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"Integrating Comprehensive Pain Management into Primary Care"

This webinar will discuss the benefits of an integrated approach treating pain management in primary care.

November 4, 2014
12:30-1:30

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Council of Community Clinics

LIVE WELL SAN DIEGO

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Integrating Comprehensive Pain Management into Primary Care

CCC Webinar
11/04/14

Presented by
Scott Safford, Ph.D. &
Kim Swanson, Ph.D.
St. Charles Family Care

Why is Integrated Treatment of Chronic Pain in Primary Care Important?

"We found out what's causing your stomach pains.
Your inner-child braided your intestines to make you a keychain."

Why is Integrated Treatment of Chronic Pain in Primary Care Important?

- Chronic pain is a common problem
  - Estimated 100 million individuals with chronic pain nation-wide (American Academy of Pain Medicine)
    - Nearly twice the number of diabetic, cancer, and cardiovascular disease patients combined (54 million)
  - Low back pain is the leading cause of disability for Americans under the age of 45

Why is Integrated Treatment of Chronic Pain in Primary Care Important?

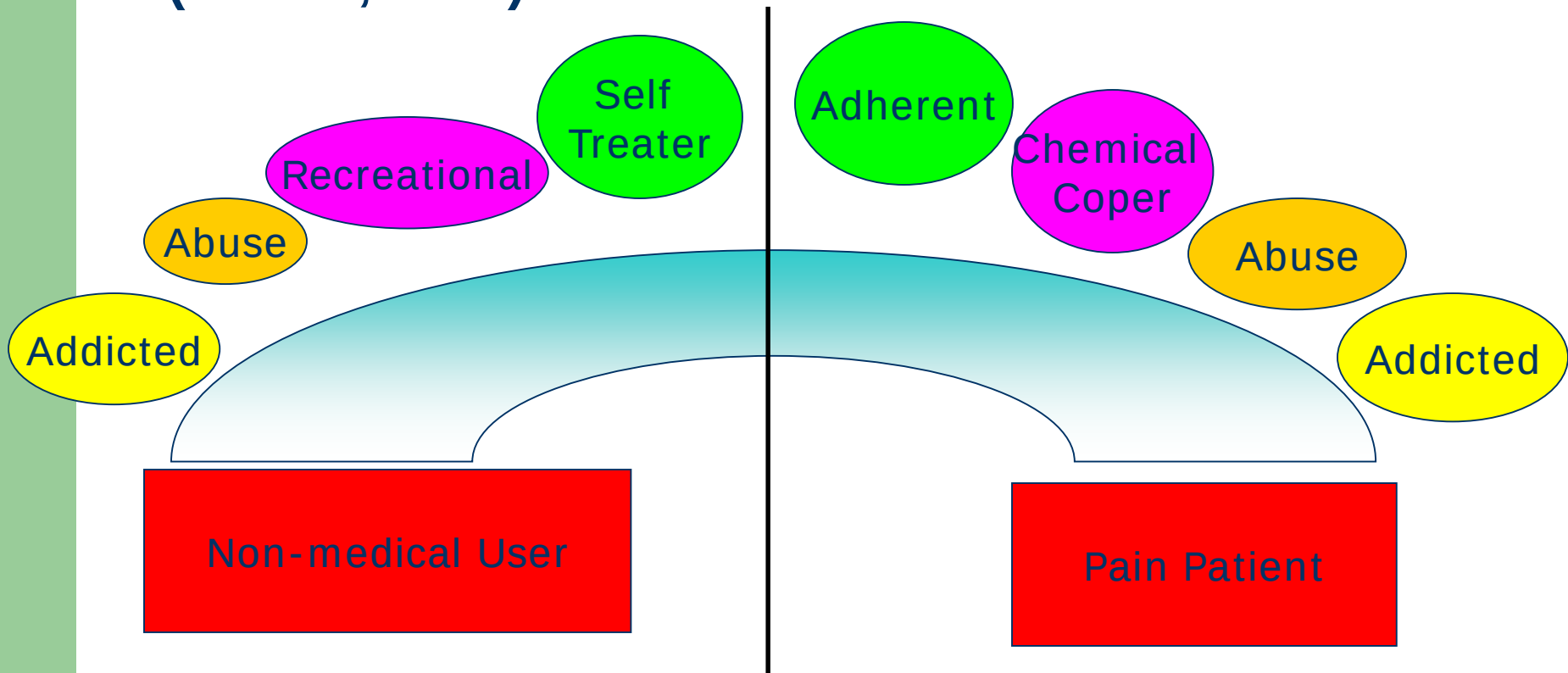
- Patients often have limited access to chronic pain tertiary care clinics and pain specialists
- However, primary care physicians often have concerns about treating chronic pain due to:
  - Increased burden of care (time consuming, high comorbidity)
  - Concerns about addiction/diversion
  - Unclear pathological etiology (rely on self-report)
  - Inadequate knowledge regarding effective prescribing of opioid medications

