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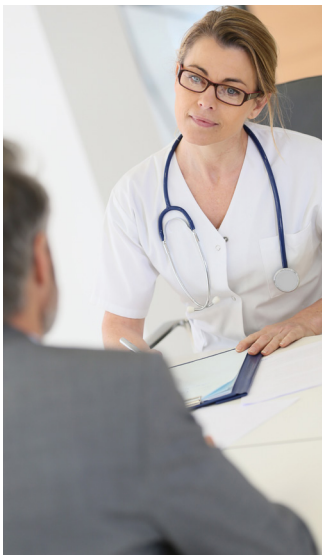

Pennsylvania Prescription Drug Monitoring Program (PDMP)
System User and Stakeholder Training

Approaches to Addressing Substance Use Disorder with Patients Identified by the PDMP

MODULE 6

GUIDE DOCUMENT

pennsylvania
DEPARTMENT OF HEALTH

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DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

Pennsylvania Prescription Drug Monitoring Program (PDMP) System User and Stakeholder Training

Learning Objectives for Modules 1-7

Module 1: Why Using the PDMP is Important for Achieving Optimal Health for Pennsylvania Citizens

1. The status of substance use disorder in general, opioid use disorder and overdoses nationally and in Pennsylvania;
2. Common misconceptions about substance use disorder and opioid use disorder treatment and recovery;
3. Costs associated with prescription drug and heroin-associated opioid use disorder and overdose; and
4. How pervasive prescriber and pharmacist PDMP use can reduce population opioid use disorder and overdose.

Module 2: What is a PDMP, How to Use the PDMP to Make Clinical Decisions, How to Integrate the PDMP into the Clinical Workflow, and How to Access Pennsylvania's PDMP

1. Detail Pennsylvania's requirements and regulations regarding PDMP use;
2. Explore options and actions Pennsylvania prescribers and pharmacists can take to integrate the PDMP into clinical workflows; and
3. Discuss how to use the PDMP system to make clinical decisions.

Module 3: Using the PDMP to Optimize Pain Management

1. Learn how to use the PDMP to address pain management for various patient populations and pain types;
2. Understand the basic nature of pain for different patient populations and how to manage their pain using the PDMP as a clinical tool; and
3. Discuss different ways of treating patient pain that do not involve the immediate use of opioids.

Module 4: Opioid Prescribing Guide

1. Provide guidelines to inform all healthcare providers when prescribing opioids in the acute phase of pain;
2. Instruct healthcare providers on how to prescribe opioids in the chronic phase of pain, which includes information on how to initiate or continue opioid therapy, select the correct dose and/or discontinue opioids;
3. Instruct healthcare providers on how to assess risks and address harms associated with opioid use;
4. Instruct healthcare providers on the legal responsibilities related to prescribing opioids; and
5. Instruct healthcare providers on how they may direct patients to dispose of unused medications.

Module 5: Referral to Treatment for Substance Use Disorder Related to Opioid Use

1. Define "warm handoffs" and how they can best occur;
2. Provide a schema for how any health care provider can implement "warm handoffs" in any clinical setting;
3. Demonstrate how primary care practices can conduct "warm handoffs" by preparing, using validated screening tools and using patient-centered communication with patients;
4. Demonstrate how healthcare providers can determine the best type of treatment for their patients;
5. Present information on patient confidentiality that providers should be aware of when working with patients with substance use disorders and performing "warm handoffs"; and
6. Present relevant Pennsylvania links for treatment and other resources.

Module 6: Approaches to Addressing Substance Use Disorder with Patients Identified by the PDMP

1. Learn how to integrate the PDMP with other screening tools to help identify those who may require substance use disorder treatment or increased monitoring;
2. Define Screening, Brief Intervention and Referral to Treatment (SBIRT), its main goals and its main components;
3. Learn how to screen a patient for a potential substance use disorder, conduct a brief intervention and refer a patient to treatment;
4. Learn how to discuss a substance use disorder with a patient and handle patient resistance; and
5. Learn how to incorporate SBIRT into clinical practice.

Module 7: Effective Opioid Tapering Practices

1. Discuss how to use the PDMP to determine if a provider should consider tapering his/her patient;
2. Discuss several indicators that prescribers can look for when considering tapering opioids;
3. Inform prescribers on how to discuss tapering with patients using patient-centered techniques;
4. Present a general opioid tapering protocol and how to adapt this protocol to the needs of any patient; and
5. Present information on how to manage withdrawal and how to use tools to measure withdrawal symptoms in patients.

