

Opioid Assessment Service: Palo Alto Medical Foundation

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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**.

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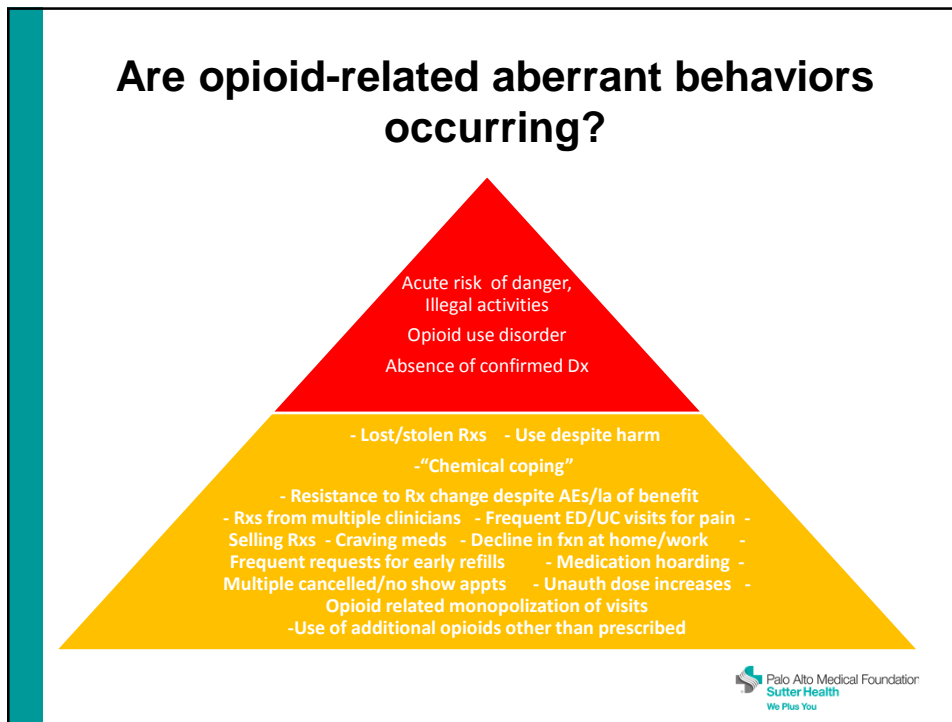


Safe Monitoring of Chronic Opioid Therapy

- **D**ocumentation of Chronic Opioid Therapy Status, prescriber instructions
- **E**ducation – regarding risks and benefits of chronic opioid therapy
- **A**greement: 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



- ## 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
- Palo Alto Medical Foundation
Sutter Health
We Plus You

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 for 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

