Overview of the Pain and Palliative Care PRN

The Pain and Palliative Care PRN of ACCP is an organization of pharmacy practitioners, clinical scientists, pharmacy educators, and others. The PRN's mission is to advance pain-related pharmacy practice, education, and treatment. Its objectives are as follows: (1) Provide a supportive network for all practitioners with patient care concerns in pain and palliative care. (2) Provide quality education for practitioners, students, and those in postgraduate training. (3) Build leadership skills in young practitioners by encouraging their involvement in this PRN. (4) Provide an information source and expertise for outside organizations seeking expert opinions for publications or public policy. As of February 2018, the PRN has 345 members.

Opportunities and Resources for Resident and Fellow Members of the PRN

- Residents and fellows can participate in the PRN subcommittees, including Programming and Membership committees.
- Two travel awards are given annually to resident, fellow, or student members of ACCP. The awards are $500 each. Applicants must be able to attend the ACCP Annual Meeting to present their research on a current pain/palliative care topic and be on hand to receive the award during the Pain and Palliative Care PRN business meeting. The Travel Grant Committee determines the winners, and the PRN treasury funds the awards.

Clinical Issue: Opioid Stewardship

National Perspective:

In March 2017, President Trump signed an Executive Order establishing the President's Commission on Combating Drug Addiction and the Opioid Crisis.[1] In the commission's recommendations to the president, they included several endorsements:[2]

- Organize a national multi-media campaign focused on increasing awareness of the dangers of drugs and addiction to remove stigma as a barrier to treatment.
- Improve access to federal funding for programs treating opioid-related and substance use disorder (SUD) along with reversing incentives for wide-spread prescribing of opioids for pain.
- Require states to comply with prescription drug monitoring program (PDMP) requirements including data sharing, and recommend PDMPs incorporate available overdose/naloxone deployment data.
- Establish drug courts in each of the 93 federal district courts to encourage rehabilitation instead of incarceration.
- Enhance penalties for trafficking of fentanyl and fentanyl analogues, and improve drug detection technology.
- Use caution in promoting the use of marijuana as an alternative medication for chronic pain and a treatment for opioid addiction.
- Recommend Centers for Medicare and Medicaid Services (CMS) to remove pain scores entirely when assessing consumers to de-incentivize providers from using opioids to raise survey scores.
- Remove reimbursement barriers to treating addiction within The US Department of Health and Human Services (HHS)/CMS, Indian Health Service, Tricare, and the Veterans Administration (VA).
- Hire federally-employed primary care providers to screen for SUD, provide treatment directly or with referral within 24-48 hours, and prescribe buprenorphine in primary care settings.

- Train pharmacists on best practices to evaluate legitimacy of opioid prescriptions and avoid penalizing pharmacists for denying inappropriate prescriptions. HHS, DOJ/DEA, ONDCP, and pharmacy associations should conduct training

In response to the commission's recommendations, the President's proposed budget for the 2019 fiscal year requests $5 billion in new resources for HHS over the next 5 years to expand treatment, access, recovery, mental health, and prevention programs for opioid users.[3]

The Joint Commission Perspective:

Effective January 2018, the Joint Commission implemented revised pain assessment and management standards for its accredited hospitals. The new requirements target leadership, provision of care, treatment, services, and performance improvement, including the following:[4]

- Identify a leader or leadership team who is responsible for pain management and safe opioid prescribing and who develops and monitors performance improvement activities.
- Provide non-pharmacologic pain treatment modalities.
- Provide staff with educational resources regarding pain management, the safe use of opioids, consult services for complex pain management, and opioid treatment programs that can be used for patient referrals.
- Facilitate clinician access to prescription drug monitoring program databases.
- Identify and acquire equipment needed to identify and monitor high-risk patients.
- Assess, reassess, and treat pain based on evidence-based practices and patient-specific factors.
- Involve patients in developing their treatment plans and setting realistic expectations and measurable goals.
- Monitor patients identified as high risk for adverse outcomes with opioid treatment
- Educate patients and family on discharge regarding the self-management of their pain, including side effects, strategies to address activities of daily living (ADL)s that may exacerbate pain, and safe use, storage, and disposal of opioids.
- Conduct performance improvement activities focusing on pain assessment and management and the use of opioids to increase safety and quality for patients.

How Pharmacists can promote Opioid Stewardship:

These updated regulations amidst the current opioid crisis have confirmed the ever-important role of the pain and palliative care pharmacist. Pharmacists can improve the care of patients with pain by assuming leadership roles for opioid stewardship. The four main components of opioid stewardship are addressing prescribing of opioids, educating providers/patients, evaluating risk stratification/screening to reduce harm associated with opioids, and monitoring patients.[5]

Ensuring safe and appropriate prescribing of opioids is a crucial component to reducing the amount of inappropriate opioid use, while also ensuring patients who use opioids appropriately can continue to receive then without stigma. Best practices can be implemented hospital-wide such as incorporating a pharmacist-run pain consult service which uses multi-modal analgesia, incorporates risk mitigation strategies, provides patient/family education along with safe opioid storage, incorporates naloxone education/use, and provides evidence-based pharmacotherapeutic options to the care teams to assist in improving prescribing practices.[6]

Pharmacists can also be champions in monitoring opioid therapies by changing the model by which pain is assessed and monitored; focusing on function for patients with chronic pain. In keeping with the recommendations by the President's Commission to remove pain survey questions, providers

should consider using scales such as the clinically aligned pain assessment (CAPA) tool or three-item scale assessing pain, enjoyment, and general activity (PEG) tool. [7,8] The CAPA tool is used by engaging in conversation with the patient to discuss their level of comfort and change in pain, evaluate how well pain is controlled, evaluate their level of function, and discuss their sleep patterns. [7] There is no intensity rating of pain, just answers emerging from a conversational approach facilitated by a practitioner. This is a paradigm shift on how pain assessments have traditionally been performed using intensity for medication selection. For example, the PEG tool still uses a numeric rating of pain intensity (P), but also assesses interference with enjoyment of life (E), and interference with general activity (G). Including functional evaluation alongside analgesia effectiveness is an integral part of chronic pain management.[8] The Defense and Veterans Pain Rating Scale also utilizes a numeric approach with a clearer description of the numerical ratings, but is not totally separated from a numeric rating approach. [9] Support from executive leadership is essential for successful implementation of this paradigm shift in pain assessment technique.

Pharmacists are also integral members of specialty pain and palliative care teams, in both primary care and skilled nursing facilities. Performing face-to-face pain assessments and opioid equianalgesic conversions, recommending and implementing opioid tapers, evaluating toxicology studies, or completing second level reviews of regimens with high risk opioids are a few of the tasks pharmacists are uniquely positioned to undertake to encourage safe and effective use of opioids. Directly caring for patients harmed by opioid prescribing and minimizing risk for diversion of opioids are essential skills for pharmacists to develop.[10] Incorporating risk mitigation education and incorporation of naloxone into the usual standard of care associated with opioid prescriptions can improve the safe use of opioid therapies.

The opioid crisis was years in the making, and while policies are being initiated and implemented on federal and state levels, the reversal of such a wide-spread crisis will take time. It will also involve an interprofessional team approach to ensure patients receive safe and effective therapies for acute and chronic pain as well as addiction and substance/opioid use disorder. Pharmacists need to continue to reduce the stigma associated with legitimate and illegitimate use of opioids, increase their professional development regarding pain management, and advocate for broader pharmacy privileges, including prescriptive authority for medication assisted treatment, so they may take an enhanced role in the care, treatment, and support of patients.

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