Community Care
OF NORTH CAROLINA

SPARC

CCNC Project Echo

Safety Prevention Awareness Raising Confidence

Introducing Our Team…

Knowledgeable

Real World
(not specialty providers)

Interdisciplinary

Flexible

Educators

Enthusiastic

Committed

Medicaid
Experienced

System-Focused

Participants will be able to…

- Classify types of pain and use this information to improve pain management
- Increase efficacy and confidence in managing common primary care pain syndromes
- Implement strategies for guideline-concordant pain management to improve safety
- Recognize misuse and abuse of opioids
- Effectively manage pain using non-opioid strategies instead of or in conjunction with opioids
- Educate colleagues and staff about best practices for pain management

Chronic pain can be a disease in itself

- Pathologic, maladaptive disorders of somatosensory pain signaling pathways that persists well after the acute injury
- 100 Million in U.S. with chronic pain
  - 25 million have moderate - severe pain
- Significant barriers to adequate pain care
  - Negative attitudes and disparities in pain care
  - Lack of decision support for chronic pain management
  - Financial misalignment favoring use of medications
  - Lack of access to comprehensive pain management

Slide from Dan Alford, MD
Boston University

IOM. *Relieving Pain in America*. 2011
Dzau VJ, Pizzo PA. *JAMA* 2014

Reuben DB et al. *Ann Intern Med*. 2015
Walk D, Poliak-Tunis M. *Med Clin N Am*. 2016

Pain is common in primary care settings

- Low back pain present at least sometimes in 67% of primary care patients
- 5-8% of primary care visits are patients with fibromyalgia
- 38 million people in the US suffer from migraine headache
- Osteoarthritis is the most common cause of pain in the US
- Etc.

Opioids in Perspective

- The efficacy and safety of chronic opioid therapy for chronic pain has been inadequately studied*
- Opioid prescribing needs to be more selective and conservative
- Opioids for chronic pain…
  - help some patients
  - harm some patients
  - are only one tool for managing severe chronic pain
  - are indicated only when alternative safer treatment options are inadequate

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Boston University

Chou R et al. *Ann Intern Med* 2015
Dowell D et al. *JAMA* 2016
Manchikanti L et al. *Pain Physician* 2011
Reuben DB et al. *Ann Intern Med* 2015
Volkow ND, McLellan T. *N Engl J Med* 2016

Opioid Efficacy for Chronic Pain

- Most literature: surveys and uncontrolled case series
- RCTs are short duration (<8 months) with small samples (<300 patients)*
- Mostly pharmaceutical company sponsored
- Outcomes
  - Better analgesia with opioids vs. placebo
  - Pain relief modest
  - Mixed reports on function
  - Addiction not assessed

*New trial in JAMA 3/2018
Krebs et al. was 12 months
Opioids comparable to
Non-opioid therapy

Ballantyne JC, Mao J. *N Engl J Med*. 2003
Chou R et al. *Ann Intern Med*. 2015
Eisenberg E, McNicol ED, Carr DB. *JAMA*. 2005
Furlan AD, et al. *CMAJ*. 2006
Kelso E, et al. *Pain*. 2004
Martell BA, et al. *Ann Intern Med*. 2007
Michna E, et al. *Pain Med* 2014
Noble M, et al. *Cochrane Systematic Reviews*. 2010.

