Medication Therapy of Your Pain Patients

Presented by:

Kathryn Hahn, Pharm.D., Manager, Bi- Mart Store #603

1:45 p.m. - 3:45 p.m., Saturday, October 7, 2006
Las Vegas, Nevada

Evaluation # 06- 126

This program is approved by NCPA for 0.20 CEUs (2.0 contact hours) of continuing education credit. NCPA is approved by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
Kathryn Hahn, a graduate of the University of Southern California School of Pharmacy has been practicing community pharmacy pain management in Oregon for over 8 years after leaving a 10 year hospital pain and palliative care practice in Southern California. Dr. Hahn’s practice at Bi-Mart in Springfield, OR is part of a multidisciplinary team from the “Pain Society of Oregon”, Eugene chapter. She collaborates with pain specialists to care for patients in a unique practice that has brought her state and national recognition.

As affiliate faculty at the Oregon State University School of Pharmacy, Dr. Hahn teaches a 6 week clerkship in community pharmacy pain management to 4th year Pharm.D students. Her interest in pain patient advocacy has led her to be involved on the state level where she currently chairs the Oregon Pain Management Commission. The Commission is responsible for creating mandatory pain continuing education for practitioners and has authored several legislative bills to promote better pain treatment in Oregon. Dr. Hahn is an active educator in the field of community pharmacy pain management and speaks frequently on the state and national level.
Presentation Title: The Pharmacist’s Role in the Medication Therapy Management of Chronic Pain

Name of Presenter: Kathy Hahn

Objectives:

1. Provide reasons to develop a pain management niche in a community pharmacy.
2. Describe the steps in the process of developing a pain management program.
3. Understand the concept of balance between adequate pain treatment and prevention of diversion.
4. Describe 5 elements of medication therapy management.
5. Complete a medication therapy review, personal medication record, medication action plan, and intervention or referral for patients with pain.
The Pharmacist’s Role in the Medication Therapy Management of Chronic Pain

Kathryn L. Hahn, Pharm.D.
Affiliate Faculty, Oregon State University
College of Pharmacy
Bi-Mart Pharmacy, Manager
Springfield, OR

Learning Objectives

Upon completion of this program, the participant will be able to:
1. Provide reasons to develop a pain management niche in a community pharmacy.
2. Describe the steps in the process of developing a pain management program.
3. Understand the concept of balance between adequate pain treatment and prevention of diversion.
4. Describe 5 elements of medication therapy management
5. Complete a medication therapy review, personal medication record, medication action plan, and intervention or referral for patients with pain.
Why Pain Management?

“Whoever is spared personal pain must feel himself called to help in diminishing the pain of others. We must all carry our share of the misery which lies upon the world.”

Albert Schweitzer

Why Pain Management?

Literature reviews tell us:

• Improvement of pain management relies on the ability of healthcare professionals to analyze their reactions, beliefs, and values about pain management and how these influence patient care decisions.

• There’s a need for collaborative, focused, interdisciplinary approach to challenge current practices and bring about change.
How common is chronic pain?

- >200 million Americans experienced migraine, neck, low back and jaw pain during previous 3 months
- >105 million Americans have some form of chronic or recurrent pain (35% of the US population)
- 10% of all people in US have pain >100 d/yr
- 50 million Americans are disabled

National Health Interview Survey '02

---

Pain in America

Approximately 20% of Americans live with chronic pain.

- Includes pain from chronic conditions as well as pain from terminal illness.
- Elderly and minority patients are at particular risk for undertreatment.

Pain in America

- Pain is a leading reason people seek medical care.
  - Pain is primary presenting symptom in more than 80% of all physician visits.
- Yet training in pain medicine is inadequate
  - 88% of physicians in one study reported medical school education in pain management was poor.
  - 73% reported this training in residency was fair or poor.

The Economic Cost of Pain in America

- The NIH estimates annual expenditures related to chronic pain at $100 billion.
  - Includes healthcare expenses, compensation, litigation
- Pain accounts for approximately:
  - 25% of all sick days taken in the U.S.
  - 21% of emergency room visits
    [http://www.ampainsoc.org](http://www.ampainsoc.org)
Impact of Pain on the Dimensions on Quality of Life

Physical
- Functional ability
- Strength/fatigue
- Sleep and rest
- Nausea
- Appetite
- Constipation

Psychological
- Anxiety
- Depression
- Enjoyment/leisure
- Distress
- Happiness
- Fear
- Cognition/attention

