Carondelet Health Network
Emergency Centers

Chronic Pain Management & Prescription Drug Safety Program (CPP)

Deb Warner, RN, Nurse Case Manager
Jessica Christian, MHA, Lead Patient Advocate
Carondelet St. Mary’s Hospital

Carondelet. Be well.
Scope of the Problem: In Emergency Departments, and in Arizona

- 42% of ED visits are related to painful conditions
- 39% of all opioids prescribed, administered, or continued come from the ED—this is the largest ambulatory source
- In Arizona, from 2005-2011, there has been a 37% increase in the death rate due to unintentional poisoning
In the United States

- Nearly 15,000 people die every year of overdoses involving prescription painkillers.
- In 2010, 1 in 20 people in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year.
- Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.
- 80% of the world's pain pills are consumed right here in the United States.
Scope of the Problem cont’d

• 15,300 women died from all overdoses in 2010
• More accidental overdose deaths than from car accidents and cervical cancer, according to CDC
• Fatal Rx overdoses in women have increased 400% since 1999
Abbreviations Used in Presentation

• NCM/CM: Nurse Case Manager
• SW: Social Worker
• AIDET: Acknowledge, Introduce, Duration, Explanation, Thank You (per Studor)
• CPP: Chronic Pain Management & Drug Safety Program
• MSE: Medical Screening Exam
• EMC: Emergency Medical Condition
• EC: Emergency Center
• CSJ: Carondelet St. Joseph’s Hospital
• CSM: Carondelet St. Mary’s Hospital
• Pt: Patient
• ADHS: Arizona Department of Health Services
Overview of Program: 
*Purpose/Goals*

1. To establish guidelines for initial visit and subsequent visits for patients presenting with chronic pain (consistency).

2. To assist/educate patients in getting appropriate outpatient/follow-up care for chronic pain.

3. To take the lead in the community in reducing narcotic and benzodiazepine prescription abuse; ultimately less prescriptions on the street.
Overview of Program Cont’d: Criteria for Enrollment in CPP

After medical screening exam is completed to rule out an emergency medical condition, patient may be enrolled into the CPP by:

1. 2 EC visits in one year for one body system pain-related complaint
2. 3 EC visits in one year for multiple body system pain-related complaints
3. 5 or more narcotic or benzodiazepine prescriptions in a year from any office or facility (per the Arizona Controlled Substance Prescription Monitoring Program)
Criteria for Enrollment into CPP Continued

4. Patients enrolled in Methadone maintenance.
5. Patients presenting to EC with overdose on narcotics or benzodiazepines.
6. Patients who state they are already on a pain contract or are already followed by a pain clinic, either in AZ or another state.
Roles/Responsibilities: Provider

Once criteria met, patient is enrolled in the program by the EC provider:

• Program explained to the patient by EC provider using AIDET
• Consult Case Manager/Social Worker on duty to speak with the patient
• Document:
  – MSE
  – Inclusion criteria
  – Discussion with patient
Roles/Responsibilities Cont’d: Case Manager/Social Worker

- NCM/SW meets with the patient to reiterate provider’s decision for patient’s enrollment in program, using AIDET (“for your safety...”)
- Review program guidelines with patient (what to expect in future visits, that one provider should be prescribing their meds)
- Provides paper copies of program materials: list of resources for PCP/Pain Mgt, Patient letter, and Opioid Analgesic Sedatives Guidelines
- Email to Patient Advocate and EC Medical Director (confirms enrollment)
- Identify any needs and refer as appropriate:
  - ED Navigator (uninsured, homeless, establishment with PCP)
  - Patient Advocate (needs further education, wants to complain)
The patient was identified by Dr. Smith as appropriate for the Carondelet Network Chronic Pain Program. It was reiterated that for the patient’s safety, it’s best for the patient to get the prescriptions from one provider. The Pain Management list of providers was given for their selection.

