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Opioid Prescribers Group-Behavioral Health Consultant  
Center for Health and Wellbeing, LLC Private Practice

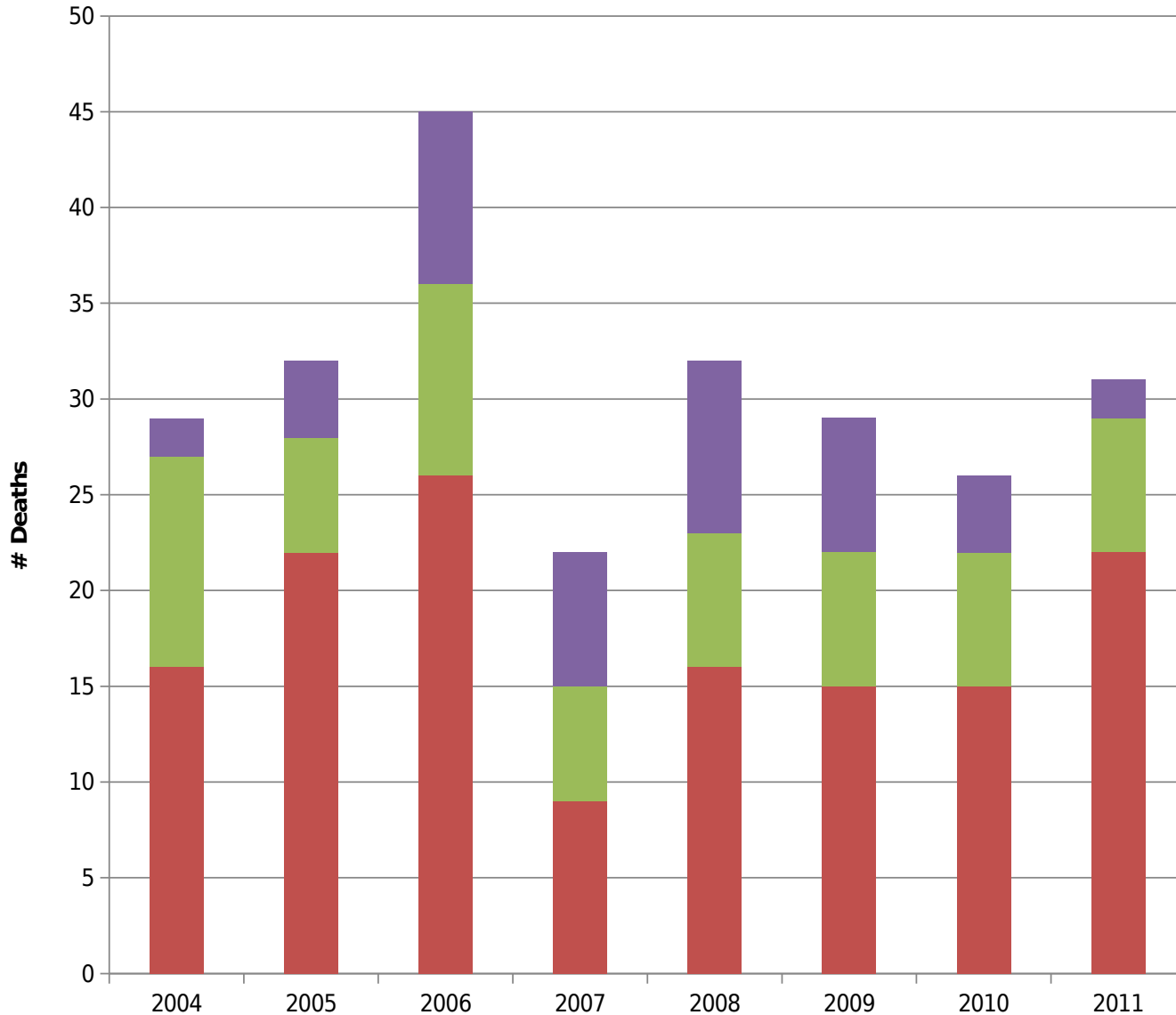


# Jackson County Oregon

- Population est: 203,206
- White: 83.7%, 10.7% Hispanic, .7% Black



