

Story #2

CSHP 2015 objective

Objective 2.1 - In 70% of ambulatory and specialized care clinics providing clinic care, pharmacists will manage medication therapy for clinic patients with complex and high-risk medication regimens, in collaboration with other members of the healthcare team.

Location of initiative

York Region Chronic Kidney Disease Program, Mackenzie Richmond Hill Hospital, Richmond Hill, ON

Team members involved

Renal pharmacists, nephrologists

Rationale for the initiative

Patients with end-stage renal disease on dialysis usually have a high burden of co-morbid disease and decreased quality of life, with pain being one of the most common symptoms reported. Pain management can be challenging as these individuals have complex co-morbid conditions and social situations. They have valid reasons for narcotic analgesics but they often demand higher doses and early refills due to drug dependency and abuse, and some even divert the medications to their family members. A narcotic program is set up for the patients who require chronic pain management with narcotic analgesics. The goal of the program is to optimize pain relief, prevent harm, reduce drug interactions and minimize abuse.

Baseline data

Before the narcotic program was put in place, patients with chronic pain asked multiple doctors for narcotic prescriptions. As there is a different rounding nephrologist each week, he/she does not know the chronic pain history of all patients. Some of them were hesitant to prescribe narcotics. Patients indicated pain is one of their biggest concerns in a unit-wide patient survey. However, patients with drug-seeking behavior asked both their family doctor and nephrologist for narcotic prescriptions. This type of double-doctoring behavior was undetected in the past.

Methods of implementation

- Physician identifies patients for program; typically includes patients that consistently and frequently ask for opioid prescriptions.
- Pharmacist interviews patient based on an initial pain assessment questionnaire with a numerical pain scale rating.
- A narcotic contract outlining conditions that must be adhered to is signed by the patient.
- Patient's most responsible physician (MRP) writes prescriptions for 1-3 month supply; only the primary nephrologist for the patient can write the opioid prescription.
- A letter is sent to the patient's family doctor informing them of patient's enrollment in the narcotic program.
- The WHO 3-step analgesic ladder is used as a guide for therapy.
- Follow-up pain assessments are completed at prescription renewals.

- Pharmacist regularly screen an electronic government prescription claims database (ODB e-profile) to monitor for double-doctoring.

Evaluation of results

- A total of 49 patients have been enrolled since program inception. The majority of patients have moderate to severe pain.
- Twenty-two patients were enrolled from 2009 to 2011. A pilot patient survey was conducted in 10 active narcotic program patients in Summer 2011, two years after program implementation to assess patient outcomes. See Table 1 for survey results.
- Seven out of 22 patients were suspected to have potentially abused or diverted opioids. In these cases, we have implemented strict tablet allowances and ceased prescribing in 3 patients.
- This collaborative, structured narcotic program allows for closer monitoring of patient's pain management to alleviate concerns of over-prescribing, drug misuse and diversion.
- Patients understand that medications may not help them achieve complete pain relief. They feel that they are being listened to, the drugs are explained to them, the pain medications are accessible and they are generally satisfied with the program.
- 60% of patients indicated they were satisfied to very satisfied with the pain management program.

Supporting documentation

Appendix 1 - Pain assessment questionnaires

Appendix 2 - Narcotic contract

Appendix 3 – Letter to family doctor regarding narcotic program

Table 1: Survey results

Patient Characteristics

Number of patients	10
Average age	66. 8 yrs
M:F	1:1
Diabetic	60%
<u>Pain Source</u>	
Spinal cord injury	1
Amputation (phantom pain)	2
Arthritic pain	2
Diabetic neuropathy	2
Generalized pain	3
<u>Pain Characteristics</u>	
Neuropathic	2
Nociceptive	2
Neuropathic and nociceptive	6
<u>Opioid therapy</u>	
Oxycodone long acting	1
Fentanyl patch	2
Hydromorphone	3
Oxycodone/acetaminophen	6
<u>Adjuvant therapy</u>	
Nortriptyline	1
Gabapentin	4

Quality of Life measurements

	Better	No Change	Worse
Pain Control	20%	40%	40%
Sleep	44%	11%	44%
Mood	33%	55%	11%
General activity	22%	33%	44%
Walking ability	14%	29%	57%
Social interaction	11%	78%	11%
Enjoyment of life	11%	67%	22%
Average quality of life measure	19%	45%	35%

Appendix 1: Pain assessment questionnaires

York Region Chronic Kidney Disease Program

Initial Pain Assessment

1. How much pain are you having, from 0 (no pain) to 10 (worst pain imaginable)? - circle

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst imaginable pain
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2. Where is the pain located?

3. Describe the pain(circle descriptors, or write patient's description):
a) Nociceptive – aching, dull, throbbing, cramping, pressure
b) Neuropathic – tingling, numbness, burning, stabbing, increased pain to light touch

4. What relieves the pain?

5. What makes the pain worse?

Pharmacist: _____

Date: _____

CSHP 2015 Success Story Contest – Ontario Branch
Submitted by: Grace Leung, CSHP membership #: 101002

York Region Chronic Kidney Disease Program

Follow-up Pain Assessment

1. Document current pain medication regimen
2. How much pain are you having, from 0 (no pain) to 10 (worst pain imaginable)? - circle

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst imaginable pain
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3. Are your current medications relieving the pain?
4. How much breakthrough medication are you using? (if applicable)
5. How are you tolerating the pain medications? Any side effects?
6. Is the description of the pain the same as before?

If different, please describe (circle descriptors, or write patient's description):

a) Nociceptive – aching, dull, throbbing, cramping, pressure

b) Neuropathic – tingling, numbness, burning, stabbing, increased pain to light touch

Pharmacist: _____

Date: _____

Appendix 2: Narcotic contract

York Region Chronic Kidney Disease Program

Narcotic Pain (Opioid) Medication Treatment Agreement

I understand that I am receiving narcotic medication from Dr. _____ to treat my pain condition. I agree to the following:

1. I will not seek narcotic medications from another physician. Only Dr. _____ will prescribe narcotics for me.
2. I will not take narcotic medications in larger amounts or more frequently than is prescribed by Dr. _____.
3. I will not give or sell my medication to anyone else, including family members; nor will I accept any narcotic medication from anyone else.
4. I will not use over-the-counter narcotic medications such as 222's and Tylenol® No. 1.
5. I understand that if my prescription runs out early for any reason (for example, if I lose the medication, or take more than prescribed), Dr. _____ will not prescribe extra medications for me; I will have to wait until the next prescription is due.
6. I will fill my prescription at one pharmacy of my choice; the prescription will be faxed directly to this pharmacy.
Pharmacy name/telephone number: _____
7. I will store my medication in a secured location.

I understand that if I break these conditions, Dr. _____ may choose to cease writing narcotic prescriptions for me.

Patient Name (print): _____ Date: _____

Patient (or family member) Signature: _____

Physician Signature: _____ Date: _____

Appendix 3: Letter to family doctor regarding narcotic program enrollment

York Region Chronic Kidney Disease (CKD) Program

To: Dr. _____
Fax: _____
Date: _____

From: Dr. _____
Fax: _____
Phone: _____

Dear Dr. _____,

Your patient _____ is a hemodialysis patient in our York Region Chronic Kidney Disease (CKD) Program. This letter is to inform you that I am currently prescribing regular opioid pain medication for this patient. He should no longer be requesting narcotic analgesics from you.

Kind regards,

Dr. _____, M.D., F.R.CP.(C)
York Region Chronic Kidney Disease Program
Mackenzie Health
10 Trench Street
Richmond Hill, ON
L4C 4Z3