TN TOGETHER

ENDING THE OPIOID CRISIS

Commission on Pain and Addiction Medicine Education

Competencies Report

Tennessee Department of Health| TN Together | July 2018

STATE OF TENNESSEE
DEPARTMENT OF HEALTH

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

July 6, 2018

The Honorable Bill Haslam
Governor of Tennessee
State Capitol
Nashville, TN 37243

Dear Governor Haslam,

As directed by Executive Order #70 and as part of the state's larger TN Together effort to address the opioid crisis, the Tennessee Commission on Pain and Addiction Medicine Education is pleased to submit our report on recommended competencies for healthcare professional training programs to better prepare students for the multiple challenges posed by Tennessee's ongoing opioid epidemic.

All 19 members of the Commission worked rapidly and collaboratively to identify 12 core competencies that we believe will significantly enhance the knowledge and effectiveness of Tennessee's future healthcare providers. The Commission also spent significant time considering strategies meant to assure successful distribution and adoption of the competencies.

It has been my pleasure and privilege to work with this diverse group of distinguished educators, association leaders, and practitioners from across the spectrum of healthcare professions. It is also my opinion that the incorporation of these 12 competencies into health educational curricula statewide will significantly benefit both patient safety and the quality of pain management and addiction medicine in Tennessee. Thank you for your vision and support of these efforts.

Sincerely,

John J. Dreyzehner, MD, MPH, FACOEM
Chair, Tennessee Commission on Pain and Addiction Medicine Education
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- Dr. John Dreyzehner, Commissioner of the Tennessee Department of Health, Chair of Commission

INTRODUCTION

Tennessee is experiencing an unprecedented epidemic of misuse and abuse of opioids and other prescription drugs. Each day in our state, at least three people die from an opioid-related overdose. That is more than the number of daily traffic fatalities, suicides, or homicides. Enough prescriptions for opioid medications are written each year for every Tennessee resident to have one, with more than a million prescriptions left over. In 2017, enough prescription opioids were dispensed in Tennessee for every resident to have six weeks of treatment. Such a level of use is not reasonable and the unintended consequences are wreaking havoc on individuals, families, and communities across the state. This epidemic does not discriminate and knows no boundaries.

In January of 2018, Governor Haslam announced the TN Together initiative, a multi-faceted plan comprised of legislation, more than $30 million (state and federal funds) in the 2018-19 budget, and other executive actions to attack the state's opioid epidemic through three major components: Prevention, treatment, and law enforcement.

In April of 2018, the Tennessee General Assembly passed two significant pieces of legislation that were part of the TN Together plan. The first piece of legislation limits the duration and dosage of opioid prescriptions for new patients, with reasonable exceptions for major surgical procedures and exemptions that include cancer and hospice treatment, sickle cell disease as well as treatment in certain licensed facilities. With initial opioid prescriptions limited to a three-day supply, the law will incentivize shorter duration and dosage of opioid prescribing, partial fills to decrease opioid supplies in medicine cabinets, and improved communication between prescribers and dispensers while maintaining individualization of pain care and the patient-prescriber relationship.

The second piece of legislation creates incentives for offenders to complete intensive substance use treatment programs while incarcerated and updates the schedule of controlled substances to better track, monitor and penalize the use and unlawful distribution of opioids. Notably, it adds synthetic versions of the drug fentanyl, linked to an alarming number of overdose deaths, to the controlled substance schedules.

EXECUTIVE ORDER

Another key component of the TN Together initiative was Governor Haslam's creation of the Tennessee Commission on Pain and Addiction Medicine Education by Executive Order #70. The Commission was charged with developing competencies for Tennessee's medical educational institutions to address proper treatment for pain, safe and effective prescribing practices, and proper diagnoses and treatment for individuals abusing or misusing controlled substances. The competencies were developed with the goal of having them adopted by Tennessee's medical educational institutions for best-in-class training for Tennessee's future doctors, nurses, dentists, pharmacists, and other prescribers.

THE COMMISSION

In early 2018, a group of presidents, chancellors and deans from some of Tennessee's medical educational institutions met with Governor Haslam to discuss each institution's efforts to address the opioid epidemic. There was consensus among the group that curricula may need to be reassessed given new research on the impact of opioids. These individuals also supported the idea of a commission and helped nominate members to what became the Commission on Pain and Addiction Medicine Education.

Members of the Commission, appointed by the Governor, represented a broad range of medical fields, specialties and associations across Tennessee including: Representatives from the Tennessee Academy of Physician Assistants, Tennessee Association of Nurse Anesthetists, Tennessee Dental Association, Tennessee Hospital Association, Tennessee Medical Association, Tennessee Nurses Association, and the Tennessee Pain Society; Deans or their designees of DeBusk College of Osteopathic Medicine at Lincoln Memorial University, East Tennessee State University Quillen School of Medicine, Meharry Medical College, Tennessee Health Science Center, and Vanderbilt University Medical Center; Professors in a Tennessee dental school, a pharmacy school, a physician assistant training program, a nursing school, and a veterinary school; a licensed pharmacist; and the Tennessee Commissioner of Health.

