Resources and Innovative Interventions in Medicaid for Managing Patient Pain

November 14, 2017
Webinar overview

- Health Evidence Review Commission low-back pain guidelines for Medicaid members: Ariel Smits, MD, MPH
- Oregon Pain Commissions’ new resources and trainings for providers: Denise Taray, RN
- Clinic-level panel on innovative pain management projects from across the state
  - Persistent pain education program in the Columbia Gorge region: Andy Roof, MPT
  - Pain management in the Patient-Centered Primary Care Home: Kevin Cuccaro, DO
  - Columbia Pacific CCO pain clinics: Leslie Ford, LCSW
The Oregon Health Plan
Coverage of Back and Neck Pain

Ariel Smits, MD, MPH
Medical Director
Health Evidence Review Commission
ariel.smits@state.or.us
Presentation Outline

• Quick review of the Oregon Health Plan

• Overview of opioid misuse in Oregon

• New back condition care benefit
  – Reduction in opioids
  – Alternative care options

• Anticipated outcomes/implementation challenges
Health Evidence Review Commission

 Formerly Health Services Commission (1989-2011)
 13 Governor-appointed, Senate-confirmed Members
  5 Physicians
  Dentist
  Public health nurse
  Behavioral health representative
  2 consumer representatives
  Complementary or Alternative Medicine provider
  Insurance industry representative
  Retail pharmacist
The Prioritized List of Health Services

- Ensure coverage for the most important services in maximizing population health while controlling costs
- Ranks all condition/treatment pairs in priority order
- Funding line determined by state Legislature and approved by CMS
  - Only conditions “above the line” receive coverage
- Guidelines help further define coverage
- Mental, physical and dental health merged
- CAM treatments available for a variety of conditions
  - Include acupuncture, chiropractic, osteopathic manipulation, naturopathic care
Prescription Opioids in Oregon: Scope of the Problem

Non-Medical Use of Prescription Opioids

- 6th in the nation in 2012-2014\(^1\)
- 212,000 Oregonians (5% of population); 9% of 18-25 year olds

Hospitalizations

- 330 hospitalizations for overdose; 4300 for opioid use disorder
- $8 million in hospitalization charges in 2014

Death Rate

- 180 deaths (4.5 per 100,000 residents) for pharmaceutical opioid overdose in 2015

Source: National Survey on Drug Use Health (NSDUH)\(^1\), Oregon Health Analytics Hospital Discharge Dataset\(^2\), Oregon Vital Records: Death Certificates\(^3\)
Opioids & Back Pain: Scope of the Problem in Oregon

Oregon’s opioid epidemic

~50,000 Medicaid patients w/ back pain diagnoses

~30,000 of those w/ back pain pain received an opioid prescription

Average of 148 opioid prescription days for those with back pain

$5 million spent on opioids

Data source: CY2013 Medicaid data
Historic OHP back pain coverage (simplified)

With radiculopathy

- Medication
- Surgery
- Chiropractic
- Acupuncture
- PT/OT

Funding Line

Without radiculopathy

Theoretically no coverage w/o comorbidity rule.

Real world: Office visits, medication, including opioids
Back Line Changes Timeline

HERC Evidence Reviews 2012

Back Conditions Taskforce meetings 2014-2015

GN 60 Effective 7/1/2016

Chronic Opioid Taper Plan start 1/1/2017

FFS PA Opioid Criteria 9/2017
The New Back Care Paradigm: Medical Coverage

**Increased Coverage:**
- Cognitive Behavior Therapy
- Spinal Manipulation
- Acupuncture
- PT/OT
- Non-opioid medications
- Yoga *
- Interdisciplinary Rehab *
- Supervised exercise *
- Massage Therapy *

* If available

**Decreased Coverage:**
- Surgeries
- Opioids
- Epidural Steroid Injections
Guideline Note 56: New Treatment Pathways
(Medical Treatment Line)

**Low Risk**
- OTC meds, muscle relaxers
- 4 visits PT/OT/OMT/ Chiro/Acupuncture /massage

**High Risk**
- Office visits
- Cognitive Behavior Therapy
- Up to 30 visits PT/OT/OMT/ Chiro/Acupuncture
- OTC meds, muscle relaxers
- Limited opioids
- If available: Yoga, interdisciplinary rehab, supervised exercise, massage

**Not Recommended:**
1st line Opioid prescribing or Long Term Opioid use
Guideline Note 60: Opioid Medications (Coverage Criteria)

