

Welcome!

Reducing Emergency Department Utilization among the Mental Illness Population Learning Series

Whole Health in Populations Experiencing Mental Illness – Webinar Series

The session will start shortly!

Best Practices:

- Please keep your mic muted if you are not talking
- Please rename your connection in Zoom with your full name and organization
- We want these sessions to be interactive! Please participate in the polls, ask your questions and provide your input

Introduction

Learning Series Goal: To share evidence-based and promising practices and case examples for CCO employees and contracted providers to improve their practices to support the mental illness population.

Learning Series Opportunities

1. Systems Improvement- What CCOs Can Do
2. Behavioral and Physical Health Integration- Lessons from the Field
3. **Whole Health Webinar Series**

*This program is supported by the
Oregon Health Authority Transformation Center*

Participation Best Practices

- Please type your questions and comments into the chat box
- Please stay on mute unless you intentionally want to ask a question or make a comment
- Please rename your connection in Zoom with your full name and organization you work for
- All sessions will be recorded and shared on the OHA website
- The roster will be distributed after this session; please let Anna Steeves-Reece know if you do not want your name shared on the roster: steevesr@ohsu.edu
- **Please actively participate in the sessions! We want to hear from you**

Whole Health in Populations Experiencing Mental Illness

Session 2: Pain & Pain Management for Populations with Mental Health Disorders

Session Goal: Build knowledge in the areas of 1) pain among populations with mental health disorders, 2) pain and substance use disorders, 3) best practices for pain management, 4) pain from a peer perspective, and 5) Oregon resources for learning more.

Speakers:

Lynnea Lindsey, PhD

Catriona Buist, Psy.D.

Michelle Marikos, Peer Support Specialist

Pain in Populations Experiencing Mental Health Disorders

OHSU School of Medicine

Whole Health for Populations Experiencing Mental Illness

Catriona Buist, Psy.D.

Pain Psychologist

***Assistant Professor of Anesthesiology & Perioperative Medicine &
Psychiatry***

Webinar

April 24, 2019

Learning Objectives

Understand common co-morbid psychological conditions with chronic pain

Understand the relationship between complex pain and SUD/ODD

Learn the 5 key domains of best practice pain care

Learn about screening tools for mental health conditions for patients with chronic pain

Develop awareness of Oregon resources:

- Oregon Pain Management Module

- Pain Education Toolkit - Oregon Pain Guidance

- ECHO Network

- Oregon Opioid & Pain & Substance Abuse Conference

Background

Clinical Director of an interdisciplinary pain program for 12 years

Pain psychologist in the Comprehensive Pain Center at OHSU

Past-Chair of the Oregon Pain Management Commission

Chronic Pain Taskforce to increase access to multidisciplinary care

Oregon Health Authority Oregon Opioid Strategy Statewide
Implementation Workgroup

Learning Objective 1

Understand common co-morbid psychological conditions with chronic pain

Oregon
Health
Services



New
Understanding
Complex Pain



Common Co-morbid Psychological Conditions w Chronic Pain

Thought

Emotion

Behavior

Anxiety & PTSD

“I feel overwhelmed”
“I feel out of control”
“Nobody understands me”
“Nobody believes me”

Fear

Withdraw from activity

Depression

“Last time I went to the park I had a flare up, I can’t do anything I enjoy”
“I feel guilty I can’t contribute to my family”
“I feel worthless”

Grief
Guilt

Withdraw from activity

Grief & Loss of Identity

“I’ve always hard to be the best ____”
“Who am I now?”
“My daughter has to help me wash my hair and shave my legs”
“I use to be the provider for the family”
“I’ve lost my sense of independence”