Social
- Caregiver burden
- Roles and relationships
- Affect sexual function
- Appearance

Spiritual
- Suffering
- Meaning of pain
- Religiosity

Pain

(adapted from Ferrell et al. Oncology Nurse Forum, 1991)

Pharmacists Preparedness to Manage Pain

- 73% address pain management on a routine/frequent basis
- Only 51% felt well prepared to handle most pain management issues
- 25% felt inadequately prepared

The Dominion Group, Pain Management Study Executive Summary, 2002
Attitudes About Pain

- Patients will tell you if they hurt.
  - Not always and not adequately
- I can pretty well judge how much pain a patient is having.
  - It is very difficult and very subjective
- Opioids are for extreme pain.
  - Opioids are for pain
- I could get into legal trouble by giving patients large quantities of opioids.
  - Regulatory risks can be managed

Attitudes about Opioids

A sizable minority of pharmacists are uncomfortable with opioid prescriptions.
- Concerns about abuse make them uncomfortable
- 12% felt they had no way to verify the legitimacy of an opioid prescription

The Dominion Group, Pain Management Study Executive Summary, 2002
Attitudes About Non-drug Options

• Behavioral interventions are “mumbo jumbo”
• Mechanical interventions are too benign or too radical
  – Responses vary: use whatever works!

Health Professionals Perform Poorly

Community pharmacists, like other health professionals often do not perform well in managing pain.
• Use/advocate less than effective doses.
• Use/advocate longer intervals than the duration of action.
• Balk at use of large doses or large quantities.
• Aren’t part of multidisciplinary team necessary to help patients achieve optimal pain control and yet minimize misuse.
Patients Perform Poorly

Patients do not use opioids correctly

- May not request pain medications or not take them if prescribed
- Use longer intervals &/or less than the prescribed dose
- Some use shorter intervals &/or more than the prescribed dose

So What Do We Know?

- Pain is common
- Commonly, pain is unrelieved
- Providers sub-optimally manage pain
- Patients don’t use medications correctly
- There are knowledge-base, attitudinal and behavioral issues that affect our ability to manage pain effectively
So What Do We Know?

- Community pharmacists are the most likely health care providers to observe patients with chronic pain.
- Community pharmacists discuss drug therapy with prescribers on average, more than 8 times a day.
- Pharmacists are in an excellent position to provide compliance counseling at the point-of-care, and if necessary notify prescribers about potential therapy problems.
- MTM could provide an excellent catalyst to improve outcomes for those suffering in pain.

Where We Want To Be

At the ideal community pharmacy:

- Patients are accepted and treated with care and compassion; pain is treated like any other medical condition.
- Pharmacists are knowledgeable about pain management; both pharmacologic and non-pharmacologic options.
- Pharmacists are prepared to provide relief; maintain adequate stock.
- Pharmacists collaborate with other providers and are reimbursed for MTM.
- Risks of controlled substances diversion/misuse are minimized.
Pain Management in the Community Pharmacy

Bi-Mart Pharmacy
- One of 64 stores in ESOP discount membership chain located in the Northwest
- Fill average of 3,000 scripts per week
- 4 pharmacists, 20 clerk/technicians and 1 robot
- 1 community-based pain management program started in 1998, currently with more than 250 patients
- Other programs include diabetes, immunization, and asthma
Community Pharmacy Pain Management Opportunities

Goals and Objectives
- Improve functional status by increasing activities of daily living, reducing pain, and minimizing side effects
- Improve co-morbid conditions such as depression, anxiety, and insomnia
- Reduce physician burden by assisting with drug selection, patient education, and reducing number of office visits and physician/patient communication

---

Community Pharmacy Pain Management Opportunities

Goals and Objectives
- Reduce medical and prescription costs, where possible
- Reduce economic and societal burden of untreated pain
- Reduce diversion and misuse of opioids
- Realize financial reimbursement for these services
Community Pharmacy Pain Service

- Patient Identification
- Patient Interview
- Specialized Staff and Services
- Pain Service Activities
- Case Studies
- Impact

Patient Identification

- Computer files can reveal patients with years of codeine, propoxyphen, and hydrocodone combinations
- Identify patients on \( \geq 3 \) months short and long acting opioids
- Identify patients from pain specialists, neurologists, and rheumatologists
- Identify patients from interviews and referrals
Community Pharmacy Pain Service