# Overdose Deaths 2004-2011 Jackson County Oregon

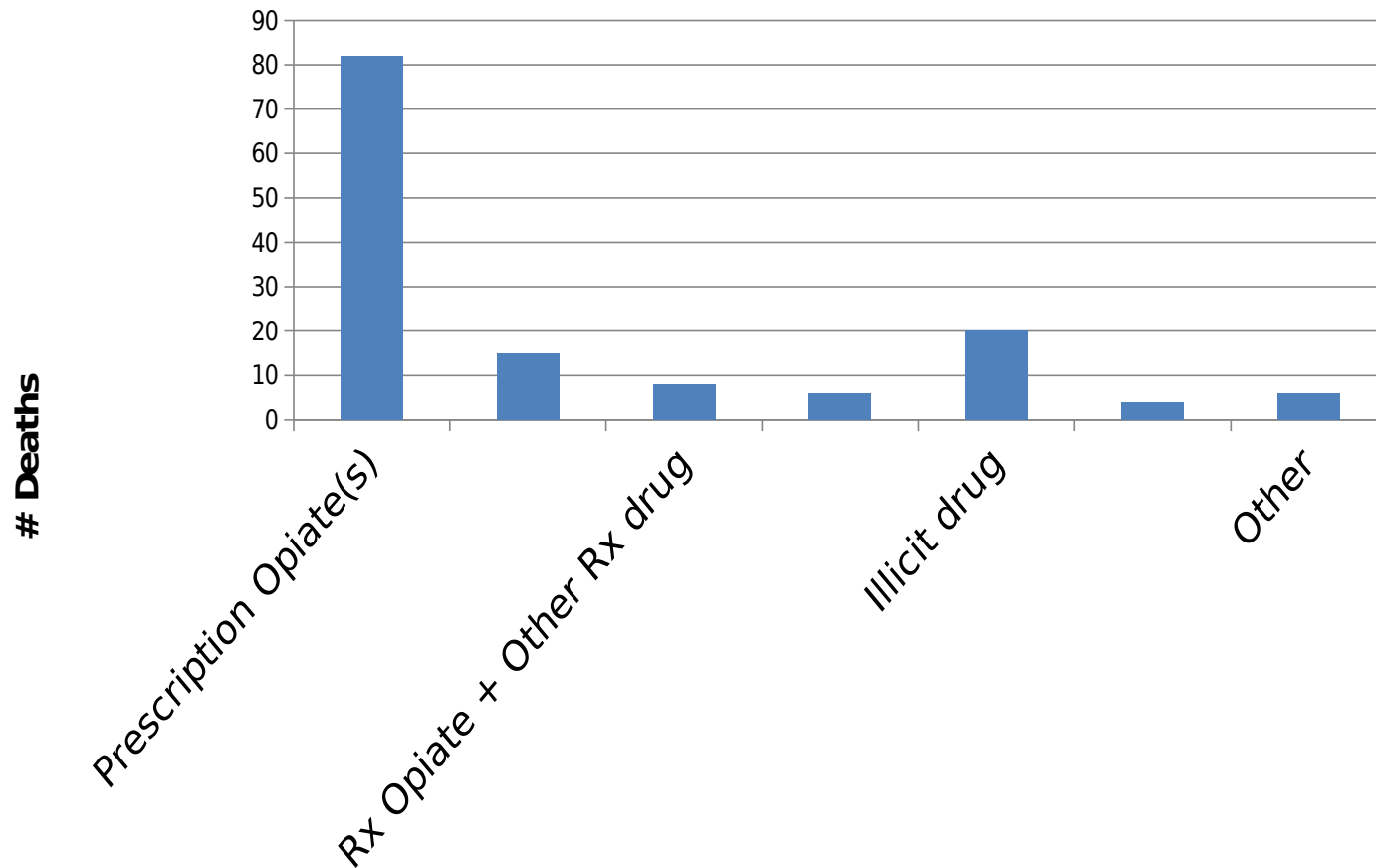


■ Undetermined  
■ Suicide  
■ Accidental

246 total  
141 Accidental  
61 Suicide  
44  
Undetermined

# Accidental Overdose Deaths: Overdose Drug

**Accidental Overdose Deaths 2004 - 2011: Overdose Drug by General Category**



The prescription drug crisis  
is the result of  
prescriptions!