Shame
Grief

Withdraw from activity



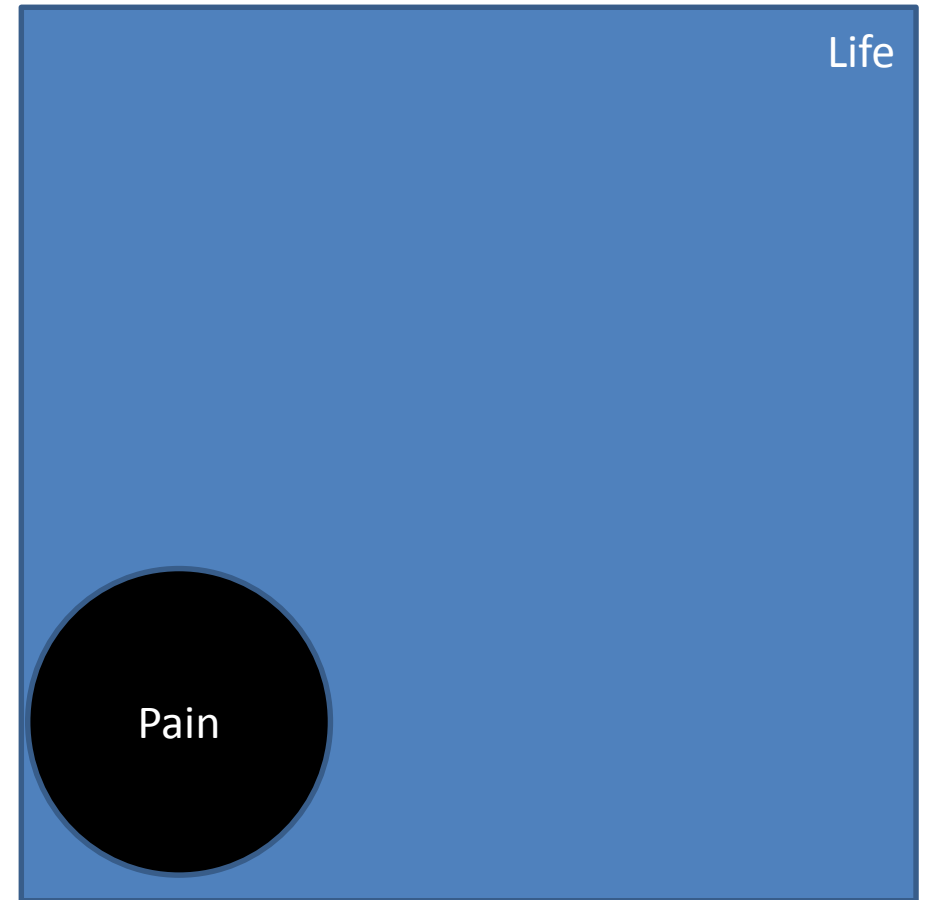
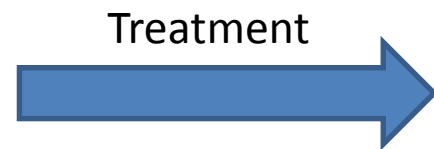
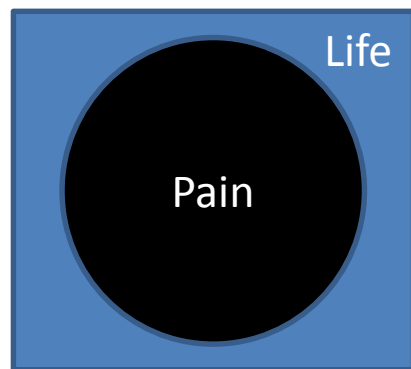
Common Cognitive Distortions to Address in CBT for Chronic Pain

	Thought	Emotion	Behavior
Catastrophizing	Magnifying the negative and anticipating the worst case scenario for events and experiences. <i>“If my pain continues like this I’ll end up in a wheelchair like my mother.”</i>	Fear Helplessness Panic	Withdraw from activity
Selective Abstraction (Black and White thinking)	Attending to negative aspects of experiences and disqualifying the positive aspects. <i>“If I can’t do _____ like I did before, then I am not going to do anything.”</i>	Anger Sadness Shame Guilt	Withdraw from activity
“Should” statements	Expectations (often unrealistic) about what one should or must be able to accomplish. <i>“I should be able to clean the house like I did before.”</i>	Shame Guilt	Withdraw from activity
Overgeneralizing	Assuming that the outcome of one event inevitably applies to other or future events. <i>“My pain always ruins my plans.” “I’ll never have a normal life again, nobody understands me.”</i>	Sadness Fear	Withdraw from activity

Their Shrinking World...

Our goal is to help people get their life back...

If Pain is Not Going Away, the Goal of Treatment Is to Help the Patient Increase Life



Learning Objective 2

Understand the relationship
between complex pain and
SUD/ODD

**What Are
We Often
Really
Medicating
with
Opiates???**



The Oregon Opioid Initiative

Aim: Reduce deaths, non-fatal overdoses, and harms to Oregonians from prescription opioids, while expanding use of non-opioid pain care

1
REDUCE RISKS TO PATIENTS BY MAKING PAIN TREATMENT SAFER AND MORE EFFECTIVE, emphasizing non-opioid and non-pharmacological treatment

2
REDUCE HARMS FOR PEOPLE TAKING OPIOIDS AND SUPPORT RECOVERY FROM SUBSTANCE USE DISORDERS by making naloxone rescue and medication-assisted treatment (MAT) more accessible and affordable

3
Protect the community by REDUCING THE NUMBER OF PILLS IN CIRCULATION through implementation of safe prescribing, storage, and disposal practices

4
OPTIMIZE OUTCOMES BY MAKING STATE AND LOCAL DATA AVAILABLE for informing, monitoring, and evaluating policies and targeted interventions

Learning Objective 3

Learn the 5 key domains of best practice pain care

Evidence Based Practice for Chronic Pain

Clinical practice guidelines for LBP recommend a **biopsychosocial framework** to guide management with **initial non-pharmacological treatment**, including **education** that supports **self-management** and resumption of **normal activities and exercise**, and **psychological programs for those with persistent symptoms**. Guidelines recommend prudent use of medication, imaging, and surgery.

Prevention and treatment of low back pain: evidence, challenges, and promising directions. Lancet Low Back Pain Series Working Group, Chou, R et al. Lancet Low Back Pain Series Working Group (2018). The Lancet, 391(10137), 2368-2383.

