Veteran's Health Administration OPIOID SAFETY INITIATIVE

Janette Elliott, RN-BC, MSN, CNS, AOCN
Pain Management Clinical Coordinator
DVA Palo Alto Health Care System

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PCSS-O TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM For Opioid Therapies

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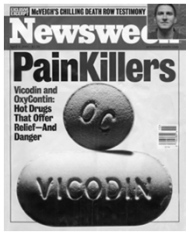
History of Treating Chronic Pain

March 1997



Apr 9, 2001

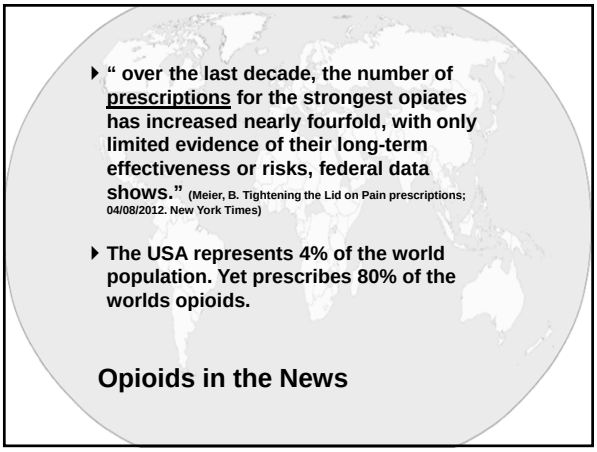
Mar 7,2011

Pain as 5th Vital Sign

- 1992—American Pain Society
- 1996—VA named pain the 5th Vital Sign
- 1998—VHA Pain Management Strategy--Ken Kiser
  - Elements of Pain Management Strategy
    - Pain Assessment and Treatment
    - Evaluation of Outcomes and Quality of Pain Management
    - Clinician Competence and Expertise in Pain Management
    - Research
    - Coordination of National VHA Pain Management Strategy
- 2000--Institute on Healthcare Improvement
- 2000--Joint Commission on Accreditation of Healthcare Organizations (JCAHO) pain management standards

What we were taught?

- Pain was not being assessing often enough or well enough
- Opioids should be given more often at higher doses
- Opioids worked for all pain
- Opioids were safe to be routinely used
- There were no long-term side effects from opioids
- There was no dosage ceiling
- If you didn't want to use high doses you were an opioiphobe and a bad clinician



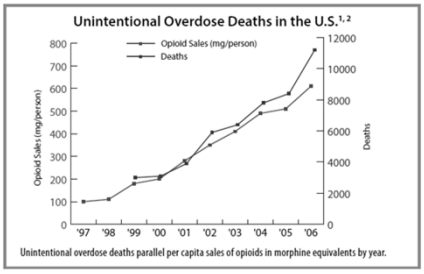
- **" over the last decade, the number of prescriptions for the strongest opiates has increased nearly fourfold, with only limited evidence of their long-term effectiveness or risks, federal data shows."** (Meier, B. Tightening the Lid on Pain prescriptions; 04/08/2012. New York Times)
- **The USA represents 4% of the world population. Yet prescribes 80% of the worlds opioids.**

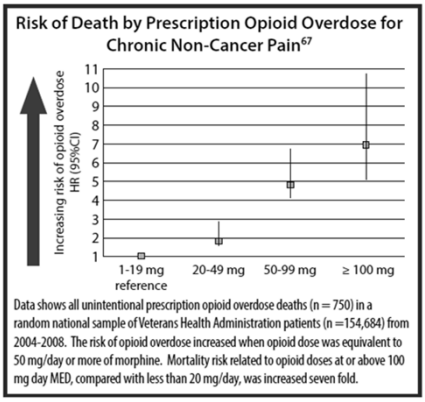
Opioids in the News

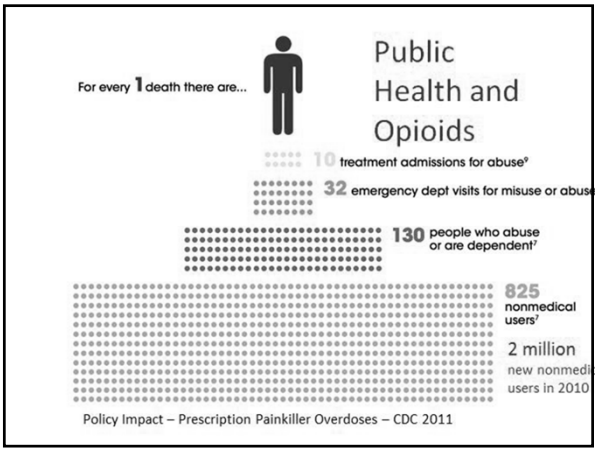
- Unintentional overdose deaths parallel per capita sales of opioid analgesics and are now the leading cause of injury deaths among 25-65 years old in the United States.

Drug Overdose in the United States, 2013
Seal, 2012

More than one hundred people die from drug overdoses every day in the United States. Most deaths are caused by prescription medications.







The Concern/ Patient Safety……. Why?

