TV-112-032520-62

SYLLABUS AND COURSE GUIDE

Heeding the Call for Safe and Responsible Pain Management in Our Communities

A Free, 90-Minute CME/CNE/CPE/MIPS/ABIM MOC/ABP MOC/AAFP Live Webcast Activity

Premiere Date: Wednesday, March 25, 2020

12:00 PM - 1:30 PM ET (live)

Credit Expiration Date: Thursday, March 25, 2021

http://bit.ly/REMS2020

LIVE FACULTY: Kevin Gebke, MD; Neil Skolnik, MD

MODERATOR: Steven P. Stanos, DO

Take advantage of our LIVE Q&A segment during this webcast!

Please click on the **Ask Question** tab and type your question.

Email your question or comment: **questions@cmeoutfitters.com**

All other questions: Call CME Outfitters at 877.CME.PROS

This continuing education activity is provided by

CME Outfitters

INFORMATION FOR PARTICIPANTS

Statement of Need

Misuse and abuse of opioids has become a serious public health concern, leading to the FDA approving a risk evaluation and mitigation strategy (REMS) for opioids. REMS introduced new safety measures; however, there are still gaps in knowledge among health care professionals (HCPs) regarding acute and chronic pain pathways and the underlying mechanisms to clinical assessment and appropriate management of pain.

This CME Outfitters live and on demand webcast will focus on the FDA's *Opioid Analgesic REMS Education Blueprint for Health Care Providers Involved in the Treatment and Monitoring of Patients with Pain* as well as the U.S. Department of Health and Human Services' *Pain Management Best Practices Inter-Agency Task Force Report Updates, Gaps, Inconsistencies, and Recommendations*. Expert faculty will discuss the underlying mechanisms of acute and chronic pain pathways and how to utilize this knowledge to implement appropriate pain management strategies and educate patients about their pain, thus optimizing safe and effective, multimodal treatment plans.

Learning Objectives

At the end of this CE activity, participants should be able to:

- Apply knowledge of acute and chronic pain pathways and underlying mechanisms to clinical assessment and appropriate management of pain.
- Upon evaluation of your current clinical workflow for opioid prescribing, incorporate two best practice strategies to optimize safe and competent prescribing and minimize potential for abuse and diversion.
- Educate patients about their pain to optimize safe and effective, multimodal treatment plans.

The following learning objectives pertain only to those requesting CNE or CPE credit:

- Explain the acute and chronic pain pathways and underlying mechanisms to clinic assessment and appropriate management of pain.
- Identify two best practice strategies to optimize safe and effective, multimodal treatment plans.
- Educate patients about their pain to optimize safe and effective, multimodal treatment plans.

Target Audience

Physicians, dentists, PAs, NPs, nurses, and pharmacists

Financial Support

This activity is supported by an independent educational grant from the Opioid Analgesic REMS Program Companies. Please see https://ce.opioidanalgesicrems.com/RpcCEUI/rems/pdf/resources/List_of_RPC_Companies.pdf for a listing of REMS Program Companies. This activity is intended to be fully compliant with the Opioid Analgesic REMS education requirements issued by the US Food and Drug Administration (FDA).

CREDIT INFORMATION

CME Credit (Physicians)

CME Outfitters, LLC, is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. CME Outfitters, LLC, designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Note to Physician Assistants: AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit*™ from organizations accredited by the Accreditation Council for Continuing Medical Education.

AAFP Credit (Family Physicians):

This Live activity, Heeding the Call for Safe and Responsible Pain Management in Our Communities, with a beginning date of 03/25/2020, has been reviewed and is acceptable for up to 1.50 Prescribed credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CNE Credit (Nurses)

Provider approved by the California Board of Registered Nursing, Provider Number CEP 15510, for 1.5 contact hours.

Note to Nurse Practitioners: Nurse practitioners can apply for *AMA PRA Category 1 Credit*™ through the American Academy of Nurse Practitioners (AANP). AANP will accept *AMA PRA Category 1 Credit*™ from organizations accredited by the Accreditation Council for Continuing Medical Education. Nurse practitioners can also apply for credit through their state boards.

CPE Credit (Pharmacists)

CME Outfitters, LLC, is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. 1.5 contact hours (0.15 CEUs)

Universal Activity Number: Live: 0376-0000-20-011-L01-P; Enduring: 0376-0000-20-011-H01-P
Type: knowledge-based

Dental Credit

This course meets the Dental Board of California's requirements for 1.5 units of continuing education.

ABIM/MOC Credit

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.5 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Learning Formats: Live activity. Enduring Material

ABPN MOC Credit

ABPN Diplomates may select any CME activity relevant to their practice to count towards ABPN MOC requirements.

Royal College MOC

Through an agreement between the Accreditation Council for Continuing Medical Education and the Royal College of Physicians and Surgeons of Canada, medical practitioners participating in the Royal College MOC Program may record completion of accredited activities registered under the ACCME's "CME in Support of MOC" program in Section 3 of the Royal College's MOC Program.