During the first 6 weeks after injury, flare, surgery:

- Prescription limited to 7 days, and
- Short acting opioids only, and
- First line pharmacologic therapies are tried and ineffective, and
- Treatment plan includes exercise, and
- Opioid risk assessment

Opioid use after 6 weeks, up to 90 days:

- Functional assessment – 30% improvement
- With spinal manipulation, physical therapy, yoga, or acupuncture
- Opioid risk mitigation:
  - PDMP
  - Screen for opioid use disorder
  - Urine drug test
- Prescriptions limited to 7 days and short acting only

Opioids after 90 days:

- Not Covered without new injury, flare, surgery

Transitional coverage for those on long-term opioid therapy through 1/2018:

- Taper plan
  - In place by January 2017
  - Include nonpharmacologic treatment strategies
Anticipated Outcomes

• Reduced opioid use for back conditions
  – Improved public health: fewer ER visits, overdoses, deaths

• Improved outcomes for patients
  – Reduced pain and better function
  – Access to evidence-based effective care
  – Reduced harms from opioids and ineffective surgery

• Better educated medical workforce
  – Evidence based assessments and tools
  – Improved knowledge of best practices

• Ultimately, reduced costs through paying only for effective care
2015-2017 Oregon Opioid Prescribing: Decreased by 21%

Q2 2015: 232 opioid prescriptions per 1,000 residents

Q2 2017: 187 opioid prescriptions per 1,000 residents

Source: Oregon Prescription Drug Monitoring Program healthoregon.org/opioids Data dashboard
Implementation Challenges

- Workforce
- Payment challenges (e.g. yoga)
- Education of providers, patients, public
- Dissemination of evidence based tools
- Controls on narcotic prescriptions (FFS v CCOs)
- Ability to taper chronic opioid patients
- Availability of treatment for patients with opioid use disorder
www.oregon.gov/OHA/HERC

Health Evidence Review Commission
HERC.Info@state.or.us
Resources and Training for Managing Patient Pain

Oregon Pain Management Commission
Denise Taray, RN

- 17 voting members, 2 legislative members

- MDs
- Physician Assistant
- Nurses
- Nurse Practitioner
- Naturopathic Physician
- Chiropractic Physician
- Acupuncturist
- Pharmacist
- Psychologist
- Dentist

- Addiction Counseling
- Physical Therapist
- Occupational Therapist
- Health Care Consumers
- Patient Advocates
- Public Representative
- Legislative Members
  - Senate
  - House
The Oregon Pain Management (OPMC) Role:

- Develop a pain management educational program for required completion by health care professionals.

- Recommend curriculum to health care educational institutions.

- Represent patient concerns to the Governor and Legislature.

- Improve pain management in Oregon through research, policy analysis and model projects.
Healthcare providers, insurers, and the public need to understand that although pain is universal, it is experienced uniquely by each person, and care—which often requires a combination of therapies and coping techniques—must be tailored. Pain is more than a physical symptom and is not always resolved by curing the underlying condition. Persistent pain can cause changes in the nervous system and become a distinct chronic disease.

—Relieving Pain in America: A Blueprint for Transforming, Prevention, Care, Education, and Research, 2011: Institute of Medicine (IOM)
COMING SOON TO A WEBSITE NEAR YOU!

Insert New Module: Landing Page with accreditation for CME/ CNE
Prioritizing Care: Key Domains

- Key Concepts
- Strategies
- Resources
- Connecting with your patient

Knowledge of pain
Sleep
Nutrition
Mood
Activity
Knowledge of Pain: Resources

Understanding Pain: With Knowledge Comes Power

Did you know?

- There’s a lot you can do to ease your pain.
- When people understand their pain, it decreases.
- All pain comes from your brain. That doesn’t mean it’s “all in your head.” It means the brain pulls together information and creates a pain response.
- Pain doesn’t always equal harm. Your brain may have become so good at producing pain that it doesn’t stop— even when you’re recovering from an injury or illness. In a situation like this, don’t avoid movement. Inactivity can make your pain worse.
- Stress and pain are closely related. Focus on reducing stress, and change the way you respond to stress.

Your relationship with pain

No one wants to feel pain. Whether you stub your toe or bang your finger with a hammer, that short burst of red-hot sensation isn’t pleasant. Even more troubling, though, is long-term, chronic pain—also known as persistent pain. This is pain that won’t go away, no matter what you try.

Persistent pain can have a profound affect on daily life. It can disrupt your ability to work, exercise, sleep, and enjoy activities and hobbies.