CHARGE

The Governor charged the Commission with the development of competencies for current and future curricula so that future prescribers receive instruction and training regarding, at a minimum:

- Effective treatment for acute and chronic pain, including alternatives to opioids to manage pain;
- The potential risks and effects of using opioids to treat pain, including physical dependency and addiction, and effective discontinuation of opioids;
- Proper identification of and treatment for patients demonstrating misuse or abuse of opioids; and
- Utilization of the Controlled Substance Monitoring Database

The Commission gathered for three four-hour, in-person meetings and also participated in eight working group conference calls. At the first meeting, each member provided a summary as to what his or her institution or field is doing to fight the opioid epidemic, existing curricula and suggested key competencies that should be included in any recommendations. The group then synthesized the recommended areas of focus. At the second meeting, the Commission selected and finalized wording for the essential competencies and began considering how to measure and evaluate these competencies. At the third meeting, the Commission discussed distribution and adoption of the competencies and their integration into educational institutions' curricula in the forthcoming academic year and those following. In between the in-person meetings – through conference calls, surveys, and personal communications – the working groups honed each specific competency ensuring it encompassed the appropriate expectations.

Finally, working through Tennessee Department of Health Staff, the Commission shared the recommended essential competencies in draft form with Tennessee's dental, medical, nursing, pharmacy, physician assistant, and veterinary training institutions as well as appropriate professional associations for a comment period. Reviewers provided many helpful comments, which the Department of Health considered and shared with Commission members. After incorporating a number of comments, the Commission determined that its charge was fulfilled.

PRINCIPLES OF ADOPTION

Governor Haslam, Commissioner Dreyzehner and the entire Commission strongly encourage all prescriber and dispenser educational institutions in Tennessee to adopt the 12 core competencies to both strengthen their students' practice and help Tennessee in its efforts to end the opioid crisis. In addition, the Commission recommends these four principles of adoption to aid in the implementation and understanding of these competencies.

1. Each educational institution should ensure that its graduating students have participated in curricular elements that cover the competencies.

2. Each educational institution should develop an evaluation plan that ensures student performance in mastering the competencies.

3. A reporting mechanism should be put in place for educational institutions to ensure the Governor and other key public officials that there is a curriculum in place that addresses the competencies.

4. The adoption of these competencies is voluntary but *strongly* encouraged. The State does not intend to dictate or approve individual educational institution's curricula.

The Commission also recommends development of a toolkit to contain curricular resources shared by educational institutions from across the state to help all educational institutions in competencies adoption and integration to curricula.

CORE COMPETENCIES

Below you will find a list of the 12 core competencies developed by the Commission on Pain and Addiction Medicine Education. Each of the competencies is then broken down to provide additional detail and explanation.

A. Epidemiology and Population Level
B. Pain Evaluation
C. Pharmacologic and Non-pharmacologic Treatment of Pain
D. Practical Aspects of Prescribing and Communication
E. Conflict Prevention and Resolution
F. Chronic Pain Plans
G. Acute Pain Care for Chronic Pain Patients
H. Interoffice and Interprofessional Focus
I. Substance Use Disorder Risk Evaluation
J. Development of a Treatment Plan for the Patient with Substance Use Disorder
K. Management of Overdose Risk
L. Professional and Legal Standards

A. Epidemiology and Population Level

1. Analyze the impact of the opioid crisis nationally and in Tennessee, its prevalence in certain populations and geographic areas, and how it affects individuals (including neonates), families, and communities, as well as healthcare workers and systems.
2. Evaluate the economic, social, political, and physiologic factors that led to the current epidemic of opioid use disorders, and past substance use crises.
3. Explain the impact of the crisis on education, employment, crime, incarceration, health costs, morbidity, mortality, and other factors associated with well-being.
4. Evaluate the preventive, educational, clinical, legislative, regulatory, and judicial efforts to eliminate the inappropriate use of opioids.

B. Pain Evaluation

1. Differentiate between physiologic pain states and the corresponding mechanisms of pain transmission.
2. Evaluate the contributing physiologic, anatomic, functional and/or psychosocial sources of pain.
3. Identify the patient-specific cause(s) of pain using a targeted history, physical exam, and appropriately interpreted diagnostic test results.

C. Pharmacologic and Non-pharmacologic Treatment of Pain

1. Compare potential pharmacologic (e.g. over-the-counter and prescription medications) and non-pharmacologic treatment options for acute and chronic pain based on the identified or targeted pain state or mechanism.
2. Design and execute patient-specific education plans regarding drug interactions, dosing, risks, and benefits associated with each treatment option.
3. Assess indications for non-pharmacologic therapy including, but not limited to, physical therapy, chiropractic care, interventional pain management, and psychotherapy.
4. Recommend appropriate treatment options based on the cause of pain.

