

IAM2: A route to improved opioid management by Alyssa Lagasca, PharmD

IAM2, I Assess Monitor Manage, is a collaborative outreach campaign created by MPhA (Maryland Pharmacists Association) meant to bring together prescribers, pharmacists and patients to mitigate opioid misuse and abuse.

A key to positive outcomes in the medical system is the collaborative effort between the physician/prescriber, the pharmacist and the patient. Health care professionals possess the ability to provide physical and mental relief. They have the tools to create the framework needed to initiate treatment and maintain patient compliance. The physician has the initial encounter with the patient in addressing their chief complaint. They then determine what the best mode of therapy would be for the individual. This information is relayed to the pharmacy via a prescription order. The pharmacist evaluates the appropriateness of the medication, dispenses the prescription and concludes with patient counseling. Adherence is often an issue due to communication discrepancies between the physician, pharmacist and the patient. To improve medication compliance and reduce potential overdose deaths, there needs to be an established line of understanding between all stakeholders involved.

For example, Opioid prescriptions have been a therapeutic solution for pain management. In 2019, the CDC published guidance for pain management that looked at alternatives to opioids as the first line of treatment amongst patients. But there are stigmas attached to this therapeutic class such as drug misuse, abuse and overdose. The complex repercussions associated with opioid use not only affects the patient, but also how pharmacists and providers communicate in these situations. The CDC guidelines (<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>) for prescribing opioids are meant to improve communications between the provider and patient in navigating their pain management. This report was introduced on March 18, 2016 with the sole purpose of reducing risks associated with long-term opioid therapy which include: opioid use disorder, overdose and death. These guidelines can also be found in MPhA's resource center on pain management (<https://www.marylandpharmacist.org/page/painmanagement>) which includes FAQs, research, and training resources for health care professionals. MPhA has created this resource page to encourage providers to participate in IAM2 and promote overdose prevention in the state of Maryland. According to the National Institute of Health, Maryland is in the top five of state opioid-involved overdose deaths in the United States. In 2018, there were 33 out of 100,000 patients prescribed to opioids that died of overdose statewide. MPhA has provided resources for the public on preventing opioid overdoses such as the Opioid Misuse Prevention Program by the Maryland Department of Health, the Prescription Drug Monitoring Program (PDMP), and the Pain Treatment Toolkit from the Maryland Board of Physicians.

The abundance of opioid management resources assembled by this campaign is meant to inspire health care providers to utilize them. Not only to guide their clinical decisions, but also enhance communication between stakeholders - the physician, prescriber and patient. Therefore, this is an expansive opportunity for health care professionals and patient advocates from diverse backgrounds and experiences to work together. Pharmacists in Maryland play a

role in reducing opioid overdose by having a complete understanding in the Naloxone standing order and raising awareness about this standing order to other stakeholders. This order was first issued in 2015 which allowed pharmacists to dispense and counsel two doses of Naloxone to patients as well as their loved ones without a provider's prescription. The communication between patients and health care professionals can also benefit from having follow-up pain assessments. For example, if patients display behaviors that insinuate opioid dependence or lack of pain management then pharmacists and prescribers can evaluate those gaps in care. Providers play the role of being the first line of communication in pain management therapy. The need to educate the patient on specifics such as expectations set during their opioid therapy is essential for enhancing patient understanding and opening up conversation amongst all stakeholders. The campaign's pledge states: "I pledge to Assess, Monitor, and Manage (IAM2) opioid prescriptions as a patient, pharmacist or prescriber. I understand that together we can manage pain in a way that reduces stigma and seeks to avoid opioid misuse, abuse and untimely deaths." As medical professionals, we swore an oath to provide in the best interest of the patient. Together, we advocate for optimal health outcomes, patients reaching their pain therapy goals and reducing opioid overdose deaths.

Patients not only desire support when it comes to tapering off their opioids, but they seek emotional comfort. It is important as providers and pharmacists that remember that the patient is the one experiencing these uncomfortable sensations. Pain brings on physical discomfort which can further branch out into emotional distress, feelings of helplessness and even a decline in mental health. So it is essential during patient counseling that health care professionals display empathetic behavior towards their patients and their struggle over their pain management regimen. Providers and pharmacists can even discuss in further detail to their patients on nonpharmacological methods of pain relief such as meditation or prayer along with their opioid therapy. If pain is not properly managed then it can lead to the stigmatized occurrences associated with opioids such as misuse, abuse and overdose. These experiences can mentally damage and even traumatize patients. Therefore, the way that prescribers and pharmacists communicate about the therapeutic well-being of a patient can make a significant effect on the outcome.

IAM2 is an initiative meant to benefit all stakeholders involved in pain management and opioid therapy. Prescribers and pharmacists will be able to apply the methods discussed in IAM2's resources from the first day of initiating opioid therapy to monitoring the patient's pain management. The general public of Maryland can also contribute to preventing opioid overdose deaths by taking advantage of the Naloxone standing order and getting educated by pharmacists on how to save a loved one suffering from an overdose. Lastly, the health care team should be able to address how a patient is dealing with their pain management then evaluate how it mentally and physically affects them. The utilization of these resources from MPhA's resource center and initiating health care decisions in favor of the patient's well being can improve the line of communication between stakeholders. This collaborative effort is the foundational goal of IAM2 to help reduce stigma towards opioid use, demonstrate patient advocacy and strengthen prescriber-pharmacist communication.

Links Used:

<https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state>

<https://www.cdc.gov/drugoverdose/resources/index.html>

https://bha.health.maryland.gov/Documents/Standing%20order%20guidance%20edited%205_29_2019.pdf