MIPS Improvement Activity

This activity counts towards MIPS Improvement Activity requirements under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Clinicians should submit their improvement activities by attestation via the CMS Quality Payment Program website.

CREDIT REQUIREMENTS

Post-tests, credit request forms, and activity evaluations must be completed online (requires free account activation), and participants can print their certificate or statement of credit immediately (75% pass rate required). This website supports all browsers except Internet Explorer for Mac. For complete technical requirements and privacy policy, visit https://www.cmeoutfitters.com/privacy-and-confidentiality-policy.

There is no fee for participation in this activity. The estimated time for completion is 90 minutes. Questions? Please call **877.CME.PROS**.

FACULTY BIOS & DISCLOSURES

Steven P. Stanos, DO (Moderator)

Dr. Stanos currently serves as Medical Director of Swedish Health System Pain Medicine and Services in Seattle, Washington. Besides directing pain management services for the hospital system, he also leads Swedish's pain rehabilitation center, Functional Restoration, an integral part of the pain medicine continuum of care. In addition to his work with Swedish Health System, he is active with committee work at Providence St. Joseph Health related to the system integration of pain management including primary and specialty care. Prior to joining Swedish and Providence, he served as medical director of the Center for Pain Management at the Rehabilitation Institute of Chicago (RIC) Northwestern University Medical School from 2002-2014, serving as an Assistant Professor at Northwestern University Feinberg School of Medicine and program-co chair of the multidisciplinary pain fellowship.

He is board certified in physical medicine and rehabilitation and pain medicine by the American Board of Pain Medicine and by the American Board of Anesthesia.

Dr. Stanos is Past President of the American Academy of Pain Medicine and serves on the Board of Directors of the American Board of Pain Medicine. He served as a panel member on the Service Delivery and Reimbursement work group for the National Pain Strategy, an invited consultant to the CDC for the CDC Opioid Guideline for Prescribing Opioids for Chronic Pain, and work group member for Healthy People 2020, and Healthy People 2030. He is active with the American Academy of Physical Medicine and Rehabilitation and has served as the co- chair of education for the Pain and Neuromuscular Council.

Dr. Stanos' work also includes ongoing educational initiatives for primary care, pain medicine, and physical medicine specialists around the United States and abroad. Dr. Stanos has published numerous scientific articles and book chapters related to pain management. Steven has been involved in the development and publication of treatment guidelines related to rehabilitation approaches for chronic pain and low back pain conditions and serves on the editorial board for the journal *Pain Medicine* and as a reviewer for other pain and rehabilitation journals.

A Mayday Foundation Advocacy fellow in 2013, his advocacy has continued to focus on increasing awareness and access for inter-disciplinary biopsychosocially-based pain care for those patients suffering with chronic pain. In 2014, the University of Washington Department of Pain Medicine awarded Dr. Stanos with the John J. Bonica, MD lecture. He has appeared on CNN, National Public Radio, Fox News, regional print and television news on various topics related to pain medicine and pain rehabilitation.

Kevin Gebke, MD

Dr. Gebke has served as Chair of the Department of Family Medicine within Indiana University School of Medicine for the past nine years and as a school faculty member for 17 years. He also functions as the service line leader of Primary Care for IU Health Physicians. He has been awarded numerous teaching and leadership accolades over the course of his career. He has been active within the school serving on countless committees and providing oversight for ongoing curriculum development. Dr. Gebke is currently a member of the IU Health Physicians Board of Directors and the Board of IU Medical Group Foundation. Last year, Dr. Gebke was elected to the position of Secretary of the Council of Clinical Chairs. Service to the school, the discipline, and to his patients continues to be the motivating force that drives Dr. Gebke. He maintains a busy Family and Sports Medicine practice and remains involved in the Primary Care Sports Medicine Fellowship that he directed for 14 years. LEAN process improvement and combatting physician burnout are two areas of focus for Dr. Gebke and the healthcare system as a whole.

Neil Skolnik, MD

Dr. Skolnik is an academic family physician who sees patients and teaches residents and medical students in the family medicine residency program at Abington Jefferson Health in Abington, Pennsylvania. He is a Professor of Family and Community Medicine at the Sidney Kimmel Medical College of Thomas Jefferson University and Associate Director of the Family Medicine Residency Program at Abington Jefferson Health. Dr. Skolnik graduated from Emory University School of Medicine in Atlanta, Georgia, and completed his residency training at Thomas Jefferson University Hospital in Philadelphia. Dr. Skolnik has written and edited 5 books: *On the Ledge: A Doctor's Stories From the Inner City; Essential Practice Guidelines for Primary Care; Essential Infectious Disease Topics for Primary Care; Sexually Transmitted Diseases for Primary Care;* and *Electronic Medical Records: A Practical Guide for Primary Care*. He served as series editor for fifteen years, overseeing the development of over twenty-five titles in the Humana Press Current Clinical Practice in Primary Care series of medical textbooks, and has published more than 300 articles, columns, poems, and essays in both the medical and lay literature on a diverse range of subjects including laboratory diagnosis, disease management, guideline-based medical care, handheld technology in medicine, electronic health records, and medical humanities. He serves on the Expert Panel Report 4 (EPR-4) Working Group, National Asthma Education and Prevention Program Coordinating Committee, National Heart, Lung, and Blood Institute (NHLBI), and is on the Primary Care Advisory Committee for the American Diabetes Association. Dr. Skolnik lectures nationally on a range of topics, with a special interest in diabetes, asthma, COPD, exercise in medicine, and coronary disease risk factor management. He produces "Diabetes Core Update," the American Diabetes Association's monthly podcast, reviewing the most important new articles to come out in core journals for practicing clinicians, and hosts the Infectious Diseases Society of America's Guideline Podcast series.

