Sussex Pain Relief Center Chronic Opioid Analgesic Therapy (COAT) Statement

**Focus**
- What is the etiology of the pain, and would non-opioid treatment suffice?
- Are there risk factors present that would make the use of opioids unsafe for this patient?
- What is the usual expectation for pain for this condition? Is my patient’s response outside that expected range?
- Is there a medical justification for this dose of opioid, for this length of time, for this condition, in this patient?

**Patient Evaluation Tools**

**Assessment Tools**
- SOAPP-R for new patients (screening for opioid misuse/abuse),
- COMM for follow up patients (Current Opioid Misuse Measure)
- PHQ-9 (screening for depression)
- STOP BANG (screening for OSA)

**Aberrancy Screening**
- PDMP - Prescription Drug Monitoring Program – reviewed every visit
- Urine Drug Testing: GCMS /LC/MS-MS Definitive Lab-Based UDT Panel
  Compliance Drug Analysis, Targeted - 6 am, initial visit, Random every 4-6 months
- MME: Morphine Milligram Equivalents: <50MME, calculated every visit
  Maintain least effective dose policy
- Random Pill Count as needed

**Patient-provider Communication**
- Patient Treatment Agreements and Informed Consent (Pain Contract)
- Material Risk Notice, Medical Risks of Long-term Opioid Use
- Every 6 months

**Assessing Progress**
- GBS - Global Pain Scale 0-100, The GPS is a comprehensive assessment of pain evaluating pain, emotions, clinical outcomes, and daily activities.
- ODI - Oswestry Disability Index for back pain
- SF 36- for non back pain, Quick Dash for UE pain
- PDQ – Pain Disability Questionnaire

**Prescription protocol**
- 30-day policy, 28-day appointments, no script for lost or stolen medications
- No medications will be prescribed unless medical necessity is established; patient had been treated for years with opioids are not considered as a medical necessity.
- Patient has to be evaluated in person before prescribing
- No medical marijuana or Suboxone prescribed
- CO-prescription of Narcan for any patients on any opioids (schedule 2,4)