Why is Integrated Treatment of Chronic Pain in Primary Care Important?

- Substance Use/Misuse/Dependence
  - Research indicates physician's "hunch" on patient's use/misuse of prescription opioids fare worse than chance
  - Abuse of prescription opioids rose 71% between 1997 and 2002
  - Prevalence rates of opioid dependence among chronic pain patients in primary care clinics have ranged between 20% and 40%

Why is Integrated Treatment of Chronic Pain in Primary Care Important?

- **Population of Rx Opioid Users Is Heterogeneous (Passik, 2008)**



Why is Integrated Treatment of Chronic Pain in Primary Care Important?

- **Depression & Chronic Pain**
  - On average, 65% of depressed individuals also complain of pain
  - 3/4ths of chronic pain patients report depressive symptoms
  - Depression in patients with chronic pain frequently goes undiagnosed and untreated
  - Those who suffer with both depression and chronic pain report:
    - More intense pain
    - Less control of their lives
    - More unhealthy coping strategies

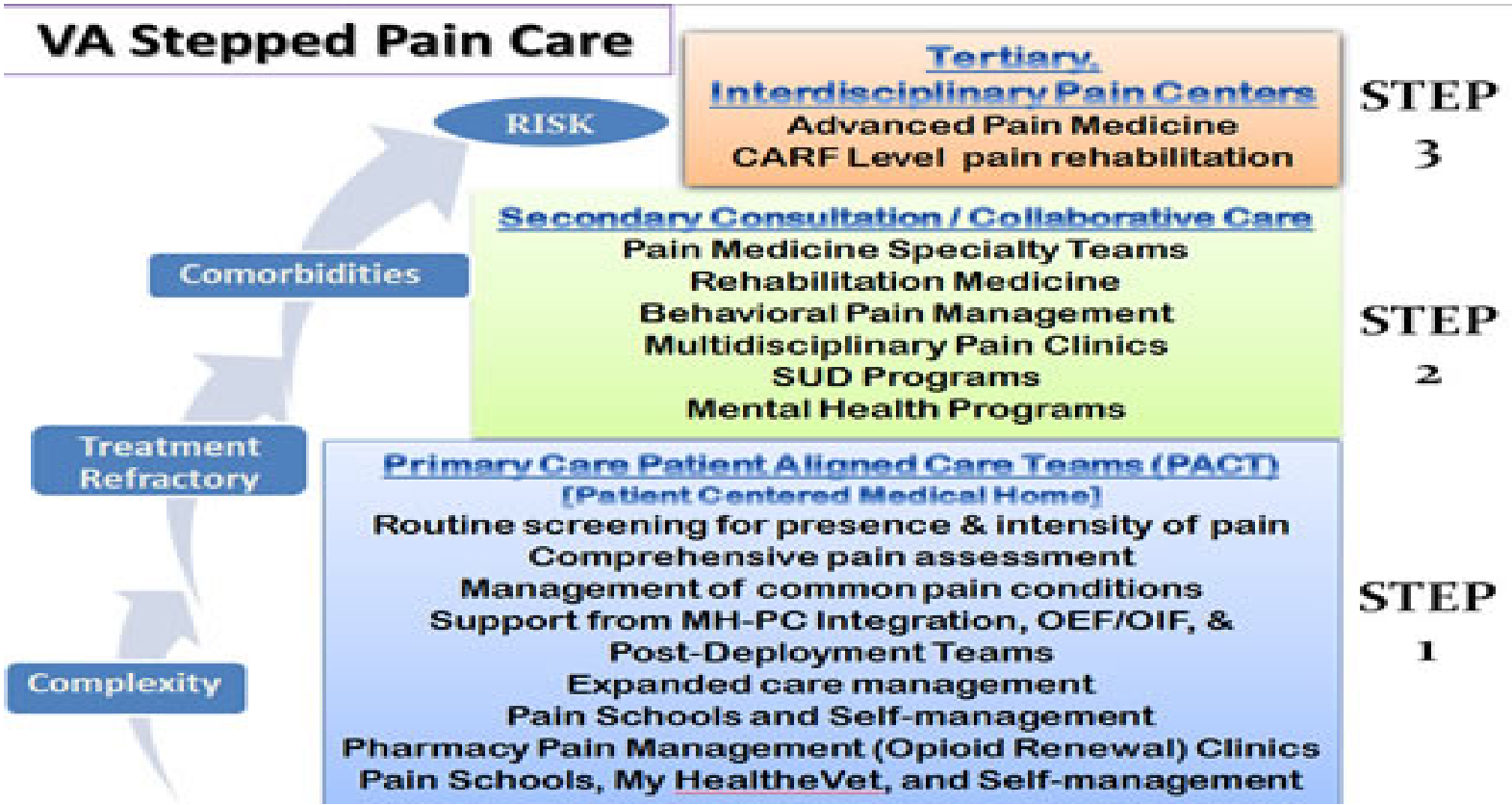
Why is Integrated Treatment of Chronic Pain in Primary Care Important?

