

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

- Landrey Milton Fagan, MD, MS, Family Physician with Obstetrics
- Sonia Quinones-Torres, LCSW, Director of Medication Assisted Treatment
- Carlos Estrella Rodriguez, LPC, ACD, Behavioral Health Provider
- Yajaira Johnson-Esparza, PhD
- Pradeep Dhar, MD, VP of Medical Services
- Jonathan Muther, PhD, VP of Behavioral Health



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 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

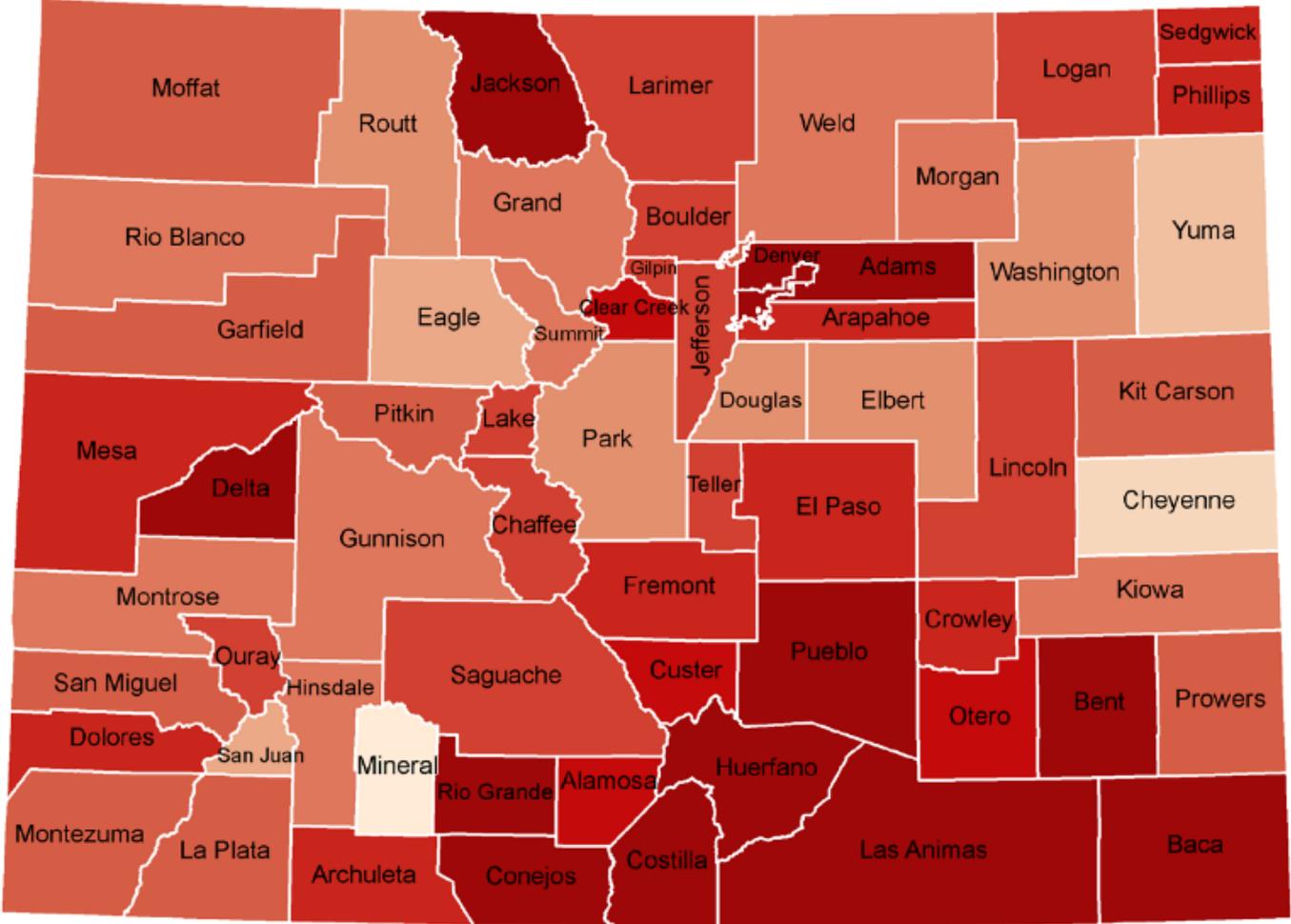
- 20% of adults in the U.S. who experience chronic pain
 - 8% high-impact pain
- 12.5 million Americans who misuse prescription pain relievers
- Effective pain management is critical to curbing the opioid epidemic



