

Safe Outpatient Management of Sickle Cell Disease Related Chronic Pain

THOKOZENI LIPATO, MD
ASSISTANT PROFESSOR, GENERAL INTERNAL MEDICINE
VIRGINIA COMMONWEALTH UNIVERSITY

References

- A systemic review of validated risk measurement tools. *British Journal of Anaesthesia*, 119 (6): 1092–109 (2017)
- Intensity of Chronic Pain — The Wrong Metric? *N Engl J Med* 2015; 373:2098-2099
- Field JJ. Five lessons learned about long-term pain management in adults with adults sickle cell disease. *Hematology Am Soc Hematol Educ Program*. 2017 Dec 8;2017(1):406-411
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Resources



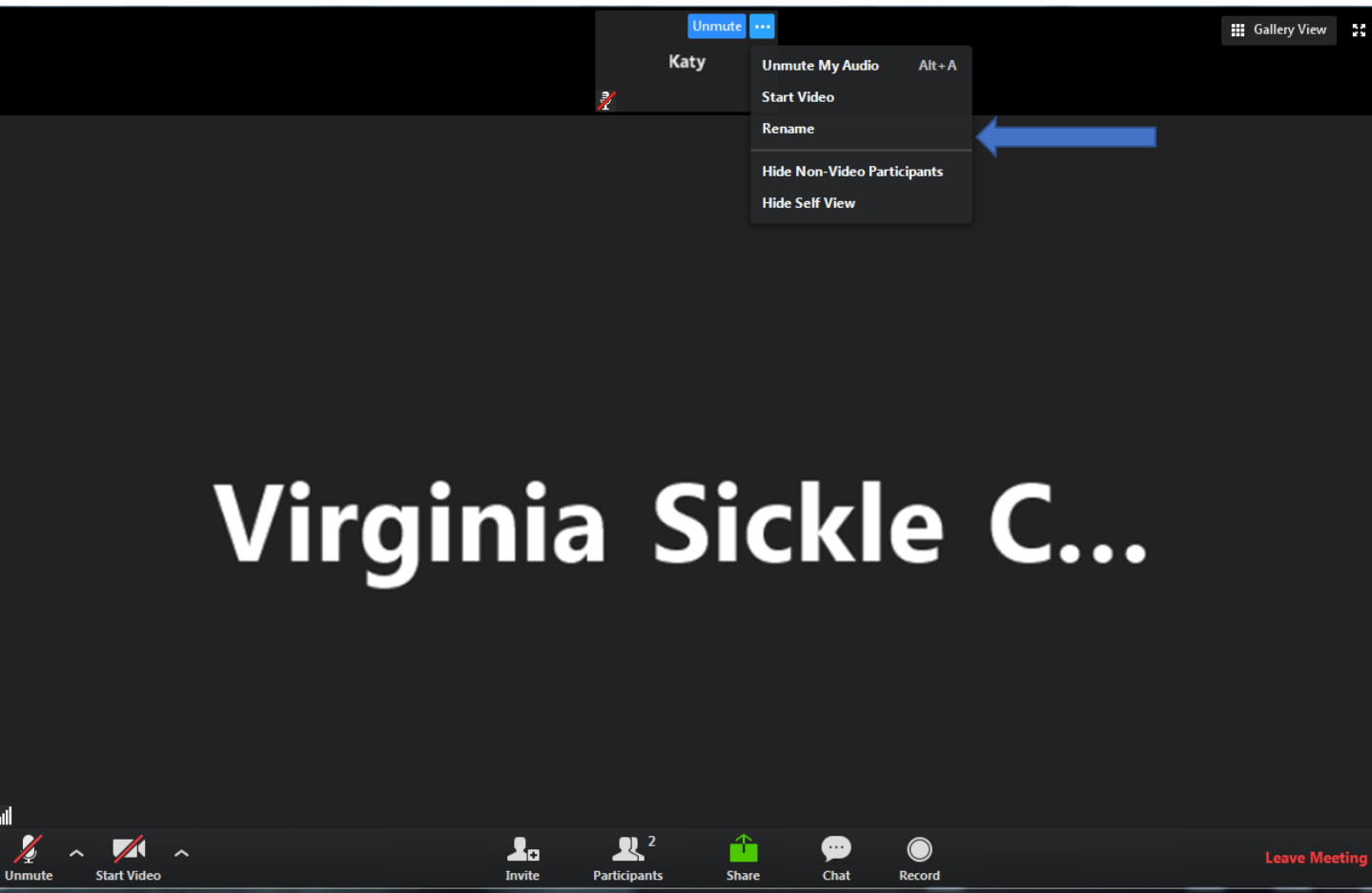
Virginia Sickle Cell Disease ECHO* Clinic

