PART 1 OBJECTIVES

- Define and identify the characteristics of Chronic Pain
- Nationwide and Statewide Influence
- Describe how IPN manages the diagnosis and treatment of nurses with chronic pain from the Intake process thru monitoring
- IPN Policies to manage nurses with a chronic pain diagnoses

PART 2 OBJECTIVES

- How the impairment risks safety to practice, medication risks and some of the physical signs of drug related
- Pain medication's influence on motor skills, cognitive functioning, behavioral changes and neuroscience as it relates to the treatment of chronic pain
- Importance of establishing accurate pain and potential SUD disorder diagnoses and the use of medications (insulins, narcotics, non-controlled and adjunctive meds) to avoid problems of identity become
- The role of various opioids and partial opioid agonists (such as buprenorphine or buprenorphine/naloxone medications)
Unrelieved pain impedes recovery from injury and illness, interferes with physical functioning, and threatens an individual’s well-being.

Pain is cited as the most common reason Americans access health care and as a presenting complaint accounts for up to 78% of ED visits. 50% + of EMS runs.

Unrelieved pain impedes recovery from injury and illness, interferes with physical functioning and productivity, impairs mental cognition, and can destroy quality of life. Intensely personal and unique experience, (AAAM 2014)

A POPULATION AT RISK

- Pain is cited as the most common reason Americans access the health care system. It is a leading cause of disability and it is a major contributor to health care costs.
- According to the National Center for Health Statistics (2000), approximately 76.2 million, one in every four Americans, have suffered from pain that lasts longer than 24 hours and millions more suffer from acute pain.
PAIN DIAGNOSIS

- Pain is a very personal and subjective experience. There is no test that can measure and locate pain with precision. So, health professionals rely on the patient’s own description of the type, timing, and location of pain.

- Correlation between pain and emotions (e.g., anger or anxiety) can increase acute pain due to the activation of sympathetic arousal (ASAM 2014).

- Multiple points of interface exist between addiction and pain. The effects especially pertinent addicted to opioid drugs.

PAIN MANAGEMENT

- Future
- Present
- Past

Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000–2016

www.cdc.gov
HEALTH CARE PROFESSIONALS AT RISK

- Fear of opioid addiction and drug side effects exists among practitioners
- 52 percent complain of chronic back pain
- The Bureau of Labor Statistics lists RNs highest at risk for musculoskeletal disorders
- 12 percent of nurses "leaving for good" because of back pain as main contributory factor
- 20% transferred to a different unit, position, or employment because of lower back pain, 12 percent considering leaving profession
- 38 percent suffered occupational-related back pain severe enough to require leave from work 11 percent of RNs reported even changing jobs for neck, shoulder and back problems, respectively.

FEDERAL PANEL SUPPORTS CDC

- In 2016, Federal Govt supported the [CDC guidelines](https://www.cdc.gov) suggest doctors prescribe opioids only after other treatment fails
- The proposal also suggests doctors start patients on short-acting opioids — instead of extended-release, long-acting opioids —
- Initially prescribe the lowest possible effective dosage. Federal panel supports CDC guidelines for opioid prescribing
49% HARDER
11% UNABLE TO FIND A DOCTOR
7% ABOUT SAME 0.25% EASIER
33% ALREADY HAVE DOCTOR

Q3 Do you think the CDC guidelines have improved the quality of pain care in the United States?

Q9 In the past year, has it become easier or harder to find a doctor willing to treat your chronic pain?
An evaluation should provide an accurate and objective assessment of impairment, provide a diagnosis, and describe limits or specific capabilities.

INTAKE PROCESS
• 2013 to 2017 – 415
• IPN recognizes an obligation to protect patients from harm and requires nurses diagnosed with acute or chronic pain, and are being treated with opioids, should be thoroughly evaluated for fitness to work.
• Pain management specialist is a physician with special training in evaluation, diagnosis, and treatment of all different types of pain,processor with addiction experience
• Neuropsychological evaluation and clearance to return to nursing practice.
• An evaluation should provide an accurate and objective assessment of impairment, provide a diagnosis, and describe limits or specific capabilities.
• Remain under chronic pain specialist care while in IPN Monitoring
  • EFOBCE-PDMP Databases
  • Referral / Collateral Information
FLORIDA OPIOID EPIDEMIC

- In 2010, 98/100 top oxycodone dispensing physicians in U.S. “practiced” in Florida
- By far, more oxycodone was dispensing in Florida than in the remaining 49 states combined
- In Florida, 8 to 10 people die daily from opioid overdose

FLORIDA INITIATIVE

- 2016 - POMF database created (SB 445): 2016 Legislation was passed giving IPN access
- 2016 - Governor created Drug Enforcement Strike Force: Legislation to regulate the distribution of controlled substances by physicians, pain management clinics, pharmacies, and wholesale drug distributors (HB 799)
- 2016 - 911 Good Samaritan Act grants immunity to individuals seeking treatment for drug overdose for themselves or others (SB 270)
- 2016 - Emergency Treatment for Opioid Overdose Act allows first responders, caregivers, and patients to purchase and administer naloxone (HB 751): Regulation of pain management clinics made permanent (SB 455)
- 2016 - Workers’ compensation coverage for opioids requires coverage for abuse deterrent drugs in parity with other prescribed medications (SB 622): Physicians and pharmacists’ designees may access POMF (SB 944): Needle exchange pilot program in Miami-Dade authorized (SB 362): Naloxone expanded through pharmacy standing order (HB 2143): Florida enters into “Compact to Fight Opioid Addiction” with 42 states

IPN EVALUATORS LIST

- Necessary for determining ability to practice safely
- Must notify board of medical education and relevant authorities
- Provides detailed medical evaluation with recommended treatment plan
- Monitoring plan must meet requirements
EVALUATION PROCESS

Reasonable and observable conclusions that the HCP does not present a significant threat to patient safety.

