

Changing the Trajectory of Pain in Primary Care

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CFHA Annual Conference
October 17-19, 2019 • Denver, Colorado

Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
(NOBODY... will loan them money)

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:

- Will be able to identify a step by step process to implement chronic pain management workflows and evidence-based protocols to help patients decrease or discontinue the use of opioid medications.
- Will be able to identify resources available to primary care providers to assist clinics in launching effective protocols to improve management and safety for patients who are prescribed opioid medications, as well as identify non-narcotic resources.
- Will have an introductory knowledge of Mindfulness-Based Pain Therapy as an effective treatment modality within an integrated care setting.

Bibliography / Reference

1. Christine Wolf, M. J. (2015). A Clinician's Guide to Teaching Mindfulness. Oakland, CA: New Harbinger.
2. J. Gardner Nix, P. (2015). Mindfulness-Based Chronic Pain Management, Level I and II Workbook. Toronto, Ontario, Canada: NeuroNova Center.
3. PainNET, Committed to Making a Difference for Patients with Chronic Pain. (2019, February 10). Retrieved 2017, from PainNET: <https://painnet.net/>
4. Rand Medical Outcomes Study, 36 Item Short Form Survey. (2019, February 10). Retrieved June 2017, from Rand Corporation: https://www.rand.org/health-care/surveys_tools/mos/36item-short-form.html
5. University of New Mexico. (2019, March 3). Chronic Pain and Opioid Management. Retrieved 2014, 2015, from Project Echo: <https://echo.unm.edu/nm-teleecho-clinics/chronic-pain-andopioid-management/>

Learning Assessment

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



Changing the Trajectory



Treatment for Chronic
Pain in Primary Care



Agenda

Share what we have learned
Provide Tool Kit



About Us

Primary Care Partners and Behavioral Health and Wellness
Grand Junction, CO Private/Private Partnership



Our Works

Originally an ACT Site (Advancing Care Together),
CPCI, CPC+, SIM



Our Process

Work Flow to establish EB Pain Management Program



Lessons Learned

Our track record

Excellence is a
continuous process and
not an accident.

-A. P. J. Abdul Kalam

Our Drivers



IMPACT ON EXISTING RESOURCES

- 01** Little to no yield on success in patient pain management with chronic narcotic use

PROVIDER AND PATIENT FRUSTRATION

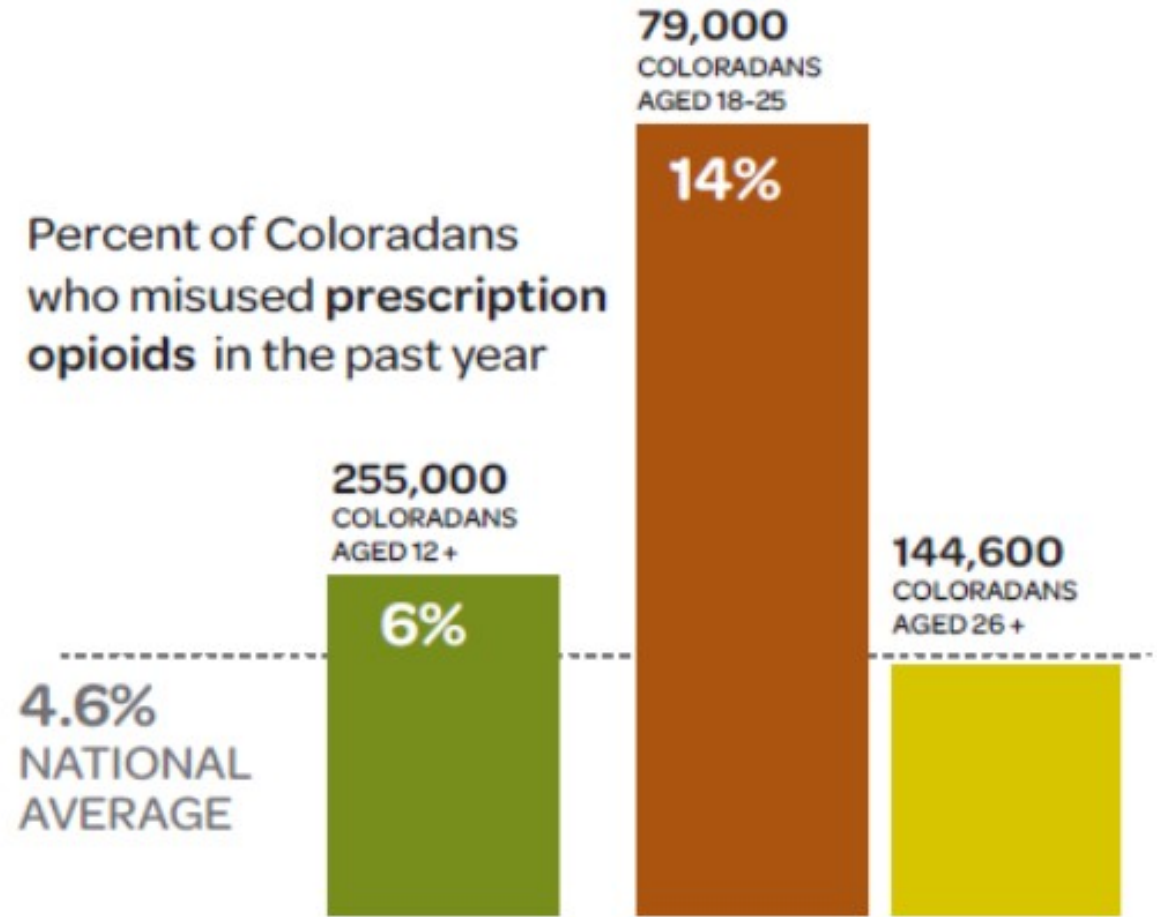
- 02** Problematic and often inconsistent handling of suspicious / aberrant patient medication use. Patients felt labeled.

AWARENESS OF THE OPIOID CRISIS

Described by numerous organizations including CDC, AAPF, AMA, APA, etc.

Our Catalyst

Change This Trajectory



The nation's drug epidemic kills someone in Colorado about every 9 hours and 36 minutes. The leading cause: **prescription and illicit opioids.**

<http://www.denverpost.com/2017/11/05/colorado-prescription-opioid-heroin-epidemic-lawmakers/>

Our Mission

Make
A
Difference

Overdose Deaths in Mesa County, 2012-2018



Opioid-Related Hospitalizations, 2017

Mesa County
34.2 per 100,000

Colorado
19.2 per 100,000

Prevention

16%* of Mesa County high school students report ever using prescription pain medications without a doctor's prescription.

*Statistically higher than the state (12%).

Healthy Kids Colorado Survey, 2017

Opioid Prescription Rates in Mesa County and Colorado per 1,000 residents, 2014-2017





In order to carry a
positive action we must
develop here a
positive vision.

-Dalai Lama

Practice Transformation



How to get from here to there?

We started with a “Pain Task Force”

Champions



- PCP's
- Admin / Practice Managers
- Care Coordinators
- BHC
- Pharm
- Physical Therapist

Integrity



Find common ground
Treat pain from an
evidenced based
bio/psycho/social model?

Knowledge



PROJECT ECHO

- Multidisciplinary
- One Year, Online
- Free

Food



We discovered greater
participation if we made
food available during
meetings!

ESTABLISHED PAIN TASK FORCE

- ✓ Met bimonthly or monthly

Our Path

Sharing our trail...