April 10th, 2019

*ECHO: Extension of Community Healthcare Outcomes

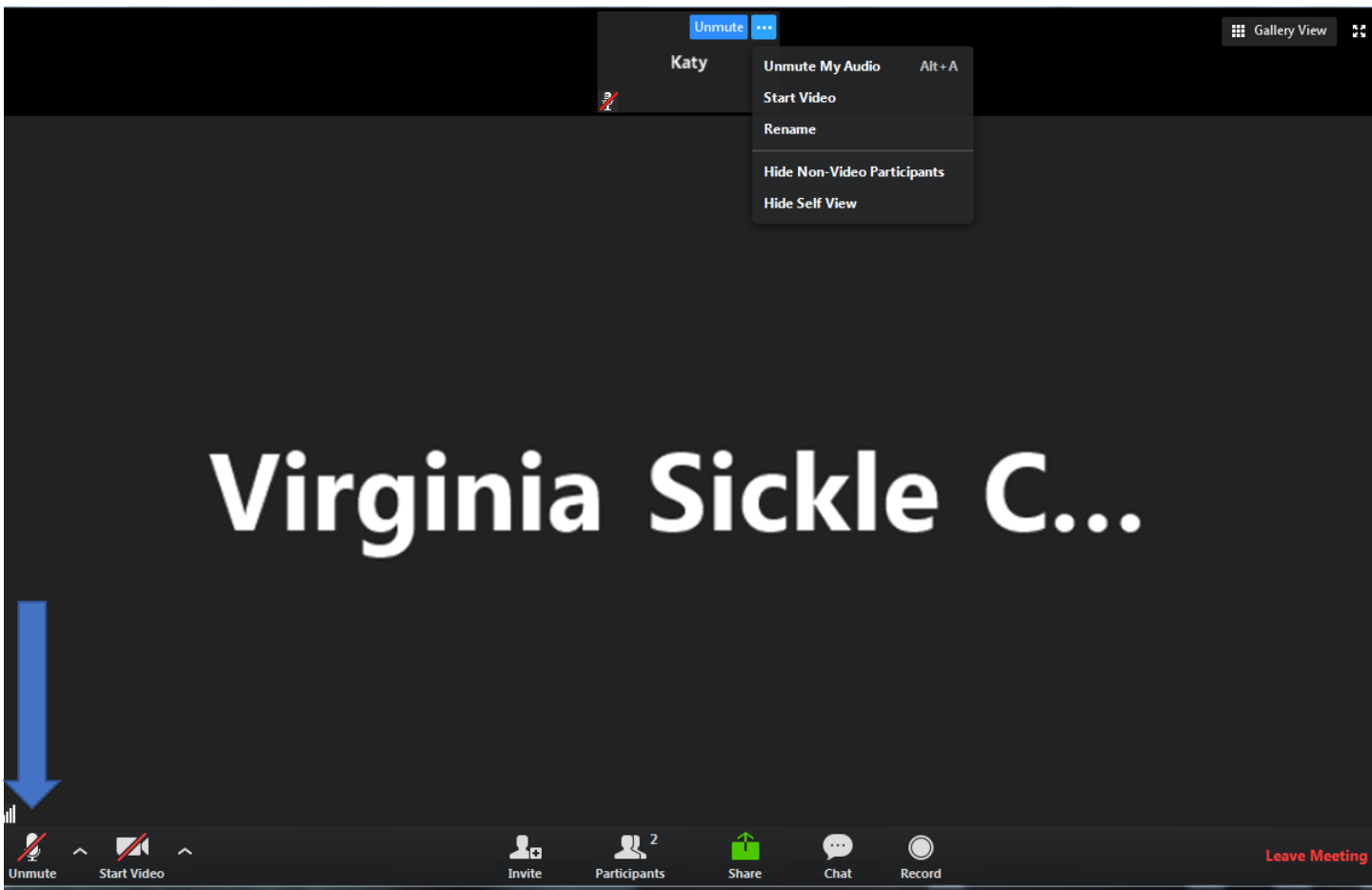


Helpful Reminders



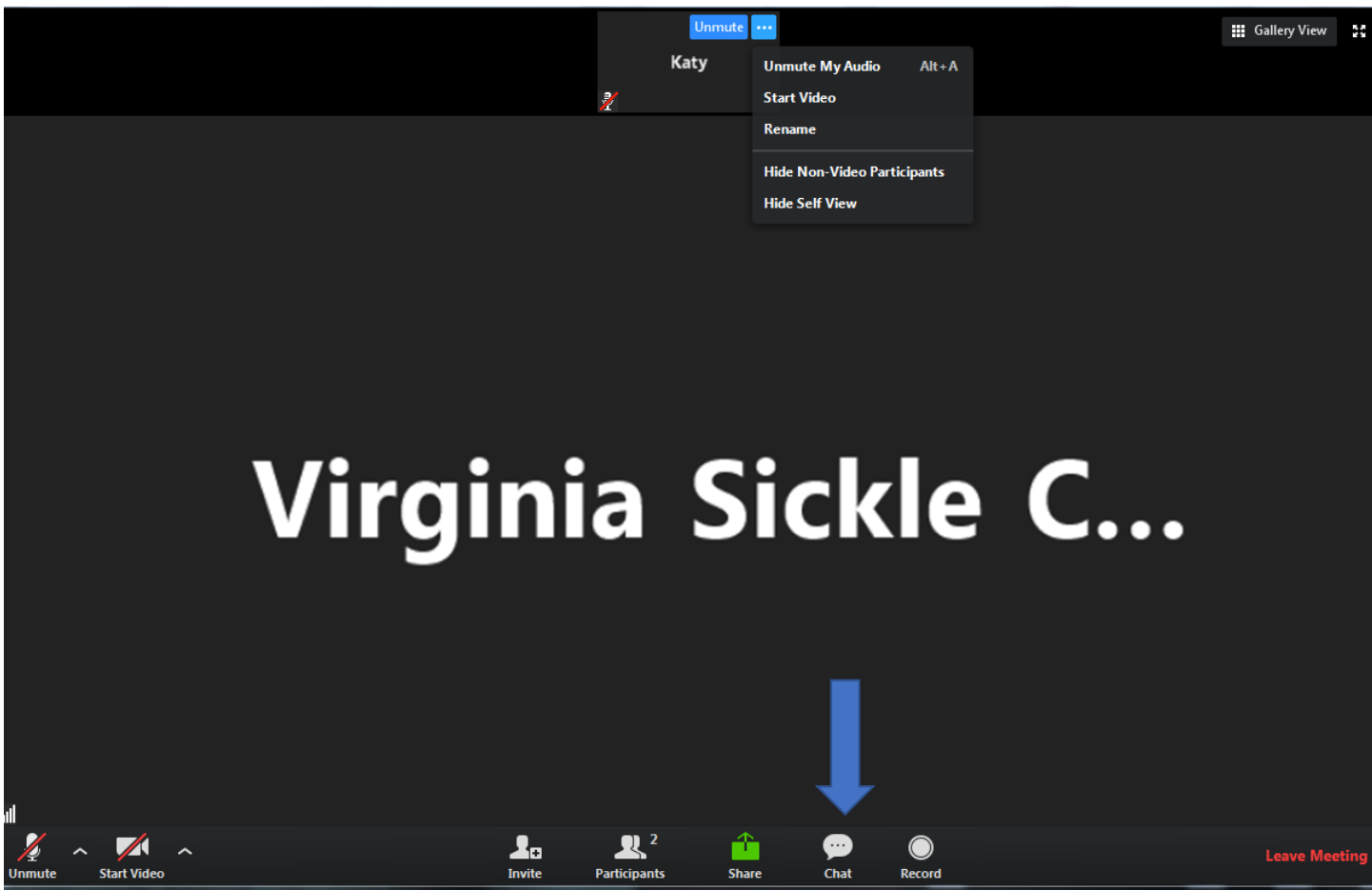
- Rename your Zoom screen, with your name and organization