- In 2010, there were 38,329 drug overdose deaths in the United States
- Of those 22,134 or 57.7% of the total involved pharmaceuticals
- 16,451 or 74.3% of these were unintentional deaths
- Top 3 common pharmaceutical deaths alone or in combination w/other drugs included
  - 16,651 (75.2%) were opioid related overdose deaths
  - 6497 (29.4%) benzodiazepines related deaths
  - 3889 (17.6%) antidepressants related deaths

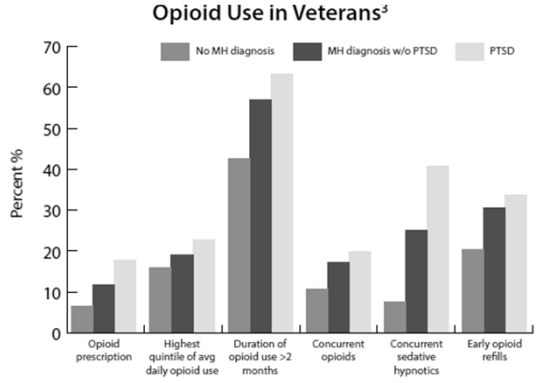
Jones, Mack and Paulozzo, JAMA, February 20, 2013—Vol 309, No. 7, 657-659

U.S Veterans returning from Iraq and Afghanistan who have chronic non-cancer pain and PTSD are at a high risk of adverse outcomes with opioid therapy.

Although taking opioids significantly increased risk for adverse outcomes in any veteran, those with PTSD had more:

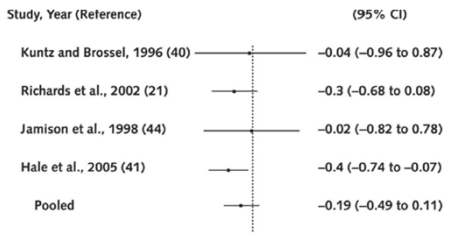
- Opioid related accidents and overdoses,
- Alcohol and non-opioid drug-related accidents and overdoses,
- Self-inflicted injuries (i.e gunshot wounds),
- Violence-related injuries.

Seal KH et al Association of mental health disorders with prescription opiates and high-risk opiate use in US veterans of Iraq and Afghanistan. JAMA March 7, 2012; 307(9):940-947



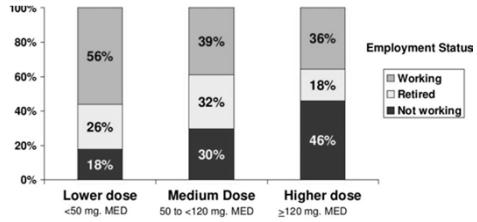
(Seal, et. al.,

No Change in Chronic Low Back Pain 73 mg Morphine versus Placebo



Martell … Kerns…; Ann Int Med; 2007

Disability Associated with More Opioids



Presented by Michael Von Korff; Summit for Opioid Safety, 2012

VA and the Opioid Safety Initiative

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Legislators Call on VA to Stop Over-Prescription of Powerful Painkillers

2013 Issues | Department of Defense (DoD) | Department of Veterans Affairs (VA) | November 2013 | Pain Management

0 comments

SHARE

By Sandra Basu

WASHINGTON — In the wake of accusations that veterans are over-prescribed powerful painkillers, a House of Representatives subcommittee chairman called on VA to adopt more effective pain management protocols.

"The stakes are too high for VA to continue to get it wrong," said Rep. Dan Benishek, MD, (R-MI), who chaired a subcommittee hearing titled "Between Peril and Promise: Facing the Dangers of VA's Skyrocketing Use of Prescription Painkillers to Treat Veterans."

Benishek questioned VA for using what he says is a pain management treatment model "that makes primary care, rather than specialty care, the predominant treatment setting for veterans suffering from pain." Benishek worked part-time at the Oscar G. Johnson VA Medical Center in Iron Mountain, MI, for 20 years.

The hearing came on the heels of a report by the Center for Investigative Reporting that VA prescriptions of hydrocodone, oxycodone, methadone and morphine increased by 270% in the past 12 years. The data for the report was obtained through the Freedom of Information Act.

"VA can and must change course and act now to reduce their reliance on the use of prescription painkillers," Rep. Jeff Miller (R-FL), chairman of the House Committee on Veterans' Affairs, said at the hearing.

Institute of Medicine

* Create a comprehensive population-level strategy for pain prevention, treatment, management, and research.

IOM, 2011

Review of Pain Assessment, Documentation, Therapy

* Documentation lacking
* Patient follow-up sometimes inadequate
* Many patients prescribed opioids as first line therapy, no other therapy offered
* Large variation in prescribing
* Many patients on high-dose opioids without gaining benefit
* Need for education in chronic pain management identified by primary care

Opioid Safety Initiative
Patient-Centric Goals

* Provide Quality Patient care using evidence based knowledge.
* Document safety assessment for patients on concomitant use of opioids and benzodiazepines.
* Reduce volume of prescribed opioids and concomitant use to a safer level based on individual assessments
* Reduce the percent of patients on opioids and concomitant benzodiazepines and opioids.
* Provide patient and provider education about the VHA OSI.

