



Opioid Stewardship Program (OSP) | Session 10

Getting Patient Buy-in Through Education

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GETTING PATIENT BUY-IN THROUGH EDUCATION

SESSION 10

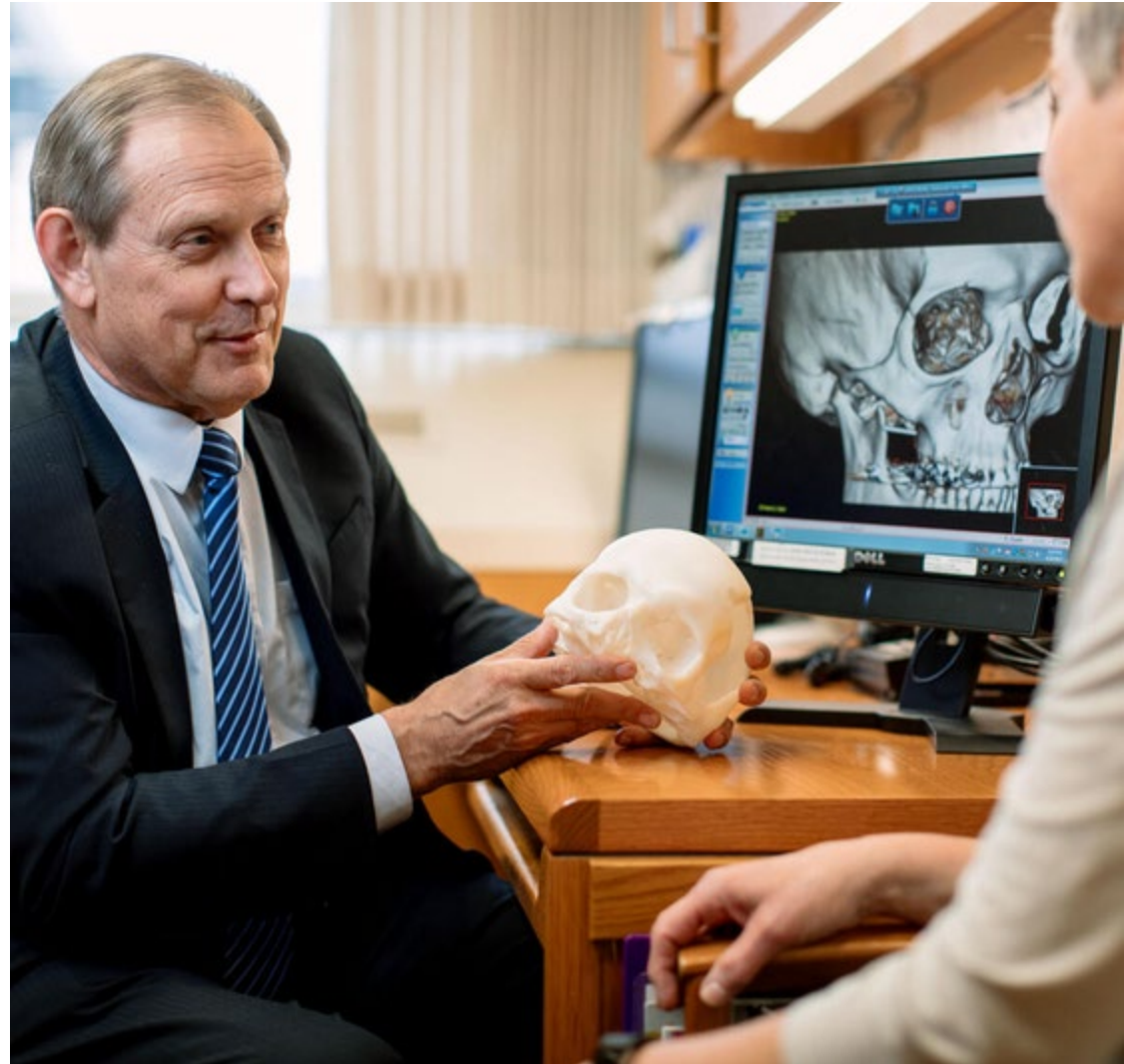
Holly Geyer, MD

OBJECTIVES

- Assess how patient engagement and shared decision-making can improve opioid safety and stewardship efforts.
- Apply educational strategies that inform patients and family members about the risks and side effects of opioids and reducing the potential for overdose.
- Analyze resources currently available to patients within the community for harm reduction.

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DO PATIENTS AND PROVIDERS SEE EYE TO EYE?