Helpful Reminders



- You are all on **mute**
please **unmute** to talk
- If joining by telephone
audio only, ***6** to mute
and unmute

Helpful Reminders



- Please type your full name and organization into the chat box
- Use the chat function to speak with IT or ask questions

VCU Sickle Cell Disease ECHO Clinics



- Monthly 2 hours tele-ECHO Clinics
- Every tele-ECHO clinic includes 2 case presentations and a didactic presentation
- Didactic presentations are developed and delivered by inter-professional experts in Sickle Cell Disease care and management

Website Link: <http://vcuhealth.org/sicklecellecho>



Hub Introductions



VCU Team	
Clinical Director	Wally R Smith, MD
Administrative Medical Director ECHO Hub and Principal Investigator	Wally R Smith, MD
Clinical Expert	India Y Sisler, MD Thokozeni Lipato, MD Jennifer Newlin, PA Mica Ferlis, NP
Didactic Presentation	Thokozeni Lipato, MD
Program Manager	Shirley Johnson, LSW
IT Support	Daniel M Sop, M.Sc.Eng
Administrative Assistant	Donna Casey
Clinical Social Worker	Taylor Elliott, MSW
Patient Navigators	Marla Brannon, BSW Stefani Vaughan-Sams
Prior Authorization Specialist	Austin Hardy

Spoke/ Participant Introduction

- Name
- Organization

What to Expect

- I. Case presentation #1 – Elizabeth Yang, MD, PhD
 - i. Case summary
 - ii. Clarifying questions
 - iii. Recommendations
 - iv. Recap

- II. Didactic Presentation

Title: Safe Outpatient Management of Sickle Cell Disease Related Chronic Pain
Presenter: Thokozeni Lipato, MD

- III. Case presentation #2 – Chelsea Rivenbark, NP
 - i. Case summary
 - ii. Clarifying questions
 - iii. Recommendations
 - iv. Recap

- IV. Closing and questions



Lets get started!

Case Presentation #1



Case Presentation #1



- 12:50PM to 1:15pm [25 min]
 - Presentation: (5 min)
 - Case summary: Clinical Hub Lead(5 min)
 - Clarifying questions- Spokes (participants) 4 min:
 - Clarifying questions – Hub (4 min):
 - Recommendations – Spokes (participants) 2 min:
 - Recommendations – Hub (2 min):
 - Recap Case /Recommendations- Hub (3 min):





Confidential

Participant ID 5
Page 1 of 5

Sickle Cell Disease Case Presentation Form

Virginia Sickle Cell Disease ECHO: De-Identified Case Study Submission

Thank you for submitting a case study!

Some benefits to submitting and presenting are...

-You will receive valuable feedback regarding your case from our participating experts during the ECHO clinic

-A list of suggestions provided during the ECHO clinic will be sent to you as a reference after the clinic

-Your organization will be able to utilize suggestions and improve patient care!

- You will receive \$200 per case presented

DO NOT provide any patient specific information nor include any Protected Health Information.

Please complete the survey below.

Thank you!

Response was added on 04/08/2019 12:29pm.

Case Presenter First name	Elizabeth
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Case presenter last name	Yang
--------------------------	------

Presenter Email:	eyang@psvcare.org
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04/10/2019 10:18am

projectredcap.org REDCap



Didactic Presentation




Safe Outpatient Management of Sickle Cell Disease Related Chronic Pain

THOKOZENI LIPATO, MD

ASSISTANT PROFESSOR, GENERAL INTERNAL MEDICINE

VIRGINIA COMMONWEALTH UNIVERSITY

Objectives

1. Identify best opioid misuse/abuse screening tools to use for the management of chronic Sickle Cell Disease (SCD) pain
 2. Determine whether or not chronic opioid therapy (COT) is successful in the management of chronic SCD pain
 3. Discuss what can be done for patients with chronic SCD pain who are not stable on COT
- 

Assessment tools

Clear consensus

- Prior to initiating opioids for chronic pain assess for the risk of opioid abuse
- Reassess regularly for aberrant-drug related behavior after initiating chronic opioid therapy

No consensus on which assessment tool to use

Table I: Opioid Therapy Risk-Assessment Screening Tools.

