



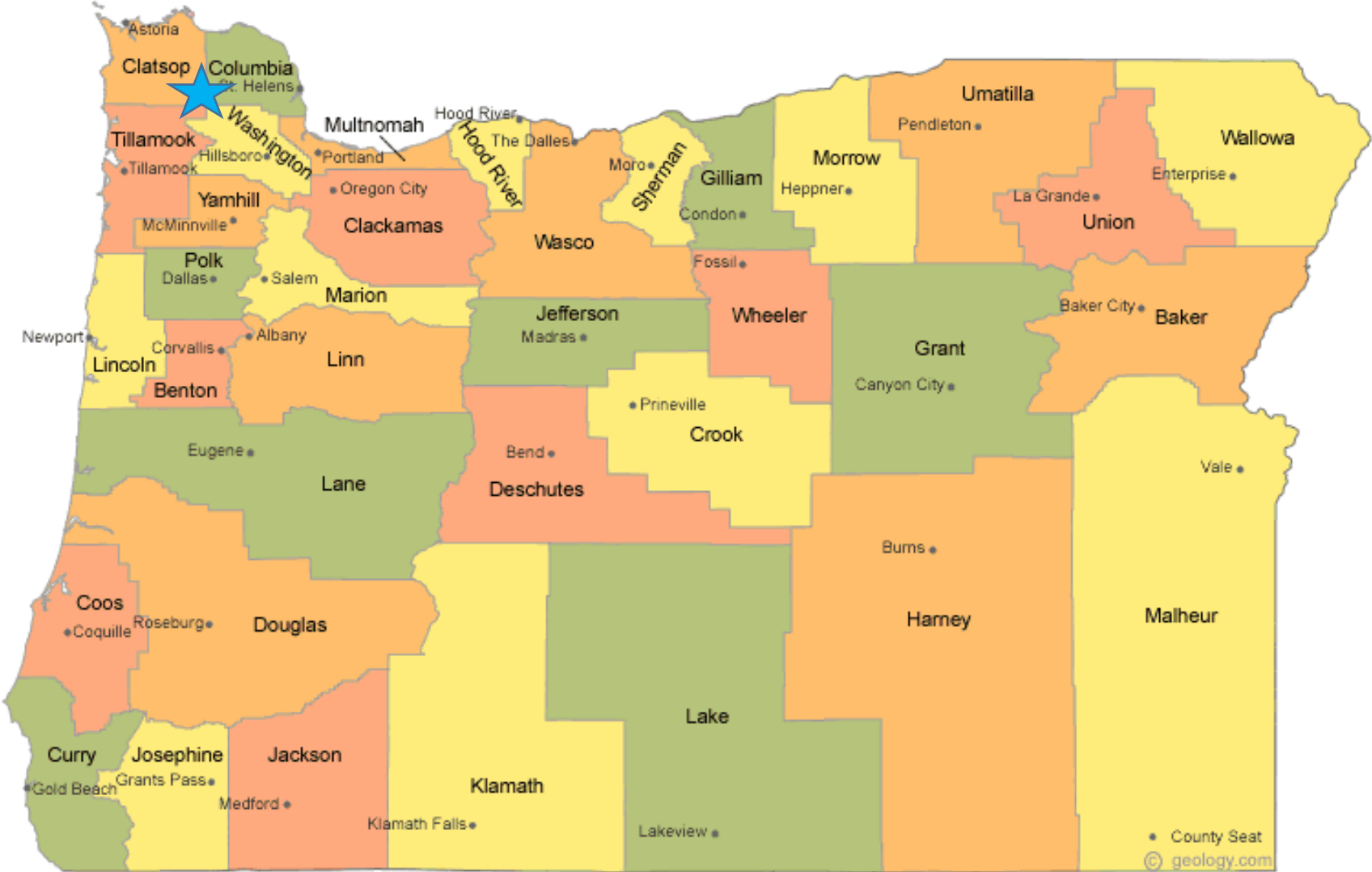
An Alternative Pain Treatment Model

Claire Ranit

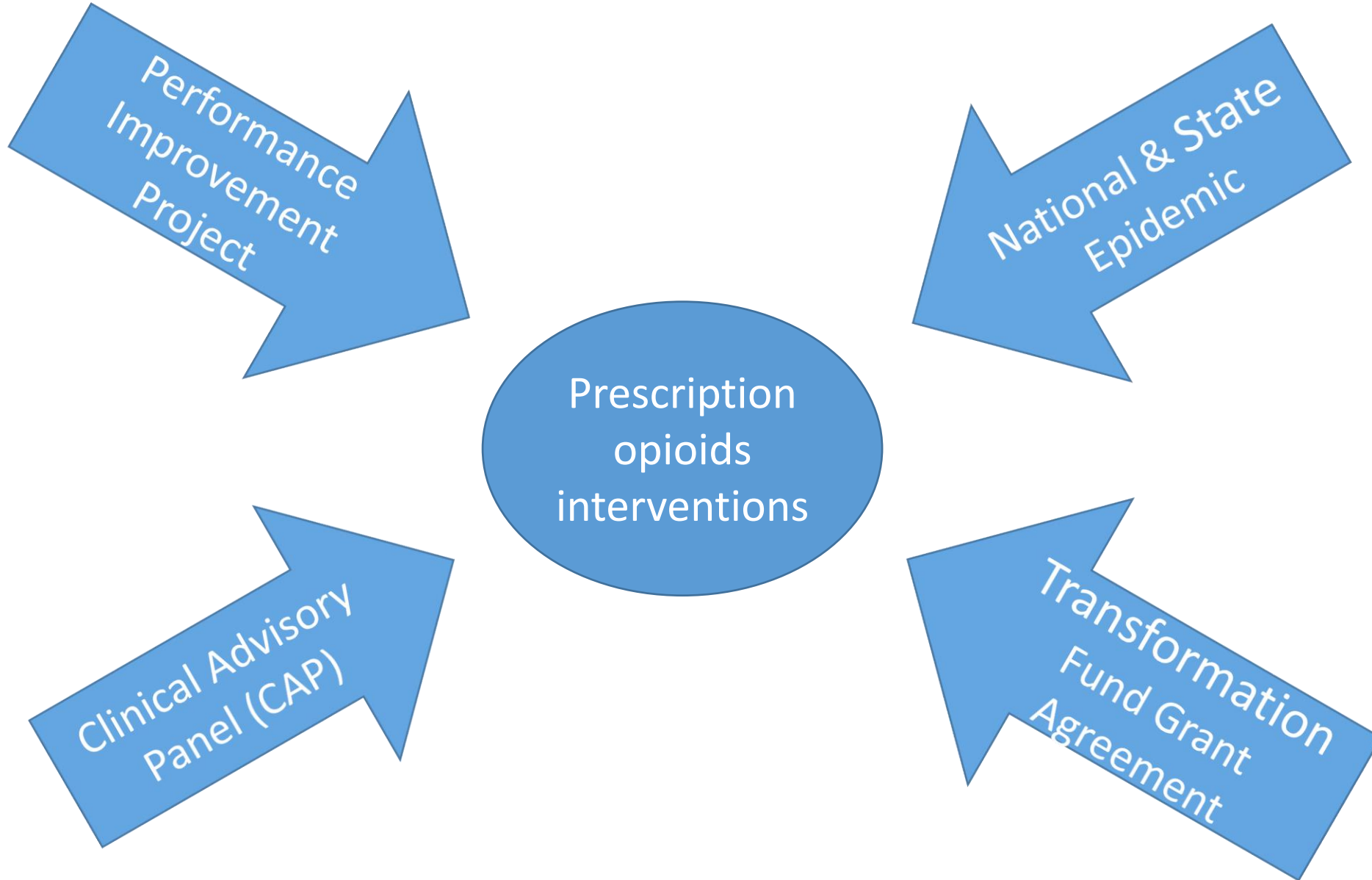
Transformation Specialist

November 2015

Columbia Pacific CCO



Why the focus on opioids?



How did it start?