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Introduction

When using data queried from the Prescription Drug Monitoring Program (PDMP), prescribers and pharmacists are often faced with the challenge of discussing substance use with their patients.

It is important to know how to effectively discuss substance use with a patient based upon PDMP queries for various reasons. First, prescribers, as a result of a PDMP query, may have to change a patient's pain management approach. Knowing how to have effective conversations with patients regarding the need for tapering and/or discontinuing opioid therapy is of vital importance. Additionally, as a result of a PDMP query, prescribers may need to explore with the patient whether his/her substance use is linked to or causing other physical, emotional, or social healthcare problems. Finally, the PDMP query may raise concern that the patient is misusing substances or using other substances illicitly. The practitioner would therefore need to be equipped with the knowledge of how to accurately identify patients who have potential substance use disorders and possess the skill to effectively talk to them using patient-centered communication techniques aimed at motivating the patient to change his/her behaviors, such as reducing substance use or accessing substance use disorder treatment. A proven methodology, Screening, Brief Intervention and Referral to Treatment (SBIRT), can be used by all provider types for each of these scenarios linked to PDMP queries. SBIRT can be used to screen for potential substance use disorder and discuss the results with the patient in a manner that motivates him/her to change his/her substance use behavior or agree to treatment changes (e.g., tapering or discontinuation of pain medications). Then, the provider can refer the patient to substance use disorder treatment specialists for further evaluation, if needed.

SBIRT is promoted by the Substance Abuse and Mental Health Services Administration. It is an evidence-based approach for the delivery of early intervention and facilitated referral to substance use disorder treatment services for patients whose substance use puts them at risk for psychosocial and other health care-related problems, up to and including dependence. The main goal of SBIRT is to improve community health through the reduction of adverse consequences of substance misuse and substance use disorders. The flexibility of SBIRT has allowed it to be adapted for use in a variety of healthcare settings, including emergency departments, primary care offices, oral healthcare settings and other settings. This makes it a powerful tool to screen, intervene and refer patients to substance use disorder treatment.[1]

In this module, prescribers will learn how to integrate a PDMP query into SBIRT for their clinical practice and workflow. The module includes the following objectives:

1. Learn how to integrate the PDMP with other screening tools to help identify those who may require substance use disorder treatment or increased monitoring;
2. Define SBIRT, its main goals and its main components;
3. Learn how to screen a patient for a potential substance use disorder, conduct a brief intervention and refer a patient to treatment;
4. Learn how to discuss a substance use disorder with a patient and handle patient resistance; and
5. Learn how to incorporate SBIRT into clinical practice.

Using the PDMP when Screening for a Substance Use Disorder

PDMP data can be used to facilitate SBIRT use by all types of prescribers and pharmacists. Prescribers and pharmacists can use PDMP data to identify patients who are at risk of developing substance use disorders with PDMP data that suggests the patient: (a) is filling multiple opioid prescriptions or is going to multiple prescribers to obtain his/her opioid or other interacting medications (e.g., benzodiazepines); (b) is using sedatives in addition to opioids; and/or (c) has been steadily increasing his/her use of relevant medications.

PDMP data can be coupled with other screening methods such as urine drug tests and standardized screening tools (obtained via self-report) to aid in the development of interventions. (See the SAMHSA website* for a list of and links to these screening tools.) These interventions are typically brief conversations aimed at motivating patients to improve their health such as decreasing the misuse of relevant medications. The interventions help patients to be more receptive to receiving additional services that will help them reduce or eliminate their opioid use.[2]

Knowledge of PDMP data can be brought into an intervention and shared with the patient whenever the prescriber is helping the patient realize his/her risk for a substance use disorder. Therefore, the PDMP report is an effective way of broaching the subject of substance use with a patient.[3,4] However, it should not be used as undeniable proof that a patient has a substance use disorder or be used as a reason to dismiss a patient from medical care. When a prescriber suspects that a patient has a substance use disorder following a PDMP query, the prescriber should discuss the PDMP results with the patient in conjunction with the results from other screenings.[5,6] The prescriber should allow for the patient to explain him or herself for any potential irregularity in the report or sign of substance misuse. Afterwards, if the conversation indicates treatment may be necessary, the prescriber should recommend all potential treatment options and conduct a "warm handoff" to treatment when necessary (See Module 5 for how to conduct a "warm handoff.") The SBIRT techniques discussed throughout this module can be used to guide prescribers when working with patients, if a screen suggests a potential substance use disorder.

