

# ENGAGING PROVIDERS IN ASSESSING PATIENTS ON CHRONIC OPIATES

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# WHO I AM

- Family medicine/preventive med training
- Medical director at Clackamas County Health Centers
- Medical director with Synergy Health Consulting
  - Support variety of clinics/systems in Oregon on MAT/safer opioid prescribing
  - Provide technical support
- Consultant
  - Oregon Medical Board (case review)
  - Opioid Response Network (TA support in MAT)
  - Oregon Psychiatric Assistance Line (OPAL)
  - Oregon Community Health Information Network (OCHIN) Practice-based Research Network

# OVERVIEW

- Caring for patients on long term opiate therapy (LTOT) can create stress for primary care systems and burnout in providers
- The purpose of my discussion is a passionate refutation of this belief
- By providing tools to the primary care provider, the hope is to create a more resilient workforce and reduction in morbidity attributed to medication risk

# RISK | FEAR | UNCERTAINTY | COMPASSION

- How do we define risk?
- What do we fear?
  - Addiction?
  - Action by medical boards?
  - Shaming/stigma?
- Medicine is based on evidence, but chronic opioid management requires an intensely individualized approach rooted in evidence but also function and compassion
- What **other** options are there besides alternative therapies and full agonists?

# HELP! I AM NOT SURE MY PATIENT SHOULD BE ON LONG TERM OPIATES. WHAT DO I DO?

- The decision to taper should be made on an individual, not population based approach.
- Consider of those on LTOT- the likely outcomes:
  - Some will taper fully or almost fully
  - Some will/do meet criteria for mild opioid use disorder (OUD)
  - Some will likely remain on long term opiate therapy, when one performs a risk benefit analysis and the benefits of LTOT outweigh the risks
- Number one request: Documentation, clarity, honesty. Patients and fellow providers are all aware of the plan.

# TOOLS: TEAM BASED CARE/SYSTEMS OF CARE

- No provider is an island!
- Care teams:
  - Utilizing RNs, peers, case managers, integrated behavioral health
- Hub and Spoke
  - Utilizing community experts when problems arise/difficult cases, similar to endocrinologist/PCP relationship
- Project ECHO/Telepain

# TAPERING TOOLS: BRAVO

## ***BRAVO: The Cardinal Principles of Tapering Patients Off of Chronic Opioid Therapy***

BRAVO is an acronym that outlines Dr Anna Lembke's cardinal principles for tapering patients off of chronic opioid therapy. BRAVO stands for *Broaching the Subject, Risk-Benefit Calculator, Addiction Happens, Velocity Matters—and so does Validation and Other Strategies for Coping with Pain.*



### **Broaching the Subject**

- Schedule enough time with your patient to have a discussion on this difficult topic
- Anticipate the patients strong emotional reaction
- Identify the feelings, normalize those feelings and express empathy with the concerns they may have



### **Risk-Benefit Calculator**

- When assessing benefits, weigh a patients' pain relief against their functionality
- Involve family members for more objective views on a patient's opioid use
- Track common risks such as tolerance & opioid-induced hyperalgesia
- Include all of these factors with discussing reasons for tapering off opioids



### **Addiction Happens**

- Addiction is defined by The Three C's: *Compulsive use, Continued use despite consequences, and use that is out of Control*
- Dependence happens when a body relies on a drug to function normally
- Dependence and Addiction are not equivalent



### **Velocity Matters—and So Does Validation**

- Go Slowly, take the necessary time to ease your patients down on their doses
- Let the patient be involved when deciding how much to decrease & at what time
- It is O.K. to take breaks in lowering the dosage
- Never go backwards; your patient's tolerance will increase & progress will be lost

