Patients on legacy opioid prescriptions

Many primary care practices face a common challenge of inheriting patients on legacy opioid prescriptions, often at high doses. Taking over the care for these patients is critical so that they 1) receive evidence-based opioid management, including opioid taper when appropriate, 2) have a primary care home, and 3) do not consider turning to use of illicit opioids. Caring for these patients can be challenging, and this document can help clinics develop strategies that support them in accepting these patients and offering them the evidence-based care that they need.

Approaches to caring for new patients already on long-term opioid therapy

- Notify all new patients that they might not receive opioids during the initial visit, even if they are currently taking prescription opioids from a previous clinician. Ask them to bring their medical records related to their chronic pain care to their first appointment.
- Perform the following procedures before deciding whether to continue the patient's long-term opioid therapy:
    - Assess risk of opioid misuse and opioid use disorder using the Opioid Risk Tool
    - Conduct urine drug test
    - Review the state prescription monitoring program database
    - Request and review medical records
    - Calculate morphine equivalent dose
    - Assess Pain, Enjoyment, General activity (PEG scale)
    - Screen for co-prescribing of sedatives or sedative/hypnotics
    - Conduct history and physical to confirm diagnosis and appropriate use of opioids based on diagnosis
- Prescribe Naloxone if initial assessment reveals elevated risk or if MED ≥50.
- Before prescribing opioids, complete a Patient Agreement and discuss risks of long-term opioid use with the patient.
- If appropriate, implement a tapering protocol. A tapering plan need not be initiated at initial visit, and very slow opioid tapers as well as pauses in the taper allow gradual accommodation to lower opioid dosages. In particular, patients on long term, high dose opioids may need to taper over many months, and sometimes years. The VA Opioid Taper Decision Tool can be helpful in assessing for the speed of opioid taper.
- If a patient chooses not to engage in an appropriate tapering plan, and your clinic no longer feels comfortable prescribing long-term opioids, it is important to continue providing primary care to this patient.

How to have the tapering conversation

Engaging in a conversation about tapering opioids can be challenging. It can be helpful to keep the following principles in mind when engaging in these conversations with patients.[1]

1. Keep the primary focus on outcomes patients care about.
2. When discussing risk, focus on the drugs not the patient.
3. Redirect clinical encounters to focus on what patients can do to improve their quality of life.

Here are few suggestions with sample language you can consider when developing your own "scripts" for these conversations. For more suggestions, see the Planned, Patient-Centered Visits resources on the Six Building Blocks website (www.improvingopioidcare.org).

"We used to think these medications were safe, we now know that they are not. I am primarily concerned about your safety. Let's talk more about this in the next visit. In the meantime I want you to read this about the risks of opioids."
"From what you've told me, the medicine isn't as effective as you'd like. Let's think about trying something different."
"For most people, the benefits wear off as the body gets used to the medications. Then they're stuck on a medicine that isn't really doing much for them. They often assume they'll be worse off without it, but it turns out that's not true. Let's talk about what you can do to live a better life."
"You're telling me that your pain is really terrible, and I hear you. It seems to me that what we're doing just isn't working. I know they helped you at first, but I think the effect of the medications has worn off. Are you interested to hear how opioids might actually be making your pain worse?"
"We used to think the dose didn't matter as long as we went up slowly, but now we know higher doses can lead to higher risks of serious injuries and accidental death. And, higher doses don't seem to reduce pain over the long-run."
"Our clinic is making changes for all our patients so that medication prescribing is safer than it has been in the past."

[1] *Krebs, Erin E, Safer Management of Opioids for Chronic Pain: Principles and Language Suggestions for Talking with Patients.*