Patient Interview

• After identification, patient is interviewed and history of pain problem and treatment is obtained
• Confidential health questionnaire is completed
• Separate pharmacy file is created containing:
  – Patient information
  – Physician information
  – Pertinent social, psychological, economic history
  – Current medications and alternative therapy
  – Pain and general assessment
  – Plan of action (part of SOAP)
  – Follow-up monitoring

Community Pharmacy Pain Service

Patient Interview

• SOAP notes can be created from interview
• Patient education begins
• Pain journal is given out with instructions to be completed daily
  – Uses pain scale 0-10 to track pain throughout the day
  – Records pain medications used (Rx and OTC), non-pharmacologic tx (e.g. hot bath), and exercise
  – Body diagrams on which to mark painful areas
  – Addresses compliance, side effects
  – Asks patient to assess daily functional levels
Community Pharmacy Pain Service

Patient Interview, Follow-up

- Review of journal by patient and pharmacist
- Determine where to begin interventions
- Recommendations regarding medication changes documented in brief SOAP note format, faxed to physician
- Counseling, deal with side effects proactively

Patient Interview, Follow-up

- Continue pain journal to track progress
- Regular follow-up appointments, documenting changes in therapy and function
- Refer for other services when necessary, (counseling, massage, physical therapy, etc.)
Community Pharmacy Pain Service

Specialized Staff and Services

- One specially trained technician is designated to run and fill all chronic pain prescriptions
- “VIGIL” system (D. Brushwood), of verification, identification, generalization, interpretation, and legalization is used to evaluate ambiguous rxs
- Segregated part of pharmacy contains:
  - Pain patient files
  - Pain technician computer and workstation
  - Student desk and computer

Community Pharmacy Pain Service

Specialized Staff and Services

- Pharmacy serves as the designated pharmacy on ‘pain agreements” with Dr. (1 Dr./1 pharmacy)
- Able to form close relationships with each patient (show empathy!)
  - Patients come from pharmacies that treat them like addicts
  - Patients come from pharmacies that always seem to be “out” of their medication
- Close scrutiny of patients allows early detection of any abuse or diversion issues
Community Pharmacy Pain Service

Pain Service Activities

• As a member of the local multidisciplinary “Pain Society”, pharmacist is able to refer out to complementary and alternative therapists
• Pain Society membership also affords close collaborative relationship with pain practitioners
• Pain Society also creates opportunity to market specialized practice

Community Pharmacy Pain Service

Pain Service Activities

• Pain patient advocacy leads to political advocacy
  - Understand your state’s public and regulatory pain policies (do they work?)
• Education of colleagues and patients to improve knowledge and remove biases and barriers
• Pharmacy school clerkship teaches student to be part of a multidisciplinary team committed to improve pain patient outcomes
Community Pharmacy Pain Service

Case Studies

• D.E was identified because he was becoming and increasingly angry customer
• Pharmacy staff hid when he picked up his methotrexate
• Questioning revealed hx of many specialists working on an illusive crippling autoimmune disease
• In the work-up to diagnose his condition, he was not asked about his pain
• He was too stoic to report it
• After communicating with the Dr., the patient was placed on a pain med that he says helped save his life while he waited for a diagnosis

Community Pharmacy Pain Service

Case Studies

• Patient interview identified S.T. as an elderly man bent over in pain from severe osteoarthritis
• After receiving education on new concepts of pain management, he talked to his Dr.
• Patient was placed on a med that he says made him straighten up and stand 2 inches taller
• He remained relatively pain free the last 5 years of his life
Community Pharmacy
Pain Service

Case Studies

- A dying cancer patient’s family came to the pharmacy for a consult, having been referred by another pain patient.
- A.D. was given less than 1 week to live, was at home, and hospice had not been called.
- Dr. sent the patient home on APAP with codeine.
- The family reported the patient was in excruciating pain; the Dr.’s office was contacted.
- Pharmacist suggested concentrated morphing liquid, which then allowed the patient to be comfortable in his last hours.