Disclosure of Relevant Financial Relationships with Commercial Interests

It is the policy of CME Outfitters, LLC, to ensure independence, balance, objectivity, and scientific rigor and integrity in all of their CE activities. Faculty must disclose to the participants any relationships with commercial companies whose products or devices may be mentioned in faculty presentations, or with the commercial supporter of this CE activity. CME Outfitters, LLC, has evaluated, identified, and attempted to resolve any potential conflicts of interest through a rigorous content validation procedure, use of evidence-based data/research, and a multidisciplinary peer review process. The following information is for participant information only. It is not assumed that these relationships will have a negative impact on the presentations.

Dr. Stanos reports that he is a consultant for Pfizer Inc.; Salix Pharmaceuticals; Sanofi; and SCILEX Pharmaceuticals, Inc.

Dr. Gebke has no disclosures to report.

Dr. Skolnik has no disclosures to report.

Dr. Helfand (peer reviewer) has no disclosures to report.

Mae Ochoa, RPh (peer reviewer) has no disclosures to report.

Evan Luberger (planning committee) has no disclosures to report.

Jan Perez (planning committee) has no disclosures to report.

Sharon Tordoff (planning committee) has no disclosures to report.

Disclosures were obtained from the CME Outfitters, LLC staff: No disclosures to report.

Unlabeled Use Disclosure

Faculty of this CE activity may include discussions of products or devices that are not currently labeled for use by the FDA. The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational uses (any uses not approved by the FDA) of products or devices.

Activity Slides

The slides that are presented in this activity will be available to download and print out at the CME Outfitters website: **www.cmeoutfitters.com**. Activity slides may also be obtained via fax or email by calling **877.CME.PROS**.

CME Outfitters
CONTINUING MEDICAL EDUCATION

Heeding the Call for Safe and Responsible Pain Management in Our Communities

Wednesday, March 25, 2020

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The course guide for this activity includes slides, disclosures of faculty financial relationships, and biographical profiles.

View and/or print the course guide from the ***Resources*** tab.

To Ask a Question

Please click on the ***Ask Question*** tab and type your question. Please include the faculty member's name if the question is specifically for them.

To Take Notes on Presentation Slides

Please click on the ***Type Note*** tab. If you did not enter your e-mail address when you joined the meeting, you will be required to do so for note taking.

All your notes will be e-mailed to you within 5 business days.

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Go to the ***Evaluation*** tab and click on the link to complete the process and print your certificate.

Claim ABIM MOC Credit

3 Things to Do

1. Actively participate in the meeting by **responding to questions** and/or **asking the faculty questions**
   (It's ok if you miss answering a question or get them wrong, you can still claim MOC)
2. Complete your post-test and evaluation at the conclusion of the webcast
3. Be sure to fill in your **ABIM ID number** and **DOB** (MM/DD) on the evaluation, so we can submit your credit to ABIM.

ABIM CME MOC ACCREDITED

CME for MIPS Improvement Activity

How to Claim this Activity as a CME for MIPS Improvement Activity

- Actively participate by responding to ARS questions and/or asking the faculty questions
- Complete activity posttest and evaluation at the link provided
- Over the next 90 days, actively work to incorporate improvements in your clinical practice from this presentation.
- Complete the follow-up survey from CME Outfitters in approximately 3 months

CME Outfitters will send you confirmation of your participation to submit to CMS attesting to your completion of a CME for MIPS Improvement Activity.

CME for MIPS IMPROVEMENT ACTIVITY

CME Outfitters CONTINUING MEDICAL EDUCATION

Steven Stanos, DO

Medical Director,
Swedish Health System
Pain Medicine and Services
Seattle, WA
Past President
American Academy of Pain Medicine

Steven Stanos, DO

Disclosures

- ***Consultant:*** Pfizer Inc.; Salix Pharmaceuticals; Sanofi; SCILEX Pharmaceuticals, Inc.

Kevin Gebke, MD

Chair, Department of Family Medicine
Indiana University School of Medicine
Indianapolis, IN

Kevin Gebke, MD
Disclosures

- Dr. Gebke has no disclosures to report.

