

Opioid Prescribing Guidelines

Presented by:

Erin Johnson, MPH

May, 2009

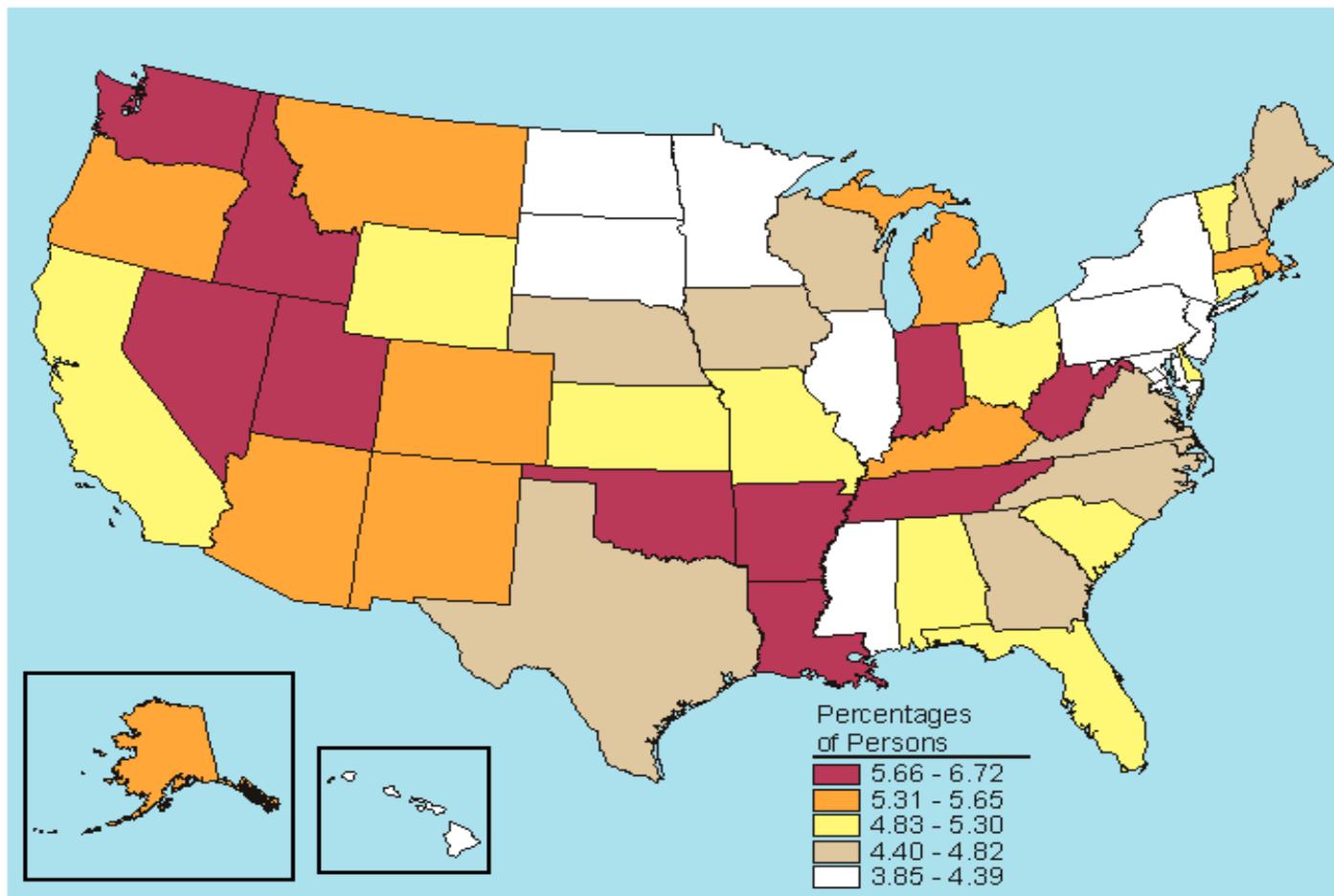
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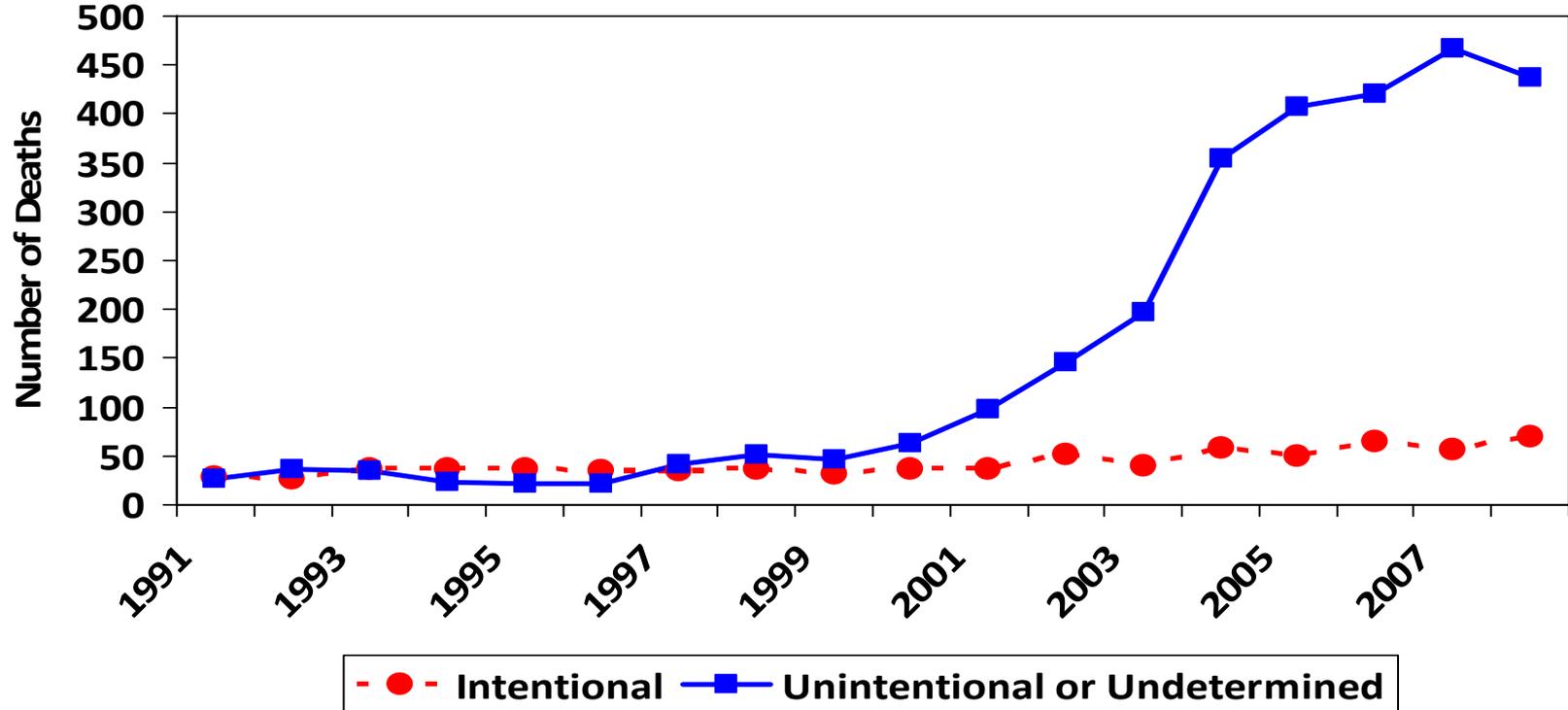
Nonmedical Use of Pain Relievers in Past Year among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2005 and 2006 NSDUHs





