Opioid Assessment Service: Palo Alto Medical Foundation

William Morris, MD, MPH
Palliative Care and Supportive Services
PAMF Santa Cruz

The Challenge of Chronic Opioid Therapy

• **Given:**
  – Chronic opioid therapy may benefit some patients with chronic pain.
  – The risks of chronic opioid therapy appears to outweigh the benefits in a large proportion of patients

• **How can we:**
  – **safely** utilize chronic opioid therapy for patients in chronic pain for whom opioids remain **effective**.
  – **Recognize and manage** those patients for whom chronic opioid therapy has **failed**.
Safe Monitoring of Chronic Opioid Therapy

- **Documentation of Chronic Opioid Therapy Status, prescriber instructions**
- **Education** – regarding risks and benefits of chronic opioid therapy
- **Agreement**: treatment goals, expectations

SafeRx Santa Cruz County: Opioid Failure Definition

1.) Are serious opioid *adverse effects* occurring?
2.) Are significant opioid-related *aberrant behaviors* occurring?
3.) Are chronic opioid therapy *treatment goals achieved*?
   - *PEG instrument*
Are opioid-related aberrant behaviors occurring?

- Acute risk of danger
- Illegal activities
- Opioid use disorder
- Absence of confirmed Dx

- Lost/stolen Rxs
- Use despite harm
- “Chemical coping”
- Resistance to Rx change despite AEs/la of benefit
- Rxs from multiple clinicians
- Frequent ED/UC visits for pain
- Selling Rxs
- Craving meds
- Decline in fxn at home/work
- Frequent requests for early refills
- Medication hoarding
- Multiple cancelled/no show appts
- Unauth dose increases
- Opioid related monopolization of visits
- Use of additional opioids other than prescribed

Opioid Assessment Service 2016 Outcome Data (n=63)

- 8 (12.7%) of referrals were not considered to have opioid failure
- 2 referrals not on opioids at time of referral
- 26% (14/53) of patients have weaned their opioids
- 57% (30/53) went on to buprenorphine
  - 20% (6/30) of buprenorphine patients are on lower buprenorphine doses than initially
  - 13% (4/30) who went on to buprenorphine have discontinued it and returned to opioids (50% at a lower dose to date)
- 17% (9) patients were LTFU
OAS patient feedback on buprenorphine transition:

- Mr. G.L. (Dx: back pain) “After 3 years I could barely walk up the stairs to bed. I laid in a fetal position and cried. Then (I was) prescribed Suboxone. The crushing, burning pain is virtually absent. The stabbing pain is still present after a difficult day but I am back to building retaining walls and milling lumber with my portable mill.”
- Ms. J.C. (Dx: back pain) “I struggled with chronic back pain and severe sciatica that started at the age of 26. I was prescribed narcotics to numb the pain, Norco, Soma, Fentanyl among others. I had taken these narcotics consistently for over 5 yrs. and was struggling to manage with a quantity of 90 Norco and 120 Tramadol per month. Numerous things have changed since starting on the Subutex. I no longer take Norco or Tramadol. I never run out of Subutex early or ask or early fills, if anything, I tend to forget to take doses and fill it late. It protects me from the effects of Norco (meaning I can’t abuse it even if I wanted to). My pain is well controlled. I am active again. I have been able to work on my core strength, walking, jogging, and I have lost the last 20lbs and I am maintaining my goals weight. It’s not perfect, but it is definitely manageable. I have my life back. I am not controlled any longer by the medication or lack thereof, I have gotten married and my life is changing for the better.

Comprehensive Approach to Chronic Pain Management

- Primary Care Services
  - Assess pain etiology/referral
  - Appropriate COT pt selection
  - COT monitoring ("D.E.A.")
  - Suspect opioid failure

- Specialty Services
  - Opioid Assessment, Weaning/Suboxone Services
  - Functional restoration
  - Alternative Therapies
  - Pain Clinic Services

- Education and Coping Services
  - Patient education/support: SMAs, classes

- Addiction services
  - Integrated Behavioral Health Services