CENTER FOR INNOVATION IN ACADEMIC DETAILING ON OPIOIDS

Example Clinic Policy: Managing inherited patients on legacy opioid prescriptions

Purpose:

1) Provide guidance for primary care clinicians caring for patients who have already been on long-term opioid therapy for pain management (i.e. "legacy opioids").
2) Establish expectations for documentation and adherence to pain management and opioid stewardship guidelines.
3) Ensure that opioid use disorder is screened for and managed appropriately in the setting of long-term opioid therapy.
4) Balance patient safety / well-being with clinicians being able to safeguard their practice.

Statement of Policy:

A patient-centered, evidence-based approach to inheriting patients on long-term or legacy opioid prescriptions ensures that patients:

1. Do not get cut off from opioids that they are physiologically dependent on, which would put patients at risk of withdrawal symptoms, the need for non-prescribed opioids, overdose, and mental health crises.
2. Receive evidence-based opioid management, including screening for opioid use disorder and patient-centered tapers.
3. Remain engaged in primary care.

Procedure:

<u>Intake appointment:</u>

1. Establish rapport
2. Refill a patient's prescription (opioids or benzodiazepines) unless life-threatening safety issues (e.g. recent overdose)
3. Make appropriate referrals, as needed:
    a. Mental health care
    b. Methadone maintenance or other referrals for substance use disorder treatment
    c. Pain management

<u>Document within the first 3 months of the first visit (see documentation template below):</u>

- Pain history (e.g. OLDCARTS)
- Other relevant history
- Current pain assessment using PEG scale
- Physical exam
- Risk factor assessment
- Opioid use disorder screening using DSM-5
- Urine drug screen
- Controlled substance agreement or other informed consent documentation
- Prescription drug monitoring program record review
- Naloxone prescription for any patient on high dose or at risk of overdose
- Plan, including justification

When applicable, consider:

- Healthcare maintenance
- Buprenorphine for opioid use disorder management
- Opioid taper according to best practices:
    - Patient engaged and empowered (e.g., patient selects which medication to taper and at what rate; pausing or stopping a taper is generally acceptable)
    - Slow tapers (5-10%/month) are standard. Rapid tapers are never appropriate as they put patients at risk of withdrawal, overdose, hospitalization, and death.

Sample language for discussing chronic pain management with patients:

On transitioning care:

"It's tough to transition from one provider who knows you to a new provider who is not familiar with your history and care. At this first visit, I want to focus on getting to know you and refilling whatever prescriptions you may need; in the future we'll come up with a plan of care together."

On the value of naloxone:

"Any opioid has risk of adverse effects like slowed breathing or overdose, which is why I offer naloxone to all my patients."

On the use of urine drug screens:

"I sometimes use urine drug screening for patients who use controlled substances, but I would never change or stop your prescription based on one-time results of what is or isn't in your urine."

On proposing a taper:

"Taking opioids for a long time changes the way your body responds to opioids and to pain. Often, people can actually have less pain when they decide to reduce or stop opioid medications. We'll check in periodically, and always make decisions together."

On opioid use disorder and treatment options:

"You may be experiencing an opioid use disorder. This doesn't mean you don't have pain, but some opioid medications can be more dangerous for you. There are three medications for opioid use disorder: methadone, which you would get at a special clinic; buprenorphine, which is an opioid that I prescribe; and extended-release naltrexone, an opioid blocker."

Resources:

- PEG scale
- Documentation template
- CDC Clinical Practice Guideline for Prescribing Opioids for Chronic Pain – United States 2022

References:

- Center for Innovation in Academic Detailing on Opioids, San Francisco Department of Public Health. *Opioids and Chronic Pain: A Guide for Primary Care Providers (California Edition).* San Francisco, CA. February 2023.
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