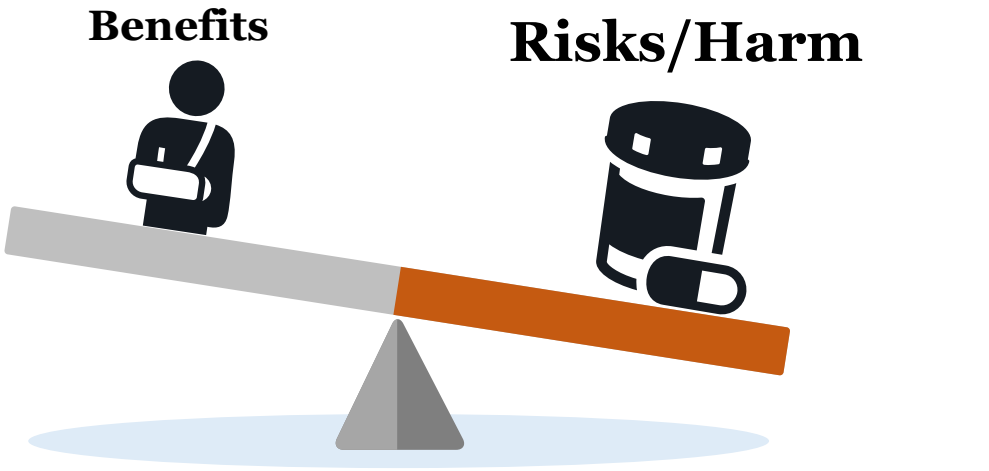
Opioid Safety and Risks

- **Allergies** are rare
- **Side effects** are common
  - Nausea, sedation, constipation, urinary retention, sweating
  - Respiratory depression – sleep apnea
- **Organ toxicities** are rare
  - Suppression of hypothalamic-pituitary-gonadal axis
- **Worsening pain** (hyperalgesia in some patients)
- **Addiction**
- **Overdose**
  - when combined w/ other sedatives
  - at high doses

Slide from Dan Alford, MD
Boston University

Dunn KM et al. Ann Intern Med 2010
Li X et al. Brain Res Mol Brain Res 2001
Doverty M et al. Pain 2001
Angst MS, Clark JD. Anesthesiology 2006

Risk Benefit Framework



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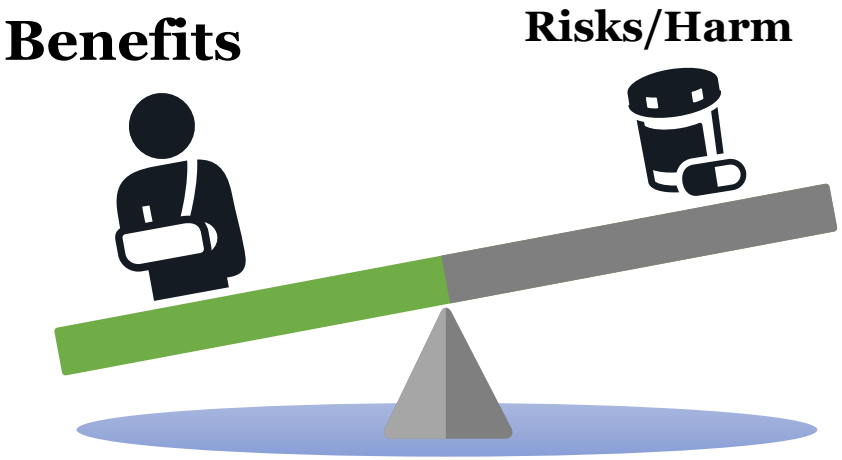
Risk Benefit Framework