Provider: "Your PDMP results show that you received another opioid prescription from a dentist across town. Your patient-provider agreement that you signed with me states that I would be the only person allowed to prescribe you opioids. Could you please tell me more about your dental visit?"

* http://www.integration.samhsa.gov/

The Value, Goal, and Definition of SBIRT

Substance misuse by patients is commonly encountered by healthcare providers in a variety of settings. However, evidence-based practices, such as SBIRT, have been shown to be effective in reducing the negative healthcare consequences of substance misuse and its associated costs.[7,8] In a recent evaluation of two Substance Abuse and Mental Health Services Administration SBIRT implementation cohorts of more than one million screened patients, both brief intervention and referral to treatment were associated with positive outcomes.[9] When properly integrated, SBIRT can yield great benefits for the patient and allow for more efficient and cost-effective patient-provider episodes. SBIRT skills are especially helpful for prescribers and pharmacists to use with patients who are particularly resistant to making changes that would support better health or deny any misuse of medications despite objective evidence.

Despite SBIRT's demonstrated success, early identification, assessment and referral to specialty care can be challenging for even experienced healthcare providers if they do not have proper training and support with a process such as SBIRT.[10,11]

SBIRT is a comprehensive and integrated approach to the delivery of early intervention and treatment services through universal screening processes that identify individuals at risk of a substance use disorder and those currently with a substance use disorder.[12]

"**Screening**" is the process of identifying patients whose substance use puts them at increased risk for psychosocial and other health care-related problems.

The "**Brief Intervention**" component consists of a brief dialogue with patients to provide feedback on risks associated with substance use and explore consequences of use with the intent to strengthen patients' own motivation and commitment to positive behavior changes.

"**Referral to Treatment**" consists of actively linking patients in need of specialty services to appropriate substance use disorder treatment and recovery support services.

SBIRT: How to Proceed when Encountering a Patient with a Suspected Substance Use Disorder

SBIRT can be used by prescribers and pharmacists as a methodology to use when encountering a patient with a suspected substance use disorder. If the PDMP displays any potential "red flags", screening can be used as a next step to help provide further evidence of any substance misuse. If it becomes evident that the patient may be dealing with an issue related to substance misuse, a brief intervention can be conducted using the principles of motivational interviewing to discuss the results of the screening and the PDMP query. The prescriber can perform a "warm handoff" to substance use disorder treatment or continue to follow-up with the patient on a regular basis regarding his/her drug and/or alcohol use. The description of the key components of SBIRT that follows should assist prescribers with conducting SBIRT in various healthcare settings.

Screening

SBIRT screening employs the use of validated screening instruments with documented sensitivity and specificity. The instruments identify a screening score and associated risk level to guide an appropriate clinical intervention. Universal screening procedures for all patients increase the ease and speed of the data collection from the patient. Incorporating PDMP data into the clinical workflow supplements SBIRT screening by identifying patients who may have a substance use disorder. The PDMP can be incorporated using several different methods. For example, delegates for a prescriber associated with the PDMP make it easy to combine the treatment tools during an appointment. (See Module 2 for more information on clinical and workflow incorporation.)

Routine screening makes substance use conversations commonplace and reduces a patient's hesitancy in discussing his/her substance use. Validated screening tools promote documentation of identified substance use issues and supports related billing, continued follow-up and interprofessional communication. The type of screening tool used should vary based on the type of substance use that is suspected, the amount of time that is available for the screen, and the ability to conduct the screen in a written and/or oral fashion. There are four recommended screening tools depending on the patient population. These tools are not required but are recommended for use in adolescent, adult and pregnant patient populations.

