



Introducing Resources for People With Disabilities and Providers to Safely Manage Chronic Pain With Opioids

People with disabilities do best when they and their healthcare provider share knowledge and responsibility for managing chronic (constant) pain. The person with a disability tells their provider about their past pain treatment successes and failures and about their needs, goals, and preferences. The provider offers their medical knowledge and experience. Through a shared understanding, the healthcare provider and the person with a disability can have meaningful discussions about treatment options, including opioid use. This can lead to a safer and realistic approach to managing chronic pain.

But it can be difficult to reach a shared vision. Providers have limited time,^{1,2} and they often put more focus on diagnosing and treating their patients.³ The main concerns

of people with chronic pain are quality of life and confirmation that their pain is real.^{3,4} Drug-free pain treatments may not be covered by a health insurance plan or may carry high out-of-pocket costs. Also, insurance plans may limit the number of visits for those treatments.⁵ Examples are acupuncture, cognitive behavioral therapy, and physical therapy. But people taking opioids may feel strongly about the benefits. Even if they know there are risks, they may not worry about them. They just want relief from their pain.^{6,7} People with disabilities, their families, and their providers need resources to deal with these challenges. Such resources can help them reach a shared vision for a pain management plan that covers all needs.

Resource Modules Foster Partnership Between People With Disabilities and Providers

The American Institutes for Research (AIR) will release an **evidence-informed toolkit** in early 2021 to help providers and people with disabilities work together to create a holistic (complete) plan for more safely managing chronic pain. “Evidence informed” means that the toolkit uses the best research and knowledge to create the pain management plan. For situations where opioids are part of the plan, the toolkit includes resources for safer use of opioids. It also includes resources that help with accurate screening of opioid misuse and opioid use disorder (OUD) in people with disabilities. Other toolkit resources help people with disabilities get access to OUD treatment if they need it.

The AIR team developed the toolkit after doing a scoping review and holding interviews with providers and people with disabilities. In the scoping review, AIR studied research evidence they had gathered from published articles and other documents. Then they wrote a summary of this evidence. The toolkit will be tested with people with disabilities and healthcare providers before release. The resources are divided into three modules.



Module Topics for Each Audience

Module 1: Working Together to Create a Chronic Pain Management Plan

People With Disabilities and Their Families	Providers
Moving From the Cycle of Pain to a Cycle of Wellness	Building Trust and Engaging People With Disability in Their Care
Communicating With Your Provider to Manage Chronic Pain	Communicating With People With Disabilities to Create a Chronic Pain Management Plan That May Include Opioids
Managing Chronic Pain With Non-Drug Treatments	

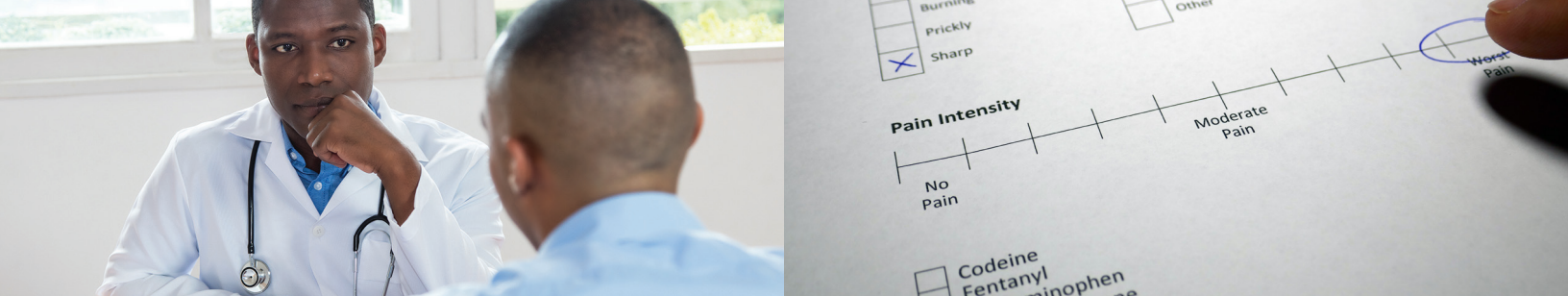
Module 2: Working Together for Safer Opioid Use and Prompt Identification of Opioid Use Disorder

People With Disabilities and Their Families	Providers
Understanding Signs and Symptoms of Opioid Use Disorder (OUD)	Distinguishing Between Opioid Misuse and OUD
Communicating With Your Provider For Safer Opioid Use	Managing Difficult Conversations About Opioids
Self-Assessing Opioid Use With the Current Opioid Misuse Measure (COMM) [™]	Current Opioid Misuse Measure (COMM) [™] : Recommendations for Use With People With Disabilities

Module 3: Helping People With Disabilities Make the Transition Into Treatment for Opioid Use Disorder

People With Disabilities and Their Families	Providers
Finding Treatment for Opioid Use Disorder	Coordinating Care When Referring People With Disabilities and Chronic Pain for OUD Treatment
Answers to Common Questions About Accessing Opioid Use Disorder Treatment	Tips for Opioid Use Disorder Treatment Planning and Coordination
Family and Friends Support Opioid Use Disorder Recovery	





Opioid Misuse Screening Tool for People With Disabilities Who Take Prescribed Opioids for Chronic Pain

The toolkit will include recommendations for use of a tool to screen for opioid misuse in people with disabilities. The AIR team tested the **Current Opioid Misuse Measure (COMM)[™]** to look at the unique situations of people with disabilities from degenerative joint disease (DJD). *Osteoarthritis* is an example of DJD.

