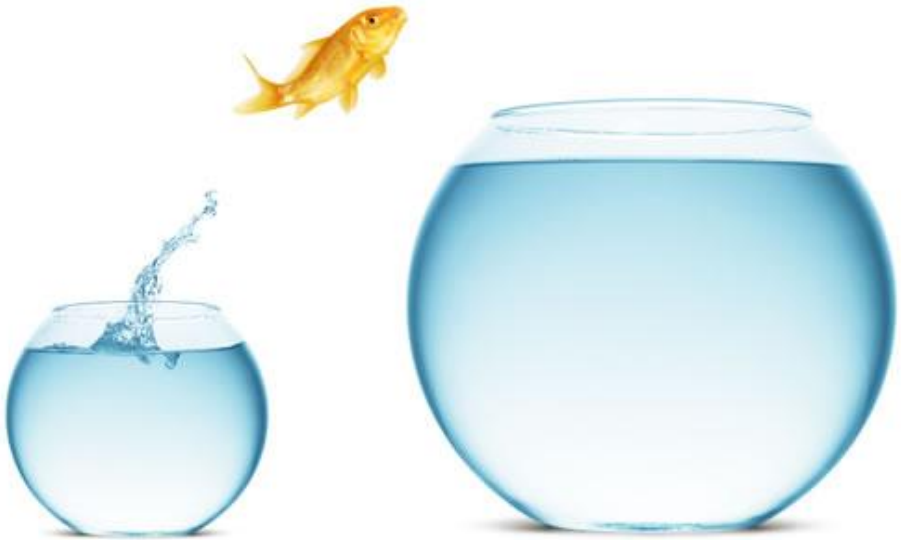
Quality of Care Rapid Cycles

- ❑ Opioid prescribing
- ❑ Chronic Non-Cancer Pain
- ❑ Patients
- ❑ Physicians and
- ❑ Challenging Conversations



Feb 25th GTA Rehab Best Practice Day

Dr John Flannery – MD FRCP(C)

Dr Dawn Martin –PhD

Dr Andrea Martin – MD - PhD

VELUT ARBOR ÆVO

Institute for Work & Health

Toronto Rehab

University Health Network

Agenda

1. Background
2. Quality and Best Practice
3. Overview and Process
4. Video
5. Summary

Institute for Work & Health

University Health Network

Background
Opioids are Effective

Evidence of Opioid Efficacy

Examples of CNCP conditions for which opioids *were shown to be effective* in placebo-controlled trials*		Examples of CNCP conditions that *have NOT been studied* in placebo-controlled trials
Tramadol only	**Weak or strong opioid**	
Fibromyalgia	• Diabetic neuropathy • Peripheral neuropathy • Postherpetic neuralgia • Phantom limb pain • Spinal cord injury with pain below the level of injury • Lumbar radiculopathy • Osteoarthritis • Rheumatoid arthritis • Low-back pain • Neck pain	• Headache • Irritable bowel syndrome • Pelvic pain • Temporomandibular joint dysfunction • Atypical facial pain • Non-cardiac chest pain • Lyme disease • Whiplash • Repetitive strain Injury

*A limitation of these trials was that the duration of opioid therapy was a maximum of three months.

Opioids and Troubling Outcomes

THE GLOBE AND MAIL

Home » News » British Columbia

DRUGS

Prescription opioid death rate in B.C. 'huge'

SALLY MACDONALD

CRANBROOK, B.C. — The Canadian Press

Published Sunday, Nov. 11 2012, 9:41 PM EST

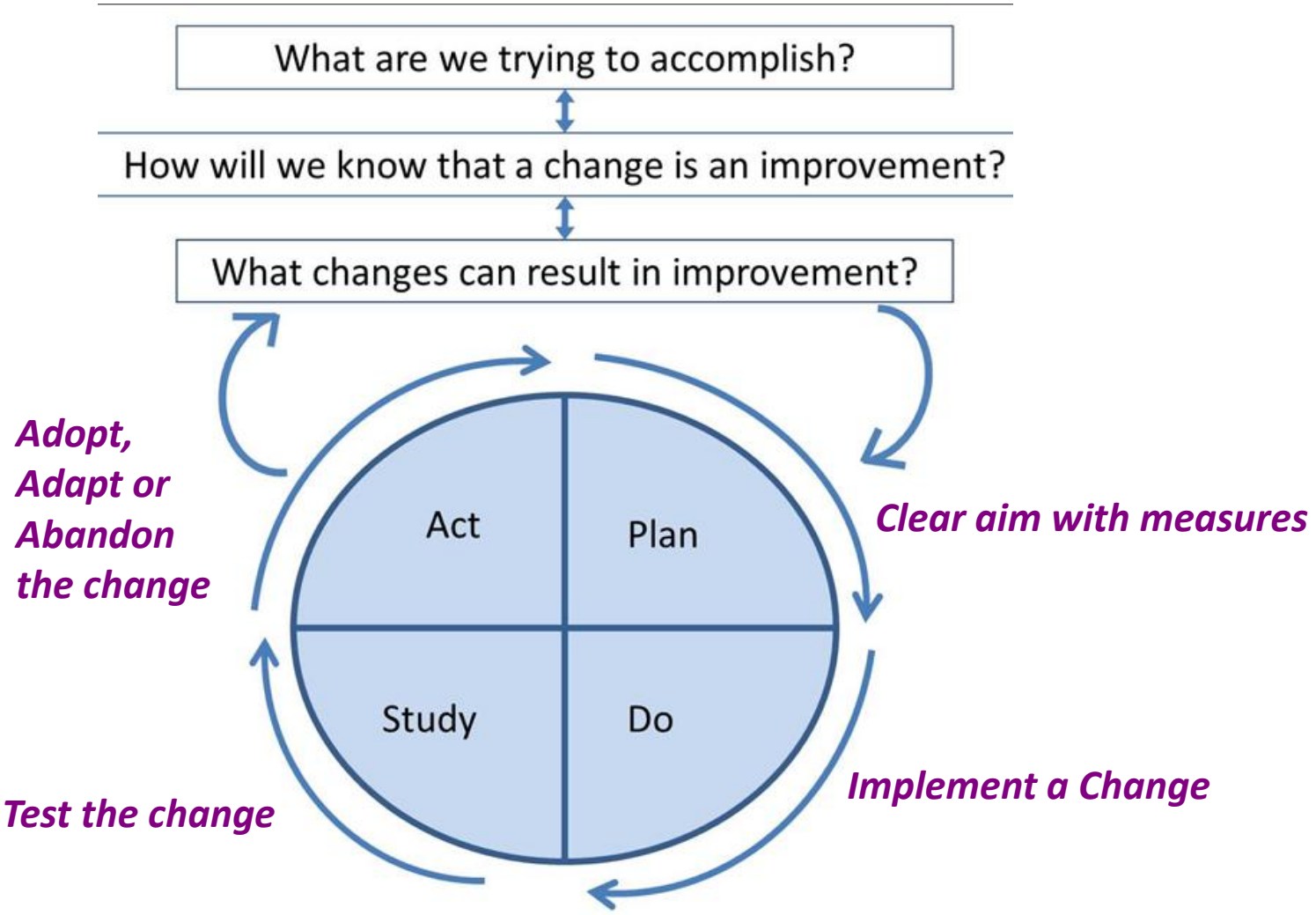
Last updated Sunday, Nov. 11 2012, 10:57 PM EST

