

**Introduction** **DO NO HARM**

## Do No Harm: Putting Safer Pain Management into Practice

Oklahoma Primary Healthcare Improvement Cooperative  
OU College of Medicine and OU-TU School of Community Medicine

Start Date: 12/01/2019  
End Date: 11/30/2022

This program was made possible through a partnership with the Oklahoma Department of Mental Health and Substance Abuse Services, federal grant funding.








**Overview** **DO NO HARM**

## Epidemic: Module 2

Modules		
#	Title	Time
1	Overview	60 Minutes
2	Epidemic	15 Minutes
3	Pain	15 Minutes
4	Analgesia	30 Minutes
5	Patient Engagement	30 Minutes
6	Practice Systems	60 Minutes



## Accreditation Statements:

### **ACCME/AMA PRA Accreditation Statement:**

The University of Oklahoma College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Oklahoma, College of Medicine designates this internet activity enduring material for a maximum of 3.50 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- Module 1 – Overview – 1.00 *AMA PRA Category 1 Credits™*
- Module 2 – Epidemic - .25 *AMA PRA Category 1 Credits™*
- Module 3 – Pain - .25 *AMA PRA Category 1 Credits™*
- Module 4 – Analgesia - .50 *AMA PRA Category 1 Credits™*
- Module 5 – Patient Engagement - .50 *AMA PRA Category 1 Credits™*
- Module 6 – Practice Systems – 1.00 *AMA PRA Category 1 Credits™*

Successful completion of the post-test(s) is/are required to earn *AMA PRA Category 1 Credit™*. Each module is separate; successful completion is defined as a cumulative score of at least 80% percent correct. Upon passing the post-test and completing the evaluation credit will be awarded. You have three (3) attempts to pass each test.



## Accreditation Statements:

### **AAPA Accreditation Statement:**

This activity has been reviewed by the AAPA Review Panel and is compliant with AAPA CME Criteria. This activity is designated for 3.50 AAPA Category 1 CME credits. Approval is valid for one year from 12/01/2019. PAs should only claim credit commensurate with the extent of their participation.

- Module 1 – Overview – 1.00 AAPA Category 1 CME credits
- Module 2 – Epidemic - .25 AAPA Category 1 CME credits
- Module 3 – Pain - .25 AAPA Category 1 CME credits
- Module 4 – Analgesia - .50 AAPA Category 1 CME credits
- Module 5 – Patient Engagement - .50 AAPA Category 1 CME credits
- Module 6 – Practice Systems – 1.00 AAPA Category 1 CME credits

*Post-test portion of the activity must state the following:*

Successful completion of the post-test is required to earn AAPA Category 1 CME credit. Successful completion is defined as a cumulative score of at least 80% percent correct. You have three (3) attempts to pass each test.



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### Oklahoma State Board of Pharmacy (OSBP) Accreditation Statement:

This online enduring material has been approved by the Oklahoma State Board of Pharmacy Continuing Education Committee for 3.50 contact hours. 20190130-OK-0631

Module 1 – Overview – 1.00 OSBP Contact Hours 20190130-OK-0631A

Module 2 – Epidemic - .25 OSBP Contact Hours 20190130-OK-0631B

Module 3 – Pain - .25 OSBP Contact Hours 20190130-OK-0631C

Module 4 – Analgesia - .50 OSBP Contact Hours 20190130-OK-0631D

Module 5 – Patient Engagement - .50 OSBP Contact Hours 20190130-OK-0631E

Module 6 – Practice Systems – 1.00 OSBP Contact Hours 20190130-OK-0631F

Successful completion of the post-test is required. Successful completion is defined as a cumulative score of at least 80% percent correct.

### Expert Review Panel and Planning Committee

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#### *Planning and authoring committee:*

- Steven A. Crawford, MD, DABFM, Family Medicine, Co-author, Narrator
- F. Daniel Duffy, MD, MACP Internal Medicine, Lead Author
- Shannon D. Ijams, MPAS, PA-C – Family Medicine
- Kathryn M. L. Konrad, MS, RNC-OB, LCCE, FACCE
- James W. Mold, MD, MPH, DABFM Family Medicine, Co-author

#### *Expert review panel:*

- Jeffery Alderman, MD, MS, FACP – Palliative Care
- Dorothy Gourley, DPh – Consultant Pharmacist
- Martina Jelley, MD, MSPH, FACP – Primary Care Internal Medicine
- Andrew Kolodny, MD, DABAM, DABPN – Psychiatry, Public Health
- Michael Maxwell, MD, FACP – Primary Care Internal Medicine
- Layne Subera, DO, MA, FACOFP – Primary Care Family Medicine
- Bryan VanDoren, MD, DABAM, FASAM – Internal Medicine, Addiction and Pain Medicine
- William Yarborough, MD, FACPM – Internal Medicine, Addiction and Pain Medicine

Relevant Disclosure and Resolution Planning and Authoring Committee		DO NO HARM
<b>Under Accreditation Council for Continuing Medical Education guidelines disclosure must be made regarding relevant financial relationships with commercial interests within the last 12 months.</b>		
Steven A. Crawford, MD, DABFM	Have no relevant financial relationships or affiliations with commercial interests to disclose.	
F. Daniel Duffy, MD		
Kathryn M. L. Konrad, MS, RNC-OB, LCCE, FACCE		
James W. Mold, MD, FABFM		
Shannon D. Ijams, MPAS, PA-C - Family Medicine		

