

Scripting for messaging the visit frequency requirements for patients on chronic opioid therapy

Below are two scripting options provided by primary care providers to help in discussions with patients about the Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) policy requiring all patients on chronic opioid therapy (COT) to have a monitoring visit (in person or by video) at least every 3 months. These are provided as a helpful resource only; we encourage providers to adapt however they see fit.

Scripting Option 1

Agenda Setting:

As we get started with your visit to review your pain management, I'd like to create an agenda for our visit together. Do you have specific issues that you want to make sure we address today?

[Gather patient list]

Great, we will make sure to address those topics today. In addition, I'd like to discuss the new changes that Kaiser Permanente has made to how we care for our patients with chronic pain, and how I can support you through these changes.

[Prioritize agenda, and then when time to discuss changes, use scripting below]

Discussing Changes

Recently, Kaiser Permanente announced new care requirements for all members who receive chronic opioid therapy. This announcement came by mail, but in case you haven't seen it, I wanted to review the changes with you. The new requirements include:

- (1) A video visit or in person office visit with your primary care provider every 3 months
- (2) A urine drug screen every three months, six months, or year depending on your risk level

These changes are two-fold: The main goal of increased visits is to make sure we give all our members safe and effective ways to manage their chronic pain. Over the last few years, more and more evidence has come to light that opioid medications for chronic pain have serious safety issues, and in many instances, there are much safer and more effective alternatives to manage chronic pain. By increasing our visit frequency, we ensure we are checking in to make sure your plan is as safe and effective as possible.

These changes are also coming to bring Kaiser Permanente into alignment with national recommendations and guidelines.

Scripting Option 2

With these changes, Kaiser Permanente is basically asking us to do 3 things:

- (1) Ensure this is the best plan for you.
- (2) Ensure the plan is safe.
- (3) Comply with new documentation requirements.

I think it is fair to ask: “Is this the best plan for you?” Even though your pain might be helped by medications, it is never gone, and it still impacts your life. It’s human nature to think the plan we are familiar with is the best plan, but I think there is value in re-looking all the potential treatment approaches, and at the end of the day, we may find something that works even better for you. I’m definitely on-board with trying to control your pain even better and reduce the impact on your life. I think it makes sense to revisit the plan.

There are some valid safety concerns around these medications – every medication has possible side effects, and with opioid medications, the side effects can be serious and unpredictable. It’s my responsibility as your health care provider to do everything I can to look out for your safety – I’m definitely on-board with that piece as well.

Bottom line is that I support and appreciate the emphasis that Kaiser Permanente is putting on this effort – with everything else going on, most organizations wouldn’t try to take this on too. But it is important to take this opportunity to re-visit your care plan and your safety. If after that, your current plan turns out to be the best plan, and the safety is acceptable, then maybe the plan won’t change. I know that you know me well enough to know that you can trust me to put your interests first.

Frequently Asked Questions

Are you taking away my pain medications?

This change is about the frequency of follow-up needed and doesn’t necessarily mean your current medications or treatment plan will change.

I’m happy with my current pain management plan. I know they say opioids don’t work for chronic pain, but they work for me. Why do I have to do these extra visits?

These visits are a Kaiser Permanente requirement. Opioid medications have the potential to cause serious side effects including death, even when taken as prescribed. More frequent visits allow for essential safety checks and opportunities to discuss safer alternatives to opiates.

I’ve never had any of the side effects that opioids are supposed to cause, and I don’t misuse the medication. I don’t want to make any changes to my pain management plan.

Your experience is very important in guiding your pain management care plan. I’m committed to working with you to make sure that your plan is effective and safe. That said, part of the reason these changes are being made is because opioid medications have the potential to cause serious side effects including death, even when taken as prescribed. Risks of opioids for all patients include dependence, opioid use disorder, respiratory depression,

increased sensitivity to pain, depressed immunity, cognitive effects and overdose. Many people with chronic pain can switch to alternative, safer medications that are still effective for their pain.

What other treatment options are there for my pain management if not opioids?

There are many! As a next step, I'd like to send you some information [Link to Pain Handouts] for you to review about safe, effective ways to manage pain. Once you have a chance to learn more about them yourself, we can follow-up together to review the options and consider what might be helpful for you.