25 comments

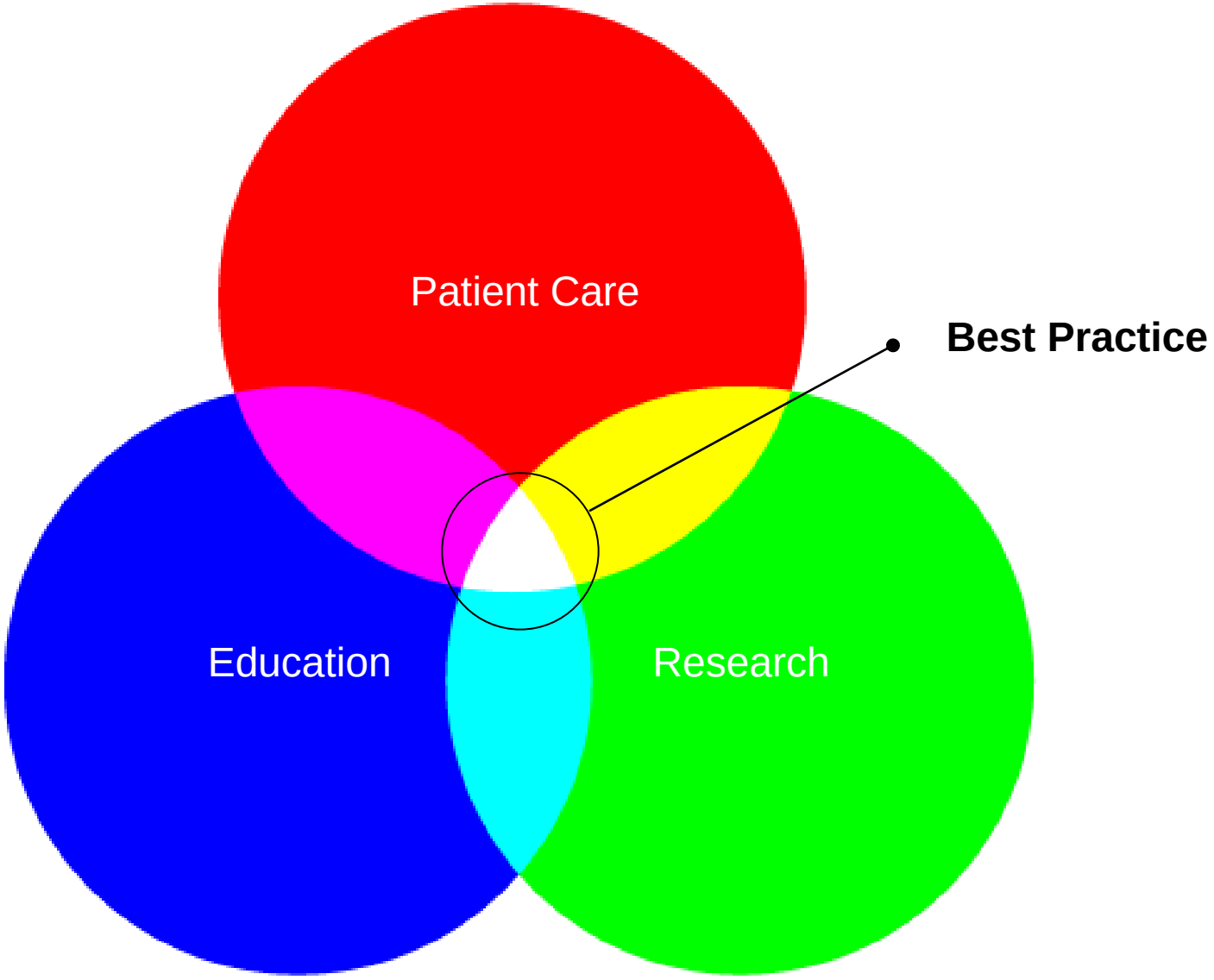
60 47 13 0 +1 1 Print AA

LOST
CONFUSED
UNSURE
UNCLEAR
PERPLEXED
DISORIENTED
BEWILDERED

Quality Care
Plan Do Study Act (PDSA)



Best Practice & Quality Care



Michael G. DeGroote

National Pain Centre

Department of Anesthesia

Institute for Pain Research and Care

Toward Optimized Practice

Electronic Bulletin Board

Academic Pain Directors of Canada (APDOC)

Tools

NPC Staff Only

Opioid Manager Staff Only

Interview with Norm Buckley

Larger Text

Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

Table of Contents

[Site Map] | [Guideline PDF Files] | [Android App] | App Store [Apple iTunes App] | [Opioid Manager]