D. Practical Aspects of Prescribing and Communication

1. Demonstrate an ability to correctly construct a prescription in accordance with state and federal guidelines.
2. Articulate the communication requirements between the prescriber and dispenser and their roles in ensuring the appropriateness of a prescription.
3. Demonstrate interprofessional collaboration to provide consistent patient education to avoid improper dosing and/or misuse of prescription medications.
4. Design and execute an education plan for patients regarding the risks and benefits of opioid use and the importance of proper storage and disposal.

E. Conflict Prevention and Resolution

1. Create an environment to prevent conflict and establish appropriate expectations and boundaries using patient-centered strategies.
2. Demonstrate empathetic, culturally sensitive, and respectful communication during the clinical interaction to uncover the root issue of the conflict and work together to come to a productive resolution.
3. Describe confrontation de-escalation techniques and practical options to achieve a resolution consistent with safe and effective pain management and/or treatment of a substance use disorder.

F. Chronic Pain Plans

1. Develop targeted treatment plans focused on attaining patient's functional goals and quality of life.
2. Create a multimodal treatment approach directed at the identified sources/causes of the patient's presenting pain complaint including but not limited to targeted medications, interventions, physical therapy, psychological therapy and behavioral therapy.
3. Assess evidence-based research regarding the role of opioids in treatment of chronic non-malignant pain.
4. Evaluate the various risks associated with controlled substances used to manage/treat chronic pain including appropriate interpretation of risk assessment tools and compliance monitoring tools of urine drug toxicology, review of prescription drug monitoring programs, and other screening tools.
5. Create a plan for patient education, treatment initiation, patient monitoring, and therapy discontinuation for opioid treatment of non-malignant chronic pain.
6. Identify and document aberrant behaviors relevant to risk of opioid misuse and abuse.

G. Acute Pain Care for Chronic Pain Patients

1. Determine the cause of the pre-existing chronic pain condition prior to initiating acute pain treatment plans.
2. Describe the impact of opioid tolerance, including that of long acting opioids and medication assisted treatment, on acute pain treatment options.
3. Employ targeted pain treatment to address the additional/acute sources of pain.
4. Analyze potential drug interactions of substance use disorder treatment with proposed plans for management of acute pain.
5. Address aberrant behaviors associated with opioid misuse.
6. Describe the unique challenges of treating acute pain in patients receiving medication-assisted therapy (MAT) for substance use disorder.

H. Interoffice and Interprofessional Focus

1. Discuss interprofessional roles regarding the patient's transition of care.
2. Describe the role, scope of practice, and contribution of the different professions within a pain management or substance use disorder care team, including referrals between specialties.
3. Use core communication tools to enhance interprofessional collaboration.
4. Apply safety culture principles to the interprofessional communication and interdisciplinary treatment of pain and substance use disorders.

I. Substance Use Disorder Risk Evaluation

1. Evaluate each patient's risk for misuse of opioids and other substance use disorders through comprehensive screening.
2. Incorporate social, environmental, and behavioral influences into evaluation and management of the patient.
3. Apply standardized and validated tools to screen for risky or unhealthy behavior or a substance use disorder.

4. Describe how societal biases and stigmatization regarding opioid and other substance use disorders impact the management of individuals and populations.
5. Recognize one's own biases in caring for patients and clients with substance use disorders.

J. Development of a Treatment Plan for the Patient with Substance Use Disorder

1. Assess the status of a patient's substance use disorder as a chronic relapsing disease including acute intoxication, initiation or continuation of treatment, relapse, and recovery.
2. Evaluate co-occurring mental and physical health challenges as well as social determinants of health.
3. Analyze patient-specific pharmacologic (i.e. MAT) and non-pharmacologic (e.g. referral for therapy and social services) treatment options for substance use disorder.
4. Develop and implement patient-specific treatment plans for substance use disorder in collaboration with the patient.

K. Management of Overdose Risk

1. Assess a patient's opioid use by employing appropriate screening methods for dependence, tolerance, withdrawal, intoxication, addiction, and risk of overdose.
2. Recognize the risk factors for overdose and advise when a reversal agent (i.e. naloxone) should be prescribed.
3. Describe current treatment modalities used in the treatment of opioid withdrawal.

L. Professional and Legal Standards

1. Describe federal and state requirements regarding prescribing medications for pain management and substance use disorders, including the use of prescription drug monitoring programs.

IMPLEMENTATION AND REPORTING

Before the fall of 2018, institutions will be provided an opportunity to publicly adopt the competencies, and organizations will be provided an opportunity to support them and include them in future continuing education programming. Because full integration of competencies into the curricular change processes may require some time to implement, beginning July 1, 2019, the Tennessee Department of Health will provide an annual report to the Governor to list those institutions that have publicly adopted these competencies. This report will demonstrate the progress made in teaching proper treatment for pain, safe and effective prescribing practices, and proper diagnoses and treatment for individuals abusing or misusing controlled substances. The Commission recommends the Tennessee Department of Health leadership organize a meeting of the Commission members and other engaged institutions to discuss the report and recommend any adjustments which may enhance the preparation of trainees to provide pain management of the highest quality.