202 trials for 5 types of pain (CLBP, chronic neck pain, osteoarthritis of the knee, hip, fibromyalgia, and tension headache) found that **exercise, multidisciplinary rehabilitation, acupuncture, cognitive behavioral therapy and mind-body practices were most consistently associated with durable slight to moderate improvements in function and pain.**

Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review. AHRQ. Skelly, AC, Chou, R et al. June 2018



Redirect conversations away from eliminating pain and move towards managing pain with a focus on:

- Function
- Quality of life
- Living a meaningful life
- Self-management

Required Pain Management Education

Oregon
Health
Authority

Section 1

Changing the Conversation about Pain: Pain Care is Everyone's Job

Oregon Pain Management Commission (OPMC)
Updated: January 2018

- Physicians
- Physician Assistants
- Nursing
- Acupuncture
- Psychologists
- Physical therapists
- Occupational therapists
- Chiropractic physicians
- Naturopathic physicians
- Pharmacists
- Dentists

Prioritizing Care: Key Domains

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

Knowledge
of pain

Sleep

Mood

Nutrition

Activity





OREGON PAIN GUIDANCE The Oregon state resource for healthcare professionals treating pain

Select Language



- Resources
- Pain Education Toolkit
- Difficult Conversations
- Safe Disposal Sites
- Naloxone Rescue for Opioid Overdose
- TelePain
- Project ECHO
- Online Courses
- Past Conferences
- Upcoming Conferences
- Links
- Videos

PAIN EDUCATION TOOLKIT

This toolkit provides education for patients on how they can improve their health and manage their pain better through physical activity, sleep, nutrition, mood, and tapering. Patients decide what area or "domain" to focus on and what techniques they can employ to improve their overall health and help with their pain.

HOW PAIN WORKS

UNDERSTANDING PAIN WITH KNOWLEDGE COMES POWER

MOOD

TIPS FOR INCREASING POSITIVE THOUGHTS AND FEELINGS WHEN EXPERIENCING PAIN

MOVEMENT

TIPS FOR GETTING BACK TO PHYSICAL ACTIVITY

FOOD

TIPS FOR IMPROVING YOUR NUTRITION

SLEEP

TIPS FOR INCREASING RESTFUL SLEEP

MEDICATION

TIPS FOR DECREASING YOUR MEDICATION

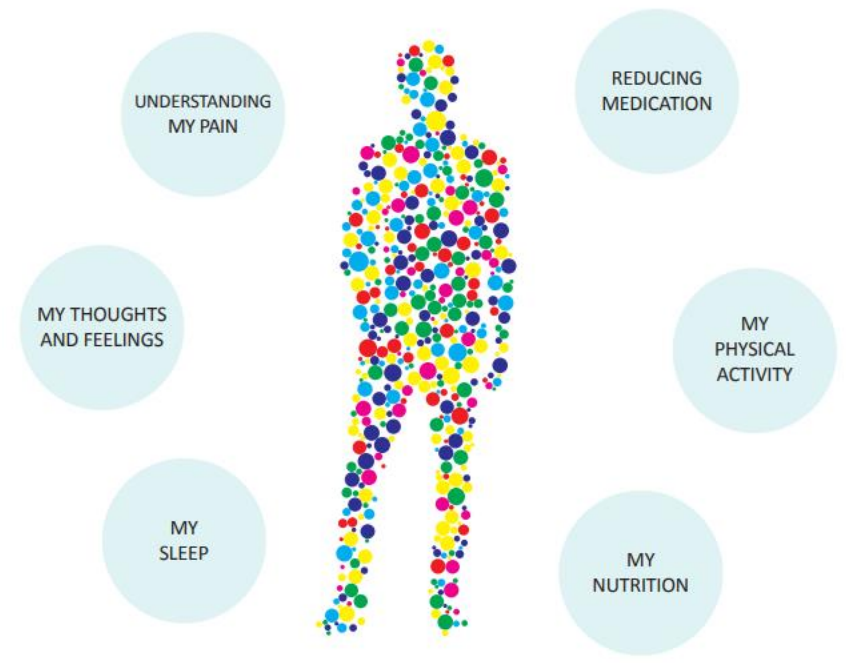
RETHINKING PAIN

UNDERSTANDING YOUR PAIN STORY



DEVELOPING A PLAN

1. My most important goal around pain is: _____
2. Below, circle the two things that represent some of the biggest part of your pain story:



3. Consider whether you'd like help with these things. If you would, what would you most like help with? _____

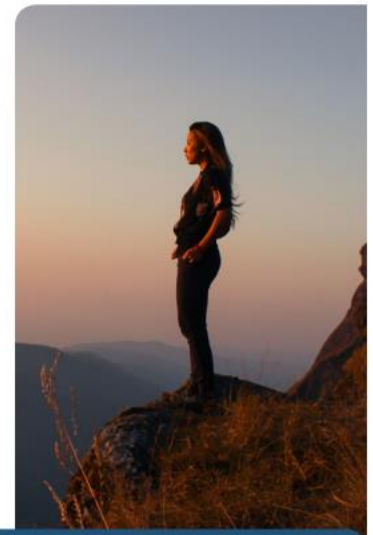
UNDERSTANDING PAIN

UNDERSTANDING PAIN: WITH KNOWLEDGE COMES POWER

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 pain isn't pleasant. Even more troubling is long-term, chronic pain, also known as persistent pain. This is pain that won't go away no matter how hard you try.