The patient was notified that ADHS has supported these guidelines and hospitals are beginning to implement, so it is necessary to select a pain management MD on the list provided, to have all of their prescription pain medication fill by this ONE physician. This will be the one and only MD to prescribe for pain meds. The emergency department will no longer be able to prescribe the pain meds for reason of their chronic pain needs. The ED will be monitoring and observing their visits for pain meds, and will be following their compliance of their chronic pain medication for their safety…
The patient was informed that prior to calling any of the pain management physician’s, a call to his/her PCP is imperative, to have that office staff call for a specialty MD authorization. If they do not have a PCP, a referral to the Carondelet St. Mary’s Navigator would be arranged, to assist in finding a PCP, with a subsequent appointment, and hence a prior authorization to pain management MD.

The patient letter, pain management physician list, and the opioid analgesic and sedatives guidelines, as a written explanation.

The patient did not have any questions and verbalized a good understanding and rational for the CPP.
Keys to NCM/SW/RN communication

- **Validation:** “The program was designed for patients like yourself, who have chronic pain...” (Avoid the pt’s perception that we are “labeling” them as “drug-seeking” or that we are saying there “is nothing wrong”.

- **Safety, Safety Safety!** “The intent is to keep you SAFE, direct you to one provider for all of your pain medication needs ...”.

- **Get them connected:** “What have you tried so far?” (Listen, then offer suggestions based on the patient’s own experiences, history, etc).
Roles/Responsibilities Cont’d: Nursing

• Support provider’s decision for patient’s enrollment
• Reiterate enrollment using AIDET as appropriate ("for your safety...")
Roles/Responsibilities Cont’d: **Patient Advocate**

- Follow-up on any referrals, document any follow-ups in patient’s chart
- Send physician letter with attached Opioid Analgesic and Sedatives Guidelines
- Review/tracking of program (complaints, follow-ups, difficult patients, Cerner working properly, management of program measures)
- Coordinate hospital-based and network-based CPP team meetings
- Update groups about progress
Roles/Responsibilities Cont’d: EC Medical Director

• Reviews provider documentation and provides feedback
• Maintenance of program
• Attends team meetings and discusses feedback/any issues with team members
• Public relations
Roles/Responsibilities Cont’d:  
**ED Navigator**

**What is an Emergency Department (ED) Navigator?** There is one ED Navigator per hospital, assigned with the responsibility of establishing patients post-discharge with a PCP for those who do not have one, and assisting with other needs like homelessness, insurance, etc.

- Follow-up on any referrals from NCM/SW or Patient Advocate
- Document follow-ups in patient’s chart (PCP establishment, if patient was a no-show, etc)
- Refer to Patient Advocate as appropriate for difficult patients
Treatment Plan

- **Visit 1:**
  - Patient’s acute pain treated by EC Provider as deemed appropriate, no Dilaudid or Fentanyl
  - Up to 10 narcotic or benzodiazepine tablets prescribed by the EC physician for outpatient care
- **Visit 2:**
  - Patient’s acute pain treated by EC physician as deemed appropriate, no Dilaudid or Fentanyl
  - Up to 5 narcotic or benzodiazepine tablets prescribed by EC provider for outpatient care
- **Visit 3 and any subsequent visits:**
  - Patient’s acute pain may be treated up to 2 narcotic pain medication tablets
  - EC provider may offer further care without other narcotics or benzodiazepines
  - No outpatient prescription given
IT/Cerner Components

- Once the EC physician determines a pt is appropriate for the CPP, they place an order in Cerner. Each time a patient is in the EC at a CHN hospital, and it is determined to be chronic pain, the provider will enter an order for each chronic pain-related visit.

- Once the order is placed, Cerner will bring up the treatment plan, and discharge papers for the provider to select the CPP patient education materials (pt will end up getting 2 copies, one in d/c packet and one from the NCM/SW).
NEW ORDER for CPP: After order is signed, a blue triangle icon will automatically appear in a column on tracking shell, which indicates that for the current EC visit, the pt is here for chronic pain.