DO PHYSICIAN AND PATIENT PRIORITIES ALIGN?

ALIGNMENT CHALLENGES

Patient Priorities

- Immediately Painful
- Worrisome
- Self-limited

Provider Priorities

- Full scope of health
- Risk of future disease
- Risk of deterioration

Studies suggest there is alignment between a patient's reason for a visit and the physician's main concern only **69%** of the time

SO WHAT ARE THE TOP HEALTH PRIORITIES FOR PATIENTS?

- Survey of 163 elderly patients in primary care

Table 1. Examples of Patient-Identified Top Health Priorities Reported by 129 Older Adults With Multiple Chronic Conditions^a

Health problem reported ^b	No. (%) ^c	Example of patient-identified top health priorities reported
Symptom or impairment		
Musculoskeletal pain	42 (32.5)	<p>I would like to have less pain so that I can do some renovations around my house. I know that I won't get rid of the pain but less would be better.</p> <p>The pain in my hands. I make crafts and sell them to have spending money each month.</p> <p>My arthritis pain in my hands so that I can cook and cut up things easier. It is hard.</p>
Fatigue	16 (12.4)	<p>I want to be less tired so that I can walk more with my husband and have more energy in the mornings.</p> <p>I want to be less tired and loopy so that I can have energy to do household chores and cook again.</p> <p>I would love to get rid of my fatigue so that I can be able to go places and not feel fatigued.</p>
Dizziness, imbalance	9 (7.0)	<p>Check on my medications so that I can feel less dizzy when doing yard work.</p> <p>I want to know what is causing my equilibrium to be off so I can continue to be active and not fall.</p> <p>Be less dizzy and have less hip pain so that I can go out to breakfast and see my friends.</p>
Mobility or walking impairment	7 (5.4)	<p>I want to continue to be able to be mobile so that I can go to the dining room and talk with others.</p> <p>Improving my balance and my neuropathy so that I can walk outside of the building. I want to keep going shopping and to my grandchildren's games.</p> <p>I would want to walk better by having less knee pain so that I can take care of my plants and garden.</p>

WHY THE TUG-A-WAR?

PERSPECTIVE

Patients are asking:

WHAT WILL THIS
TREATMENT DO
FOR ME?



Providers are asking:

WHAT WILL THIS
TREATMENT DO
TO YOU?

WHY PARTNER?



IMPROVED COMPLIANCE

Patients feel respected when they are heard and become active participants in care



IMPROVED SATISFACTION

When collaborating, patients help design their care plan which improves the chance of them approving of content



REDUCED READMISSIONS

Patients are more likely to follow instructions they understand. This reduces risk of complications



REDUCED COSTS

Patients that understand treatment plans are less likely to seek second opinions or turn to outside sources for evaluation



REDUCED WASTE

Engaged patients are more likely to listen and contribute. This means less wasted time, resources, energy



IMPROVED LONG-TERM HEALTH

Patients that understand their conditions will watch for symptoms and trends and seek care for them early

WHAT CAN OPIOID-PARTNERSHIP PREVENT?

MISUSE

OPIOID USE DISORDER/ADDICTION

CHRONIC PAIN AMPLIFICATION

NON-FATAL OVERDOSE

DIVERSION

DEATH

Side-effects

NOT JUST A STREET PROBLEM

PRESCRIBING OPIOIDS HAS RISKS

Emerging assumptions in healthcare is that 'legitimate' opioid use is low risk for complications.

