improved healthy days

Care plans for patients with chronic pain should include all the following, *except*:

- A) Time-contingent medications
- B) Bed rest and avoidance of physical activity
- C) Stress management
- D) Assistance in returning to work

Case or Condition Manager Role in Chronic Pain

Chronic Pain Case or Conditions Manager

- * Health coach
- * Coordination of care
- * Benefits expert
- * Resource

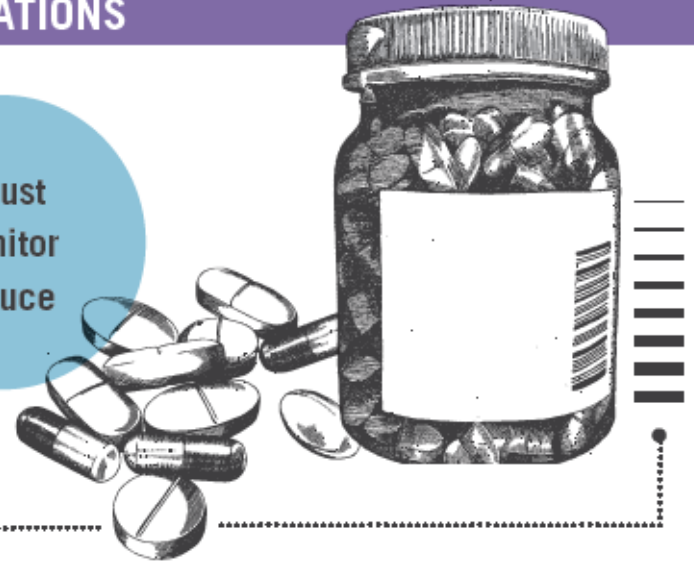
Pharmacist Role in Chronic Pain

Opportunities for Pharmacists

- * Pharmacological Treatment selection
- * Monitoring Therapy Response and Use
- * Discontinuing or Changing Therapy
- * Patient Education
- * Provide Resource Education

CONSIDERATIONS

Adjust
Monitor
Reduce



Opportunities to Coordinate with Pharmacists

- * Drug Delivery Education
- * Medication Management
- * Immunizations
- * Disease Management
- * Drug Utilization Review

Medication Management & Monitoring Programs

Medication Therapy Management



What is MTM?



Adherence to CDC Prescribing Guidelines

- * Determining When to Initiate or Continue Opioids for Chronic Pain
- * Opioid Selection, Dosage, Duration, Follow-up, and Discontinuation
- * Assessing Risk and Addressing Harms of Opioid Use

Opioid Prescribing

CHECKLIST

When **CONSIDERING** long-term opioid therapy

- Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (eg, addiction, overdose) with patient.
- Evaluate risk of harm or misuse.
 - Discuss risk factors with patient.
 - Check prescription drug monitoring program (PDMP) data.
 - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (eg, PEG scale).
- Schedule initial reassessment within 1–4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.



Go Slow

A decrease of 10% of the original dose per week is a reasonable starting point. Some patients who have taken opioids for a long time might find even slower tapers (e.g., 10% per month) easier.

Discuss the increased risk for overdose if patients quickly return to a previously prescribed higher dose.



Consult

Coordinate with specialists and treatment experts as needed—especially for patients at high risk of harm such as pregnant women or patients with an opioid use disorder.

Use extra caution during pregnancy due to possible risk to the pregnant patient and to the fetus if the patient goes into withdrawal.



Support

Make sure patients receive appropriate psychosocial support. If needed, work with mental health providers, arrange for treatment of opioid use disorder, and offer naloxone for overdose prevention.

Watch for signs of anxiety, depression, and opioid use disorder during the taper and offer support or referral as needed.



Encourage

Let patients know that most people have improved function without worse pain after tapering opioids. Some patients even have improved pain after a taper, even though pain might briefly get worse at first.

Tell patients “I know you can do this” or “I’ll stick by you through this.”

Drug Utilization Management



Drug Utilization Review & Safety Monitoring

- * Quantity Limits
- * Prior Authorizations
- * Safety Monitoring Programs

Pharmacy Programs Monitoring Opioid Medication Use

- * Overutilization
 - * Multiple prescribers
 - * Multiple pharmacies
- * Excessive doses
 - * Exceeding Opioid Equivalent Dosing Threshold(s)

Sample Prescriber Communication

Dear Prescriber,

Medicare Part D Plan ABC is sending you this letter to request your assistance because we have determined your patient, **John Doe**, is being prescribed a certain dosage of a medication(s) in the opioid class and/or has opioid prescriptions involving multiple prescribers and/or pharmacies.

Medicare Part D Plan ABC is the Medicare drug plan for your patient, **John Doe**. As part of our responsibilities as a Medicare Part D sponsor, we provide certain case management services. We identify and follow up to obtain additional information when there are prescribing and dispensing patterns that could potentially be inappropriate and medically unnecessary.

We have attached the medication(s) in the opioid class prescribed for John Doe, which includes all opioid medications of which we are aware, the dosage(s) prescribed, and the time period we are reviewing.