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



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 means that the brain makes sense of the whole situation and creates a pain response to protect you.
- Pain doesn't always equal harm. Your brain may have become so good at producing pain that it doesn't stop — even when you've recovered from an injury or illness. In a situation like this, don't avoid movement. By starting low and going slow, you can gradually get back to moving and doing more, even with some soreness.
- Stress and pain are closely related. Focus on reducing stress, and changing the way you respond to stress. You will likely find that as your stress

SLEEP

TIPS FOR INCREASING RESTFUL SLEEP ★

Choose several of the sleep tips below that you want to begin incorporating in your daily life. Track these new habits on the worksheet on the last page.



Do something physical everyday

Create a nighttime routine

Limit caffeine, nicotine, alcohol

Skip naps if possible

Cut back on rich, fried, spicy, or citrusy food

Turn off bright lights

Shut off electronics

Keep your room cool

Get out of bed if you have racing thoughts

Avoid watching the clock

MOOD AND MINDSET

TIPS FOR INCREASING POSITIVE THOUGHTS AND FEELINGS WHEN EXPERIENCING PAIN

Pain and mood are closely connected. Lifting your mood can actually help your pain. Below are some things that can have an impact on how you feel and that you can do yourself



PHYSICAL

TIPS FOR GETTING BACK TO PHYSICAL ACTIVITY

Look at the suggestions below and think about what areas you would like to include in your daily life.



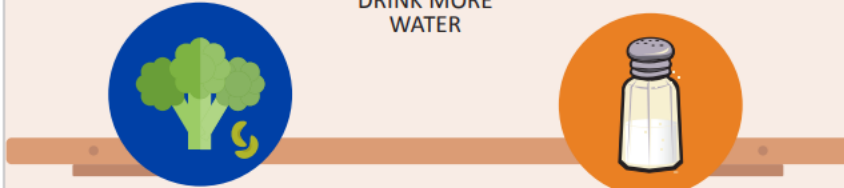
NUTRITION

TIPS FOR IMPROVING YOUR NUTRITION

Circle one or two items you want to practice throughout the week.



DRINK MORE WATER



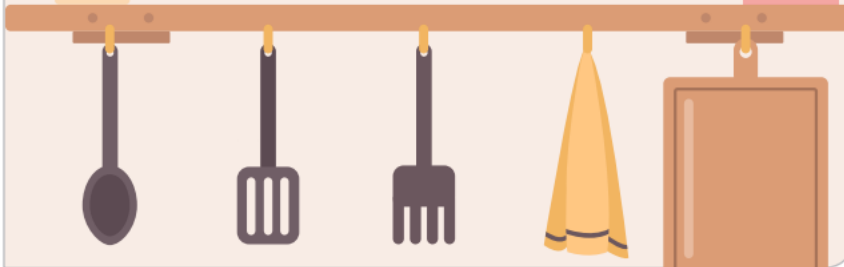
EAT MORE PLANTS AND WHOLE GRAINS FOR FIBER

USE SWEETENERS AND SALT IN MODERATION



EAT MORE PLANT-BASED FATS

READ FOOD LABELS





You Don't Have to Do This Alone: The Team Superstars



Licensed Acupuncturists

Movement Instructors

Licensed Massage Therapists

Nutritionist

Nurses

Peer Support

Health Coaches

Primary Care Providers

Dentists

PATIENT

Physical Therapists

Naturopaths

Pharmacists

Case Managers

Behavioral Health Providers

Chemical Dependency Counselors

Chiropractors

Occupational Therapists

Specialty Care Providers

Learning Objective 4

Learn about screening tools for mental health conditions for patients with chronic pain

Tools to Assess Mental Health for Patients with Chronic Pain

PHQ-4 (anxiety and depression)

(0-2 none, 3-5 mild, 6-8 moderate, 9-12 severe)

PHQ-9 (depression)

(0-4 minimal, 5-9 mild, 10-14 moderate, 15-19 moderately severe, 20-27 severe)

GAD-7 (anxiety)

(0-5 mild, 6-10 moderate, 11-15 severe, ≥ 10 probably dx of GAD)

Primary Care PTSD Screen (PC-PTSD-5)

Results considered positive if answers yes to any 3 items, does not mean has PTSD, but they may have PTSD or trauma related problems -> refer to MH)

Pain Catastrophizing Scale (PCS)

(Rumination, magnification, feeling helpless about pain)

(≥ 30 clinically significant)

STarT Back Screening Tool – screens prognostic indicators in LBP patients (anxiety, depression, fear avoidance, catastrophizing) to categorize into risk groups (low, medium and high) to guide treatment

PEG – validated 3 item tool to assess pain intensity, interference with enjoyment of life and interference with general activity (Krebs, 2009) PEG score = average the 3 questions (30% improvement is clinically meaningful)

