



Joint Statement on Pain Management Minnesota Boards of Medical Practice, Nursing, and Pharmacy

Pain management and opioid prescription drug abuse are significant issues in healthcare today. There is a critical balance between preventing opioid misuse and managing pain. In the United States, 46 people die from a prescription opioid overdose each day. In 2007, the cost of prescription opioid abuse was estimated at \$55.7 billion. In 2013, the leading cause of death due to injury was drug overdose with 51.8% being related to prescription drugs.

The tri-regulatory Boards of Medical Practice, Nursing, and Pharmacy (Boards) have collaboratively discussed growing concerns regarding access to pain management and prescription drug misuse and overdose. An increasingly interprofessional based healthcare delivery system requires collaborative guidance from the regulatory boards. With that in mind, the Boards adopted the first joint statement on pain management in 2004, which was reaffirmed in 2009, to give guidance regarding untreated or inadequately-treated pain. In 2015, the Boards again reviewed the issue of pain management to offer added guidance regarding appropriate prescribing with emphasis on the critical balance between pain management and the potential misuse of controlled substance medications.

Model policies across the country have been updated to address changes in prescribing practices with emphasis on appropriate prescribing. Current policies consider multi-modalities, informed consent, and a balanced approach for managing pain and improving patient functionality. The Boards considered the relevant literature, model policies, and other local and national resources when preparing the Joint Statement. The Joint Statement was updated and adopted by the Boards in 2015.

The Joint Statement is meant to offer guidance to healthcare providers in the management of pain and is not intended to set a standard of care or replace state and federal statutes. The Boards jointly promote appropriate prescribing, dispensing, and administration of controlled substance medications and encourage healthcare providers to work cooperatively and effectively to manage the dimensions of pain and minimize prescription drug misuse. Towards that end, and in the interest of public protection, the Minnesota Boards of Medical Practice, Nursing, and Pharmacy issue the following joint statement.

To effectively assist patients in the management of pain, health care professionals should, within their scopes of practice:

- Become and remain knowledgeable regarding current, evidence-based approaches to effective pain management.

- Consistently and thoroughly assess all patients for pain. If pain is reported, the pain should be evaluated with a complete history and physical examination with laboratory and diagnostic testing, if indicated. Conduct a comprehensive risk assessment and review all medications and therapies from all sources.
- Assure that all aspects of the assessment of pain are individualized, on-going, and clearly documented in a timely, complete, and accurate manner.
- Utilize the Minnesota Prescription Monitoring Program prior to prescribing or dispensing controlled substances in an effort to identify additional prescribers and medications to inform decision making.
- Collaborate using a multi-disciplinary approach to identify all treatment options including pharmacologic and non-pharmacologic modalities. Consider the integration of non-medication and multi-modality therapeutic approaches and set functional goals.
- Consider non-opioid alternatives and start patients on the lowest effective dose when initiating pharmacologic therapy,. Be aware of contraindications to medications. Carefully consider the risks associated with the combination of an opioid and benzodiazepine (or other central nervous system depressants), and provide patient education if the combination is clearly indicated.
- Obtain informed consent and consider a written treatment agreement and monitoring plan to promote adherence to the treatment plan and goals. Provide the patient with information regarding the benefits and risks of opioid therapy. Establish a plan for responding to noncompliance with treatment recommendations or the misuse of medications and be mindful of the therapeutic opportunity presented by such an occurrence.
- Engage the patient, family members, and caregivers as active participants in the management of the patient's pain and functionality.
- Anticipate and effectively manage the side effects of pain medications.
- Conduct urine drug screening as appropriate.
- Educate patients about the safe use, storage, and disposal of opioid medications as well as the consequences for misuse or illegal use of prescribed medications.
- Re-evaluate and document the patient's pain, functionality, and response to treatment using consistent and developmentally appropriate tools. Make adjustments as needed and exercise increased clinical vigilance for patients using high-dose opioids.
- Recognize that individuals with substance use disorders may experience pain requiring medications, including opioids, and may require specialized management.
- Consult with, and refer patients to, other providers when appropriate.
- Direct patients in need of substance use disorder evaluations or treatment to appropriate providers, when applicable.
- Consider equipping patients at risk of an overdose with an opioid antagonist.
- Develop safe and effective strategies for discontinuing chronic opioid therapies.
- Assure open communication and cooperation among pharmacists and all healthcare professionals, as pharmacists have a corresponding responsibility to ensure the prescription is being filled for a legitimate medical purpose.
- Develop policies and protocols for pain management specific to the patient care setting.
- Comply with all state and federal laws and regulations regarding prescribing, dispensing, and administering drugs.