Collaboration and Acknowledgments | Provide Feedback

The Canadian Guideline is presented in two separate documents: **Part A (Executive Summary and Background)** and **Part B (Recommendations for Practice)**. **PDF versions** posted on this website are the official Canadian Guideline documents. Web formatted content is the unofficial version of the Guideline. While best efforts have been made to ensure accuracy and consistency with the official documents, if any discrepancies exist in the web format, content of the PDF version shall apply. **Please feel free to download the PDF files of the Canadian Guideline documents.**

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Overview of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

Summary of Recommendations | Part A: ExecutiveSummary and Background | Appendix A | Part B: Recommendations for Practice | Appendix B | List of Figures and Tables

Summary of Recommendations

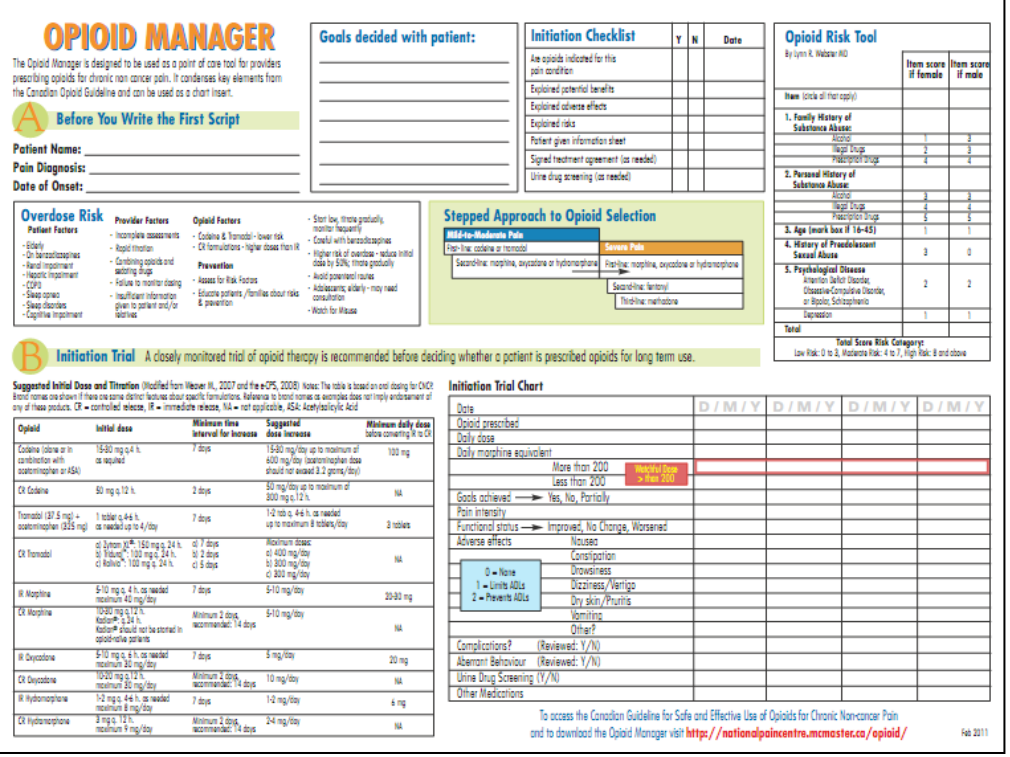
April 30 2010 V5.6

■ Cluster 1: Deciding to Initiate Opioid Therapy

Guidelines can be overwhelming

Fundamental goal of Canadian Guideline:

Clarify opioid prescribing for CNCP to reduce uncertainty and increase confidence for prescribers and dispensers



OPIOID MANAGER

The Opioid Manager is designed to be used as a point of care tool for providers prescribing opioids for chronic non cancer pain. It condenses key elements from the Canadian Opioid Guideline and can be used as a chart insert.

A Before You Write the First Script

Patient Name: _____

Pain Diagnosis: _____

Date of Onset: _____

Goals decided with patient:

Initiation Checklist	Y	N	Date
Are opioids indicated for this pain condition			
Explained potential benefits			
Explained adverse effects			
Explained risks			
Patient given information sheet			
Signed treatment agreement (as needed)			
Urine drug screening (as needed)			

Opioid Risk Tool

By Lynn R. Webster MD

Item (circle all that apply)	Item score if female	Item score if male
1. Family History of Substance Abuse:		
Alcohol	1	3
Illegal Drugs	2	3
Prescription Drugs	4	4
2. Personal History of Substance Abuse:		
Alcohol	3	3
Illegal Drugs	4	4
Prescription Drugs	5	5
3. Age (mark box if 16-45)	1	1
4. History of Preadolescent Sexual Abuse	3	0
5. Psychological Disease: Attention Deficit Disorder, Obsessive-Compulsive Disorder, or Bipolar, Schizophrenia	2	2
Depression	1	1
Total		

Total Score Risk Category: Low Risk: 0 to 3, Moderate Risk: 4 to 7, High Risk: 8 and above

Overdose Risk

Patient Factors
- Elderly
- On benzodiazepines
- Renal impairment
- Hepatic impairment
- COPD
- Sleep apnea
- Sleep disorders
- Cognitive impairment

Provider Factors
- Incomplete assessments
- Rapid titration
- Combining opioids and sedating drugs
- Failure to monitor dosing
- Insufficient information given to patient and/or relatives

Opioid Factors
- Codeine & Tramadol - lower risk
- CR formulations - higher doses than IR

Prevention
- Assess for Risk Factors
- Educate patient /families about risks & prevention
- Start low, titrate gradually, monitor frequently
- Careful with benzodiazepines
- Higher risk of overdose - reduce initial dose by 50%, titrate gradually
- Avoid parenteral routes
- Adolescents; elderly - may need consultation
- Watch for Misuse

Stepped Approach to Opioid Selection

Mild-to-Moderate Pain
First-line: codeine or tramadol
Second-line: morphine, oxycodone or hydromorphone

Severe Pain
First-line: morphine, oxycodone or hydromorphone
Second-line: fentanyl
Third-line: methadone

B Initiation Trial A closely monitored trial of opioid therapy is recommended before deciding whether a patient is prescribed opioids for long term use.

