Pain Stewardship: Implementing an Institutional Approach to Pain Management

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Speaker has nothing to disclose

Learning Objectives
1. Describe contributors to current opioid epidemic  
2. Discuss regulatory oversight efforts related to opioids  
3. List three goals of a pain stewardship program  
4. Explain an approach for garnering institutional support

Outline
• Pain (and it's management) is confusing  
• Opioid guidelines are cumbersome  
• Modern pain care is much more than opioid management  
• Outline an approach to garner institutional approach  
• Understand different methods to improve current institutional memory

Pain care is central to surgical and hospital-based medicine
• Relevant to hospitalized patient outcomes  
• Perioperative surgical home  
• Public health crisis (pain, opioids, costs of care)  
• Bundled reimbursement models (risk of decreased value)

Outcomes in Pain Care

Since 1999, sales of prescription opioids in the U.S. have quadrupled.  
An estimated 1 out of 5 patients with non-cancer pain or pain-related diagnoses are prescribed opioids.  
From 1999 to 2014, more than 165,000 people died from overdoses related to prescription opioids.  
Nearly 2 million Americans started or were dependent on prescription opioids in 2014.
How did we get here?

= Pain  Pain medicine

Pain affects the whole person...

Pain impairs global function
Pain induces changes in the central nervous system
Pain may begin as an isolated issue

...the mind and the body

What is Pain?

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.”

– International Association for the Study of Pain (IASP)

Pain is a biopsychosocial phenomenon
Living with the CDC opioid guidelines

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

The CDC guidelines for prescribing opioids for chronic pain are intended to reduce the risks and benefits of opioid therapy for chronic pain, and to reduce the risk associated with long-term opioid therapy. The guidelines are comprehensive and focus on a balanced approach to treatment.

Opioid guidelines are cumbersome... and they are here to stay
Change = Pain

Value

Pain

Forced

Activation Trinity

Convinced
to change

Want
to change

Capable
to change

Hand
Experience; Try; 
Want; for
Change

Heart
See; Feel; Change

Head
Analyze; Think; Change

Pain care is far more than just opioid management

Assemble the Team

- Anesthesia
- Pharmacy
- Surgery
- Nursing
- Analytics/Informatics

Mission of the Team

Develop an institutional approach to individualized pain care through continuous quality improvement identifying opportunities for reduction in care variation and incorporation of evidence-based practices

Individualized Approach:
- Patient-Centered Care
- Tailored to patient’s risk and pain need
- Accounts for bio-psycho-social model of pain

Systems Approach:
- Standardized Care
- Reduce variation in pain treatment across providers
- Implement evidence-based practice
**Pain stewardship**

**Identify**
- Patterns of:
  - Inadequate assessment
  - High risk practice
  - Increased patient need

**Implement**
- Sustainable, standard work via electronic health record
- Therapy tracking
- Criteria for escalation
- Education/Awareness

**Intervene**
- Escalate when therapy mismatch occurs or if patients underserved

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**What is the best way to make in intervention Sustainable?**

A. Education Initiatives  
B. Accountable Justification  
C. Peer Comparison  
D. Offering Suggestions at Time of Prescribing

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**Behavioral Interventions Work**

**Effect of Behavioral Interventions on Inappropriate Antibiotic Prescribing Among Primary Care Practices**  
*A Randomized Clinical Trial*

**Behavioral Interventions Work**

**The UCM Pain Stewardship Experience**

Since 2016
Implementation of Multimodal Analgesia

GOALS:
1. Prevent central sensitization & hyperalgesia
2. Prevent acute pain
3. Prevent chronic pain from poorly managed acute pain
4. Reduce opioid consumption

Local Anesthetic
Acetaminophen
NSAID
Gabapentinoid

Pre-Incision
Surgery
Post Operative

Pilot Intervention in Outpatient Orthopedics

GAP:
• Pre-operative analgesics not routinely ordered

INTERVENTION:
• Provider Education +
• Pre-Operative Multi-Modal Analgesia Orderset
  + APAP, diclofenac, and gabapentin

RESULTS:
• Significant increase in pre-operative multi-modal analgesia orders

NEXT STEPS:
• Expand to other surgical services & post-operative phase
• Determine impact on opioid consumption

Development of Outpatient Opioid Prescribing Benchmarking Data

1. Share Data On Current Opioid Prescribing Amounts
2. Provide Procedure Specific Guidelines
3. Encourage Non-Opioid Analgesics
4. Educate About Disposal Options After Surgery

Outpatient opioid prescriptions by provider

Education Intervention to Reduce Post-Operative Opioid Prescribing

OUTCOME
53% MME

Persistence of Opioid Use After Surgery

• Persistent opioid use (90d) post-operatively is 5.9%-6.5%
• Control group 0.4%
• Predicted by:
  • Substance abuse & mood disorders
  • Pre-operative pain disorders
  • Pre-operative opioid use
    • > 300 mg of OME during surgical window

Brummett CM, et al. JAMA Surgery, 2017
Limited Disposal Options leads to Improper Disposal Solutions

- 12.4 million Non-Medical Users of Pain Relievers Last Year
- 70% of users obtained from friend or relative

UCM Patients Drug Disposal Options

- GAP:
  - March 2016 - Only 7 approved disposal locations within 20 miles of hospital
- SOLUTION:
  - Registered to become DEA authorized collector
  - Installed 38 gallon MedSafe® medication disposal system at our hospital retail pharmacy
- RESULTS:
  - Greater than one ton of unused prescription medications returned

Stewarding Comprehensive, Modern Pain Care

Key Takeaways

- Pain is complex
- Comprehensive pain care is more than opioid management
- Pharmacy plays a key role in the fight against the opioid crisis
- Institutional support is critical to successfully improving outcomes
- Stewardship is a model for sustained cultural change

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