

Five-Step Approach to Treating Patients with Chronic Complex Non-Cancer Pain (CCNP)

The five steps listed below are recommended for treating patients with CCNP. These steps can be followed whether the patient is already receiving opioid therapy or coming to you for the first time. Implementation of the five steps may require multiple visits.

Step 1 Practice Assessment

Establish a standard policy regarding chronic pain treatment, with uniform guidelines for all patients. This will help minimize some of the challenges surrounding opiate prescribing and ensure consistent policies for all. New patients should be advised of these policies prior to receiving care. After determining your policy, it's important that you identify current patients receiving opioid therapy for more than 90 days and schedule them for a full assessment. At that time, inform them of your new policies. See *Difficult Conversations* on page 34.

Step 2 Patient Assessment

We've found that taking the time to learn about a patient's goals, preferences, and views about opioids can be enormously helpful. With this information, you can formulate strategies and set realistic expectations for chronic pain treatment. You'll find that many chronic pain patients are ambivalent about opioids. Some are concerned about dependency or side effects. Others may fear that opioids will be abruptly withdrawn. Keep the following in mind:

- › Risk assessments such as the ORT, PHQ and the S T O P B A N G will help determine whether opioids are appropriate for a patient and, if so, guide the frequency of monitoring. See *Tools* section, starting on page 11.
- › Careful screening can reduce the possibility of opioid misuse.
- › For new patients, you should rarely prescribe opioids on the first visit, even if they come to your office with pill bottles and old records in hand. You will need time to thoroughly review each patient's history and determine the appropriateness and the safety of prescribing opioids.

Step 3 Non-Opioid Treatment

It is best to begin chronic pain treatment without opioids and instead use patient self-management strategies. (During this process, it may become clear that a patient has PTSD, depression or anxiety and would benefit from professional help.) Treating patients with chronic pain requires a care plan and consistent follow-through. During these sessions, focus on the functional goals (see *Graded Pain and Function Scale* on page 55), not on pain relief alone. This type of care planning is an ongoing process and may involve other members of your team. To keep other clinicians informed, documentation is necessary, including:

- › Treatment goals outlining pain and functional expectations.

- › Possible steps to achieve those goals.
- › A schedule for periodic monitoring and what monitoring will include.
- › If needed, documentation of discussion regarding the risks and the benefits of any opioid treatment.

Step 4 Patient Reassessment

Over time, you can determine if the treatment plan has improved patient functionality and reduced pain. Following non-opioid treatment, you may determine that low-dose opioid therapy will be beneficial. As you share information about opioid risks and benefits, it's important to show your patients that you understand and sympathize with the frustration and the difficulties of living with chronic pain.

It's also essential that you discuss with your patients the medical, psychosocial, and addiction risks of opioids. The Oregon Medical Board mandates that a discussion occur between providers and patients regarding risks and benefits of opioid treatment. If you choose to prescribe opioids, the Oregon Medical Board requires that a Material Risk Notice be signed by both patient and provider and that it remain on the chart.

In addition to the Material Risk Notice, many practices require that patients sign a treatment agreement. Samples of treatment agreements can be found in Appendix F, starting on page 48. Remember: Patient safety is your primary concern.

Step 5 Follow-Up Visits

Whether or not opioids are prescribed, you should schedule periodic follow-up visits to assess safety and progress toward treatment goals. Nurses, medical assistants, and other support staff can assist with follow-up monitoring by assessing progress toward treatment goals and noting problems with medications.

Periodic follow-up visits are necessary and the frequency of both visits and screening for aberrancy should be determined by degree of risk established during the assessment process. During these visits:

- › Watch for opioid adverse effects, including problems with affect and sedation.
- › Remember that exacerbations of chronic pain are expected and should not automatically result in a dose increase.
- › Remind patients that chronic pain ebbs and flows.
- › Reinforce realistic expectations of opioid benefits.
- › If a patient achieves reasonable pain reduction with stable doses and makes progress toward self-management goals, you can consider less frequent follow-ups.
- › Chronic pain is a chronic condition with bio-psychosocial determinants. Behavioral health collaboration is strongly recommended in the care of patients with CCNP.

It's important to avoid dose escalating when treating acute pain in a patient with chronic pain using opiates. If necessary, use a short-acting opioid for a short period of time.