

ROLE PLAY #2 The Opioid Agreement

PATIENT ROLE

Your physician has returned from speaking with his/her supervising doctor and will talk to you about the plan for medication prescribing.

- A. The physician will ask you about signing an agreement. You talk about how this is new for you, previous physicians did not request this and you think it is unnecessary.
1. When the physician asks you to explain his/her understanding of the risks and benefits of opioid medication, you reply, **“I know it can be habit forming and could affect my driving if I take too much.”**
 2. The doctor will likely ask your permission to provide more information and **you agree to listen.**
 3. The doctor will clarify the potential **benefits** of opioid therapy (pain reduction, increased function). **You emphasize how much they have helped you and how you couldn’t live without them. In fact, you think that you need more to control the pain.**
 4. The physician will clarify the potential risks of chronic opioid therapy, including increase in pain, addiction, overdose and death. **Act surprised that the physician would mention addiction since you think you are far from that. Act concerned when the doctor mentions death. You have heard of famous people overusing and dying as a result.**
 5. Inform the patient of legal responsibilities which prohibit sharing or selling opioids to others. **Again, act surprised that the physician would even mention this to you because, of course, you do not sell your medication.**
- B. The physician will likely describe the universal precautions your clinic uses to keep people safe while using chronic opioids by providing a copy of your clinic’s controlled substance agreement and discussing key components, such as
1. Only one physician prescribing opioids
 2. No early refills
 3. Urine drug tests.
 4. Pill counts
 5. Taking medication only as prescribed

You are somewhat irritated that the physician mentions these, stating that other doctors have never required this. You are also secretly concerned that you may be “caught” using something you have not disclosed to the doctor. You do not mention use of any other drugs.

- C. You are relieved when the doctor agrees to refill your prescription.

D. Respond in the following way to the closing of the visit:

1. You agree to pick up the prescription on your way out or remind the physician that you need your prescription if he/she forgets.
2. You state you will have to look over the agreement carefully before you sign it.
3. You agree to go to the lab, and when the physician asks if there are other substances that may show up in your urine you say **No, you do not think so.**
4. When setting up the next appointment, your physician will likely remind you to bring pill containers and any unused pills. You agree to do this.

**ROLE PLAY #2 Discussing the Opioid Agreement with Your Patient
PHYSICIAN ROLE (Resident/student)**

You have discussed this case with the attending and together decided opioids will be prescribed for the pain and the patient’s behavior over time will be monitored. The purpose of this role play segment is to discuss the contents of the agreement that all patients at your office who are taking controlled substances are asked to sign before receiving a prescription.

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|----|---|---|
| A. | | P |
| | Provide the information necessary for the patient to give informed consent for chronic opioid therapy: | |
| | 1. Ask the patient to explain his/her understanding of the risks and benefits of opioid medication. | A |
| | 2. Ask permission to provide more information. (“ Do you mind if I explain how we manage opioid prescriptions in our practice and clarify some of the benefits and risks with you? ”) | A |
| | 3. Clarify the potential benefits of opioid therapy (pain reduction, increased function) | C |
| | 4. Clarify the potential risks of chronic opioid therapy, including increase in pain, addiction, overdose and death. Emphasize your interest in keeping him/her safe while attempting to control the pain. | C |
| | 5. Inform the patient of legal responsibilities which prohibit sharing or selling opioids to others. | I |
| B. | | D |
| | Describe the universal precautions your clinic uses to keep people safe while using chronic opioids. Explain that you begin with a 3-6 month trial of opioid medicines and ask patients to sign a controlled substance agreement which protects patients’ safety. Explain its key components, such as | |
| | 1. Only one physician prescribing opioids | O |
| | 2. No early refills | N |
| | 3. Routine drug tests. | U |
| | 4. Pill counts | P |
| | 5. Taking medication only as prescribed | T |

- C. D
 describe your **treatment plan**:
1. T
 Tell the patient you will continue their Lortab at the current dose. (If asked for an increase, tell him/her that this request may be considered at a later visit after you have gotten to know each other as doctor and patient).
 2. E
 Encourage trying at least 1 non-opioid adjunct (e.g. acupuncture, yoga, behavior therapy, exercise therapy, massage, spinal manipulation, or a non-opioid medication such as gabapentin, which has synergy with opioids).
- D. C
Close on good terms:
1. T
 Tell the patient you will leave his/her prescription at the desk to pick up on the way out and arrange any referrals for you.
 2. H
 Give the patient a copy of your clinic's controlled substance agreement and ask them to review it, sign it and give it to the nurse when they pick up their prescription.
 3. S
 Send the patient to the lab for their urine drug screen (**ask "Are there any substances in your urine we haven't talked about?"**)
 4. S
 Set up next appointment, reminding the patient to bring pill containers and unused pills
 5. E
 Express interest in following-up with the patient and your interest in helping with pain relief/management.

ROLE PLAY #2 The Opioid Agreement (Resident/Student)

Check off the items completed by the physician

- _____ **Explore non-opioid options**
- _____ **Ask permission to provide information** needed for patient to give **informed consent** to take chronic opioid therapy
- _____ **Clarify benefits** (pain reduction, increased function, quality of life)
- _____ **Clarify risks** (Toxicity/side effects, increase in pain, addiction, overdose, death)
- _____ **Describe idea of universal precautions** the office uses in order to keep patients safe
 - _____ Discuss **only one physician prescribing opioids**
 - _____ Discuss **no early refills**
 - _____ Discuss **urine drug tests**
 - _____ Discuss **pill counts**
 - _____ **Prescription monitoring program**
 - _____ **Phone follow-up**
- _____ **Jointly define treatment plan**
- _____ Give **copy of agreement** and ask **patient to sign it before leaving** and give to nurse to scan for chart
- _____ Send patient to **lab for urine drug screen**; ask if **other substances** not discussed will be present
- _____ **Set up next appointment**, reminding patient to **bring pill containers** and any unused pills
- _____ **Close on good terms**: Express interest in following-up with pt, confidence in joint plan, and interest helping with pain relief/management

Overall Visit 1 Part 2 (ABBA)

- _____ **Affirm** patient (something to admire in patient such as enduring such intense pain, searching for solutions, limiting own use of medications or in certain situations such as driving)
- _____ **Be curious** (why is patient hesitating or denying problem—ask open questions of the patient and say how patient makes sense given his/her experiences)
- _____ **Be respectful and collaborative** (talk about how you hope to work **together** to manage pain at the same time as keeping patient safe)
- _____ **Allow autonomy** by highlighting choice (Example 1: when naming adjuncts to medication, name several modalities that have worked for other chronic pain patients and say it may or may not work for him/her. Example 2: if patient is uncomfortable with universal precautions of this office, s/he may find care elsewhere)

Comments: