ROMPO TOOLKIT

Reframing Optimal Management of Pain

PARTICIPATION DOCUMENTS

Fact Sheet and Community Practice Fact Sheet

ROMPO Benefits

ROMPO CME Front Matter

Frequently Asked Questions

SCREENING TOOLS

PEG and Michigan Body Pain Map

DAST-10

MORA

CLINICAL INFORMATION AND DOCUMENTED WORKFLOWS

Toolkit Literature

University of Michigan Epic Workflows: PEG and DAST-10

University of Michigan Epic Workflow: Controlled Substance Order Set

ROMPO Checklist

MAT Table

Information for Obtaining an XDEA Waiver

Care Pathways

PATIENT ENGAGEMENT AND SHARED DECISION MAKING

Washtenaw County Resources

University of Michigan Ongoing Use of Controlled Medication Agreement
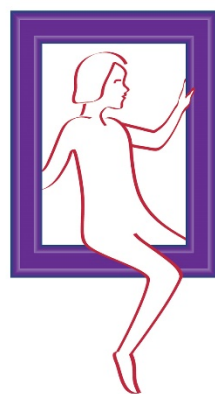
Motivational Interviewing

AHRQ SHARE Approach Fact Sheet

PARTICIPATION DOCUMENTS

Reframing Optimal Management of Pain

ROMPO Fact Sheet

Reframing
Optimal
Management
of Pain

Reframing Optimal Management of Pain

A pain management initiative focusing on older adults in primary care

Altarum and the University of Michigan are teaming up to help primary care providers effectively manage pain in older adults.

When prescribing opioids to older adults, it is important to balance pain relief and quality of life with the risk of opioid dependency. Additional factors to consider include polypharmacy, cognitive and physical function, caregivers, social supportive services, and end-of-life preferences. The ROMPO (Reframing Optimal Management of Pain and Opioids in Older Adults) project goal is to respond to the unique challenges providers face when caring for older (age 60+) patients who use opioids through a comprehensive educational program to transform primary care clinicians' management of pain in this population.

Eligible Providers Must:

- Specialize in Internal Medicine, Family Medicine, or Geriatrics
- Care for patients aged 60 and over

What is Required?

- Complete a 6-month quality improvement program
- Attend a 2-hour training session (either as 2 one-hour sessions, or 1 two-hour session)
- Submit regular performance data at 3 data points

All ROMPO resources are accessible on a single portal, including training materials, workflow guides, and a resource library containing research, best practices, and other tools, ensuring your team a convenient and seamless experience.

Why Participate?

Implementing ROMPO into your practice will help reduce your older adult patients' use of opioids while addressing pain in a more effective and sustainable manner. It will also enable you to identify patients struggling with opioid use disorder (OUD).

Benefits of Participating:

- Improve outcomes for older adult patients experiencing pain
- Learn to measure and document your patients' pain using the PEG as part of a comprehensive approach to improving functionality and well-being
- Incorporate an ambulatory pain order set into patients' charts for easy access to medication and referral orders, as well as clinical decision support
- Learn shared decision-making strategies to help empower older adults to become active participants in their medical care
- Access prescriber support and clinician resources
- Work with a dedicated Practice Facilitator who will provide customized technical assistance for your practice
- Earn free CME and MOC credits (see back page)
- Participating practices earn up to $1000 in incentive payments after submission of data at 3 points

For more information, please contact:
Jessica McDuff, ROMPO Project Manager
Jessica.McDuff@altarum.org
ROMPO@altarum.org

For questions about CME/MOC, please contact:
CE@altarum.org

Reframing Optimal Management of Pain

FREE CME & MOC Part IV Credit Opportunity

Altarum is offering a unique opportunity for clinicians to earn **Maintenance of Certification (MOC) Part IV and Continuing Medical Education (CME) credits**. These credits will be offered to the following participants:

ABMS Certified Physician
Part IV MOC Activity Completion, e.g., Boards of:

- Family Medicine: **20** points depending on certification year

- Internal Medicine: **20** points depending on certification year

Physician Assistant (PA)
Project awarded **30** PI CME credits.
NCCPA then doubles the first **20** PI CME credits earned for each PA per CME logging cycle.

Fulfills the State of Michigan **LARA** requirement for 3 hours of board-approved continuing education (CE) in the area of pain and symptom management, upon completion of training and 6 month participation cycle.

Target Audience:
This course is designed for primary care physicians, nurses, medical assistants, and physician assistants who specialize in Internal Medicine or Family Medicine, and care for patients aged 60 and over.

By the end of this course, providers should be able to:

- Describe effective pain management strategies for treating older adults

- Create a treatment plan for elderly patients experiencing pain that minimizes the use of pharmacological approaches, including opioids

- Apply consolidation of polypharmacy, opioid tapers, and conversion strategies to elderly pain patients as a part of their ongoing pharmacologic management

- Implement SUD detection into your practice while minimizing stigma

- Implement best practice approaches to pain with elderly patients

- Integrate virtual visits and EHR strategies into practice workflow

Participation Duration: **6-month cycle**

For more information or questions about Continuing Medical Education:
1-855-4-Altarum | CE@altarum.org

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ROMPO Fact Sheet – Community Practice

Reframing
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Reframing Optimal Management of Pain

A pain management initiative focusing on older adults in primary care

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Eligible Providers Must:

- Specialize in Internal Medicine, Family Medicine, or Geriatrics
- Care for patients aged 60 and over
- Practice in the following counties: Livingston, Washtenaw, Lenawee, or Monroe

What is Required?

- Complete a 6-month quality improvement program
- Attend a 2-hour training session (either as 2 one-hour sessions, or 1 two-hour session)
- Submit regular performance data at 3 data points

All ROMPO resources are accessible on a single portal, including training materials, workflow guides, and a resource library containing research, best practices, and other tools, ensuring your team a convenient and seamless experience.

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- Improve outcomes for older adult patients experiencing pain
- Learn to measure and document your patients' pain using the PEG as part of a comprehensive approach to improving functionality and well-being
- Incorporate an ambulatory pain order set into patients' charts for easy access to medication and referral orders, as well as clinical decision support
- Learn shared decision-making strategies to help empower older adults to become active participants in their medical care
- Access prescriber support and clinician resources
- Work with a dedicated Practice Facilitator who will provide customized technical assistance for your practice
- Earn free CME and MOC credits (see back page)
- Participating practices earn up to $2500 in incentive payments after submission of data at 3 points

For more information, please contact:
Jessica McDuff, ROMPO Project Manager
Jessica.McDuff@altarum.org
ROMPO@altarum.org

For questions about CME/MOC, please contact:
CE@altarum.org

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Reframing Optimal Management of Pain

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Participation Duration: **6-month cycle**

For more information or questions about Continuing Medical Education:
1-855-4-Altarum | CE@altarum.org

Target Audience:
This course is designed for primary care physicians, nurses, medical assistants, and physician assistants who specialize in Internal Medicine or Family Medicine, care for patients aged 60 and over, and are located in the following counties: Livingston, Washtenaw, Lenawee, or Monroe.

