Mastering Difficult Conversations:
From Identifying and Addressing Unhealthy Substance Use to Managing Chronic Pain and Opioid Prescribing

Community Medicine Unit Grand Rounds

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MASBIRT TTA Asking questions. Improving health.

Boston Medical Center Boston University School of Medicine General Internal Medicine

Agenda

- Screening, Brief Intervention & Referral to Treatment (SBIRT)
- SBIRT, Chronic Pain and Opioid Prescribing
- Questions

What is SBIRT?

A low intensity, low cost, public health approach to identify and intervene with people with unhealthy substance use.

- ***Screening:*** Universal (or targeted), 2-3 initial questions that identify unhealthy substance use
  - If positive: Additional questions to determine severity and consequences of use

- ***Brief Intervention:*** Brief conversation to raise awareness of risks & build motivation to change

- ***Referral to Treatment:*** For those with more serious problems, as appropriate

Unhealthy Substance Use in Primary Care

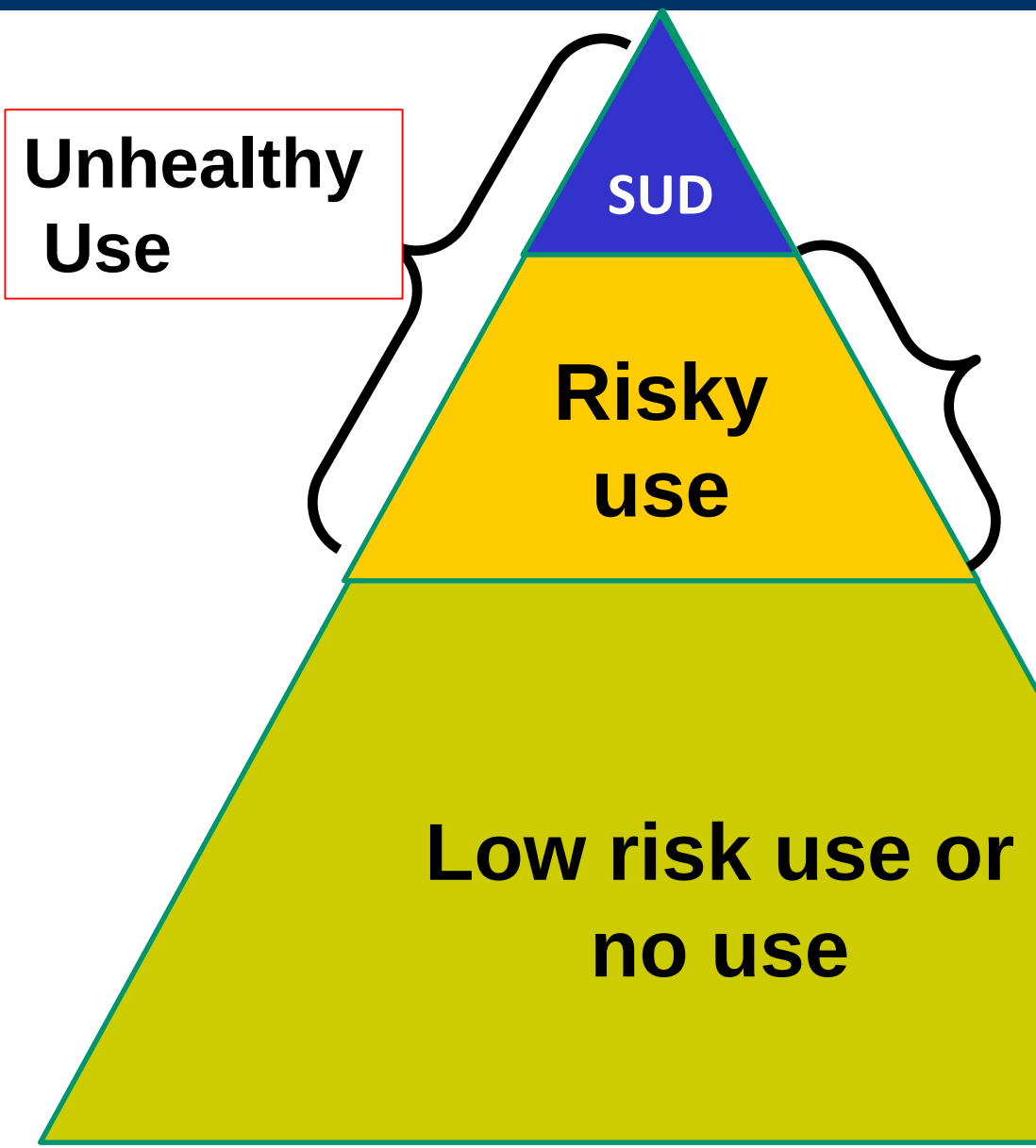
- *Spectrum of use that risks health consequences*
  - Cardiovascular disease, cancer, trauma, infection, more
  - Alcohol = 3rd leading preventable cause of death in US[1]