1. What number best describes your pain on average in the past week:

0 1 2 3 4 5 6 7 8 9 10

No pain

Pain as bad as
you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Does not
interfere

Completely
interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

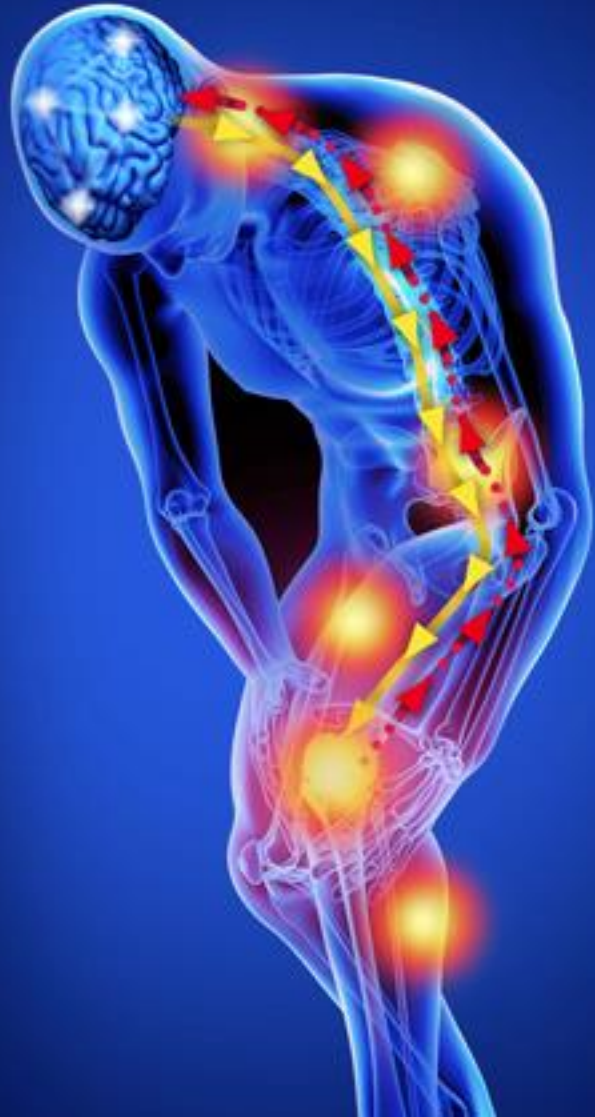
Does not
interfere

Completely
interferes

Learning Objective 5

Develop awareness of resources:

- Oregon Pain Management Module
- Pain Education Toolkit - Oregon Pain Guidance
- ECHO Network
- Oregon Opioid & Pain & Substance Abuse Conference



Changing the Conversation About Pain: Pain Care is Everyone's Job

This course has been developed for all healthcare providers. This educational module qualifies as the required web-based pain management training offered by the Oregon Pain Management Commission.

Credit:

- One (1) CME AMA PRA Category 1 Credit(s)™
- American Nurses Credentialing Center's Commission on Accreditation provides 1.0 contact hour

Course in Progress

Evaluation (pending course completion)

Certificates (pending evaluation completion)

Pain and Opioids & Addiction ECHO

<https://www.oregonechonetwork.org/>





Oregon Conference on
**OPIOIDS + OTHER DRUGS,
PAIN + ADDICTION TREATMENT**
May 29 - 31, 2019 | Bend, Oregon

YOU ARE HERE: [HOME](#)

Dates: May 29 – 31, 2019
Location: The Riverhouse, Bend, Oregon

The Oregon Conference on Opioids + Other Drugs, Pain, + Addiction Treatment showcases state and national initiatives that cross disciplines, promote equity, and fight for the dignity and recovery of those suffering from pain, substance use disorder, or both. The conference engages stakeholders from public health organizations, government agencies, communities, tribes, medical professions, and more. OPAT highlights innovative solutions from state and national thought leaders in pain treatment, substance use disorder, and mental health treatment and research.

Lines for Life hosts this event in partnership with the Oregon Health Authority and Oregon Pain Guidance Group. At Lines for Life, we prevent substance abuse and suicide by offering help and hope to individuals, families, and communities, and by promoting mental health for all.

We can end this crisis if we act together across disciplines and systems.
We can't do this alone.

— Please join us! —

Registration & Scholarships

Join us May 29 - 31st in Bend!

