Community Care
OF NORTH CAROLINA

Setting Goals and Monitoring Progress

CCNC Opioid SPARC ECHO

Lawrence Greenblatt, MD, FACP
Professor of Medicine
Professor of Family Medicine and Community Health

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CDC guideline for prescribing opioids for chronic pain

- When to initiate or continue opioids for chronic pain
  - Non-pharmacologic and non-opioid therapies are preferred
  - Establish functional treatment goals
  - Discuss risks/benefits of opioids, and patient/provider responsibilities
- Opioid selection, dose, duration, follow-up, discontinuation
  - Start with immediate release (not long-acting) formulations
  - Prescribe lowest effective opioid dose (avoid and justify >90 MME)
  - For acute pain, 3 to 7 days' supply
  - Regularly reassess; taper if harms>benefits
- Assessing risk and addressing harms of opioid use
  - Evaluate and mitigate harms, consider naloxone
  - Use the Prescription Drug Monitoring Program (PDMP)
  - Order urine drug tests
  - Avoid concurrent benzodiazepines
  - Offer/arrange for buprenorphine or methadone to treat opioid use disorder

Dowell 2016:
http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

Functional Assessment: Clinically

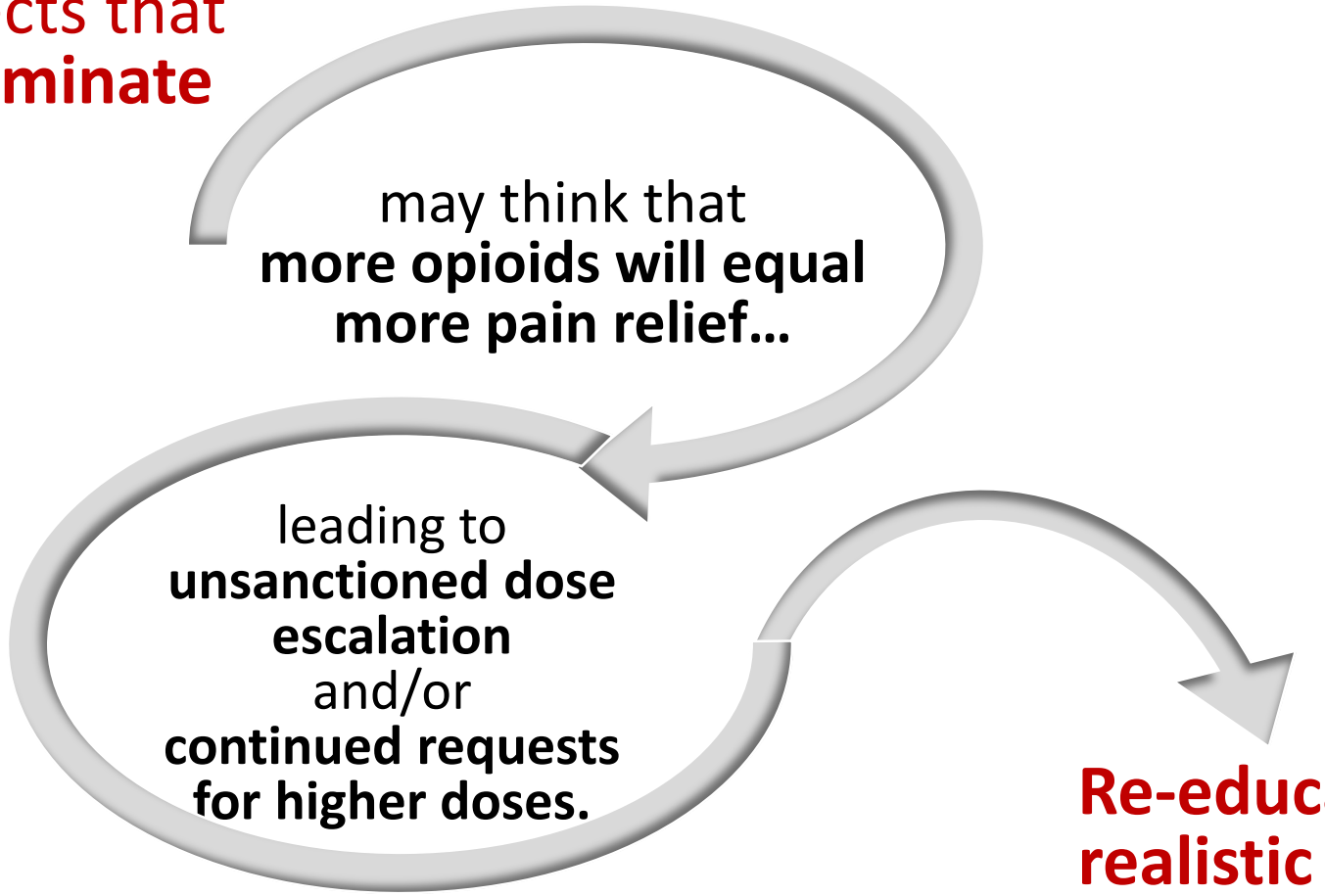
- Understand what life is like for patient
  - Pain: How long can you sit or stand?
  - Engagement: How much physical energy do you have to engage in life?
    - ✓ Social, friends, out of house, shopping, family interaction, sleep, etc.
  - Goal: What would you like to be able to do?
- Set clear, measurable goals for improvement
- **Measure** and **document** progress at each visit