- Alignment between CAP and CPCCO
- Purchased curriculum from Mid Valley Pain Clinic of Salem Psychiatric Associates
- Partnered with Clatsop Behavioral Health
- Contracted with pain specialist
- Transformation Specialist to project manage
- First 6 months of startup and operations costs funded by CPCCO Transformation Dollars

Why a behavioral based intervention?

- The experience of pain:
 - Acute episode
 - Persistent/chronic
 - Malignant, cancer and terminal
- Adverse experiences and trauma
- Pain Australia “Understanding Pain” video
<http://www.painaustralia.org.au/consumers/videos.html>

Persistent Pain Treatment Model

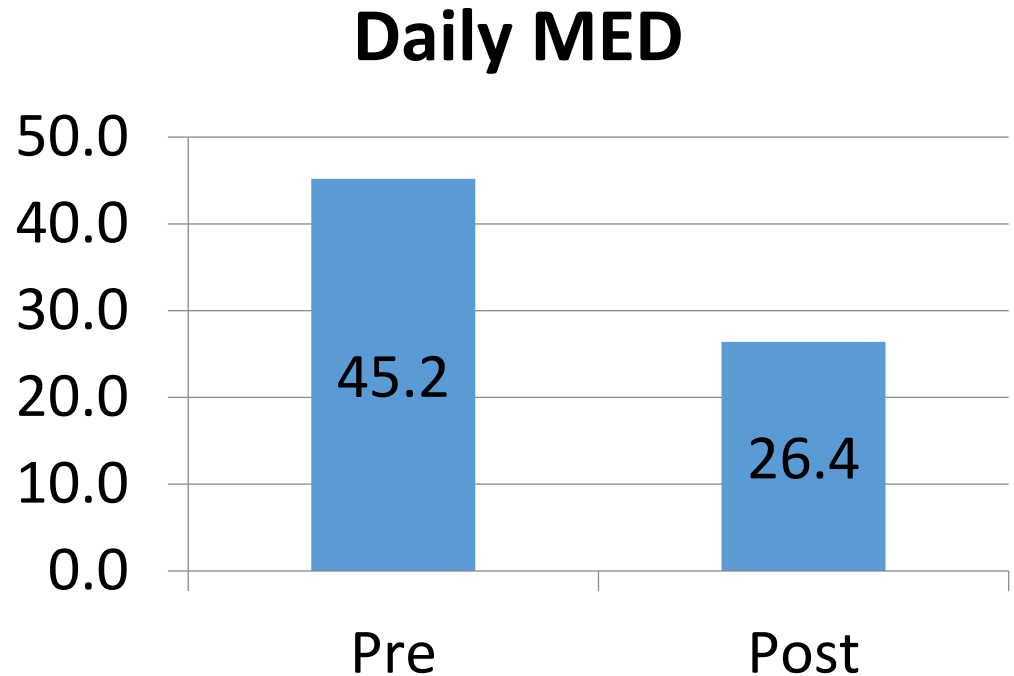
- Each session:
 - Commitment Acceptance Therapy (CAT)
 - Specialized, pain sensitive yoga movements
 - Biopsychosocial aspect of pain on 4th grade reading level
- Reimbursed on per member per month/per week/per day model
- Patients referred by primary care provider
- Attend orientation
- 1:1 clinical assessment
- 10 week, cohort group based treatment
- Non-prescribing
- 3 hour sessions once per week

Outcomes to Date

- PHQ-9, Pain Self Efficacy, Fear of Movement, and Oswestry Disability Index pre and post treatment
- Of the 52 CPCCO insured graduates to date:
 - PHQ-9: Average decrease of 5.7 points
 - Pain Self Efficacy: Average increase of 11.2 points
 - Fear of Movement: Average decrease was 3.3 points
 - Oswestry Disability Index: Average decrease of 8.6%