Resources

American Academy of Pain Medicine: (2013, February). Use of opioids for the treatment of chronic pain. Retrieved from: <http://www.painmed.org/files/use-of-opioids-for-the-treatment-of-chronic-pain.pdf>

American Academy of Pain Management. <http://www.aapainmanage.org/>

American Pain Society. <http://americanpainsociety.org/>

American Pharmacists Association. (2015). APhA policy manual. Retrieved from <http://pharmacist.com/policy-manual>

American Society of Anesthesiologists Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. (2010, April). Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. 112(4):810-33.

American Society for Pain Management in Nursing. www.aspmn.org

Oliver, J., Coggins, C., Compton, P., Hagan, S., Matteliano, D., Stanton M...Turner, H. (2012, September). American Society for Pain Management in Nursing Position Statement: Pain Management in Patients with Substance Use Disorders. *Pain Management Nursing*, 13(3) 169-183.

Centers for Disease Control and Prevention. (2014, July). Opioid painkiller prescribing. Retrieved from CDC website <http://www.cdc.gov/vitalsigns/opioid-prescribing/>

Centers for Disease Control and Prevention. (2015, October). Prescription drug overdose data. Retrieved from CDC website <http://www.cdc.gov/drugoverdose/data/overdose.html>

Centers for Disease Control and Prevention (2013). Common elements in guidelines for prescribing opioids for chronic pain. Retrieved from CDC website http://www.cdc.gov/drugoverdose/pdf/common_elements_in_guidelines_for_prescribing_opioids-a.pdf

Chou, R., Franciullo, G. J., Fine., P. G., Adler, J. A., Ballantyne, J. C., Davies, P...Miaskowski, C. (2009, February). Opioid treatment guidelines. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. *The Journal of Pain*, 10(2), 113-130.

Colorado Department of Regulatory Agencies. (2014, July). Policy for prescribing and dispensing opioids. Retrieved from <https://drive.google.com/file/d/0B-K5DhxXxJZbd01vVXdTTkIZLVU/view?pli=1>

Drug Enforcement Administration. (2006, September). Dispensing controlled substances for the treatment of pain. *Federal Register*, 71(172), 52716-52723. Retrieved from <http://www.gpo.gov/fdsys/pkg/FR-2006-09-06/pdf/E6-14517.pdf>

Drug Enforcement Administration. (2010). Pharmacist's manual. An information outline of the Controlled Substance Act. Retrieved from http://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm_manual.pdf

Drug Enforcement Administration. (2006). Practitioner's manual. An information outline of the Controlled Substance Act. Retrieved from http://www.deadiversion.usdoj.gov/pubs/manuals/pract/pract_manual012508.pdf

Drug Enforcement Administration. 21 CFR § 1306.04 Purpose of issue of prescription. <http://www.gpo.gov/fdsys/pkg/CFR-2015-title21-vol9/pdf/CFR-2015-title21-vol9-sec1306-04.pdf>

Federation of State Medical Boards. (2013, July). Model policy on the use of opioid analgesics in the treatment of chronic pain. Retrieved from http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/pain_policy_july2013.pdf

Fishman, S. M. (2014). *Responsible opioid prescribing: A clinician's guide*. (2nd ed). Washington DC: Waterford Life Sciences

Health Care Association of New Jersey. (2006, July). Pain management guideline. Hamilton, NJ: Health Care Association of New Jersey (HCANJ). Retrieved from <http://www.guideline.gov/content.aspx?id=9744#Section420>

Joint Commission Standards (2014, November). Clarification of the pain management standard, PC 01.02.07. *Joint Commission Perspectives*, 34(11). Retrieved from http://www.jointcommission.org/assets/1/18/Clarification_of_the_Pain_Management_Standard.pdf

Medical Board of California. (2014, November). Guidelines for prescribing controlled substances for pain. Retrieved from http://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf

National Association of Boards of Pharmacy. (2015, March). Stakeholders' challenges and red flag warning signs related to prescribing and dispensing controlled substances. Retrieved from https://www.nabp.net/system/rich/rich_files/rich_files/000/000/873/original/consensusdocumentmarch2015.pdf

Nuckols, T. K., Anderson, L., Popescu, I., Diamant, A. L., Doyle, B., Di Capua, P., Chou, R. (2013, November) Opioid prescribing: A systematic review and critical appraisal of guidelines for chronic pain. *Ann Intern Med*. 160(1):38-47.

South Carolina Department of Labor, Licensing and Regulation (2009, June). Joint Statement on Pain Management for the South Carolina Board of Nursing and the South Carolina Board of Pharmacy. Retrieved from www.llr.sc.gov/POL/Nursing/PStatements/PainManagement.pdf

Substance Abuse and Mental Health Services. (2013). SAMHSA opioid overdose prevention toolkit. (Revised 2014). *HHS Publication (SMA) 14-4742*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Washington State Agency Medical Directors' Group. (2015, June). Interagency guideline on prescribing opioids for pain. Retrieved from <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>