Suggested Initial Dose and Titration (Modified from Weaver M., 2007 and the e-CPS, 2008) Notes: The table is based on oral dosing for CNCP. Brand names are shown if there are some distinct features about specific formulations. Reference to brand names as examples does not imply endorsement of any of these products. CR = controlled release, IR = immediate release, NA = not applicable, ASA: Acetylsalicylic Acid

Opioid	Initial dose	Minimum time interval for increase	Suggested dose increase	Minimum daily dose before converting IR to CR
Codeine (alone or in combination with acetaminophen or ASA)	15-60 mg q.4 h. as required	7 days	15-60 mg/day up to maximum of 600 mg/day (acetaminophen dose should not exceed 3.2 grams/day)	100 mg
CR Codeine	50 mg q.12 h.	2 days	50 mg/day up to maximum of 300 mg q.12 h.	NA
Tramadol (37.5 mg) + acetaminophen (325 mg)	1 tablet q.4-6 h. as needed up to 4/day	7 days	1-2 tab q. 4-6 h. as needed up to maximum 8 tablets/day	8 tablets
CR Tramadol	a) Zytram XL®: 150 mg q. 24 h. b) Vidual®: 100 mg q. 24 h. c) Rollvia®: 100 mg q. 24 h.	a) 7 days b) 2 days c) 5 days	Maximum dosage: a) 400 mg/day b) 300 mg/day c) 800 mg/day	NA
IR Morphine	5-10 mg q. 4 h. as needed maximum 40 mg/day	7 days	5-10 mg/day	20-30 mg
CR Morphine	10-30 mg q.12 h. Kadian®: q.24 h. Kadian® should not be started in opioid-naïve patients	Minimum 2 days, recommended: 14 days	5-10 mg/day	NA
IR Oxycodone	5-10 mg q. 6 h. as needed maximum 30 mg/day	7 days	5 mg/day	20 mg
CR Oxycodone	10-20 mg q.12 h. maximum 80 mg/day	Minimum 2 days, recommended: 14 days	10 mg/day	NA
IR Hydromorphone	1-2 mg q. 4-6 h. as needed maximum 8 mg/day	7 days	1-2 mg/day	6 mg
CR Hydromorphone	8 mg q.12 h. maximum 9 mg/day	Minimum 2 days, recommended: 14 days	2-4 mg/day	NA

Initiation Trial Chart

	D / M / Y	D / M / Y	D / M / Y	D / M / Y
Date				
Opioid prescribed				
Daily dose				
Daily morphine equivalent				
More than 200 / Less than 200 (Watchful Dose > than 200)				
Goals achieved → Yes, No, Partially				
Pain intensity				
Functional status → Improved, No Change, Worsened				
Adverse effects: Nausea				
Constipation				
Drowsiness				
Dizziness/Vertigo				
Dry skin/Pruritis				
Vomiting				
Other?				
Complications? (Reviewed: Y/N)				
Aberrant Behaviour (Reviewed: Y/N)				
Urine Drug Screening (Y/N)				
Other Medications				

0 = None
1 = Limits ADLs
2 = Prevents ADLs

To access the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain and to download the Opioid Manager visit http://nationalpaincentre.mcmaster.ca/opioid/

Feb 2011

OPIOID MANAGER

Registered users:

- May 2010: 0
- May 2011: 1353
- May 2012: 3457
- Feb 2013: ~4000

Discipline	N	%
Family physician/general practitioner	1686	49%
Other (please specify)	563	16%
Pharmacist	776	22%
Physician (other)	432	12%
	3457	100%

FICHE DE GESTION DES OPIOÏDES

La Fiche de gestion d'opioïdes est conçue pour être utilisée par les prescripteurs d'opioïdes comme un outil au point de service afin de soulager la douleur chronique chez les malades atteints d'une affection non cancéreuse. Ce résumé des principaux éléments du *Canadian Opioid Guideline* peut être inséré au dossier.

A Avant d'écrire la première ordonnance

Nom du patient : _____

Diagnostic de douleur : _____

Date du début : _____

Objectifs déterminés avec le patient :

Liste de contrôle initial :

	O	N	Date
Opioïdes indiqués [illegible] de douleur			
Avantages éventuels			
Effets indésirables			
Risques expliqués			
Feuille de renseignements remise au patient			
[illegible] (consentement éclairé)			

Outil de gestion des risques des opioïdes

Par Lynn R. Webster M.D.

	Résultat pour la femme	Résultat pour l'homme
Poste (encercler les réponses qui conviennent)		
1. Antécédents familiaux d'abus d'intoxicants :		
Alcool		3
Drogues illicites	2	3
Médicaments de prescription	4	4
2. Antécédents personnels d'abus d'intoxicants :		
Alcool	3	3
Drogues illicites	4	4
Médicaments de prescription	5	5
3. Âge (encercler si 16–45)	1	1
4. Victime d'agression sexuelle à la préadolescence	3	0
5. Trouble psychologique		
Trouble déficitaire de l'attention Désordre obsessif compulsif Trouble bipolaire, Schizophrénie	2	2
Dépression	1	1
Total		

Catégorie de risques :

Risque faible : 0 à 3 Risque modéré : 4 à 7 Risque élevé : 8 et plus

Risque de surdose

Facteurs relatifs au patient	Facteurs relatifs au dispensateur	Facteurs relatifs à l'opioïde
- Personne âgée - Consommation des benzodiazépines - Maladie rénale - Maladie hépatique - MPOC - Apnée du sommeil - Troubles du sommeil - Déficience cognitive	- Évaluations incomplètes - Titrage rapide - Combinaison d'opioïdes et de sédatifs - Dosage non surveillé - Renseignements insuffisants donnés au patient et/ou famille	- Codéine et tramadol - risque plus faible - Libération contrôlée - doses plus élevées que libération [illegible]

Approche [illegible]

Douleur légère

Prévoir [illegible]

Évalue [illegible]

Comm [illegible]

de fac [illegible]

Prude [illegible]

B Traitement d'essai Un essai d'u[illegible]

Dose initiale suggérée et titrage (inspiré de Wea[illegible] dose orale pour le CNCP. La marque est indiquée si la composi[illegible] marques comme exemples ne signifie pas une recommand[illegible] immédiate; SO = sans objet; AAS = acide acétylsalicyliqu[illegible]