Community Pharmacy
Pain Service

Case Studies

- Careful scrutiny identified R.O., a chronic pain patient, caught doctor shopping and drug hoarding.
- After consultation with the doctor, the patient was instructed to receive 1 week’s supply at a time.
Community Pharmacy
Pain Service

Impact of Pain Service
• Patient survey results in overwhelming positive response to program
• Physicians relieved to “share” burden of difficult cases
• Patients receive benefit of complementary and alternative referrals
• Strong corporate support of program that brings in additional profit
• Pharmacy student survey indicates strong desire to continue pain specialty

Developing steps to a program…
Developing a Pain Management Program

Steps to the Process

- Step 1 - Educating ourselves
- Step 2 – Preparation
- Step 3 – Program Implementation
- Step 4 – Becoming a Team Member
- Step 5 – Marketing
- Step 6 – Educating Others
- Step 7 – Patient Advocacy

Step 1: Educating Ourselves

- Staff education
  - Paradigm shift:
    * Decrease emphasis on regulatory imperative to not fill bad scripts
    * Increase focus on therapeutic imperative to fill valid scripts
- Vanquish biases and barriers
- Realize that drugs and doctors do not cause drug addiction
Developing a Pain Management Program

Step 1: Educating Ourselves
- Realize that withholding lawful pain medication could be deleterious
- Development of addiction in a patient with no previous history while taking opioids is rare
- Increase comfort in dispensing appropriate doses of chronic opioids in controlled settings for selected patients
- In other words, create a balance between adequate pain treatment and prevention of diversion

Step 2: Preparation
- Train staff to identify chronic pain patients for special consideration

Step 3: Program Implementation
- Initiate consultation interviews, intervention, and follow-up
Developing a Pain Management Program

Step 4: Becoming a Team Member

• Become a member of the multidisciplinary health care team
• Pharmacists’ role on this team:
  - Create pharmaceutical care plan
  - Patient education
  - Drug information resource
  - Patient advocate

Developing a Pain Management Program

Step 5: Marketing

• Market your service to other members of the multidisciplinary team
• Market your service to local physicians; call or fax with intervention suggestions
• Market your service to patients; create a brochure or poster
Developing a Pain Management Program

Step 6: Educating Others
- Educate your colleagues
- Educate your patients and their families
- Educate pharmacy students

Step 7: Patient Advocacy
- Become a patient advocate (get political!)

Be a patient advocate; get political!
Medication Therapy Management Services and Pain Management

Definition

Medication Therapy Management

Distinct service or group of services that optimize therapeutic outcomes for individual patients

- Independent of, but can occur in conjunction with dispensing a medication
- Encompasses broad range of professional activities/responsibilities within licensed pharmacist’s scope of practice (or other qualified health care provider)
Five Core Elements

• Created by APhA and National Association of Chain Drug Stores Foundation
• Expected to be part of delivery of MTM services in community pharmacy
• This includes:
  – templates for developing patient records
  – model for private, public health benefit, or out-of-pocket payors

MTM Core Elements

These components should:
• Enhance patients understanding of appropriate drug use
• Increase adherence to prescribed medications
• Facilitate collaboration between pharmacies and prescribers
• Improve detection of adverse drug events
• Optimize therapeutic outcomes
1st Core Element

Medication Therapy Review
• Pharmacist conducts a medication therapy review (MTR) consultation with patient and/or caregiver preferably as face to face encounter
• Scope ranges from comprehensive evaluation of all medications to evaluation of specific targeted medical problem

2nd Core Element

Personal Medication Record
• At end of MTR, patient receives personal medical record (PMR)
• Portable record of all patient’s medications, OTCs, and dietary supplements (including mail order meds and samples)
• PMR should be shared with all other providers to promote continuity of care
• Patient should bring PMR to pharmacy visits for updates
2nd Core Element, cont.’

Template provided includes:

- Patient’s name or identifier
- Patient’s date of birth
- Medication name and strength
- Intended use of medication, if known
- Directions for use
- Discretionary information (e.g. precautions)
- Start date of meds currently used, if known
- Stop date of DC’d meds, if known
- Pharmacists name, contact info, and/or identifier
- Prescriber’s name, contact info, and/or identifier
- Date of PMR creation and most recent update

Template of PMR

From Medication Therapy Management in Community Pharmacy Practice, APhA and NACDSF, 4-2005
3rd Core Element

Medication Action Plan (MAP)

- Patient receives medication action plan at end of MTM visit
- Patient uses to optimize medication self-management
- May include physical activity, dietary adjustments or recommendations to visit other health care professionals
- Patient centered document that specifies actions to be taken by patient
- MAP should be shared with other health care professionals

3rd Core Element, cont.’

