Setting Goals and Monitoring Progress

CCNC Opioid SPARC ECHO

Lawrence Greenblatt, MD, FACP
Professor of Medicine
Professor of Family Medicine and Community Health
Setting Goals and Monitoring Progress

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

may think that **more opioids will equal more pain relief**...

leading to **unsanctioned dose escalation and/or continued requests for higher doses**.

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

Goal-Setting: SMART Goals

- **Specific, Measurable, Attainable, Realistic, and Timely**
- **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.

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
Opioid Risks and Benefits

Risks/Harm
- Misuse
- Addiction, Overdose
- Adverse Effects

Benefits
- Pain
- Function
- Quality of Life
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 $\alpha_2$-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


*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