



Nurse Practitioner Healthcare Foundation

Improving Health Status and Quality of Care through Nurse Practitioner Innovations

Managing Chronic Pain with Opioids: A Call for Change, 2017

A White Paper by the Nurse Practitioner Healthcare Foundation

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EXECUTIVE SUMMARY

The health and well-being of Americans are threatened by two separate, and sometimes overlapping, public health crises: chronic pain and substance use disorders. This paper addresses the need for judicious use of opioids in treating chronic pain in order to minimize the risk of treatment-related harm. Changes are needed in the areas of Clinical Practice, Research, Education and Public Policy. It is estimated that 126 million adults have had recurrent pain in the past three months, 25 million adults endure daily chronic pain, and 23 million report pain so intense they are unable to work or care for themselves. Although personalized, multimodal, and interdisciplinary treatment is considered best in the treatment of pain, it is not widely available outside of research and demonstration projects. Instead, for reasons outlined here, there is an overreliance on treatment with opioids. Despite evidence that over 75% of chronic pain patients do not develop an opioid use disorder, all patients prescribed opioids are at risk. The suffering that results from opioid-related morbidity and mortality is widespread, affecting individuals, families, and friends in virtually every community. Rising numbers of opioid related deaths and suicides have generated public attention; resultant action has focused on public policy changes that place restrictions on opioid prescribing. However, this approach places an undue burden on those with chronic pain who have benefited from opioids. A more balanced and holistic approach to treating chronic pain in a sustainable, compassionate way is needed. Changes in clinical practice, research efforts, education, and public policy can work to improve how we treat pain and support cautious use of opioids when needed.

Recommendations for Clinical Practice. Effective chronic pain care requires four essential elements:

- Comprehensive assessment, which includes responses to past efforts to treat pain while evaluating past, present and future risk of developing a substance use disorder.
- Patient education, including family and loved ones, to understand the limits and risks of opioids.
- Utilization of a wide range of treatment options, including biomedical, behavioral health, and complementary treatments with a patient-centered approach.
- Vigilant follow-up to mitigate risks of substance use disorder and/or referral to treatment if needed.

Recommendations for Research. Increased research funding for molecular to population-level research is needed to better understand, evaluate, and treat chronic pain as it exists, with and without concurrent substance use disorders. Translational research is needed to provide safer and more effective therapeutic options. Research programs should:

- Focus on the underlying neural mechanisms that develop and maintain chronic pain and substance use disorders.
- Support the development, testing, and use of novel non-addictive analgesics, as well as opioids with the strongest abuse deterrent formulations, to maximize effectiveness and lower the risk of analgesia.

- Include well-designed large-scale multisite comparative effectiveness and cost-effectiveness trials to better measure the desirable and undesirable effects of currently available pain medications and invasive treatments.
- Distinguish patients with chronic pain from those with opioid use disorder, and those with both conditions concurrently.
- Use standardized definitions to differentiate pain from substance use disorders; integrating these definitions into existing national health surveys, EHRs, and large datasets.
- Evaluate the effectiveness of risk-mitigation strategies to prevent opioid-related harm.

Recommendations for Education. Healthcare teams require specific education and training.

- Core curricula in healthcare professional educational programs must include content and competencies needed to prevent and treat chronic pain and substance use disorders to attain/maintain accreditation status.
- Implement mandatory outcome-oriented continuing education for healthcare professionals who prescribe, dispense, or administer opioids.
- In settings where opioids are prescribed for pain management, systems should be in place to include:
 - educational resources on pain and safe use of opioid, non-opioid and non-drug therapies;
 - protocols and quality measures specific to pain and opioid prescribing appropriate for their population and setting;
 - referral directory for those needing additional pain expertise or opioid treatment programs.
- Increased public education, as outlined in the National Pain Strategy, is essential.

Recommendations for Public Policy. Chronic pain is both an under-recognized and under-resourced public health crisis with devastating personal, social, and economic impacts. Policy changes should include:

- Reimbursement reform to ensure access to cost-effective therapies that can be used with or without opioids, to facilitate access to a full range of non-opioid and non-drug treatment options.
- Payment system reform to ensure access to integrated, multimodal, interdisciplinary therapies when conventional pain treatments fail.
- Elimination of policies at the federal, state, and payer levels that restrict patient access and supersede clinical judgment. New policies should be based on the strongest clinically relevant research available.
- Integration of REMS training as outlined by the FDA as a required element for DEA licensure and renewal to ensure safe opioid prescribing practices by all providers.
- State and Federal funding to support a robust public education campaign to counter stigma and correct common misperceptions about chronic pain and prescribed opioids.
- Funding for a national Prescription Drug Monitoring Program to support effective collaboration between law enforcement and the health professions.
- Increase federal funding of pain research through the National Institutes of Health to better align with the prevalence and societal burden of chronic pain.

Increased public awareness of, and attention to, the problems related to opioid use disorder offers an opportunity to responsibly address the complex public health issue of chronic pain and its treatment. This paper offers a multiprong approach through improved clinical practice, strategically targeted research dollars, effective public education, and thoughtful public policy changes. Chronic pain is the leading disease that disables millions of Americans and burdens our society. It is our ethical and moral responsibility to relieve that pain in a socially responsible way.

