INDIAN HEALTH SERVICE (IHS) NATIONAL COMMITTEE ON HEROIN, OPIOIDS, AND PAIN EFFORTS (HOPE)

INDIAN HEALTH CARE: ENSURING A COORDINATED, HOLISTIC RESPONSE TO THE OPIOID AND HEROIN EPIDEMIC

April Newsletter: PAIN MANAGEMENT



<u>Beyond 'Safe Opioid Prescribing':</u> Applying Opioid Stewardship Concepts

Medical experts and policy makers continue to struggle to define 'safe opioid prescribing' as a generalized definition that promotes principles of responsible opioid prescribing regardless of clinical indication. The 2016 CDC Guideline for Prescribing Opioids for Chronic Pain was developed to provide recommendations for primary care providers who prescribe opioids for the treatment and management of chronic pain outside of active cancer treatment, palliative care, or end-of-life care. Several IHS clinicians and health systems have transcended the guidelines and implemented opioid stewardship principles at the local level due to the unique patient experience of pain, individualized patient treatment goals, and the need to balance risks and benefits of opioid therapy.

Opioid stewardship within the IHS is an integral component of the overall IHS strategy to improve outcomes for patients diagnosed with chronic pain syndromes or opioid use disorder. Effective opioid stewardship strategies utilize practice-level interventions to organize and improve the management and coordination of long-term opioid therapy; leverage the collective expertise of interdisciplinary team-based approaches to care; involves establishing policies; uses evidenced-based standards; and involves data to track performance measures. Secondary benefits of opioid stewardship include increasing the capacity of health care providers and systems of care to integrate evidence-based opioid prescribing strategies into practice; and creating a standard of care across the health system. This systems approach requires balancing interventions specific to opioids, such as responsible de-prescribing and access to withdrawal management and medication assisted treatments, paired with broader strategies that include enhanced work force development and training programs, enhanced peer support systems and participation in collaborative learning networks, robust surveillance strategies, information sharing, and trauma informed responses.

Visit the IHS opioids and pain management websites for recommendations on opioid stewardship.

Managing Complex Patients:

Front-line clinicians can access an <u>ECHO</u> clinic to connect with clinical experts in chronic pain management and substance use disorders. Participants in ECHO sessions are able to submit de-identified patient cases and receive virtual consultation to optimize patient treatment plans. These sessions are often hosted weekly and typically offer a didactic learning presentation followed by a patient case with the goal of increasing clinical proficiency in managing chronic pain. Experts are also available to assist with complex de-prescribing treatment plans. Learn more about available ECHO clinics!

Subscribe to HOPE's listserv <u>here</u> & search "Heroin, Opioids, and Pain Efforts"

For more information, visit: www.ihs.gov/opioids & www.ihs.gov/ painmanagement

Responsible Opioid De-Prescribing: Planning for an Opioid Taper

A continuation, modification, or discontinuation of chronic opioid therapy should be contingent on the evaluation of the patient's progress toward treatment goals, risk of adverse events (including overdose or diversion), response to treatment, and quality of life. Whether or not opioids are continued, safe and effective non-opioid or non-pharmacologic treatments should be used in a patient's pain management plan based on an individualized assessment considering the diagnosis, access to treatments, and unique needs of the patient.

According to recent HHS recommendations, patients should be involved in the decision making and treatment planning process and opioids should not be tapered rapidly or discontinued suddenly due to risk of significant opioid withdrawal. An individual care plan can be created with the patient

Integrative Pain Management:

Non-pharmacologic treatment approaches to both acute and chronic pain management have been shown to be effective. Sites can be working locally to expand access to various treatment options.

Read more about <u>best & promising practices!</u>

to reduce risk related to acute withdrawal, worsening of the pain syndrome, anxiety, depression, suicidal ideation, self-harm, weakened trust with the health system, and patients seeking opioids from illicit sources.

Visit the IHS opioids and pain management websites for information.

Interdisciplinary Pain Committees & Resources:

The IHS supports using interdisciplinary processes and team-based approaches to care to enhance patient relationships and improve chronic pain management outcomes. Chronic Pain Teams can assist the health system in creating and implementing facility-wide opioid stewardship plans, incorporating evidence-based strategies into practice, augmenting professional practice development plans, and improving the overall patient care experience. Interdisciplinary Chronic Pain Teams can also assist with providing recommendations surrounding patient transitions of care and chronic pain treatment plans when team meetings are structured as case-based reviews. Chronic Pain Teams are useful to monitor opioid prescribing trends, naloxone co-prescribing initiatives, and inform practice-based interventions.

Documenting a Pain Encounter:

The IHS <u>Chronic Non-Cancer Pain Management Policy</u> requires prescribers to document patient pain assessments prior to initiating chronic opioid therapy and to review patient treatment plans at reasonable intervals. Recent audit findings have indicated that there are opportunities for the IHS to improve the integrity of the patient health-record through the use of promising practices related to clinical documentation. Several promising practices include:

- Document PDMP findings or UDT results using a discreet data element: allows you to create a local reminder to trigger a reminder when the PDMP query is due again
- Documenting functional status assessment using a CPT II Code: allows you to create a reminder when the functional status assessment may be due
- Use Treatment Regimen Planning in EHR to document progress toward chronic pain treatment goals
- Using patient registries such as iCare: use of discreet data elements when documenting pain encounters creates an opportunity for population health practices
- For <u>technical assistance resources</u> and more information on promising practices, please visit HOPE Committee's <u>Technical</u> <u>Assistance webpage</u>

Patient Assessment & Urine Drug Testing:

Urine Drug Testing (UDT) should be used as a therapeutic tool and screens can be useful for monitoring the progress towards a patient's treatment goals. A review of the test results and a prompt, meaningful response to findings are necessary to fully integrate UDT into managing chronic pain. More information regarding UDT is available on the IHS HOPE Committee's newly updated pain management website.

For additional resources regarding opioid use disorder, visit the IHS HOPE Committee's opioids website.

