Preventing Opioid Misuse in the Management of Pain Stakeholder Workshop

March 7, 2016

BREAKOUT GROUP QUESTIONS

Breakout Session 1- Provider/Patient-level Strategies:

For patients with noncancer pain who are new or previous users of opioids, what is the comparative effectiveness of various provider and patient communication and dissemination strategies to promote guideline concordant care on reducing the rate of inappropriate provider initiation of opioids for pain management?

1. Does PCP telehealth (e.g., video-mentoring by specialists using the TelePain/ECHO model) improve the application of best practices (e.g., opioid initiation criteria), PCP self-efficacy, reduce patient inconvenience (e.g., travel time) and improve patient outcomes when compared with mandated Continuing Medical Education?

2. What is the comparative effectiveness of different strategies of shared decision-making to educate patients about the relative risks and benefits of opioids and alternative treatments on opioid initiation and patient outcomes?

3. For patients with nonmalignant pain being considered for opioids, what is the comparative effectiveness of various screening/risk assessment tools on reducing rates of inappropriate provider initiation of opioids and reducing patient harms?

4. What is the comparative effectiveness of different clinical decision support tools integrated into EHRs and on-line portals to enhance pain management on opioid prescribing and patient outcomes?

- Based on PCORI's criteria (see slide), what are the top **one or two** questions the group agrees would likely be most impactful for PCORI to fund? Focus the remainder of the discussion on answering the following questions for those one or two top questions.

- How would you re-word these top-ranked questions so they better address the aim to reduce inappropriate opioid prescribing and reflect a patient-centered comparative effectiveness question?

- Which populations (or subpopulations) should be targeted? Please be specific.

- Which provider types should be targeted?

- What are the appropriate interventions and comparators? (What specific strategies targeting primary care should be evaluated?) Are these evidence based? Are they in widespread use?

- What are the relevant patient-centered outcomes?

- Why or why not are these questions particularly well-suited for PCORI to fund?

  What are the challenges raised in conducting research on these questions, and how might those challenges be addressed?

- If you have developed more than one question – which of these are most compelling and why?

Initial Considerations for a PICOTS Framework

In describing a good comparative effectiveness research question, think about the target population, well specified interventions and comparators, the outcomes of interest, the timeframe for the duration of the study, and the setting for the study. This is known as the PICOTS framework (Population, Interventions, Comparators, Timing, and Setting). Below are some consideration of the study elements to consider in advance of the meeting.

Population

- Patients with acute noncancer pain, not in palliative care or at end of life;
- New or repeat users of opioids
- Patients with chronic, noncancer pain, not in palliative care or at end of life with pain syndromes that are typically not opioid responsive
- High risk populations (disease of addiction, significant psychiatric disease, etc) where non-opioid therapy has not been maximized
- Patients with lower back pain, headaches, or fibromyalgia, where non-opioid therapy has not been maximized

Interventions and Comparators

What evidence-based strategies change provider prescribing behavior and improve patient outcomes? These strategies are likely to be multi-modal to target both providers as well as patients.

What strategies are in wide spread use that might benefit from more robust comparative effectiveness research?

Setting of Care

Primary care practices

Duration of Study

What is an appropriate study duration?

Outcomes

These are likely to include:

- Reduced rates of provider initiation of opioids
- Quality of life
- Functional outcomes
- Anxiety, depression
- Sleep
- Pain (e.g., Brief Pain Inventory, Pain Assessment Screening Tool)
- Shared-decision making (patient-reported, provider-reported)
- Patient satisfaction with decision process

Breakout Session 2- Comprehensive System-level Strategies:

What is the comparative effectiveness of health system strategies that include elements of prescription monitoring and physician feedback combined with expanding access to alternative methods for pain management compared with usual care on reducing rates of inappropriate provider initiation of opioids for patients with non-cancer pain?

1. What is the comparative effectiveness of health system opioid strategies that include elements of prescription monitoring and physician feedback combined with expanding access to alternative methods for pain management (e.g., physical rehabilitation/conditioning, mental health and counseling support, meditation, cognitive behavioral therapy, or biofeedback)?

2. What is the comparative effectiveness of physical therapist- assisted pain management services versus cognitive-behavioral therapy (coping skills) approach versus usual care for reducing the inappropriate initiation of opioids for pain management)?

3. What is the comparative effectiveness of early initiation of behavioral and/or multidisciplinary rehabilitation versus usual care for non-malignant pain on reducing the inappropriate initiation of opioids and improving patient functioning?

4. What is the comparative effectiveness of alternative medication management + case management to connect patients with relevant services for pain management versus expanding access to alternative nonpharmacologic therapies at the point of care (e.g., embedded acupuncture services, CBT, PT/exercise therapy, yoga?)

- Based on PCORI's criteria (see slide), what are the top **one or two** questions the group agrees would likely be most impactful for PCORI to fund? Focus the remainder of the discussion on answering the following questions for those one or two top questions.

- How would you re-word this question so it better addresses the aim to reduce inappropriate opioid prescribing and reflects a patient-centered comparative effectiveness question?

- Which populations (or subpopulations) should be targeted? Please be specific.

- What are the appropriate interventions and comparators? (What specific organizational strategies should be evaluated?) Are these evidence based? Are they in widespread use?

- What are the relevant patient-centered outcomes?

- Why or why not are these questions particularly well-suited for PCORI to fund?

- What are the challenges raised in conducting research on these questions, and how might those challenges be addressed?

- If you have developed more than one question – which of these are most compelling and why?

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Patient satisfaction with decision process

Breakout Session 3- Payer Strategies:

For patients with non-cancer pain who are new or previous users, what is the comparative effectiveness of insurer-based opioid strategies that include formulary limitations on opioid use, elements of prescription monitoring and physician feedback combined with better coverage of alternative methods for pain management, compared with usual care (e.g., voluntary programs on reducing rates of provider initiation for pain management) on reducing rates of inappropriate provider initiation of opioids in primary care for pain and improving patient outcomes?

1. For patients with non-cancer pain who are new, or repeat users of opioids, what is the comparative effectiveness of prescription monitoring and physician feedback examining their prescription patterns to their peers compared with general physician education on standards and guidelines for use of opioids compared with usual care on reducing rates of inappropriate provider initiation of opioids in primary care for pain and improving patient outcomes?

2. For patients with non-cancer pain who are new, or repeat users of opioids, what is the comparative effectiveness of improving access to alternative non-pharmacological treatment modalities like Biofeedback, Cognitive Behavioral Therapy, (CBT), or Yoga in primary care on reducing rates of inappropriate provider initiation of opioids for pain and improving patient outcomes?

3. What is the comparative effectiveness of changing the reimbursement/incentive structure for opioids versus nonpharmacologic options plus increasing access to alternative (non-opioid) pain management services versus usual care?

- Based on PCORI's criteria (see slide), what are the top **one or two** questions the group agrees would likely be most impactful for PCORI to fund? Focus the remainder of the discussion on answering the following questions for those one or two top questions.

- Which, if any, payer strategies are potentially the most potent and the most relevant comparators for improving safe prescribing practices?

- For questions that seem the most compelling for PCORI to support, how would you re-word these questions so they better address a patient-centered comparative effectiveness question?

- Which populations (or subpopulations) should be targeted? Be specific.

- What are the appropriate interventions and comparators? (What specific payer strategies should be evaluated?) Are these evidence based? Are they in widespread use?

- What are the relevant patient-centered outcomes?
- Why or why not are these questions particularly well-suited for PCORI to fund?
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