

**MCSTAP Clinical Pearls for
Engaging with Patients with Chronic Pain or with Substance Use Disorder
Telephonically during the COVID-19 Outbreak**

The following are high-value suggestions to support your work with patients with chronic pain and/or substance use disorder (SUD) during this public health emergency. (*Adapted from the Boston Medical Center OBAT TTA*)

Treating Patients with SUD

- Suspend the UDT monitoring requirement to process a refill until patients return to in-person visits.
- Recommend that patients carry Narcan and ask if they need a prescription.
- Consider increasing the frequency of check-ins by phone.
- Consider increasing duration of prescriptions. For example, consider increasing length of all prescriptions up to 28 days, provided patients feel they can safely store and manage the medication.
- If available and needed, offer a XR Buprenorphine (Sublocade) monthly injection as a treatment option.
- Add 2 – 5 refills to the prescriptions of those who require weekly prescriptions to avoid inability to access medication.
- Remind patients to lock up their medications away from children and teens who are home and can easily get into things; let them know that Narcan can be used on children for accidental ingestion.
- Review with them in detail concerns/challenges if a prescription is lost or stolen.
- Check in with patients on whether they have experienced new relapse triggers (e.g., boredom, isolation, unable to get out and do things, increased stress).
- Assess mental health needs (Depression [PHQ-2 > PHQ-9, Anxiety [GAD], PTSD, etc.] and/or recovery specialist support and access per site guidelines/protocols.
- Refer patients who screen positive for needed behavioral health counseling via telehealth if necessary and possible.
- Make sure that the patient knows how to access virtual community-based recovery resources. Click [here](#) and [here](#) for two listings you can link the patient to.

Treating Patients with Chronic Pain

- Suspend the UDT monitoring requirement to process a refill until patients return to in-person visits.
- Recommend that patients on greater than 50 MEDD of opioids carry Narcan and ask if they need a prescription.

- Consider increasing the duration of prescriptions. For example, consider increasing the length of all prescriptions up to 28 days provided patients feel they can safely store and manage the medication.
- Address and discuss with your patient the new logistics enacted for refills to avoid inability to access medication. Create an office-based system to provide tracking and reminders for medication refills that are due for renewal. System should have a recall protocol to prompt patients in advance to ensure no gaps in treatment due to various epidemic factors (e.g., provider availability due to illness).
- Consider increasing the frequency of check-ins by phone.
- Remind patients to lock up their medications away from children and teens who are home and can easily get into things; let them know that Narcan can be used on children for accidental ingestion.
- Review with them in detail concerns/challenges if a prescription is lost or stolen.
- Encourage exercise and getting out of the home (using social distancing principles).
- Maintain vigilance for worsening depression and anxiety.
 - Consider increasing doses of antidepressants via phone visits as needed.
 - When appropriate, refer the patient for behavioral health counseling if possible.
- With telephone visits, encourage family/partners to be part of the conversation when appropriate.
- Remember to focus on function rather than the pain level.
- Make patient of virtual resources that may be helpful. Click [here](#) for an online chronic pain support group you can share.

Consider Incorporating for All Patients

- Because of increased risk of intimate partner violence, consider screening and heightened monitoring for intimate partner violence. If there is concern, let patients know that they can contact Safelink's 24-7 Hotline at (877) 785 2020 or visit [Jane Doe Inc.](#) to find statewide access to support and services.
- Let patients know how to access resources for local food pantries or other community supports for those who have lost employment. Information can be obtained from Mass 211 by dialing 2-1-1 or going to the [Mass 2-1-1 website](#).
- Ensure that you have multiple ways to reach patients. Consider patient portals, alternative phone numbers, email, and backup/emergency contacts.

MCSTAP is here to HELP 

Call **1-833-PAIN-SUD (1-833-724-6783)**

Monday to Friday, 9 a.m. to 5 p.m. to reach a physician consultant.

WWW.MCSTAP.COM

Source: [Boston Medical Center OBAT TTA](#)