91
AMERICANS

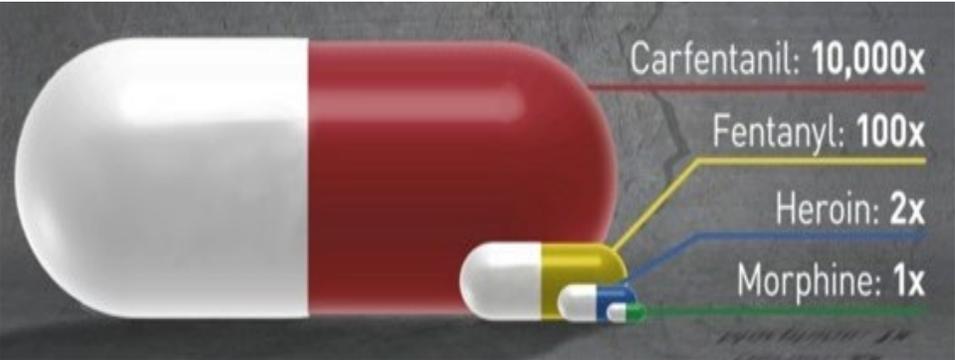
die every day from
an **opioid overdose**
(that includes prescription
opioids and heroin).

Colorado Drug Overdose Death Rate by County: 2014



Factors Contributing to Crisis

Fentanyl and Carfentanil



On the left, a lethal dose of heroin; on the right, a lethal dose of fentanyl.
NEW HAMPSHIRE STATE POLICE FORENSIC LAB

Methamphetamine

The screenshot shows the NPR website interface. At the top, there are logos for NPR and Colorado Public Radio News, along with a 'SIGN IN' button. Below the navigation bar, the 'Shots' logo is displayed with the text 'HEALTH NEWS FROM NPR'. The main content area features a play button icon, a duration of 3:35, and the title 'A Surge In Meth Use In Colorado Complicates Opioid Recovery'. Below the title, it says 'PUBLIC HEALTH', 'July 14, 2018 · 8:25 AM ET', and 'Heard on Weekend Edition Saturday'. There are buttons for '+ PLAYLIST', 'DOWNLOAD', 'EMBED', and 'TRANSCRIPT'. The host's name, 'JOHN DALEY', is also visible.



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



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!

Salud Family Health Centers

Mission:

*To provide a quality,
INTEGRATED health care
home to the communities
we serve.*

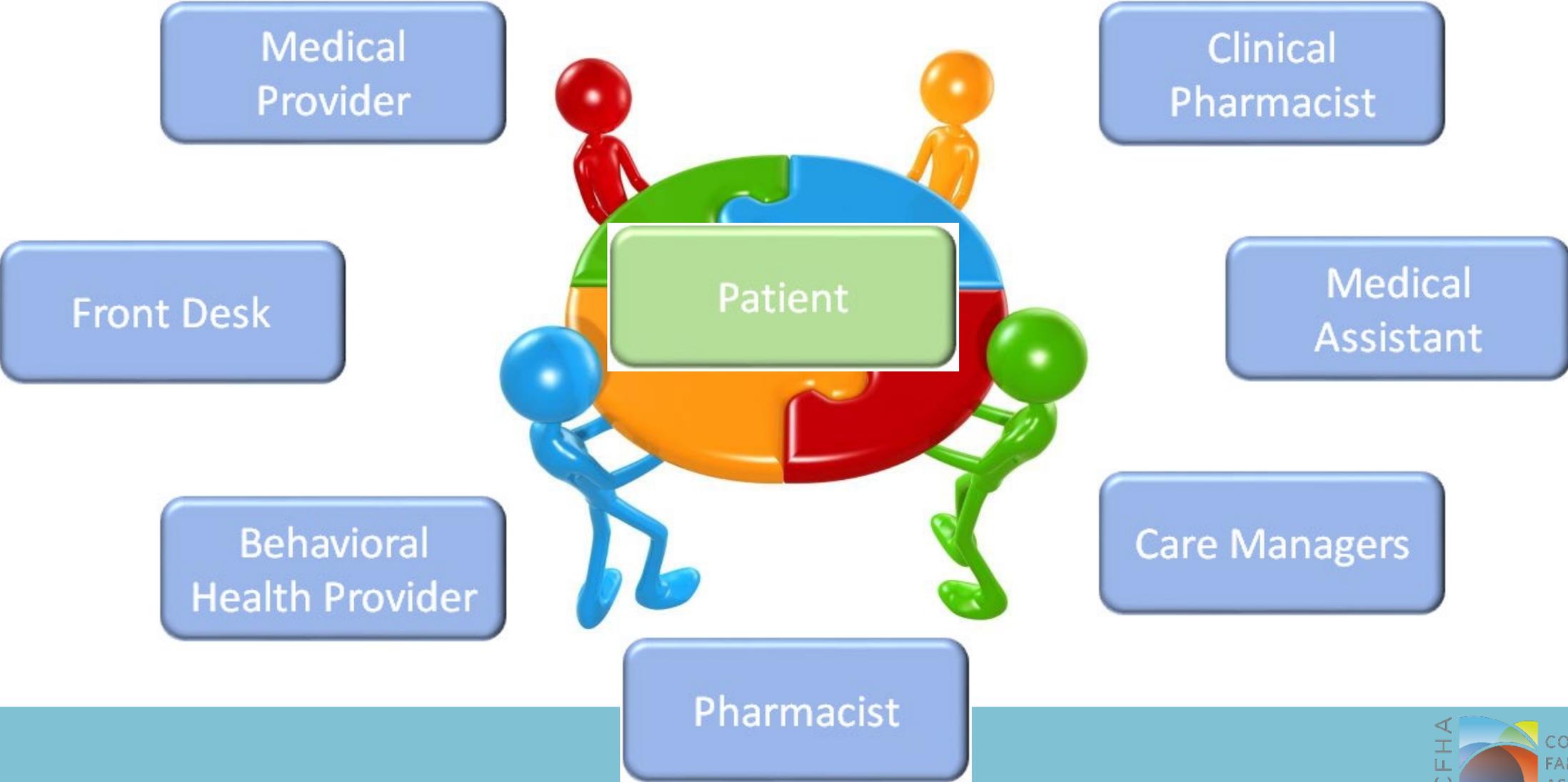
Salud
Family Health Centers
EXCELLENCE. EVERY PATIENT. EVERY TIME.