For the Opioid-Naïve	For the Opioid-Experienced
<i>Self-Reported</i> <ul style="list-style-type: none">• Drug Abuse Screening Test (DAST)• Screener & Opioid Assessment for Patients with Pain (SOAPP)	<i>Self-Reported</i> <ul style="list-style-type: none">• Current Opioid Misuse Measure (COMM)• Pain Medication Questionnaire (PMQ)• Prescription Drug Use Questionnaire (PDUQp)
<i>Provider-Reported</i> <ul style="list-style-type: none">• Opioid Risk Tool (ORT)• Diagnosis, Intractability, Risk, & Efficacy Score (DIRE)	<i>Provider-Reported</i> <ul style="list-style-type: none">• Prescription Drug Use Questionnaire (PDUQ)

■ SOAPP-R

- 24 item tool
- Can be used to distinguish between low, moderate and high-risk groups

A systemic review of validated risk measurement tools. British Journal of Anaesthesia, 119 (6): 1092–109 (2017)

Table I: Opioid Therapy Risk-Assessment Screening Tools.

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<i>Provider-Reported</i> <ul style="list-style-type: none">• Opioid Risk Tool (ORT)• Diagnosis, Intractability, Risk, & Efficacy Score (DIRE)	<i>Provider-Reported</i> <ul style="list-style-type: none">• Prescription Drug Use Questionnaire (PDUQ)

- **COMM**
 - 17-item tool
 - Best tool to screen for current misuse of opioids.
 - Use for regular monitoring

- **PMQ**
 - 26-item tool
 - Evaluates the risk of aberrant drug taking behavior
 - Can be used to distinguish between low and high-risk groups.

A systemic review of validated risk measurement tools. British Journal of Anaesthesia, 119 (6): 1092–109 (2017)

Table I: Opioid Therapy Risk-Assessment Screening Tools.

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<i>Provider-Reported</i> <ul style="list-style-type: none">• Opioid Risk Tool (ORT)• Diagnosis, Intractability, Risk, & Efficacy Score (DIRE)	<i>Provider-Reported</i> <ul style="list-style-type: none">• Prescription Drug Use Questionnaire (PDUQ)

When is COT successful?

Intensity of Chronic Pain — The Wrong Metric? *N Engl J Med* 2015; 373:2098-2099

Assessing pain-related functional impairment (Pre- and post- intervention)

Treat to a pain level and functional goal



Assessing disease related impairment

PROMIS® (Patient-Reported Outcomes Measurement Information System)

- Person-centered measurement system
- Evaluates & monitors physical, mental, and social health.
- General population & with individuals living with chronic conditions

ASCQ-Me® (Adult Sickle Cell Quality of Life Measurement Information System)

- Patient-reported outcome measurement system
- Evaluates & monitors the physical, mental, and social well-being of adults with sickle cell disease (SCD).

When is COT successful?

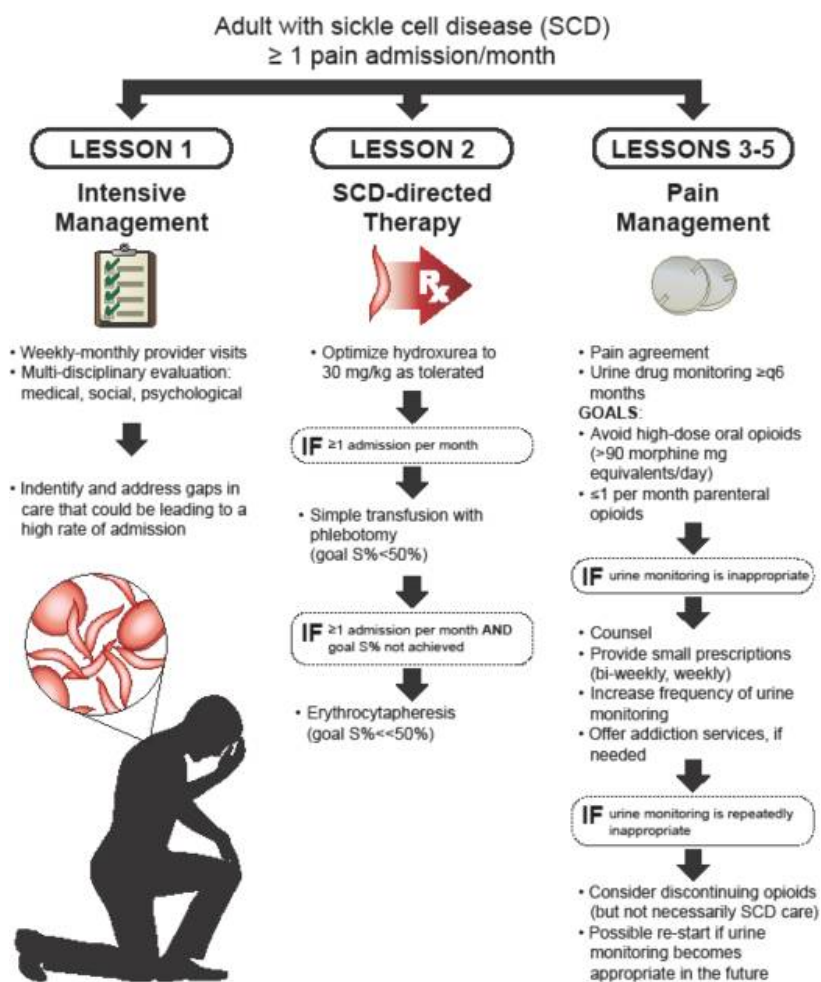
When it reduces emergency department visits
& hospitalizations