Screening Tools for Adults Patients

The Alcohol, Smoking and Substance Involvement Screening Test can be used to screen patients for drug, alcohol, and tobacco-related problems in a primary care setting. It has eight questions that cover a total of 10 different substances total: tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, inhalants, sedatives, hallucinogens, opioids and "other drugs". The screen takes approximately 15 minutes to complete.[13,14]

The CAGE Questions Adapted to Include Drugs Tool is a screen for alcohol and drug misuse. CAGE is derived from the four questions of the tool: Cut down, Annoyed, Guilty and Eye-opener. The four item screening tool takes approximately one minute to administer and score.[15]

Screening Tool for Pregnant Patients

The Institute for Health and Recovery Integrated Screening Tool: 5 P's Screening Tool is a screening tool designed for women. It screens for emotional problems, alcohol, tobacco, other drug use, and domestic violence. The 5 P's are derived from Parents, Peers, Partner, Past and Present. It is a quick, easy, non-threatening and effective tool that asks pregnant woman about their substance use in a nonjudgmental manner. It also asks about emotional health and domestic violence.[16]

Screening Tool for Adolescents

The CRAFFT Screening Tool is a behavioral health screening tool for use with individuals under the age of 21. It can be used to screen adolescents for high-risk alcohol and other substance use disorders simultaneously. CRAFFT is derived from Car, Relax, Alone, Forget, Friends and Trouble. It is a quick screen that consists of a series of six questions meant to determine whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is necessary.[17]

Continued

SBIRT: How to Proceed when Encountering a Patient with a Suspected Substance Use Disorder *(continued)*

Brief Intervention

A brief intervention is a structured clinical process with a beginning, a middle and an end. It can be used to discuss a patient's substance use following a substance use screen or results from the PDMP which indicate potential substance misuse. Even if results do indicate potential substance misuse, prescribers should never refer to patients as "drug seeking" or use the term "doctor shopping." This type of language can be very stigmatizing. It can also lead to a patient's actual pain or other health issue to be left untreated. Prescribers should also not focus on whether or not they believe patients. Engaging in that type of negative process often leads to a less constructive and negative clinical interaction. The provider should therefore be focusing on helping the patient out of pain and not be casting judgement upon him/her.

The skills used to carry out a brief intervention are broadly applicable to the management of many chronic conditions. The underpinnings of an effective brief intervention draw from the fundamental principles of motivational interviewing.[12] Spirit, skills and strategy, the basic components of motivational interviewing, are described below. However, this module does not presume to provide comprehensive training in the practice of motivational interviewing. The prescriber should be aware that these components make up the basis for the brief intervention component of SBIRT and can be used when discussing a multitude of different health-related issues with patients.

Three Basic Components of Motivational Interviewing

1. **Spirit:** Collaboration, acceptance, evocation, compassion
2. **Skills:** Open-ended questions, affirmations, reflections, summaries
3. **Strategy:** Engaging, focusing, evoking, planning

The brief negotiated interview is a brief intervention model based on motivational interviewing that is a proven evidence-based practice and can be completed in five to 15 minutes. (See Key Components of Motivational Interviewing for more information on motivational interviewing principles.) The model was originally developed in 1996 and refined in the early 2000s.[18-20] The brief negotiated interview acknowledges the time constraints on patient-provider interactions while still seeking to capitalize on opportunities to increase patient motivation to make a positive behavior change. It is an effective method for discussing a patient's substance use and screening results. The four steps outlined below discuss how to effectively conduct a brief negotiated interview in medical or oral healthcare settings.

Continued

SBIRT: How to Proceed when Encountering a Patient with a Suspected Substance Use Disorder *(continued)*

1. **Build Rapport and Raise the Subject:** Begin by raising the subject and building rapport through general conversation. Ask the patient permission to discuss his/her drug use. Use open-ended questions to allow the patient to reflect on the pros and cons of his/her drug use.

> "Thank you for answering these screening questions. Can we discuss them together?"
>
> "Describe a typical day in your life. How does your drug use fit into your routine?"
>
> "What are some of the things you enjoy about your drug use? What are some of the things that you do not enjoy about your drug use?"

2. **Provide Feedback:** Provide feedback to enhance motivation and readiness to change. Ask the patient permission to relay information on drugs and alcohol, as well as to discuss the results of the screening. Discuss the connections between substance use behaviors and known consequences to those behaviors.

> "In order to prevent new health problems from forming or prevent current problems from getting worse, I recommend that all of my patients drink less than the low-risk limits and abstain from using drugs."
>
> "Many patients who score this highly are at an elevated risk of social or legal problems, as well as illness and injury. Can I talk to you about some of these risks?"
>
> "There are many different reasons you could be feeling this way. Can I ask you some questions so we can try to figure this out?"