By the end of this course, providers should be able to:

- Describe effective pain management strategies for treating older adults

- Create a treatment plan for elderly patients experiencing pain that minimizes the use of pharmacological approaches, including opioids

- Apply consolidation of polypharmacy, opioid tapers, and conversion strategies to elderly pain patients as a part of their ongoing pharmacologic management

- Implement SUD detection into your practice while minimizing stigma

- Implement best practice approaches to pain with elderly patients

- Integrate virtual visits and EHR strategies into practice workflow

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ROMPO Benefits

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Benefits and Expectations of Participating in the Reframing Optimal Management of Pain in Older Adults Program (ROMPO)

The ROMPO project goal is to respond to the unique challenges primary care providers face when caring for older (age 60+) patients with pain.

Primary Goal of ROMPO:
- Reduce utilization of opioids
- Implement effective and sustainable strategies for addressing pain
- Identify patients struggling with opioid use disorder (OUD)

Clinical Benefits of Training:
- Implement a comprehensive way to assess your patients' pain and its impact on their ability to function and enjoy activities by repeated measurement with the PEG (Pain, Enjoyment, General Activity).
- Optimize EHR functions for monitoring and treating pain patients including integration with PDMP, clinical decision support reminders, and patient generated health data/portal usage
- Utilize Buprenorphine (or other appropriate MAT) as a frontline medication to treat pain and a way to convert patients off opioids.
- Learn strategies for empowering older adults to become active participants in their medical care.
- Improved health outcomes for patients experiencing pain
- Up to 20 CE/MOC credits for eligible clinicians

Benefits of Technical Assistance (6 month):
- Customized workflow assessment and guidance (within clinic and EHR)
- Data and metric informed quality improvement opportunities
- Patient specific prescription support
- Additional training for clinic staff involved in ROMPO workflows

Ask:
- Screen patients for pain using the PEG and incorporate into EHR
- Screen patients for SUD using the DAST-10 and incorporate into EHR
- Integrate Ambulatory Pain Order Set into patients' chart for easy access to medication and referral orders, as well as clinical decision support (when available in EHR).
- Employ Shared Decision-Making strategies to boost patient engagement

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For more information, please contact: Lauren Marshall, ROMPO Practice Facilitator at lauren.marshall@altrum.org or ROMPO@altarum.org.

For questions regarding CME/MOC, please contact: CE@altarum.org.

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ROMPO CME
Front Matter

Reframing
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CE Offering Front Matter

a) **Introduction**

Thank you for agreeing to participate with your practice in the Reframing Optimal Management of Pain and Opioids in Older Adults (ROMPO-OA).

Altarum, and the University of Michigan are teaming up to help primary care providers effectively manage pain in older adults. When prescribing opioids to older adults, it is important to balance pain relief and quality of life with the risk of opioid dependency. Additional factors to consider include polypharmacy, cognitive and physical function, caregivers, social supportive services, and end-of-life preferences. The ROMPO-OA project goal is to respond to the unique challenges providers face when caring for older (age 60+) patients with pain through a comprehensive educational program to transform primary care clinicians' management of pain in this population.

At the end of this course, you will be able to:
*   Describe effective pain management strategies for treating older adults
*   Create a treatment plan for elderly patients experiencing pain that minimizes the use of pharmacological approaches, including opioids
*   Apply consolidation of polypharmacy, opioid tapers, and conversion strategies to elderly pain patients as a part of their ongoing pharmacologic management
*   Implement SUD detection into your practice while minimizing stigma
*   Implement best practice approaches to pain with elderly patients
*   Integrate virtual visits and EMR strategies into practice workflow

b) **Target Audience:**
This course is designed for Michigan-based Primary Care and Advanced Practice Providers caring for patients aged 60 and over.

c) **Contacts**
Contact information regarding the project, its goals, and participation details/requirements is below.

If you have questions about:

General program questions and participation requirements:
Jessica McDuff
ROMPO-OA Project Manager
Jessica.McDuff@altarum.org

Practice coaching and technical assistance:
Carrie Coon
ROMPO-OA Practice Facilitator (Altarum)
Carrie.Coon@altarum.org

Lauren Marshall
ROMPO-OA Practice Facilitator (Altarum)
Lauren.Marshall@altarum.org

<u>**CME or MOC Part IV credits**</u>
CE@altarum.org

d) **Program Requirements to receive CME and/or MOC Part IV**

The learner must:
- Complete a 6-month quality improvement (QI) program, which includes a 2-hour training session (either as 2 one-hour sessions, or 1 two-hour session) and follow-up technical assistance
- Submit performance data at 3 data points (baseline, 3 months post-training, and 6-months post-training)
- Complete an attestation survey: for those who are eligible for CME and/or MOC, an email will be sent to you after completion of the 6-month QI program with a link to complete your attestation survey.

e) **Financial Disclosure**
Altarum is committed to ensuring all educational activities offered for credit to any group of providers are free from influence by any ineligible company. In accordance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education, Altarum implemented mechanisms to identify and mitigate relevant financial relationships with ineligible companies for all individuals in a position to control the content of this activity.

The following individuals have reported that neither they nor their spouse/partner have a financial interest or relationship, currently or within the past twelve months, with any ineligible company.

Name	Role
Melina Darby	Former Project Manager
Carrie Coon	Practice Facilitator
Lauren Marshall	Practice Facilitator
Daniel Berland	Subject Matter Expert
Christine Stanik	Co-Investigator
Yam Hoon Lim, M.Ed	CE Manager

f) **Accreditation & Credit Designation**
CME. Altarum is accredited by the Michigan State Medical Society to provide continuing medical education for physicians. Altarum designates this PI CME activity for a maximum of 20 *AMA PRA Category 1 Credit(s) TM.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.
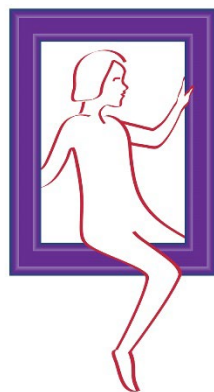
> <u>Credit for PI CME</u>. The American Medical Association recognizes continuing medical education occurring through participation in "performance improvement" activities (PI CME). Physicians may receive 20 *AMA PRA Category 1 Credit(s)TM* if they participate in a quality improvement (QI) activity that involves at least one improvement cycle of (1) analyzing data on current practice performance, (2) implementing interventions based on the analysis, and (3) analyzing data on performance after the intervention and summarizing changes.

ABMS MOC. Altarum had been approved by the American Board of Medical Specialties Multi-Specialty Portfolio Program to approve quality improvement activities for Part IV MOC. Participating as required in this QI project will provide:

- American Board of Family Medicine certified physicians: 20 points depending on certification year
- American Board of Internal Medicine: 30 Practice Assessment points

NCCPA MOC. Altarum has been approved to provide Performance Improvement CME that meets requirements of the National Commission on Certification of Physician Assistants (NCCPA) for maintenance of certification. Participating as required in this QI project will be awarded 30 PI-CME credits. NCCPA then doubles the first 20 PI-CME credits earned for each PA per CME logging cycle.

Frequently Asked Questions

Reframing
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Contact Information

- **Practice Facilitators**
    - Lauren Marshall— lauren.marshall@altarum.org
    - La'Tia Baulckim—latia.baulckim@altarum.org
    - Cheryl Budimir— cheryl.budimir@altarum.org

Registration and Continuing Education

- *The ROMPO Registration Sheet Final document asks personal information about participating clinicians, like date of birth (DOB). Is this information required? What is it used for and how is it stored?*
    - Personal information, like DOB, is required for MOC credit. Altarum is accredited by the Michigan State Medical Society to provide continuing medical education for physicians. Altarum stores this information in a protected CRM database hosted on the Altarum Secure Cloud Network.