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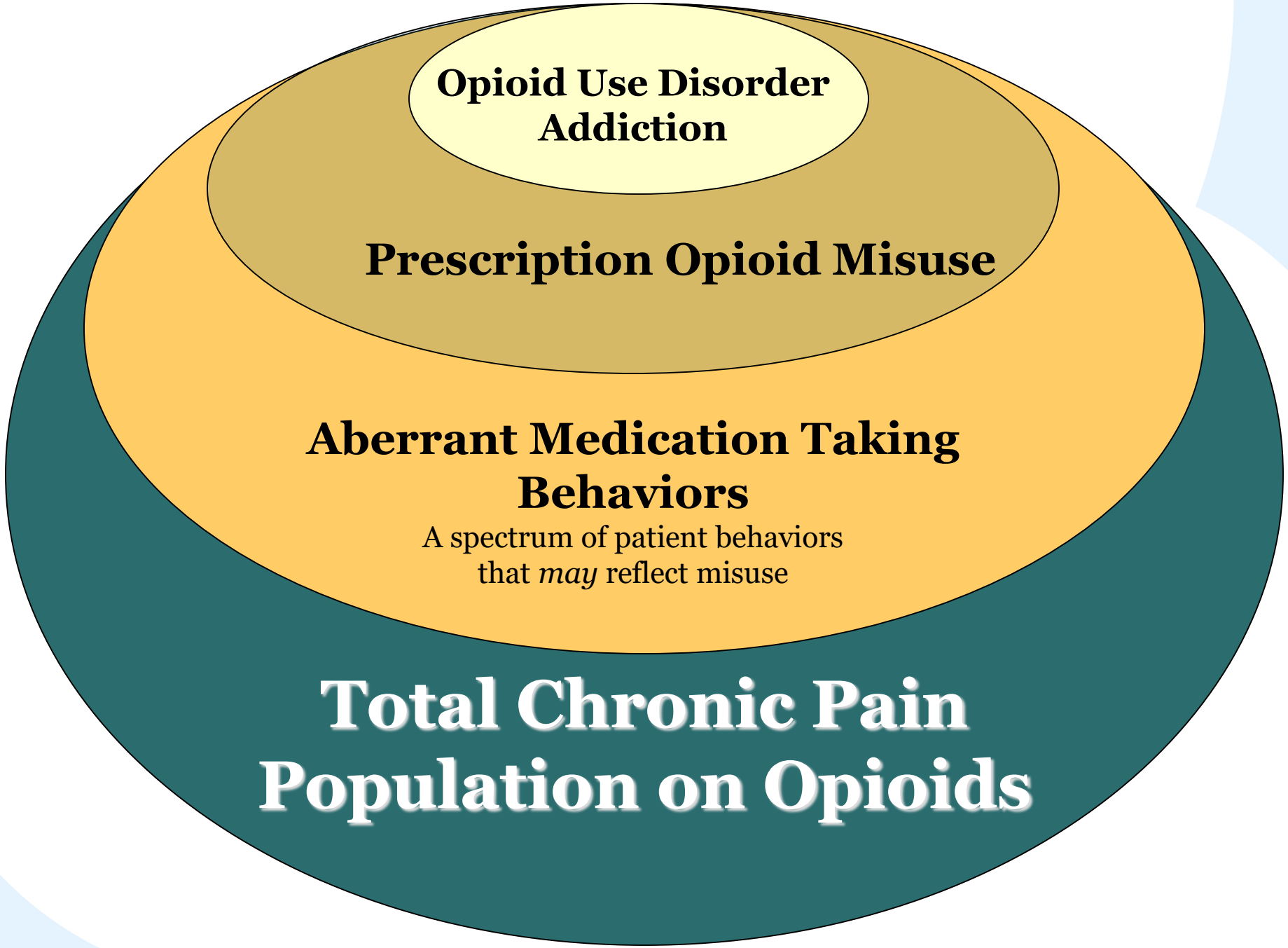

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Problematic Opioid Use

- Systematic review from 38 studies (26% primary care settings, 53% pain clinics)

  Misuse rates: **21% - 29%**

  Misuse: Opioid use contrary to the directed or prescribed pattern of use, regardless of the presence or absence of harm or adverse effects.

  Addiction rates: **8% - 12%**

  Addiction: Pattern of continued use with experience of, or demonstrated potential for, harm (e.g., "impaired control over drug use, compulsive use, continued use despite harm, and craving").

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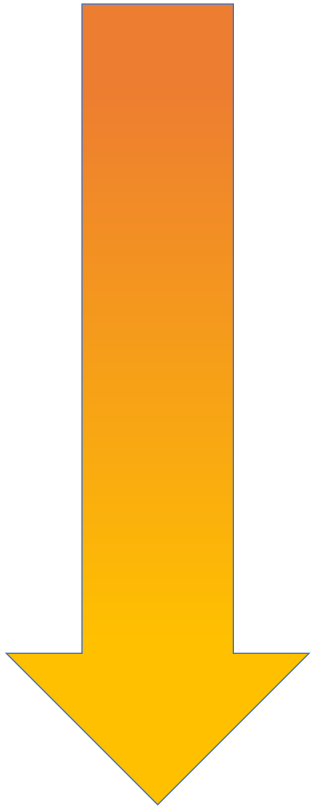
Boston University