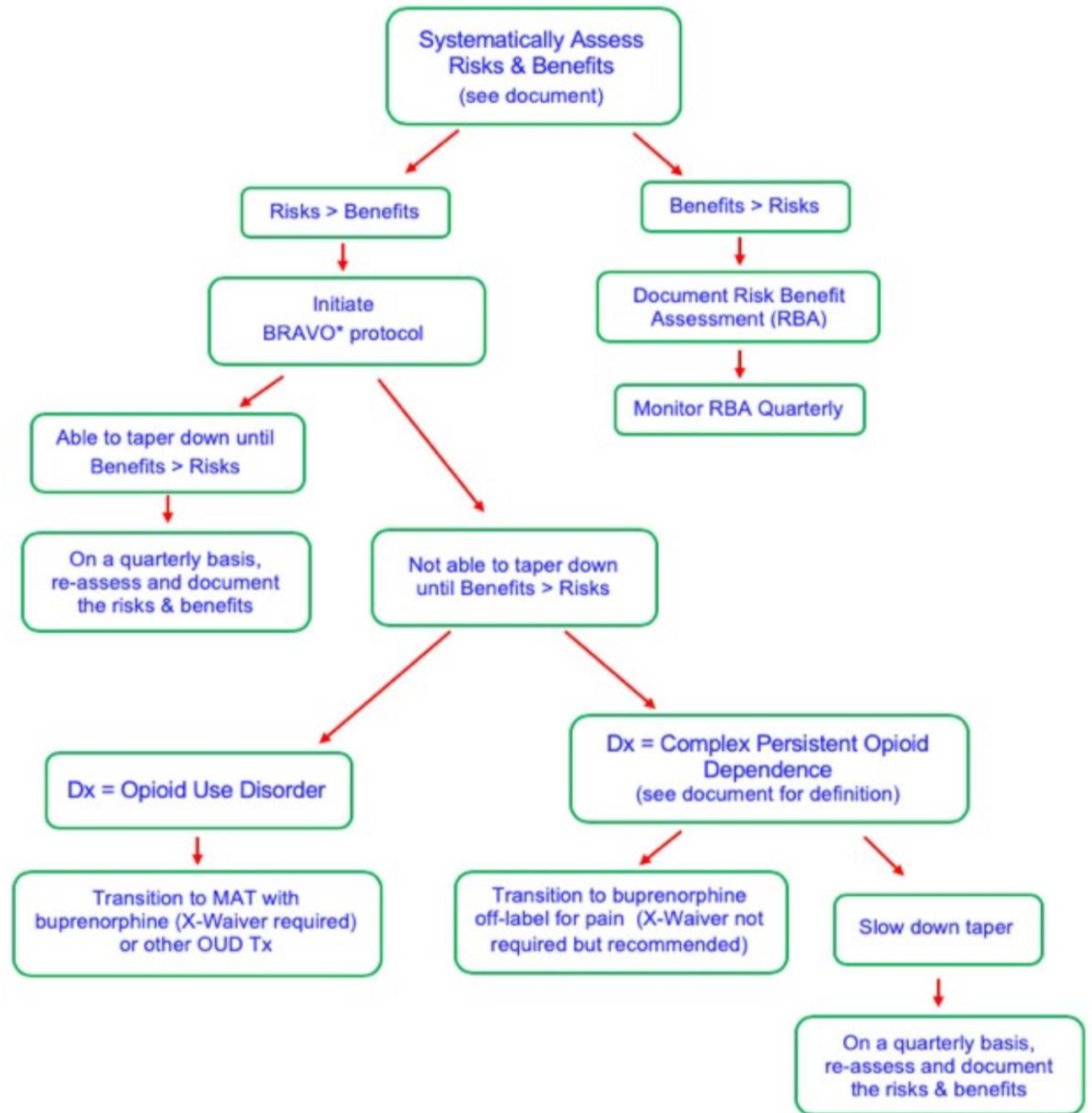


### **Other Strategies for Coping with Pain**

- Teach patients these three Dialectical Behavior Therapy (DBT) practices:
- STOP: *Stop, Take a breath, Observe internal & external experiences, & Proceed mindfully*
  - Opposite Action Skills: acting opposite to a negative emotional urge in the service of pursuing values or goals
  - Radical Acceptance: accepting reality as it is and not as we wish it would be

# TAPERING TOOLS: FLOWSHEET

## Opioid Tapering Flowchart





## TOOLS: BUPRENORPHINE



Safer

Side effects  
are less than  
full opioid  
agonists



Excellent for managing  
OUD and pain



Increasingly covered by  
pharmacy benefit plans

## TOOLS: TREATING ADDICTION IN PRIMARY CARE



This is **IN** the scope of primary care



I have found having this skill set **reduces** provider burnout and allows patients to have local, person-centered care that reduces barriers



Policies and procedures are vital for standardization and scope definition