Included:

- ✓ PCP
- ✓ Administration
- ✓ Practice Manager
- ✓ Behavioral Health
- ✓ Care Coordination
- ✓ Pharmacy
- ✓ Physical Therapy
- ✓ Triage

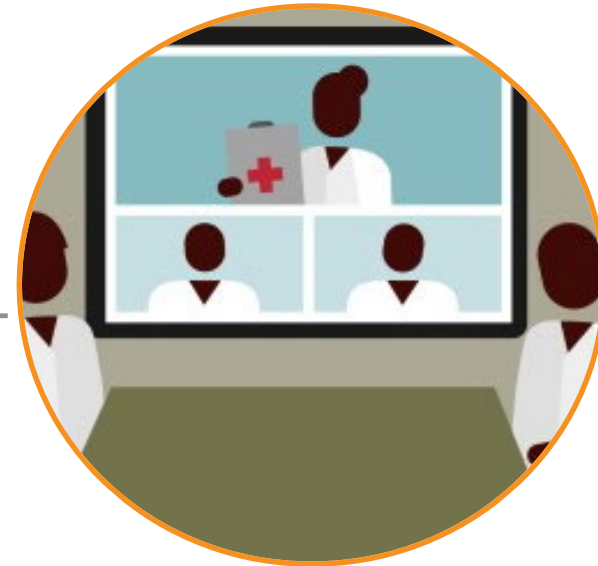


2014

PARTICIPATED IN PROJECT ECHO

Tool kit includes website

2015





2015

TRIAGE RESPONSIBILITIES:

- ✓ Calculated MEDD
- ✓ Alert PCP for MEDD >100
- ✓ Remind PCP of resources
- ✓ Quarterly visits if MEDD >50
- ✓ PDMP monitoring
- ✓ Random UA monitoring

CONTROLLED SUBSTANCE AGREEMENT

- ✓ Get Provider "Buy In"
- ✓ Develop Work Flows
- ✓ Relied on Staff
 - ✓ Introduced at Regular OV
 - ✓ Used CC and BHCs for Resistant Patients
 - ✓ CSA on EMR Banner
 - ✓ Random urine drug screens

2016



REGISTRY DEVELOPMENT

- ✓ IT developed from EMR
- ✓ Queries:
 - ✓ Multiple Substances
 - ✓ Length of RX (# of months)
 - ✓ Risk Stratification Score
 - ✓ Co-morbid psychiatric dg.

2016



SIM PROJECT:

- ✓ Chronic Pain – Behavioral Health Screening and Integration
- ✓ Launched Integrated Clinical Fellowship



2016

PHARMACIST RESPONSIBILITY:

- ✓ Recommend Safe Taper
- ✓ Review Charts for non-opioid pharmacological treatment
- ✓ Co-Benzodiazepine use and recommendations
- ✓ Educate patients regarding non-narcotic pain options
- ✓ Required Narcan Prescriptions

CARE COORDINATORS RESPONSIBILITIES:

- ✓ ER dis-utilization program
- ✓ Review violation of CSA
- ✓ Track highest risk patients in huddles
- ✓ Frequent contact with higher risk patients

MEDICAL ASST RESPONSIBILITIES:

- ✓ Random urine drug screen if > 50 MEDD
- ✓ Opioid Risk Tool available to providers if requested
- ✓ Notify Provider if PHQ9 > 10

2016





2017

SIM PROJECT STEP 1: PHRESIA TABLETS

- ✓ Patient check in device
- ✓ Goal: Screen for pain (18 and over)
- ✓ All patients asked on PHRESIA- *"Do you have pain that affects the quality of your life more than half of the time over the last three months?"*
- ✓ If "Yes" PHQ-9 was also given.
- ✓ If "No" patient completed check in.
- ✓ All results documented in EMR

SIM PROJECT STEP 2:

PCP Reviews Screening Result

- ✓ Discuss pain concerns with patient
- ✓ Consider BHC Warm Hand Off
- ✓ PCP/BHC administers Opioid Risk Tool (ORT)
- ✓ PCP discusses Physical Therapy ("Functional" PT vs. "Rehab" PT)
- ✓ PCP will offer counseling/education

2017



OLIVER PATIENTS:

- ✓ Community Response



SIM PROJECT STEP 3:

Increase Education for Patients
Provide readily available resources (Website education, Anti inflammatory diet, Handouts, trial Quell Device)



2017

2017

2017

BHC RESPONSIBILITY STEP 4:

Warm hand off from PCP

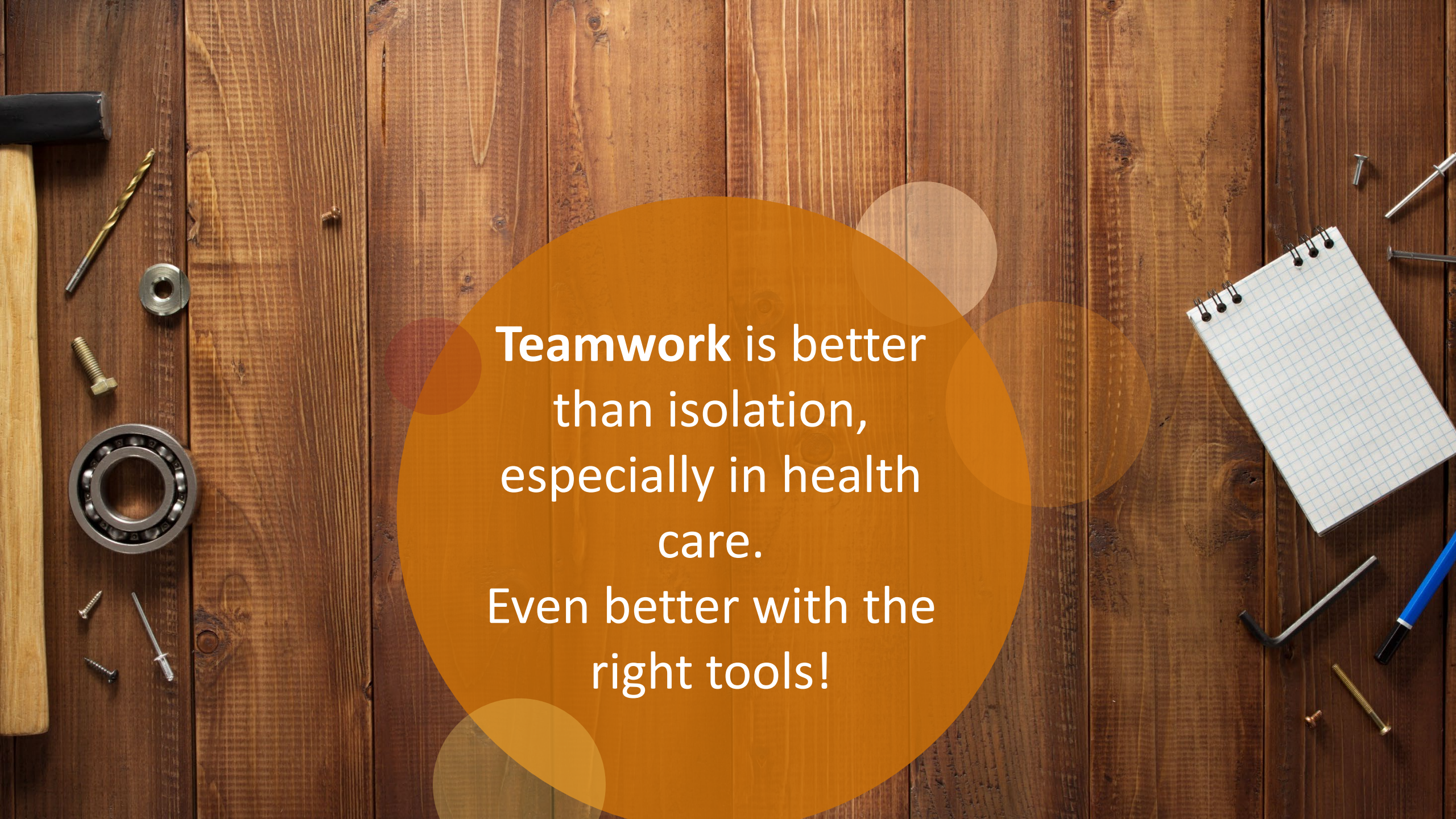
Assess for:

- ✓ Somatization
- ✓ Pain vs Suffering
- ✓ Co-morbid Dg
- ✓ Family Support
- ✓ Substance Use
- ✓ ACEs

Provide Referrals

- ✓ Ind TX
- ✓ Biofeedback
- ✓ Pain TX Group
- ✓ Chair Yoga
- ✓ Acu-Detox
- ✓ Acupuncture
- ✓ Osteopathic Manipulation

