Greater than the sum of its parts: A team-based approach to chronic pain and opioid use disorder

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

OR

The presenters of this session currently have or have had the following relevant financial relationships (in any amount) during the past 12 months.

(list each conflict here)
Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• List important elements in the implementation of a team-based approach to chronic pain and opioid use disorder.

• Identify unique skill set of each member in an interdisciplinary team, and how these skills complement each other.

• Identify strategies to transition patients from an approach to chronic pain centered on opioids to one that addresses underlying mental illness and other medical concerns.
Outline

● Current state of opioid crisis in Colorado
● Principles of harm reduction
● Team-based approach to chronic pain and opioid use disorder
  ○ Special population: Pregnant women
Pain in the United States

• 20% of adults in the U.S. who experience chronic pain
  • 8% high-impact pain
• 12.5 million Americans who misuse prescription pain relievers
• Effective pain management is critical to curbing the opioid epidemic
Colorado Drug Overdose Death Rate by County: 2002
Colorado Drug Overdose Death Rate by County: 2014
Factors Contributing to Crisis

Fentanyl and Carfentanil

Methamphetamine
Why is it important to focus on pregnant women?

- Women with untreated opioid use disorder (OUD) have a **6-fold increase** in pregnancy related complications:
  - Third trimester bleeding
  - Low birth weight
  - Fetal distress
  - **74-fold increase** in risk of SIDS

- Improved outcomes and decreased relapse rates with medication assisted treatment.

- Mothers are more often the primary caregivers for children and maternal drug use more frequently results in children being removed

Cochrane Review “Maintenance agonist treatments for opiate-dependent pregnant women” Minozzi, et al. 2013
Why Integrated Primary Care

• Most patients with chronic pain seek treatment from their primary care provider
• Opioids continue to be frequently prescribed to address chronic pain
• Opportunity to address co-occurring mental and physical health issues in Patient Centered Medical Home
  • Reduces likelihood of patients “falling through the cracks” following referrals to community resources
  • Trauma informed care for patient and family (e.g., partner, children) affected by opioids
By the way...

Effective treatment for OUD can be delivered in primary care!

Medication Assisted Treatment
Combines behavioral therapy and medications to treat substance use disorders, including OUD.

Buprenorphine Efficacy
Higher treatment efficacy than medication-free treatment
Increased treatment retention
70% decrease in death!
Mission:
To provide a quality, INTEGRATED health care home to the communities we serve.
Meeting a Growing Need

• Chronic pain patients and patients with OUD are among the most vulnerable populations Salud serves.
  • High volume of patients experience chronic pain and on chronic opioid treatment
• Value of integrated patient-centered approach to chronic pain and OUD.
Implementation of a Team-Based Approach

- Medical Provider
- Clinical Pharmacist
- Front Desk
- Medical Assistant
- Behavioral Health Provider
- Care Managers
- Pharmacist
- Patient
Shifting Approach in Treating Chronic Pain

• Provider education (medical providers, clinical pharmacists, behavioral health providers)
  • Latest guidelines for prescribing opioids for chronic pain
  • Behavioral health interventions
  • Alternatives to opioids
    • Other medications
    • Physical therapy
    • Acupuncture
Shared Medical Appointments for Chronic Pain

**Team**
- Medical provider
- Medical assistant
- Behavioral health provider
- Clinical pharmacist

**Curriculum Sessions**
- Basic foundation of treatment
- Options and Setting a Course for Treatment
- “Learning to live” with chronic pain
- Values and Action
- Urges, thoughts, and feelings
- Action- getting your feet moving
- Commitment
- Lifelong Maintenance
Safe Opioid Prescribing Pilot

• **Goals**
  - Provider education on safe opioid prescribing
  - Decrease number of patients on chronic opioid treatment
  - Increase access to alternative approaches to chronic pain

• **Data support**
  - Azara data analytics
  - In-house data reporting

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**Committee Members**

- Behavioral Health Provider
- VP of Medical Services
- Medical Provider
- Clinical Pharmacist
Treating Opioid Use Disorder at Salud
Tenets of Harm Reduction

