CC. Behavioral Health: Patient Centered Compliance in a World of Pain

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Patient-Centered Compliance in a World of Pain

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Learning Objectives

1. A brief history of pain management and the paradigm shift towards use of opioids to treat chronic pain;
2. A discussion of the practical challenges and far-reaching clinical, legal and ethical consequences of providing inadequate pain care for patients who legitimately need opioids;
3. An overview of the practical challenges and far-reaching clinical, legal and ethical consequences of indiscriminate and over-prescribing of opioids;
4. A summary of recent legal and clinical developments in pain management and/or opioid prescribing; and
5. Practical strategies that hospitals and physicians can utilize to mitigate patient harm, manage risks, and ensure legal compliance.
"Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage."

International Association for the Study of Pain

- Complex
- Primary determinant of health
- Subjective Assessment
- Addictive behavior

“Pain is a more terrible lord of mankind than even death itself.”

Dr. Albert Schweitzer, 1931
An Important Pain Distinction

**Acute Pain—Focus on Resolving**
- Sudden Onset
- Tissue Damage-identifiable cause
- Biological Function
- Short Duration w/ end point
- Resolves when cause ends
  - Broken Bone Heals
  - Diseased Tooth Removed

**Chronic Pain—Focus on Control/ADL**
- Duration 3-6 months +
- Debilitating
- Limits ADL
- Persists After Healing Period OR
- No Identifiable Source
  - Low back pain after surgery
  - Fibromyalgia


Evolution: Pain Management & Control

Fate Punishment
Comfort to Injured Soldiers
Anesthesia & Morphine during surgery
Solution to ALL Ailments
Widespread Addiction
Controlled Substances (CSA & DEA)

[Medhurst, 2003; Saboorski, Schafer, Bruner, & Radbruch, 2004]
# Opiates Vs. Opioids

<table>
<thead>
<tr>
<th>Opiates</th>
<th>Opioids</th>
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<tbody>
<tr>
<td>Natural Alkaloids derived from the poppy seed—contains opium</td>
<td>Semi-synthetic or fully synthetic compounds that share some of the chemical structures of opiates</td>
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<tr>
<td><strong>Examples:</strong> • Morphine • Codeine • Heroin • Opium</td>
<td><strong>Examples:</strong> • Oxycodone • Hydrocodone • Hydromorphone • Fentanyl • Methadone</td>
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12 CFR 1300.01

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## PAIN MANAGEMENT PENDULEUM SHIFT

1977 American Pain Society
Public call to manage & reduce pain

1996 American Pain Society—Pain as the 5th Vital Sign

2001 Joint Commission Pain Initiative & Statement

2006 CPT Pain Codes
Change from anatomical sites of pain to type of pain

The new codes related to pain are:
- 330.0, Central pain syndrome
- 330.11, Acute pain due to trauma
- 330.12, Acute post-thoracotomy pain
- 330.18, Other acute postoperative pain
- 330.19, Other acute pain
- 330.21, Chronic pain due to trauma
- 330.22, Chronic post-thoracotomy pain
- 330.26, Other chronic postoperative pain
- 330.28, Other chronic pain
- 330.3, Nociception-related pain (acute) (chronic)
- 330.4, Chronic pain syndrome— this condition is not chronic pain and therefore should only be specifically documented as this condition.

Generalized pain is coded to 789.96.
Pharmaceutical Industry Promotion of Opioids

[Text from legal document]

Dueling Headlines

New Opioid Limits Challenge the Most Pain-Prone

Dr. Baldi, acquitted on all charges, wants to return to work

https://everettwa.gov/DocumentCenter/View/9016
Today’s Solution is Tomorrow’s Problem...

- Addiction to Prescription Opioid Medications
- Drug Diversion of Prescription
- Transition to Illegal Drugs/Addiction
- Public Health Crisis

Federal Laws

- Comprehensive Addiction and Recovery Act of 2016
- Ensuring Patient Access & Effective Drug Enforcement Act of 2016
- Improving Regulatory Transparency New Medical Therapies Act
- Patient Protection & Affordable Care Act, Section 4305
State Opioid Prescription Statutes & Regulations

HOUSE . . . . . . . . . . . . . . No. 4056

The Commonwealth of Massachusetts

The committee of conference on the disagreeing votes of the two branches with reference to the Senate amendment (striking out all after the enacting clause and inserting in place thereof the text contained in Senate document numbered 2103) of the House Bill relative to substance use, treatment, education and prevention (House, No. 3947), reports (on the substitute) recommending passage of the accompanying bill (House, No. 4056). March 8, 2016.

