

Chronic Pain, Opioid Use, and Opioid Use Disorder Management in Older Adults (I-COPE): Pragmatic Trial Development and Preliminary Results

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

Patient Questionnaire

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 0 1 2 3 4 5 6 7 8 9 10 Completely interfere

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

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.

Conversation Tool

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, Pentamyl patch

This tool is based on clinical guidelines but is not definitive. This tool was developed as part of a grant from the Department of Medicine, University of Chicago.

Epic-based Adaptive Order Set

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 (lyeo@bsd.uchicago.edu).

It is required that you review ILPMP when prescribing opioids.

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

CDU guideline
- BHP Speed 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 [F11.90]

Urine hydrocodone screen (recommended if taking hydrocodone) [F11.90] Expected: Today, Expires: 6 Months, Unit Collect/Clinic Collect

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

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

Patient Education & Referral Resources

I-COPE Heat and Cold Therapy for Pain

What is Heat Therapy?
Heat therapy is best for targeting tight muscles and joints. It works by increasing blood to the area. This method is great for places that need extra blood flow to heal and be soothed.

How to Use Heat Therapy

- Apply heat (heating pad, hot bath, hot damp towel)
- Apply for 15 minutes. You can do this several times a day.
- Treatments that are too hot can cause other injuries.

What is Cold Therapy?
Cold therapy is best for new injuries (bumps, sprains, strains). It works by decreasing blood to the area. Decreasing blood flow to an area decreases swelling.

How to Use Cold Therapy

- Apply cold (ice pack, bag of frozen corn or peas, frozen sponge inside a freezer storage bag). Wrap with a towel to avoid skin injury.
- Apply for 15 minutes. You can do this several times a day.

People with skin conditions should be more careful using heat or cold therapy due to a higher risk of skin injury.

I-COPE Acupuncture Patient Referral Resources
Acupuncture is a form of treatment that involves inserting very thin needles through a person's skin at specific points on the body, to various depths.

Paying for Acupuncture
Medicare Part B covers 12 acupuncture visits within 90 days for chronic low back pain. Medicare will not cover acupuncture for any other conditions. Some private health insurances will cover acupuncture visits when they are considered medically necessary and prescribed by your doctor. You can call the number on your insurance card to learn how to get coverage for acupuncture. You can also use self-pay for acupuncture.

Acupuncture Practices
Boethi and Sage
1525 E 53rd St, Suite 808
Chicago, IL 60615
Phone: 312-403-1853
Most Major Insurances Accepted, including but not limited to: Medicare, managed Medicaid, BlueCross BlueShield, Aetna, Ambetter, UnitedHealthcare

Chicago Pain Medicine Center
1044 N Francisco Ave, Suite 404
Chicago, IL 60622
Phone: 773-888-6824
Most Major Insurances Accepted

Hyde Park Chiropractic Wellness Center
1304 E 47th St
Suite 201
Chicago, IL 60653
Phone: 773-493-7034
Insurances Accepted: Medicare, BCBS, United Healthcare, Aetna

Background

- 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

Objective

- 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

Study Setting, Participants & Design

- 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
- Pilot at two sites
 - Internal medicine health center, paper
 - Geriatrics health center, iPads

Provider Education

Project ECHO

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

Brief online training

- Three 5-minute long videos based on the ECHO course

Evaluation

Primary outcomes

- % of older adults who are prescribed multimodal pain treatments
- % of older adults with chronic pain diagnoses and high initial pain scores (≥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 ≥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

Preliminary results

Reach. During the first six months of the pilot, over 150 patients completed the pre-visit questionnaire, and 47 PCPs used the smartset. The stepped wedge trial began in November 2021; at step 1 clinical sites 11.5% of eligible patients completed questionnaires the first month.

Implementation. PCPs at pilot sites viewed the order set as user-friendly and easy to navigate. Many providers appreciated the multimodal treatments covered. The use of interactive I-COPE components such as the conversation tool and patient education materials prompted providers to focus on shared decision-making.

PCP Knowledge, Attitudes, Self-efficacy. Twelve PCPs attended the first Project ECHO series, all of whom completed pre-post surveys. There was a trend toward higher self-efficacy across all competency areas, with a mean increase of 0.9 on a 7-point Likert scale. Collegial discussion with peers about patient care challenges was rated as the greatest benefit and expert presentations were rated the most liked component of the series.

Innovation

- 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

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