- Underdiagnosed
  - *16% of patients ever discussed alcohol with provider[2]*

- Undertreated
  - 14% with substance use disorders (SUD) in MA get treatment[3]

1 http://www.prevent.org/National-Commission-on-Prevention-Priorities/Rankings-of-Preventive-Services-for-the-US-Population.aspx ; 2. CDC Vital Signs Report 2013 http://www.cdc.gov/vitalsigns/ ; 3. Brolin, MA Health Policy Forum 2005

New Concept



RISKY USE:

Alcohol—

- Men < 65: >4 drinks/occasion or >14 drinks/wk
- Women & >65: >3 drinks/occasion or >7 drinks/wk

Drugs*--ANY use

***Pregnant women and those planning to become pregnant abstain from alcohol use**
***People with med conditions and people on medications speak with their doctor about alcohol use.**

http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf

How Can SBIRT Help?

- Clinician suspicion of alcohol problems has poor sensitivity (27%) for identifying patients with (+) screen for unhealthy alcohol use[1]
- Lack of confidence in substance use assessment and intervention is associated with lower MD satisfaction in working with patients with SUD[2]
- Patients often don't understand impact of alcohol and drug use on health, including opioids
  - Particularly unaware of drinking guidelines

[1] Vinson, D, *Annals of Fam Med.* 2013; [2] Saitz, R, *J Gen Intern Med.* 2002.

What's Brief Intervention?

…a non-judgmental, non-confrontational, directive, conversation, using Motivational Interviewing (MI) principles

and techniques to enhance a patients' motivation to change their use of alcohol and other drugs.

Using SBIRT Effectively
BNI ART Institute, BUSPH

Four (4) MI Principles

1. Ambivalence is normal to the change process
2. Asking permission can lead to a patient to be more forthcoming
3. The patient is the active decision-maker
4. Advocating for change from a patient will evoke *resistance* to change

Brief Intervention Components

- *Feedback*: **ask permission**
  - feedback based on screening results
  - **elicit** patient's reaction: *"What do you think about this information?"*
    "How do you see your drug use?"
- *Advice:* **ask permission**
  - state concern regarding medical risks/consequences of use
  - make explicit recommendation for change
  - **elicit** patient's reaction: *"What do you make of this?"*
- *Goal Setting &* enhancing motivation for behavior change
  - **elicit** pt.'s ideas for change. Support any plan for positive change:
    "What changes are you willing to make right now?"
  - consider using importance (readiness) ruler
  - schedule FU appt to check on progress

NIAAA, *Helping Patients Who Drink Too Much: A Clinician's Guide, 2007*

Giving Feedback and Advice:
ELICIT – PROVIDE - ELICIT

ELICIT

May I…? or.. *Would you like to know (or already know) about…?*
Is there any info I can help you with?

PROVIDE

What does the pt. most want/need to know?
Offer small amounts with time to reflect
Acknowledge freedom to disagree or ignore

ELICIT

Ask open ended questions:	*"What do you make of this?"*
Reflect reactions that you see:	*"You're surprised to hear this"*
Allow pt time to process	Don't rush in

Miller, W, Rollnick, S. *Motivational Interviewing; Helping People Change*. 2013

Goal Setting

- Patients are more likely to change their substance use/behavior when they are involved in their goal setting
- The goal may be presented in writing as a prescription from the doctor or as a contract signed by the patient
- Less is often more

Screen: Single Item Alcohol Question

Do you sometimes drink beer, wine, or other alcoholic beverages?

