Risk Tip: Opioids and Risk Mitigation

There may be a good explanation for a patient's pain, whether acute or chronic, and the patient's history and condition might warrant the short-term or long-term use of opiates to treat it. Careful listening, good judgment and detailed records remain the front line tools in assuring that patients who use opiates do so as indicated and in appropriate doses under physician supervision.

The thoughtful and judicious use of opiates where indicated and based on a thorough evaluation; clear patient communication, education, and informed consent about the risks and benefits of opioid use; comprehensive documentation; and close follow up can mitigate a significant portion of the risk of adverse outcomes and claims.

Some specific strategies to improve patient outcomes and mitigate risk include:

1. An opioid use protocol that defines a reasonable approach to the prescription of opiates to patients with acute and chronic pain, including patient education pamphlets and informed consent forms, limitations on length of use and medication type, and criteria for further examination of patient history and responses to any evidence of medication-seeking behavior or diversion. This may include EMR integration. The clear trend is for a state-limited initial course of treatment of treatment, although in many instances there are, rightly so, exceptions. The efficacy of the enforcement of such limitations remains to be seen.

2. Fewer opioid prescriptions should be written overall. This will directly reduce the risk of diversion, abuse, overdose and claims.

3. In patients with chronic pain, alternative pharmacological and non-pharmacological treatment options should be considered.

4. Treatment approaches should be determined in part by patient risk stratification. A low-to-moderate risk patient, such as patient one or patient two, can generally be managed through detailed history and careful monitoring of prescription drug use. A higher-risk patient such as patient three or patient four requires intense, active management augmented by regular laboratory studies and access to prescription monitoring databases with strong consideration given to consultation with or referral to a trusted pain management or addiction medicine specialist.

5. Numerous addiction screening tools exist. These include simple, one-question surveys and more detailed surveys intended to indicate which patients might be susceptible to dependence or addiction. There are online toolkits as well. The accuracy of such screening tools is unproven given that they rely on accurate patient history and may not be designed specifically to detect opiate abuse, but there does seem to be value in a detailed substance abuse screen with a forthcoming patient. Regardless of the accuracy of any of these tools, they do serve to mitigate risk in the event of a claim and if performed, should be made part of the patient's chart.

6. A patient on chronic opioid therapy should be required to sign an opioid contract whereby the patient agrees to use medication only as instructed. This agreement should be regularly updated. Of questionable effectiveness in preventing a patient from abusing pain medicine, such a contract does serve to mitigate risk in the event of a claim and should be made part of the patient's chart. In the event the patient violates such an agreement, the provider should strongly consider a referral to pain management or addiction medicine, and discharge from the practice might be warranted.

7. Prescription drug monitoring programs can be an effective method to identify a patient seeking access to opiates from more than one healthcare provider or from multiple pharmacies. Although such programs are neither fully developed nor well-integrated, they can both reveal warning signs in a patient and mitigate risk in the event of a claim.

8. A patient on long-term opioid therapy must be subject to regular drug screens to detect abuse and diversion, along with other checks including random pill counts and updated screening for consistency.

9. Pill mills must be shut down while maintaining a healthcare system that acknowledges that patient pain exists and opioids can be a safe and effective means of controlling it.

The treatment of acute and chronic pain is an important part of medicine. But liberal, or at least lax, prescription writing for powerful opiates, especially synthetic opiates, exposes patients to the risk of dependence, addiction, abuse and overdose. This in turn exposes practitioners to the risk of civil and criminal liability.

Practitioners will face increasing scrutiny of their prescribing practices and patient outcomes. The failure to judicially prescribe opiates for pain and to properly monitor a patient's use of them can easily result in diversion, abuse, addiction and overdose. The prior strategies can mitigate the risk of liability for practitioners going forward.