ADMINISTRATION
203 S Rollie Ave
Fort Lupton, CO 80621

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



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

Committee Members

Behavioral
Health Provider

VP of Medical
Services

Medical
Provider

Clinical
Pharmacist

- 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

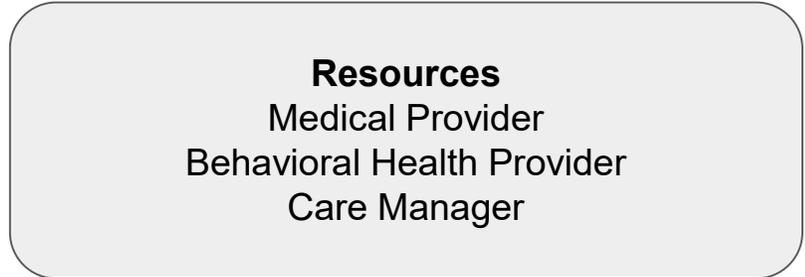
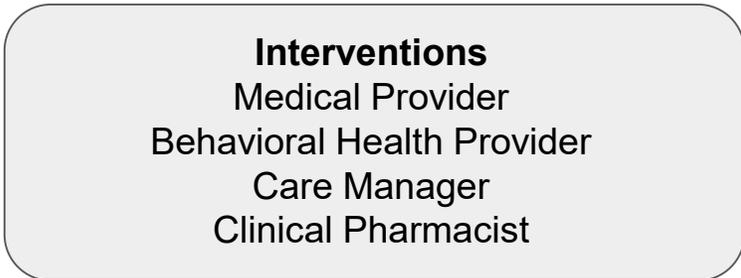
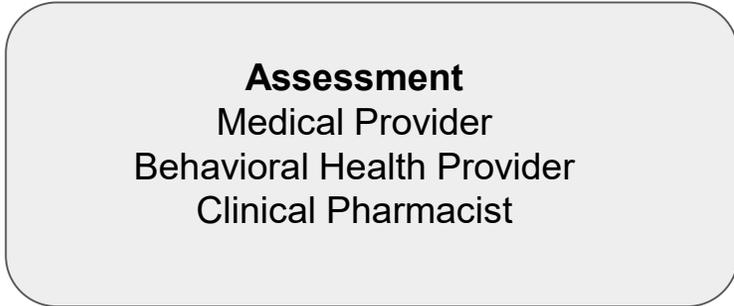
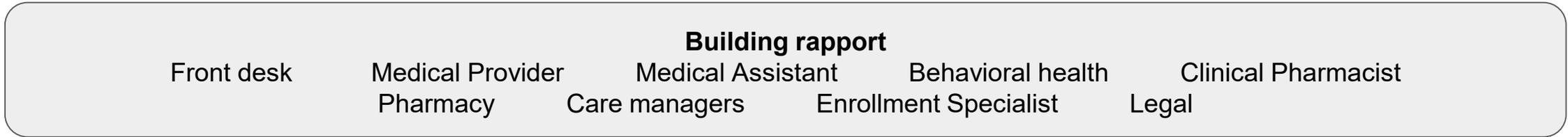
Treating Opioid Use Disorder at Salud