3. **Build Readiness to Change:** The use of a readiness ruler (Figure 1) can support the brief intervention. It can help patients identify behavior changes they are ready to make, increase the importance of the behavior change, and build their confidence in changing the behavior. It asks patients on a scale of 0-10 how ready they are to change a behavior.

Figure 1: Readiness Ruler

0	1	2	3	4	5	6	7	8	9	10
Not at all										Extremely

> "On a scale of 0-10, with 0 being not ready at all and 10 being extremely ready, how ready and confident are you that you can change your behavior?"
>
> "It's okay if you do not feel ready to make this change. Would you like to discuss some other options?"
>
> "So you feel you are at a 6 in terms of readiness to address your use of prescription opioid medications. Can you tell me your thoughts behind that answer? Why didn't you choose a lower number?"

4. **Negotiate a Plan for Change:** Complete the brief negotiated interview by negotiating and advising a plan for change. The negotiation should include a plan for reducing use to low-risk levels and an agreement to follow up with specialty treatment services. Attached is a list of demonstration videos. The videos are from SBIRT Oregon and demonstrate the application of the brief negotiated interview.

> "What steps do you think you can take that will help you reach your goal of reducing your drug use to low-risk levels?"
>
> "Those are great ideas! Can we write down your plan so that you can refer to it in the future?"
>
> "Can we schedule a follow-up appointment to see how you are doing?"
>
> "It's really great that you came in and talked to me about this. Let's review what we discussed."

Continued

SBIRT: How to Proceed When Encountering a Patient with a Suspected Substance Use Disorder *(continued)*

Referral to Treatment

Referral to treatment is the process of actively linking patients to specialty substance use disorder treatment and recovery support services. The process of making a "warm handoff" to treatment involves directly contacting a substance use disorder treatment provider and solidifying a related appointment while the patient is present. This method will increase the likelihood that patients will engage in substance use disorder treatment, as opposed to providing patients with treatment contact information to navigate on their own. (See Module 5 for more information on referral to substance use disorder treatment.) If a patient resists treatment completely, the prescriber should follow-up with the patient regularly and make future referral attempts whenever possible. The provider should also maintain a positive, non-confrontational tone. This should remain a positive and respectful exchange so that when the patient changes his/her mind later (even minutes later) the patient can feel safe to re-engage with this provider or another provider. Providers should offer materials that the patient can look at later, including contact information for substance use disorder assessment.

How to Address Patient Resistance

Prescribers should expect to encounter resistance from some patients when raising the subject of substance use or misuse. Prescribers should be prepared to handle the situation in order to manage the patient's health and connect the patient with substance use disorder treatment when necessary. Motivational interviewing is a proven method to help address patient resistance. Its principles should be used to help avoid this type of patient-provider situation and make the patient feel more comfortable discussing his/her substance use. Integrating a "warm handoff" protocol into your health care setting can also help to avoid this scenario by diminishing barriers related to access of care and providing patient support throughout the referral process (see Module 5). Below are several examples of patient resistance, or a mismatch between patient and provider goals, with corresponding examples of how a clinician could respond from the National Institute on Drug Abuse:[21]

Table 1: How to Handle Differences in Provider and Patient Goal Scenarios and Clinician Responses

Patient Resistance Scenario	Clinician Response
Patient answers "no" to any drug use, without any thoughtful consideration.	• Gently probe with a question, such as "Not even when you were in school?" • Encourage discussion by saying "go on" or "tell me more".
Patient is uncomfortable disclosing personal substance use on a form.	• Tell the patient your plan to follow-up in person about the screening. • Reinforce confidentiality when possible. • If the patient is still uncomfortable, skip the screening and reiterate the harms associated with drug use.
Patient appears ashamed or embarrassed about recommendations to change substance use behaviors.	• State that the recommendation is related to his/her overall health and that as his/her provider, it's your role to share test results with your patients. • Remind the patient that it is not meant as a judgement.
An at-risk patient seems to have mixed feelings regarding changing his/her substance use behavior.	• Acknowledge the patient's current set of feelings and express your concern. • Explain how the behavior may poorly affect the patient's health or personal life.
Patient becomes upset, angry and/or argumentative.	• Refrain from arguing with the patient and allow the patient to have time to make a decision unless the condition is life-threatening. • Discuss and reflect on the patient's concerns and convey that you understand how the patient feels.

