





You play a big role in addressing an opioid crisis that saw close to 50,000 overdose deaths in 2017.¹ How? You impact lives through patient education.

Patient education tips and topics to discuss during office visits



Talk about treatment goals.

Treatment should better the patient's quality of life. Discuss the benefits of a patient-centered, multidisciplinary, multimodal approach.



Talk about alternatives to opioid medication. These may include non-pharmacologic therapies such as:

- Heat/cold
- Acupuncture
- Cognitive therapy
- Quality sleep
- Non-opioid pharmacologic treatments
- Relaxation
- Repositioning
- Massage therapy
- Interventional approaches
- Distraction
- Exercise therapy
- Mindfulness
- · Healthy, balanced diet



Pain management is a marathon, not a sprint. Pain management can be a process of repeated trials to determine the effects of certain treatments. Explain that it can take a few months or years to optimize.



Opioids are not always the

answer. Opioid medications are powerful and not the preferred treatment for chronic non-cancer pain. Start opioids only when alternatives failed, quality of life suffers or benefits outweigh harms.



Some pain may never go away.

Bringing pain down to zero may be hard. Ask patients to keep a detailed journal of their pain and share it with you.



Risks and benefits must be clear.

If opioids are started, make sure patients understand treatment goals, known risks and benefits.



Opioid interactions can be fatal. Patients must tell providers about any changes, such as new medications or dosage changes. Follow directions carefully and do not mix opioids with:

- Alcohol
- Barbiturates
- Muscle relaxants
- Antihistamines
- Benzodiazepines
- Sleeping pills (continued)

Coverage for every stage of life™



1:1

10

Prescribe naloxone. Prevent overdoses for patients taking long-term or high-dose opioids. Refer to the formularies and drug lists on the provider portal for coverage information.

For patient safety, recommend use of one provider and one pharmacy.

Talk about side effects, proper storage, never sharing or selling prescription opioids, and proper disposal (not to flush).



Get a baseline urine drug test (UDT) and monitor regularly thereafter. Explain that the UDT is to ensure their safety. Check the Controlled Substance Utilization Review and Evaluation System (CURES) website to ensure the prescription regimen is appropriate and to avoid concurrent prescribing.

California's CURES mandatory consultation became effective October 2, 2018. Opioid prescribers are required to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III or Schedule IV controlled substance to the patient for the first time and at least once every four months thereafter.



Screen patients for mental health, drug abuse and addiction problems. Discuss your concerns with patients. Talk about increased overdose risk or tapering to a safer dosage. Also consider providing medication-assisted treatment (MAT) or making a referral to a treatment specialist or treatment program. If patients keep having pain while using opioids, consider referral to pain management. Do not dismiss the patient from care, but use this time to provide potentially lifesaving information and interventions.



Provider and member resources

TELL MEMBERS ABOUT MYSTRENGTH

myStrength is an evidence-based, behavioral health self-help resource. It offers interactive, individually-tailored applications that empower members to address depression, anxiety, stress, substance use, chronic pain, and sleep challenges.

Accessing myStrength

Members can access myStrength online at mystrength.com/calviva.

BUPRENORPHINE WAIVER TRAINING PROGRAMS

You can take **courses to get a waiver** to prescribe buprenorphine. To learn more, visit samhsa. gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training.

You can also find information about trainings by visiting the **Providers' Clinical Support System's calendar of events** at pcssnow.org/calendar-of-events.

CalViva Health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

^{1&}quot;Drug Overdose Deaths," https://www.cdc.gov/drugoverdose/data/statedeaths.html.