Caring for the *failing* patient

- Increase frequency of visits; shorten opioid prescription
- Close monitoring of opioids (i.e. pill counts)
- Increase frequency of UDS
- Behavioral health intervention (SW; psychologist)
- Patient navigators
- Opioid reduction, or tapered withdrawal
- Transition to *safer* pain regime (Tramadol; buprenorphine-naloxone)
- ED & Inpatient pain management plans tailored by outpatient team

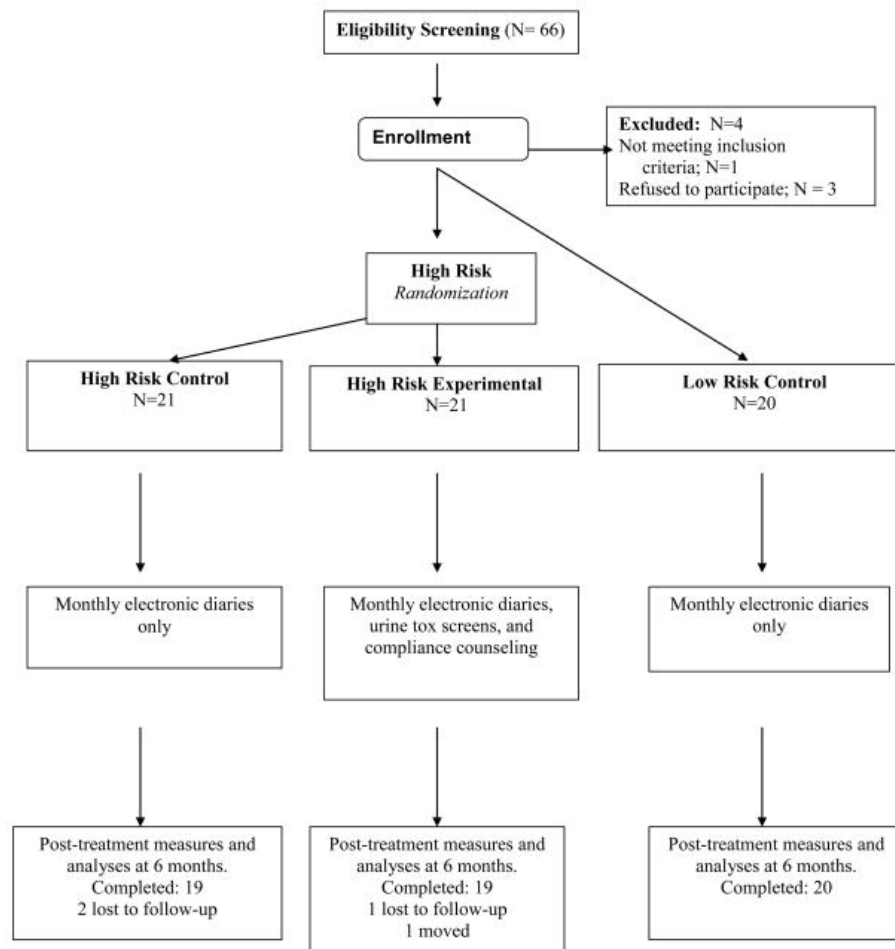
Field JJ. Five lessons learned about long-term pain management in adults with adults sickle cell disease. Hematology Am Soc Hematol Educ Program. 2017 Dec 8;2017(1):406-411



1. Focus resources on adults with high rates of utilization for pain
2. Aggressively treat any underlying causes of pain, including SCD
3. Apply principles of chronic pain management to a clinic model
4. Higher doses and larger quantities of oral opioids often do not help
5. Parenteral opioids are not the optimal treatment of chronic pain

Substance misuse treatment for high-risk chronic pain patients on opioid therapy: A randomized trial