Relevant Disclosure and Resolution for Expert Review Panel		DO NO HARM
<b>Relevant Disclosure and Resolution for Expert Review Panel</b>		
Jeffery Alderman, MD, MS	Have no relevant financial relationships or affiliations with commercial interests to disclose.	
Dorothy Gourley, DPh		
Martina Jelley, MD, MSPH, FACP		
Andrew Kolodny, MD, MPH, DABAM, DABPN		
Michael Maxwell, MD, FACP		
Layne Subera, DO, MA, FACOFP		
Bryan VanDoren, MD, DABAM, FASAM		
William Yarborough, MD, FACPM		

**Definition of Relevant Disclosures**

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(Select each button to learn more.)

- Conflict Resolution Statement**
- Policy on Faculty and Presenters Disclosure**
- Disclaimer Statement**
- Nondiscrimination Statement**
- Accommodation Statement**

**Definition of Relevant Disclosures**

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The University of Oklahoma, College of Medicine Office of Continuing Professional Development has reviewed this activity's speaker and planner disclosures and resolved all identified conflicts of interest, if applicable.



Definition of Relevant Disclosures
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Accommodations are available by contacting Jan Quayle at 405-271-2350, ext. 8 or e-mail to: [jan-quayle@ouhsc.edu](mailto:jan-quayle@ouhsc.edu).

### Profession Practice Gap Being Addressed

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**Gap:** Oklahoma healthcare providers may be unaware of the incidence, prevalence, and role of prescribing in the opioid overdose epidemic in the United States and Oklahoma.

### Learning Objectives

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Upon completion of this module, participants will improve their competence and performance by being able to:

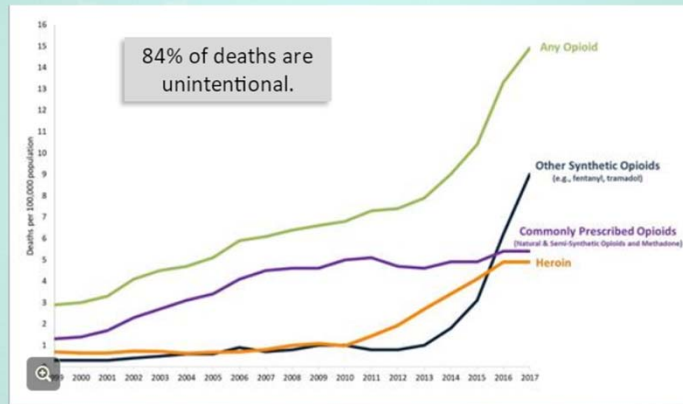
- ⊕ Describe the opioid epidemic in the United States.
- ⊕ Compare the epidemic in Oklahoma with the United States.
- ⊕ Explain development of the epidemic.
- ⊕ Summarize action steps that may reverse the epidemic.





## Opioid Overdose in the U.S.

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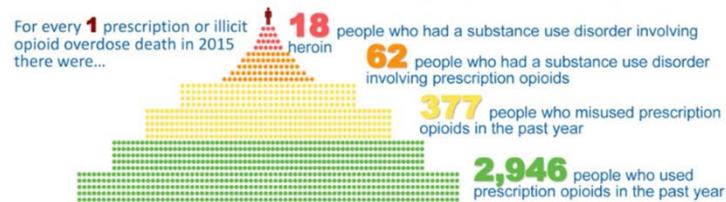


Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.