LOWEST RISK =

**RIGHT PATIENT, RIGHT INDICATION, RIGHT DRUG, RIGHT DOSE,
RIGHT LENGTH OF TREATMENT**



CHRONIC PAIN

50-80% of people dying from opioid overdoses have a history



POLYPHARMACY

8-19% of all people who use opioids will develop dependency

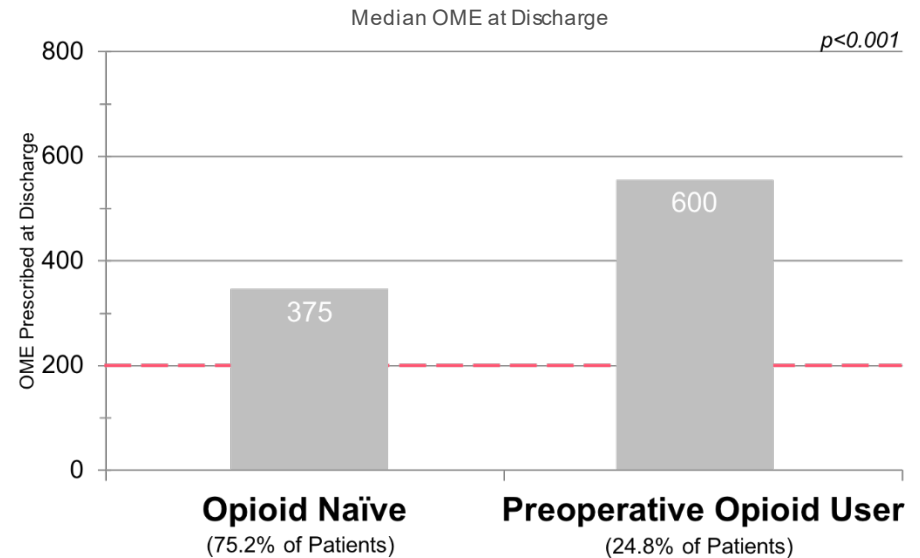


MISUSE TREND

4 in 5 heroin users started with prescription opioids

ARE PROVIDERS OVERUSING OPIOIDS?

- **Thiels et al: Annals of Surgery. 2017**
 - Evaluated opioid prescribing of 25 common elective procedures from 2013-2015
 - Of 7,651 patients, 93.9% received an opioid at discharge
 - 75% of opioid naïve patients received >200 OME or >7-day supply at discharge (above national recommendations, about 20 5 mg oxycodone tabs)
 - Significant prescribing variation not explained by patient factors

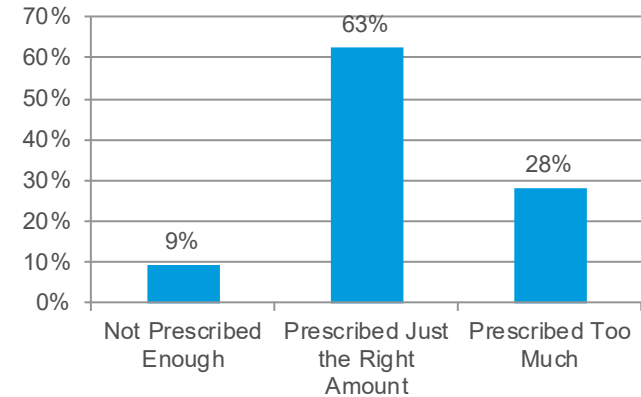


SO WHAT DO PATIENTS REALLY USE?

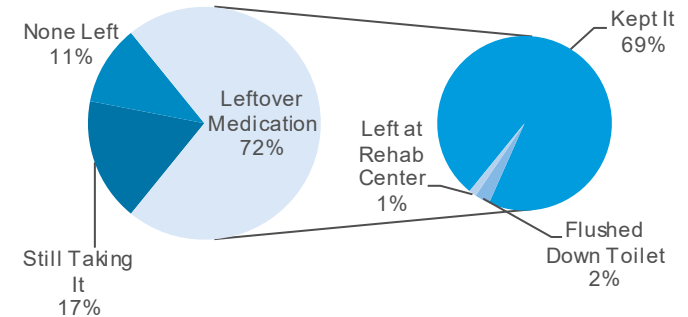
• QI STUDY ON OPIOID USAGE POST-SURGICAL PROCEDURE

- 143 patients contacted
 - Median 225 OME received
 - Median 75 consumed (about 7 5mg oxycodone tabs)
 - Median 120 remaining at time of survey
- 10% of patients receiving opioids at discharge did not consume any
- 17% received a refill
 - 78% of them said it was “somewhat” or “very easy” to obtain a refill
- *How Many Days after Surgery Did you Stop Taking Your Prescription Pain Medications?*
 - 86% ≤ 7 days (~200 OME)
- *How Satisfied or Dissatisfied were You with Your Pain Control after Discharge?*
 - 89% very or somewhat satisfied
 - 5% dissatisfied

Which Statement Best Describes Your Experience Regarding the Pain Medication You were Given at Discharge?



Did you have medication remaining?



OPIOID MISUSE

- Destination opioids given to patients with patterns of misuse/abuse:
 - **27% use their prescriptions**
 - **26% give them to friends/family for free**
 - **23% sell them to friends/family**
 - **15% sell them as drug dealers**

JAMA Intern Med. 2014 May;174(5):802-3. Sources of prescription opioid pain relievers by frequency of past-year nonmedical use United States, 2008-2011.



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HOW SHOULD WE EDUCATE?



PAIN

The opioid crisis requires a change in:



ACUTE OPIOID PRESCRIBING

What patients need to know...