Neil Skolnik, MD

Professor of Family and Community Medicine
Sidney Kimmel Medical College
Thomas Jefferson University
Associate Director, Family Medicine
Residency Program
Abington Jefferson Health
Jenkintown, PA

Neil Skolnik, MD
Disclosures

- Dr. Skolnik has no disclosures to report.

CME Outfitters
CONTINUING MEDICAL EDUCATION

COMPLIANT REMS COMPLIANT

Heeding the Call for Safe and Responsible Pain Management in Our Communities

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CME Outfitters
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Visit the
Opioid Education Hub

Free resources and education to educate both HCPs and patients on pain & appropriate pain management, substance use, and more.

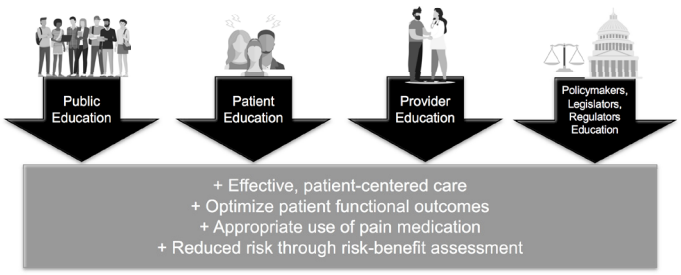
www.cmeoutfitters.com/RX4Pain

50 Million Americans Living with Chronic Pain

- One of the most common reasons for seeking medical care resulting in
  - Restrictions in mobility and daily activities
  - Dependence on opioids
  - Anxiety and depression
  - Poor perceived health or reduced quality of life
- 20 million with high impact chronic pain
- $560 billion yearly in direct medical costs, lost productivity, and disability programs

Dahlhamer J, et al. *MMWR.* 2018;67:1001-1006.

Education is Critical to the Delivery of Effective Patient-Centered Pain Care and Reducing the Risk Associated with Prescription Opioids



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CME Outfitters
CONTINUING MEDICAL EDUCATION

Learning Objective 1

Apply knowledge of acute and chronic pain pathways and underlying mechanisms to clinical assessment and appropriate management.

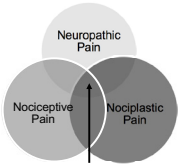
Chronic Pain Presentations

Predominantly Neuropathic

- Postherpetic neuralgia
- Painful diabetic peripheral neuropathy
- Lumbar or cervical radiculopathy
- Stenosis
- Tumor-related neuropathy
- Chemotherapy-induced neuropathy
- Small fiber neuropathy
- Persistent postoperative pain
- Multiple sclerosis pain
- Post-stroke pain
- Pain associated with spinal cord injury

Predominantly Nociceptive

- Osteoarthritis
- Rheumatoid arthritis
- Tendonitis, bursitis
- Ankylosing spondylitis
- Gout
- Neck and back pain with structural pathology
- Tumor-related nociceptive pain
- Sickle-cell disease
- Inflammatory bowel disease



Mixed pain conditions are frequently associated with multiple pain pathophysiologies once pain becomes chronic

Predominantly Nociplastic

- Fibromyalgia
- Irritable bowel syndrome
- Tension-type pain
- Interstitial cystitis/pelvic pain syndrome
- Tempo-mandibular join disorder
- Chronic fatigue syndrome
- Restless leg syndrome
- Neck and back pain without structural pathology

Adapted from Stanos S, et al. *Postgrad Med* 2016;128(5):502-515.

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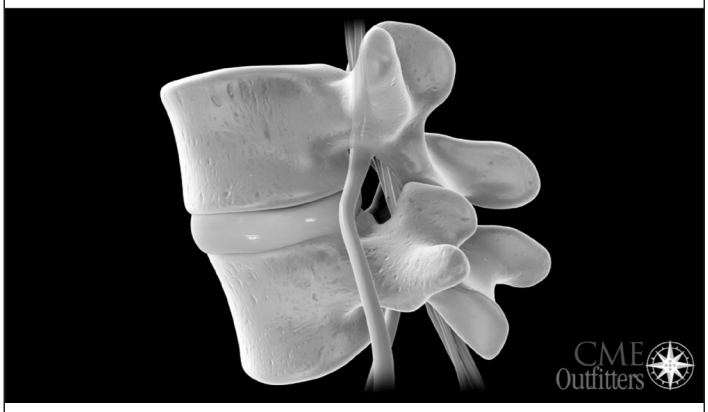

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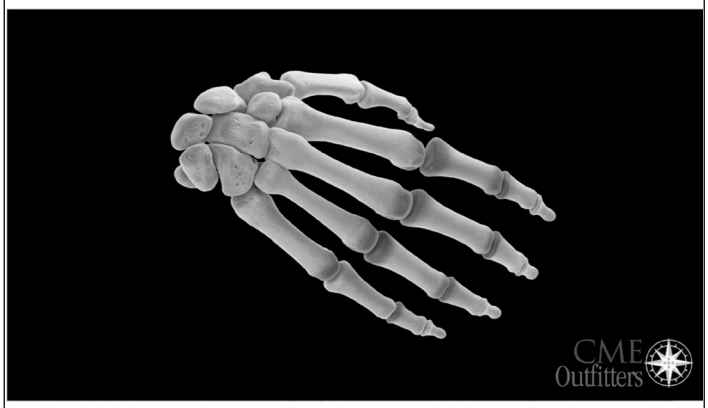