Vowles KE et al. *Pain.* 2015

Aberrant Medication Taking Behaviors The Spectrum of Severity



- Requests for increase opioid dose
- Requests for specific opioid by name, “brand name only”
- Non-adherence w/ other recommended therapies (e.g., PT)
- Running out early (i.e., unsanctioned dose escalation)
- Resistance to change therapy despite AE (e.g. over-sedation)
- Deterioration in function at home and work
- Non-adherence w/ monitoring (e.g. pill counts, urine drug tests)
- Multiple “lost” or “stolen” opioid prescriptions
- Illegal activities – forging scripts, selling opioid prescription

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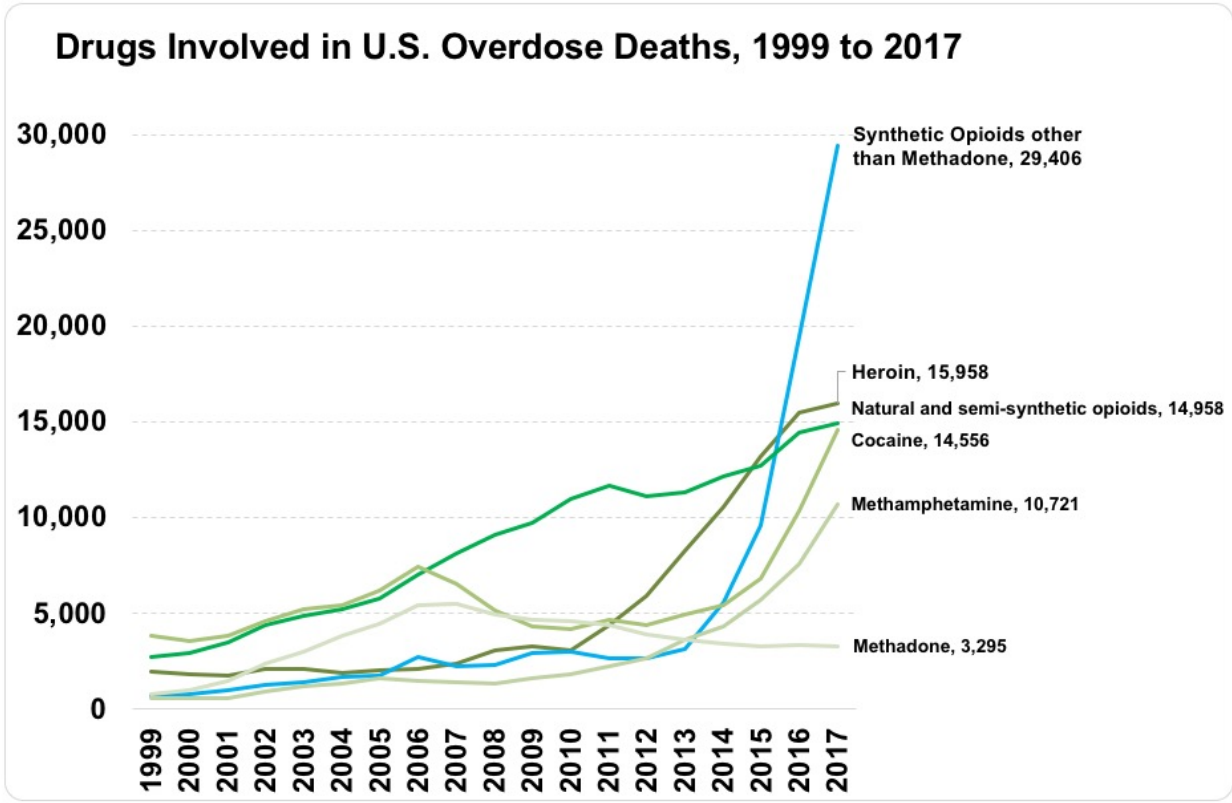
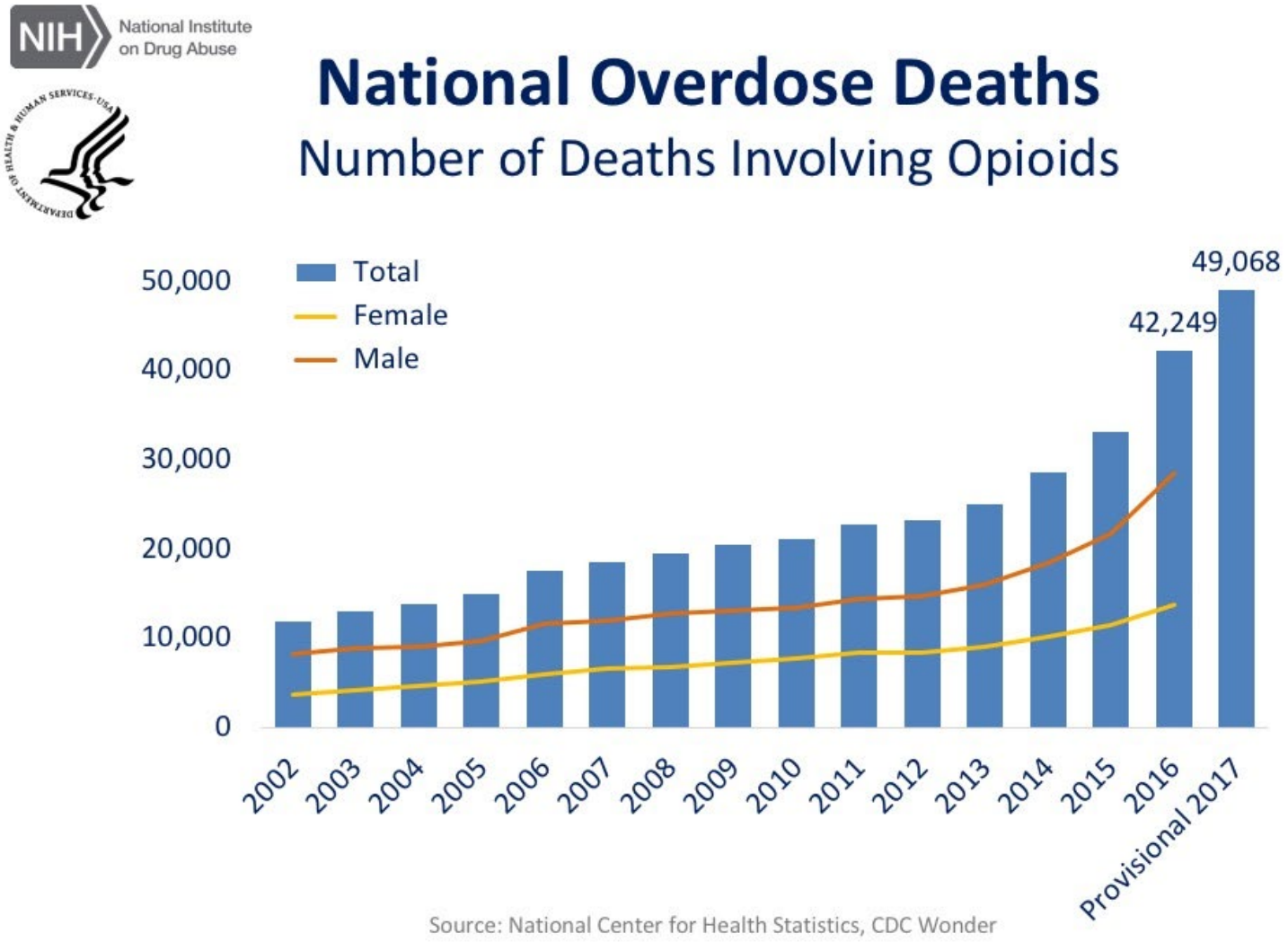
6% increase in opioid overdose deaths in 2017