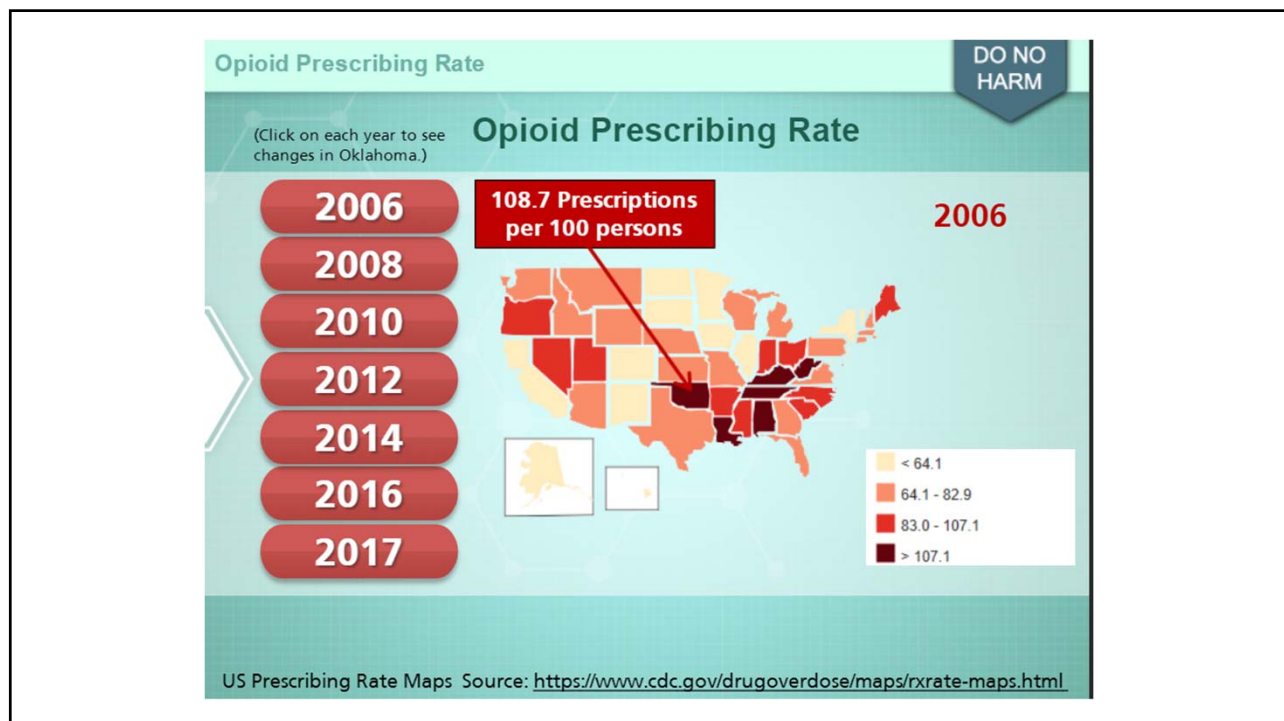
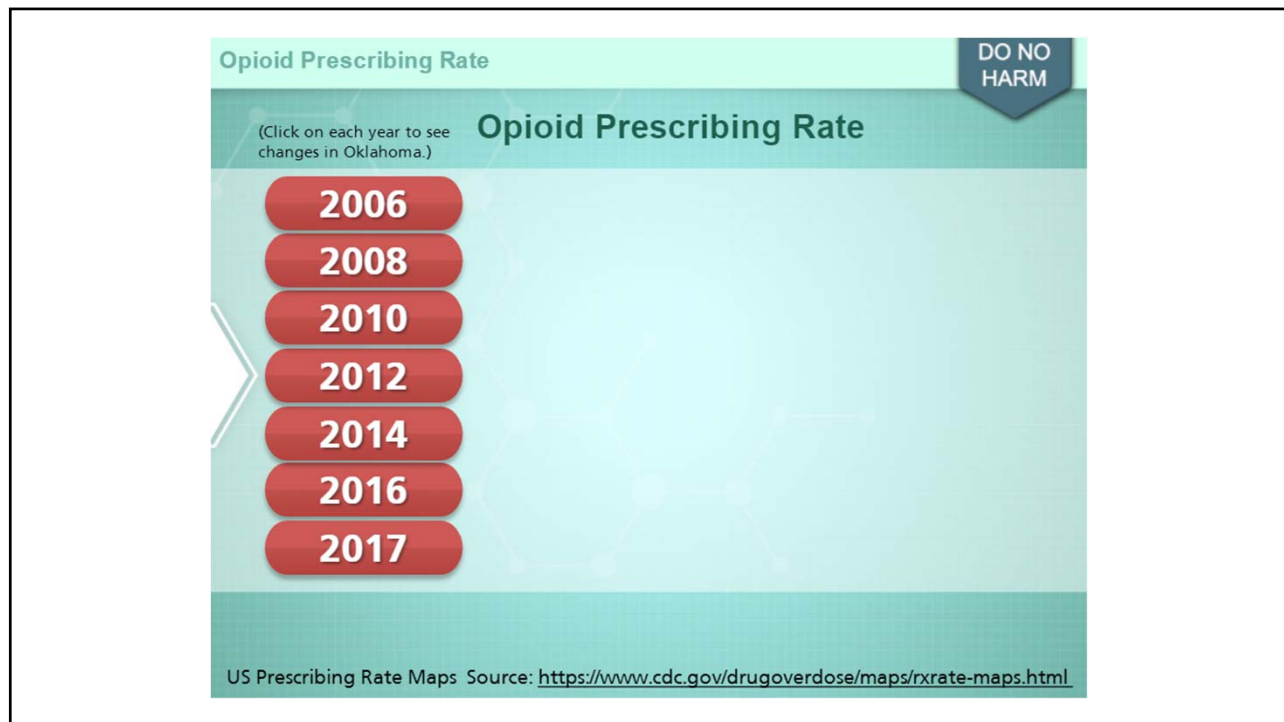
## Burden of Opioid Harm