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Drug Poisoning Deaths by Manner and Year — Utah 1991-2008





Legislation in 2007: HB 137

- Research
 - Causes, risk factors, solutions
- **Prescribing Guidelines**
 - “medical treatment and quality care guidelines that are scientifically based; and peer reviewed”
- Educate
 - Health care providers, Patients, Insurers, Public



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Methods

- Guideline evidence review:
 - Identified and evaluated 40 sets of guidelines
- Expert Panel (12)
 - Varied specialties
 - Reviewed top ranked scientifically-based guidelines
 - Developed 18 recommendations
- Implementation Panel (9)
 - 14 out of 47 tools to be included
 - 7 that needed to be developed
- **Based on 7 evidence-based guidelines**



Public Comment

- 30 days (November)
- Extended to 45 days
- > 80 comments – public, clinicians, pain sufferers and family
- Clinicians: overall supportive and indicated it will be welcome
- Public
 - Concerns about introducing barriers (drug testing, required referrals, cost)
 - Concerns about impact of addiction



Special consideration

- Recommend sleep testing
- Require peer consult before opioid trial
- Limit threshold dose (120mg) – overall limit or require consult above threshold
- Don't set dose threshold
- Don't require failure of other treatments first
- No use of short-acting for breakthrough pain
- Recommend against use in adolescents
- Shouldn't apply to hospice, palliative care, etc.



Major changes

- Recommend sleep apnea caution and consider testing
- Recommend caution/increased vigilance above 120-200 mg
- Reworked wording on use of other modalities first
- Clarified guidelines don't apply to hospice, etc.
- Changed recommendations for drug testing from “all patients” to “consider for all patients and perform when any reason for concern”, with explanation of value.
- Strengthened message regarding importance of evaluating trial before committing to long term treatment, including recommendation that referral may help with decision



Major Changes (cont.)