Acute pain versus persistent pain

Acute pain occurs as a direct result of an injury. The brain sends a signal that something is wrong and produces pain so we know to be careful. This is a very useful response.

Persistent pain exists after the danger has past. The danger signal gets “stuck” in the brain and it’s no longer useful.

[Continued]
What about Medications?

Address key domains before reducing medications to:

- Improve understanding of pain
- Alleviate fear
- Instill hope
### Prescribing Guidelines

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>Oregon Opioid Prescribing Guidelines</td>
<td>Recommendations for the Safe Use of Opioid Medications. The Oregon Opioid Prescribing Guidelines Task Force adopted the CDC Guideline as the foundation for opioid prescribing for Oregon and developed a brief addendum to address Oregon-specific concerns.</td>
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<tr>
<td>Oregon Opioid Prescribing for Dentists</td>
<td>Guidelines from Oregon's Public Health Division on Opioid Prescribing for Dentists</td>
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<tr>
<td>Guidelines for Prescribing Opioids for Chronic Pain</td>
<td>CDC Opioid Prescribing Guideline Resources for Providers</td>
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<tr>
<td>Guideline for Prescribing Opioids for Chronic Pain FactSheet</td>
<td>CDC Factsheet for Guidance in prescribing opioids for chronic pain</td>
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<tr>
<td>Oregon-Medical-Use-Cannabis-Clinical-Guideline</td>
<td>Guidelines for Attending Physicians when Recommending the Medical Use of Marijuana</td>
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### MED Calculators

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<tr>
<td>Oregon Opioid Overdose and Misuse</td>
<td>OHA Public Health Division site for Reducing Opioid Overdose &amp; Misuse</td>
</tr>
<tr>
<td>CDC MED Calculator</td>
<td>CDC MED Calculator for Calculating Total Daily Dose of Opioids for Safer Dosage</td>
</tr>
<tr>
<td>Oregon Pain Guidance Conversion Calculator</td>
<td>An Oregon MED Opioid Conversion Calculator for patients taking one or more opioid medications</td>
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### Opioid Prescribing Continuing Education
Additional Resources for Healthcare Professionals

As you use the resources available through this website, remember that people experience pain in many ways. Those with chronic pain should work with their health care providers to develop strategies that work best for them.

Pain management works best as a collaborative effort, involving professionals, informed patients, who actively participate in self-management of pain, and their families, who can provide additional support.

**Resources**

Oregon Pain Guidance  
Trauma Informed Oregon  
Health Care Provider Resources

**Videos**

David Butler - The Drug Cabinet in the Brain  
TED Talk: Dr. Lorimer Mosley - Why Things Hurt  
Kelly McGonigal - How to make stress your friend  
Daniel J. Clauw MD - Chronic Pain: Is it all in their head?  
Sean Mackey - Update on Fibromyalgia  
Gordon Irving - What is fibromyalgia and how is it treated?  
Gordon Irving - Complimentary Therapy: What can you do to reduce your pain?
Conferences & Events

Conference 2018: The Challenge of Pain
1/18/2018 - 1/18/2018
8:00 am - 4:50 pm
University of Washington: School of Nursing, Shoreline Conference Center, 18560 1st Ave. NE, Shoreline WA

Target Audience: Nurses, clinical nurse specialists, nurse practitioners, physician assistants, physicians, respiratory therapists, psychologists, pharmacists, social workers, physical therapists and other interested healthcare professionals in all settings.

Description: Pain causes extensive suffering, disability and expenditure of scarce healthcare resources. This conference focuses on the challenge of pain management for healthcare professionals across the healthcare continuum. Regional and national pain specialists present evidence-based strategies for assessing and managing pain in acute, ambulatory and palliative care settings. Teaching methods include lecture, discussion, case studies, and inter-professional dialogue.
Medication Safety

- Best Advice for People Taking Opioid Medication (Video)
- Using Medications Appropriately to Manage Chronic Pain (Excerpted)
- Get Relief Responsibly (Website on how to safely choose, use, and store Over The Counter (OTC) pain relievers)

Medication Disposal

Is your medicine cabinet full of expired drugs or medications you no longer use? How should you dispose of them?

- How to Dispose of Unused Medicines (Consumer Health Information)
- Unwanted Drug Drop Off Sites

Prescription Drug Monitoring Program

Patients are encouraged to talk with their healthcare providers regarding their prescription medications.