- *How do I (clinician) receive CE/MOC credits?*
    - CE and MOC credits are contingent on participating in the 6-month long quality improvement cycle.   In that cycle clinicians are expected to attend 2[i] hours of training, submit quality metric data at 3 points (baseline, 3 months, and 6 months), and participate in 6-months of technical assistance. Please inform your Practice Facilitator (see above) the participating providers interested in CE or MOC credit. You can also email ROMPO@altarum.org or CE@altarum.org with any questions or reach out to your Practice Manager/Champion.

- *Can Nurse Practitioners and PharmDs receive CE and MOC credit from participating in ROMPO?*
    - Yes, NPs and PharmDs can pursue CE/MOC credit. Upon completion of the 6-month ROMPO program, these provider types will receive a certificate verifying participation, which they will need to submit to their accrediting body.
    - Altarum is accredited by the Michigan State Medical Society to provide continuing medical education for MDs and DOs.

ROMPO Intervention

- *How frequently do we screen patients 60 and older with the PEG? What if they have more than 1 visit within the 6-month participation period?*
  - The PEG should be given to any patient 60 and older at every appointment they have during the 6-moth Quality Improvement (QI) project. As a quality metric to inform QI efforts, the ROMPO project is tracking PEG scores over the 6-month period.
- *What should we do with completed PEG and Body Map screening handouts after the information is entered into the EHR?[ii]*
  - If PEG is entered as structured data (integrated with EHR), safely and securely dispose of paper record in accordance with HIPAA. If the Body Map portion of the handout is useful, it can be uploaded and attached to the patient encounter record.
  - If PEG is not integrated with EHR, scan/upload PEG and Body Map screening handout and attach to patient encounter record. Safely and securely dispose of paper record in accordance with HIPAA.
- *How do I incorporate the PEG and Body Map screening handouts into a virtual visit?[iii]*
  - If technology allows, the PEG and DAST-10 screening tools, can be pushed to a patient via the patient portal prior to the visit. Clinicians can also verbally ask patients the PEG and DAST-10 screening questions and enter in the EHR manually. If the Body Map screening option is helpful, clinicians can walk through the process with the patient verbally, scan/upload the PEG Body and Map screening handout and attach to patient encounter record.
- *What patients should the DAST-10 be administered to?*
  - Any patient 60 and older who is currently being prescribed an opioid, receives a new opioid prescription, and/or the clinician identifies as at risk for substance abuse/use disorder.
- *If a patient screens positive for risk of substance abuse via the DAST-10, what is the next step?*
  - ROMPO created a modified DAST-10 document that includes recommended actions. You can access it in the U of M ROMPO Toolkit at https://altarum.org/ROMPO. Reach out to your Practice Champion[iv] or your Practice Facilitator if you have questions.

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[i] Some practices will receive only 1 hour of training based on clinician availability.

[ii] Data entry workflow is dependent on EHR Version and Vendor. Reach out to Practice Facilitators with questions and customizations.

[iii] Functionality contingent on Virtual Visit Platform. Work with Practice Facilitator if needed.

[iv] The Practice Champion is the main point of contact for the ROMPO program at your practice. This individual is often the Practice Manager.

SCREENING TOOLS

Reframing
Optimal
Management
of Pain

PEG and Michigan
Body Pain Map

Reframing
Optimal
Management
of Pain

We are using the pain screening tool below as part of a quality improvement project that our clinic is participating in. It includes both the PEG (Pain, Enjoyment, and General Activity Scale) and Michigan Pain Body Map. This screening may or may not apply to you. **Only fill this out if you answer YES to any of the 3 questions below.** Your provider may or may not address this in your visit today.

Thank you for helping us improve patient care*.*

Instructions: **Please complete the PEG Scale and MI Pain Body Map if you answer YES to any of the questions below:**

1) Is pain part of the reason for your visit today? **YES NO**
2) Do you regularly take pain medications prescribed by your provider? **YES NO**
3) Do you struggle with chronic pain (persistent or recurrent pain lasting 3 months or longer)? **YES NO**

PEG Scale

1. What number best describes your pain on average in the past week:

0   1   2   3   4   5   6   7   8   9   10

No pain   Pain as bad as you can imagine

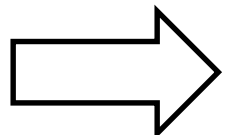**2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?**

0   1   2   3   4   5   6   7   8   9   10

Does not interfere   Completely interferes
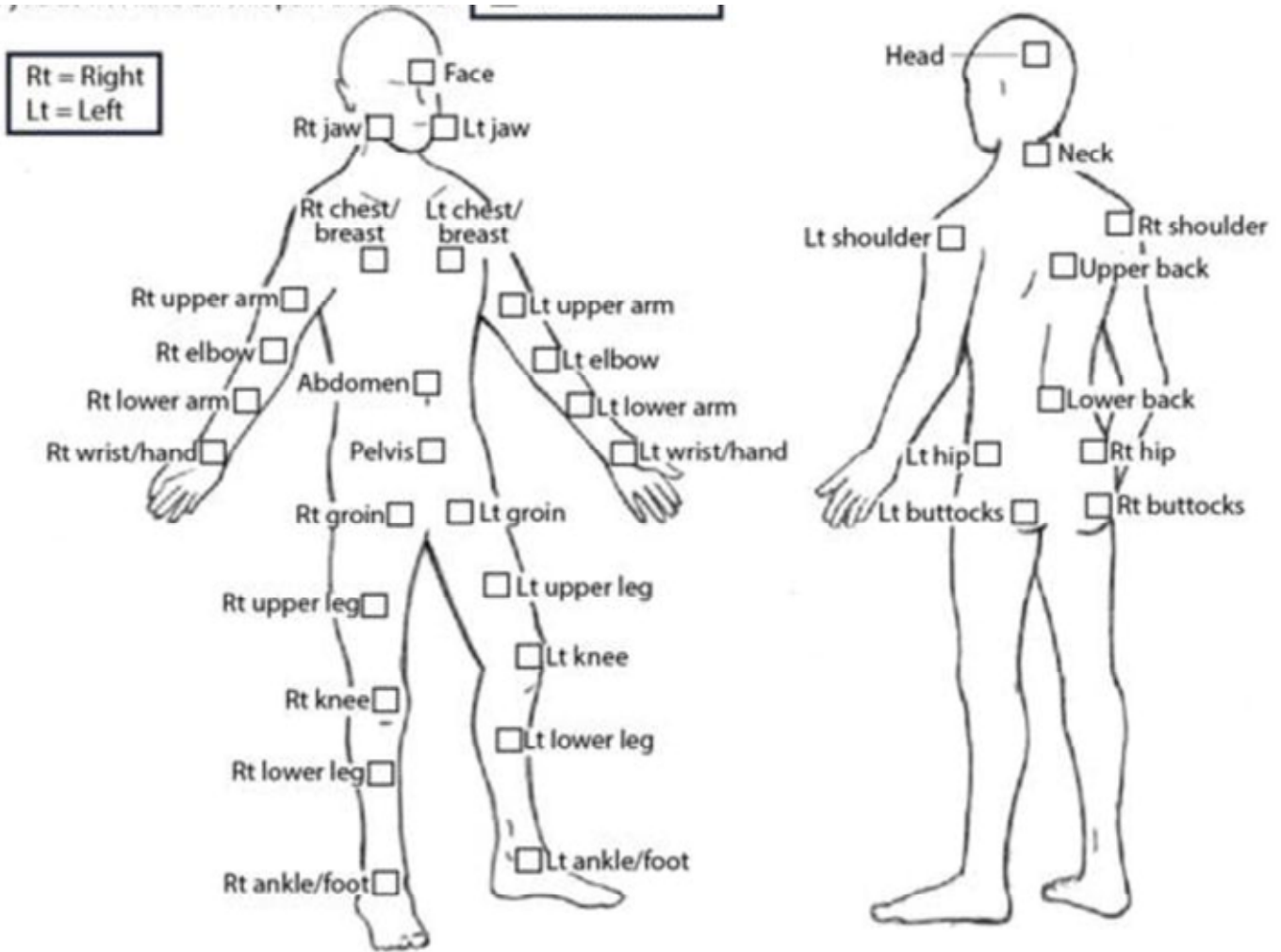
3. What number best describes how, during the past week, pain has interfered with your general activity?