Best Practices: Setting Expectations

- Trust but verify: Be clear with practice prescribing and monitoring policies with *all* patients
  - UDS, CSRS, pain contracts, etc.
- Share control: Reduce power imbalance
  - Listen, process information, be curious; normalize behavior
- Establish clear limits: Provide foundation for difficult conversations
  - Pain will be controlled by 30-40%, 50% if really lucky
- Measuring success: Treatment based on *functional improvement*, not just pain control
  - Function must increase or controlled substances will not continue

1st Assess Patient for Unrealistic Expectations

If patient expects that opioids will **eliminate** pain…



Re-educate about realistic goals and potential opioid risks

Alford DP. *JAMA*. 2013

Agreement to Communicate About Risks

- If I drink alcohol or use drugs while taking my medicine, I may injure myself or overdose
- I will keep my pain medicine in a safe place and away from children and others in my home
- I will not take more than prescribed

Opioid Risks and Benefits

Risks/Harm

Misuse
Addiction, Overdose
Adverse Effects

Benefits

Pain
Function
Quality of Life

Assessing Benefits

- Ask about activities and limitations
  - *What is a typical day like for you?*
  - *Are there things you can't do anymore because of pain?*
- Clarify specific effects of opioid
  - *What do you mean when you say it helps?*
- Use standardized scale
  - 3-item PEG (Pain, Enjoyment, General Activity)[1]

[1]Krebs E et al., JGIM 2009

PEG Score

Three –Item Scale Assessing Pain Intensity and Interference

1. What number best describes your pain on average in the past week:

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

Krebs, E.E., Lorenz, K.A., Blair, M.J., et al. (2009). Development and initial validation of the PEG, a three-item scale assessing pain intensity and interference. Journal of General Internal Medicine, 24: 733-738.

Goal-Setting: SMART Goals

- **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and **T**imely
- 3 domains
  - **Physical**
    - ✓ *Carry groceries up a flight of stairs, wash my feet, etc.*
  - **Social**
    - ✓ *See my daughter every month, get back to work, etc.*
  - **Emotional/Functional**
    - ✓ *Feel joy*

Physical

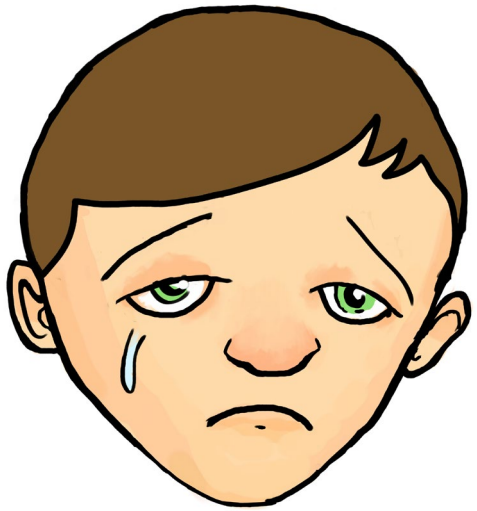
- Stay on feet for at least *** min. before sitting
- Comply with PT at least *** times per week
- Go to bed each night at *** and rise at ***
- Do home exercise at least *** min. per day
- Walk to the bus stop *** times per week
- Be able to clean my home *** times per week/month
- Work *** hours per week

Social

- Go to church/temple/mosque/ *** at least *** times per month
- Be out of the house for social contact at least *** times a week
- Interact with my spouse/children/family for at least *** hrs. per day
- Return to previous social habits such as ***
- Plan future social events, at least *** per month

Emotional/Functional (may need collateral confirmation)

- Improve at least *** points on the PHQ-9
- Enjoy at least *** activities per week
- Sleep at least *** hours per night
- Cook at least *** times per week
- Take my medications as directed