REGISTER

- › [Conference Home](#)
- › [Conference Schedule](#)
- › [Keynote Speaker: David Sheff](#)
- › [Continuing Education](#)
- › [Conference Sponsorship](#)

Contact Information

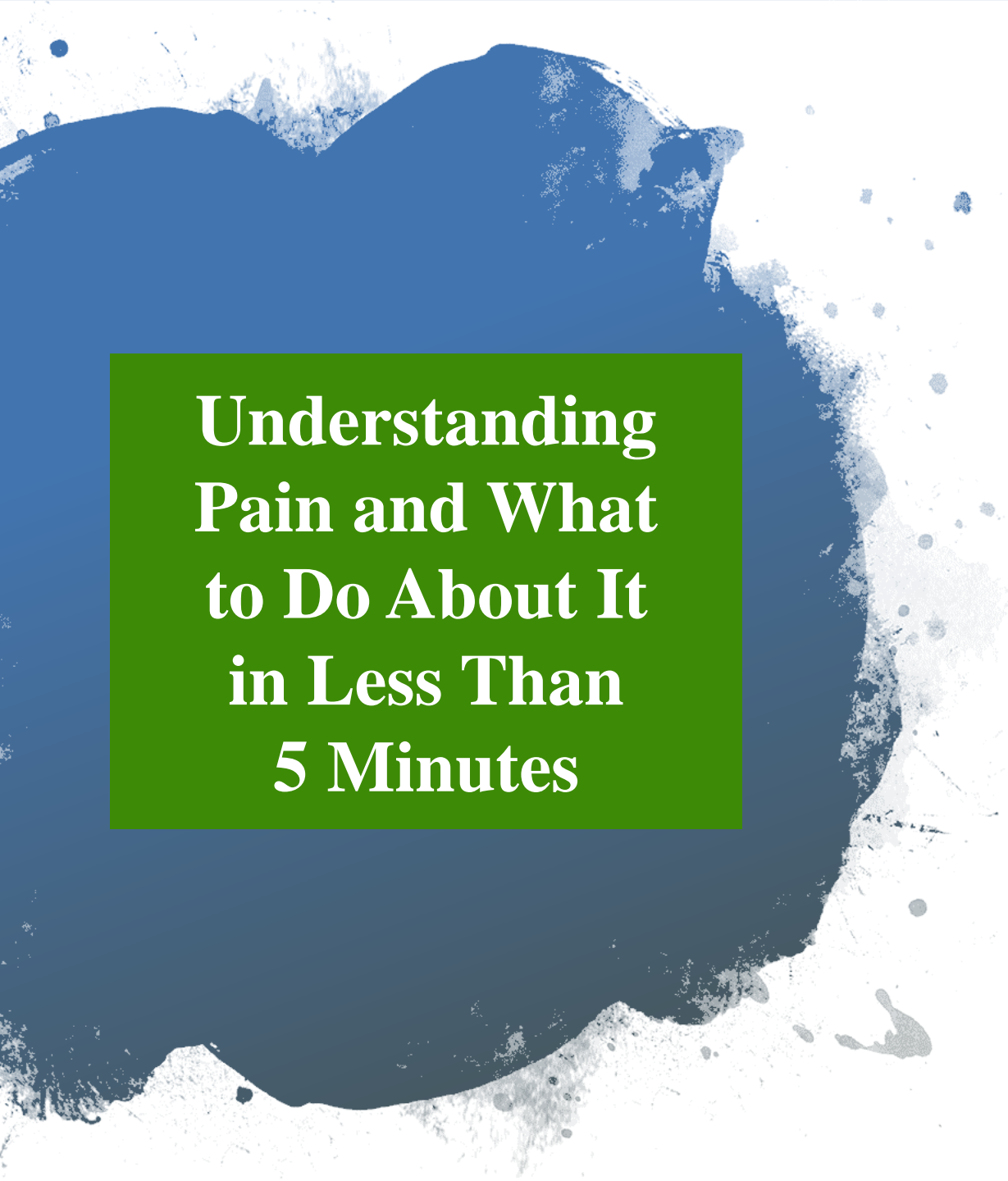
To become a conference sponsor or learn more, please contact **Elizabeth White, MPA**, Prevention Policy Analyst / Project Manager, Oregon Coalition for the Responsible Use of

Lorimer Mosely

Tame The Beast—It's time to Rethink Persistent Pain

<https://youtu.be/ikUzvSph7Z4>





**Understanding
Pain and What
to Do About It
in Less Than
5 Minutes**

Joint Pain Education Project video from the Department of Defense and Veterans Health Administration to learn more about chronic pain management.

<https://www.youtube.com/watch?v=cLWntMDgFcs>

Pain Rehabilitation Programs in Oregon Contracted with CCOs



Health Share/Care Oregon CCO

Progressive Rehabilitation Associates –Vancouver
Quest Center for Integrative Medicine WISH Program – N Portland, Clackamas
Old Town Clinic at Central City Concern – downtown Portland
Providence Rehabilitation Program – N Portland

Columbia Pacific CCO/GOBHI

North Coast Pain Clinic – Astoria
Ivy Avenue Wellness Center – Tillamook
Revitalize Wellness Center – Scappoose

Willamette Valley Community Health – Mid-Valley Pain Clinic - Salem

Intercommunity Health Network CCO

ACT Beyond Pain – Lebanon, Albany, Corvallis, Sweet Home
Movement, Mindfulness and Pain Science - Lebanon

Trillium CCO – Center for Family Development

Columbia Gorge/PacificSource CCO – Persistent Pain Education Program – Hood River & The Dalles

Yamhill Community Care CCO - Persistent Pain Program – McMinnville

Advanced Health CCO – Life Skills for Long Term Pain (starting April 2018) – Coos Bay

