

# Chronic Pain, Opioid Use, and Opioid Use Disorder Management in Older Adults: I-COPE Study Protocol

A. Kagarmanova, MS<sup>1</sup>; H. Sparkman, MS<sup>2</sup>; A. Kass, BA<sup>1</sup>; E. Staab, MPH<sup>1</sup>; W. Wen, PhD<sup>1</sup>; L. Rosul, BA<sup>2</sup>; D. Lazar, AM<sup>2</sup>; K. Thompson, MD<sup>1</sup>; N. Laiteerapong, MD, MS<sup>1</sup>; M. Ari, MD<sup>1</sup>

<sup>1</sup>Department of Medicine, University of Chicago; <sup>2</sup> Access Community Health Network

## Problem

- Older adults are at high risk for chronic pain, side effects from medications, and adverse outcomes related to opioids including Opioid Use Disorder (OUD)
- Existing American Geriatrics Society and CDC guidelines for chronic pain and opioid use among older adults are lengthy and difficult to reference during a clinical visit

## Goal

- Develop a toolkit to support management of chronic pain and OUD in older adults
- Evaluate effectiveness of the toolkit in a pragmatic stepped-wedge cluster-randomized trial at 35 sites in Chicago

## Intervention Design

- Iterative design process with stakeholders and expert advisory panel

### Key principles

- Elicitation of patient goals and preferences
- EMR-integrated clinical decision support
- Encouragement of shared decision making (SDM)

### Setting

- Pilot at two sites
  - Internal medicine health center, paper Geriatrics health center, iPads
- Health center-level intervention at 35 sites at UChicago and ACCESS in Fall 2021
- Outpatient visits for patients aged 65+ with a history of chronic pain OR opioid use OR opioid use disorder

### Provider education

- Project ECHO
  - Eight hour-long weekly online live sessions
  - I-COPE tool, principles of SDM, older adult pain management, opioid and OUD management

- Brief online training
- Three 5-minute long videos based on the ECHO course

### Primary outcomes

- % of older adults who are prescribed multimodal pain treatments
- % of older adults with chronic pain diagnoses and high initial pain scores ( $\geq 6$ ) who experience a 30% reduction in scores
- % of older adults who discontinued or decreased opioid and beers medications

### Secondary outcomes

- Reach:** % of eligible patients who receive intervention components
- Effectiveness:** % of older adults with chronic pain diagnoses and pain scores  $\geq 6$  who have at least 30% reduction in pain scores within 6 months. The rate of older adults with opioid use who are prescribed non-opioid pain medications or multimodal pain treatments. The rate of older adults with OUD who receive OUD treatment (MAR or referral).
- Adoption:** The number and rate of health center and individual PCPs who use the I-COPE Program.
- Implementation:** The number and rate of PCCDs and decision aid usage in older adults with chronic pain diagnoses, opioid use, or OUD.
- Maintenance:** Outcomes at 12 months

## Results

Improving Chicago Older Adult Opioid and Pain Management through Patient-Centered Clinical Decision Support and Project ECHO®

### Patient Questionnaire

- PEG scale
- Functional goals
- Depression and drug use screens

### Conversation Tool

- Mirrors order set options
- Facilitates conversation
- Tool for shared decision making

### Epic-based Adaptive Order Set

- Based on AGS and CDC guidelines
- Versions
  - CKD 4-5
  - Depression
  - Opioid use
  - OUD
- Alerts of relevant comorbidities
- Built-in patient education

### I-COPE Chronic Pain Questionnaire

Your health care team wants to know how you are doing and has some questions for you. There are no wrong answers. It is OK to ask someone to help you answer the questions. Feel free to skip questions if you need to. Please mark the box with your response to each question.

1. Do you want to talk about pain or other discomfort, such as aching, hurting or soreness at your visit?  
 Yes  No  Unsure  
 If No, please skip to #7 on the next page.

2. What number best describes your pain in the past week? Please circle your response.  
 No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

3. What number best describes how, during the past week, pain has interfered with your enjoyment of life? Please circle your response.  
 Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

4. What number best describes how, during the past week, pain has interfered with your general activity? Please circle your response.  
 Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

5. What has your pain affected that you hope to change? Please check all that apply to you.

<input type="checkbox"/> Perform more daily tasks	<input type="checkbox"/> Care better for self	<input type="checkbox"/> Care better for others
<input type="checkbox"/> Take less medications	<input type="checkbox"/> Be more physically active	<input type="checkbox"/> Do hobbies and activities
<input type="checkbox"/> Reduce stress	<input type="checkbox"/> Improve sleep	<input type="checkbox"/> Improve mood
<input type="checkbox"/> Improve social interactions	<input type="checkbox"/> Perform better at work	<input type="checkbox"/> None
<input type="checkbox"/> Unsure	<input type="checkbox"/> Other: _____	

Please complete the second page of the survey on the next page.

