Wisconsin Opioid Project ECHO
Agenda

Zoom link to join from PC, Mac, iOS or Android**:** https://echo.zoom.us/j/156261634

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Zoom Meeting ID: 156 261 634

For attendance purposes please text the following code: SUTMEC to 608-260-7097

Session Date: Friday February 15, 2019

Didactic Topic and Presenter: Cannabis Use and Chronic Pain by Peggy Kim, MD

- 12:30 PM: Attendance text-in – Introductions
- 12:45 PM: Case #1 & discussion
  - Presenter: Alison Miller, DO—UW Health
- 1:00 PM: Case #2 & discussion
  - Presenter: Elise Wessol, DO—UW Addiction Medicine Fellow
- 1:15 PM Didactic Presentation
- 1:30 PM: End of Session

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WI Opioid Project ECHO 2018-2020

Cannabis Use and Chronic Pain
Friday February 15, 2019
Peggy Kim, MD

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:
Physicians, Physician Assistants, Nurses, Social Workers, Pharmacists and Counselors.

Objectives:
As a result of this educational regularly scheduled series, learners will be able to:

1. Review appropriate opioid prescribing and monitoring practices
2. Participate in office-based management of opioid use disorders
3. Seek overdose prevention education with greater frequency.
4. Identify the role of medication assisted therapies, such as methadone, naltrexone, and buprenorphine in the management of OUD

Policy on Disclosure
It is the policy of the University of Wisconsin-Madison ICEP that the faculty, authors, planners, and other persons who may influence content of this CE activity disclose all relevant financial relationships with commercial interests* in order to allow CE staff to identify and resolve any potential conflicts of interest. Faculty must also disclose any planned discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). For this educational activity, all conflicts of interest have been resolved and detailed disclosures are listed below.

** The University of Wisconsin-Madison ICEP defines a **commercial interest** as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients The University of Wisconsin-Madison ICEP does not consider providers of clinical service directly to patients to be commercial interests.*

Name/Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?
Peggy Kim, Presenter	No relevant financial relationships to disclose	No
Elise Wessol Presenter	No relevant financial relationships to disclose	No
Alison MIller, Presenter	No relevant financial relationships to disclose	No
Briana Kleinfeldt, RSS Coordinator	No relevant financial relationships to disclose	No
Randy Brown, RSS Chair	No relevant financial relationships to disclose	Yes
Chris Nicholas, Content Expert, Psychology-SUD/Mental Health Counselor	No relevant financial relationships to disclose	No
Elizabeth Collier, Content Expert, Social Worker	No relevant financial relationships to disclose	No
Paul Hutson, Content Expert, Pharmacy	No relevant financial relationships to disclose	No
Ritu Bhatnagar, Content Expert, Psychiatrist	No relevant financial relationships to disclose	Yes
Melissa Ngo, Content Expert, Pharmacist	No relevant financial relationships to disclose	No
Susan Mindock, Content Expert, AODA Counselor	No relevant financial relationships to disclose	No
Sheila Weix, Content Expert, Nurse	No relevant financial relationships to disclose	No
Kim Sprecker, OCPD Staff	No relevant financial relationships to disclose	No

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CONTINUING EUDCATION INFORMATION:

Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the University of Wisconsin–Madison ICEP and the Wisconsin Department of Health Services, Division of Care and Treatment Services. The University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation Statements

Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin-Madison ICEP designates this live activity for a maximum of 1 hour of knowledge-based CE credit. Credit can be earned by successfully completing this live activity. Pharmacists and Pharmacy Technicians should claim only the credit commensurate with the extent of their participation in the activity. CE credit information, based on verification of live attendance, will be provided to NABP within 60 days after the activity completion.

Pharmacists and Pharmacy Technicians must enter their NABP number in their profile in order to receive credit.

2019 Universal Activity Number (UAN)
JA0000358-9999-19-002-L04-P
JA0000358-9999-19-002-L04-T

American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.
The University of Wisconsin–Madison School of Nursing is Iowa Board of Nursing provider 350.

UW Continuing Education Credits

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 CEUs or 1.0 hour

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Detailed disclosures will be available prior to the start of the activity.