After discharge, on subsequent visits for chronic pain: A separate column on the tracking shell tracks “history of chronic pain visits”, and if a patient has been in before for CPP, a “1”, “2”, or stop sign will appear. 1=history of 1 CPP visit. 2=history of 2 CPP visits. Stop Sign=history of 3/3+ visits.
Approvals for the CPP

- EC Physician group
- Case Management leadership
- EC Nursing leadership
- Administration (CEO, CMO, CNO/COO, Senior Nursing Director)
- Legal/Risk Management/EMTALA
- Medical Executive Committee
Communication before Implementation

- EC nursing staff meetings
- Case Management meetings
- ED Navigator leadership meetings
- 1 on 1 training for all Patient Advocates
- 1 on 1 training for NCMs/SWs that work in EC
- 1 on 1 EC Provider meetings with Medical Director
- Physician Liaison delivered CPP packets at key physician offices
CPP Signs in Patient Rooms
NEXT STEPS

• Holy Cross Hospital is in the process of implementing, will continue to provide support.

• Continue to regularly evaluate community resources for chronic pain and ensure accuracy.

• Continue hospital-based/network team meetings to work out any issues/concerns/questions as they arise.

• Continue to develop approaches in working with difficult patients with 3+ visits
  – Current pilot: CPP pts with 3+ visits seen by triage nurse, pt will be placed in a chair (unless medical condition warrants a bed) and the provider will do MSE in triage/chair.
Program Measurements

• Less complaints among this patient population: 0-2 complaints per month in 2013 vs 8-10 in 2012 (focus on objective concerns vs. further education needed).

• Financial: Jan-May 2013 CSM/CSJ = $334,000 savings (CSJ implemented in April), based on reduced returns and uncompensated care (currently working on a report for updated financial impact.)
# Measurements: Counts for 2013

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<tr>
<td><strong>TOTAL CSM PATIENTS</strong></td>
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<tr>
<td><strong>TOTAL CSM ENROLLMENTS</strong></td>
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<tr>
<td># PATIENTS W/ 1 VISIT</td>
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<td># PATIENTS W/ 3 VISITS</td>
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<td># PATIENTS W/ &gt;3 VISITS</td>
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<table>
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<td><strong>TOTAL ENROLLMENTS</strong></td>
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Measurements: Counts Cont’d

CSM/CSJ % Breakout of Enrollments
2013

Conclusion: 65% of patients enrolled in the program have not returned to either CSJ or CSM Emergency Centers for a chronic pain visit.
Measurements Cont’d:
Dilaudid/Morphine Use in the EC

**We believe that the decrease in our Morphine/Dilaudid use in the Emergency Center reflects that chronic pain is being treated more appropriately. We also feel that Dilaudid and Morphine are primarily used for acute pain.**

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Keys to Success

• DON’T ASSUME:
  – Perform MSE: (per Studor): “Put aside any preconceived notions during this history and exam until they’ve collected all available information to exclude an emergency medical condition.”

• Compassion in our communication:
  – Consistency among all team members in communication/showing we want to help them (MD, RN, NCM/SW, Patient Advocate)
  – AIDET: (per Studor) “The reason that AIDET works so well is because it sets a tone of caring, reduces anxiety, and demonstrates that you are non-judgmental, open-minded, and objective.”
Thank you call received on 2/17/14 from a chronic pain program patient, complimenting Dr. B at St. Mary’s Hospital:

“I appreciated Dr. B. sitting down with me and my husband and explaining the danger I was putting myself in, and the information he gave me when enrolling me in the chronic pain program ...”
Patient Success Story 2

• Pt with migraine came in to CSJ Emergency Center; 1st visit the pt was belligerent and enrolled in CPP, 2nd visit for CPP not quite as belligerent but did leave AMA.

• A follow-up phone call was placed to this patient a few weeks later, and the patient told the NCM: “I can’t believe it ...I finally didn’t have a choice and I saw a Neurologist, and I haven’t had a headache in weeks, I’m like a new person ...Thank you...”
Questions?

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Thank you!