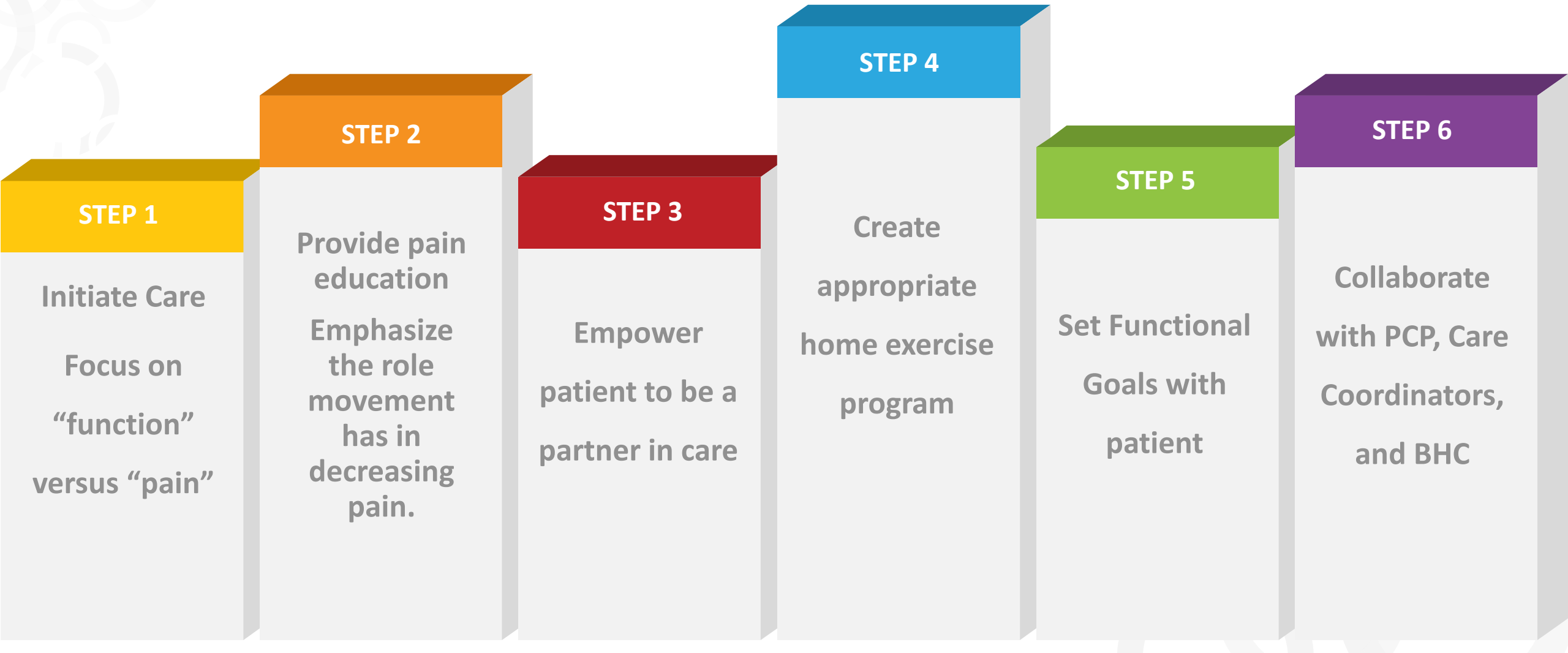


The background is a dark brown wooden plank surface. Scattered around a central orange circle are various tools and hardware: a hammer head on the left, a drill bit, a nut, a bolt, a ball bearing, and several screws. On the right side, there is a spiral-bound notepad, a blue pen, an Allen key, and more screws. The central orange circle contains white text.

Teamwork is better
than isolation,
especially in health
care.
Even better with the
right tools!

Physical Therapy Step by Step

●●●●●●
Function vs Pain



A photograph of an elderly woman with short, styled white hair, sitting on a beige sofa. She is wearing a light pink cardigan over a red top and tan trousers. She is looking out of a window to her left, with her hand resting on her neck. The background shows a bookshelf and a lamp. A large blue circle is overlaid on the left side of the image, containing the text.

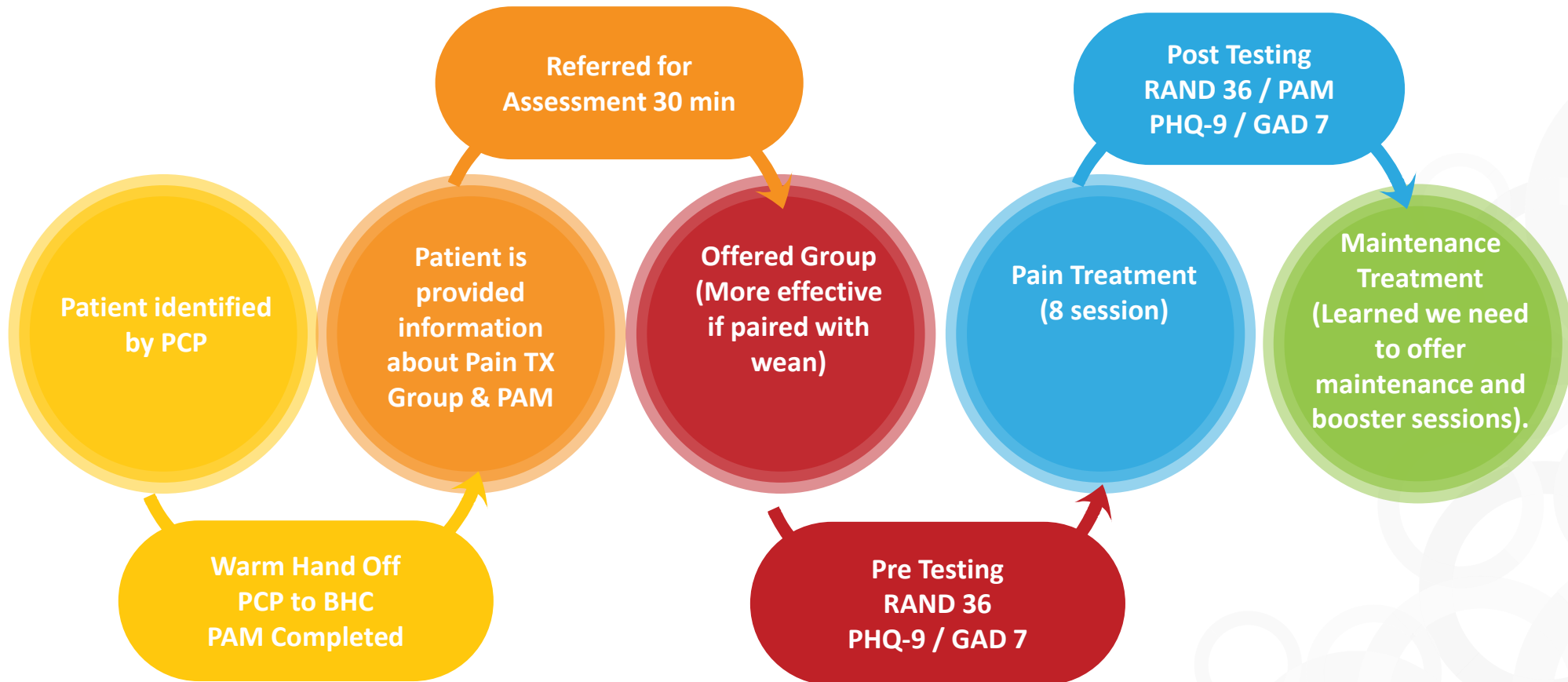
Nothing will work
unless you **do.**

-Maya Angelou

BH Pain Tx Group - Step-by-Step



MINDFULNESS PAIN TREATMENT GROUP: SCREENING AND PRE/POST TESTING



What is Mindfulness?



The *awareness* that arises when we *attend to the present moment*, **nonjudgmentally**.



Noticing - moment by moment - what is happening within and around us.




The **experience** may be pleasant or unpleasant, mundane or exotic, internal or external.



It is our capacity to **hold** and **discern** any sensation, thought, or emotion as it is - without judging it as good or bad, desirable or not.