Heroin overdose deaths have leveled off and are reported as decreasing a bit in 2017.



We Are Not Winning…



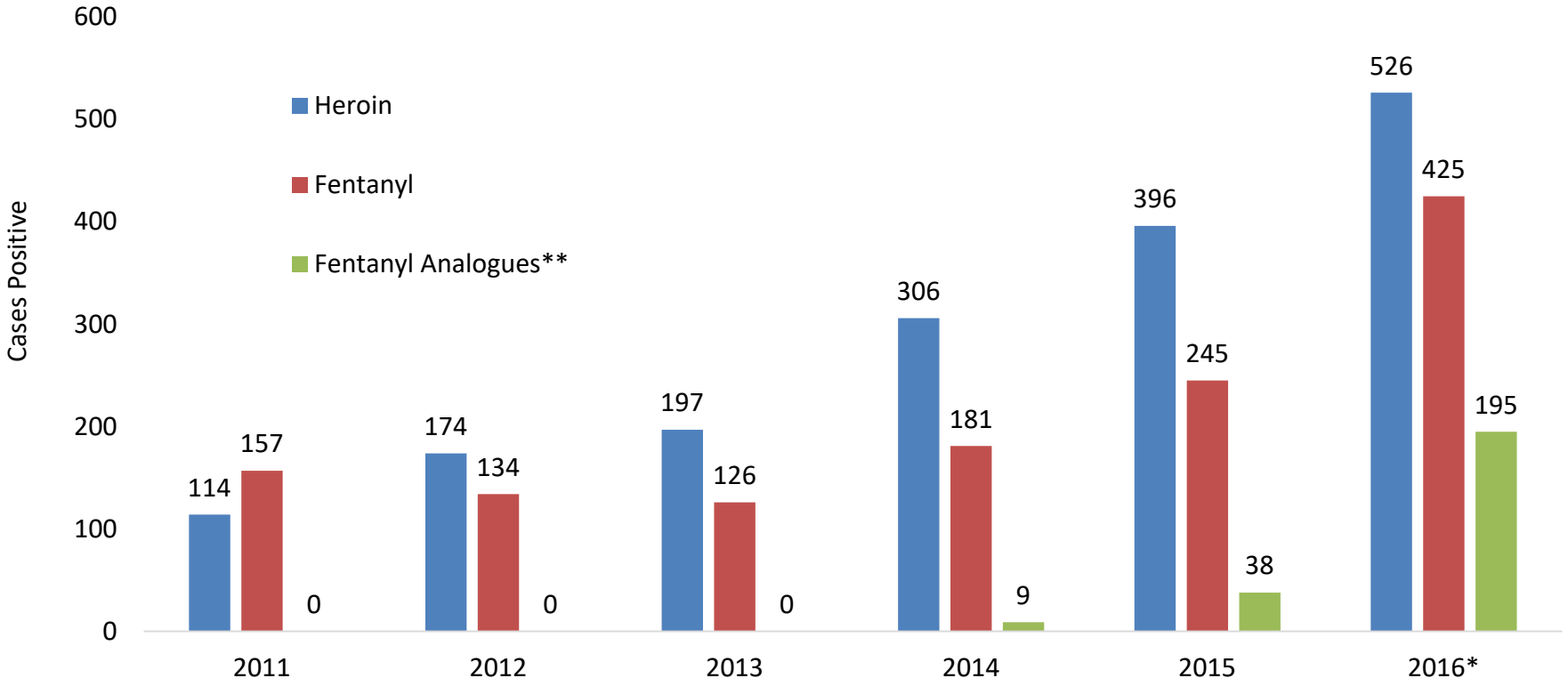
End of Year Data Shows More Treatment Access Needed to Stem North Carolina's Opioid Epidemic

Unintentional opioid-related overdose resulted in 1,884 deaths in North Carolina last year, a 34 percent increase from the 1,407 deaths attributed to the same cause in 2016, and state health officials say the increase is due to the increase in potent illicit drugs like heroin and fentanyl.

The News and Observer, January 2019

Heroin, Fentanyl, and Fentanyl Analogues Detected in Toxicology Testing, Office of Chief Medical Examiner Investigated Deaths

2016 – Fentanyl & Fentanyl Analogues detected in a larger proportion of death investigations by the OCME



Source: N.C. Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory.
*Data for 2016 is considered provisional and is current as of Feb. 2017.
**Fentanyl analogues include: Acetyl fentanyl, Butrylfentanyl, Furanylfentanyl, Fluorofentanyl, Acrylfentanyl, Fluoroisobutrylfentanyl, Beta-Hydroxythiofentanyl, Carfentanil. The presence of a drug does not necessarily indicate that it was attributed to the cause of death

Welcome to SPARC!