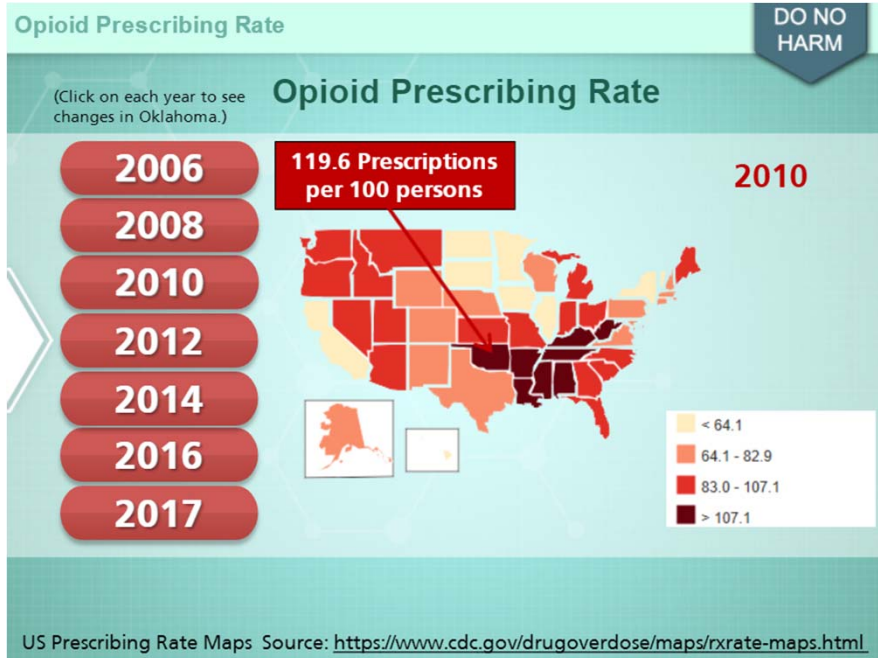
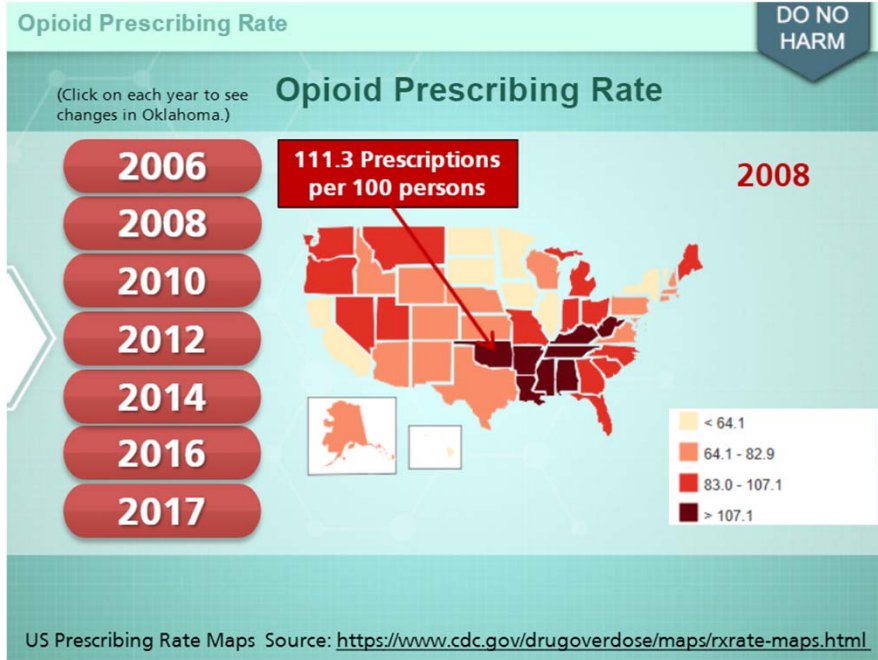
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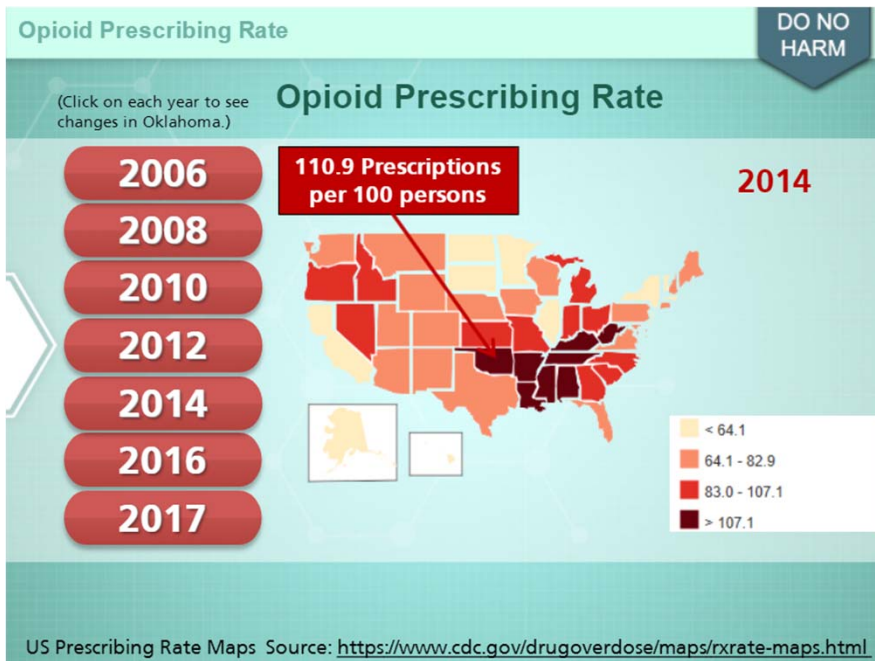
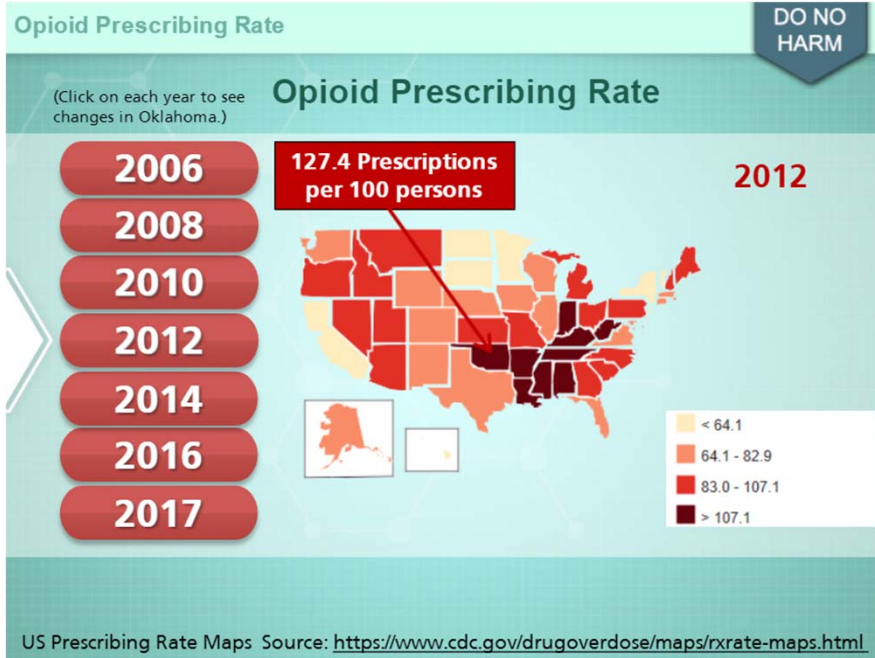
### CDC's Unique Work In Action: *Overdose Deaths are the Tip of the Iceberg*