Associated Attitudes

- 
1. Nonjudgment
 2. Beginner's Mind
 3. Acceptance
 4. Trust
 5. Letting Go
 6. Patience
 7. Non-Striving
 8. Gratitude
 9. Generosity

Mindfulness and Chronic Pain



- Emotions play a pivotal part in the pain experienced by patients
 - Life events impact what pain feels like at any given point in time
 - Nerve inflammation can change in response to emotions
 - Medications do not work as well for patients when emotional states are persistently negative
- Life trauma & pain
 - Difficult life experiences create chronic stress and body memories

Mindfulness and Chronic Pain

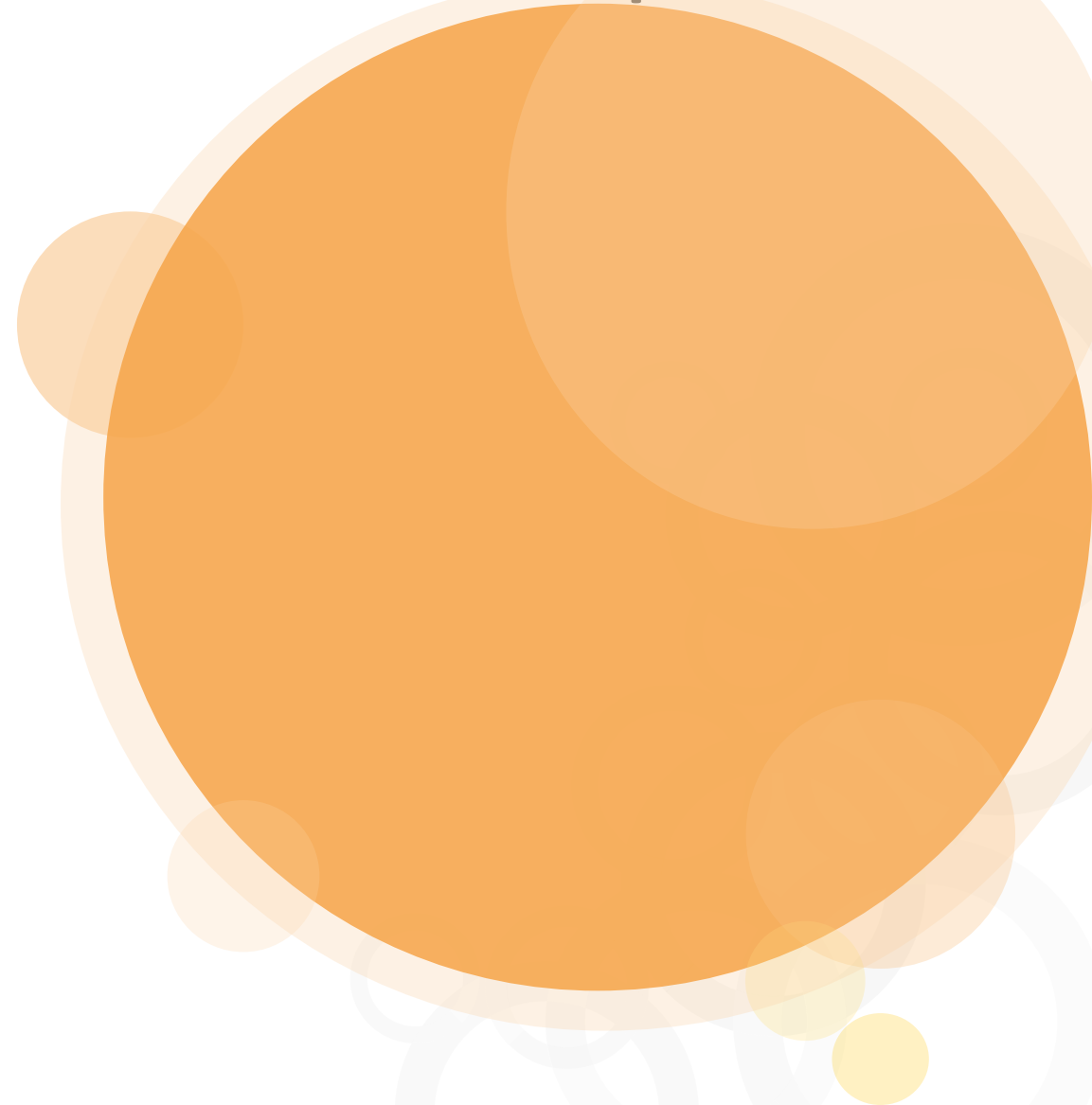


- Genetics & pain
 - Some cope with stressors better than others
 - Responses to pain/psychotropic medications differ
- The Mind-Body Connection
 - Both are constantly undergoing chemical reactions
 - Changing thoughts can change neuro-chemical reactions
 - Resistance to pain (mind work), and the suffering experienced can be (body work)

General Outline of Pain Tx Group



1. Turn in **homework** & touch base on previous week
2. Watch a new “Attitude of Mindfulness” video clip
3. Explain new mindful activity
 - Participants practice during group
4. Meditation
 - Participants practice
5. New skills learned become practice material for the coming week



Modalities and Tools



- ❖ Before/After Drawings
- ❖ Body Scan
- ❖ Journaling
- ❖ Walking Meditation
- ❖ Mandala Coloring
- ❖ Letter Writing
- ❖ Chair Yoga
- ❖ Compassionate Breathing
- ❖ Laterality Proprioception Activities
**PT Guest Speaker*
- ❖ Mindful Eating
- ❖ Qigong
- ❖ Living Kindness Meditation
- ❖ Inspirational River Rocks

“Letter from LOVE”

This letter will be written to yourself from an all knowing and all good source. It should reflect the nurturance, support and validation that you have wanted and needed to hear from a being that 100% loves you. It should focus on your strengths, assets and goodness. This will be a challenge for some...the more honest and sincere that you make this letter, the more benefit you will receive from the work that will come with it in subsequent sessions.

Dear _____,

Sincerely,



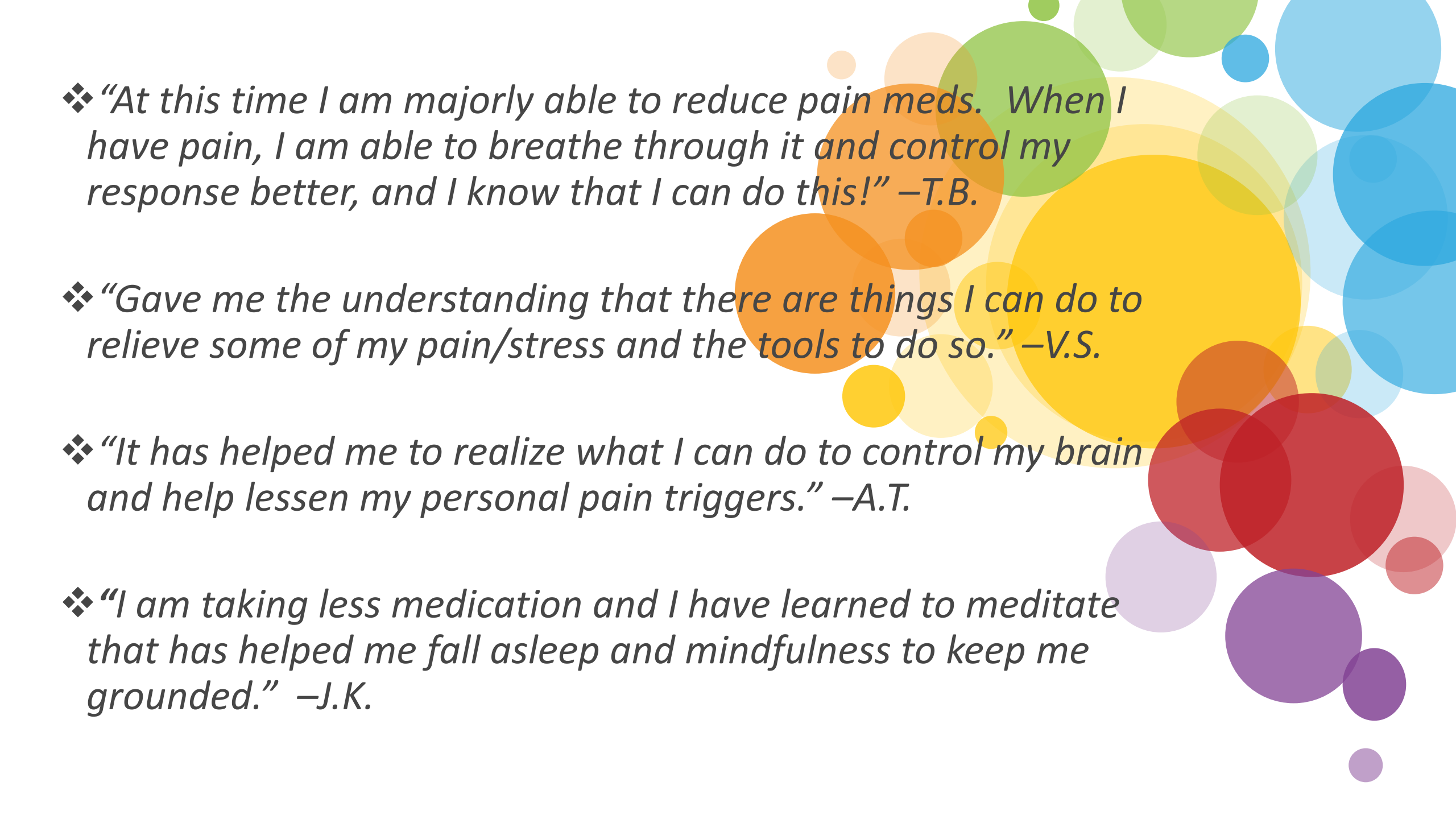
Patient Comments-

❖ *“Group reminded me to not judge my days, pain, others, and ability to function; being grateful for what is, and what I have.” –C.S.*