Template provided includes:

- Patient identifier
- Patient’s date of birth
- Physician’s identifier (usually PCP)
- Pharmacist’s identifier (one completing MAP)
- Date of MAP
- Medication-related issues identified
- Proposed actions (for patient to take)
- Individual responsible for action (usually patient)
- Result of action and date- positive reinforcement
Template for MAP

MEDICATION ACTION PLAN

<table>
<thead>
<tr>
<th>Patient</th>
<th>Date of Birth</th>
<th>Primary Physician (Phone)</th>
<th>Pharmacist (Phone)</th>
<th>Date Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Identified</th>
<th>Medication-related Issue Identified</th>
<th>Proposed Action</th>
<th>Person Responsible</th>
<th>Result of Action</th>
<th>Date of Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From Medication Therapy Management in Community Pharmacy Practice, APhA and NACDSF 4th Core Element

Intervention and/or Referral

Pharmacist provides:

- Consultative services
- Intervenes to address medication-related problems
- May refer the patient to other healthcare providers as needed (referral is a recommendation, not “referral required by some insurance companies)
5th Core Element

Documentation and Follow-up
Consistent documentation that provides:
• Facilitation of tracking patient progress
• Collaboration with other health care providers
• Facilitation of billing
• Facilitation of scheduled follow-up appointments (as needed)

Holistic Approach to Health

Pharmacist should also keep track of:
• OTC products
• Dietary supplements
• Complementary and alternative treatments
• Dietary habits
• Physical activity levels
• Any appropriate lab values
MTM: Not Disease State Management Service (DSMS)

If patient has significant therapeutic issues:

- Refer to DSMS at the pharmacy (e.g. diabetes)
- Refer to alternative healthcare provider (e.g. dietician)
- Refer to physician (e.g. endocrinologist)

MTM: Recommendations should be patient centered and involve education that helps patient use meds properly

MTM Current Procedural Terminology Codes

CPT Codes for Billing MTM Services to 3rd Parties Payors (face to face only)

- 0115T MTM service(s) provided by a pharmacist, face to face with patient, initial 15 minutes, with assessment
- 0116T Subsequent encounters (15 minutes)
- 0117T Each additional 15 minutes
3\textsuperscript{rd} Party Criteria Determination

**APhA Survey of MTM Services**

**Community Care Rx (CCRx) Plans**

- MTM will be provided by contracted pharmacy, face to face with pharmacist as primary provider
- CCRx criteria includes:
  - 10 or more medications
  - 4 disease states including at least one of the following: COPD, hyperlipidemia, asthma, CHF, hypertension, or diabetes
  - Spends more that $4000 on drugs per year

---

**Community Care Rx Plans**

**Criteria for MTM Services**

- Each eligible beneficiary may receive one paid MTM in 2006 (starts in June 2006).
- Outcomes measured by drug spend savings, patient and provider satisfaction surveys.
- Patients will be identified by the plan:
  - MTM case sent to pharmacy including pt demographics, history, protocols, and suggested therapeutic interchanges. Pharmacy will call pt for appt or physician for consults/authorizations.
- CCRx uses the Community MTM Services Inc. web-based secure messaging service to deliver MTM cases.
Pain Considerations During MTM Visit

Many pts receiving MTM will suffer from chronic pain

- If pain isn’t chief complaint, chronic condition is likely associated with pain (OA/RA, diabetes, insomnia, use of OTC analgesics).
- **Assessment of pain should be a component of any comprehensive MTR**

Pain Considerations During MTM Visit

**Has pt’s pain been adequately assessed?**

- Include pain assessment scale in history write-up.
- “Do you have any pain or discomfort that you have not previously mentioned?”
- Have appropriate meds been prescribed for tx of pt’s pain?
- Is pt using meds correctly?
  - Ck for adherence to appropriate time and interval.
  - Ck for reluctance to take pain meds (sign of weakness, fear of addiction).
  - Using more frequently than prescribed (under treated, misusing, abusing, diverting).
Pain Considerations During MTM Visit

- Is pt experiencing adverse events from medications?
  - Under use because of intolerable side effects (nausea, somnolence, constipation)?
  - Can suggest med switch or addition of med to help with side effects.
- What non-pharmacologic treatment approaches does pt use to manage pain?
  - physical therapy, occupational therapy, massage, cognitive behavioral therapy, acupuncture, chiropractic, tai chi, qigong

Initial MTM Visit with JP

- JP, 53 y/o male presents to pharmacy for refill of Oxy/APAP. During routine counseling, pt says “pain is ruining my life”, he reports he is severely depressed.
- You suggest “It might be useful for us to review your entire medication profile, and assess what we can do to improve your treatment”.
- Pt agrees. You call his insurance, workman’s comp, and explain “MTM can reduce overall healthcare costs and optimize therapeutic outcomes by detecting adverse drug events”.
- Workman’s comp agrees to an initial visit plus 1 follow-up. They will pay $3.00 per minute per industry standard.
- You call JP and schedule an appt for the next morning.
Past Medical History
(form filled out by pt)