Eastern Oregon CCO

Health Solutions Wellness Center – LaGrande
Total Health Pain Program – Baker City
Pain School online

"I highly recommend this succinct, readable and extremely useful and informative book for clinicians and people with chronic pain."
— STEVEN D. FEINBERG, MD, Feinberg Medical Group, past president of the American Academy of Pain Medicine

Living a Healthy Life with Chronic Pain

Sandra M. LeFort, MN, PhD • Lisa Webster, RN
Kate Lorig, DrPH • Halsted Holman, MD
David Sobel, MD, MPH • Diana Laurent, MPH
Virginia González, MPH • Marian Minor, PT, PhD

Includes the **Moving Easy Program CD**, offering a set of easy-to-follow exercises you can do at home



Classes on Living Well with Chronic Pain Around Oregon

www.healthoregon.org/livingwell

This 2015 book is designed to help manage pain so people with chronic pain can get on with living a satisfying, fulfilling life, and includes the *Moving Easy Program* CD. This book and CD are the companion resources to the Chronic Pain Self-Management workshop.

Conclusions

Chronic pain is complex

It is important to screen for and address co-morbid psychological conditions

Treatment goals are to improve function and QOL

Evidence supports a biopsychosocial, self-management, and multidisciplinary approach that focuses on the 5 key domains of best pain care

There are many tools – encourage patients and providers to use them!

Come see us in Bend May 29-31st to learn more!

Thank you! Questions?

Catriona Buist, Psy.D.

Pain Psychologist

Assistant Professor Anesthesiology & Perioperative Medicine

Comprehensive Pain Center

OHSU School of Medicine

buistc@ohsu.edu

Pain in Populations Experiencing Mental Health Disorders

Oregon Pain Guidance

Whole Health for Populations Experiencing Mental Illness

Michelle Marikos

Certified Peer Support Specialist

April 24, 2019

Learning Objectives

Understanding what it's really like to be a patient living with pain

Communication gap and bridging it – why peers?

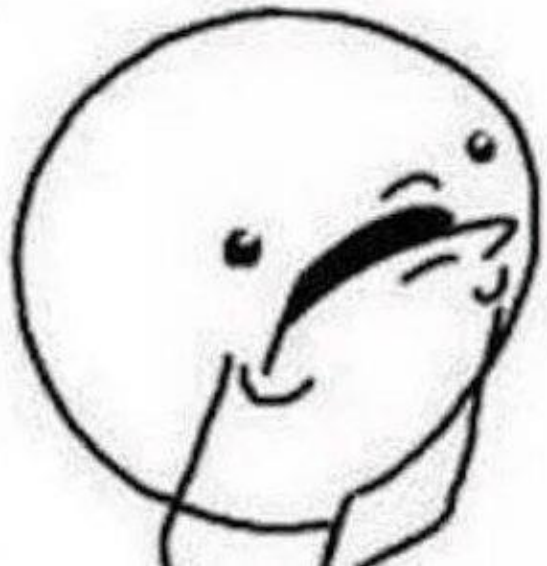
Understanding what pain patients don't know and what they're not told

Understanding & screening for & transition from acute to chronic pain

The Tool Box

Background

That awkward moment when someone asks you to tell more about yourself, and you're like:



OH GOD,
WHO AM I?

The Journey to Hell and Back

The Injury

Purgatory

Light at the end of the tunnel

Back to me

How Did I Become a Peer Specialist?

Oregon Pain Guidance (OPG) – what used to be Opioid Prescriber's group.

The missing pieces – the need for a voice

Oregon Health Authority – where we are going in the future

What Is a Peer Support Specialist for Chronic Pain?

Teacher/ mentor/ coach

Tapering and withdrawal coach and support

Advocate

Bridging the Gap

Resource Purveyor

Why Peers for Chronic Pain?

Lived experience

Taking the burden off the already stressed system

- Primary care is not built for Chronic illness
- Chronic pain is medically treated, when it is best managed with behavioral health interventions and strong supports.
- Cost effective, pros and cons – Insurance has not caught up, but fewer patient visits and higher patient satisfaction scores.

Working with Patients Experiencing Chronic Pain

Support Groups

Education Classes

One on One Support

Webinars

Community Forums

TV and Media ads

Working with Providers

Difficult Conversations Training

Telling the story

Project Echo

Opioid Tapering Taskforce

Consultations with patients and providers

What Pain Patients Do Not Know and What They Are Never Told

Missing Education

Lack of understanding about

- Pain
- Central nervous system
- Medication

The Cure Conversation

CHRONIC PAIN

BY THE NUMBERS

116 MILLION

or **more than 1/3** of Americans suffer from chronic pain.



ESTIMATED ANNUAL COST OF
TREATING CHRONIC PAIN

**\$635
BILLION**



Up to **88 percent**
of patients with chronic
pain disorders suffer with
sleep issues.

Up to **70 percent** GREATER
MORTALITY
RISK.

Chronic pain risk of death exceeds that of
cardiovascular disease.