❖ *“The socialization has been so good for me. Wonderful, lovely people. I have learned a lot of techniques for helping alleviate anxiety. I feel like I am getting the help I have needed for a long time.” –J.K.*

❖ *“Thank you for giving me the power to change.” –T.B.*

❖ *“It has given me skills to practice day to day, that not only help my pain but help me become a better person. It has also helped me be brave enough to look for additional methods of treatment.” –T.J.*



❖ *“At this time I am majorly able to reduce pain meds. When I have pain, I am able to breathe through it and control my response better, and I know that I can do this!” –T.B.*

❖ *“Gave me the understanding that there are things I can do to relieve some of my pain/stress and the tools to do so.” –V.S.*

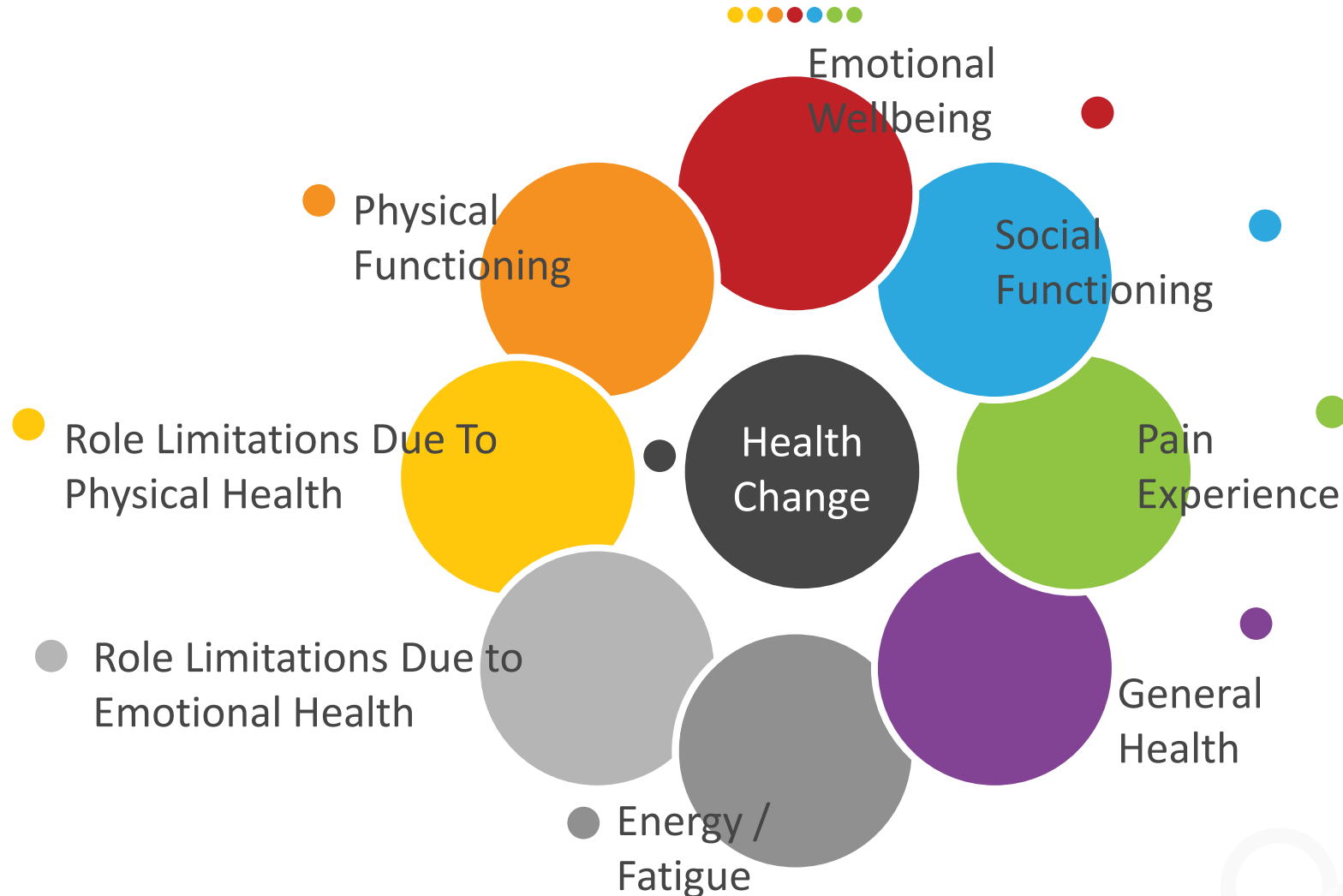
❖ *“It has helped me to realize what I can do to control my brain and help lessen my personal pain triggers.” –A.T.*

❖ *“I am taking less medication and I have learned to meditate that has helped me fall asleep and mindfulness to keep me grounded.” –J.K.*

Pain Tx Group – Pre & Post Testing

31

RAND 36 – INCLUDES SEVERAL IMPORTANT SUBSCALES



RAND 36 PATIENT TESTING



PRE AND POST TESTING FROM 2017 ACROSS ALL TREATMENT GROUPS

RAND 36 Subscales	Pre:	Post:	Percent Improvement
Physical Functioning:	33.64%	44.09%	10.45%
Role Limits due to Physical Health:	2.27%	31.82%	29.55%
Role Limits due to Emotional Problems:	16.59%	42.36%	25.77%
Energy/Fatigue:	23.41%	40.68%	17.27%
Emotional Wellbeing:	43.45%	63.45%	20.00%
Social Functioning:	33.73%	53.59%	19.86%
Pain:	25.27%	42.64%	17.36%
General Health:	31.59%	42.73%	11.14%
Health Change:	40.91%	54.55%	13.64%

LESSONS FROM PAIN GROUP



Group needed high level of structure and homework increased success.



Pre-group meeting helped solidify participation



Physical therapy guest speaker was key to increased success.



Maintenance therapy increased success but not enough resources for a maintenance group.



Patients who faded out usually experienced some degree of mTBI or neurocognitive changes.

LESSONS FROM PAIN PROJECT:

- Time consuming.
- Can only occur in a team based model.
- If we build it they will come (or not).
- Be comfortable being uncomfortable.
- Saves \$ but not reimbursed fairly inside primary care.
- Should we have *mandatory pain school*?
- Barriers to change: Misalignment of incentives.
- High team burnout/compassion fatigue with this population.



Analysis as to why some patients fail tradition therapy or Pain Tx Group:

- Pain and non-pain patients:
 - Express concern about memory and cognition
 - Is it depression, anxiety, dementia, post concussion, sleep problems, etc.???



New Fellowship Capstone



- ✓ Identify those with cognitive impairment.
- ✓ Move beyond screening tools like SLUMS and MMSE.
- ✓ Allows team to provide neurocognitive testing to Medicaid patients.
- ✓ Differentiate patients who need comprehensive testing from those who don't.
- ✓ Provide treatment/options to aid or improve functioning.
- ✓ Increase provider knowledge with standardized testing, improve diagnostics.