Evaluator should assess for psychiatric comorbidities that are often associated with CP and SUD such as anxiety, depression, PTSD, and somatiform disorders.

CHRONIC PAIN/ADDICTION

Chronic pain and addiction are not static conditions, both fluctuate in intensity over time and require ongoing management.

Both have significant behavioral components and may have serious consequences if untreated.

Both require multifaceted treatment.

Chronic pain patients who have not yet started on opioids, she said, should only take them intermittently — “like every three days or so” — to avoid addiction.

Patients with chronic pain who take opioids daily for long periods may never be able to break their dependence on the drugs, and may need permanent doses of medications like Suboxone, which is commonly given to people with opioid addiction.

Evaluator should assess for psychiatric comorbidities that are often associated with CP and SUD such as anxiety, depression, PTSD, and somatiform disorders.

DR. ANNA LEMBKE, STANFORD CHIEF MEDICAL OFFICER

Patients to receive pain even after the original source of pain has been identified and resolved only once they were ordered the other interventional effects of opioid withdrawal.
The number of persons receiving substance use treatment for prescription opioids rose from 360,000 in 2002, representing 15.3 percent of the total treatment population, to 772,000 (18.6 percent) in 2014.

More than 78 million people in the United States live with chronic pain, but surveys show that almost half of them receive no treatment.

Medications, acupuncture, electrical stimulation, nerve blocks, or surgery are some treatments used for chronic pain.

Less invasive psychotherapy, relaxation therapies, biofeedback, and behavior modification may also be used to treat chronic pain. These methods can be powerful and effective in some people.

When it comes to chronic pain treatment, many people find adding complementary or alternative medicine (CAM) approaches can provide additional relief. These may include tai chi, acupuncture, meditation, massage therapy, and similar interventions.

Nonsteroidal anti-inflammatory drugs first. Opioids should only be used if the potential benefits outweigh AND SAFETY TO PRACTICE HAS BEEN ADDRESSED

TREATING PSYCHIATRIC COMORBIDITIES

• Preexisting psychiatric disorders that may have worsened with the chronic pain and/or SSD
• All 3 must be included in the treatment and monitoring plan
• 2014-2017 (12 of the 48 participants with Chronic Pain)

Opioids provide relief, however the disbenefits are risk of addiction or addiction relapse. Opioid therapy alone rarely shows 1/3 pain reduction, but it is one part of a multidimensional approach
TREATING HCP IN MEDICATION ASSISTED RECOVERY (MAT)

- Goals are the same: reduce pain and craving and improve function
- Evaluators will often recommend nonpharmacological and non-opioid therapies
- Treat Comorbidities

DISCONTINUATION OF OPIOID THERAPY

- Opioids are no longer effective
- No longer stabilize the person or improve function
- Lost of control over the medication
- Diversion of the medication
- Use of alcohol, benzos, or illicit drugs
- Adverse effects are unmanageable

CHRONIC PAIN ADDED TO THE LIST OF 10 CONDITIONS THAT QUALIFY FOR MEDICAL MARIJUANA USAGE

STATE MARIJUANA LAWS IN 2018
Continuing care from a pain specialist
Chronic Pain
Macro Toxicaly
screening Guidelines for future exposure to opioids (surgery, etc.)
Workplace Safety/Treatment for Renal Infections

**MEDICATION**

- Suboxone is used for pain management and contains buprenorphine and naloxone.
- Suboxone comes in two forms: Subutex, which is composed of only buprenorphine, and Suboxone, which is a combination of buprenorphine and naloxone. Subutex and Suboxone are methadone-like medications that allow patients to detoxify from opiates without becoming ill with withdrawal symptoms.
- Suboxone Policy for HCP monitoring
- IPN Medical Director Review

**FLORIDA LEGISLATIVE POLICY UPDATES**

- Reporting on drug overdoses
- Mandatory minimum sentencing for fentanyl trafficking
- Reporting dispensing of a controlled substance
- Marketing practice for treatment providers
EFORSCE: FLORIDA PDMP

- The prescription drug monitoring programs are one means by which states are identifying individuals who are doctor shopping. Encourages health care practitioners to screen patients for potential drug abuse problems.
- National best practice for supporting sound clinical prescribing, dispensing and use of controlled substances
- Provides prescription history to health care practitioners to guide decisions in prescribing and dispensing
- Florida legislation access expanded to both Florida ATD programs in 2017

INTERVENTION PROJECT FOR NURSES POLICIES

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<td>Maintenance Opioid Therapy for Narcotic Addiction</td>
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NURSING/ CHRONIC PAIN

- Recent research published in two journals, The American Journal of Nursing and Clinical Nurse Specialist, reveals that when nurses suffer, so do their patients.
- Researchers developed a questionnaire for registered nurses working at hospitals, asking them about their own health and the extent to which their injuries or illnesses might affect their work. Roughly three-quarters of the nurses experienced some level of physical pain from a muscle strain or strain while at work. Researchers estimate that medication errors and patient falls that occurred as a result of nurses’ health issues occurred as much as $1 billion annually on the health care system.
- Diversion of medications for self
EMILY DICKERSON, POET

Pain has an element of blank
It knows not when it began,
Or if there was a day when it was not
Its infinite realms contain its past,
Enlightened to perceive new periods of pain

THANK YOU

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