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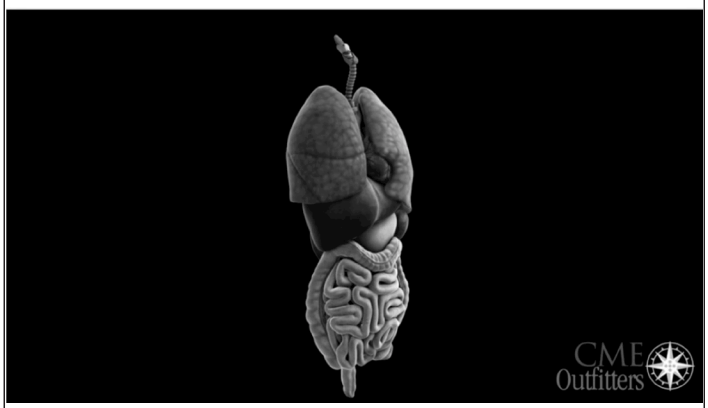
International Association for the Study of Pain. Available at https://www.iasppain.org/PublicationsNews/NewsDetail.aspx?ItemNumber=6862. Accessed March 13, 2020.



CME Outfitters
CONTINUING MEDICAL EDUCATION

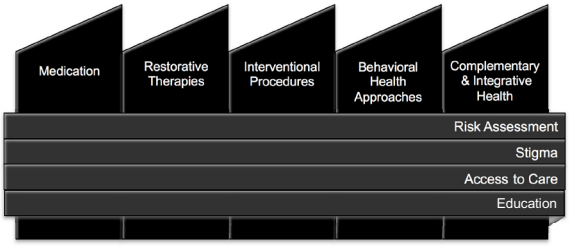
Learning Objective 2

Upon evaluation of your current clinical workflow for opioid prescribing, incorporate two best practice strategies to optimize safe and competent prescribing and minimize potential for abuse and diversion.

CME Outfitters
CONTINUING MEDICAL EDUCATION

Treatment Planning

Acute and Chronic Pain Management:
Individualized, Multimodal, Multidisciplinary



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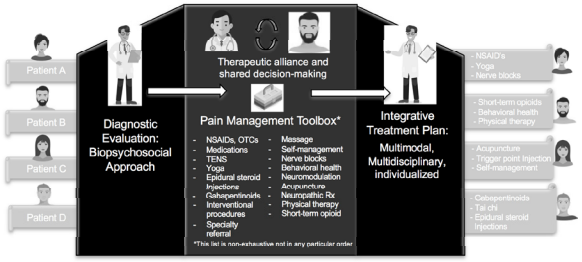
Individualized Patient Care
Consists of Diagnostic Evaluation That Results in an Integrative Treatment Plan that Includes All Necessary Treatment Options



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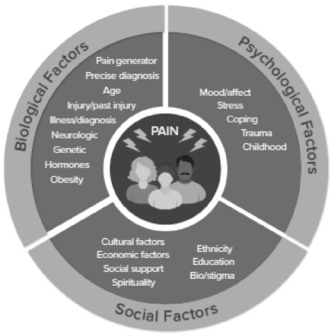
Biopsychosocial Model of Pain Management



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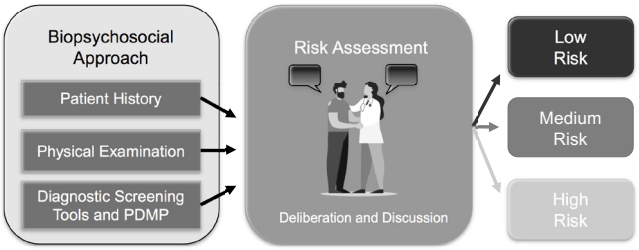
A Risk Assessment is Critical to Providing the Best Possible Patient-Centered Outcome While Mitigating Unnecessary Opioid Exposure



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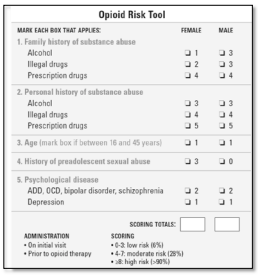
Assessment Tools

- Psychosocial assessment
  - Use of tools such as GAD-7, PHQ-9 to assess anxiety and depression
  - Pain catastrophizing tools
  - PEG: **P**ain, **E**njoyment of life and **G**eneral activity
  - Opioid Risk Tool[1]