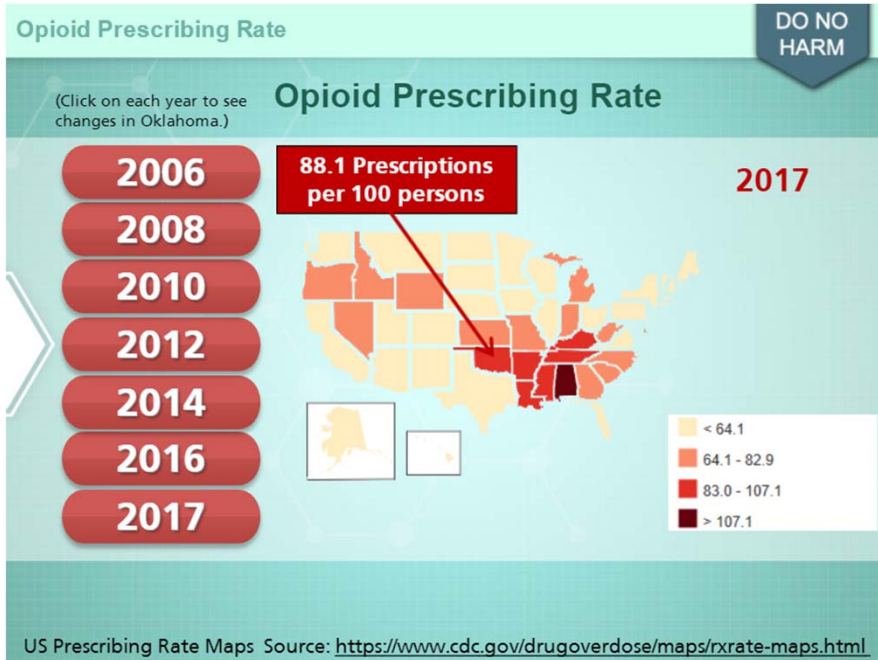
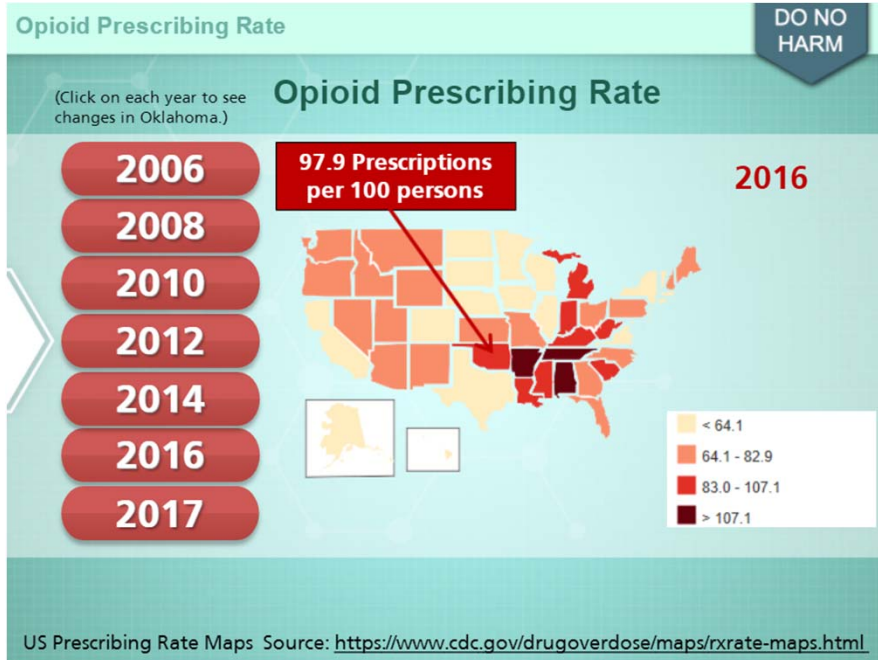
<https://www.cdc.gov/media/releases/2017/a1203-hargan-fitzgerald-infographic-508.html>







