Changing the Trajectory of Pain in Primary Care

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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.


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 of Treatment for Chronic Pain in Primary Care
Excellence is a continuous process and not an accident.
-A. P. J. Abdul Kalam

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
Our Drivers

IMPACT ON EXISTING RESOURCES

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

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

03 AWARENESS OF THE OPIOID CRISIS

Described by numerous organizations including CDC, AAPF, AMA, APA, etc.
The nation’s drug epidemic kills someone in Colorado about every 9 hours and 36 minutes. The leading cause: prescription and illicit opioids.

Our Mission

Make A Difference

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Overdose Deaths in Mesa County, 2012-2018

- 2012: 29 deaths
- 2013: 20 deaths
- 2014: 19 deaths
- 2015: 40 deaths
- 2016: 28 deaths
- 2017: 44 deaths
- 2018: 21 deaths

Opioid-Related Hospitalizations, 2017

- Mesa County: 34.2 per 100,000
- Colorado: 19.2 per 100,000

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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

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

- 2014: Mesa County (906.1), Colorado (754.2)
- 2015: Mesa County (1027), Colorado (795.7)
- 2016: Mesa County (973.4), Colorado (765.4)
- 2017: Mesa County (857), Colorado (671.3)
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

Included:

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

PARTICPATED IN PROJECT ECHO

Tool kit includes website

Our Path

Sharing our trail...
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

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

SIM PROJECT:
✓ Chronic Pain – Behavioral Health Screening and Integration
✓ Launched Integrated Clinical Fellowship

TRIAGE RESPONSIBILITIES:
✓ Calculated MEDD
✓ Alert PCP for MEDD >100
✓ Remind PCP of resources
✓ Quarterly visits if MEDD >50
✓ PDMP monitoring
✓ Random UA monitoring
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
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
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)

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

**STEP 1**
Initiate Care
Focus on “function” versus “pain”

**STEP 2**
Provide pain education
Emphasize the role movement has in decreasing pain.

**STEP 3**
Empower patient to be a partner in care

**STEP 4**
Create appropriate home exercise program

**STEP 5**
Set Functional Goals with patient

**STEP 6**
Collaborate with PCP, Care Coordinators, and BHC

Provide pain education
Emphasize the role movement has in decreasing pain.
Empower patient to be a partner in care
Create appropriate home exercise program
Set Functional Goals with patient
Collaborate with PCP, Care Coordinators, and BHC
Nothing will work unless you do.

-Maya Angelou
BH Pain Tx Group - Step-by-Step

MINDFULNESS PAIN TREATMENT GROUP: SCREENING AND PRE/POST TESTING

- Patient identified by PCP
- Warm Hand Off PCP to BHC PAM Completed
- Patient is provided information about Pain TX Group & PAM
- Offered Group (More effective if paired with wean)
- Pre Testing RAND 36 PHQ-9 / GAD 7
- Pain Treatment (8 session)
- Post Testing RAND 36 / PAM PHQ-9 / GAD 7
- Maintenance Treatment (Learned we need to offer maintenance and booster sessions).
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
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

RAND 36 – INCLUDES SEVERAL IMPORTANT SUBSCALES

- Physical Functioning
- Role Limitations Due To Physical Health
- Role Limitations Due to Emotional Health
- Energy / Fatigue
- Emotional Wellbeing
- Social Functioning
- Pain Experience
- General Health
- Health Change
## RAND 36 PATIENT TESTING

### PRE AND POST TESTING FROM 2017 ACROSS ALL TREATMENT GROUPS

<table>
<thead>
<tr>
<th>RAND 36 Subscales</th>
<th>Pre:</th>
<th>Post:</th>
<th>Percent Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Functioning:</td>
<td>33.64%</td>
<td>44.09%</td>
<td>10.45%</td>
</tr>
<tr>
<td>Role Limits due to Physical Health:</td>
<td>2.27%</td>
<td>31.82%</td>
<td>29.55%</td>
</tr>
<tr>
<td>Role Limits due to Emotional Problems:</td>
<td>16.59%</td>
<td>42.36%</td>
<td>25.77%</td>
</tr>
<tr>
<td>Energy/Fatigue:</td>
<td>23.41%</td>
<td>40.68%</td>
<td>17.27%</td>
</tr>
<tr>
<td>Emotional Wellbeing:</td>
<td>43.45%</td>
<td>63.45%</td>
<td>20.00%</td>
</tr>
<tr>
<td>Social Functioning:</td>
<td>33.73%</td>
<td>53.59%</td>
<td>19.86%</td>
</tr>
<tr>
<td>Pain:</td>
<td>25.27%</td>
<td>42.64%</td>
<td>17.36%</td>
</tr>
<tr>
<td>General Health:</td>
<td>31.59%</td>
<td>42.73%</td>
<td>11.14%</td>
</tr>
<tr>
<td>Health Change:</td>
<td>40.91%</td>
<td>54.55%</td>
<td>13.64%</td>
</tr>
</tbody>
</table>
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.
Vignette #1

- 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

![RBANS Results (Patient 1)](chart)

- **Patient’s Percentile**: 50th Percentile
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

RBANS Results (Patient 2)
This is why the dog is happier!
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/

Mindfulness Based Treatment Resources:  
https://neuronovacentre.com/

ORT (Opioid Risk Tool)  
Tool Kit: https://colorado.pmpaware.net
Tool Kit: https://painnet.net

Committed to Making a Difference for Patients with Chronic Pain
You can have data without information, but you cannot have information without data.

- Daniel Keys Moran
TOOL: MEDD Calculator embedded in EMR
Physical Therapy Tool Kit

Work book that can be used as a resource for pts before/during PT:
http://www.gregexelman.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!