Opioid Risk Tool

MARK EACH BOX THAT APPLIES:	FEMALE	MALE
1. Family history of substance abuse		
Alcohol	❑ 1	❑ 3
Illegal drugs	❑ 2	❑ 3
Prescription drugs	❑ 4	❑ 4
2. Personal history of substance abuse		
Alcohol	❑ 3	❑ 3
Illegal drugs	❑ 4	❑ 4
Prescription drugs	❑ 5	❑ 5
3. Age (mark box if between 16 and 45 years)	❑ 1	❑ 1
4. History of preadolescent sexual abuse	❑ 3	❑ 0
5. Psychological disease		
ADD, OCD, bipolar disorder, schizophrenia	❑ 2	❑ 2
Depression	❑ 1	❑ 1
SCORING TOTALS:		

ADMINISTRATION
- On initial visit
- Prior to opioid therapy

SCORING
- 0-3: low risk (6%)
- 4-7: moderate risk (28%)
- ≥8: high risk (>90%)

1. Webster LR, Webster RM. *Pain Med.* 2005;6:432-442.

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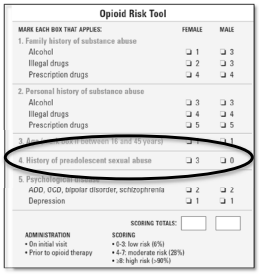

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Alcohol	❑ 3	❑ 3
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Prescription drugs	❑ 5	❑ 5
4. History of preadolescent sexual abuse	❑ 3	❑ 0
ADD, OCD, bipolar disorder, schizophrenia	❑ 2	❑ 2
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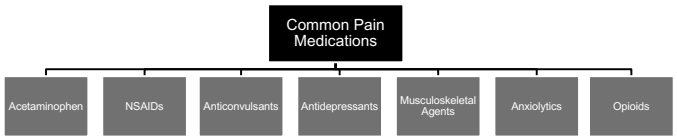
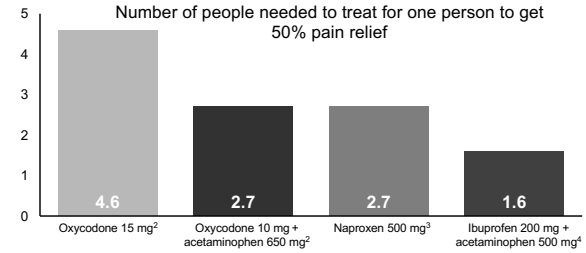
Pharmacologic Considerations for Treatment Decision



U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published May 9, 2019. Available at https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf. Accessed March 13, 2020.

Opioid vs Nonopioid Pain Relief in Postoperative Pain



1. Tester DE. Available at https://www.nsc.org/Portals/0/Documents/RxDrugOverdoseDocuments/Evidence-Efficacy-Pain-Medications.pdf. Accessed May 24, 2019.; 2. Gaskell H, et al. *Cochrane Database Syst Rev.* 2009;(3):CD002763.; 3.Derry CJ, et al. *Cochrane Database Syst Rev.* 2009;(3):CD001548.; 4. Derry S, et al. *Cochrane Database Syst Rev.* 2013;(6):CD010289.

CDC Guideline for Prescribing Opioids for Chronic Pain

Determining need for opioids

- Opioids are not first-line or routine therapy for chronic pain.
- Establish and measure goals for pain and function.
- Discuss benefits and risks of opioid therapy and availability of nonopioid therapies.

Opioid selection, dosage, and duration of therapy

- Use immediate-release opioids when starting.
- Use caution at any dose. Reassess benefits and risk when dose reaches >50 MME and avoid increasing dose to > 90 MME without carefully justifying decision.
- Long-term use begins with treatment of acute pain. 3 days or less is often sufficient.
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed.

Assessing risk and addressing harm

- Evaluate risk factors for opioid-related harms.
- Check PDMP for high dosages and prescriptions from other providers.
- Use urine drug testing to identify prescribed substances and undisclosed use.
- Avoid concurrent benzodiazepine and opioid prescribing.
- Arrange treatment for OUD if needed.

Dowell D, et al. *MMWR Recomm Rep* 2016;65(1):1-49.

Unintended Consequences: No Shortcuts to Opioid Prescribing

- Although not intended to be model legislation, 28 states have enacted legislation related to opioid prescription limits
- Has been used to override medical decisions
- Patients on high dose opioids discontinued or dismissed from care
- Universally stop prescribing opioids even when benefits outweigh risks

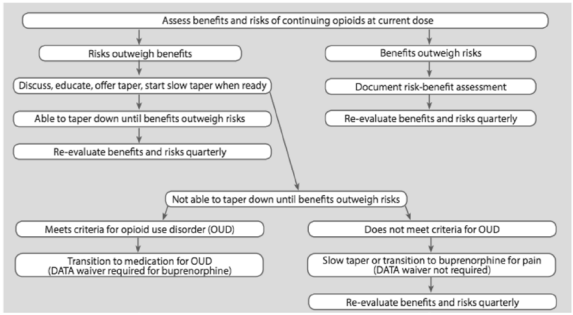
Dowell D, et al. *N Engl J Med.* 2019;380(24):2285-2287.

