CHRONIC PAIN AND OPIOID MANAGEMENT RESOURCES UTILIZED BY THE ALASKA NATIVE MEDICAL CENTER

Opioid Review Committee
Opioid Appeals Committee
Multiple Disciplinary Pain Team

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Most prescription pain medicines are prescribed by primary care and dentists; 20% of prescribers prescribe 80% of all prescription opiates.
General Instructions:

• CDC 2016 Opioid Guidelines updated: Improve the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these drugs. (www.cdc.gov, 2016)

• New SCF Opioid Guidelines rolled out Oct 2015
  - 39 page document providing guidance and recommendations for prescribing opioids
    - Guidelines reflect CDC recommendations.
  - Prescribing still based on providers relationship with the specific customer- owner

• Providers cannot knowingly prescribe opioids to someone who is abusing them
Controlled Medication Agreement (Wellness Care Plan / Pain Contract)

- Important tool in establishing boundaries for patient opioid use
  
  - Defines expectations for minimizing risks to patients and protecting prescribers license
  - Highly encouraged: Hold customer-owner accountable with contract/agreement
  - BHC pain assessment is important part of establishing care plan/contract
Opioid Review Committee – ORC:

• Makes determination on customer-owners long term maintenance opioid eligibility status by reviewing medical/pharmaceutical history and panel discussion

  - Opioid Ineligibility status does not prevent providers from prescribing long term course of opioids

  - Serves as a warning the customer-owner displays risk behaviors of concern. Proceed with caution

  - Decision does not affect receiving small scripts of opioids for acute conditions
Opioid Review Committee – ORC:

- Meets first and third Wednesday every month. 0830 - 1000

- Consists of 12 or members made up of: Service Line Medical Director, other physicians, NPs, PAs, pharmacist, RNs, QA, BHC, ORC Manager, program coordinator
Opioid Review Committee – ORC:

• Meetings are canceled if minimum quorum cannot attend or two or less referrals are submitted for the period

- Minimum quorum consists of five members of specific areas of expertise. Must have doctors, NP/PA pharmacist, BHC, QA

- Case managers are contacted to check if referral(s) can wait two weeks (non-urgent) before canceling meeting
Opioid Review Committee – ORC:

- Providers/RNs refer customer-owners who may be made ineligible due to: broken pain contracts, damaged relationship/trust with provider, display any of 10 unfavorable behaviors

  - Input referral into Cerner (provider notes) at least two days prior to ORC meeting

  - PCP team presenter scheduled into 15 minute time slot to present justification for change in status

  - Customer-owners do not attend meetings
Opioid Review Committee – ORC:

- Provider/RN may make presentation/referral to ORC to advocate reversing Ineligible status
  - Most often done for patients with terminal conditions
  - Can be done for customer-owners who have displayed a change in the behavior which made them ineligible in the first place.
  - Provider makes determination to advocate for customer-owner
  - Provider establishes period of time for re-establishing trust
Opioid Review Committee – ORC:

- Opioid Eligibility status displayed on Banner Bar of Cerner (Not a “drug seeker” label)

- Provider Team notifies customer-owner of ORC decision

- ORC decision/recommendations input to C-O chart by conclusion of ORC meeting
ORC Appeals Committee:

- Resource available for customer-owner to attempt reversal of ineligibility status when provider does not advocate making customer-owner opioid eligible.

- ORC Appeals Committee consists of QA Director, QI Director, UCC/ER Director, and ORC Appeals Committee Manager.

- Meets irregularly – only as needed (several appeal letters have been submitted) and members are available.
ORC Appeals Committee:

- Appeal is made by customer-owner writing letter to Appeals Committee stating where a mistake or error was made in making the customer-owner ineligible in the first place

  - It is preferred ORC Appeals Manager speak with customer-owner before appeals letter is submitted (attempt to avoid wasting customer-owners and committees time)

  - Customer-owner does not attend Appeals Committee meetings

  - Customer-owner is requesting Appeals Committee overturn desires of provider and prior decision of ORC
ORC Appeals Committee:

- Customer-owner notified by certified letter of ORC Appeals Committee decision

- Final step in Ineligible status reversal process

- No higher SCF authority – unlawful to pressure provider into prescribing opioids
Multiple Disciplinary Pain Team (MPT):

- Think of MPT as a chronic pain “think tank”
  - Provider resource for additional solutions for complex chronic pain patients
  - Intended for those chronic pain customer-owners who are actively engaged in finding solutions
  - Often used as “Sounding Board” for PCP teams
  - Meets first and third Wednesday every month 1030 - 1200
Multiple Disciplinary Pain Team (MPT):

- Consists of variety of disciplines and offices within SCF: physicians, NPs, PAs, BHCs, RNs, QA, pharmacist, dentistry, Traditional Healing, Purchased Referred Care, Health Education, psychiatry, physical therapy, Complimentary Medicine (Chiropractic)

  - Meetings are canceled if minimum quorum cannot attend or two or less referrals are submitted for the period

  - Minimum quorum experts: physicians, NP/PA pharmacist, BHC, QA, Contract Health, Comp Med

  - Case managers are contacted to check if referral(s) can wait two weeks before canceling meeting

  - Referral input into Cerner (provider notes) should be submitted at least two days prior to meeting
Multiple Disciplinary Pain Team (MPT):

- Provider/case manager meet with MPT at scheduled time to discuss available options/solutions to include off campus resources and use of Contract Health funds

  - Presenter asked what their expectations are

  - Open discussion between provider/RN and committee members

  - Presenter asked if MPT met expectations

  - Details of discussion/outcome entered directly into Cerner notes
What to do when your patience runs out in spite of your best efforts?

When crucial communications reach an impasse between your team and an ineligible customer-owner

AND/OR

Ineligible customer-owner is rude, abusive, or belligerent beyond your tolerance, customer-owner is referred to Chronic Pain Program Manager

That individual will engage customer-owner and try and resolve situation
CHRONIC PAIN RESOURCES

QUESTIONS ?