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Opioid & Addiction Treatment ECHO Patient Case Presentation

***Please do not attach any patient-specific files or include any Protected Health Information.**

1-Date: 1/29/19

2-Presenter Name: Alison Miller
Presenter Organization: UW Health

3-ECHO ID: 2719

4-Have you presented this patient during this teleECHO clinic before? NO

5-PLEASE STATE YOUR MAIN QUESTION FOR THIS PATIENT CASE: Changing from suboxone to naltrexone

Demographic Information:

6-Age: 23

7-Gender: Female

8-Education/Literacy: Finished HS did some training for Med Assistant

9-Income source: Works in food service

10-Insurance: BadgerCare

11- HPI:

12-Social History:

Patient has had a difficult life. She was verbally and sexually abused as a child. She spent some of her time in foster care. Had three children. 2 of them she does not have custody of and they live with the paternal grandmother. Her baby died of SIDs at 6 month of age 12 weeks ago.

13-Housing:

She currently is living with her maternal grandmother

14- Substance Use History:

Patient presented to us 26 weeks pregnant. She was being prescribed 120 mg of oxycodone a day. She has been suffering from chronic back pain. When she discovered that she was pregnant she tried to quit but went through significant withdrawals. She started buying Suboxone on the street. At that time, she was placed on Subutex and then once she delivered was switched to Suboxone. After delivery she was connected with ARC however she never completed the program due to them feeling that she needed a higher level of care. She did not participate in groups, she gave Suboxone to other participants, medication was stolen from her pocket book. At this time, I believed patient needed a higher level of care. We referred her to PAS (psychological addiction services) however she did not have a vehicle and could not come in every day. Currently not in therapy and is working two full time jobs. After the death of her son, not completing an OTP and stolen medications agreed that needed more support.

15- Consequences of Substance Use:

- Social/occupational/educational:
  - Currently works 2 full time jobs and cannot go into treatment.
  - Lost custody of her two older children

- Physical (including evidence of tolerance/withdrawal):

16- Behavioral Health Interventions that have been tried:

- Has done outpatient treatment at ARC

17-Medications Tried for Relapse Prevention? (Specify):

18-

Current Medications:	Medical/Behavioral Health Diagnosis:
Buprenorphine 4 mg a day Adderall XR 20 mg a day Nuvaring	

19-

Patient Strengths/protective factors	Risk factors & Adverse Childhood Events

20- Describe any cultural factors that may have an impact on this patient's situation (e.g. beliefs about indigenous healing practices, cultural prohibitions of discussing illness, etc.):

21- Labs (as indicated): Include summary of urine testing or last urine drug screen result

- 5/2018 – urine was positive for cocaine as well as meds prescribed
- Recent urines have been appropriate for buprenorphine and it is active metabolite as well as amphetamine

22-Prescription Monitoring Program Pertinent Findings:

- No issues found

23-Proposed Diagnoses:

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- OUD

24-<u>Patient Goals for Treatment:</u>

- Wean off Suboxone and switch to Naltrexone/Vivitrol
- One to one therapy does not do well in groups

25- <u>Proposed Treatment Plan:</u>

- Wean off buprenorphine went from 24 mg – 4 mg over the past 8 weeks
- Need assistance on how to switch her to naltrexone

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Opioid & Addiction Treatment ECHO Patient

Case Presentation

***Please do not attach any patient-specific files or include any Protected Health Information.**

1-Date 2/15/2019

2-Presenter Name: Elise Wessol

- Presenter Organization: Addiction Medicine Fellow University of Wisconsin-Madison DFMCH

3-ECHO ID: to be completed by ECHO Coordinator

4-Have you presented this patient during this teleECHO clinic before? No

5-PLEASE STATE YOUR MAIN QUESTION FOR THIS PATIENT CASE:

Demographic Information:

6-Age: 39yo

7-Gender: male

8-Education/Literacy: college

9-Income source: Pilot

10-Insurance: unk

11- HPI: The patient is a 37yo male with a pmh of hypertension, hyperparathyroidism complicated by nephrolithiasis and ureteral stricture requiring multiple procedures, complex surgical history s/p gastric roux-en-Y complicated by large bowel obstruction, gastric perforation, J-J anastomosis breakdown, jejunocutaneous fistula requiring multiple surgeries on opioid pain medication from 2012 to 2015, anxiety and depression who presented to UW for left nephrostoy tube placement for kidney decompression.

Patient has been seen by urology at UW since 9/24/2018 for nephrolithiasis and complications related to this. He initially recieved opioid analgesia from urology as well as Xanax for back spasms. He has been taking opioids and Xanax for the past 6 months as his urologic issues have not yet been resolved.

He had been receiving refills from his PCP (which is outside the UW system 1.5 hours away from Madison)and from urology in Madison.

Addiction Medicine was consulted on his most recent stay due to his belief that he was “addicted” and his PCP was no longer providing refills of benzodiazepines and opioids due to concern for misuse/addiction.