- Strengthened message regarding risk of transition from acute pain treatment to chronic treatment
- Added caution regarding adolescents to recommendations on acute pain
- Clarified that an adequate trial of alternative treatment before using opioids can have been conducted by a previous provider.



Guideline Summary

- **Initial comprehensive evaluation**
 - Work up, treat underlying disease
 - Consider all pain treatment options including non-pharmacological
- **Before starting chronic opioid use**
 - Use screening tool for risk of abuse
 - Urine drug screening
 - Consult DOPL's Controlled Substance database
 - Treatment plan and goals for pain and function
 - Criteria for continuation or cessation
 - Be sure patient understands risks and benefits
 - Use written pain treatment agreement



Guideline Summary (cont.)

- **Titration phase**
 - Monitor the four A's ***analgesia, activity, adverse effects, and aberrant behavior*** each visit
 - Use DOPL Controlled Substances Database repeatedly
 - Use random urine drug screens
 - Titrate according to pain and function
 - Discontinue for agreement violations, ineffectiveness, failure to meet goals
 - Refer to specialists in underlying disease, addiction, psychiatry as needed
- **Maintenance phase**
 - Continue above, but less frequently



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Guideline Summary (cont.)

- **Documentation**

- Treatment plan and objectives
- Risk/benefit discussion
- Education of patient and permission to involve family
- Copy-proof Rx paper
- Aberrant behavior



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Education: Health Care Providers

- Small group trainings
 - Required homework
 - CME credits
 - Evaluation of behavior change
- Conferences/ Large group sessions
- Mailings



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Group Distributing	Group Receiving	Method	Est. # (full)	Est. # (sum)
HealthInsight	Physicians receiving Education Intervention	In person	~500	~500
UDOH	Guideline Panel Members	Mail	21	
Local Substance Abuse—SPF SIG	Physicians attending county education	In person	~100	~200
DOPL/UDOH	Controlled Substances Licensees	Send postcards to all (12,000).	~250	~500
UDOH	Utah physician assistants/ pharmacists	In person (UPA/UPhA conferences)		~300
UDOH	Email requests	Mail	~100	~1500
Total Estimated			~971	~3000
Total Printed			1000	3000



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Advertise through:

- Utah Medical Association (UMA)
- Intermountain Health Care (IHC)
- Utah Hospital Association (UHA)
- Utah Medical Insurance Association (UMIA)
- Utah Academy of Physician Assistants
- Utah Pharmacy Association
- Advisory Committee
- Others?



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Distribution

- 625/1000 Full Guidelines
- 902/3000 Summary Guidelines
- Requests from AZ, NV, FL, PA, GA, NY, MI
- Hits on website increased from 100 to 200
- Hits from international locations (China, Hong Kong)



Response

- Thank you very much for the needed guidelines.
- Great campaign! The more information out there regarding inappropriate use of opioids will eventually make all patients and physicians more satisfied with addressing pain complaints.
- Could I be so bold as to ask for a dozen copies of both (complete and summary) editions so that I can distribute them to our trainees, and present them to key decision-makers in other states and the District of Columbia in my frequent travels around the country?
- I would like a copy of the summary version of the guidelines mailed to me. I currently work as a Nurse Practitioner with a general surgeon and prescribe a lot of narcotics for post-op pain. This will be a good resource to have.



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Translating Guidelines into Practice





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HealthInsight

- 30 small group trainings
 - 6-10 doctors
 - Required homework
 - Evaluation of behavior change
 - Follow up surveys (Up to 20 CME credits)
- 10 large group presentations
 - 5 CME's
- Mailings/Articles



HealthInsight Reach

- 11 Rural, 20 Urban
- 12 Large group
- 457 clinicians attended
- 319 first survey
- 55 participated in first round of follow up (requires signing up for CSD)
- 48/55 “adopted” guidelines

Articles	
Publication Name	Published
UMA Bulletin	Dec-08
UMA Bulletin	Apr-09
UMA Bulletin	Jun-09
QualityInsight	May-09
Utah Academy Physician Assistants	Apr-09
Utah Academy Family Practice Physicians	9-Jun
Utah Pharmacists	On website



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Future idea for Translating Guidelines into Practice

- Embedding decision support into electronic medical records
- Pilot with 3 systems throughout Utah
- \$1,350,000 over three years
- Will hear from HHS in June on whether we are awarded the funds



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Going Forward

- We welcome suggestions for improvements in future editions (email: erjohnso@utah.gov or submit comments at Useonlyasdirected.org)
- January 2010: committee will meet to review suggestions and current literature
- Committee will continue to meet periodically (bi-annually)



Number of Non-Illicit Drug Overdose Deaths Recorded in the Medical Examiner Database, Utah 1991-2008

