

The Impact Of A Structured Opioid
Renewal Clinic On Aberrant Drug
Behavior Outcomes At A Northeastern VA
Medical Center



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Background & Significance



Development of the Opioid Renewal Clinic:
A primary care based program to provide
structured monitoring of opioid therapy for
chronic pain patients at risk for substance
abuse

Background & Significance



- Veterans Health Administration
National Pain Management Initiative, 1998
- Joint Commission
Pain Management Standards, 2000
- Evidence for Acute and Cancer Pain
management is strong
- Evidence for Chronic Pain management is
evolving

Background & Significance

- Chronic Pain Management
- * Focus on improvement in function
- * Chronic Disease Management Model
- * Opioids are considered standard of care

Incorporating Consensus Guidelines into Primary Care Practice at PVAMC

- Chronic Narcotic Use Policy 1998
- Chronic Opioid Use Policy 2000
- Major Principles
- Assessment → diagnosis
- Use of Opioid Treatment Agreement
- One Provider responsible for Rx
- Urine Drug Testing
- Documentation

The Problem

- Guidelines and policies available but "they take too much time " !
- Reluctance of PCPs, who care for the majority, to prescribe opioids
- Concern about diversion, abuse, addiction and regulatory scrutiny, particularly in a high risk population
- Prescribing opioids without assessment and without monitoring treatment outcomes

The Problem

- The Oxycontin Media Blitz
- Visit from the Investigator General
- Pharmacy Budget "crisis"
\$ 237,830 – 6 month (in 2001) cost of Oxycontin

The Need

- Cost-effective strategies to support PCPs' management of these patients.
- Action plan:
- Focus group meetings with PCPs
 - Review of Literature for guidelines and evidence-based strategies

Results of review of the literature
formed the foundation of our
program

Definition of Terms

■ Physical Dependence	■ Withdrawal syndrome in response to abrupt dose reduction
■ Tolerance	■ Pharmacologic property, dose may need to be increased to maintain effect
■ Abuse	■ The intentional misuse of a medication for nonprescribed effects (e.g. mood alteration)
■ Addiction	■ Chronic neurobiologic disorder characterized by loss of control, craving, compulsive use despite harm

Consensus Document: The American Academy of Pain Medicine, The American Pain Society, The American Society of Addiction Medicine

Spectrum of Drug Misuse

- Self medication: mood, sleep, memories
- Undertreated pain (pseudoaddiction)
- Sharing medications
- Recreation: euphoria, rush high
- Addictive use
- Diversion for profit
 - Criminal business
 - Support medication costs

Savage 2001

Differential Diagnosis of aberrant drug-related behavior

- Addiction
- Under-treated pain (Pseudoaddiction)
- Other psychiatric disorders(e.g.. Borderline personality disorder)
- Mild encephalopathy
- Family disturbances
- Criminal intent

Portenoy,2003;Passik & Kirsh,2004

The Opioid Renewal Clinic: A Primary Care, Managed Approach to Opioid Therapy for Chronic Pain

A Nurse Practitioner and Clinical Pharmacist managed service at the Philadelphia VA Medical Center

Start-up date: September 2001

Opioid Renewal Clinic: Services

- Assist with management of **challenging** patients requiring structured prescribing and monitoring of long-term opioid therapy
 - Patients with aberrant drug related behaviors
r/o substance misuse vs. pseudoaddiction vs. addiction
 - Patients with h/o addiction, recent addiction, active addiction

Opioid Renewal Clinic: Services

- Assist with opioid titration and rotation
- Assist with routine opioid renewals
 - Patients who have stabilized
 - Part-time providers

Opioid Renewal Clinic Goals

- Facilitate appropriate treatment for each patient
 - opioid therapy if indicated and/or
 - addiction treatment
- Improve PCP confidence in prescribing opioids
- Improve monitoring and documentation
- Provide cost-effective care by decreasing miss-utilization of resources

Opioid Renewal Clinic Procedure

- Consult from PCP
- Eligibility
 - Workup and pain dx
 - Opioid Treatment Agreement
 - Baseline urine drug test
- THE PCP CONTINUES TO BE RESPONSIBLE TO PRESCRIBE OPIOIDS

Opioid Renewal Clinic: Example of Strategies

- Opioid Treatment Agreement
 - Second Chance Agreement
- Frequent visits
- Prescribing opioids on a short term basis (i.e. weekly or bi-weekly)
- Periodic urine drug testing
- Pill counts
- Co-management with addiction services

Monitor and Document the 4 "As"

- **A**nalgesia (pain relief)
- **A**DL's (functional ability)
- **A**dverse Effects (constipation, nausea...)
- **A**berrant behavior (drug seeking or seeking pain relief)

(Passick & Weinreb, 2000)

