State of California—Health and Human Services Agency
California Department of Public Health

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GAVIN NEWSOM
Governor

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Dear Provider,

Health care providers continue to be essential partners in addressing the opioid epidemic in California. Working together, we want to ensure that providers have access to resources and support to help improve patient pain management.

Alert: The abrupt closure of 29 California pain management centers in May 2021 resulted in over 20,000 patients without referrals, medical records, or treatment plans, and created potentially dangerous disruptions in care for patients receiving treatment with opioids therapy. This was a striking example of a common problem: many patients with long-term opioid use find themselves suddenly stranded, without a doctor, whether due to clinician retirement, state or federal action, or other cause.

Action: Given the national shortage in pain management providers, we anticipate many patients dependent on opioids may have difficulty finding a new pain management provider. Subsequently, primary care providers may inherit these patients.

On behalf of the Statewide Overdose Safety (SOS) Workgroup and partners, please consider these best practices:

- Continue opioid therapy for patients in transition.
- Develop a patient-centered, individualized care plan.
- Use caution when tapering opioid therapy.
- Document patient care decisions.
- Prescribe buprenorphine when appropriate.

Continue Opioid Therapy for Patients in Transition: Following clinical guidelines for safe opioid prescribing, providers are encouraged to consider providing opioids to patients during transitions to avoid dangerous disruptions in care. While many providers may not have chosen to start opioids for a given chronic pain condition, stopping opioid therapy is different due to the physiological changes brought on by long-term opioid therapy. Stopping opioid therapy has been

shown to increase illicit opioid use, emergency medical care utilization, mental health crises, medically-attended overdose events, and death from overdose and suicide. It may be necessary and medically appropriate to continue opioid therapy, particularly if a patient will have a prolonged wait to see a pain management specialist. Whenever possible, discuss the patient's history with their former provider, complete baseline assessments of pain, review expectations for opioid prescribing, and start discussing treatment for opioid use disorder (OUD) if appropriate. If you are unable to treat the patient, provide a warm hand-off to another provider to avoid the experience or perception of abandonment.

Develop a Patient-Centered, Individualized Care Plan: Develop an individualized plan in collaboration with the patient for continuing opioid therapy, tapering down or off of opioid therapy, or transitioning to buprenorphine. Engage the patient and include discussions around social issues and support, mental health services, alternative pain management strategies, and overdose risk. Consider the patient's perceived risks and benefits of opioid therapy.

Use Caution when Tapering Opioid Therapy: Providers should not abruptly discontinue or rapidly taper opioids in a patient who is physically dependent on opioid therapies. Safe tapers may take months to years to accomplish. Ensure patients understand the risks and benefits of dose maintenance versus dose tapering. Work with the patient to identify which medications to taper and how fast.

Document Patient Care Decisions: The majority of investigations of providers around opioid prescribing that have resulted in a complaint or disciplinary action against a license contained violations of insufficient documentation. Document the rationale for continuing or modifying a patient's opioid therapy. Include descriptions of pain conditions, previous and current therapy, assessment of risk and evidence of OUD, and opioid stewardship measures. Comprehensive documentation benefits both the patient and the provider.

Prescribe Buprenorphine when Appropriate: Buprenorphine has been shown to be a highly safe and effective treatment for pain management and OUD, and is FDA-approved for both conditions. Buprenorphine reduces craving, withdrawal, and overdose risk, has low potential for misuse and diversion, and increases

retention in care. Buprenorphine for pain has proven to be an effective and safe alternative for patients dependent on long-term opioid agonists. Buprenorphine for OUD can be prescribed by any provider with an X number (X-waiver), in-person or via telehealth, to new and existing patients with OUD. As of April 28, 2021, providers may now request an X-waiver to treat up to 30 patients with buprenorphine without having to complete training or to certify that they can provide counseling or other ancillary services. To prescribe buprenorphine to more than 30 patients, however, training and meeting certain conditions are required. Sign-up for an X-waiver. Note: Prescribing buprenorphine for pain does not require an X-waiver.

Support and Resources: The Center for Innovation in Academic Detailing on Opioids (CIAO) of the San Francisco Department of Public Health, in collaboration with the California Department of Public Health recorded a webinar in June 2021 to support providers inheriting patients on opioids. The presentation focuses on sharing information and clinical tools about inheriting patients on opioid therapy, ensuring continuity of care, and utilizing buprenorphine: A Webinar for Providers: What Do I Do With Inherited Patients on Opioids?

The National Clinician Consultation Center offers free guidance and support to providers treating patients with OUD through these telephone services:

1. California Substance Use Line: **(844) 326-2626**. Clinically-supported advice on substance use management for health care providers, staffed 24/7 in collaboration with addiction experts at the University of California, San Francisco Clinicians Consultation Center and California Poison Control.
2. Substance Use Warmline: **(855) 300-3595**. Confidential clinician-to-clinician telephone consultation from addiction medicine-certified physicians, clinical pharmacists, and nurses with special expertise in pharmacotherapy options for opioid use, available Monday through Friday, between 6 a.m. and 5 p.m. PST. Voicemail is available 24/7.

Thank you for continuing to provide quality medical care to your patients.

Sincerely,

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