- **2002** – L3-L4 disc herniation, lumbar strain, L1, L2, L5 disc degeneration
- **2003** – Hypertension, anxiety, obesity
- **2004** – Epidural injections ineffective, surgery ruled out, depression
Initial MTM Visit with JP

Subjective Pain Assessment
- Primary complaint: continuous back pain, level 8-10 out of 10
- Stabbing, aching pain in L3-L4 area
- Occasional burning pain in extremities
- Onset, duration, variations: “All the time, never goes away”
- Manner of expressing pain: “Cry, yell, moan”
- What relieves the pain: “Getting inadequate pain relief with methadone, fentanyl wouldn’t stay on…nothing right now”
- What increases the pain: “pinched nerves”

Effects of Pain
- No ability to exercise, walks with cane
- Sleeps 2-3 hours maximum at a time
- Significant depression, some suicidal ideations, “sometimes I think it would be better for everyone if I weren’t here anymore”
- Has gained 50lbs since started methadone
- Constantly nauseated, dizzy, and “not in control of mental faculties”
- Quality of life: Struggles but can fulfill daily home responsibilities, no outside activity, not able to work/volunteer
Initial MTM Visit with JP

JP’s Medication Therapy Review (1st Core)

- You carefully review JP’s medications, pharmacy records, and any insurance or physician provided records.
- You then discuss the use of each of JP’s medications:
  - JP’s use of quinapril appears appropriate.
  - JP has been using methadone 4 x daily for almost 4 years. He believes the methadone responsible for nausea, dizziness, and mental clouding. You also suspect that it may be contributing to depression and wt gain.
  - JP uses his breakthrough med, oxy/APAP up to 6 X daily.
- Based on your assessment, you believe his frequent use is the result of undertreated pain rather than aberrant behavior.

JP’s Initial Personal Medical Record (2nd Core)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Medication Brand (Generic)</th>
<th>Dosage</th>
<th>Route</th>
<th>Times per Day</th>
<th>Scheduled Times</th>
<th>Purpose for Use</th>
<th>Remarks</th>
<th>Prescriber</th>
<th>Step Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990s</td>
<td>Multivitamin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>General health</td>
<td>CFC</td>
<td>Patient</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>Dolophine (methadone)</td>
<td>20 mg</td>
<td>Oral</td>
<td>1</td>
<td></td>
<td>Pain</td>
<td>Reversible side effects</td>
<td>Dr. Frank</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>Percocet (oxycodone/ APAP)</td>
<td>7.5/325 mg</td>
<td>Oral</td>
<td>4</td>
<td></td>
<td>Pain</td>
<td>For breakthrough pain</td>
<td>Dr. Frank</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>Acyclovir (zydovudine)</td>
<td>40 mg</td>
<td>Oral</td>
<td></td>
<td></td>
<td>High blood pressure</td>
<td></td>
<td>Dr. Frank</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>Serona</td>
<td>8.6 mg</td>
<td>Oral</td>
<td>One</td>
<td></td>
<td>Constipation</td>
<td>OTC</td>
<td>Patient</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>Ibuprofen/ acetaminophen</td>
<td>1,500/1,200 mg</td>
<td>Oral</td>
<td>One</td>
<td></td>
<td>Osteoarthritis</td>
<td>Dietary supplement</td>
<td>Patient</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>Indepro (indapamide)</td>
<td>20 mg</td>
<td>Oral</td>
<td>One</td>
<td></td>
<td>Depression</td>
<td>CFC</td>
<td>Dr. Frank</td>
<td></td>
</tr>
</tbody>
</table>

Bring this Personal Medication Record with you to all visits with health care providers and if you are admitted to a hospital. Consult your pharmacist regarding questions or updates.

APAP = acetaminophen, OTC = over the counter.
JP’s Initial Patient Medication Action Plan (3rd Core)

From Pain Management, Module 1: Medication Therapy Management Services, APhA, 2005

Intervention and/or Referral (4th Core)

You fax JP’s physician the following recommendations:

• JP is not receiving adequate pain relief and is experiencing intolerable adverse events from methadone (i.e. mental effects, depression, weight gain).
• Despite treatment with Lexapro, JP is experiencing significant depression and suicidal ideation.
**Intervention and/or Referral**

You follow up with a phone call to JP’s physician and recommend the following:

- Discontinue methadone and switch JP to extended release morphine or oxycodone.
- Add anti-inflammatory and/or anticonvulsant?
- Replace Lexapro with a trial of Cymbalta or Effexor (SNRIs have better evidence of efficacy with chronic pain).
- Check testosterone levels due to long term use of methadone and depression.
- Address depression and suicidal ideations by referring to a psychologist (preferably one that works with pain pts).
- Encourage help from other multidisciplinary care providers (e.g. physical therapists, occupational therapists).