NO

YES

How many times in the past year have you had 5 (men)/4 (women or men over 65) or more drinks in a day?

If ≥ 1, continue with assessment

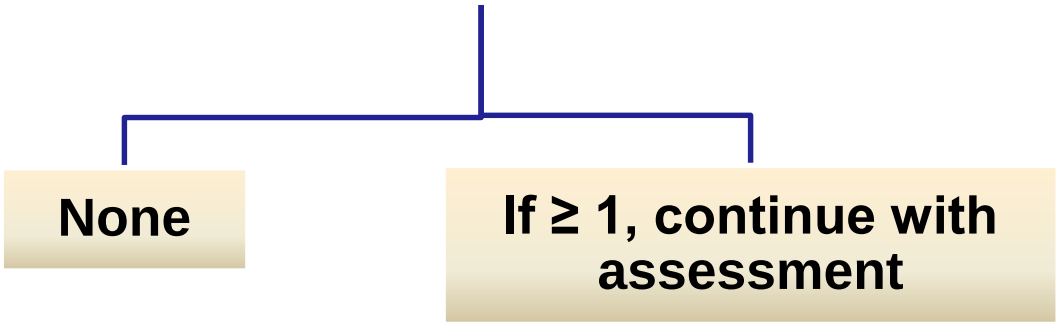
Sensitivity/Specificity: 82%/79%

Smith, P *J Gen Intern Med 2009*

Screen: Single Item Drug Question

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons*?

(*because of the experience or feeling that the drug(s) caused)