- Frequently Asked Questions
- Patient Rights
For more information:

Oregon Pain Management Commission (OPMC)
PMC.Info@state.or.us

Denise Taray – OPMC Coordinator
Denise.taray@state.or.us
Persistent Pain Education Program
Mid–Columbia Medical Center

Resources and Innovative Interventions in Medicaid for Managing Patient Pain
OHA Transformation Center Webinar 11/14/17
Andy Roof, MPT, OCS
Neuroscience Education:

- Defined as an educational session outlining the neurobiology and neurophysiology of pain
- DOES NOT focus on tissue injury and nociception
- DOES focus on how the nervous system modulates the pain experience
Differs from the “old” model

- Previous educational models focused on anatomic and biomechanical explanations of the tissue “responsible” for pain.

- Now, we discuss how the nervous system processes many inputs including emotions, memories and cognitive information in its construction of the “pain experience.”
Studies have shown that neuroscience education (NE) can decrease fear and positively affect patient’s perceptions of their pain\(^1\); make improvements in pain, cognition and physical performance\(^2\); and increase pain thresholds during physical tasks\(^3\). NE can also improve outcomes of therapeutic exercises\(^4\).
The Persistent Pain Education Program (PPEP) is a series of eight presentations that aims to educate people in a comprehensive, pain management approach. Each 90-minute talk is led by a different healthcare professional including Physical Therapist, Clinical Psychologist, Clinical Pharmacist, Sleep Specialist, Dietician and Therapeutic Yoga Instructor. The classes help people dealing with chronic pain to address multiple areas of self-management that can ultimately lead to decreased pain and improved quality of life.
This class is taught by Andy Roof, Physical Therapist, and covers the basic physiology of pain, what is happening in our brains and nerves when we feel pain, and how a “chronic” pain state develops in our nervous system. Research suggests that people who are able to change their pain cognitions following an educational intervention demonstrate an improvement in physical performance. (Moseley, 2004)
Living a Fulfilling Life with Pain

This class is taught by Sandy Bushberg, PhD, Psychologist, and builds on the Explain Pain class by covering the neurophysiological and psychobiological effects of the pain experience. Dr. Bushberg instructs participants in Acceptance and Commitment Therapy which involves living a values-driven and purposeful life despite experiencing pain.
This class is taught by Tracy Dugick, Registered Dietician, and covers the Anti-Inflammatory Diet. Chronic inflammation has been shown to be involved in multiple disease processes that are involved in creating a persistent pain condition. This chronic inflammation is influenced by diet and this class aims to educate people in eating properly to reduce inflammation in the body. This class offers specific recipes that are affordable and healthy.
These classes are taught by Jill Kieffer, RN, Therapeutic Yoga Instructor. Certain parts of the nervous system become “wound up” and dysfunctional in a persistent pain state. Yoga, meditation, deep breathing and relaxation can help to calm the nervous system and return it to a healthy state. These classes cover simple breathing and relaxation techniques that can be performed daily as part of a self-treatment program.
Pharmacology Class I & II

- These classes are taught by Eric Holeman, Clinical Pharmacist, and cover proper pain management with prescription drugs. Topics covered also include opioid tolerance, dependence, addiction and safe tapering or weaning techniques.
This class is taught by Paul Cardosi, MD, a sleep specialist. Good sleep is beneficial for mind and body, but pain can get in the way and poor sleep may make coping with pain more difficult. This class will explore this relationship and discuss options for treatment.
Program participants will complete outcome measures reflective of their pain levels, physical function, pain acceptance and perception of self efficacy before and after completion of the program.

- Brief Pain Inventory: reflects pain intensity and physical functioning
- Pain Self Efficacy Questionnaire
- Chronic Pain Acceptance Questionnaire (CPAQ-8): reflects acceptance of pain
Preliminary Outcomes

- 27% (n=30) show clinically significant improvement in measures of physical functioning
- 31% (n=16) show clinically significant improvements in measures of depression
- Referring providers reporting improved satisfaction with management of patients sent to program
- Multiple patients are returning to take individual classes a second time
- Anecdotally, some patients are reporting decreased dosage or complete weaning of pain medications
Funding

- Initial class series was funded by a Transformation Grant from the Columbia Gorge Health Council and OHA
- Currently funded by MCMC for <$10K/year for 3 class series of 8 weeks each


Resources

- [https://www.mcmc.net/for-patients-guests/persistent-pain-education-program/](https://www.mcmc.net/for-patients-guests/persistent-pain-education-program/)
- andrewro@mcmc.net
Pain Management In The Patient-Centered Primary Care Home

Kevin Cuccaro, D.O.
Understanding Pain For The Patient-Centered Primary Care Home

(Better Title)
Do We Understand Pain?