Opioïde	Dose initiale				J / M / A	J / M / A	J / M / A
Codéine (seule ou combinée avec acétaminophène ou AAS)	15-30 mg q.4h. au besoin	7 jours					
Codéine LC	50 mg q.12h.	2 jours					
Tramadol (37,5 mg) + acétaminophène (325 mg)	1 comprimé q.4 6h. au besoin jusqu'à 4 /jour	7 jours					
Tramadol LC	a) Zytram XL®: 150 mg q.24h. b) Tridural®C : 100 mg q.24h. c) RalivaMC : 100 mg q.24h.	a) 7 jours b) 2 jours c) 5 jours	b) 300 mg/jour c) 300 mg/jour				
Morphine LI	5-10 mg q.4h. au besoin maximum 40 mg/jour	7 jours	5-10 mg/jour	20-30 mg			
Morphine LC	10-30 mg q.12h. Kadian® : q.24h. Kadian® : ne devrait pas être essayé chez des patients naïfs aux opioïdes	Minimum 2 jours Recommandé : 14 jours	5-10 mg/jour	50			
Oxycodone LI	5-10 mg q.6h. au besoin Maximum 30 mg/jour	7 jours	5 mg/jour	20 mg			
Oxycodone LC	10-20 mg q.12h. Maximum 30 mg/jour	Minimum 2 jours Recommandé : 14 jours	10 mg/jour	50			
Hydromorphone LI	1-2 mg q.4-6h. au besoin Maximum 8 mg/jour	7 jours	1-2 mg/jour	6 mg			
Hydromorphone LC	3 mg q.12h. Maximum 9 mg/jour	Minimum 2 jours Recommandé : 14 jours	2-4 mg/jour	50			

0=Aucun
1= Limite AVQ
2=Empêche AVQ

Complications? (Si/No)

Comportement déviant (Si/No)

Dépistage de drogue dans [illegible]

Autres médicaments

Pour consulter le *Canadian [illegible] for Safe and Effective Use for Non Chronic Cancer Pain*, télécharger le Opioid Manager ou faire des [illegible]aires, visiter le site http://nationalpaincentre.mcmaster.ca/opioid/

Fév 2011

Portuguese/português

Gerenciador de Opióides

O Gerenciador de Opióides foi elaborado para ser usado como uma ferramenta na prescrição de Opióides para Dor crônica de origem não oncológica. Ele agrega elementos-chave das Diretrizes para Opióides no Canadá e pode ser usado como um anexo ao prontuário.

A Antes da primeira prescrição:

Nome do paciente: _____

Origem da dor: _____

Data de início: _____

Objetivos decididos com o paciente:

Lista de verificação

	S	N	Data
Opi[illegible] este tipo de dor			
Ex[illegible]os			
[illegible]			
[illegible]			
[illegible]nto informativo			
[illegible] tratamento			
[illegible]			
[illegible]			
[illegible]

OPIOID MANAGER for iPad, iPhone and Android

Survey of Knowledge, Attitudes and Behaviours among Ontario Physiatrists regarding use of opioids for CNCP

Electronic survey

- Ontario Physiatrists
- Before the release of the Canadian Guideline for Safe and Effective Use of Opioids for CNCP

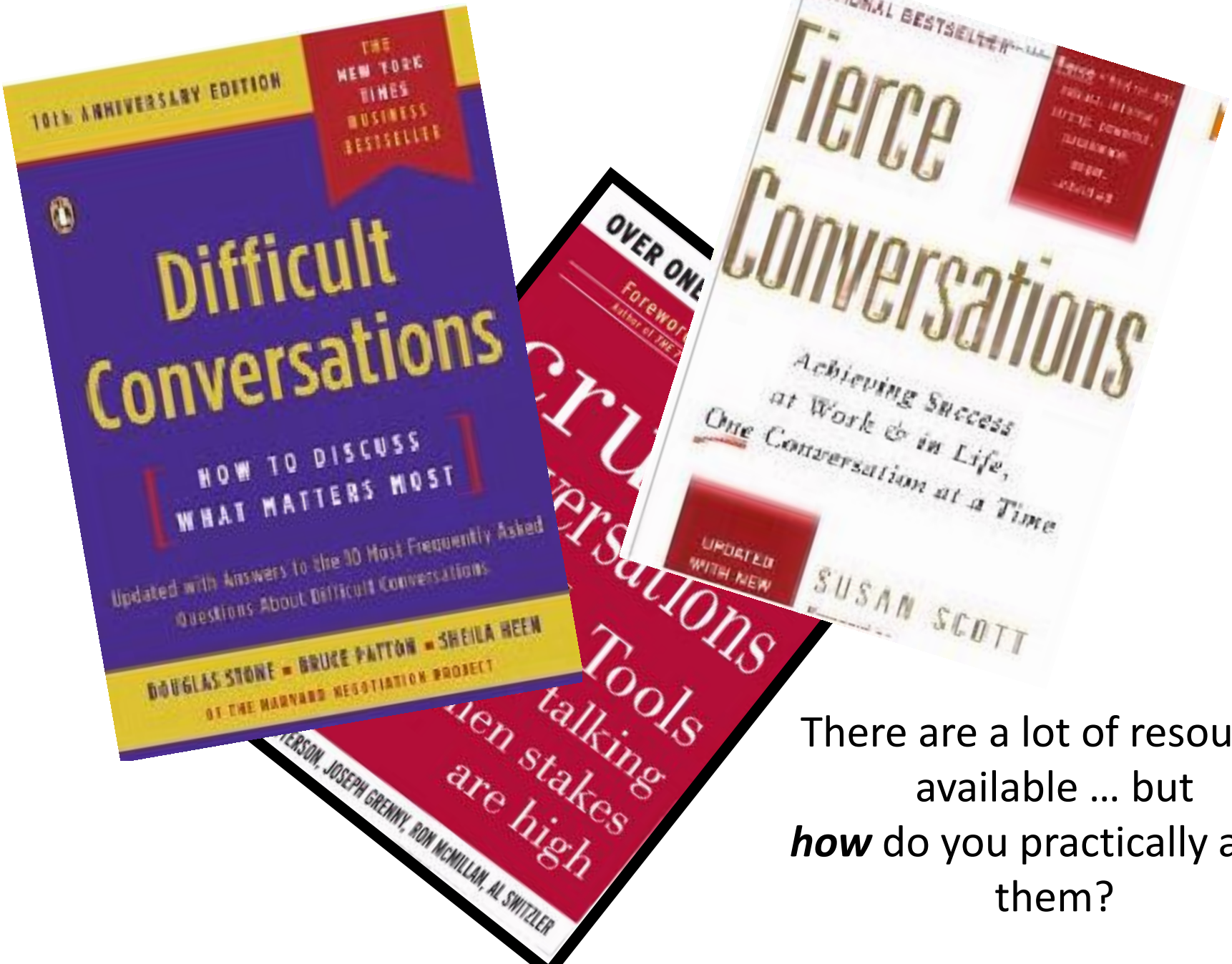
Results indicates “Gaps”