RBANS

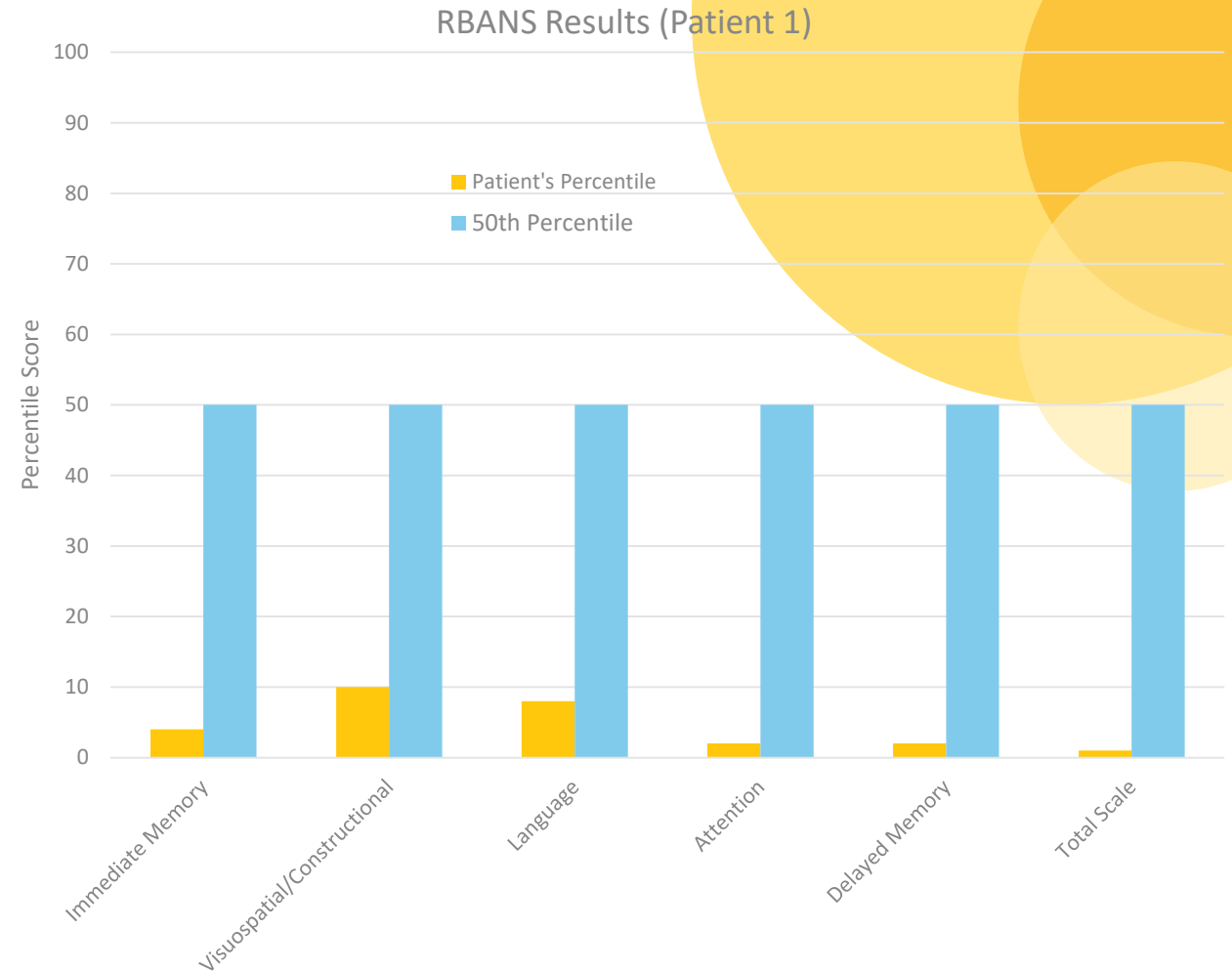
Repeatable Battery for the Assessment of Neuropsychological Status

- ✓ Individually administered / Brief (20 min)
- ✓ Alternate forms controls for practice effect
- ✓ Domains of cognitive function
 - ✓ Attention
 - ✓ Language
 - ✓ Immediate memory
 - ✓ Delayed memory
 - ✓ Visual-spatial/constructional
- ✓ Detect and monitor cognitive impairment.
- ✓ Completed under supervision of Neuropsychologist.



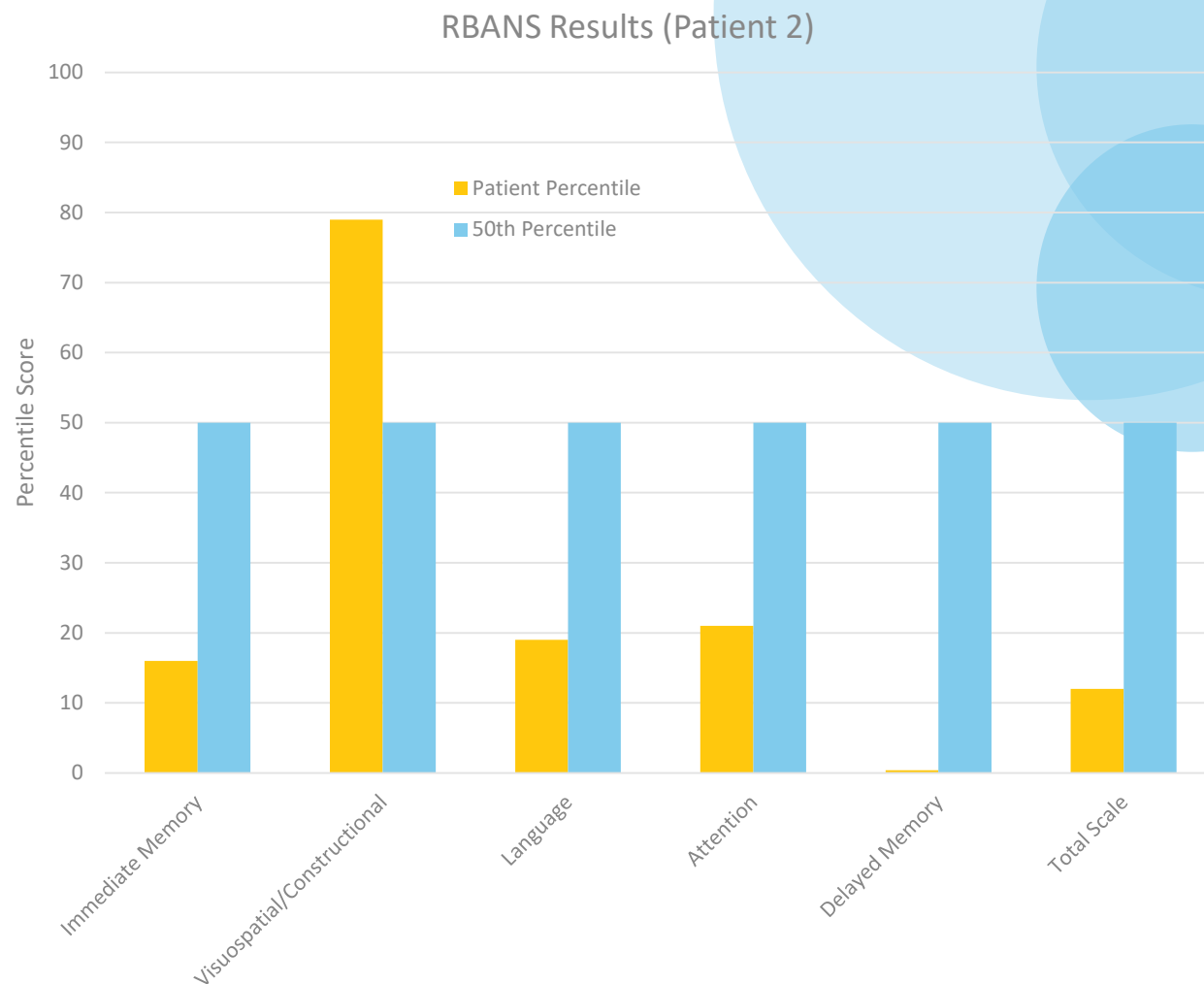
- ✓ 55 year-old female
 - ✓ Chronic pain, fibromyalgia
 - ✓ Repeated head injury on the job in 2018, registered nurse
 - ✓ Unable to work since, patient states “I am crazy, something is wrong with me.”
 - ✓ Severe mood lability, anxiety, and cognitive impairment
 - ✓ RBANS confirms significant cognitive impairment
 - ✓ Explains memory difficulties and frustration with feeling she is not herself.
 - ✓ Disability Advocacy
 - ✓ Therapy to focus on acceptance
 - ✓ Possible referral to cognitive rehab