0   1   2   3   4   5   6   7   8   9   10

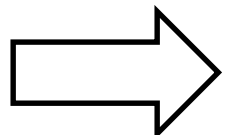Does not interfere   Completely interferes

Please complete both sides

Michigan Pain Body Map

Rt = Right
Lt = Left

☐ Face
Rt jaw ☐ ☐ Lt jaw
Rt chest/breast ☐ Lt chest/breast ☐
Rt upper arm ☐ ☐ Lt upper arm
Rt elbow ☐ ☐ Lt elbow
Rt lower arm ☐ Abdomen ☐ ☐ Lt lower arm
Rt wrist/hand ☐ Pelvis ☐ ☐ Lt wrist/hand
Rt groin ☐ ☐ Lt groin
Rt upper leg ☐ ☐ Lt upper leg
☐ Lt knee
Rt knee ☐
Rt lower leg ☐ ☐ Lt lower leg
Rt ankle/foot ☐ ☐ Lt ankle/foot

Head ☐
☐ Neck
Lt shoulder ☐ ☐ Rt shoulder
☐ Upper back
☐ Lower back
Lt hip ☐ ☐ Rt hip
Lt buttocks ☐ ☐ Rt buttocks

Please complete both sides

4/7/2022

DAST-10

Reframing
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PROVIDERS

Before prescribing or refilling a CONTROLLED SUBSTANCE, please have PATIENTS complete this questionnaire.
</td></tr>
</table>

NIDA Clinical Trials Network
Drug Use Screening Test (DAST-10)

General Instructions:

"Drug use" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any non-medical use of drugs.

The various classes of drugs may in cannabis (marijuana, hashish), solvents (e.g. paint thinner), tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD), or narcotics (e.g. heroin). The questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

Segment: __ __

Visit Number: __ __

Date of Assessment: __/__/__

These questions refer to drug use in the past 12 months. Please answer No or Yes by checking the box.

1. Have you used drugs other than those required for medical reasons? ☐ No ☐ Yes

2. Do you use more than one drug at a time? ☐ No ☐ Yes

3. Are you always able to stop using drugs when you want to? ☐ No ☐ Yes

4. Have you had "blackouts" or "flashbacks" as a result of drug use? ☐ No ☐ Yes

5. Do you ever feel bad or guilty about your drug use? ☐ No ☐ Yes

6. Does your spouse (or parents) ever complain about your drug use? ☐ No ☐ Yes

7. Have you neglected your family because of your use of drugs? ☐ No ☐ Yes

8. Have you engaged in illegal activities in order to obtain drugs? ☐ No ☐ Yes

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

☐ No ☐ Yes

10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis,

convulsions, bleeding, etc.? ☐ No ☐ Yes

Comments:

Skinner HA (1982). The Drug Abuse Screening Test. Addictive Behavior. 7(4):363-371.
Yudko E, Lozhkina O, Fouts A (2007). A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. J Subst Abuse Treatment. 32:189-198.

NIDA Clinical Trials Network
Drug Abuse Screening Test (DAST-10)

Scoring & Recommended Actions

DAST-10 Score: _____

Score 1 point for each question answered "Yes", except for question 3 for which a "No" receives 1 point.

Interpretation of Score:

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None
1-2	Low level	Monitor, reassess at later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Recommendations:
- If patient answers "Yes" to 1 or more DAST-10 questions (or "No" to #3), prescribe with caution.
- If consultation is needed with Dr. Berland before prescribing, offer to follow-up within 24 hours and/or temporization prescription while waiting for consultation. If it's a new prescription, there is less of a rush.
- If patient is in acute withdrawal, prescribe enough to cover the rest of the week.
- Ongoing: More frequent drug testing, check-ins, or pill counts:
    - Pill count: Stagger refills halfway between visits so that pills can be counted at visit.
    - Ultra high-risk patients may need be called at random times to come within 24 hours for pill counts and urine testing.
    - Providers can contact Dr. Berland or email ROMPO account when patient answers "Yes" to 3 or more questions.

Inquiries and consultations: send email to ROMPO@altarum.org

Skinner HA (1982). The Drug Abuse Screening Test. Addictive Behavior. 7(4):363-371.
Yudko E, Lozhkina O, Fouts A (2007). A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. J Subst Abuse Treatment. 32:189-198.

MORA

Michigan Opioid Risk Assessment (MORA)

THE PATIENT IS HIGH RISK FOR AN ADVERSE OPIOID EVENT IF ONE OR MORE OF THE FOLLOWING IS PRESENT:

MEDICAL CONSIDERATIONS

- ☐ Age ≥ 65 years
- ☐ Dementia
- ☐ Chronic respiratory failure requiring O_2
- ☐ Sleep apnea
- ☐ Cirrhosis
- ☐ GFR < 30
- ☐ Morphine milligram equivalence ≥ 50 mg/day
- ☐ History of opioid induced sedation or respiratory depression
- ☐ Benzodiazepines
- ☐ "Z" sleeping drugs (e.g., zolpidem, eszopiclone)
- ☐ Muscle relaxants (carisoprodol, cylobenzaprine, baclofen, tizanidine, etc.)
- ☐ Barbiturates

PSYCHIATRIC CONSIDERATIONS

- ☐ Major psychiatric disorder
- ☐ History of suicide attempt
- ☐ Psychiatric symptoms possibly related to childhood emotional, physical or sexual trauma
- ☐ Positive GAD-7 screen
  see backside of page
- ☐ Positive PHQ-9 screen
  see backside of page
- ☐ Positive PC-PTSD-5 screen
  see backside of page

SUBSTANCE USE CONSIDERATIONS

- ☐ Active substance use disorder *(alcohol, non-medical use of pills, recreational drugs including cannabis)*
- ☐ History of substance use disorder
- ☐ Medical marijuana use
- ☐ Refusal to abstain from social alcohol use while on opioids
- ☐ Unexpected PDMP report findings
- ☐ Unexpected drug confirmatory test *(presence of un-prescribed or illicit drug, or absence of prescribed drug)*
- ☐ Violation of a controlled substance agreement/ prior dismissal from controlled medication treatment
- ☐ Aberrant "red flag" behaviors
  see backside of page
- ☐ Positive DAST-10 screen
  see backside of page

If an opioid is prescribed for pain, medical necessity along with a risk benefit assessment must be documented in the medical record.