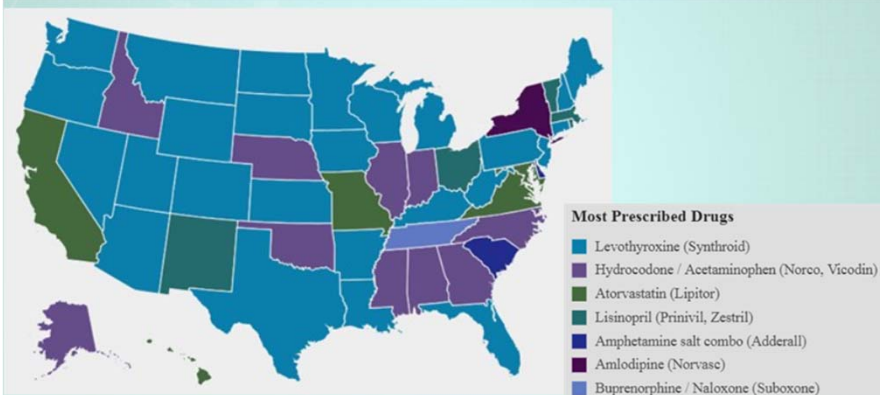




## Opioid Prescriptions

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## Opioid Prescriptions

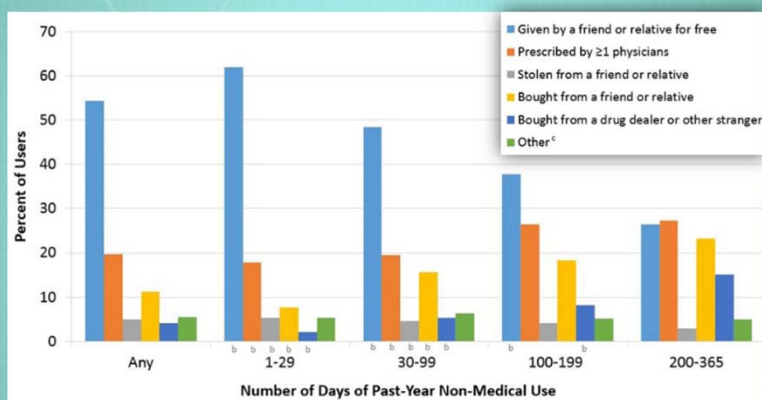


Thomas Goetz, MPH, Leads Research Team at GoodRx, posted March 22, 2018

## Prescription Drug Involved Overdose Deaths in Oklahoma

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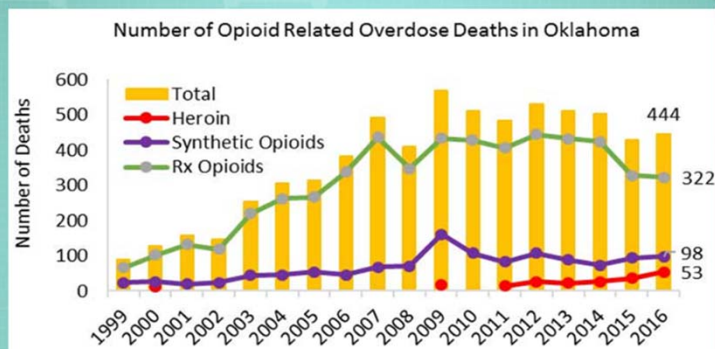
## Sources of Prescription Opioids Among Past-Year Non-Medical Users



Jones, Christopher M., Leonard J. Paulozzi, and Karin A. Mack. "Sources of prescription opioid pain relievers by frequency of past-year nonmedical use: United States, 2008-2011." *JAMA internal medicine* 174, no. 5 (2014): 802-803.

Graph created by the Oklahoma Department of Mental Health and Substance Abuse Services.

## Drug-Related Deaths in Oklahoma

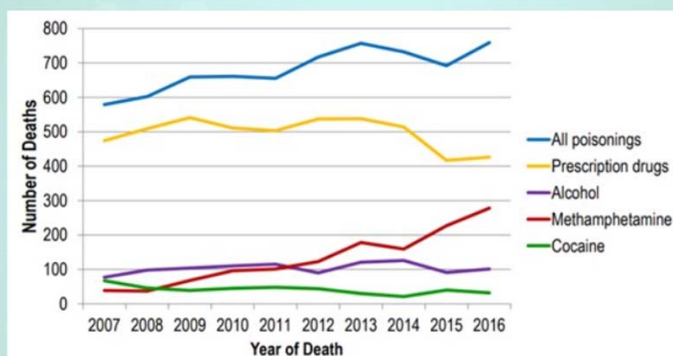
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Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at [Oklahoma Opioid-Related Overdose Death Summary, National Institute on Drug Abuse](#).