Results

784 referrals 1/2/02 – 12/6/06

<p>Aberrant behavior 366 (47%)</p> <p>UDT + for illegal drugs or unprescribed drugs, negative for prescribed drugs, overusing prescribed opioids</p>	<p>No Aberrant Behavior 418 (53 %)</p> <p>Opioid rotation or titration H/O of recent substance abuse Conflicts with providers Part-time clinicians- referred for assistance with monthly monitoring</p>
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Results (n= 784)

366 (47%) Documented aberrant behavior

<ul style="list-style-type: none"> ■ Resolution of aberrant behavior ■ Discharge from ORC n=101 (28 %) self-discharged n= 86 (23 %) ORC discharged ■ Referred for addiction therapy ■ Consistently negative UDT weaned from opioids 	<ul style="list-style-type: none"> ■ 148 (40.4%) ■ 187 (51 %) ■ 24 (6.6 %) ■ 7 (1.9 %)
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Purpose

- What are the demographic and clinical predictors of the resolution of aberrant drug behavior in a group of patients referred to the Opioid Renewal Clinic by their primary care providers?

Methods (cont.)

- Setting
 - Philadelphia VA Medical Center.
- Data Extraction
 - Data were extracted by the professional information management staff of the Center using Veterans Health Information System and Technology Architecture (*VistA*) database.

Methods

- Design
 - Retrospective chart review
- Sample
 - Consecutive patients (N=196) referred to ORC by their PCPs between 1/17/02 to 8/27/04 for aberrant behaviors including positive urine drug testing (UDT) or a pattern of early refill requests.

Methods (cont.)

Data Extraction (cont.)

- **Demographic** (age, race, gender, marital status and, employment status, combat history, and service connection)
- **Pain & Addiction** (site of pain, primary pain diagnosis, number of pain diagnosis, drug and alcohol addiction)
- **Physical/Psychological Comorbidity** (Charlson index-a standard measure of the burden of medical comorbidity, history of depression, anxiety, post-traumatic stress disorder)

Cohort for retrospective review 401 referrals 1/02 – 8/04

205 (51%) No aberrant behaviors
196 (49%) Documented aberrant behavior

▪ Resolution of aberrant behavior	▪ 86 (43.9%)
▪ Discharge from ORC n= 22 (11%) self-discharged n= 67 (34%) ORC discharged	▪ 82 (41.8%)
▪ Referred for addiction therapy	▪ 21 (10.7%)
▪ Consistently negative UDT weaned from opioids	▪ 7 (3.6%)

Methods (cont.)

Data Analysis

- Aberrant drug behavior outcomes were evaluated at one year following patients' enrollment in the ORC.
- Aberrant behavior categorized as binary variable (0= 'resolution' and 1= 'non-resolution').
- Logistic regression to identify independent predictors of aberrant behavior outcomes.

Results (N=196)

Aberrant
behavior
not
resolved
(N=110)

Outcome	N	%
Aberrant behavior resolved	86	43.9%
Discharged from ORC	82	41.8%
Accepted addiction treatment	21	10.7%
Weaned for consistently negative urine for prescribed opioids	7	3.6%
Total	196	100%

Results (cont.)

After controlling for several covariates, Logistic Regression analysis found three variables important in predicting aberrant drug behavior outcomes.

1. History of Cocaine Addiction:
 - Most powerful predictor
 - Hx. of Cocaine addiction increased the odds of failure (not resolved) by 4 times (OR = 3.805, CI, 1.47 to 9.82, p = .006).
2. Number of Pain Diagnoses:
 - Every additional pain diagnosis reduced the odds of failure by about 14% (OR = 0.861, CI, 0.76 to 0.98, p = 0.02).

Results (cont.)

3. Married v. Single Veterans
 - Married individuals were 58% less likely to fail the ORC program than single individuals (OR= 0.419, CI, 0.18 to 0.98, p=.045)

Conclusions

- About half the patients resolved aberrant behavior within a structured opioid renewal program
- Veterans with cocaine dependence had significantly higher risk for failing the program reveals a need for a tailored intervention for this subgroup of patients.
- Those with higher level of pain may have higher motivation to adhere to the program's structure.

Conclusions

- Marriage may be a proxy for social support.
- Having close social relationships has consistently been shown to be an important personal resource and a significant determinant of individual differences in morbidity and adherence to medical treatment for chronic illnesses (Holt-Lunstad, 2008; Revenson, 1995; DiMatteo, 2004).
- The role of marriage and social support with adherence to an opioid treatment program in a high risk population may be explored in further studies.

Limitations

- ORC is a clinical program-
 - No standardized instruments to establish pain levels, clinical pain diagnosis, and psychometrically-derived variables, and other patient characteristics or functional status were available.
- The study included mostly male veterans from a single medical center; therefore our results may not be generalizable to other populations.

Future Directions

- Prospective studies of the impact of structured risk management program using standardized measures
- Cost-benefit analysis of such a program

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