- Treatment Agreements
- Risk Ax
- Urine Drug Screens
  - Doing them
  - Awareness of results
- Ongoing Monitoring
- Tapering and stopping meds

Saying “NO” can be very tough

- Count how many times the patient urges the physician to change his decision about stopping.

- How do you think the physician feels?
- How do you think the patient feels?



There are a lot of resources available … but ***how*** do you practically apply them?

OPIOID MANAGER - Training Video

"It's all about YOU"
Goal setting

"*Risky* Business"
Addressing high risk behavior

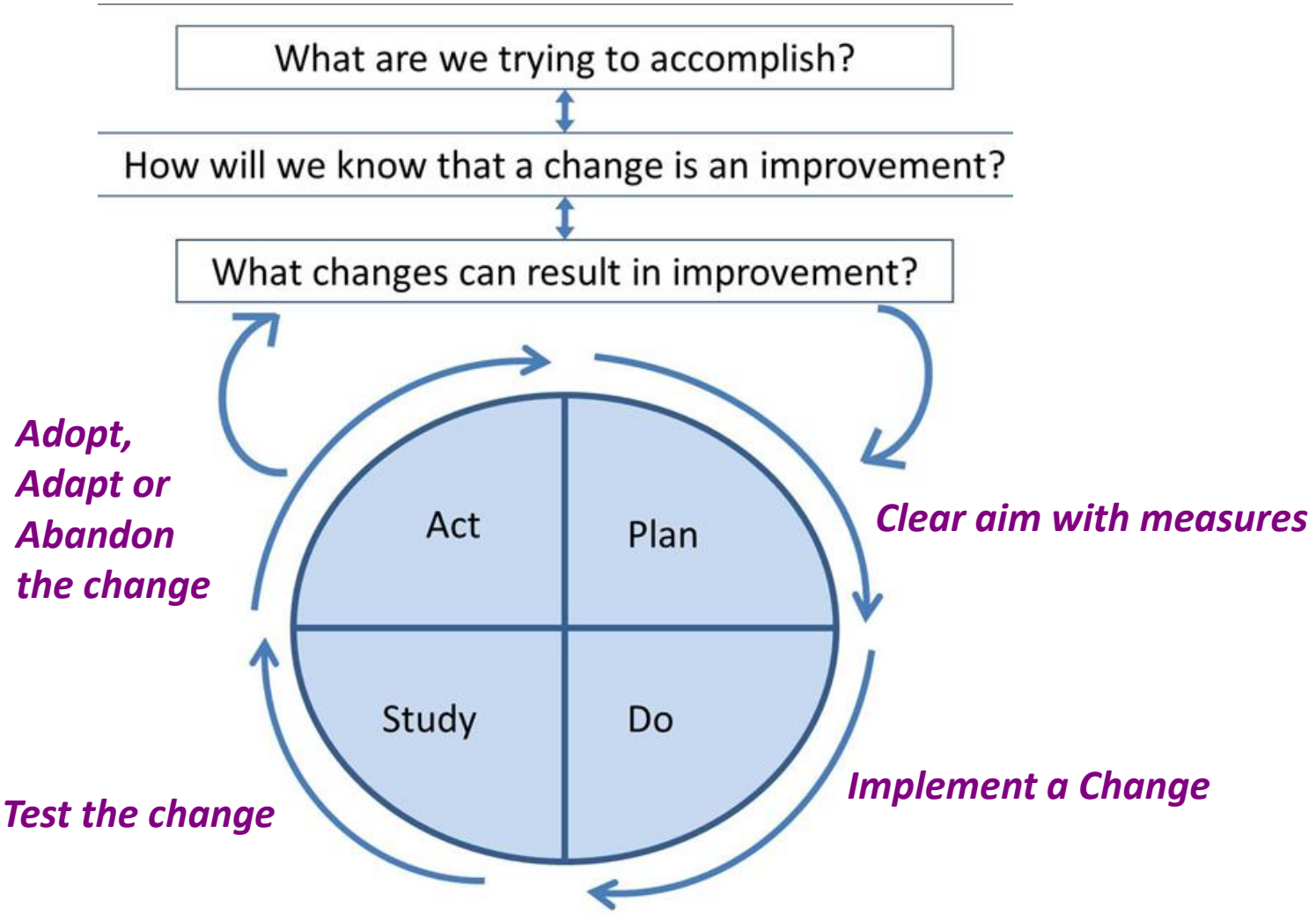
"I've ALREADY Given"
Challenging conversations