PAIN 150 (2010) 390–400



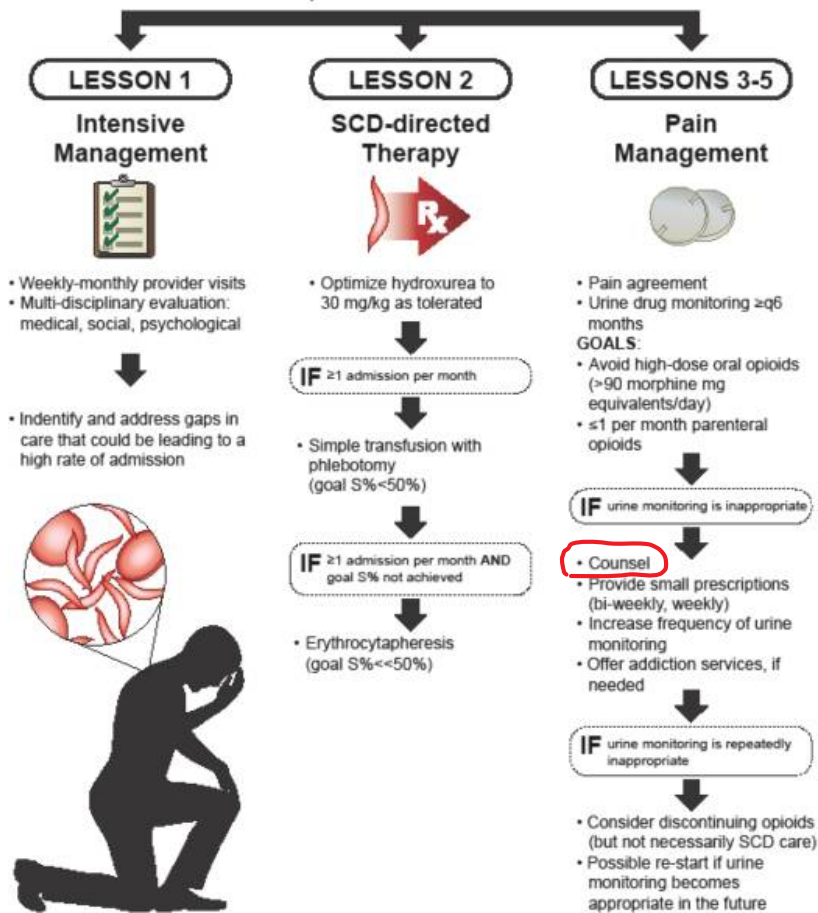
High-risk experimental group

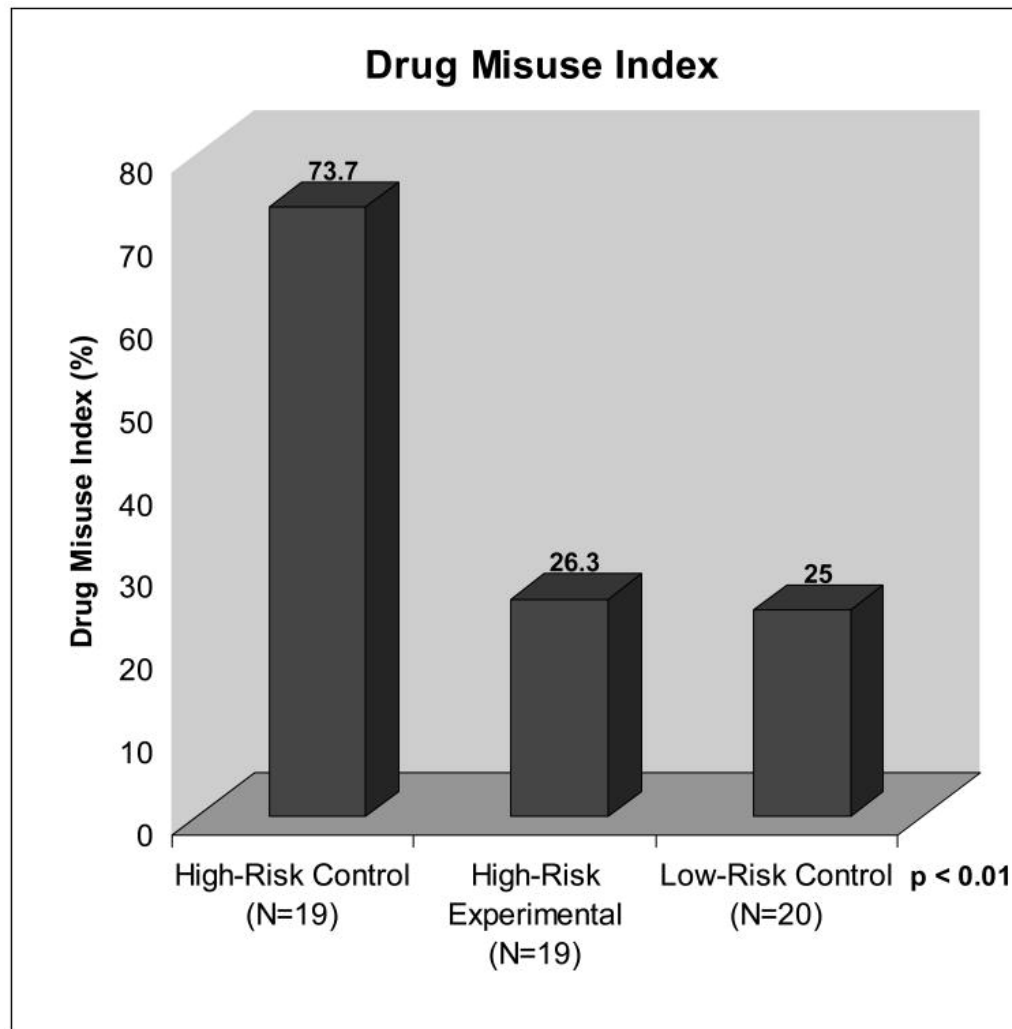
1. Completion of monthly electronic diaries
2. Monthly urine screens for 6 months
3. Monthly completion of the Opioid Compliance Checklist
4. Monthly group education sessions (led by a psychiatrist [ADW] trained in pain and addiction medicine) with worksheet handouts on topics related to substance misuse
5. Participation in individual motivational compliance counseling (led by a clinical psychologist [RNJ] trained in pain and behavioral medicine) offering knowledge and training for substance misuse awareness and recovery

Opioid Compliance Checklist

1. Taken your opioid medication other than the way it was prescribed?
2. Used more than one pharmacy to fill your opioid prescriptions?
3. Received opioid prescriptions from more than one provider?
4. Lost or misplaced your opioid medications?
5. Run out of your pain medication early?
6. Missed any scheduled medical appointments
7. Borrowed opioid medication from others?
8. Used any illegal or unauthorized substances?
9. Taken the highest possible degree of care of your prescription medication?
10. Taken any unauthorized substance that might be found in your urine
11. Been involved in any activity that may be dangerous to you or someone else if you felt drowsy or were not clear thinking?
12. Been completely honest about your personal drug use?

Adult with sickle cell disease (SCD)
 ≥ 1 pain admission/month







Pain Medicine 2014; 15: 2087–2094
Wiley Periodicals, Inc.