**Documentation and Follow-up (5th Core)**

You file in JP’s chart (separate filing system reserved for MTM patients):

- Communication with JP’s Dr.
- Thorough documentation of encounter and recommendations using SOAP note or analogous format.
- Billing details:
  - Review of pertinent pt history, medication profile development, recommendation for improving health outcomes and treatment compliance = 30 minutes
  - You bill CPT code 0115T for 1st 15 minutes and code 0117T for additional 15 minutes
- You schedule JP for a follow-up MTM consultation in 1 month.
Follow-up MTM Visit with JP

You begin follow-up with review of Dr.’s orders:

- Methadone DC’d, morphine ER (24hr) 180mg PO QD started.
- Testosterone IM inj 200mg once weekly started.
- Ibuprofen 800mg PO 1-2X daily started.
- Breakthrough med stays same.
- Lexapro DC’d, Cymbalta 60mg PO QD started.

Follow-up MTM Visit with JP

Reassessment of JP’s Pain Condition

- Currently pain is a “4” on a scale of 0 to 10. Worst pain is still a “10”, but now averages 4-5.
- JP is now sleeping better, and his depression is improving.
- Now working with pain psychologist, who is helping him adapt to life with pain.
- Engaging in outside activity for a few hours every day.
- Has entered treatment in a multidisciplinary pain rehab facility where he does biofeedback, massage, physical therapy, exercise, and nutritional support, also added TENS unit.
- JP is starting to feel better about himself and be hopeful for the future.
Follow-up MTM Visit with JP

Medication Therapy Review (#1)

- You review the use of each new medication: morphine ER, ibuprofen, Cymbalta, and testosterone.
- You also review JP’s testosterone injection technique.
- You review new dosing schedules and common adverse events he might experience (especially constipation and GI irritation).
- You review the changes to JP’s medication regimen and update his PMR and MAP, giving him copies of each.

Follow-up MTM Visit with JP
Personal Medication Record (#2)

From Pain Management, Module 1: Medication Therapy Management Services, APhA, 2005
Follow-up MTM Visit with JP

- **Intervention and Referral (#4):** none at this time
- **Documentation and Follow-up (#5):**
  - You document appt using SOAP note or analogous format.
  - You tell JP you would like to set up another MTM in 6 months or so.
  - You finally remind JP that your door is always open if he has any questions or concerns about his treatment plan. You reiterate the importance of adherence to treatment recommendations and ongoing follow-up with the multidisciplinary care team.
- **Follow-up assessment** takes 30 minutes so you bill CPT code 0116T for first 15 minutes and 0117T for an additional 15 minutes.
Conclusion

• MTM services offer pharmacists an exciting opportunity to work closely with patients
• Pain is pervasive and frequently presents as a co-morbid condition in patients with complex medical histories
• Pharmacists who offer MTM services to patients with pain can help identify medication-related problems and work with patients to help maximize therapeutic outcomes

My Favorite Websites

www.stoppain.org     www.drugpolicy.org
www.painreliefnetwork.org     www.npecweb.org
www.legalsideofpain.com     www.oregonpain.org
www.doctordeluca.com     www.painsociety.com
www.hopweb.org     www.purdue.learnsomething.com
www.pain-topix.com       www.themrlaw.org
www.emergingsolutionsinpain.com
www.theacpa.org       www.medsch.wisc.edu/painpolicy
www.painfoundation.org    www.painexhibit.com
www.paindr.com
Outline

Presentation Title: The Pharmacist’s Role in the Medication Therapy Management of Chronic Pain

Name of Presenter: Kathy Hahn

I. Why Pain Management

II. Pain Management in the Community Pharmacy
   1. Bi-Mart Pharmacy
   2. Community Pharmacy Opportunities
      a. Goals and Objectives
      b. Patient Identification
      c. Patient Interview
      d. Specialized Staff and Services
      e. Activities
      f. Case Studies
      g. Impact
      a. Educating Ourselves
      b. Preparation
      c. Program Implementation
      d. Becoming a Team Member
      e. Marketing
      f. Educating Others
      g. Patient Advocacy

