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Jackson County Oregon
Population 206,412

(Jackson County averages over 250,000 opioid prescriptions per year)
Overdose Deaths 2004-2011 Jackson County Oregon

246 total
141 Accidental
61 Suicide
44 Undetermined
The pain is the same….it’s the cause that is different:  Tissue Damage versus over-sensitized brain activity.
Primary Care Treatment “Menu”

Reduction in Pain Intensity NRS

- Physical fitness: 30-60%
- CBT/Mindfulness: 30-50%
- Sleep restoration: 30-40%
- Opioids: ≤ 30%
- Tricyclics: ≤ 30%
- Antiepileptics: ≤ 30%
- Acupuncture: ≥ 10+%
Expectation (75%) vs Reality (30%)

Patient Expectation

Medical Reality

Dose Escalation with Opioid Use

- Withdrawal & Increased Pain
- Opioid Induced Hyperalgesia
- Tolerance
As the dose increases, so does mortality
Mortality risk compared to Morphine Equivalent Dose (MED)

As the dose increases, so does mortality. Mortality risk compared to Morphine Equivalent Dose (MED). 9-fold increase in risk relative to low-dose patients. ** Significant increment in risk p<0.05

* Dunn et al., Annals Int Med, 2010
The 3 legged stool for community engagement: The 3 Ps

- **Prescribers** (Health Professionals): Need to learn about current best practices concerning the treatment of Chronic Complex Non-Cancer Pain (CCNP)
- **Patients**: Need behavioral and other supports to learn to manage their chronic pain without reliance on opioids
- **Public**: Need to understand the changes in scientific understanding of pain management so they can support their loved ones. Need to learn about naloxone.
Prescribers
Prescribers

The abundance of prescription opioids is the result of prescriptions!
If we don’t solve this problem as a community, we are only passing it on to the next provider.
Oregon Pain Guidance
(formerly Opioid Prescribers Group)

Attendees: Physicians, Mid-level providers, Nurses, Substance Abuse Counselors, CCOs, Therapists, Pharmacists, Medical specialty (Pain Medicine, ED), Dental, Community Justice Partners
Oregon Pain Guidance (OPG)

- Started as a public health initiative to reduce opioid overdoses by addressing the problem at its core: medical providers

- OPG evolution:
  Brainstormed >
  Created guidelines >
  Worked toward guideline acceptance

- Steering Committee:
  Laura Heesacker,
  Anne Alftine, John Kolsbun,
  And others
OPG Guidelines for the Treatment of Chronic Non-Cancer Pain

- **Assess prior to prescribing!**
- **Encourage non opioid treatments. They really work.**
- **Measure functional improvement.**
- **Learn how to compassionately say “No.”**
- **Keep MED below 120, and methadone below 40 mg.**
- **Assess for aberrant behaviors (UDS, PDMP, pill counts, call backs)**
- **Don’t combine benzodiazepines and opioids**
- **Collaborate with community partners**
Agreement with MED < 120 Standard Among Chronic Opioid Prescribers

(analysis of 112 JaCo and JoCo prescribers: OPG survey)
We do need to provide compassionate care to those with certain painful conditions.

Opioids have a role to play:
- In the treatment of acute and post surgical pain
- In cancer and other deteriorating painful conditions
- In some chronic conditions, when utilized at safe doses
WWW.OREGONPAINGUIDANCE.ORG

- Provider resources
- Patient resources
- Public resources
- Supported by Medicaid insurance plans and Public Health
- Please link us to your websites
Pilot Project

- June 2013 Pilot Project funded by JCC (with support from AllCare and Primary Health)

- Goal: to learn how to assist clinics in adopting the OPG guidelines
Pilot Project

- We vetted clinics based on committed leadership, infrastructure, and patient volume.
- We brought expertise, primarily behavioral health, directly to the clinic sites.
- 2 clinics:
  - Providence system primary care clinic
  - FQHC with 2 sites
- Laura Heesacker LCSW key to success
Challenges

- Variation in staff perception of the “problem”
- EMR
- Need for behavioral health consultants both for the providers and the patients

Successes

- Providers: attending OPG, attending pain conferences, checking the PDMP, performing UDS’s
- Created “toolkit” for clinics
- Integration of BH into clinic systems
- Change in practice style
Next steps: Pilot “light”

- Behavioral Health assisting providers with problems “as needed.”
- All Staff presentations: Medical and behavioral education
- Provide clinics with the “toolbox”
Partnering with PDMP

• Shared Federal Grant
• Encourage local prescriber sign up
• Serve as a test site for PDMP improvements
4th Annual Pain Conference
May 29th and 30th, Smullin Center, Medford OR

http://cmetracker.net/ASANTE/
Patients
120 MED policy

• Both CCOs are asking local prescribers to adhere to the 120 MED ceiling
• Work with providers towards a safe taper strategy
Creation of a new support clinic

- Educational, behavioral, physical, and peer support for patients tapering down/off of opioids
- No prescribing at this facility
- Thorough patient evaluation and collaboration with primary medical home
- Initial support from the local CCOs with a sustainable business model for the future
- Weekly planning meetings since the spring
- Partnering with PH, MH, and the provider community
- Mark Altenhofen key to success
Public
Education Strategies

- KOBI TV spots
- Sample: https://www.youtube.com/watch?v=1qGpqC57DEA
Public Education

- Community Forum: First annual September 16, 2014
- Next one, May 28th 2015 in Medford

MOVING THROUGH CHRONIC PAIN: A Community Response

September 16th, 3:30-7:30 p.m.
Smullin Center Auditorium
Rogue Regional Medical Center
2825 E Barnett Road, Medford

Join us for a health fair and to learn about chronic pain, pain medication and complementary therapies.
• Presentations from alternative health practitioners and members of the Opioid Prescribers Group
• Shared personal stories from local community members
• Free dinner and refreshments

Sponsored by:
Interdisciplinary Action Committee: IDAC

- Collaboration between community justice and the medical community

- Participants:
  - District Attorney
  - Sheriff and police
  - Drug Court Judge and Court Administrator
  - Other local law enforcement
  - Substance Abuse
  - Parole and probation

- Dr. Anne Alftine (Dir. Clinical Dev. JCC) key to success
IDAC successes

- Participation at the OPG
- Participation at our annual pain conference
- Provider contact when their prescription is involved in a criminal act
- Mutual education
- Naloxone in MPD patrol cars
Naloxone
Thanks to our CCOs for supporting this work

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