Conversion from High-Dose Full-Opioid Agonists to Sublingual Buprenorphine Reduces Pain Scores and Improves Quality of Life for Chronic Pain Patients

Danielle Daltch, MD,* Jonathan Daltch, MD,^{1,2} Daniel Novinson, MPH,¹ Michael Frey, MD,^{1,3} Carol Milnick, ARNP,^{1,4} and Joseph Pergolizzi, Jr MD^{5,11,12}

¹Jefferson Medical College, Philadelphia, Pennsylvania; ²Advanced Pain Management and Spine Specialists, Fort Myers, Florida; ³Pain Center for Procedures ASD, Fort Myers, Florida; ⁴University of California, San Francisco, California; ⁵Virginia Commonwealth University, Richmond, Virginia; ⁶Department of Anesthesiology, Georgetown University Medical School, Washington, DC; ⁷Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland; ⁸Department of Pharmacology, Temple University School of Medicine, Philadelphia, Pennsylvania, USA

Reprint requests to: Jonathan Daltch, MD, Advanced Pain Management and Spine Specialists, 8256 College Parkway, Suite 200, Fort Myers, FL 33919, USA. Tel: 239-437-8000; Fax: (239) 437-8002; E-mail: jdaltch@ampss.net.

Disclosure: Dr. Jonathan Daltch is a speaker for Reckitt Benckiser.

Abstract
Objective. This study aims to determine the effectiveness of converting patients from high doses of full-opioid agonists to sublingual (SL) buprenorphine.
Design. An observational report of outcomes assessment.
Setting. An interventional pain management practice setting in the United States.

Subjects. Thirty-five chronic pain patients (age 24–66) were previously treated with high-dose opioid-agonist drugs and converted to SL buprenorphine. Patients' daily morphine equivalents ranged from 200 mg to 1,370 mg preconversion, with a mean daily dose of 550 mg.

Methods. A retrospective chart analysis examined numerical pain levels and quality of life scores before and 2 months after conversion to SL buprenorphine.

Results. After continuation of SL buprenorphine therapy for 2 months, the mean pain score decreased from 7.2 to 3.5 ($P < 0.001$), with 34 of the 35 patients examined reporting a decrease in pain. This pain score decrease was robust with regard to initial pain score and preconversion morphine equivalent dosage. Quality of life scores improved from 6.1 to 7.1 ($P = 0.005$).

Conclusion. Average pain scores decreased from 7.2 to 3.5, and quality of life scores increased from 6.1 to 7.1 for 35 patients converted from high-dose full-opioid agonists to SL buprenorphine therapy for more than 60 days. Clinicians should consider buprenorphine SL conversion for all patients on high-dose opioids, particularly patients with severe pain (7–10) unrelieved by their current opioid regimen or patients for whom the clinician does not feel comfortable prescribing high-dose opioids.

Key Words. Buprenorphine; Sublingual Buprenorphine; Opioid Conversion; Opioid-Induced Hyperalgesia; Analgesia; Opioid Tolerance

Introduction
Analgesics that act at several sites along the pain pathway to diminish pain, opioids have been used to treat pain for thousands of years [1–3]. Today, some of the most commonly prescribed medications for severe pain

Buprenorphine/naloxone as a promising therapeutic option for opioid abusing patients with chronic pain: Reduction of pain, opioid withdrawal symptoms, and abuse liability of oral oxycodone

Perrine Roux^{a,b,c,d,*}, Maria A. Sullivan^a, Julien Cohen^{b,c}, Lionel Fugon^{b,c}, Jermaine D. Jones^a, Suzanne K. Vosburg^a, Ziva D. Cooper^a, Jeanne M. Manubay^a, Shanthi Mogali^a, Sandra D. Comer^a

^aDivision on Substance Abuse, New York State Psychiatric Institute, Department of Psychiatry, and College of Physicians and Surgeons, Columbia University, 1051 Riverside Dr. Unit 120, New York, NY 10032, USA
^bINSERM U912 (SESSTIM), Marseille, France
^cUniversité Aix Marseille, I2D, UMR-S912, Marseille, France
^dOIS IRCA, Observatoire Régional de la Santé Provence Alpes Côte d'Azur, Marseille, France

Sharelinks or competing interests that may be relevant to content are disclosed at the end of this article.

ARTICLE INFO	ABSTRACT
Article history: Received 20 November 2012 Received in revised form 12 April 2013 Accepted 1 May 2013	Few studies have examined abuse of prescription opioids among individuals with chronic pain under buprenorphine/naloxone (Bup/Nx) maintenance. The current 7-week inpatient study assessed oral oxycodone self-administration by patients with chronic pain who had a history of opioid abuse. Participants (n = 25) were transitioned from their preadmission prescribed opioid to Bup/Nx. All of the participants were tested under each of the sublingual Bup/Nx maintenance doses (2/0.5, 8/2 or 16/4 mg) in random order. During each maintenance period, participants could self-administer oxycodone orally (0, 10, 20, 40 or 60 mg prescription opioids) or receive money during laboratory sessions. Drug choice (percentage) was the primary dependent variable. Subjective ratings of clinical pain and withdrawal symptoms also were measured. Mann-Whitney tests compared percentage of drug choice for each active oxycodone dose to placebo. Logistic regression analyses identified correlates of oxycodone preference, defined as 60% or greater choice of oxycodone compared to money. Pain was significantly reduced while participants were maintained on Bup/Nx compared to preadmission ratings. No differences in percentage drug choice were observed between the active oxycodone doses and placebo under each Bup/Nx maintenance dose. However, factors associated with oxycodone preference were lower Bup/Nx maintenance dose, more withdrawal symptoms and more pain. These data suggest that Bup/Nx was effective in reducing pain and supplemental oxycodone use. Importantly, adequate management of pain and withdrawal symptoms by Bup/Nx may reduce oxycodone preference in this population.
Keywords: Buprenorphine Chronic pain Opioid dependence Oxycodone Reinforcing effect	Published by Elsevier B.V. on behalf of International Association for the Study of Pain.