Goals of the OSI

1. Educate Providers about effective use of urine drug screens
2. Increase the use of urine drug screening
3. Facilitate use of states prescription drug monitoring databases
4. Establish safe and effective VISN tapering programs for patients using combination benzos and opioids

Goals of OSI (cont)

5. Develop tools to identify higher risk patients
6. Improve prescribing practices around long-acting opioids formulations
7. Review treatment plans for patients on high doses of opioids
8. Offer CAM modalities at all facilities
9. Develop new models of mental health and primary care collaboration to manage prescribing of opioid and benzos

Develop System-Wide Approach to Pain Management

* Clinical Practice Guideline for Chronic Opioid Therapy
  * Pocket guide
  * Computer App
  * Wide dissemination
* National movement to engage every facility
* Computer available pain management information for patients
* Staff Education—national, regional, local
* Developed dashboard to identify prescribing practices
* Informed consent for chronic opioid therapy

Dashboard

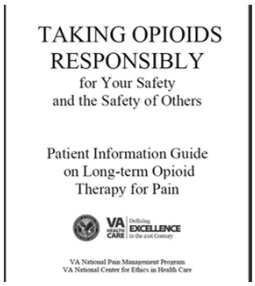
- Data from computerized record
- Pain assessment done
- Level of prescribing
- Side effect management—bowel regime, adverse outcomes
- Dangerous drug interactions—overlapping opioids, benzos, barbiturates, carisprodol, methadone interactions
- Appropriate acetaminophen prescribing
- Misuse risk—psychiatric or substance use disorders
- Appropriate follow up
- Appropriate lab testing
- Use of appropriate pain therapies
- Accessing state prescription monitoring program

Informed Consent for Chronic Opioid Therapy

- Consistent nation-wide
- Opioid treated like other therapy with known significant risks
- Pain Care Plan
- Do's and don't of opioid use
- Short term and Long-term side effects
- How to refill prescriptions
- Protect opioids from damage, loss, theft
- Work with provider on pain care
- Accessing prescription drug monitoring programs

Patient Education Handout

- Based on best evidence
- Vetted by all national VA services impacting chronic pain
  - Primary Care
  - Pain
  - Nursing
  - Pharmacy
  - Addiction
  - Ethics


TAKING OPIOIDS RESPONSIBLY
for Your Safety
and the Safety of Others

Patient Information Guide
on Long-term Opioid
Therapy for Pain

VA Defining EXCELLENCE in the 21st Century

VA National Pain Management Program
VA National Center for Ethics in Health Care

What do we now know?

* Opioids work well for some pain problems.
* Opioids reduce persistent pain an average of 30%.
* Opioids are not always safe to use.
* There are significant long-term side effects from opioid use.
* Higher doses don't necessarily results in better pain control.
* The higher the opioid dose, the higher the incidence of unintentional overdose.
* Higher incidence of birth defects in women who use opioids.

VA/DOD 2010, CDC, 2015, Von Korff, et. al. 2011,

What do clinicians now "hear"?

* "You're a bad clinician because you prescribe opioids."
* "You have to take all of your patients with persistent pain off opioids."

What do we want clinicians to "hear"?

* "Opioids are a useful tool for many pain problems when thoughtfully prescribed in appropriate patients."
* "However, opioids do not always provide sufficient pain relief in light of the risks in some patients."
* "We need to balance benefits and risks."
* "We need to thoughtfully evaluate each pain problem and the patient with the pain problem before embarking on long-term opioid therapy."
* "We go into opioid therapy as a trial and need to reevaluate that trial prior to long-term prescribing."

The Message to Providers

1. Based on compelling evidence over the last 10 years that has shown poor outcomes with high dose long-term opioids in chronic pain, we are recommending change in the way opioids are prescribed in this population.

2. Opioid Safety Initiative IS NOT about stopping or not starting opioids. The goal of the initiative is to provide the best possible pain care with opioids if indicated utilizing ***standardized*** evidence-based prescribing practices that safeguard against harm and abuse.

Outcomes

- Some patients aren't happy with us, others are.
- Not seeing a difference in pain scores
- Too early yet to determine opioid overdose rates
- More appropriate opioid prescribing
- Increased safe prescribing
  - Less combination benzos and opioids
  - Therapeutic acetaminophen levels
  - Lower opioid doses
- More availability of non-opioid and CAM therapies
- Increased use of appropriate lab tests
- Increased use of state prescription monitoring programs
- Increased use of informed consent

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*Thank you!

*Janette.Elliott@va.gov

Questions??

PCSS-O TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Opioid Therapies

PCSS-O is a collaborative effort led by American Academy of Addiction Psychiatry (AAAP) in partnership with: Addiction Technology Transfer Center (ATTC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (IntNSA), and Southeast Consortium for Substance Abuse Training (SECSAT).

For more information visit: www.pcss-o.org
For questions email: pcss-o@aaap.org

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