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add score for each column	+	+	+	+

Total score = _____
(add your column scores)

≥ 5 positive screen

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too long	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3
Add score for each column	+	+	+	+

Total score = _____
(add your column scores)

≥ 5 positive screen

PC-PTSD-5 scale

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:
- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

☐ YES ☐ NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

☐ YES ☐ NO

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

☐ YES ☐ NO

3. Been constantly on guard, watchful, or easily startled?

☐ YES ☐ NO

4. Felt numb or detached from people, activities, or your surroundings?

☐ YES ☐ NO

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

☐ YES ☐ NO

≥ 3 positive screen

Drug Abuse Screening Test (DAST-10)

In the past 12 months…

1. Have you used drugs other than those required for medical reasons?

☐ YES ☐ NO

2. Do you abuse more than one drug at a time?

☐ YES ☐ NO

3. Are you unable to stop using drugs when you want to?

☐ YES ☐ NO

4. Have you ever had blackouts or flashbacks as a result of drug use?

☐ YES ☐ NO

5. Do you ever feel bad or guilty about your drug use?

☐ YES ☐ NO

6. Does your spouse (or parents) ever complain about your involvement with drugs?

☐ YES ☐ NO

7. Have you neglected your family because of your use of drugs?

☐ YES ☐ NO

8. Have you engaged in illegal activities in order to obtain drugs?

☐ YES ☐ NO

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

☐ YES ☐ NO

10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?

☐ YES ☐ NO

≥ 1 positive screen

Red Flags for Prescribers

- Threatening/aggressive behavior towards staff or practitioner
- Sedated/intoxicated appearance
- Refusal to authorize release of medical records
- Refusal to sign controlled substance agreement
- Refusal to try non opioid therapies not previously prescribed
- Concurrent use of multiple pharmacies
- Recurrent ER pain visits for non-emergent pain
- Obtaining controlled substances from multiple prescribers
- Allergies or intolerances to multiple non opioid analgesics
- Fixating on controlled substances or requests for drugs by name
- Request for early controlled substance refills
- Lost or stolen controlled substance prescriptions
- Prescription tampering or forgery
- Misuse of controlled substances (obtaining from family/friends/streets)
- History or suspicion of controlled substance diversion
- Continuing to request and take opioids despite a lack of benefit and/or in the face of toxicity

Opioids can cause serious adverse events including sedation, respiratory depression, arrhythmias, addiction and death. There is also a risk for diversion. Universal precautions, biopsychosocial evaluation, risk assessment and informed consent are required before initiating or continuing opioid analgesics.

CLINICAL INFORMATION AND DOCUMENTED WORKFLOWS

Reframing
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Toolkit Literature
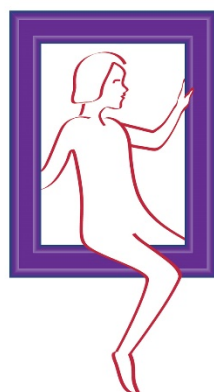
Reframing
Optimal
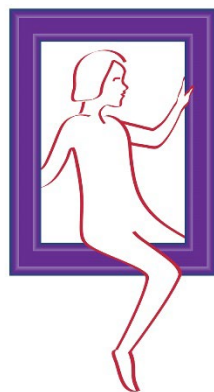Management
of Pain

Due to formatting and functionality, you will receive this resource in an email after completing the training. Download and save document to open embedded resources.

Clinical Guidelines	Source	PDF Double click to open
Chronic Pain Management Guidelines, September 2020	University of Michigan Health System	16) UM Chronic Pain Gdln 1-2021 final.pdf
CDC Guideline for Prescribing Opioids for Chronic Pain-United States 2016	Centers of Disease Control and Prevention: Morbidity and Mortality Weekly Report	17) CDC Rx Guidelines.pdf
Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder	Department of Health and Human Services	23b) SAMHSA Practice Guidelines M.

Pain Management		
A Review of Potential Adverse Effects of Long-Term Opioid Therapy: A Practitioner's Guide	The Primary Care Companion for CNS Disorders	12) A Review of Potential Adverse Effe
Pain Management with Opioids in 2019-2020	Journal of American Medical Association Insights	10) Opioids in 2020 JAMA 2019.pdf
Clinical Guideline: Nonpharmacologic and Pharmacologic Management of Acute Pain From Non-Low Back, Musculoskeletal Injuries in Adults	American College of Physicians	11) Acute MSK pain mgmt gdln Annals 20
Pressure Pain Sensitivity in Patients with Suspected Opioid-Induced Hyperalgesia	Regional Anesthesia and Pain Medicine	26) OIH article and ed 2015 (1).pdf
First Steps in Quality Improvement: A Pilot Program for the Management of Acute Sickle Cell Pain	Journal of Clinical Outcomes Management	27) Sickle pain JCOM article 2002.pdf
Six Building Blocks: A Team Based Approach to Improving Opioid Management in Primary Care	Agency for Healthcare Research and Quality	28a) Six bb-guide-introduction 28b) Six bb-guide-stage1 prep 28c) Six bb-guide-stage2 dcsi

University of Michigan
Epic Workflows:
PEG and DAST-10

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PEG Workflow in Epic

1. Confirm patient is 60 + years old and navigate to the 'Rooming Tab' of an open encounter.
2. Click PEG Score (red).
3. Mark patient Pain, Enjoyment, and General Activity levels.
4. Epic will calculate the 'Score' and will display the average in the chart (blue).

DAST-10 Workflow in Epic

*Can push to portal by sending secure message to patient

1. Confirm patient is 60 + years old and navigate to the 'Rooming Tab' of an open encounter
2. Click the 'Assign Questionnaire' link (red)
3. In search box, type 'DAST', select Amb DAST-10 questionnaire and accept it. *
4. Close patient's window and reopen it for 'Answer Incomplete Questionnaire' link to appear; click link (black). **Or hit F5 key for shortcut.**
5. Enter patient's DAST-10 screening results.

Assigning Questionnaires for Virtual Visit

- Search 'MM AMB VIDEO' to indicate LOCATION of Questionnaire

- Search 'AMB PEG SCALE'
- *Follow instructions on previous slide to complete 'Questionnaire Assignment' process

Click 'Plan/Wrap' tab (red) to see results and responses for questionnaires (black).

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Epic Workflows:
Controlled Substance Order Set

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How to access ORDER SET for Controlled Substances in Epic

Click on *Smart Sets*; type "control" in search box and get:

Click *Controlled Substance Management* (*not* Monitoring that is below), then *Open Smart Set* and get:

Drug 10 is prechecked but can be unchecked and replaced by one of the others when appropriate.

ROMPO Checklist
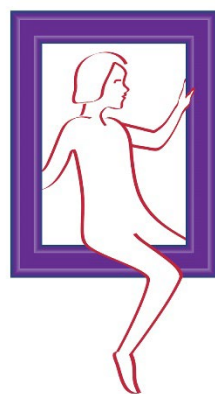
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ROMPO Checklist

Check-In Staff

☐ **Provide PEG & Body Pain Map document to patients 60 years and older** to fill out for the Medical Assistant.