ACUTE PAIN

Expected, Helpful
Expectations for Healing
Pharmacological/non-pharm
Management Strategies
Coping



SAFE OPIOID USE

Take ONLY as prescribed
Use w/ non-opioid
approaches
Mitigate side-effects



OPIOID STORAGE

Keep in Safe place
Destroy left-overs

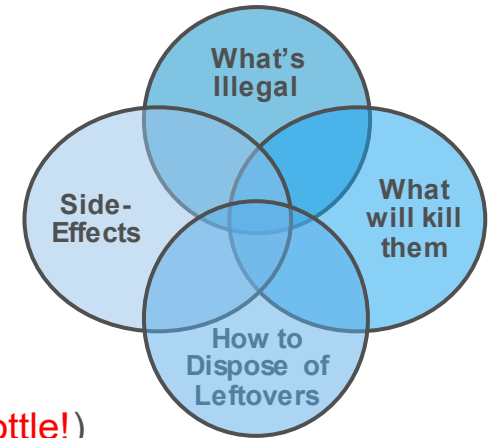


COMPLICATIONS

Addiction/Overdose Risks
Use of Narcan

OPIOID STORAGE AND DISPOSAL

- Instruct patients not to crush, dissolve or chew tablets/capsules
 - This may result in fatal overdose
- Give instructions on how to handle missed doses if not PRN
- **STOP TAKING** when symptoms controlled (**They don't need to finish the bottle!**)
- Diverting medications to friends/family is illegal and can lead to death
- Get drugs out of the house when done
- Dispose by:
 - Mixing them with unpalatable substances such as kitty litter, used coffee grounds, my cooking
 - Scratch all personal information off empty pill bottle.
 - Drop off at CVS
 - Per FDA, ok to flush them!



CHRONIC OPIOID PRESCRIBING

What patients need to know...



PAIN

Disease
CNS sourced
Less likely to heal
Focus on non-pharm.
options
Coping strategies



OPIOID STORAGE

Keep in Safe place
Destroy left-overs



SAFE OPIOID USE

Take ONLY as prescribed
Screening/monitoring
required
Controlled Substance
Agreement
Use only as a trial to
improve functionality



COMPLICATIONS

Addiction/Overdose Risks
Use of Narcan

STANDARDIZE MESSAGING

Build patient handouts, videos, workflows and protocols that promote patient education



ADMISSION PACKET

Handout on Patient Behaviors
Acute Pain Management



VIDEOS

Videos on Opioid
Use/Safety



PRESCRIBING WORKFLOWS

When, how, why by whom
opioids are prescribed



MANAGEMENT OF COMPLICATIONS

Referral Process for OUD
Naloxone
Discontinuation of Prescribing



HANDOUT DATABASE

Opioid Use and Safety
Disposal of Opioids
Prescribing Guidelines
Naloxone
Tapering
Mindfulness
Chronic Pain Overview
Acute Pain Overview

HANDOUT EXAMPLES

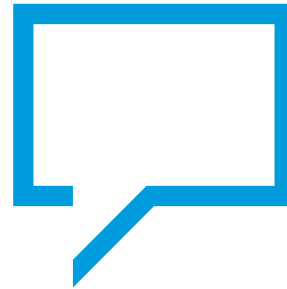
- [Guidelines for Prescribing Opioid Medications](#)
- [Important Information About Opioid Medications](#) (MC7891)
- [About Mayo Clinic Guidelines for Prescribing Opioid Medications](#) (MC7891-03)
- [Benefits, Side Effects and Risks of Taking Opioid Medications](#) (MC7891-04)
- [Safely Dispose of Unused Medications Using a Deterra Drug Disposal Pouch](#) (MC7891-07)
- [Acute Pain and the Healing Process](#) (MC7643)
- [Opioid Storage and Safety](#) (MC7891-06)
- [Opioid Overdose: Save a Life By Using Naloxone](#) (MC7891-05)
- [Tapering Opioids](#) (MC7891-09)
- [Mindful Movements to Help You Heal and Recover](#), [MC6734-01](#)
- [Using Relaxation Skills to Relieve Your Symptoms](#), [MC4009](#)
- [Opioid Storage and Safety](#), [MC7891-06](#)
- Pain Controlled Analgesia (PCA) [MC5557-06](#)
- [Behavioral Activation Take Action to Engage in a Meaningful and Productive Life](#), [MC8475](#)
- [Biofeedback for Pain Management](#), [MC5909](#)
- [Central Sensitization: Learn Strategies to Help You Have a Better Quality of Life](#), [MC2809-08](#)
- [Chronic Pain Cycles](#), [MC2593-49](#)
- [Chronic Pain: Take Steps to Regain Your Life](#), [MC5887](#)
- [Chronic Pain: Take Steps to Regain Your Life - Spanish](#), [MC5887SP](#)
- [Supporting your safe transition from opioids:](#)
<http://mayoweb.mayo.edu/sp-forms/mc0900-mc0999/mc0968-42.pdf>