Vignette #1

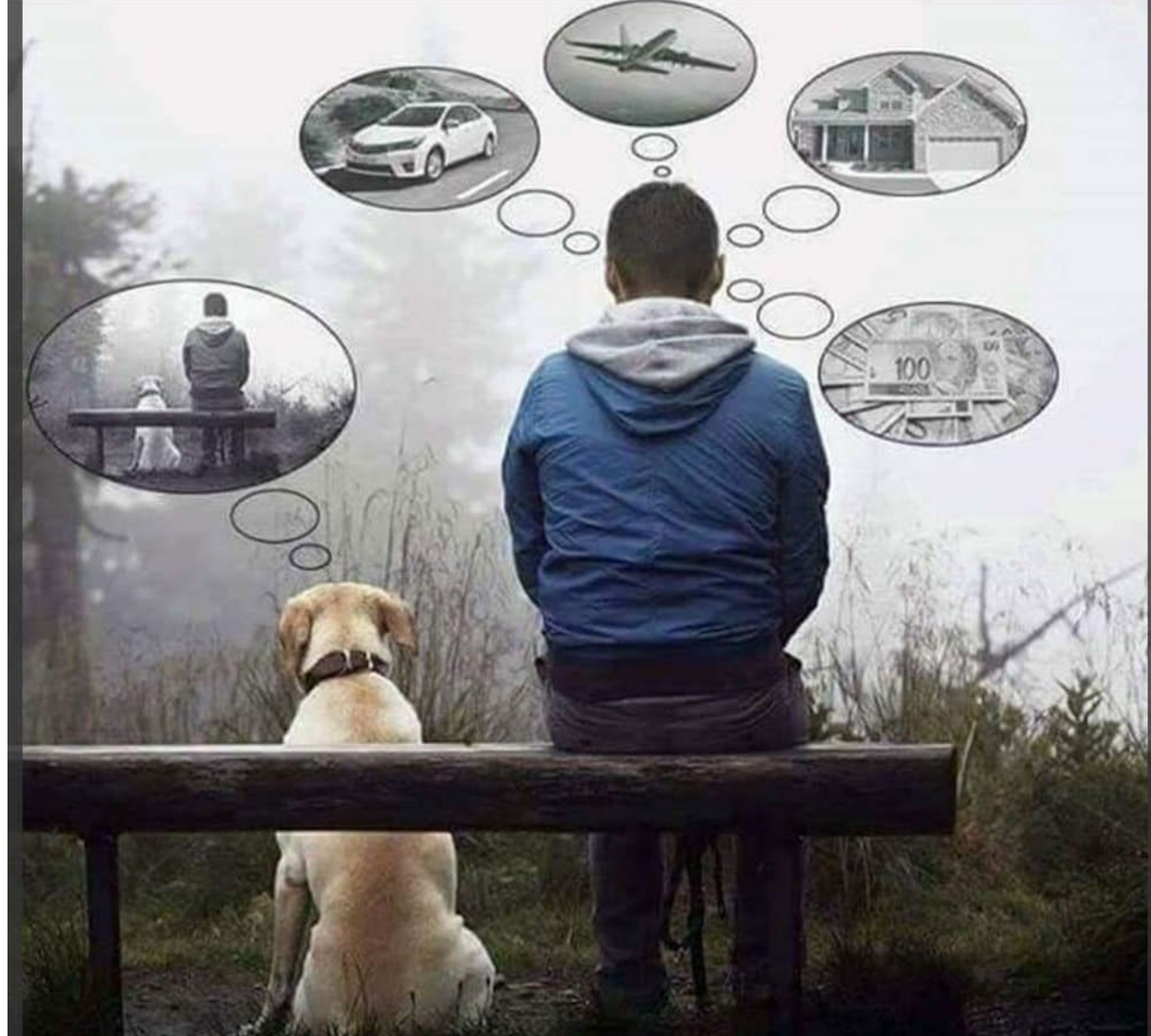


- ✓ 27 year-old male
 - ✓ Re-starting college, already has two years
 - ✓ Significant ETOH abuse
 - ✓ Repeated concussions while intoxicated and black outs
 - ✓ Significant MVA in 2011
 - ✓ Trouble concentrating and retaining information
 - ✓ Identified significant impairment in delayed memory
 - ✓ Medication for attention- then retest
 - ✓ Advocate for accommodations at college
 - ✓ Possible referral cognitive rehab
 - ✓ Alcohol Tx

Vignette #2



This is why the dog is happier!



Questions



THANK YOU
(Tool Kit Slides
Attached)



Primary Care Partners:

<http://www.pcpgj.com>

Rand 36 & Calculator:

<http://rand36calculator.com/>

https://www.rand.org/health/surveys_tools/mos/36-item-short-form.html

Project ECHO:

<https://echo.unm.edu/>

TOOL KIT WEB SITES


Mindfulness Based Treatment Resources:

<https://neuronovacentre.com/>

ORT (Opioid Risk Tool)



<https://www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf>


Tool Kit: <https://colorado.pmpaware.net>

 Menu

Thomas M McCloskey ▾

RxSearch > Patient Request

 **COLORADO**
Department of
Regulatory Agencies
Division of Professions and Occupations
Powered by 
Support: 855-263-6403

 [Patient Rx Request Tutorial](#)
[Can't view the file? Get Adobe Acrobat Reader](#)
* Indicates Required Field

Patient Request

Patient Info

First Name*	Last Name*
<input type="text" value="Joe"/>	<input type="text" value="Soma"/>
<input type="checkbox"/> Partial Spelling	<input type="checkbox"/> Partial Spelling
Date of Birth*	
<input type="text" value="04/01/1990"/>	
Phone Number	
<input type="text"/>	
Social Security Number	
<input type="text"/>	

Tool Kit:

<https://painnet.net>



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Committed to Making a Difference for
Patients with Chronic Pain

PCP Registry Tool Kit

WCPG_Narcotic_Chronic_Registry [Compatibility Mode] - Excel

Tom McCloskey

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW

Clipboard Font Alignment Number Styles Cells Editing

B1 Name

	B	C	D	E	F	G	H
	Name	MRN	Age	Risk Rank	Carisoprodol	Medication Class	Medication
1							
2		1075	50		No	*Amphetamines**	Amphetamine-Dextroamphet ER 20 MG Oral Capsule
3		1063	40		No	*Narcotic Agonists**	TraMADol HCI - 50 MG Oral Tablet
4		1072	9		No	*Misc. Stimulants**	Methylphenidate HCI ER 27 MG Oral Tablet Extended
5		1072	32		No	*Benzodiazepines**	ALPRAZolam 0.25 MG Oral Tablet
6		8351				- 5710	
7		8747	36		No	*Amphetamines**	Amphetamine-Dextroamphetamine 5 MG Oral Tablet
8		1072	35		No	*Irritable Bowel Syndrome	Viberzi 75 MG Oral Tablet
9		6118	73		No	*Narcotic Agonists**	OxyCODONE HCI - 5 MG Oral Tablet
10		501					
11		7564	56		No	*Narcotic Combinations**	Oxycodone-Acetaminophen 10-325 MG Oral Tablet
12		7564	56		No	*Narcotic Agonists**	OxyCONTIN 30 MG Oral Tablet ER 12 Hour Abuse-
13		1069	62		No	*Benzodiazepines**	ALPRAZolam 0.5 MG Oral Tablet
14		6750				- 5710	
15		1069	62		No	*Narcotic Agonists**	TraMADol HCI - 50 MG Oral Tablet
16		6750					
17		1062	6		No	*Amphetamines**	Amphetamine-Dextroamphet ER 15 MG Oral Capsule
18		2931					Extended Release 24 Hour
19		9999	40		No	*Narcotic Combinations**	Hydrocodone-Acetaminophen 5-325 MG Oral Tablet
20		1050	61		No	*Non-Barbiturate Hypnotics**	Zolpidem Tartrate 5 MG Oral Tablet
21		1069	56		No	*Non-Barbiturate Hypnotics**	Zolpidem Tartrate 10 MG Oral Tablet
22		1069	56		No	*Narcotic Combinations**	Hydrocodone-Acetaminophen 5-325 MG Oral Tablet
23		1036	62		No	*Narcotic Combinations**	Hydrocodone-Acetaminophen 7.5-325 MG Oral Tablet
24		1036	62		No	*Narcotic Agonists**	TraMADol HCI - 50 MG Oral Tablet
25		1036	53		No	*Narcotic Combinations**	Hydrocodone-Acetaminophen 5-325 MG Oral Tablet

Cummings, Victoria Hughes, Craig Hulst, Joshua Madrid, Glenn Page, Patrick Roberts, I ...

READY COUNT: 321 100%

You can have data without information, but you cannot have information without data.

-Daniel Keys Moran

TOOL: MEDD Calculator embedded in EMR

The screenshot displays an EMR interface with a patient's medication list and an embedded Opioid Dose Calculator. The patient's name is Allscripts, Dad M. The calculator is used to determine the total morphine equivalents per day based on the patient's current medications.