☐ **Use the explanation at the top of the PEG & Body Pain Map** document when handing to the patient.

☐ **Ask patients** to read the instructions on the PEG document, complete it if it applies to them, and then give it to the MA when s/he takes them to the visit room.

Medical Assistant

☐ **Take the PEG from the patient.** If it was completed and indicates Pain > 0, then **this is a ROMPO Patient**.

☐ Make sure to **enter the results into the PEG under the Rooming Tab** in EPIC. Otherwise, recycle the paper.

☐ **Hand completed PEG & Body Pain Maps > 0 to the Provider** when they enter the room with the Patient.

Provider

☐ **If PEG & Body Pain Map document indicates pain score > 0, then this is a ROMPO Patient:**
  o **Verify PEG results** are in EPIC under the Rooming Tab.

☐ **When a patient has pain, consider:**
  ☐ How their pain is currently being treated.
  ☐ Whether the current treatment is effective.
  ☐ Non-opioid prescribing options.
  ☐ Non-pharma options:
    ▪ Physical Therapy referral
    ▪ Behavioral Health referral
    ▪ Social Work referral
  ☐ Implementing Shared Decision-Making with the patient.
  ☐ Assuring the patient that you will guide them to the most effective pain treatment options.

☐ **If the patient is currently on an opioid prescription, or you will be prescribing an opioid:**
  ☐ Complete the DAST-10 screening in EPIC.
  ☐ Discuss opioid treatment risks.
  ☐ Access the EPIC Controlled Substance Management SmartSet for recommended Urine Drug Screenings and the Controlled Substance Agreement; enter "controlled" in the SmartSet search bar.
  ☐ Consult your state's Prescription Drug Monitoring Program (PDMP) before issuing or renewing opioid prescriptions and align with Morphine Milligram Equivalent (MME) recommendations found in EPIC.
  ☐ Determine next steps for prescribing and consider:
    ▪ Tapering methods to reduce current opioid prescriptions.
    ▪ Non-opioid prescribing options to accompany or potentially replace opioid medications.
    ▪ Accompanying treatments and resources for behavioral and psychosocial concerns.
    ▪ When Opioid Use Disorder (OUD) is indicated, determine what the treatment options are.

ROMPO Resources

• Send questions and requests for treatment consultations to ROMPO@altarum.org.

• Access the ROMPO toolkit, resources, and training video & materials at https://altarum.org/ROMPO.

• Contact the ROMPO Practice Facilitators: carrie.coon@altarum.org; lauren.marshall@altarum.org.

MAT Table

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.	Methadone	Buprenorphine	Naltrexone
History of Evidence Base	60 years	20 years	10-15 years
Form	Oral	Oral and injection	Injection (oral is inaffective and rarely used)
Mechanism of Action	Agonist	Partial agonist	Antagonist
Side Effects	Euphoria, sedation Will subside after time Goal is to supress desire to use opioids	Possible nausea and sedation Will subside after time Goal is to suppress desire to use opioids	No feelings of euphoria or high Can suppress craving
Additional opioid use?	Yes, can use opioids on top of dose and will experience a high. Added overdose risk.	Strongly binds to opioid receptors, can prevent other opioids from further activation of receptors to produce a high.	Patient experiences no reward from opioid use. Receptors are blocked.
When to start?	Can initiate treatment same day as opioid use	6-12 hours after last short or intermediate-acting opioid use in order to avoid precipitous withdrawal, fentanyl and methadone extend wait time up to days	12-18 days after opioid use in order to avoid precipitated withdrawal, fentanyl and methadone extend wait time
Imact on withdrawal	Provides some relief	Provides some relief	No impact
Who can prescripe?	Strict regulations, usually patients can only seek methadone treatment through specific certified Opioid Treatment Programs (OTP) or clinics	Clinicians no longer need X-waiver course and can submit Notice of Intent to treat up to 30 pateints; can be prescribed in any setting	Can be prescribed by any clinician in any setting

Information for Obtaining an XDEA Waiver

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DEA Buprenorphine X Waiver

What is the X Waiver?

The X Waiver is special Drug Enforcement Agency (DEA) issued permission to prescribe Buprenorphine for Opioid Use Disorder (OUD) treatment, otherwise known as Medication Assisted Treatment (MAT).

Who can apply?

- Physicians (MD and DO)
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Clinical Nurse Specialists (CNS)
- Registered Nurse Anesthetist (CRNA)
- Certified Nurse Midwifes (CNM)

For information on buprenorphine waiver processing, contact the SAMHSA Center for Substance Abuse Treatment (CSAT) at 866-BUP-CSAT (866-287-2728) or infobuprenorphine@samhsa.hhs.gov.

What training is involved?

Recent changes to practice guidelines allow providers to bypass some of the previous training requirements for certain situations. Eligible providers can submit a Notice of Intent (NOI) to treat up to **30 patients** without the need for official training or addiction medicine/psychiatry certification. Although formal training is not required, it's recommended that providers familiarize themselves with OUD and the available treatment options. More information about Buprenorphine waiver training can be found here.

If interested in treating more than 30 patients, clinicians will need to abide by the previous requirements.

- Complete training—8 hours for physicians and 24 hours for mid-level practitioners

Training for Michigan and Ohio providers can be found through the Michigan Opioid Collaborative program here.

Application Process

Apply through the Substance Abuse and Mental Health Services Administration (SAMHSA), by completing the following form: X Waiver Application (Notice Of Intent).

Mid-Level practitioners should check 'SAMHSA's Clinical Support System (PCSS) in 'CERTIFICATION OF QUALIFYING CRITERIA' and 'practice guidelines' in text box for date.

Physicians should select 'other' in 'CERTIFICATION OF QUALIFYING CRITERIA' and 'practice guidelines in text box for training city.

Source: SAMHSA Programs MAT Information, Updated: June 24, 2021
https://www.samhsa.gov/medication-assisted-treatment/practitioner-resources/faqs
https://www.samhsa.gov/medication-assisted-treatment/find-buprenorphine-waiver-training
https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner

Care Pathways

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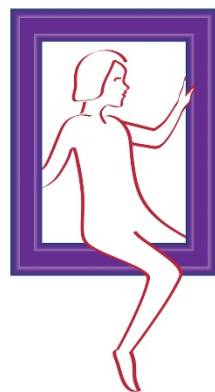
Reframing Optimal Management of Pain

Structured Care Pathways for Patients Experiencing Pain

Document pain score using the PEG ➤

CP1: Chronic pain; No current opioid use

- Avoid prescribing opioids
- Non-pharmacological treatments
- Non-opioid pharmacological therapy

CP2: Acute pain; No current opioid use

- Avoid prescribing opioids for mild/ moderate pain
- For severe pain:
  - Local treatments
  - Low dose of opioids
    - ○ Few number of pills
    - ○ No refills

CP3: Chronic pain; Chronic opioid use

- Individualized treatment plan
- Taper & Conversion strategy
  - Buprenorphine
- Naloxone

CP4: Opioid Use Disorder

- Taper & Conversion strategy
  - Buprenorphine
- Naloxone
- Referral to community supports
- Refer for specialty SUD treatment

When treating with opioids, screen for risk using the DAST-10 and query the PDMP database.