Opioid Tapering: When and How

- Undertake opioid tapering only after thorough assessment of the risk-benefit ratio
  - Consider patient-centered compassionate tapering when risks outweigh the benefits
  - Assessment should be conducted in collaboration with the patient
  - Opioids should not be tapered rapidly or discontinued suddenly
- When tapering, consider underlying comorbidities
- Consider maintaining therapy for patients who are stable on long-term opioid therapy and for who the benefits outweigh the risks

U.S. Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Published May 9, 2019. Available at https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf. Accessed March 13, 2020.

Opioid Tapering Flowchart

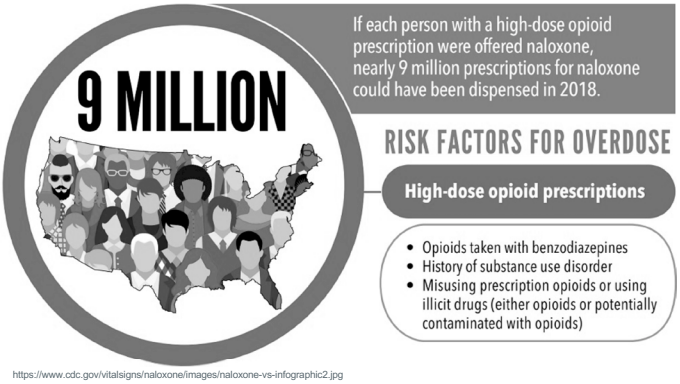


Adapted from Oregon Pain Guidance. Tapering – Guidance & Tools. Available at https://www.oregonpainguidance.org/guideline/tapering/. HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics. Published October 2019. Available at https://www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf. Access March 22, 2020.

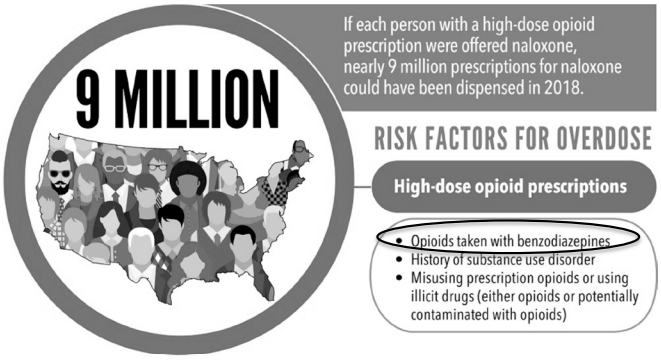
Naloxone Saves Lives, but Only if Available When Overdose Occurs

- Overdose deaths declined between 2017-2018
- The number of naloxone prescriptions dispensed doubled between 2017-2018
- ***But*** only 1 naloxone prescription dispensed for every 69 high-dose opioid prescriptions
- Rural counties are 3x more likely to be a low-dispensing county vs. metropolitan counties
- Naloxone dispensing is 25x greater in the highest-dispensing counties vs. the lower dispensing counties

Guy GP Jr., et al. *MMWR Morb Mortal Wkly Rep*. 2019;68:679-686.



https://www.cdc.gov/vitalsigns/naloxone/images/naloxone-vs-infographic2.jpg



https://www.cdc.gov/vitalsigns/naloxone/images/naloxone-vs-infographic2.jpg

CME Outfitters
CONTINUING MEDICAL EDUCATION

Learning Objective 3

Educate patients about their pain to optimize safe and effective, multimodal treatment plans.

Low Health Literacy is Related to Opioid Misuse

- Patient education must be easy to read, understand, and use for patients of all skill levels[1]
- Tools that are pictorial and/or infographics are effective
- Ensuring that online patient education materials are written at an appropriate reading grade level would be expected to improve physician-patient communication[2]
  - Recommend that tools are written at a 6th grade level

1. Prince LY, et al. *J Surg Orthop Adv.* 2019;28(3):232-236. 2. Roberts H, et al. *J Bone Joint Surg Am.* 2016;98(17):e70.

Education on Safe Storage and Disposal of Unused Meds

- Opioids should be stored inside lockbox and/or secure location
- Medication take-back programs
  - DEA-registered collection sites at retail/hospital/clinic pharmacies and law enforcement
  - Check www.takebackmymeds.com for additional details
- Disposal in household trash
  - Mix (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds and seal in plastic bag
  - Delete personal information from the prescription label before disposing
- Disposal in a drug deactivation pouch that utilizes carbon to deactivate and dispose in household trash
- FDA endorses flushing, but many oppose due to concerns about aquatic life

US Food and Drug Administration (FDA). Disposal of Unused Medicines: What You Should Know. Available at: https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm

SMART Goals

Specific, **M**easurable, **A**ttainable, **R**elevant, **T**imely

- When creating a multi-modal treatment plan, align treatment choice to type of pain—nociceptive, neuropathic, nociplastic
- Remember, pain isn't just about the injury. You need to apply a psychosocial approach to pain management
- For patients with chronic pain stable on long-term opioids, undertake opioid tapering only after a thorough assessment of risk-benefit
- Make your patient a partner in treatment planning
  - Education, education, education

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AFTER THE SHOW

Questions & Answers

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Go to the ***Evaluation*** tab and click on the link to complete the process and print your certificate.