1. Introduction
In the United States, the problem of nonmedical use of prescription opioids has emerged as a major public health issue [1]. Other countries, such as Australia, New Zealand [12] and Canada [33], also are concerned about the phenomenon of prescription opioids abuse. In the United States, oxycodone and hydrocodone are among the most commonly prescribed or regularly used opioids, as well as the most commonly diverted prescription opioids analgesics [5,25]. These data indicate that prescription opioids abuse has steadily increased among heroin and recreational polydrug users since 2000 [5]. An additional concern related to the increased use of prescription opioids is opioid overdose, which increased in the United States from the mid-1990s to the present time [10,11] and recently became a leading cause of accidental death in the United States [4]. Thus, the risks of prescription opioids abuse and overdose make physicians reluctant to prescribe prescription opioids in general, and access to adequate pain management in drug users in particular is becoming increasingly difficult [20,39]. In those patients who are prescribed prescription opioids for pain relief, misuse may occur in pain patients with no history of opioid abuse who become dependent on the medications for their reinforcing properties, whether good drug effects or relief of anxiety or mood symptoms, or misuse may occur in drug-seeking individuals with preexisting opioid abuse histories. Thus, balancing the need for effective pain relief and reducing the risks of opioid abuse and overdose remains a challenge for public health policy [7].

* Corresponding author at: INSERM U912 (SESSTIM), Marseille, France. Tel.: +33 4 96320375.
E-mail address: perrine.roux@inserm.fr (P. Roux).
0004-3959/\$36.00. Published by Elsevier B.V. on behalf of International Association for the Study of Pain.
<http://dx.doi.org/10.1016/j.pain.2013.05.004>

Case Presentation #2



- 1:40- 2:00pm [25 min]
 - Presentation: (5 min)
 - Case summary: Clinical Hub Lead(5 min)
 - Clarifying questions- Spokes (participants) 4 min:
 - Clarifying questions – Hub (4 min):
 - Recommendations – Spokes (participants) 2 min:
 - Recommendations – Hub (2 min):
 - Recap Case /Recommendations- Hub (3 min):





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Participant ID 6
Page 1 of 6

Sickle Cell Disease Case Presentation Form

Virginia Sickle Cell Disease ECHO: De-identified Case Study Submission

Thank you for submitting a case study!

Some benefits to submitting and presenting are...

-You will receive valuable feedback regarding your case from our participating experts during the ECHO clinic

-A list of suggestions provided during the ECHO clinic will be sent to you as a reference after the clinic

-Your organization will be able to utilize suggestions and improve patient care!

- You will receive \$200 per case presented

DO NOT provide any patient specific information nor include any Protected Health Information.

Please complete the survey below.

Thank you!

Response was added on 04/08/2019 5:09pm.

Case Presenter First name	Chelsea
Case presenter last name	Rivenbark
Presenter Email:	chelsea.rivenbark@vidanthealth.com

04/10/2019 10:20am

projectredcap.org REDCap



Case Studies



- Case studies
 - Submit: <http://vcuhealth.org/sicklecellecho>
 - Receive feedback from participants and content experts

Virginia Sickle Cell Disease ECHO

Welcome to the Virginia Sickle Cell Disease Extension for Community Health Outcomes or ECHO, a virtual network of health care experts and providers tackling sickle cell disease management across Virginia.

[Register now for an upcoming clinic.](#)

Network, Participate and Present

- Engage in a collaborative community with your peers.
- Listen, learn, and discuss cases and cases in real-time.
- Take the opportunity to [submit your de-identified study](#) for feedback from a team of addiction specialists.
- [Provide valuable feedback](#) & claim CME credit if you participate in live clinic sessions.

Benefits

- Improved patient outcomes.
- Continuing Medical Education Credits: This activity has been approved for AMA PRA Category 1 Credit™.
- Virtual networking opportunities using two-way video conferencing.
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- \$200 paid per case presentation
- If unable to attend a live clinic session, learn how to access the CME website to view the recording and claim credit.

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Virginia Sickle Cell Disease ECHO

https://www.vcuhealth.org/for-providers/education/virginia-sickle-cell-disease-echo/virginia-sickle-cell-disease-echo

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- Opportunity to formally submit feedback
 - Survey: <http://vcuhealth.org/sicklecellecho>
 - Overall feedback related to session content and flow?
 - Ideas for guest speakers?

Claim Your CME's



- <http://vcuhealth.org/sicklecellecho>
- To claim CME credit for today's session

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Access Your Evaluation and Claim Your CME



Sickle Cell Disease ECHO Feedback Survey

Please help us learn more about your needs and about the value of the Virginia Sickle Cell Disease ECHO (Extension of Community Healthcare Outcomes) in helping you to provide important healthcare services to your patients and communities. This questionnaire should take you less than 6 minutes to complete.

Please complete the survey below.

Thank you!

Name	<input type="text"/>
* must provide value	
Email Address	<input type="text"/>
* must provide value	
I attest that I have successfully attended the Virginia Sickle Cell Disease ECHO Clinic.	<input type="button" value="Yes"/>
* must provide value	<input type="button" value="No"/>
	<input type="button" value="reset"/>

Do you intend to make changes based on this presentation?



THANK YOU!