Tool selection process. AIR chose the Current Opioid Misuse Measure (COMM)[™] after doing a scoping review. A *scoping review* is a review of published articles and other documents to search for tools related to a certain topic. The researchers who do the scoping review do not judge the tools for quality. The goal of the scoping review was to identify all tools that measured risk for OUD or opioid misuse and that were published in at least one peer-reviewed journal.

From the scoping review, the AIR team identified 28 tools. The team looked at the tools and chose the COMM[™] because it met the following conditions:

- Is relevant to people with disabilities caused by DJD and chronic pain.
- Is based on evidence that supports validity, reliability, specificity, and sensitivity.*
- Has fewer than 20 questions.
- Is easy to score.

The original COMM[™] is a self-assessment tool with 17 items. It was designed to identify behaviors that are signs of opioid misuse and OUD in people with chronic pain.⁸ Researchers created the original tool with guidance from pain experts, addiction experts, and clinical experts.



Tailoring COMM[™] for People With Disabilities. The AIR team tested the COMM[™] to see how useful the measure was for people with DJD who take opioids for chronic pain. The team completed cognitive interviews and a field test of the tool. The AIR team did the cognitive interviews to learn about how well people with disabilities understood the COMM[™] questions. The team learned that people interpreted two questions differently than expected.

AIR researchers did a field test of the COMM[™]. More than 320 people with disabilities from DJD who have taken opioids for 6 months or longer participated. In the field test, researchers added survey questions to understand the reasons that respondents answered the way they did to the two questions that were interpreted differently than expected. AIR analyzed the survey data and compared the

**Validity:* How accurately does the tool measure what it is supposed to measure? *Reliability:* When different researchers use the tool with the same people, are the results consistent? *Specificity:* Does the tool consistently give negative results for people who are free of the disease or condition in question? *Sensitivity:* Is the tool effective in detecting a disease or condition in people who actually have the disease or condition?



results against the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) criteria and risk factors for OUD. AIR analyzed the survey data and found 11 out of 17 COMM™ questions to be valid for people with disabilities. When the AIR team interpreted the survey data, they considered certain factors to be unique to people with disabilities. These factors are listed in the table below.

Consideration	Problematic Questions
People with disabilities may not complete necessary daily tasks because of higher levels of pain, lower energy days, and depression.	1 question about not completing necessary tasks
People with disabilities have a high rate of depression.	3 questions about anger (frequency of arguments, difficulty controlling your anger—for example, road rage, screaming; getting angry with people)
Short-term memory loss and other cognitive changes are common due to aging and chronic pain, and for other reasons such as anxiety and depression.	1 question about trouble thinking clearly or memory problems
People did not see the difference between taking fewer opioids than the maximum prescribed dose and taking opioids differently than prescribed.	1 question about taking opioids differently than prescribed

The AIR team analyzed the survey data to find out how to score the COMM™ in people with disabilities when the 11 questions are used. The toolkit will include information about scoring the COMM™. It will also include a list of the 11 COMM™ items that best apply to people with disabilities from DJD.

Resources and References

- Tai-Seale, M., McGuire, T. G., & Zhang, W. (2007). Time allocation in primary care office visits. *Health Services Research, 42*(5), 1871-1894.
- Polacek, C., Christopher, R., Mann, M., Udall, M., Craig, T., Deminski, M., & Sathe, N. A. (2020). Healthcare professionals' perceptions of challenges to chronic pain management. *Journal of Managed Care, 26*(4), e135-e139.
- Frantsve, L. M., & Kerns, R. D. (2007). Patient-provider interactions in the management of chronic pain: Current findings within the context of shared medical decision making. *Pain Medicine, 9*(1), 25-36.
- Bergman, A. A., Matthias, M. S., Coffing, J. M., & Krebs, E. E. (2013). Contracting tensions between patients and PCPs in chronic pain management: A qualitative study. *Pain Medicine, 14*, 1689-1697.
- Penney, L. S., Ritenbaugh, C., DeBar, L. L., Elder, C., & Deyo, A. D. (2017). Provider and patient perspectives on opioids and alternative treatments for managing chronic pain: A qualitative study. *BMC Family Practice, 17*(164).
- Esquibel, A. Y., & Borkan, J. (2014). Doctors and patients in pain: Conflict and collaboration in opioid prescription in primary care. *Pain, 155*, 2575-2582.
- Robinson, J. P., Dansie, E. J., Wilson, H., Rapp, S., & Turk, D. C. (2015). Attitudes and beliefs of working and work-disabled people with chronic pain prescribed long-term opioids. *Pain Medicine, 16*, 1311-1324.
- Butler, S. F., Budman, S. H., Fernandez, K. C., Houle, B., Benoit, C., Katz, N., & Jamison, R. N. (2007). Development and validation of the Current Opioid Misuse Measure™. *Pain, 130*(1-2), 144-156.



1000 Thomas Jefferson Street NW | Washington, DC 20007-3835 | 202.403.5000
www.air.org

This project is conducted by the American Institutes for Research, a non-profit research organization. For more information about the project, please visit the project webpage: <https://www.air.org/project/improving-assessment-opioid-use-disorder-people-disabilities-related-chronic-musculoskeletal>

The contents of this brief were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), grant number 90DPGE0006. NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this brief do not necessarily represent the policy of NIDILRR, ACL, and HHS, and you should not assume endorsement by the Federal Government.

Copyright © 2020 American Institutes for Research. All rights reserved.