Medications:

- Endocet 10-325 MG Oral Tablet; TAKE 1 TABLET 4 TIMES PAIN; Therapy: 16Nov2017 to (Evaluate:11Dec2017); Last Rx:16Nov2017
- FentaNYL 25 MCG/HR Transdermal Patch 72 Hour; APPLY Therapy: 16Nov2017 to (Evaluate:17Dec2017); Last Rx:16Nov2017
- Oxycodone HCl ER 40 MG Oral Tablet ER 12 Hour Abuse EVERY 12 HOURS; Therapy: 16Nov2017 to (Evaluate:16Dec2017); Status: ACTIVE

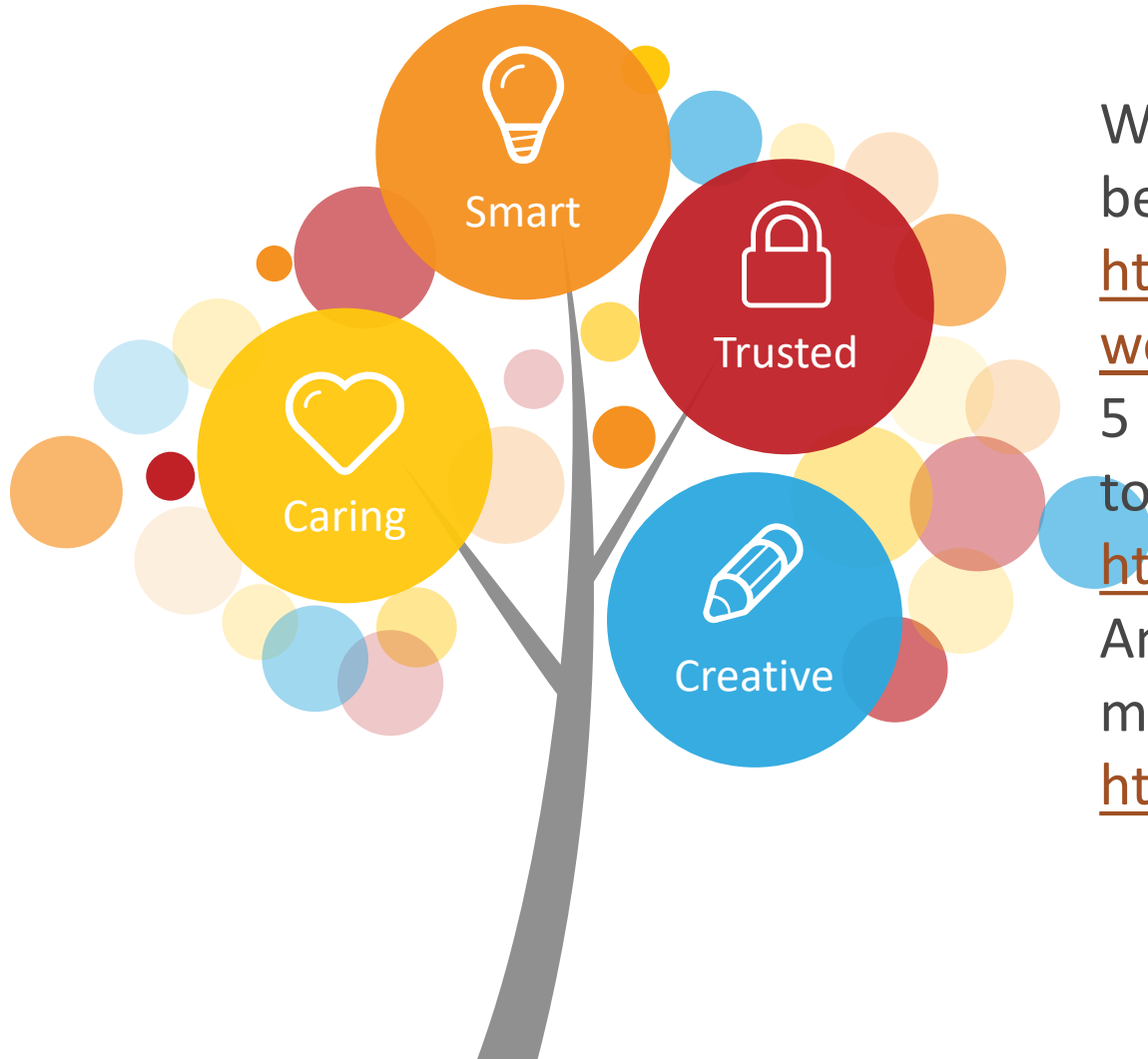
Opioid Dose Calculator:

Instructions: Fill in the mg per day* for whichever opioids your patient is taking. The web page will automatically calculate the total morphine equivalents per day.

Opioid (oral or transdermal):	mg per day:*	Morphine equivalents:
Codeine		0
Fentanyl transdermal (in mcg/hr)	25	60
Hydrocodone		0
Hydromorphone		0
Methadone†		0
Morphine		0
Oxycodone	120	180
Oxymorphone		0
Tapentadol		0
Tramadol		0
Total		240

User: tmcloskey Site: Primary Care Partners Enc Date: 16 Nov 2017 04:43 PM Enc Type: AUDIT

Physical Therapy Tool Kit



Work book that can be used as a resource for pts before/during PT:

<http://www.greglehman.ca/pain-science-workbooks/>

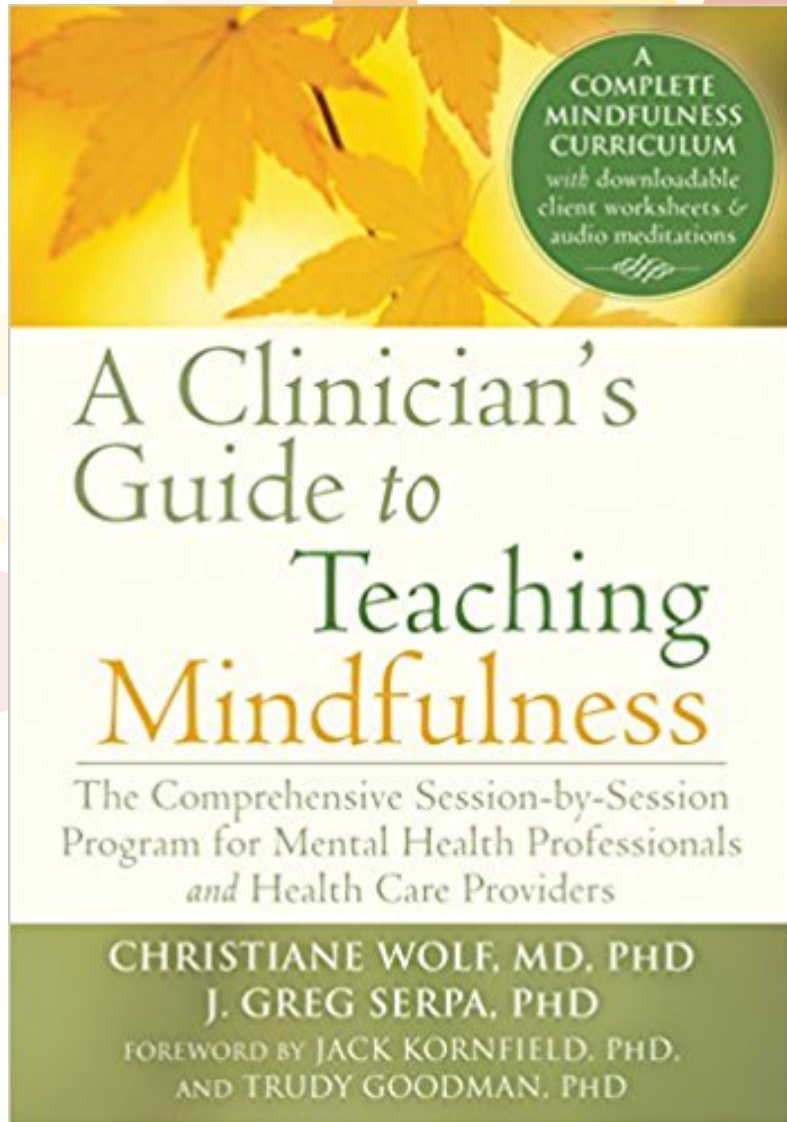
5 min video explaining pain to pts, may be helpful to watch prior to PT:

https://www.youtube.com/watch?v=C_3phB93rvI

Another entertaining video on explaining pain, more complex/longer:

<https://www.youtube.com/watch?v=gwd-wLdIHjs>

Curriculum Tools



Additional Tools Available From Presenters:

- Controlled Substance Abuse Agreement
- Opioid Risk Tool (ORT)
- Pain Treatment Workbook
- Pain Treatment ACT Curriculum
- Registry Spread Sheet

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



Join us next year in Philadelphia, Pennsylvania! Thank you!