The patient reports he had been unable to acquire refills from his PCP because he used multiple pharmacies and had multiple prescribers as well as asking for an early refill on 1 occasion.

The early refill occurred after an incident where he took Ambien to sleep and took his medications (including oxycodone and Xanax) multiple times throughout the night of which he does not remember but was corroborated by his partner.

The patient reports he has been trying to stop taking opioids but every time he tried he gets sick due to opioid withdrawal so continues to ask for refills. Because of this, he feels he is addicted to opioids.

He denies negative consequences from his opioid use and did not meet DSM-5 criteria for OUD.

His partner confirms.

He states he tried to stop Xanax too but had a seizure 3 days prior to when I saw him. This was witnessed by his partner and his partner called 911 (also corroborated by partner).

The patient reports after his gastric bypass surgery in 2012 followed by multiple surgeries due to complications he used opioids for 3 years but was able to stop them. His partner had expressed concern about the patient taking too many opioids during that time but otherwise patient had no trouble stopping his use on his own.

The patient notes that he gets very anxious when he previously tried to stop taking opioids and benzos recently.

I spoke with the urology service regarding taper recommendations for Xanax (they had already consulted pain mgmt for opioid taper reccommendations). However, they only provided the taper through the weekend (pateint was seen on a Friday afternoon).

This week, the patient has been trying to find a provider who will continue the taper. The patient's PCP declines to prescribe the taper and urology stated this was an interventional radiology issue as they performed the latest procedure.

12-Social History:

Pilot. married with 3 month old daughter.

13-Housing:

Stable

14- **Substance Use History:**

None (does not smoke, no longer drinks alcohol since RNYGB)

15- Consequences of Substance Use:

- Social/occupational/educational:

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concern from partner about medication misuse

- Physical (including evidence of tolerance/withdrawal):
  opioid withdrawal sxs: N/V, anxiety, sweats, restlessness
  benzodiazepine withdrawal: seizure
  patient began requiring increased doses of opioids due to tolerance

16- <u>Behavioral Health Interventions that have been tried:</u>

None
Patient had planned to go to a residential addiction treatment center in Las Vegas but since he required nephro tube he did not go

17-<u>Medications Tried for Relapse Prevention? (Specify):</u>

N/A

18-

Current Medications:	Medical/Behavioral Health Diagnosis:
zolpidem 10mg qhs oxycodone 5mg clonazepam 0.5mg	anxiety depression

19-

Patient Strengths/protective factors	Risk factors & Adverse Childhood Events

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supportive family no history of addiction diagnosis openness/willingness to treatment plan awareness	mental health concern that patient may be misusing medications

20- Describe any cultural factors that may have an impact on this patient's situation (e.g. beliefs about indigenous healing practices, cultural prohibitions of discussing illness, etc.):

21- Labs (as indicated): Include summary of urine testing or last urine drug screen result

no urine tox performed

22-Prescription Monitoring Program Pertinent Findings:

Recent Prescriptions:

- Clonazepam 1 mg (12 tabs for 6 days, filled 2/1/19)
- Lorazepam 0.5 mg (9 tabs for 3 days, filled 1/28/19)
- Alprazolam 0.5 mg (30 tabs for 10 days, filled 1/24/19)
- Oxycodone with acetaminophen 5-325 mg (20 tabs for 2 days, filled 1/22/19)
- Zolpidem 12.5 mg (30 tabs for 30 days, filled 1/16/19)
- Alprazolam 0.5 mg (30 tabs for 10 days, filled 1/16/19)
- Oxycodone 5 mg (20 tabs for 2 days, filled 1/14/19)
- Zolpidem 10 mg (30 tabs for 30 days, filled 1/11/19)
- Alprazolam 0.5 mg (30 tabs for 10 days, filled 1/7/19)
- Hydromorphone 4 mg (40 tabs for 10 days, filled 1/7/19)
- Hydrocodone-acetaminophen 5-325 mg (60 tabs for 5 days, filled 1/5/19)
- Oxycodone 5 mg (50 tabs for 8 days, filled 1/2/19)

(Between November 2018 and now, patient has consistently be prescribed between 50 MME to 215 MME with concurrent benzodiazepines)

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23-Proposed Diagnoses:

physical dependence on opioids and benzodiazepines

opioid misuse

benzodiazepine misuse

24-Patient Goals for Treatment:

wean opioids and benzo safely

25- Proposed Treatment Plan:

counseling for anxiety and while going through taper and addressing concerns raised by patient and partner

SSRI for comorbid anxiety and depression

taper bzd and opioids

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