### I-COPE Conversation Tool for Pain Management

AT HOME TREATMENTS	IN-PERSON TREATMENTS
<input type="checkbox"/> Heat and cold	<input type="checkbox"/> Physical therapy, occupational therapy
<input type="checkbox"/> Mindfulness strategies (meditation, prayer)	<input type="checkbox"/> Talk therapy
<input type="checkbox"/> Distraction (hobbies, music)	<input type="checkbox"/> Chiropractor
<input type="checkbox"/> Progressive muscle relaxation	<input type="checkbox"/> Massage therapy
<input type="checkbox"/> Being active (walking, exercise, yoga, tai chi, Pilates)	<input type="checkbox"/> Acupuncture
<input type="checkbox"/> TENS unit	<input type="checkbox"/> Injections, other procedures
	<input type="checkbox"/> Surgery
ON SKIN/TOPICAL TREATMENTS	PAIN RELIEVERS
<input type="checkbox"/> Tiger Balm, Ben-Gay, Aspercreme	<input type="checkbox"/> Acetaminophen (Tylenol)
<input type="checkbox"/> Capsaicin	<input type="checkbox"/> Duloxetine (Cymbalta), Venlafaxine (Effexor)
<input type="checkbox"/> Lidocaine (Salonpas)	<input type="checkbox"/> Gabapentin, Pregabalin (Lyrica)
<input type="checkbox"/> Diclofenac (Voltaren)	<input type="checkbox"/> Carbamazepine
	<input type="checkbox"/> Marijuana, Dronabinol, Nabilone
	<input type="checkbox"/> Naproxen (Aleve), Ibuprofen (Motrin), Celecoxib
	<input type="checkbox"/> Baclofen
	<input type="checkbox"/> Hydrocodone/acetaminophen (Norco), Tramadol, Morphine, Fentanyl patch

**Opioid Medications**

Last Single-Question Drug Use Screener: No data recorded

**Clinician Tools for Managing Chronic Opioids**

When prescribing opioids, a universal precautions approach is recommended by CDC (embed link if possible) to minimize risk Prescription Monitoring Program, urine toxicology, and naloxone prescribing.

**Patient provider agreement:** Before starting opioid treatment, discuss known risks and realistic benefits of opioid treatment agreement is available under communication management as a letter (Epic ID number 221176).

**Illinois Prescription Monitoring Program:** Check the Illinois Prescription Monitoring Program before every opioid prescription

**Urine Toxicology:** Urine drug screening can be used to 1) confirm that patients are taking prescribed medications and 2) not a send out test (MAYO OPATU) can be ordered. For questions about urine toxicology results, call the chemistry lab (2-1772) or [txco@bsd.uchicago.edu](mailto:txco@bsd.uchicago.edu).

It is required that you review ILPMP when prescribing opioids.

Last UDS:  
 No results found for this or any previous visit

**CDC guideline**

- BHP Opioid CDS
- Urine toxicology (detects morphine, codeine, heroin, and only 25% of hydrocodone; does not detect oxycodone; recommended before ROUTINE. Expected Today, Expires: 6 Months, Unit Collect/Clinic Collect
- Chronic, continuous use of opioids (P1190)
- Urine hydrocodone screen (recommended if taking hydrocodone)
- Naloxone (recommended if history of overdose, substance use disorder, >50 MME/day, or benzodiazepine use) E-Prescribe, Disp-2 each, R-0
- Opioid Safety and Naloxone Patient Instructions for AVS

## Patient Education & External Referral Resources

- At-home treatments and exercises
- 6th grade reading level
- Insurance coverage and addresses for physical therapy, massage therapy, chiropractor, acupuncture

## Lessons Learned

- Collect patient-reported symptoms and preferences before clinical visits
- Smarter order set
  - contains guideline-recommended treatments and patient education
  - presents individual relevant lab and test results next to orders
  - includes geriatric-tailored patient education materials

## Acknowledgements

- The project is funded by AHRQ grant HS027910.
- Dr. George Weyer; Dr. Stacie Levine; Dr. Elbert Huang; Dr. Jairo Mejia; Dr. Cheng-Kai Kao