

# "My Practice Doesn't Have any Policies Around Pain Management. Should it?"

## *SCOPE of Pain Colleague to Colleague Podcast #25*

Welcome back to SCOPE of Pain's podcast series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University Chobanian and Avedisian School of Medicine SCOPE of Pain Program.

I'm Ilana Hardesty, your moderator. In this episode, I'll be speaking with Dr. Daniel Alford, a primary care physician and an addiction medicine specialist at Boston Medical Center, and on faculty at Boston University, and with Catherine Abrams, a clinical research nurse at Emory University School of Medicine in Atlanta. They'll discuss the roles nurses in primary care practices can play in the care of patients prescribed opioids for the treatment of pain.

In patient-centered care, healthcare team members interact with patients at various points during their care. How does developing and implementing practice policies and procedures, especially when it comes to managing patients taking prescription opioids for pain help with that?

I first want to start off saying that each practice should develop and implement practice policies and procedures, and to do this well, I believe nurses should be at the table from the beginning when these practice guidelines are developed. This also helps with nurse buy-in to help with the providers as they need to implement these guidelines. The patients benefit when the primary care clinicians and nurses work together and understand each other's role for safer opioid prescribing. Having documented standard operating procedures in place for all team members can help create the same language and the standard of care for everyone in the practice, that's including the front desk staff.

So let me just add that there'll certainly need to be some negotiating and compromise when developing these, because there aren't necessarily evidence-based practices that everybody should abide by, but I think you have to decide as a practice how often should these patients be seen, including virtual visits and how often should we be urine drug testing and it's going to vary depending on the patient and their risk level, and how and where should documentation of benefits and harms be in the chart. And I know personally, when I'm cross-covering my colleagues, it can become quite challenging to not be able to identify why is this person who I'm being asked to refill the prescription, why are they on this medication and they actually being helped, and is there any evidence of harm, and so I think it really is important to agree upon the procedures, including where all this should be documented, especially with patients on higher risk regimens like someone who's on higher-dose opioids and combined sedatives like benzodiazepines.

Thanks for listening, you're not alone in facing these challenging issues. This topic is addressed in more detail in the SCOPE of Pain Program available in online, live webinars and podcast formats, where you can earn CME, CE and ACPE credits. Visit [mycme.com/scopeofpainlearningcenter](http://mycme.com/scopeofpainlearningcenter).



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