Sensitivity/Specificity: 93%/94%

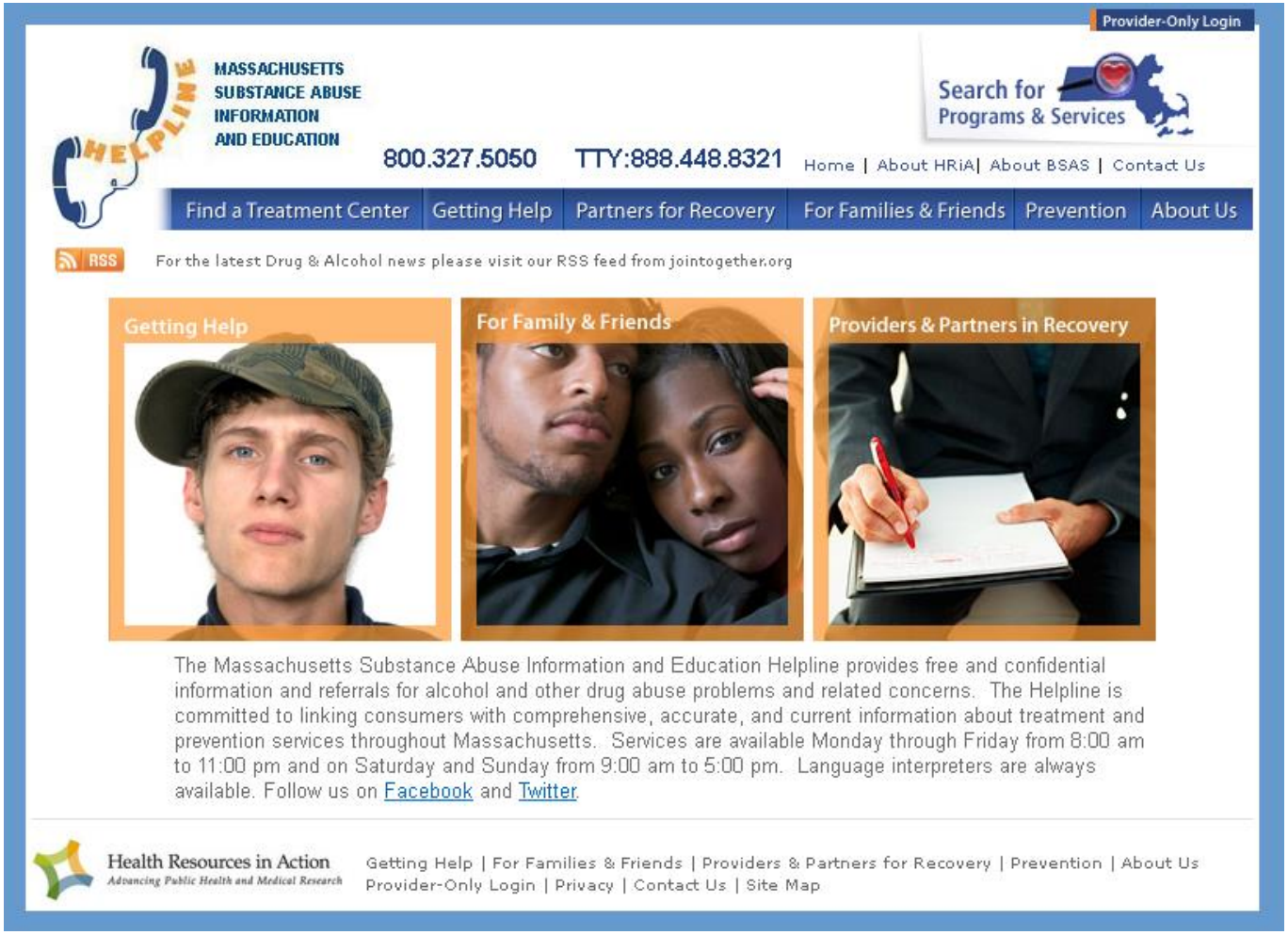
Smith, P *Arch Intern Med 2010*

Assess

- Determine goal of assessment (i.e., reimbursement, quality measure)
- Choose validated assessment tool that fits well with your clinical practice
  - DSM diagnostic criteria
  - CAGE-AID (may not meet criteria for reimbursement in some settings)
  - AUDIT & DAST-10
  - ASSIST

Referral to Treatment

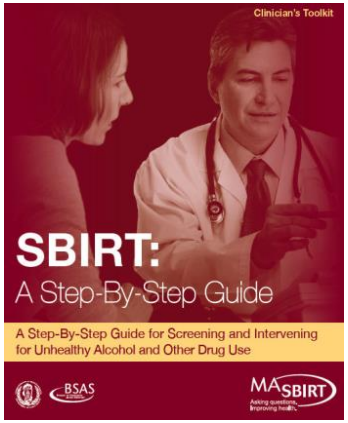
www.helpline-online.com



MASBIRT
Training & Technical Assistance (TTA)
(www.masbirt.org)

Supported by MA DPH: Bureau of Substance Abuse Services (BSAS) to build statewide SBIRT awareness and capacity to

- implement and integrate SBIRT into diverse settings and organizations,
- and promote clinician SBIRT skills and competency.



MA SBIRT TTA
Asking questions. Improving health.

www.maclearinghouse.com

SBIRT, Chronic Pain and Opioid Prescribing

Daniel Alford, MD, MPH

Paul Russo

Age: 48

Social: Lives with long-term girlfriend, no children

Occupation: Retail cashier

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- New patient visit, previous PCP moved out of state.
- Chronic posttraumatic knee and ankle pain s/p infected compound fractures after a motorcycle accident 5 years ago.
- **Current Pain Medications:** Hydrocodone 5 mg/APAP 325 mg 2 tablets 3x/day and Ibuprofen 800 mg 3x/day
- Pain is always 4-5 out of 10. His cashier job in his friend's store allows him to sit most of the day.
- On exam his knee and ankle are severely deformed with very limited range of movement. He walks with a cane.

Is there a role for SBIRT in helping you assess and manage this patient? If so, what role?

Paul Russo

Is there a role for SBIRT in helping you assess and manage this patient? If so, what role?

- Do you sometime drink beer, wine or other alcoholic beverages?
- In the past year, how many time have you had 5 or more drinks per occasion?

- In the past year, how many times have you used an illegal drug or used a prescription medication for non-medical reasons?