"Dope and *Mirrors*"
Making it safe

"More *PLEASE*"
Setting limits

"No *means* NO"
Saying 'No' assertively

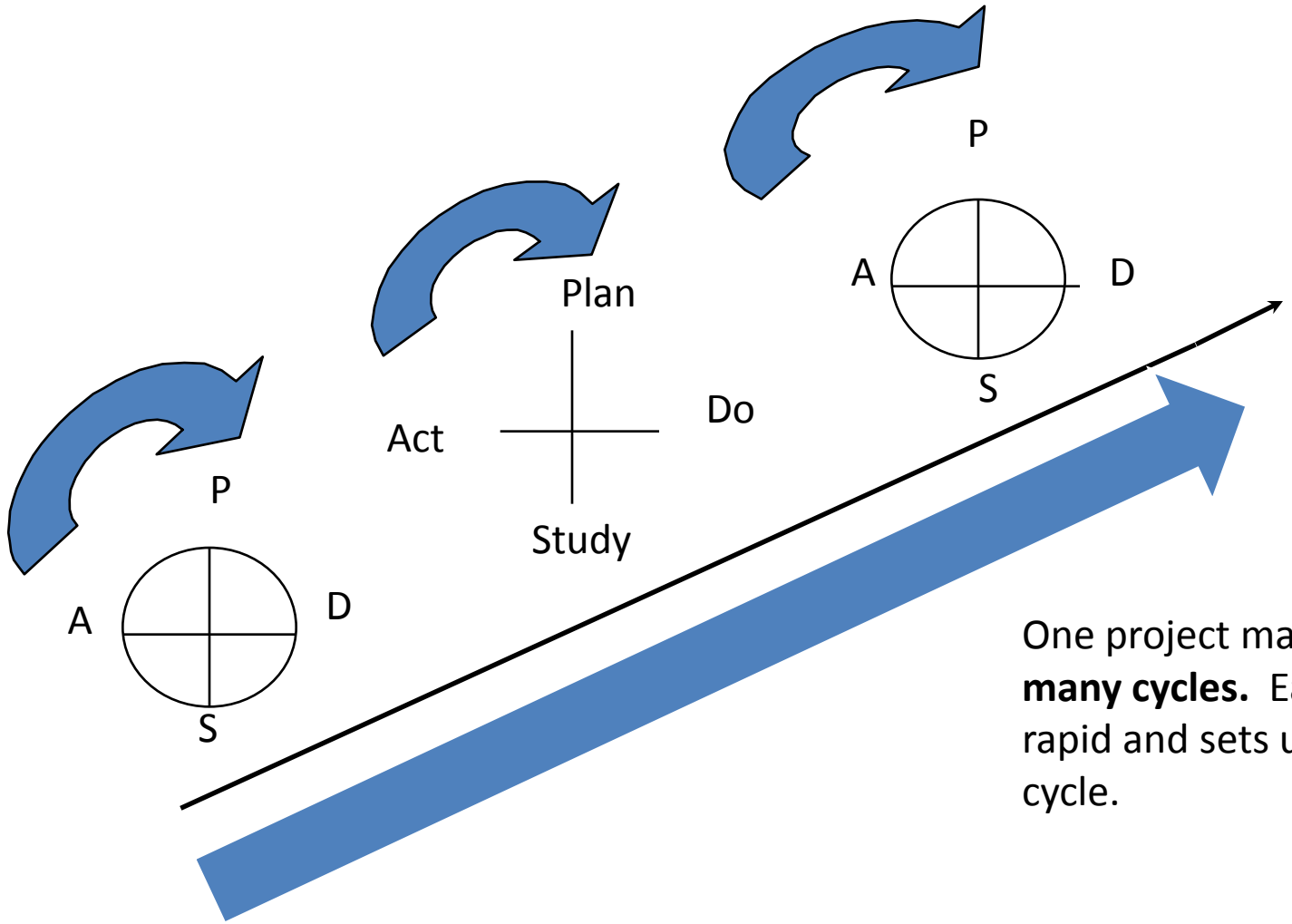
Plan Do Study Act (PDSA)



OPIOID MANAGER Toolkit

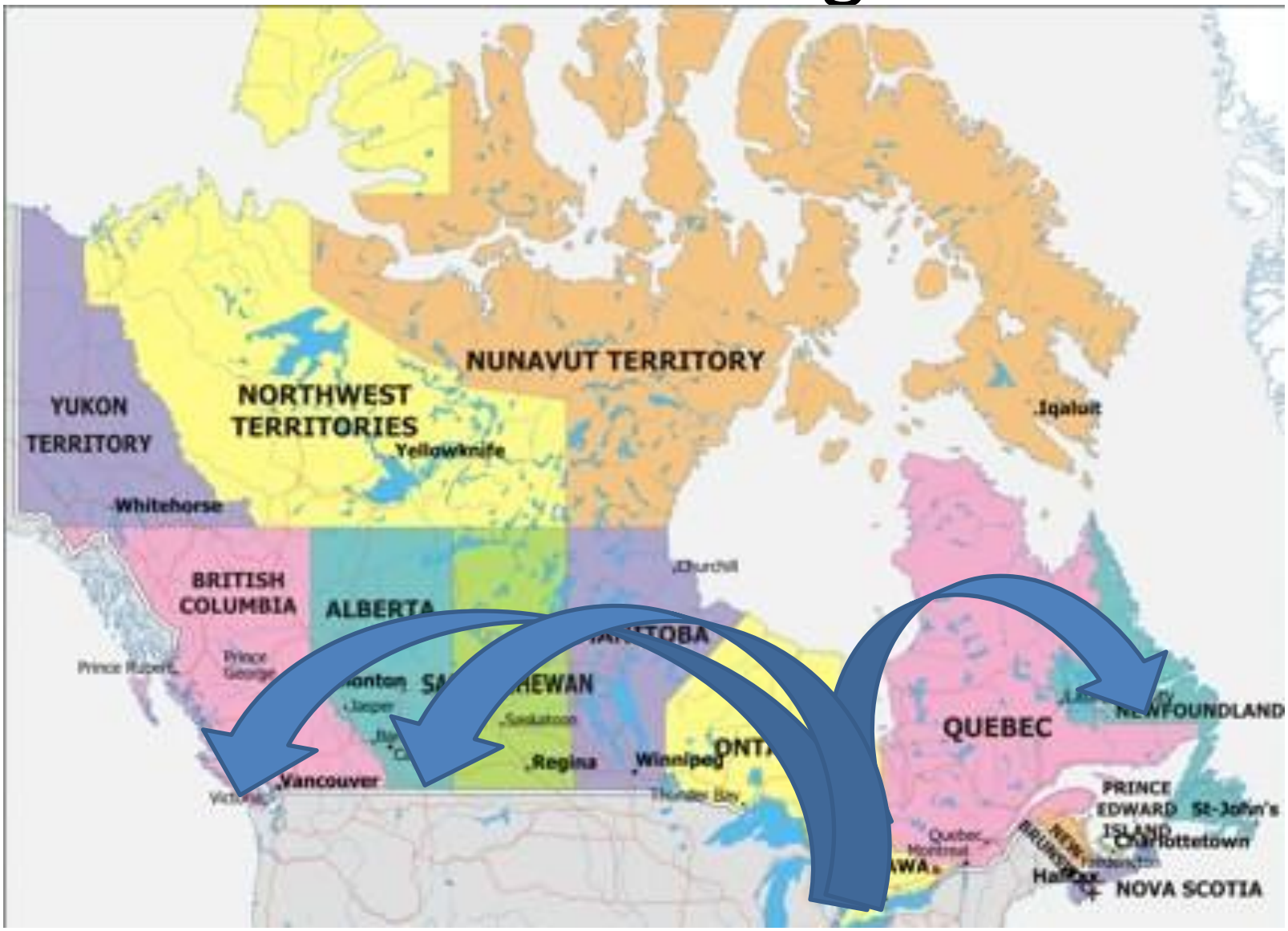
- Facilitators' instructions
- Key teaching points
- Powerpoints
- Learning activities (i.e. script analysis)
- Role-plays: 5 different characters
- Resources
- Videos

