



# Emergency Department Practitioner Pain Management Quick Reference Guide

## Medical Benefit

For more information on pain management and to access details on HUSKY medical benefits, visit [www.ct.gov/husky](http://www.ct.gov/husky), click "**For Providers**," then "**Pain Management**" or call 1.800.440.5071, Monday through Friday 8:00 a.m. – 6:00 p.m.

### Non-pharmacologic medical services related to pain management are covered by HUSKY Health:

- Physical therapy
- Occupational therapy
- Naturopathic Services
- Chiropractic Services
- TENS Units

### The HUSKY Health Intensive Care Management (ICM) Program will:

- Perform comprehensive assessments and help develop a member-centered plan of care with the treating provider
- Coordinate with a Community Health Worker to address social determinants of care
- Coordinate care between specialists as well as the Connecticut Behavioral Health Partnership (CT BHP)

### The HUSKY Health Emergency Department Care Managers (EDCMs) will:

- Identify and outreach to members
- Refer members to the ICM program for coordination of care, access to services and disease education
- Identify members with high ED usage who do not have a PCP

## Pharmacy Benefit

For more information on the Department of Social Services (DSS) Pharmacy Program, visit [www.ctdssmap.com](http://www.ctdssmap.com), click "**Pharmacy**," or call 1.866.409.8386, Monday through Friday 8:30 a.m. – 4:30 p.m.

### Non-opioid therapies related to pain management are covered with a prescription:

- Acetaminophen
- NSAIDS
- Gabapentin/Pregabalin
- Tricyclic antidepressants
- SSRIs
- Topical agents

## Behavioral Health Benefit

For more information on the Connecticut Behavioral Health Partnership (CT BHP), including information on Medication Assisted Treatment along with a MAT provider locator, visit [www.ctbhp.com](http://www.ctbhp.com), or call 1.877.552.8247, Monday through Friday 9:00 a.m. – 7:00 p.m.

### Behavioral health services related to opioid use disorder covered by HUSKY Health:

- Medication Assisted Treatment (MAT)
- Ambulatory Detox
- Inpatient Detox
- Outpatient Detox
- Counseling
- Intensive Outpatient Treatment
- Partial Hospitalization
- Residential Substance Abuse Rehab\*

*\*Available to certain HUSKY members: contact CT BHP for further details*

## Dental Health Benefit:

Pain management remains a significant consideration in dental care. For more information on the Connecticut Dental Health Partnership (CTDHP), visit [www.ctdhp.com](http://www.ctdhp.com), or call 1.855.283.3682, Monday through Friday 8:00 a.m. – 5:00 p.m.

### General dental services covered by HUSKY Health:

- Exams/Cleanings
- Dentures
- Root Canals
- X-Rays
- Fillings
- Oral Surgery
- Crowns
- Extractions
- Orthodontia

### The HUSKY Health Member Engagement Services and Escalation Unit work with providers and members, and will:

- Assist members and providers with referrals to pain management specialists
- Locate a Connecticut Medical Assistance Program (CMAP) medical provider and provide appointment assistance
- Provide clarification of medical benefits

- Assess member barriers, strengths, and gaps in care to help improve health status
- Coach members on the prescribed treatment plan to enhance participation and reduce Emergency Department (ED) utilization
- Provide members with appointment reminders and coordinate transportation to appointments

- and assist members with locating a PCP
- Educate members regarding appropriate ED usage
- Identify barriers to care

### Medication Assisted Treatment (MAT) — The HUSKY Health Program covers a number of medications used in the treatment of opioid use disorders. The following medications are currently covered:

- Buprenorphine HCL Tablet (sublingual)
- Methadone
- Naltrexone (oral)
- Suboxone film (sublingual)
- Vivitrol (extended release naltrexone injectable)

### CTDHP representatives will:

- Assist providers with locating a dental provider
- Coordinate dental care
- Provide case management
- Assist with obtaining additional resources



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## Checklist

### When considering opioid therapy:

- Set realistic goals for pain and function
- Consider high dose NSAIDS for acute dental pain
- Screen for risk factors for respiratory depression (sleep disordered breathing, benzodiazepine use), opioid misuse and addiction
- Check a urine drug screen
- Provide safety information to patients – including risk of addiction and overdose
- Use extra caution when considering prescribing opioids to patients without proper identification
- When prescribing opioids for acute pain, prescribe a short course of treatment, usually no more than 3 days
- Start with the lowest effective dose
- Refrain from initiating treatment with long-acting or controlled release opioids
- Refrain from ordering IV or IM opioids for acute exacerbations of chronic pain
- Avoid replacing lost, stolen or destroyed prescriptions or those finished prematurely
- Avoid providing replacement doses for Methadone or Suboxone

### Consult the Connecticut Prescription Monitoring Program (CTPMP)

- Before starting opioid therapy, consult the Connecticut Prescription Monitoring and Reporting System (CPMRS) to check for opioids and benzodiazepines from other sources. All CMAP prescribers are required to register as users. To register, visit: <https://connecticut.pmpaware.net/login> and follow the prompts.

### Understand EMTALA

- Understand Emergency Medical Treatment and Active Labor Act (EMTALA) and its requirements for the treatment of pain. The emergency clinician is required under the Emergency Medical Treatment and Active Labor Act (EMTALA) to evaluate an emergency department patient reporting pain. However, the law allows the emergency clinician to use clinical judgment when treating pain and does not require the use of opioids.

### Address exacerbation of chronic pain with non-opioid and non-pharmacologic treatment

- Address exacerbation of chronic pain with non-opioid and non-pharmacologic treatment. The HUSKY Health program covers a variety of non-opioid therapies for treatment of chronic pain. For a full list of resources, please see reverse.

## Opioid Risk Assessment

### When evaluating risk of addiction or abuse:

- Use of multiple providers or pharmacies
- Preoccupation with opioids more so than the underlying pain condition
- Anger, aggression or threatening response to limiting opioid use
- Insistence on specific or rapid onset formulation, or parenteral opioid administration
- Requests for rapid dose escalation
- Evidence of habituation and reported tolerance in patients without history of opioid use
- Noncompliance with recommended non-opioid treatments or evaluations
- Inability to restrict medications or take them on agreed upon schedule
- History of alcohol or other controlled substance dependence or abuse

### Opioid Risk Tool (ORT)\*

The ORT is a brief, screening tool designed for use with adult patients to assess risk for opioid abuse. The ORT can be administered and scored in less than 1 minute.

A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk of for opioid abuse.

Mark each box that applies	Female	Male
<b>Family history of substance abuse</b>		
Alcohol	1	3
Illegal drugs	2	3
Prescription drugs	4	4
<b>Personal history of substance abuse</b>		
Alcohol	3	3
Illegal drugs	4	4
Prescription drugs	5	5
<b>Age between 16-45 years</b>	1	1
<b>History of preadolescent sexual abuse</b>	3	0
<b>Psychological disease</b>		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
<b>Scoring Totals</b>		

\*Webster LR and Webster RM Predicting Aberrant Behaviors in Opioid-Treated Patients: Preliminary validation of the opioid risk tool. *Pain Medicine*.2005; 6 (6).

Other standardized risk assessment tools are available on the pain management section of the HUSKY Health website, visit [www.ct.gov/husky](http://www.ct.gov/husky), click "For Providers," then "Pain Management."