## Drug Related Deaths in Oklahoma

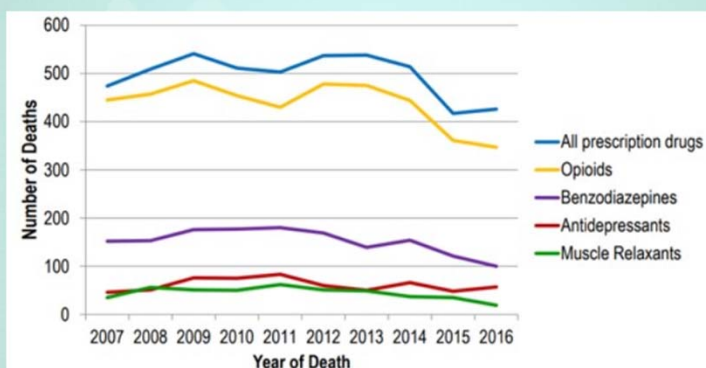
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## Unintentional Poisoning Deaths, Oklahoma, 2007-2016



OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System (Abstracted from Medical Examiner reports)

## Prescription Drug Associated Deaths

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Prescription Drugs, Oklahoma, 2007-2016

OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System (Abstracted from Medical Examiner reports)

## How the Epidemic Developed

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(Select each topic to learn more.)

Before 1990

Specialties  
of HospicePharmaceutical  
Detailing

Heroin

National Academies of Sciences, Engineering, and Medicine. 2017. *Pain management and the opioid epidemic: Balancing societal and individual benefits and risks of prescription opioid use*. Washington, DC: The National Academies Press: <https://doi.org/10.17226/24781>.



How Did Evidence Develop

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Before 1990

- Before 1990 the opinion was: "Avoid opioids – fear addiction":
- Undertreating pain.
- Fifth vital sign.

Detailing

Heroin

National Academies of Sciences, Engineering, and Medicine. 2017. *Pain management and the opioid epidemic: Balancing societal and individual benefits and risks of prescription opioid use*. Washington, DC: The National Academies Press: <https://doi.org/10.17226/24781>.

How Did Evidence Develop

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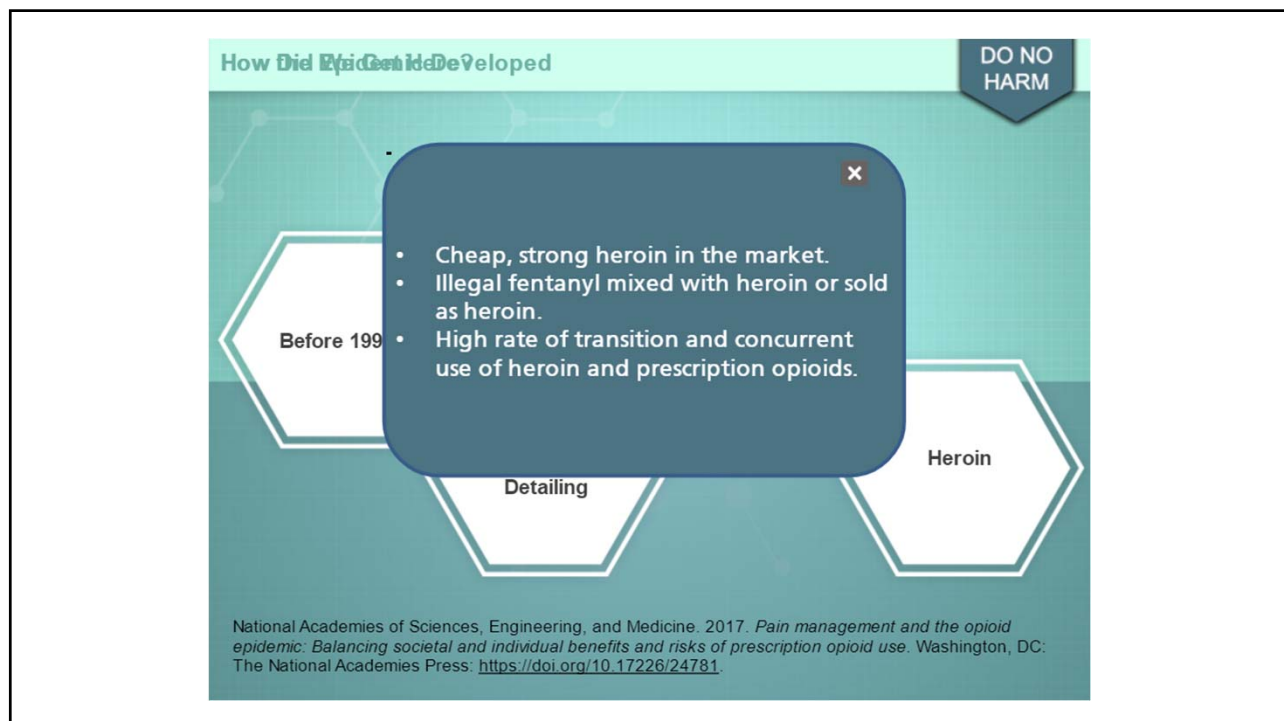
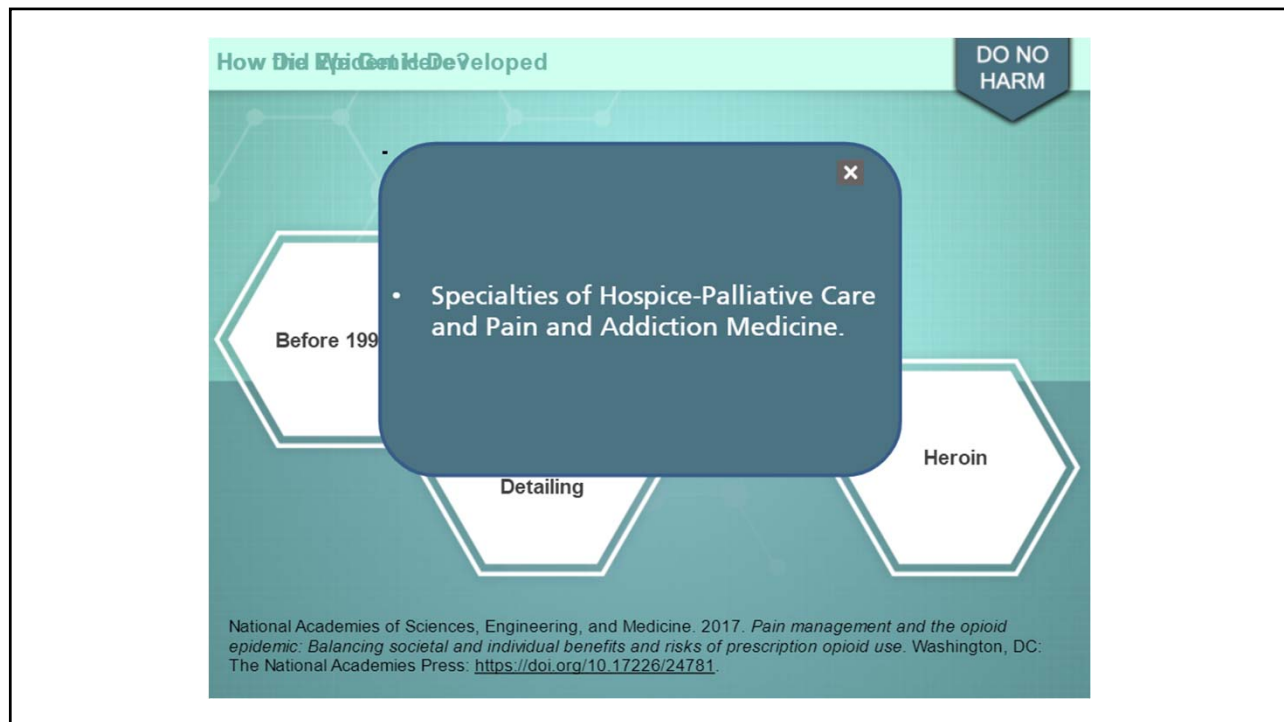
Before 1990