Use multiple cycles of change

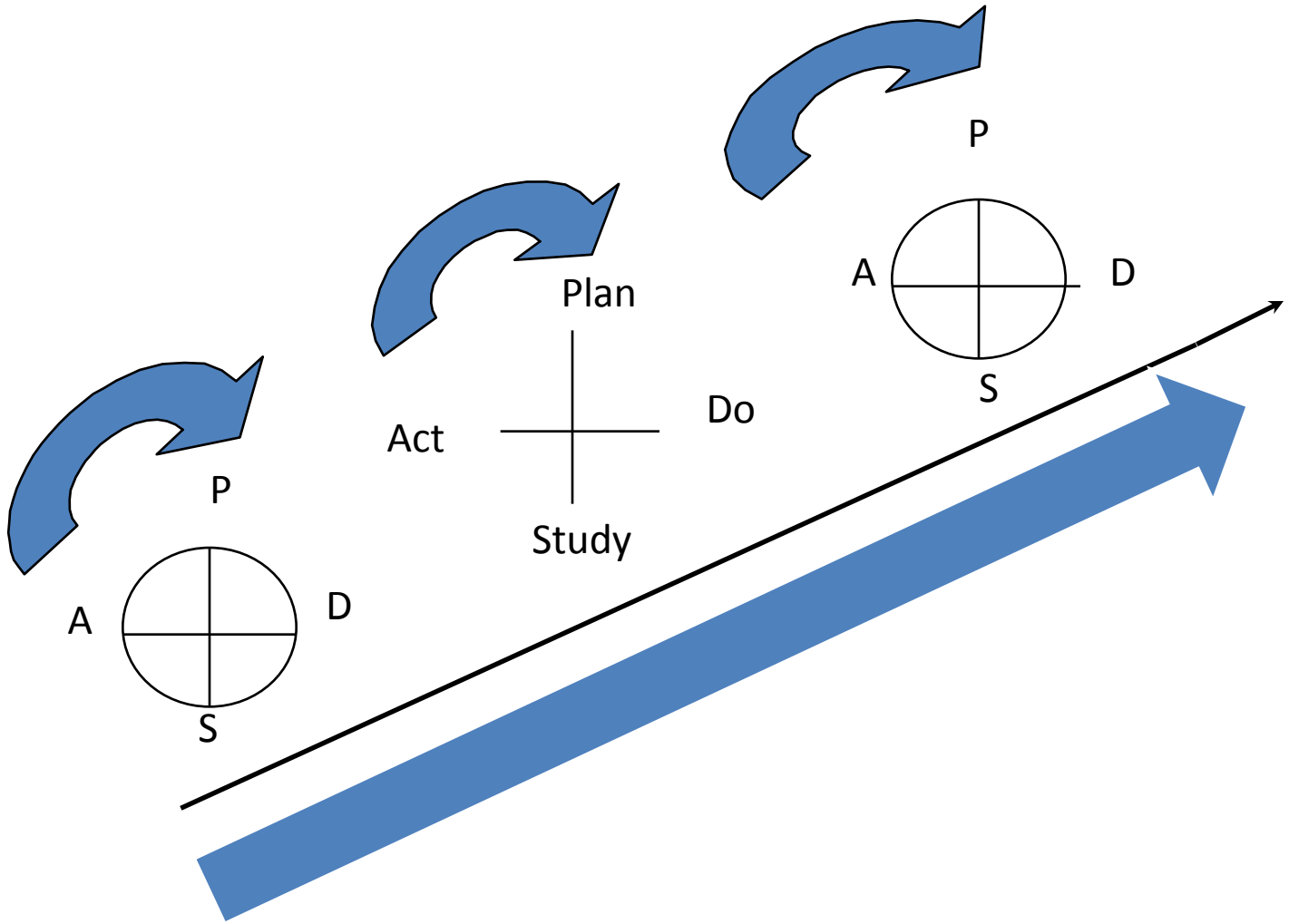


One project may comprise **many cycles.** Each cycle is rapid and sets up the next cycle.

Test the New Tools & get feedback



Use multiple cycles of change



NEXT STEP In the PROCESS:

Indentify Individual GAPS

Self-Assessment Program (SAP)
Opioids for Chronic Non-Cancer Pain

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Summary of the Quality Cycles

- **Goal:**
  - To provide physicians and health care providers with tools, examples and strategies for holding challenging conversations (CCs) with patients when prescribing and managing opioids for Chronic Non-Cancer Pain (CNCP).
- **Outcomes:**
  - An Online "Safe Opioid Prescription" Course has been created in collaboration with CAMH
  - First formal "Safe Opioid Prescription" workshop is being offered this Sunday March 3rd in a preconference day
  - An Opioid Self Assessment Program (SAP) is being created to have physicians identify gaps and then take the accredited learning for physician

Thank You

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