COMMUNITY RESOURCES

- Leverage SW/CM to build relationships:
 - Treatment programs
 - Counseling/SUD providers
- Instruct patients on:
 - County/state resources
 - Harm Reduction (varies by state)
 - Naloxone access
 - Federal resources
 - DEA Diversion Control Division Controlled Substance Public Disposal Locations
 - The Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Services Location: www.findtreatment.samhsa.gov
 - SAMHSA's National Helpline, [1-800-662-HELP \(4357\)](tel:1-800-662-HELP)
 - The Health and Human Services (HHS) Opioid Treatment Program



QUESTIONS & ANSWERS



Action Items by Next Quickinar (5/26/2022)

1. Evaluate current opioid and pain management education materials and processes for improvement opportunities

2. Review Staff and Patient/Caregiver Education resources on the OSP resource site for strategy considerations



Opioid Stewardship Resource Site

<https://www.hsag.com/osp-resources>



Login: Partners | Employees

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You are here: Home ► Medicare Quality Improvement (QIO) ► Hospitals ► Opioid Stewardship

Opioid Stewardship



Staff Education

Patient/Caregiver Education

- [CDC—Prescription Opioids: What You Need to Know \(Fact Sheet\)](#)
- [CDC—Promoting Safer and More Effective Pain Management \(Fact Sheet\)](#)
- [CDC—Nonopioid Treatments for Chronic Pain \(Fact Sheet\)](#)
- [Advocate for Opioid Recovery](#)
- [Sample Patient Agreement Forms](#)
- [Disposal of Unused Medicines: What You Should Know and Drug Takeback Program](#)
- [Pain: What to Expect and How to Manage at Home](#)
- [Managing Your Pain the Hospital](#)

SNF

- [The Joint Commission—Pain Assessment and Management Standards for Nursing Care Centers \(pp. 6–7\)](#)
- [Geriatricpain.org—Family/Caregiver Toolkit](#)
- [Geriatricpain.org—Pain Management Information: Information for Family Caregivers](#)

Opioid Stewardship Assessments

Download PDF versions:

- [Emergency Department OSP Assessment](#)
- [Acute Care Provider OSP Assessment](#)
- [Skilled Nursing Facility \(SNF\) Pain Assessment and Management Program](#)



Upcoming Quickinars

May 12, 2022	Getting Patient Buy-in through Education
May 26, 2022	Reevaluating Your Program and Celebrating Success

[See All Events](#)

OSP “Quickinar” Schedule: Mark Your Calendars

OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format Thursday, October 21, 2021 10:30–11:00 a.m. PT	✓	Partnering with Pharmacists for ongoing Medication Management Thursday, February 10, 2022 10:30–11:00 a.m. PT	✓
OSP Assessment Overview Thursday, October 28, 2021 10:30–11:00 a.m. PT	✓	Double Trouble: Benzos and Opioids Harm Reduction with Naloxone Thursday, March 10, 2022 10:30–11:00 a.m. PT	✓
Interpreting the OSP Assessment Results/Developing an Action Plan Thursday, November 18, 2021 10:30–11:00 a.m. PT	✓	Medication for OUD (MOUD): Prescribing Buprenorphine Thursday, April 14, 2022 10:30–11:00 a.m. PT	✓
Developing a Dashboard Thursday, December 9, 2021 10:30–11:00 a.m. PT	✓	Getting Patient Buy-in through Education Thursday, May 12, 2022 10:30–11:00 a.m. PT	✓
Screening Patients for OUD Risk and Opioid Withdrawal Thursday, January 13, 2022 10:30–11:00 a.m. PT	✓	Reevaluating Your Program and Celebrating Success Thursday, May 26, 2022 10:30–11:00 a.m. PT	✓
A Good Discharge Plan for Pain Management with Opioids Thursday, January 27, 2022 10:30–11:00 a.m. PT	✓		

Register for the entire OSP “Quickinar” series today!
bit.ly/OpioidStewardshipProgramQuickinars



Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing opioid stewardship practices.

Thank you!

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