98 MILLION

NSAID prescriptions in 2012.
Non-steroidal anti-inflammatory drugs (NSAID)
are frequently prescribed to treat pain.

Source: Centers for Disease Control and Prevention (CDC)

Design by: Harsimran Makkad

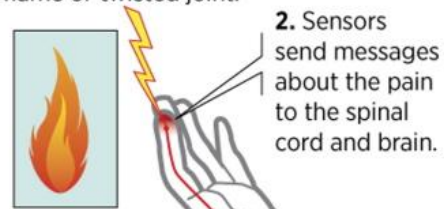


Why does it hurt?

When the nervous system is working properly, acute pain is the body's way of preventing damage. When this system malfunctions, however, it can cause chronic pain that becomes debilitating.

Acute Pain

1. Sensory receptors in the skin detect a threat in the form of a painful stimulus, such as a flame or twisted joint.

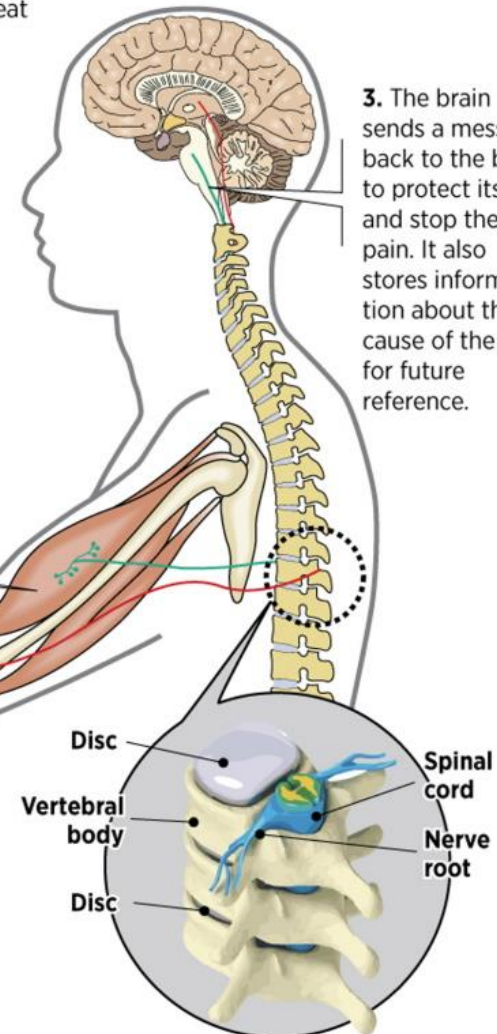


3. The brain sends a message back to the body to protect itself and stop the pain. It also stores information about the cause of the pain for future reference.

4. Muscles in the body receive the brain's instruction and take defensive action, such as pulling a finger from a flame or taking the pressure off an injured ankle.

Chronic Pain

Unlike acute pain, chronic pain can be a debilitating condition and serves no helpful purpose. It may be caused by a malfunction of the central nervous system, such as damaged nerves that send signals of a threat without any real stimuli.



SOURCE: Staff research

STAFF GRAPHIC | MICHAEL FISHER

Opioid Induced Hyperalgesia

- Opioid-induced hyperalgesia is a condition manifested clinically as hyperesthesia (i.e., dramatically increased sensitivity to painful stimuli) and/or allodynia (i.e., pain elicited by a normally nonpainful stimulus).
- It occurs in some patients (and, in laboratory studies, animals) receiving chronic opioid therapy; the abnormal pain often arises from an anatomically distinct region and is of a different quality than the original pain problem

F | **FALSE**
E | **EVIDENCE**
A | **APPEARING**
R | **REAL**

Tool Box

<https://old.www.theaidsreader.com/special-report/10-opioid-myths-and-facts>

Oregon Pain Guidance

Tapering Guidelines – be sure to check back for more info

https://www.oregon.gov/oha/PH/DiseasesConditions/ChronicDisease/LivingWell/Pages/lwworks_hops.aspx

<https://www.retrainpain.org/> – great info and conversation starter for a taper

Tool Box – Cont.

Resources for Patients

“Curable” the app and podcast

Oregon Pain Guidance – Patient portal

<https://www.theacpa.org/> this is about patients not politics

Beth Darnell’s book – easy to understand

<https://www.bullpub.com/catalog/The-Opioid-Free-Pain-Relief-Kit>

Conclusions

What can CCO's do to help?

The continuation of great work, PIP, *Stay Safe Oregon*

Supporting media and education campaigns

Education for case works around chronic pain and opioids

Thank you! Questions?

Michelle Marikos

Certified Peer Support Specialist

Oregon Pain Guidance

Medford, Oregon

michellemarikos@gmail.com

Thank you!

Please complete the post-session evaluation.

Next session is on **Wednesday, May 8 from 12 p.m. – 1 p.m.**
Session 3: Dental & Oral Health for Populations with Mental Illness

Anna Steeves-Reece, ORPRN, steevesr@ohsu.edu

Lynnea Lindsey, Consultant, drlindseyconsulting@gmail.com

For more information on ED MI metrics support, visit
www.TransformationCenter.org