Pain Action Consulting Team (PACT): A Mentoring Model for Teaching Responsible Opioid Prescribing

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Learning Objectives

• Review chronic pain in primary care settings

• Appreciate learning within intervention
  – Online learning modules
  – Peer-peer and Peer-pro mentoring

• Understand impact and limitations
  – Systematic chart review
  – Chart stimulated recall
  – Learner evaluation
Chronic Pain in Primary Care

1. Chronic non-cancer pain is a common condition
2. Primary care providers (PCPs) frequently bear the responsibility for managing this pain
3. PCPs may feel inadequately equipped
4. Best practices are often not followed
Pressures Experienced by PCPs

Pressures against prescribing
- Fear of being duped
- DEA
- Lack of clear guidelines
- Criminal justice system
- Controversy over effectiveness of opioids in chronic pain
- Medical boards
- Desire to help patients

Pressures for prescribing
- Pharmaceutical companies
- JCAHO

Patient characteristics: demanding, personality disorders, comorbid depression

Fear of addiction

Productivity and time

(Olsen & Daumit, 2004)
JHCP PCPs Face These Challenges

2010 review of 50 charts, patients on chronic opioid therapy:

- Only 40% with signed opioid agreement
- 62% of visits without pain assessment
- 26% had urine drug screen in preceding year
- 38% of patients had mental health diagnosis
- 80% reviewed substance abuse history
  - 28% positive for prior substance abuse

Schuettinger, 2010
PACT Program Objectives

1. Identify PCPs’ educational needs related to chronic non-cancer pain and opioid management

2. Increase PCPs’ comfort with existing guidelines as evidenced by adherence to guidelines

3. Increase patient safety by better adherence to opioid prescribing guidelines and documentation

4. Enhance effectiveness of education through mentoring relationships
Goals of the PACT Practitioner

1. Appropriately initiate, modify, and discontinue use of opioids as needed
2. Document assessment of pain
3. Provide educational resources and opioid medication counseling to patients and their family
4. Model adherence to best practices for opioid therapy
5. Employ strategies to assess patients taking opioids for risk for abuse/misuse
6. Engage in an interdisciplinary management strategy
7. Fully utilize the EHR to document
Intervention: PACT Timeline

- **Enroll**
  - Enrollment: July 2013 – February 2014

- **Assess**
  - Baseline Chart Audit
    - Visits 2/1/13 – 1/31/14

- **Learn**
  - Attend Webinars & Groups:
    - 2/19/14 – 3/25/14

- **Reinforce**
  - Follow-up Audit of Visits 2/29/14 – 6/30/14
  - Chart-stimulated Recall of concepts 9/1/14 – 9/30/14
## Baseline Chart Audit
(Visits 2/2013-2/2014)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. Number of Chronic Pain Dx per patient</td>
<td>4.6</td>
</tr>
<tr>
<td>Opioid Agreement Present</td>
<td>40.6%</td>
</tr>
<tr>
<td>Average # PCP visits</td>
<td>3.5</td>
</tr>
<tr>
<td>Average % PCP visits documenting severity</td>
<td>51.9%</td>
</tr>
<tr>
<td>Functional activity assessed in last year</td>
<td>51.0%</td>
</tr>
<tr>
<td>Adverse Drug Reaction Screen in last year</td>
<td>16.7%</td>
</tr>
<tr>
<td>Aberrant behaviors assessed in last year</td>
<td>8.9%</td>
</tr>
<tr>
<td>Substance Abuse screen done</td>
<td>1.0%</td>
</tr>
<tr>
<td>Drug monitoring/adherence screening in last year</td>
<td>5.2%</td>
</tr>
<tr>
<td>Urine tox Ordered in last year</td>
<td>25.5%</td>
</tr>
</tbody>
</table>

* 192 patients, 25 unique PCPs in 8 practices
Educational Intervention

- Series of 4 Webinars
- Review of documentation with RN
- Group discussions with mentor after webinar
- Individual mentor:mentee discussions
Webinar Topics

1. Pain & Risk Assessment Tools
2. Pharmacology of Pain
3. Monitoring & Risk Mitigation Strategies
4. Interdisciplinary Approaches to Management
Mentoring Sessions

• Each webinar was followed by a 30-minute Mentor-led discussion with 5-6 mentees/group to recap the concepts discussed in Webinar

• Each Mentee also participated in two 30-minute one-on-one phone discussions with Mentor
## Chart Audits after Intervention

### Univariate Analysis

<table>
<thead>
<tr>
<th>Factor</th>
<th>OR</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine Tox</td>
<td>0.98</td>
<td>0.63-1.50</td>
<td>0.929</td>
</tr>
<tr>
<td>Non-Pharmalogical Tx</td>
<td>0.27</td>
<td>0.17-0.43</td>
<td>0</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioid Agreement</td>
<td>1.21</td>
<td>0.85-1.72</td>
<td>0.3</td>
</tr>
<tr>
<td>Pain Severity Documented</td>
<td>0.76</td>
<td>0.52-1.11</td>
<td>0.15</td>
</tr>
<tr>
<td>Quantitative Pain Score</td>
<td>2.92</td>
<td>1.80-4.73</td>
<td>0</td>
</tr>
<tr>
<td>Alleviating Factors</td>
<td>7.96</td>
<td>3.00-21.13</td>
<td>0</td>
</tr>
<tr>
<td>Aggravating Factors</td>
<td>1.19</td>
<td>0.64-2.21</td>
<td>0.576</td>
</tr>
<tr>
<td>Functional Activity</td>
<td>0.68</td>
<td>0.46-1.01</td>
<td>0.055</td>
</tr>
<tr>
<td>Adverse Drug Reaction</td>
<td>0.93</td>
<td>0.55-1.56</td>
<td>0.772</td>
</tr>
<tr>
<td>Aberrant Behavior Assessment</td>
<td>1.26</td>
<td>0.70-2.28</td>
<td>0.448</td>
</tr>
<tr>
<td>Pain Management</td>
<td>0.18</td>
<td>0.094-0.36</td>
<td>0</td>
</tr>
<tr>
<td>Opioids Prescribed</td>
<td>0.15</td>
<td>0.03-0.68</td>
<td>0.013</td>
</tr>
<tr>
<td>Other Analgesics Prescribed</td>
<td>0.18</td>
<td>0.11-0.29</td>
<td>0</td>
</tr>
</tbody>
</table>
Chart-Stimulated Recall (CSR) Interviews

• Done in September-October 2015
• Mentees chose 2-3 charts to review for the CSR interview
• Reviewed for changes in practice and documentation since the PACT program (e.g. pain scores, opioid treatment agreements, aberrant behavior screens)
Chart-Stimulated Recall
Perceived vs. Documented Changes in Documentation

Perceived v. Documented Changes

- Perceived Changes (% of individuals, N=22)
- Documented Changes (% of charts, N=81)
Mentee Comments

• Mentors provide input based on experience in applying the studied concepts. Also, review of cases for an opinion on approach to management was valuable. I do not think you can get that from didactics only.

• It's wonderful to have an expert to e-mail or call if I need help. It is nice to know that they experience challenges with these patients as well.

• Perhaps the most beneficial CME I've ever done.
Summary of Findings

• Baseline care deviated from best practices
• Distance-learning and mentoring convenient and well received by PCPs.
• Less improvement than expected.
• Even after education…
  – Few employed validated assessment tools
  – Noted lack of tools in EMR
Future Directions

• Identify & develop internal mentors
• Expand program to others
• Develop better pain management tools in the EMR
• Assess patient impact
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