

# Welcome to UVM ECHO: Treatment of Chronic Pain

Facilitators: Mark Pasanen MD, Liz Cote

June 7, 2019



The University of Vermont  
LARNER COLLEGE OF MEDICINE



# Introduction to ZOOM

- Mute microphone when not speaking
- Position webcam effectively
- Test both audio & video
- Communicate clearly during clinic:
  - Can use “raise hand” feature to comment
  - Speak clearly
  - Use chat function for technical issues



# CME disclosures

University of Vermont Office of Continuing Medical and Interprofessional Education is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVMCME designates this educational activity for a maximum of 1.5 Category 1 Credits towards the AMA Physicians Recognition Award.

## **Interest Disclosures:**

- As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCME is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.



# No relevant disclosures

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- Charles MacLean, MD

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- Patti Fisher, MD
- Charles Maclean, MD
- Carlos Pino, MD
- Jon Porter, MD
- Mac Abernathy, MD
- Rich Pinckney, MD



## 2019-2020 PROGRAM SCHEDULE

<b>DATES</b> (All Fridays, 11:30am to 1pm)	<b>SESSION</b>	<b>DIDACTIC TOPICS (in addition to case review)</b>
<b>May 3, 2019</b>	TeleECHO Session #1	<ul style="list-style-type: none"> <li>• Orientation to Project ECHO</li> <li>• Program Overview</li> <li>• Anatomy of teleECHO Session</li> <li>• Opiate-prescribing Best Practices</li> </ul>
<b>June 7, 2019</b>	TeleECHO Session #2	<ul style="list-style-type: none"> <li>• Compassionate Tapering</li> </ul>
<b>July 5, 2019</b>	TeleECHO Session #3	<ul style="list-style-type: none"> <li>• Functional Assessment of Patients with Chronic Pain</li> </ul>
<b>Aug 2, 2019</b>	TeleECHO Session #4	<ul style="list-style-type: none"> <li>• Assessing for Misuse/Addiction</li> </ul>
<b>Sept 6, 2019</b>	TeleECHO Session #5	<ul style="list-style-type: none"> <li>• Psychological Factors Related to Chronic Pain</li> </ul>
<b>Oct 4, 2019</b>	TeleECHO Session #6	<ul style="list-style-type: none"> <li>• Role of Interventional Pain</li> </ul>
<b>Nov 1, 2019</b>	TeleECHO Session #7	<ul style="list-style-type: none"> <li>• Urine Drug Testing/Monitoring</li> </ul>
<b>Dec 6, 2019</b>	TeleECHO Session #8	<ul style="list-style-type: none"> <li>• Acupuncture for Chronic Pain</li> </ul>
<b>Jan 10, 2020</b>	TeleECHO Session #9	<ul style="list-style-type: none"> <li>• Use of Integrative Therapies for Chronic Pain</li> </ul>
<b>Feb 7, 2020</b>	TeleECHO Session #10	<ul style="list-style-type: none"> <li>• Motivational Interviewing</li> </ul>
<b>March 6, 2020</b>	TeleECHO Session #11	<ul style="list-style-type: none"> <li>• Conducting Group Medical Visits</li> </ul>
<b>April 3, 2020</b>	TeleECHO Session #12	<ul style="list-style-type: none"> <li>• Cannabinoids for Chronic Pain</li> </ul>



# Compassionate Opioid Tapering

Richard G. Pinckney, MD, MPH

June 7, 2019

# Objectives

- Understand key elements of compassionate care
- Understand the difference between tapering strategies
- Be able to choose an appropriate taper strategy and follow it with a patient



# Levels of Compassion

- Disengagement
  - Disconnected
  - Negative reactions for patient and provider
  - Under-prescribing of opioids
- Reactive compassion
  - Knee jerk compassion
  - Perceived as positive by patient and provider
  - Over-prescribing of opioids
- Conscious compassion
  - Mindful compassion
  - Perceived as positive by patient and provider
  - “Goldilocks” prescribing → Prescribing of opioids is just right





# Compassionate Approach

- Three tenets of conscious compassion
  - Be present and aware
    - Bear witness to the patient's and your own suffering, without reacting
  - Empathy
    - Don't judge, be curious, and understanding
  - Clarity of thought
    - Don't lose sight of what is in the best interest of the patient



# Tapering Pearls

- The way the taper is done is affected by several factors
  - Why is the taper being done?
  - How long has patient been on opioids?
- Unfortunately “there is no high quality research” to guide us on optimal tapers – CDC guidelines



## 4 Strategies Based on Scenarios

- The cooperative patient – interested in taper, willing to try other pain treatments other than opioids
- The uncooperative patient – not willing to taper and/or not interested in other treatments
- Aberrant behavior – you are no longer comfortable prescribing opioids for this patient and your plan is to eventually discontinue
- Addiction or possibly diversion – you are pretty sure one or both of these is occurring



# Cooperative Patient Strategy

- Everything is negotiated
  - Rate of taper based on patient comfort and motivation
    - Recommend <10% drop in dose per month if patient has been on opioids for years
  - Other treatments could be done before taper, during taper, or as pain arises during the taper
  - Commonly overlooked evidence-based pain treatments
    - Mind-body medicine
    - Acupuncture



# Uncooperative Patient Strategy

- This is common right now in patients on greater than 90 morphine equivalents per day
- It's generally better to taper with patient cooperation – better to have several meetings using motivational interviewing to engage patient in a cooperative plan
- If patient still is uncooperative:
  - Practice conscious compassion
  - Do an evaluation for aberrant behavior on these patients to try to determine the underlying reason they are not interested in a taper
  - Consider an involuntary taper



# Uncooperative Patient: The Involuntary Taper

- Your goal may be either to get the patient to:
  - a lower/safer dose i.e. <90 morphine equivalent dose
  - invest in other pain management strategies
  - be off opioids completely
- Bubble pack meds and do pills counts
- Gradually lower dose until your goal is achieved
  - <10% reduction per month if patient on opioids for years
  - 10 – 50% per week in patients on opioids for shorter durations
  - If patient fails pill count or confirmation, evaluate and consider following the aberrant behavior pathway for tapers or addiction/diversion pathway



# Aberrant Behavior Strategy

- Disclaimer : Not all patients with aberrant behavior require a taper, this pathway is for those whom you are concerned that opioids are now contraindicated in this patient due to a risk of some sort of misuse
- This is for patients whom you don't want to prescribe opioids anymore due to patient behaviors, but you haven't been able to figure out why



# Aberrant Behavior Strategy

- Goal is to prevent withdrawal, no longer to treat pain
- Bubble pack meds with regular pill counts. Urine confirmations may also be helpful
- Taper between 10% per month and 50% per week depending on how long the patient has been on opioids
- If patient fails pill count or urine confirmation then addiction/diversion is highly likely – see next slide





# Addiction/Diversion Strategy

- Don't taper – you're just pouring gas on the fire
- Stop meds – conscious compassion
- Refer to treatment for substance use disorder (SUD)
- Explore reasons for diversion



# Warning

- Opioid withdrawal is associated with miscarriage and premature labor in pregnant women
- Opioid withdrawal could result in complications of an underlying medical illness, e.g. coronary artery disease

# Questions

- RECORDING TO BE STOPPED

# Case Presentation

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.



# ECHO Reminders

- Volunteers to present cases
  - Use the case presentation form template
- Please complete evaluation forms for each session
  - CME will be processed once session evaluation form is received at UVM
- UVM Project ECHO materials available at [www.vtahec.org](http://www.vtahec.org)
- Please contact us with any questions/suggestions
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