- Pharmaceutical detailing "Opioids used for pain are not addicting!":
- Don't prescribe to addicts – but you won't create addicts.
- Oxycodone and long-acting preparations became available.

Detailing

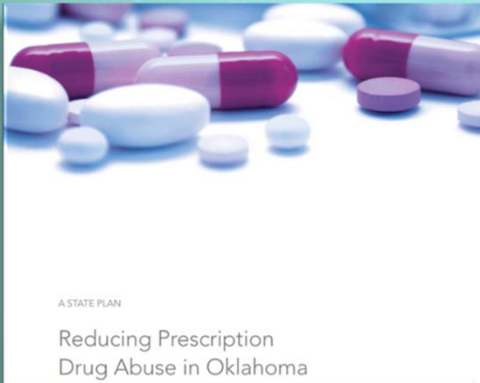
Heroin

National Academies of Sciences, Engineering, and Medicine. 2017. *Pain management and the opioid epidemic: Balancing societal and individual benefits and risks of prescription opioid use*. Washington, DC: The National Academies Press: <https://doi.org/10.17226/24781>.



## What Can We Do?

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- OK Prescription Drug Planning Workgroup.
- Prescribing Guidelines.
- This Course:
- Update clinicians on advances in the science of pain and analgesia.
- Understand risks of adverse effects, misuse, abuse, and death from opioid analgesics.

## Summary

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Drug overdose remains a large and growing public health crisis.

Prescription opioids initiated the crisis and continue to account for the majority of unintentional opioid overdose deaths in Oklahoma.

Despite a decline in the rate of opioid prescribing, Oklahoma's rate remains one of the highest in the nation.

Patients with chronic pain and opioid use disorder require better pain care, safer opioid prescribing, and better mental health services.

## Closing Instructions

The University of Oklahoma Office of Continuing Professional Development is providing the following types of credit:

**MDs & DOs** – *AMA PRA Category 1 Credit™*

**PAs** – AAPA Category 1 CME Credit

**PharmDs** – Oklahoma state Board of Pharmacy (OSBP) Contact Hours

**All other healthcare professionals** – Non-physician certificate of participation.

The University of Oklahoma College of Medicine Office of the Executive Dean has waived all fees until May 31, 2020.

Click on the following link to the OU CloudCME website to complete a post test and evaluation of this module and claim your credit: [Click Here](#)

The passing standard on each of the post tests is 80%. A learner may take the test up to three (3) times. Once you pass the test and complete the evaluation you will be able to print your certificate and/or transcript.