Continued

How to Address Patient Resistance *(continued)*

Patient Resistance Scenario	Clinician Response
Patient declines referral for additional assessment and/or treatment.	• Explore the patient's concerns regarding the assessment to determine why he/she is resisting. • Emphasize that a referral to treatment means many different things and does not always equate to substance use disorder treatment.
Patient cites barriers to attending the substance use disorder treatment or other treatment referral appointments.	• Discuss the barriers and offer support, such as follow-up calls, transportation assistance, child care, and other methods to improve access to care. • Contact the local Single County Authority or substance use disorder treatment center and see if they can offer any assistance.
Patient declines the idea of going into formal substance use disorder treatment.	• Reiterate to the patient that you are not insisting on formal treatment. • Explain that treatment is often easier than quitting without any outside assistance and stopping certain drugs without any medical supervision can be dangerous to his/her health.
In follow-up visits, patient shows no progress with change efforts.	• Reiterate that change is difficult. • Repeat the brief intervention and discuss alternative methods that may help the patient be more successful in the future. • Make additional referrals for any patients who may have missed a previous appointment.

Establishing SBIRT in Practice

In a similar fashion to implementing a "warm handoff" protocol or the PDMP into an office workflow, prescribers should work to establish SBIRT into their daily practices. Workflow integration of SBIRT allows for the provider to spend his/her time efficiently and make as positive an impact as possible on the patient. The Centers for Disease Control and Prevention have a guide for implementing screening and brief intervention into clinical practice in primary care settings. It discusses a step-by-step protocol that can be used by practitioners.[22] The following is a modified version of this guide. The steps do not necessarily need to be enacted in order and can be completed concurrently in many cases.

Preparing for SBIRT

1. Understand the importance of SBIRT.
2. Obtain commitment from your organization regarding the implementation of a new clinical and workflow protocol.
3. Become familiar with SBIRT coding for reimbursement. Visit the Substance Abuse and Mental Health Services Administration website for more information on billing codes.*

Adapting SBIRT

4. Complete a "**screening**" plan.
   a. When will you screen the patient?
   b. Which patients will you screen?
   c. How often will the patient be screened?
   d. Which screening tools will you use in which patient situations?
   e. Where will the screening take place?
   f. How will the screening results be shared and stored?
5. Complete a "**brief intervention**" plan for your brief negotiated interview.
   a. Who will conduct the brief interventions in your organization?
   b. Where will the brief negotiated interview take place?
6. Determine how "**referral to treatment**" will proceed.
   a. How will you refer patients who screen positive to treatment?
   b. Where will referral information be located?
   c. Who will distribute the referral information?
   d. Please see Module 5 for more information on referral to substance use disorder treatment ("warm handoff").

* https://www.samhsa.gov/sbirt/coding-reimbursement

Continued

Establishing SBIRT in Practice *(continued)*

Implementing SBIRT

7. Provide orientation and training to any staff involved.
   a. Visit http://www.SBIRT.pitt.edu for further information on training programs.
   b. Select the training programs that best meet your needs.
8. Pilot test your protocols to evaluate them and enhance them, as needed.
9. Once the pilot test has been perfected and the staff have been properly trained, implement the program as part of the regular office workflow protocol.

Example Protocol: SBIRT in the Emergency Department

1. The patient arrives at the emergency department.
2. The patient is escorted to the exam room.
3. A PDMP query is conducted for the patient if the patient is presenting with pain symptoms.
4. A physician, nurse, or specially trained health professional completes a screening by asking initial screening questions and using a validated screening tool as indicated.
5. Based on the screening results, a provider determines whether a brief negotiated interview should be conducted.
6. The provider conducts a brief negotiated interview.
7. If a referral to substance use disorder treatment is necessary, a "warm handoff" to substance use disorder treatment is carried out per the site-specific protocol.
8. Appropriate follow-up is carried out to ensure the patient engages in substance use disorder treatment.

Refining and Promoting

10. Protocols should be periodically evaluated and updated according to how successful or unsuccessful the plans are in screening and referring individuals to treatment. Make any necessary changes to increase the efficacy of the program.
11. Disseminate your patient success to other practitioners to improve their implementation protocols and increase the success of SBIRT throughout Pennsylvania.

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