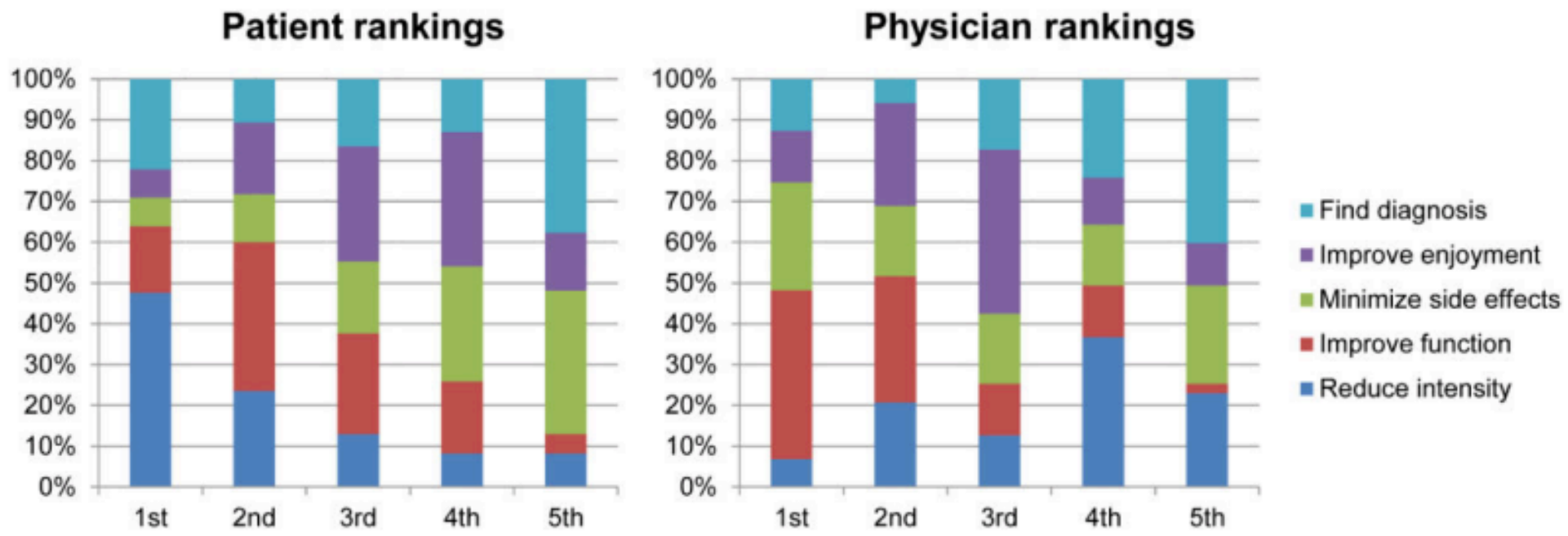


Figure 1. Patient and physician ranking of pain management goals

1st indicates that the patient or physician ranked that goal as their top priority; *2nd* indicates that the patient or physician ranked that goal as their second priority…etc. Patient ranking has 2 missing values.

Henry et al. Goals of chronic pain management: Do patients and primary care physicians agree and does it matter? Clin J Pain 2017 November

Documentation

- Record specifics about patient's progress toward agreed-upon goals
- State your impression of the risk/benefit ratio at this time, and substantiate it
- State how you will monitor and reassess
- Document counseling about the risks of addiction and overdose

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Opioid Tapering

No validated tapering protocols or published comparison of speed of tapers in patients on long-term opioids for chronic pain.

General Approach

- Speed of taper depends on level of concern (e.g., lack of benefit [weeks to months] vs apparent harm/risk [days to weeks])
- **First reduce medication dose** to the smallest available dosage unit
- **Then increase the amount of time between doses**
  - An IR/SA opioid can be started after tapering to the lowest ER/LA opioid dose
  - Can use α_2-adrenergic agonist (e.g., clonidine*, tizanidine*) to treat withdrawal
- Use **shared-decision making** as much as possible (AM vs PM dose, IR vs ER)
- Build up alternative pain treatment modalities as short-term withdrawal can lead to transitory increased pain

Berna C, et al. *Mayo Clin Proc.* 2015

*Off-label

Avoiding "Abandonment"

- You are **NOT** abandoning the patient
- You are abandoning an ineffective or risky treatment

- Document risk/benefit discussion and why treatment discontinued
- Restate commitment to continue to work with patient on pain and addiction, if needed
  - Refer to specialty pain treatment providers
  - Alert patient to addiction treatment resources
- See patient frequently and monitor for progress and safety

Fishbain DA Pain Medicine 2009


QUESTIONS
ANSWERS