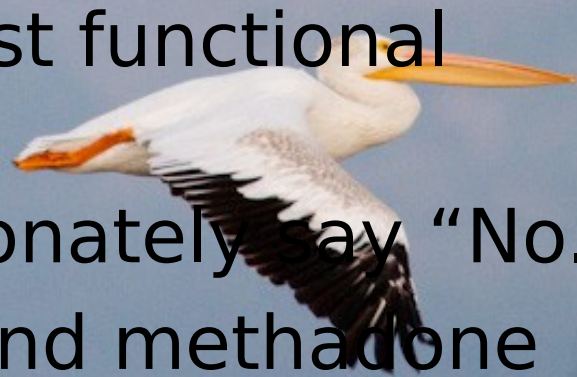


# Opioid Prescribers Group



# Summary of guidelines:

- Don't prescribe opioids for CCNP on the first visit: Assess the patient!
- Encourage non opioid treatments. They really work.
- Titrate treatment against functional improvement.
- Learn how to compassionately say "No."
- Keep MED below 120, and methadone below 40 mg.
- Incorporate assessment for aberrant behaviors into your management (UDS,







# OPG Pilot Project

- \$150,000 over a year and a half
- Funded by Jackson Care Connect
- Bring OPG guidelines and resources to 3 local primary care clinics
- Collect data (staff surveys, MED, Rx combos)
- Create template for local practice change



# Pilot Description

- Medical provider, grant coordinator, behavioral health consultant, two interns (MSW and MPH)
- 8 Internal Medicine Providers (no behavioral health)
- 8 providers= 8 different philosophies and systems of care
- Initial 6 months followed by limited ongoing support

# What's our Charge?

To find out what a Primary Care Office needs to successfully adopt these safety guidelines:

- Education
- Tools (for system change)
- Motivational Interviewing Skills to help with challenging situations/conversations
- Enhanced community collaboration



# Integrated Behavioral Health

- Joint visits with providers and patients offering support with difficult conversations
- Started Peer-to-Peer Support group on site
- Roaming the halls, being the face of safe opioid prescribing.
- Offering hope for compassionate change-medical staff and patients



# “At a Loss with Karen”

Karen, 45 yr, OHP and a 15 yr hx of CNCP

## Diagnosis:

- Chronic low back pain with organic findings,
- PTSD, Anxiety, and Depression

## Medications:

- Benzos (15 years)
- opioids (14 years)

(PCP tapered Pt off Opioids 1 yr ago  
after two aberrant behavior incidents)



# Our Intervention

art review (falls)

OMP (WNL)

t -Joint visit-IBH/PCP

DS (+ non-Rx opioids)

d-joint visit IBH/PCP

CP sets limits-“No more benzos”

T threatens to find another MD

CP coached-We care and we are confident in

...

T touched to tears

d-joint visit-IBH/PCP/Recovery Center Staff





# IBH Coaching w/ MA&PCP

- State how much you care
- State your confidence in the pt's capacity to...
- Avoid personalizing aberrant behavior
- Set boundaries and stay connected
- Make RX (even if it is a taper) contingent on pt participating in MH, Recovery Services, and/or Peer-to-Peer Support Group
- Get our community experts involved (onsite if possible)



# CNCP is Complex

- There is a place for behavioral medicine
- We are there for the medical team as much as for the patients
- Changing the way we Rx these medications is LOADED
- As Rx are altered-dependence

# Thank You



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