What We’ve Done...

• Increased MRI’s 300%
• Increased Procedures 130-700+%
• Increased Surgeries 300+%  
• Increased Opioids 690+%*

What We Got...

• Disability Rates Increased
• Complication Rates Increased
• No Improvement in Self Reports
• Costs Continue to ↑


Overall Outcomes...

2000

US Pop. 282 Million

45 Million Chronic Pain

2010

US Pop. 309 Million

100 Million Chronic Pain

↑9.6%

↑122%

After “The Decade of Pain Control & Research”? (2001-2011)

The questions to ask:

1. “Why do we have more of a problem now after more ‘treatment’ than we had before?”
2. “Do we actually understand what we’re treating?”
3. “Are our treatments effective? Why or Why not?”
Goals & Expectations

**Goals**

- ↑ understanding of pain & mechanisms of treatment
- Improve pain messaging & referral pathways
- ↑ clinician comfort & confidence
- Improve pain outcomes

**Expectations**

- Voluntary Participation Engagement & Feedback
- “Questioning Mind”
Pilot Structure & Purpose

Structure

• Sequence
  1. Pain Science & Conceptual Model
  2. Risk Factors & Beliefs,
  3. Coping, Control, & Opioids
  4. Back Pain
  5. Fibromyalgia
  6. Summary Session

• Strategic Focus

Purpose

1. Understand Pain, Pain Risk Factors/Amplifiers & Targeted Treatment
2. Consistent Message
3. Unified Approach
Results So Far

• Direct:
  – 35% of all PCPCHs in Linn, Benton, & Lincoln Counties
  – 60+ primary care clinicians
  – (60+ PTs/Ots)
  – Highly rated
  – Pending: Rx & Imaging Rates pre-/post-

• Indirect:
  – Changed Conversation
  – Community Engagement (MVPA)
Questions or Contact

• Email: Kevin@StraightShotHealth.com

• Phone: 541-224-7508
Columbia Pacific CCO Pain Clinics

Leslie Ford, LCSW
Director of Clinical Innovation
Greater Oregon Behavioral Health, Inc.
Brief Program Overview:
Three components

1. Medical component:
   – Case review
   – Primary care consultation and support
   – HSWC does not prescribe
   – Ongoing support as needed or requested
2. Physical component: Movement strategies
   – Activity program
     o Movement is customized based on patient capabilities
     o Stretching and breath; listening to your body
     o Our gentle movement therapy is Yoga-based
   – Patient education on self-management
Brief Program Overview:
Three components

3. Mental component: Living with chronic pain
   – Cognitive Behavioral Therapy
     o Acceptance and Commitment Therapy (ACT)
       ▪ Teach new thought processes – psychological flexibility
       ▪ Giving mindfulness a try
       ▪ Living a life toward values
       ▪ Assist with goal setting
       ▪ Address perceived disability
More on the program...

- Patient PCP referral required
- Consultation model
- Open to EOCCO members only
- Ten-week program
- Individual and group involvement
- On-going support after program completion
Why this approach?

 ✓ Based on research: It works as well or better than other interventions
 ✓ Cost effective
 ✓ The opiate pendulum is swinging:
   – New prescribing guidelines as of 01/01/2017
   – Other changes on the horizon for diagnostic and interventional guidelines
Challenges

✓ Perceived disability is high in this population
✓ Limited incentive for improvement
✓ High no-show/dropout rate
✓ Secondary gain factors in chronic pain patients
✓ Overcoming perception that only opiates will alleviate “my pain”
Addressing Our Challenges

✓ We focus on their abilities rather than disabilities. They focus on possibilities rather than “pain stories.”

✓ We give them a variety of incentives, especially empowerment.

✓ We will contact them many times to invite them to be involved with our program.

✓ We focus a primary gain of living a life in service of their values.

✓ We provide them choices through our education, therapy, and movement components.
Contact Information

Health Solutions Wellness Center
906 Sixth Street
La Grande, OR 97850
(541) 962-8886 Phone
(541) 624-5030 Fax

- Andi Walsh, Referral Coordinator/Office Manager
- Dawna Flanagan, Therapist
- Barbara Tyler, Therapist
- Caitlin Ecklund, Movement Specialist
- Adrienne Tyler, Movement Specialist