PATIENT ENGAGEMENT AND SHARED DECISION MAKING

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Washtenaw County Resources

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ROMPO Senior Resources – Washtenaw County

COUNSELING/MENTAL HEALTH SERVICES
- CSSW Behavioral Health Services 734-971-9781
- Chelsea Behavioral Health Services...........................800-328-6261
- alt. number 734-593-5251
- Jewish Family Services (JFS) 734-769-0209
- U-M Psychiatric Emergency Services 24-hr Crisis Ctr..734-936-5900
- WC Community Mental Health....................................734-544-3050

ELDER ABUSE/DOMESTIC VIOLENCE
- Adult Protective Services (Elder Abuse).......(toll-free) 855-444-3911
- CSSW Alternatives to Domestic Aggression.................734-971-9781
- CSSW Senior Services Resource Advocacy...................734-971-9781
- SafeHouse Ctr (Domestic Violence/Sexual Assault) 734-995-5444

EMERGENCY SERVICES (Food, Shelter, Utilities, Crisis)
- American Red Cross 734-971-5300
- Community Resource Center (Manchester).................734-428-7722
- CSSW Food Pantry..734-662-4462
- Faith in Action (Dexter & Chelsea School Districts)......734-475-3305
- Friends in Deed...734-484-4357
- House by the Side of the Road 734-769-4085
- JFS Food Pantry & Clothing Programs 734-769-0209
- Northfield Human Services 734-449-0110
- Saline Area Social Services..734-429-4570
- Salvation Army Family Store & Donation Ctr 734-332-3948
- Salvation Army Ann Arbor..734-668-8353
- Salvation Army Ypsilanti...734-482-4700
- Shelter Association of Washtenaw County 734-961-1999
- S.O.S. Community Crisis Center (food).......................734-484-9945
- U-M Psychiatric Emergency Services 24-hr Crisis Ctr ...734-936-5900
- WC Dept. of Health and Human Services 734-481-2000

HOME HEALTH CARE
- EHM Senior Solutions (Shared Services).....................734-222-4037
- St. Joseph's Mercy (Chelsea).....................................734-593-6000

MEALS

- Group Meal Sites .... see "Senior Centers" list
- WC Meals on Wheels and Senior Café Program...........734-544-2977
- Home-Delivered Meals
- Ann Arbor Meals on Wheels 734-998-6686
- Chelsea/Manchester..734-475-9242
- Dexter...734-426-7737
- Milan Seniors for Healthy Living 734-508-6229
- Saline...734-429-9274
- Ypsilanti Meals on Wheels....................................734-487-9669
- The Washtenaw County Office of Community and Economic Development (OCED)
 734-544-2977

NURSING HOMES & INFORMATION

- Housing Bureau for Seniors......................................734-998-9339
- Michigan Department of Community Health
- Complaint Intake Unit...800-882-6006
- Michigan Long-Term Care Ombudsman 866-485-9393
- Evangelical Homes (Saline).....................................734-429-9401
- Gilbert Residence 734-482-9498
- Glacier Hills Care & Rehabilitation Center 734-769-6410
- United Methodist Retirement Communities 734-433-1000

SENIOR CENTERS

- A2 Community Ctr..734-662-3128
- A2 Sr Center...734-794-6250
- Chelsea 734-475-9242
- Dexter...734-426-7737
- Jewish Community Ctr..734-971-0990
- Lincoln 734-483-8366
- Milan..734-508-6229
- Northfield Twp 734-449-2295
- Pittsfield 734-822-2117
- Saline..734-429-9274
- U-M Turner Sr. Res 734-998-9353
- Ypsilanti (City)...734-483-5014
- Ypsi. Twp 50 Beyond 734-544-3838

SENIOR SUBSTANCE ABUSE

- Alcoholics Anonymous 734-482-5700
- Chelsea Behavioral Health Services...........................800-328-6261
- CSSW Behavioral Health Services 734-971-9781
- Dawn Farm (Spera)...734-669-8265
- Home of New Vision 734-975-1602
- Older Adult Recovery Center 734-593-5251

TRANSPORTATION

- Ann Arbor Transportation Authority (Info Line) 734-973-6500
- HVA Mobility Transportation (Wheelchair Vans)...........734-477-6404
- Jewish Family Services (JFS) 734-769-0209
- Manchester Senior Citizens 734-385-6308
- Milan Seniors for Healthy Living................................734-508-6229
- Night Ride and Holiday Ride......................................734-528-5432
- People's Express..877-214-6073
- The WAVE (Western Washtenaw Area Value Express)...734-475-9494

WEBSITES

- Ahead of the Curve ....getaheadwashtenaw.org
- Catholic Social Services of Washtenaw County......csswashtenaw.org
- Click on "Services for" then "Older Adults" .... ewashtenaw.org
- Human Services Resources ....uwwashtenaw.org
- Jewish Family Services (JFS) ....Jfsannarbor.org
- MI Access to Services for Seniors ....michigan.gov/miseniors
- Non-profit Credit Counseling ....greenpath.org
- U-M Geriatrics Center .... med.umich.edu/geriatrics/index.htm
- United Way volunteer opportunities ....volunteerwashtenaw.org
- WC Aging Collaboration ....blueprintforaging.org
- Low-Cost Medical Equipment........michiganloanclosets.us/washtenaw

University of Michigan
Ongoing Use of
Controlled Medication Agreement

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Patient-Provider Agreement for Ongoing Use of Controlled Medication

BIRTHDATE

NAME

The use of the following medicine(s)_____
(list medicine names)

    Is only one part of my treatment for_____.

Primary Prescribing Doctor: _____

What should I know about this medication?

This controlled medication may help me.

Opioid pain medications often have side effects, which may include but are not limited to:
- Itching
- Rash
- Severe constipation
- Trouble urinating or passing stool
- Depression getting worse
- Problems thinking clearly

Anxiety & Sleep medicine(s) can cause:
- Dizziness
- Memory problems

Combining drugs can cause:
- Overdose
- Trouble breathing
- Death

Stimulant medicines (such as for ADHD) can cause:
- High blood pressure
- Fast or irregular heart beats

I could become addicted to this medicine.

If I must stop this medicine for any reason, I need to stop it slowly. Stopping it slowly will help me avoid feeling sick from withdrawal symptoms. If I decide to stop my medication, I will contact my doctor.

If I or anyone in my family has ever had drug or alcohol problems, I have a higher chance of getting addicted to this medicine.

If I take this medicine and drink alcohol or use illegal drugs I:
- May not be able to think clearly
- Could risk hurting myself (such as a car crash)
- Could become ill or even die

My doctor can only prescribe this medicine if I do not use illegal drugs.

If I do not use this medication exactly as prescribed, I risk hurting myself and others.

I will not increase my medicine dose without being told to do so by my doctor.

This medicine will not be refilled early.

I am in charge of my medicine.
- I know my medicine will not be replaced if it is stolen or lost.
- I will not share or give this medicine to other people.

What can I do to help?

Bring my pill bottles with any pills that are left to each clinic visit.

When asked, I will give a urine and/or blood sample to help monitor my treatment. <u>I understand that clinic policy requires regular testing</u>.

Go to appointments and tests set up by my doctor. These may include physical therapy, x-rays, labs, mental health, etc. If I miss my appointments, it may not be safe for me to stay on this medicine. If I miss appointments, my doctor may want an office visit before giving refills.