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After the live webcast, this activity will be available as a web archive at cmeoutfitters.com

Claim ABIM MOC Credit

1. Actively participate in the activity by **responding to questions** and/or **asking the faculty questions**
   (It's ok if you miss answering a question or get them wrong, you can still claim MOC)
2. Complete your post-test and evaluation at the conclusion of the webcast
3. Be sure to fill in your **ABIM ID number** and **DOB** (MM/DD) on the evaluation, so we can submit your credit to ABIM.

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CME for MIPS Improvement Activity

How to Claim this Activity as a CME for MIPS Improvement Activity

- Actively participate by responding to ARS questions and/or asking the faculty questions
- Complete activity posttest and evaluation at the link provided
- Over the next 90 days, actively work to incorporate improvements in your clinical practice from this presentation.
- Complete the follow-up survey from CME Outfitters in approximately 3 months

CME Outfitters will send you confirmation of your participation to submit to CMS attesting to your completion of a CME for MIPS Improvement Activity.

CME for MIPS IMPROVEMENT ACTIVITY

Tools for Evaluating Addiction Risk

Tool	# of Items	Administered By	Comments
Patients considered for long-term opioid therapy			
ORT	5	Patient	Predicts aberrant or drug-related behaviors
SOAPP	24, 14, 5	Patient	Evaluates risk of long-term opioid therapy in those with chronic pain
DIRE	8	Clinician	Determines risk of long-term opioid use in those with chronic pain; evaluates regimen efficacy
Characterize misuse once opioid treatment begins			
PMQ	26	Patient	Evaluates risk of opioid misuse in those with chronic pain
COMM	17	Patient	Identifies aberrant behaviors; for those with chronic pain already on opioids
PDUQ	31	Clinician	Evaluates and predicts opioid misuse in those with chronic pain
Not specific to pain populations			
CAGE-AID	4	Clinician	Screens for substance dependence; modified CAGE questionnaire
RAFFT	5	Patient	Can be used for alcohol, marijuana, or other drug use
DAST	28	Patient	Screens for risky/illicit drug use in adults
SBIRT	Varies	Clinician	Designed to provide universal screening; secondary prevention to detect risky or hazardous substance use before the onset of problems; early intervention; and treatment

CAGE-AID = CAGE Adapted to Include Drugs; COMM = Current Opioid Misuse Measure; DAST = Drug Abuse Screening Test; DIRE = Diagnosis, Intractability, Risk, and Efficacy; ORT = Opioid Risk Tool; PDUQ = Prescription Drug Use Questionnaire; RAFFT = Relax, Alone, Friends, Family, Trouble; SBIRT = Screening, Brief Intervention, and Referral to Treatment; SOAPP = Screener and Opioid Assessment for Patients with Pain.

References available on Supplement References slide at the end of the presentation.

Supplemental References

1. Chang KL, et al. Chronic Pain Management. FP Essentials™, Edition No. 432. Leawood, KS: AAFP; May 2015.
2. Duke Margolis Center for Health Policy. Strategies for Promoting the Safe Use and Appropriate Prescribing of Prescription Opioids. February 15, 2018. Available at https://healthpolicy.duke.edu/sites/default/files/atoms/files/landscape_analysis_-_opioid_safe_prescribing_strategies.pdf. Accessed February 26, 2020.
3. PDQ® Supportive and Palliative Care Editorial Board. PDQ Cancer Pain. Bethesda, MD: National Cancer Institute. Available at: https://www.cancer.gov/about-cancer/treatment/side-effects/pain/pain-hp-pdq. Accessed February 26, 2020.
4. Florida Medical Association (FMA). Prescribing Controlled Substances: Florida Laws and Clinical Guidelines. Tallahassee, FL.
5. National Center on Addiction and Substance Abuse (CASA) at Columbia University. Addiction Medicine: Closing the Gap between Science and Practice. Available at: https://www.centeronaddiction.org/addiction-research/reports/addiction-medicine-closing-gap-between-science-and-practice. Accessed February 26, 2020.

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Activity Title and Faculty:

Heeding the Call for Safe and Responsible Pain Management in Our Communities

with Steven P. Stanos, DO (Moderator); Kevin Gebke, MD; Neil Skolnik, MD

Site/Institution Name: ____

Practice Setting: ❑ Office-based ❑ Hospital ❑ Clinic ❑ Managed Care ❑ Small Group Practice (less than 5) ❑ Large Group Practice (more than 5) ❑ Other: ___________________

Address: ____

City: ______________________________ State: ________ ZIP: __________________

Site Coordinator: ______________________________ Phone: ______________________________

Fax: ______________________________ Email: ______________________________

Completion Date: _____________ We participated in: ______________________________

Attendee Name (please print)	Please Circle Discipline						
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