• Acceptance that illicit substance use is part of our world
• Minimize harmful effects of illicit substance use rather than ignore or condemn it
• Respect rights of those who engage in substance use
• Commitment to EVIDENCE in recovery
• Destigmatize! Meet patients where they are in their lives at every step along the road to recovery
• Reduce harms of drug laws and policies
• Offer alternative approaches that seek to prevent illicit substance use

Goal: *Keep people alive!*
# Team-Based Approach to OUD

## Building rapport

<table>
<thead>
<tr>
<th>Role</th>
<th>Medical Provider</th>
<th>Medical Assistant</th>
<th>Behavioral health</th>
<th>Clinical Pharmacist</th>
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<td>Care managers</td>
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## Assessment

- Medical Provider
- Behavioral Health Provider
- Clinical Pharmacist

## Interventions

- Medical Provider
- Behavioral Health Provider
- Care Manager
- Clinical Pharmacist

## Resources

- Medical Provider
- Behavioral Health Provider
- Care Manager

## Referrals

- Medical Provider
- Behavioral Health Provider
- Care Manager
MAT at Salud

- MAT services since 2016
  - 7 sites
  - 26 prescribers
- Since 2016
  - 202 patients have received MAT services at Salud
  - Identifying more patients with comorbid chronic pain and OUD

Comorbid Chronic Pain and OUD

- 2016
- 2017
- 2018
MAT at Longmont Salud

• Longmont has seen almost half of all MAT patients since Salud began delivering MAT services
  • 8 prescribers - 98 patients to date!

• Caring for OB patients: *If mother is seen at Salud for MAT*
  • THEN care is coordinated between OB, Family Medicine, Behavioral Health, Clinical Pharmacist, Care Manager, and others.
  • THEN increased compliance with adequate prenatal care & infant care
  • THEN better continuity of MAT (prenatal and postpartum)
  • THEN the percent of pre-term labor is reduced
  • THEN decrease time of NAS
  • THEN families can remain intact and healthy
Defining Success: What do patients say?

“I would have never been able to get my job if it wasn’t for MAT at Salud.”

patient

“This saved my life.”

“I cannot believe where I was 2 years ago and to see how much I’ve done with my life in these 2 years.”

“I’ve been able to grow so much emotionally thru this treatment.”
Defining Success: What do staff and providers say?

- “Patient tell us how comfortable they are with the team.” Medical Assistant

- “When patients check in they show us trust by telling us the reasons they are coming in” Front Desk

- “Patient’s have told me that they feel safe with their medical provider and Behavioral Health Provider because they can talk about their pain.” Medical Assistant
Keys to Success

• Extensive interdisciplinary collaboration
  • Everyone is responsible for patient care!
  • Close collaboration between prescriber and behavioral health provider - curbside consults
• Harm reduction approach
• Buy-in from all staff and clinic leadership
• Involvement in community and other stakeholders
Lessons Learned

- Increasing provider education
- Importance of a smooth referral process
  - In-house
  - Community
- Implement efficient data collection
• Expanding MAT services to every Salud site
  • Having every provider trained on treatment of OUD in a primary care setting...ideally, waivered!
• Implement shared medical appointments for patients at risk of OUD (i.e., patients on chronic opioid treatment)
• Increase screening for risk of opioids
• Improve lines of communication
• Continuing to grow community partner relationships


Medication Assisted Treatment (MAT) resources nationwide

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

http://www.samhsa.gov/medication-assisted-treatment

- **Buprenorphine treatment physician locator**
  by zip code

- **Methadone clinics**
  Opioid treatment program directory:
  http://dpt2.samhsa.gov/treatment/directory.aspx
Learning Assessment

● A learning assessment is required for CE credit.
● A question and answer period will be conducted at the end of this presentation.
Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.
Join us next year in Philadelphia, Pennsylvania! Thank you!