Be on time for appointments. If I arrive late to an appointment for prescription refills, my appointment may be re-scheduled. I may not be given my prescription until I am seen by my doctor.

Give my doctor permission to talk to my pharmacy. My doctor will check my prescription fill history by State Pharmacy registries and may call my pharmacy.

If my doctor decides that the risks outweigh the benefits of this medicine, my medicine will be stopped in a safe manner.

How can I get my prescriptions?

I can only get this prescription from my primary prescribing doctor's office.

I will not get controlled medications from other providers (including the Emergency Department), without checking with my primary prescribing doctor.

Controlled-substance prescriptions are monitored. These prescriptions often need a paper-prescription signed by my doctor that cannot be mailed, faxed, or called to pharmacy. This type of prescription takes 24 hours before it will be ready for pick-up from clinic.

I will only use one pharmacy to fill these prescriptions.

Refills will be given <u>only</u> during normal office hours. Clinic policy prevents on-call doctors from giving controlled-substance prescriptions. No refills will be given when the office is closed.

I know that unless my doctor tells me otherwise, I need a scheduled appointment to get prescription refills.

If my doctor decides it is safe for me to get a refill without an appointment, only I or someone I choose can pick up a prescription from the clinic. This person may be asked to show ID.

What are reasons for ending the agreement?

I may not be able to obtain controlled prescriptions from the University of Michigan Health System if I take more medication than is prescribed, if I fail to give requested urine or blood for testing, if those tests fail to contain the proper amounts of my prescribed medication, if non-prescribed medications (from friends, other prescribers, the ED, street purchases) are present, or if illegal drugs, including marijuana, are present.

I may not be able to be seen in this or any University of Michigan clinic if I am disruptive or threatening towards staff.

I understand that under State of Michigan law, the non-medical use of controlled substances (lying to get medications, giving or selling these medicines to others) is a crime and will result in termination of controlled medication treatment by UMHS.

ATTESTATION:
Today, this treatment agreement has been reviewed with the patient and the implications explained. All questions were answered. After electronically signing, this agreement will be posted automatically to the medical record and a copy of this agreement will be printed and given to the patient for his/her own records.

Date _____

Motivational Interviewing
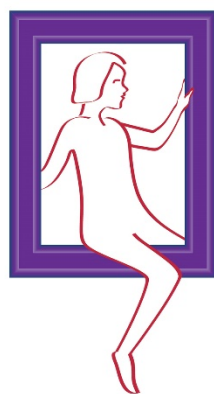
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Motivational Interviewing

What is Motivational Interviewing (MI)? MI is an evidence-based counseling model that aims to help patients initiate and commit to behavior change by confronting ambivalence and building intrinsic motivation.

Approach	Principals	Core Skills
Partnership: MI is a cooperative process, where the individual is the expert of their own life and the provider helps guide them through change.	**Avoid Arguing:** Assume the patient is telling the truth about their experiences, thoughts, and conclusions. They are the experts in their own lives and contradicting that will halt the MI process.	**Open Ended Questions:** Asking open ended questions (not simple yes/no answer) allows patients the opportunity to lead the conversation.
Acceptance: As the provider, it's important to approach this process without judgement, allowing the patient to make their own decisions.	**Roll with Resistance:** Changing behavior is difficult and not straightforward. As the provider, it is your responsibility to stay the course regardless of the resistance a patient might have.	**Affirmations:** Affirming a patient's stated goals, strengths, and successes demonstrates your support and expresses your confidence in the patients' ability to change.
Compassion: The MI journey often uncovers traumatic and challenging emotions that require the provider be compassionate and understanding.	**Express Empathy:** As a provider, your approach is often rooted in clinical knowledge and problem solving, but the MI process relies on your ability to work with the patient and show empathy for their situation and history.	**Reflective Listening:** The MI process involves active listening, requiring you to reiterate/rephrase/repeat what the patient is saying and help facilitate deeper understanding.
Evocation: Behavior change relies on the individuals own desire and motivation to change, as the provider it is your responsibility to help bring those ideas to the surface.	**Develop Discrepancy:** As the provider, it is your responsibility to help bring discrepancies between a patients' current behavior and their personal goals. Recognizing the disconnect between actions and consequence is an essential part of the change process.	**Summarize:** It is important to recap and summarize your understanding of the patients' narrative and ask clarifying questions to avoid misunderstanding.
	Support self-efficacy: Empowering patients to rely on their internal and natural capacities helps build their confidence and encourages their ability to work through challenges.	

How can MI benefit your patients?

- Increased adherence to care plans
- Reduce risk of substance use and/or overdose
- Builds trust with medical system
- Leads to positive behavior change
- Can lead to life saving change

Considerations for Older Adults:

- Slow down the pace of your questions, but use a respectful tone
- Some patients may be in stages of cognitive decline, causing them to forget.
- Be careful and avoid talking to your patient as if they were a child
- Be cognizant of your own biases
- Many patients have multiple health conditions, complicating their medical care and adherence to treatment
- Older adults often face multiple losses (physical mobility, friends/partners, cognitive capacity, etc.)

Resources:

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Gavin, K. (2016, October 21). *Opioid Overdose & Addiction: Administering Buprenorphine*. University
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Impacting the opioid crisis: Prevention, education, and practice for non-prescribing providers. Opioid
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Using motivational interviewing to improve health behaviors in psychotic patients. Psychiatric Times.
    (n.d.). Retrieved May 30, 2021, from https://www.psychiatrictimes.com/view/using-motivational-
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AHRQ SHARE Approach
Fact Sheet

**Reframing
Optimal
Management
of Pain**

The SHARE Approach:
A Model for Shared Decision Making

The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.

STEP 1

Seek your patient's participation.

STEP 2

Help your patient explore & compare treatment options.

STEP 3

Assess your patient's values and preferences.

STEP 4

Reach a decision with your patient.

STEP 5

Evaluate your patient's decision.

Shared decision making occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.

Benefits of the **SHARE Approach**

Both health care professionals and patients benefit from using shared decision making.

Benefits to Health care Professionals:

- Improved quality of care delivered
- Increased patient satisfaction

Benefits to Patients:

- Improved patient experience of care
- Improved patient adherence to treatment recommendations

Using the SHARE Approach builds a trusting and lasting relationship between health care professionals and patients.

SHARE Approach Resources

The Agency for Healthcare Research and Quality (AHRQ) provides a collection of tools and training resources to support the implementation of shared decision making in practice. Refer to the **AHRQ Shared Decision Making Toolkit Website** to locate resources such as:

SHARE Approach Workshop Curriculum:
Collection of training guides, slides, videos, and other resources to support the training of health care professionals on shared decision making and SHARE Approach implementation

SHARE Approach Tools:
Collection of reference guides, posters, and other resources designed to support AHRQ's SHARE Approach implementation

SHARE Approach Webinars:
Accredited webinars that review topics related to the implementation of patient-centered outcomes research in shared decision making

SHARE Approach Success Stories:
AHRQ's SHARE Approach tools and resources are used by organizations nationwide to implement shared decision making in health care. These case studies highlight stories of successes and best practices by describing the use and impact of the AHRQ's SHARE Approach strategies and tools by health systems, clinicians, academicians, and other professionals.

These resources provide health care professionals with the training and tools they need to implement the SHARE Approach in their practice.

Go to: **www.ahrq.gov/shareddecisionmaking**