Date Filled	DrugName	Quantity	Day Supply	Pharmacy	Prescriber
6/9/2017	ZOLPIDEM TAB 5MG	30	30	A	A
6/9/2017	HYDROCO/APAP TAB 7.5-325	20	3	B	B
6/12/2017	HYDROCO/APAP TAB 5-325MG	60	15	C	C
6/14/2017	TRAMADOL HCL TAB 50MG	120	30	A	A
6/16/2017	HYDROCO/APAP TAB 7.5-325	120	30	B	D

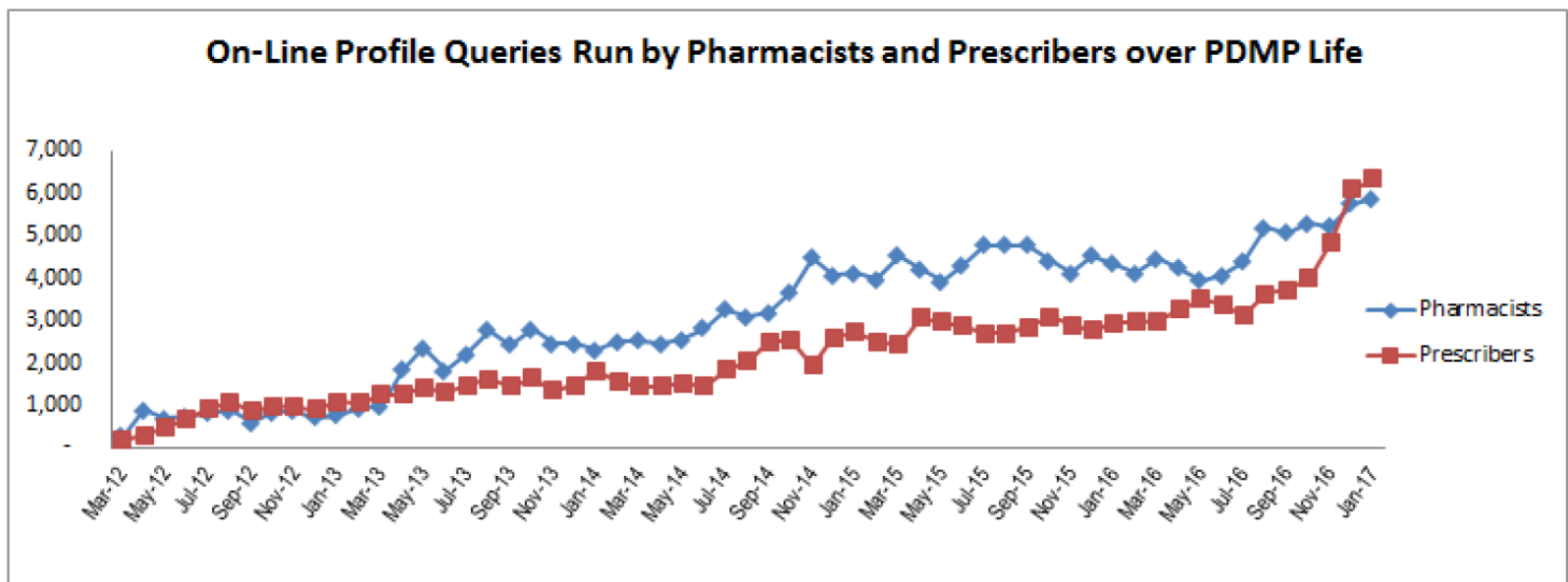
Prescription Drug Monitoring Programs

South Dakota Monitoring Programs

- * Established by Codified Law and implemented by Administrative Rule, the South Dakota Prescription Drug Monitoring Program (PDMP) provides an online secure tool to review patient prescription utilization.
- * Pharmacies and practitioners that dispense any Schedule II, III, and IV controlled substances in South Dakota or to an address in South Dakota **must electronically report** such dispensing to the SD PDMP.
- * Law updated in 2017 to require all prescribers with controlled substance registration and prescribing controlled substances to register with the SD PDMP.
- * Request a profile online at:
<http://doh.sd.gov/boards/pharmacy/pdmp.aspx>

PDMP Access and Use

Approved for Access		% Of
2012 Total	1,253	
2013 Total	432	
2014 Total	371	
2015 Total	362	
2016 Total	663	
Pharmacists	1078	86%
Physicians	933	31%
Physician Assistants	349	65%
Nurse Practitioners	335	51%
Dentists	109	24%
Other	204	
Designated Agents	399	
Total	3,407	
Prescribers Querying	31%	
Pharmacists Querying	33%	



Team-Based Interventions for Chronic Pain

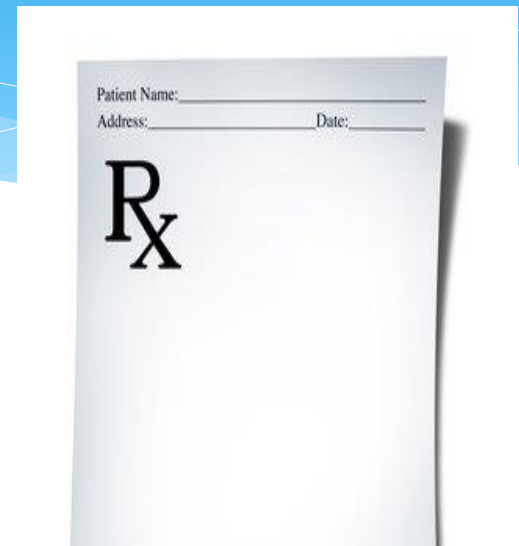
A Case of Team-Based Coordination

Community Pharmacist
AND
MTM Pharmacist
AND
Prescribing Provider



A Case of Team-Based Coordination

Case Manager
AND
MTM Pharmacist
AND
Dispensing Pharmacist
AND
Prescribing Provider



Questions?

References and Resources

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