III. Medication Therapy Management
   1. Definition
   2. Five Core Elements
      a. Medication Therapy Review
      b. Personal Medication Record
      c. Medication Action Plan
      d. Intervention and/or Referral
      e. Documentation and Follow-up
   3. MTM Current Procedural Terminology Codes
   4. Third Party Criteria Determination
      a. Community Care Rx Plan
   5. Pain Considerations during MTM Visit

IV. MTM Case Presentation
Learning Assessment Questions

Presentation Title: The Pharmacist’s Role in the Medication Therapy Management of Chronic Pain

Name of Presenter: Kathy Hahn

1. Chronic pain treatment will rely on healthcare professionals that have overcome biases and barriers to the stigma of drug abuse and addiction.
   a. True
   b. False

2. Elderly and minority patients are particularly at risk for undertreatment of pain.
   a. True
   b. False

3. Which of the following represent components of a patient’s life affected by pain?
   a. Social
   b. Psychological
   c. Spiritual
   d. All of the above

4. According to studies, community pharmacists perform well in managing pain.
   a. True
   b. False

5. At the ideal pharmacy:
   a. Patients are treated with compassion and empathy
   b. Risks of controlled substances diversion/misuse are minimized
   c. Adequate opioid stock is maintained
   d. All of the above

6. Pharmacy staff education includes the realization that drugs and doctors may, in fact cause drug addiction.
   a. True
   b. False

7. Pharmacists’ role on a multidisciplinary team includes:
   a. Creating pharmaceutical care plan
   b. Patient education
   c. Drug information resource
   d. Patient advocate
   e. All the above
8. Medication therapy management encompasses a broad range of professional activities that require community pharmacists to obtain specialized certification to perform.
   a. True
   b. False

9. Medication therapy management is independent of, but can occur in conjunction with dispensing a medication.
   a. True
   b. False

10. The MTM core elements include:
    a. Enhance patients understanding of appropriate drug use
    b. Increase adherence to prescribed medications
    c. Improve detection of adverse drug events
    d. Optimize therapeutic outcomes
    e. All of the above

11. The personal medication record should be filled out by the patient and periodically updated by them when changes occur.
    a. True
    b. False

12. The medication action plan may include:
    a. Physical activity
    b. Dietary adjustments
    c. Referral to other health care profession
    d. All of the above

13. CPT codes for MTM services include: 0115T for initial 15 minutes of service provided, 0116T for each additional 15 minutes, and 0017T for 15 minutes of subsequent encounters.
    a. True
    b. False

14. If patient has significant therapeutic issues:
    a. Do not attempt to solve with MTM
    b. Refer to disease state management service
    c. Refer to alternative healthcare provider
    d. Refer to physician
    e. All/any of the above
15. Which of the following is a required MTM patient targeting 3rd party criterion?
   a. One or more medications
   b. One or more disease states
   c. Spend more than $4000 on drugs per year
   d. All of the above

16. MTM services outcomes may be measured by which of the following:
   a. Drug spend savings
   b. Patient satisfaction surveys
   c. Provider satisfaction surveys
   d. All of the above

17. If pain isn’t the chief complaint, chronic condition is not likely associated with pain.
   a. True
   b. False

18. Physical therapy, occupational therapy, massage, cognitive behavioral therapy, acupuncture, chiropractic, tai chi, and qigong are examples of:
   a. Complementary and alternative medicine
   b. Non-pharmacologic treatment approaches
   c. Effective pain treatment modalities
   d. All of the above

19. Patient reluctance to take pain medications may be a result of which of the following:
   a. Shows sign of weakness
   b. Fear of addiction
   c. Intolerable side effects
   d. All of the above

20. Which of the following statements is true:
   a. MTM services offer pharmacists an exciting opportunity to work closely with patients
   b. Pain is pervasive and frequently presents as a co-morbid condition in patients with complex medical histories
   c. Pharmacists who offer MTM services to patients with pain can help identify medication-related problems and work with patients to help maximize therapeutic outcomes
   d. All of the above
Learning Assessment Answers:

Presentation Title: The Pharmacist’s Role in the Medication Therapy Management of Chronic Pain

Name of Presenter: Kathy Hahn

Answers:
1. a
2. a
3. d
4. b
5. d
6. b
7. e
8. b
9. a
10. e
11. b
12. d
13. b
14. e
15. c
16. d
17. b
18. d
19. d
20. d