Teaming Up for Safer Pain Management: Strategies for Effective Collaboration

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Target Audience: Pharmacists

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Activity Type: Knowledge-based
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Disclosures:
The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

- Noah Nesin: No relationships to disclose
- Felicity Homsted: No relationships to disclose

The data presented is from a single health system
Session Objectives

- Identify mechanisms for collaboration between pharmacists and prescribers to minimize opioid misuse, while ensuring that patients with legitimate needs have access to opioids.

- Describe effective communication strategies between pharmacists and prescribers to optimize care and minimize patient risk.

- Describe policies around PDMP use and other mechanisms being used to manage risk and diversion and support appropriate medication use.
1. Assessment Question

Which of the following is not an example of how pharmacists and prescribers can collaborate to minimize opioid misuse.

A. Develop interdisciplinary teams to review challenging cases
B. Create community prescribing and monitoring guidelines
C. Establish formal communication process between community pharmacist and prescribers to address prescribing concerns
D. Construct a punitive based process for giving providers feedback
2. Assessment Question

2. Which of the following is not an effective way for pharmacists to improve communication to ensure safe prescribing practices and address community needs.

A. Provide evidence base education to prescribers
B. Counsel that state laws are the reason for opioid tapers
C. Establish relationships with key prescriber stakeholders and leadership
D. Reinforce safe-prescribing messaging in pharmacy
3. Assessment Question

Which of the follow is not optimal in mitigating diversion and supporting appropriate medication use.

A. Reviewing prescription monitoring program data
B. Utilization of urine drug screens
C. Performing scheduled pill counts
D. Requiring patient contracts for chronic opioids
Overview

- Established in 1998
- Federally Qualified Health Center
- Patients: 65,000+ patients in 2017
  - Majority lower incomes
  - Thousands uninsured
- Four integrated pharmacies, 1 rural dispensary, and 3 pharmacy residency programs
  - 150,000 prescriptions dispensed annually
PCHC Integration Model
Primary Care Pharmacy Services

- Diabetes management
- Anticoagulation management
- Comprehensive medication management
- Chronic care management
- Hepatitis C management
- Controlled substance stewardship
Interdisciplinary Committee Structure

Controlled Substance Stewardship (CSS) Committee

- Chief medical officer, chief psychiatrist, pharmacists, prescribers, social workers, & care managers

Provider-patient agreements | Policies with oversight | Proactive case reviews

M8 quality assurance/improvement reports?
Magee, Chelsea, 3/15/2016
Impact Analysis: First 90 Days

- Retrospective chart review: 93 cases involving opioids reviewed in a 90-day period
- Dose reductions suggested in 78 cases
- At three-month follow-up, 76% of dose reductions implemented
- 32% of patients had the prescription eliminated completely

Annual Compliance Monitoring to Support Appropriate Use

- Informed consent & patient provider agreement
- Urine drug screens (UDS) - Prior to prescribing & random
- Pill Counts – Also as needed at points of concern, random
- Prescription Drug Monitoring Program (PDMP) review - Prior to prescribing & scheduled by prescriber

Opportunities for pharmacists to support
Informed Consent and Provider/Patient Agreement

- Provider reviews informed consent and patient/provider agreement with patient, ensuring patient understands all aspects
- Patient and Provider both sign, placed in medical record, copy for patient
- Designates single filling pharmacy

Opportunity: Pharmacists support in drafting
Goal is Improved function, not total pain relief

35% of people may develop addiction

No proven benefit for chronic pain

Higher risk of injury, falls, car accidents, breathing problems, heart disease, accidental overdose & death

Bangor Area Controlled Substance Work Group. Controlled substance clinical documents resource informed consent for opioids for chronic pain. 2015.

Partnership Approaches to Ensure Legitimate Access to Opioids

- Begin with evidence based medicine
- Collaborate to develop consistent practices
- Identify strategies for managing inappropriate practices and utilize them
- Continuously educate

Where is the evidence?

- Trauma informed care
- Eye movement desensitization & reprocessing (EMDR)
- Cognitive behavioral therapy (CBT)
- Antidepressants
- Anticonvulsants
- Physical therapy
- Support groups
- Weight loss
- Acupuncture
- Massage
- Chiropractic

Communication Methods to Optimize Care and Minimize Patient Risk

- Consistent process evaluation and improvement
- Reinforce deprescribing messaging
- Increase consumer awareness
- Have difficult conversations
Non-Reassuring Behaviors

- Requests for early refills
- Lost or stolen medications
- Inability to reach for pill counts or UDS
- Failure to make scheduled appointments
- Reports of suspected diversion
PCHC Experience:

- Provider impact
- Practice security
- New addiction focus
- Awareness of suffering
Pill Counts

Data from PCHC Clinical Tracking Scorecard.

Goal 80.00%

35.97% 31.28% 67.14% 65.78%

Opportunity: Perform pill counts
Collaboration Strategies to Support Safe & Effective Pain Management

- Start small
- Build a team
- Develop a process
- Maximize interdisciplinary expertise
- Expect challenges and adapt
Patients On Chronic Opioid Prescriptions


66.4% Reduction Overall
Community Pharmacy Based Intervention

1010 patients, 1062 prescriptions review

Addressed only >100 MMEs* daily

Study sample (n) = 84 patients

*100 MMEs selected in accordance with Maine law
Community Pharmacy Based Intervention

- Informed providers of patients exceeding dose limits
- Distributed provider and patient education handouts
- Provided pharmacists patient lists & intervention forms

Interventions included recommending tapering for those prescriptions greater than 100MME and not having medical exceptions stated in the law.
Community Pharmacist Intervention Taper Results

Change in Opioid Prescribing at 6 months

- Discontinued: 11%
- No change: 14%
- Tapering: 18%
- Tapered < 100 MMEs: 57%

Average MMEs Daily

- Aug-16: 308.82
- Sep-16: 157.49

Nair, S. Evaluating the impact of the new opioid dose limits mandated by the state of Maine on provider specific treatment plans for pain management. ASHP Poster Presentation. 2016.
Conclusion

- Community pharmacist have an important role to play in safer pain management
- Evidence-based practices should be used to inform collaboration with prescribers to prevent diversion and promote better pain control
- Strong pharmacist-prescriber communication channels are key to improving medication safety in pain management
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