Opioid Misuse/Addiction Risk

- Published rates of abuse and/or addiction in chronic pain populations are 3-24%
- Known risk factors for addiction to any substance are good predictors for problematic prescription opioid use
  - Young age
  - Personal history of substance abuse
    - Illicit, prescription, alcohol, nicotine
  - Family history of substance abuse
  - Legal history (DUI, incarceration)
  - Mental health problems

Akbik H et al. JPSM 2006
Ives T et al. BMC Health Services Research 2006
Liebschutz JM et al. J of Pain 2010
Michna E el al. JPSM 2004
Reid MC et al JGIM 2002

"Universal Precautions"

(not evidence-based but has become "standard" of care)

- Agreements "contracts", informed consent
- Assess for opioid misuse risk (e.g., ORT)
- Monitor benefit & harm w/ frequent face-to-face visits
- Monitor for adherence, addiction and diversion
  - Urine drug testing
  - Pill counts
  - Prescription monitoring program data

FSMB Guidelines 2004 www.fsmb.org
Gourlay DL, Heit HA. Pain Medicine 2005
Chou R et al. J Pain 2009

Opioid Risk Tool (ORT)

	Female	Male
Family history of substance abuse		
Alcohol	❑1	❑3
Illegal drugs	❑2	❑3
Prescription drugs	❑4	❑4
Personal history of substance abuse		
Alcohol	❑3	❑3
Illegal drugs	❑4	❑4
Prescription drugs	❑5	❑5
Age between 16-45 years	❑1	❑1
History of preadolescent sexual abuse	❑3	❑0
Psychological disease		
ADHD, OCD, bipolar, schizophrenia	❑2	❑2
Depression	❑1	❑1

Scoring
0-3 low risk
4-7 moderate risk
>8 high risk

Webster LR, Webster RM. Pain Medicine, 2006

Opioid Misuse Risk Stratification

Discuss level of concern with patient

- "Despite being in recovery from alcoholism, you are at higher risk for developing problems with the opioid pain medication."

Level of monitoring that should be implemented

- Frequency of visits, urine drug testing, etc.
- High risk patients may need to agree to random call-backs

Need for pain and/or addiction consultant

- If available

Some patients may be too risky for opioids analgesics

- e.g., patient with recent opioid addiction

Addiction

Aberrant Medication Taking Behaviors

- A clinical syndrome presenting as…
  - Loss of **C**ontrol
  - **C**ompulsive use
  - **C**ontinued use despite harm

Aberrant Medication Taking Behaviors
(pattern and severity)

Savage SR et al. J Pain Symptom Manage 2003

Monitoring
Urine Drug Tests

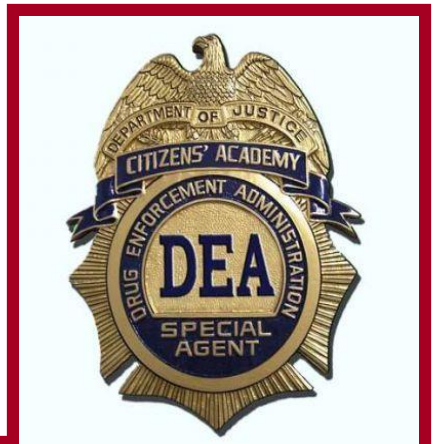
- **Evidence of therapeutic adherence**
- **Evidence of non-use of illicit drugs**

- Know limitations of test and your lab
- Know a toxicologist/clinical pathologist
- Complex, but necessary, patient-physician communication
  - If I send your urine right now, what will I find in it…
  - Your urine drug test was abnormal, can you tell me about it…
- Document time of last medication use
- Inappropriate interpretation of results may adversely affect clinical decisions

Gourlay DL, Heit HA, Caplan YH. Urine drug testing in primary care. Dispelling myths and designing strategies monograph (www.familydocs.org/files/UDTmonograph.pdf)

Opioids for chronic pain: What is the clinician's role?

VS.



Nicolaidis C. Pain Medicine 2011

The Risk-Benefit Framework

Judge the opioid treatment, not the patient

NOT…

- Is the patient good or bad?
- Does the patient deserve opioids?
- Should this patient be punished or rewarded?
- Should I trust the patient?

RATHER…

Do the benefits of opioid treatment outweigh the untoward effects and risks for this patient (or society)?

Nicolaidis C. Pain Medicine 2011

Paul Russo

- For 6 months the patients pain was well controlled, he remained fully employed and there were no aberrant medication taking behaviors.

- At the last visit his urine drug test was positive for hydrocodone and cocaine.

How will you mange this patient now that he has evidence of active cocaine use?

Video Demonstration