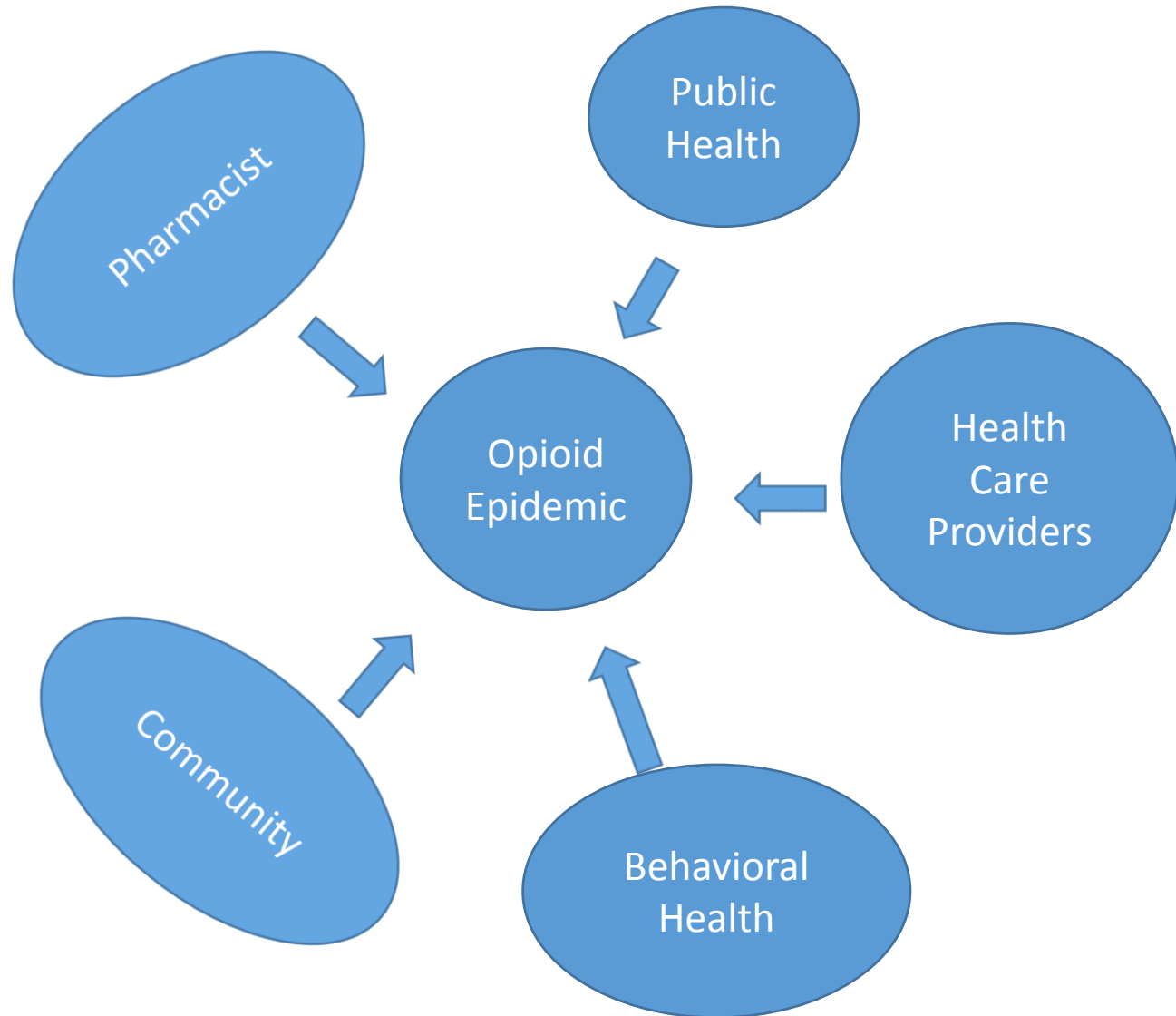
Outcomes to Date Continued...

- Daily morphine equivalent dose (MED) of 120mg
- Average pre daily MED = 45.2
- Average post daily MED = 26.4



Major Learnings

- Community buy-in, early on, is vital to success
- Sensitivity to potential stigma around behavioral health and alternative based interventions
- Multi-pronged approach
- There is a need.



Bottom Line

- The evidence is clear that 120 MED daily is associated with high risk for mortality, especially in the Medicaid population, with the highest risk in those using concomitant medications. Prescribing in this way cannot continue and both patients and clinicians need support and resources to make the necessary changes happen.