

## Introduction

Chronic pain is common in the U.S. with approximately 11% of the population reporting daily pain. The use of pain medications has increased dramatically, with the sales of prescription opioids quadrupling from 1999 to 2014. The rates of opioid misuse and abuse have also risen leading to increased opioid overdoses and substantial morbidity and mortality. At least half of these overdoses are due to prescription medications resulting in a major public health concern. Numerous groups including medical societies, the National Academy of Medicine (formerly the Institute of Medicine), and the U.S. Congress have placed an emphasis on improving chronic pain care, increasing research into pain and pain management, improving training for physicians who manage chronic pain, and increased public awareness.

In response to the National Academy of Medicine [Report](#) outlining a blueprint for addressing the undertreatment of pain and the growing opioid misuse and abuse, several guidelines were created with recommendations for treating chronic pain. The Federation of State Medical Boards (FSMB) developed a [model policy](#) to assist state medical boards in ensuring that both appropriate pain management and safe and appropriate opioid prescribing is occurring. The Substance Abuse and Mental Health Services Administration (SAMHSA) has created resources for the appropriate prescribing of naloxone and medication assisted treatment to reduce opioid misuse/abuse and overdoses. The Centers for Disease Control and Prevention (CDC) released guidelines for [Opioid Prescribing for Chronic Pain](#) to provide guidance for primary care physicians to curb and prevent the opioid epidemic. Tools to help physicians incorporate these guidelines into their workflow, as appropriate, are valuable as many state licensing boards have or are developing policies reflecting these recommendations.

## Scope of Toolkit

As chronic pain is a complex physiologic, psychologic, and emotional process, it is difficult to treat effectively. It requires a comprehensive approach that is patient-centered. Recognizing this complexity and the growing issues with opioid misuse and abuse, the American

Academy of Family Physicians (AAFP) is offering the attached toolkit to help family physicians identify gaps in practice flow, standardize evaluation and treatment of chronic pain patients, and facilitate the necessary conversations surrounding pain, treatment goals, and risk identification and mitigation. The toolkit contains tools and resources with primary care, patient-centered approaches that highlight key features of workflow to streamline the delivery of best care medicine. The attached tools can be used together or separately, depending on the needs of the practice. It is important to note that all of the items in the toolkit are consistent with the CDC and FSMB guidelines to help family physicians adhere to those recommendations if needed.

## Items Included in the Toolkit

**Patient Assessment:** The patient assessment section consists of the Brief Pain Inventory and the Work Questionnaire to collect information on patient pain history, current pain issues, function, mental health, and substance use. This should be completed by the physician or care team member with information provided by the patient.

- [Brief Pain Inventory](#) – physician or team member will complete with patient input
- [Work Questionnaire](#) – physician or team member will complete with patient input
- [Mental Health Assessment](#) – PHQ9 or tool provided by EHR; can be completed by patient

**Functional Goals and Action Plan:** The patient assessment section consists of the Brief Pain Inventory and the Work Questionnaire to collect information on patient pain history, current pain issues, function, mental health, and substance use. This should be completed by the physician or care team member with information provided by the patient.

**Risk Assessment:** The purpose of these tools is to assess patient safety and risk for medication misuse. It includes the Opioid Risk Tool and a checklist for safety monitoring and discussions of potential risks.

continued

- a. [Opioid Risk Tool](#) – Physician completes using patient input and score
- b. [Risk and Safety Checklist](#) – Physician completes, documenting risk assessment and monitoring of red flags, Prescription Drug Monitoring Programs (PDMPs), and urine drug tests

**Medication Agreement:** The purpose of this tool is to provide a mechanism for the physician to discuss responsibilities of the patient and physician. It also provides a reminder for both physician and patient to document that discussion using either a contract (provided) or another form of the physician's choosing. The physician should review a contract or list of responsibilities with the patient and both should sign or initial. A copy should be kept in the patient file and also given to the patient.

**Opioid Conversion Table:** This tool can be used to calculate the total daily doses of opioids in morphine milligram equivalents to facilitate appropriate prescribing and/or tapering.

**Opioid Tapering Resource and Worksheet:** The purpose of this tool is to provide resources and recommendations for tapering of opioid medications. A worksheet to record and manage tapering doses is also provided.

**Urine Drug Testing Resource:** This tool offers a brief overview for urine drug testing along with a table outlining the tests used and potential false positives.

**Additional Resources:** A list of available resources from the AAFP and collaborators is included at the end of the toolkit. Links have been provided to allow members to access current guidelines and policies from the AAFP, relevant journal articles, and patient education materials.