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

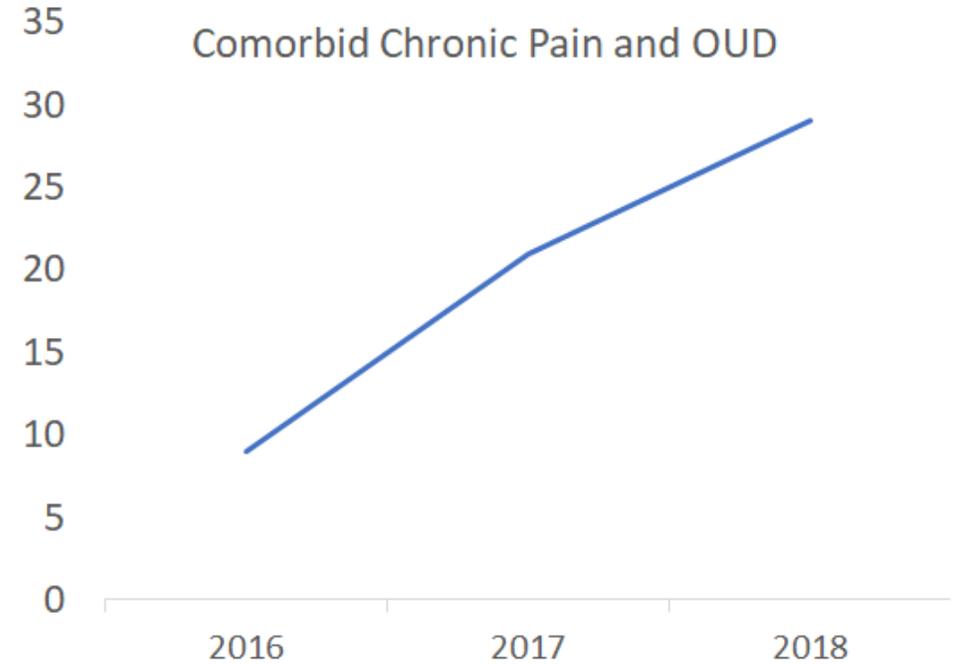
Goal: Keep people alive!

Team-Based Approach to OUD



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



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

Future Directions

- Expanding MAT services to every Salud site
 - Having every provider trained on treatment of OUD in a primary care setting...ideally, waived!
- 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

Bibliography / References

1. Duncan, Smith, Maguire, & Stader (2019). Alternatives to opioids for pain management in emergency department decreases opioid usage and maintains patient satisfaction. *American Journal of Emergency Medicine*, 37(1), 38-44.
2. CDC (2018). Prevalence of chronic pain and high-impact chronic pain among adults - United States, 2016. *MMWR Morb Wkly Rep*, 67, 1001-1006.
3. Gereau, Sluka, Maixner, Savage, Price, Murinson, Sullivan, & Fillingim (2014). A pain research agenda for the 21st century. *The Journal of Pain*, 15(12), 1203-1214.
4. Bilevicius, Sommer, Asmundson, El-Gabalawy (2018). Posttraumatic stress disorder and chronic pain are associated with opioid use disorder: Results from a 2012-2013 American Nationally Representative Survey.
5. Speed, Parekh, Coe, & Antoine (2018). Comorbid chronic pain and opioid use disorder: Literature review and potential treatment innovations. *International Review of Psychiatry*, 30(5), 136-146.

Additional References

1. Fischer G, Ortner R, Rohrmeister K, et al. Methadone versus buprenorphine in pregnant addicts: a double-blind, double-dummy comparison study. *Addiction* 2006;101:275-281
2. Jones HE, et al. Neonatal abstinence syndrome after methadone or buprenorphine exposure. *N Engl J Med*. 2010 Dec 9;363(24):2320-31. doi: 10.1056/NEJMoa1005359.
3. Minozzi S, Amato L, Bellisario C, Ferri M, Davoli M. Maintenance agonist treatments for opiate-dependent pregnant women. *Cochrane Database of Systematic Reviews* 2013, Issue 12. Art. No.: CD006318. Doi: 10.1002/14651858.CD006318.pub3.
4. Opioid abuse, dependence, and addiction in pregnancy. Committee Opinion No. 524. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;119:1070–6.
5. Fudala PJ, Bridge TP, Herbert S, Williford WO, Chiang CN, Jones K, et al. Office-based treatment of opiate addiction with a sublingual-tablet formulation of buprenorphine and naloxone. Buprenorphine/Naloxone Collaborative Study Group. [N Engl J Med 2003;349:949–58](#). ↵
6. Mozurkewich EL, Rayburn WF. Buprenorphine and methadone for opioid addiction during pregnancy. [Obstet Gynecol Clin North Am 2014;41:241–53](#). ↵

Resources

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

<http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

- 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!