Brian S. Dempsey
Elizabeth A. Malia
Randy Hunt
Karen E. Spika
Jennifer L. Flanagan
Vinato Manuel deMacedo

Other Legal & Ethical Duties

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<thead>
<tr>
<th>Legal</th>
<th>Ethical</th>
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<tbody>
<tr>
<td>• CEUs/Training</td>
<td>• Autonomy</td>
</tr>
<tr>
<td>• Licensure</td>
<td>• Veracity</td>
</tr>
<tr>
<td>• Duty to Treat/Not Over Treat</td>
<td>• Best Interests</td>
</tr>
<tr>
<td>• Patient Abandonment</td>
<td>• Duty to Treat</td>
</tr>
<tr>
<td>• Drug Monitoring Programs</td>
<td>• Standard of Care</td>
</tr>
<tr>
<td>• Civil &amp; Criminal</td>
<td>• Pain Management Statements</td>
</tr>
<tr>
<td>• Payer Reimbursement (Requirements &amp; Contracts)</td>
<td>• Drug/Opioid Statements</td>
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<tr>
<td>• Facility Policies &amp; Procedures</td>
<td></td>
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<tr>
<td>• Patient Bill of Rights</td>
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<td>• Case Law</td>
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Clinical Guidelines

1. Centers for Disease Control
2. Federation of State Medical Boards
3. American Pain Society
4. See Chart in Resources

A Role for Pain Scales?

- Please rate your pain by clicking the score that best describes your pain on the 'PAINDETECT' in the past week.
- Please rate your pain by clicking the score that best describes your pain (0-100) on a visual analog scale.
- Are you experiencing any of the following side effects from your current pain treatment?

You will be asked to submit a urine toxicology screen today.

This is a random test that is determined by the computer and has nothing to do with your answers today.
Screening

- Thorough history & physical examination
- Appraisal of previous non-opioid treatment
- Psychological evaluation
- Urine drug testing
- Review of prescription drug monitoring program (PDMP)

Informed Consent—Risks, Benefits & Responsibilities

Informed Consent

Pain Contracts

Sample Compilation Agreement
Page 1 of 3

Pain Medicine Agreement

I agree to the following:
1. My prescriptions will be filled ONLY at the pharmacy listed below.
2. I authorize any of the Practice physicians listed above (and their staff) to cooperate fully with city, state or federal law enforcement agencies to investigate any possible misuse, sale or other diversion of my pain medication. I agree to waive any right to privacy or confidentiality with respect to these authorizations.
Informed Consent—Alternatives?

- Acupuncture
- Biofeedback
- Other Modalities

Pain Compliance Strategies: Physicians

- Licensing & Contractual Requirements
- Manage Patient Expectations—Focus on Self Management/Modalities
- Informed Consent—Communication Process
- Focus on Functional Goals Over Total Pain Relief
- Opioids on a Trial Basis
- Medication Choice
- Risk of Interactions
- Documentation
- Protect DEA number
- Monitoring
- Special Circumstances

Key is Culture of Commitment, Training & Accountability

- Adapted from Kirpalani, CDC Guidelines, FSMB
# Pain Compliance Strategies: Institutions

1. Documentation & EMR
2. Policies & Procedures (e.g. Opioid Limits in ED, visitor Diversion, check PMDP)
3. Multidisciplinary Treatment Plan & Case Management
4. Access to Counseling & Patient Education Services
5. Operationalize Clinical Practice Guidelines, & Checklists
6. Compliance Hotline
7. Embed into Code of Conduct, Compliance Plan/Program, Patient Rights & Satisfaction
8. P4P & VBP
9. Audit & Monitoring
10. Physician Credentialing, Peer Review & Contracting
11. Payer & Other Contracts
12. Training Program
14. Interaction EMTALA, DEA, CSA, ACA & Other Laws
15. Joint Commission/Licensure
16. Hospital-owned pharmacy, ambulances, hospice & home health

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# Pain Compliance Goal:
Do the right thing for your patient

- **Right** Policies & Procedures
- **Right** Treatment
- **Right** Training
- **Right** Time
- **Right** Patient
- **Right** Follow Up

**Right Patient Outcome!**
Scenario A

Scenario B
Resources

- Clinical Guidelines
- Screening Tool
- Checklists
- Websites
- Written Protocols, Policies & Procedures
- Training
- Documentation
- Collaboration