- Only about 20% of individuals with mental health issues are seen by mental health professionals (Medicaid.gov)
- Only 30-50% of patients follow through with PCP referrals to outpatient mental health services
- Stigma: Many chronic pain patients see a referral to MH as meaning their physicians think their pain is “all in your head”

Stepped Care and Chronic Pain

Stepped Care and Chronic Pain

- Originated in the Veteran's Health Administration



The Goals of Integrating Comprehensive Chronic Pain Treatment into Primary Care

- Increase patient access to skilled interdisciplinary treatment
- Improve cost-effectiveness of treatment
- Improve physician sense of competency and satisfaction

Primary Care Comprehensive Chronic Pain Management Program: What it Looks Like

- Detection and Prevention (PCP)
  - Controlled substance agreement contract
  - Random urine drug screens
  - Oregon Drug Monitoring Program (ODMP)

- Community-wide controlled substance prescription policy standards
  - 120 mg morphine equivalent dose daily cap
  - Avoiding polypharmacy

Primary Care Comprehensive Chronic Pain Management Program: What it Looks Like

- Risk Stratification and Systematic Screening for Comorbid Conditions (BHC)
  - PHQ, GAD-7, Pain Disability Index, Opioid Risk Tool

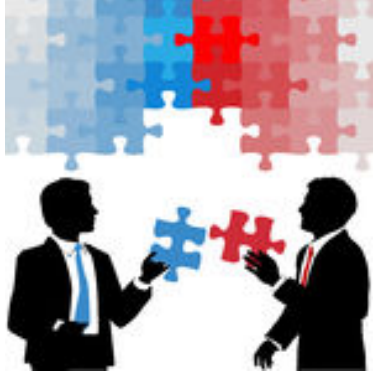
- Pain School for Chronic Pain Management (BHC)
- Coordination of care referrals to secondary and tertiary care (BHC or PCP)

What is Pain School?

- 4-session psychosocial intervention
  - Each class includes providing information about chronic pain, working on applied skills to help manage chronic pain, and teaching various relaxation technique
  - Topic areas include:
    - Acute versus chronic pain
    - Current theories of chronic pain
    - Pain diary and pain scale
    - Pacing
    - Exercise and stretching
    - Balancing productive activities, enjoyable activities, and rest
    - Problem-solving/Goal-setting

What is Pain School?

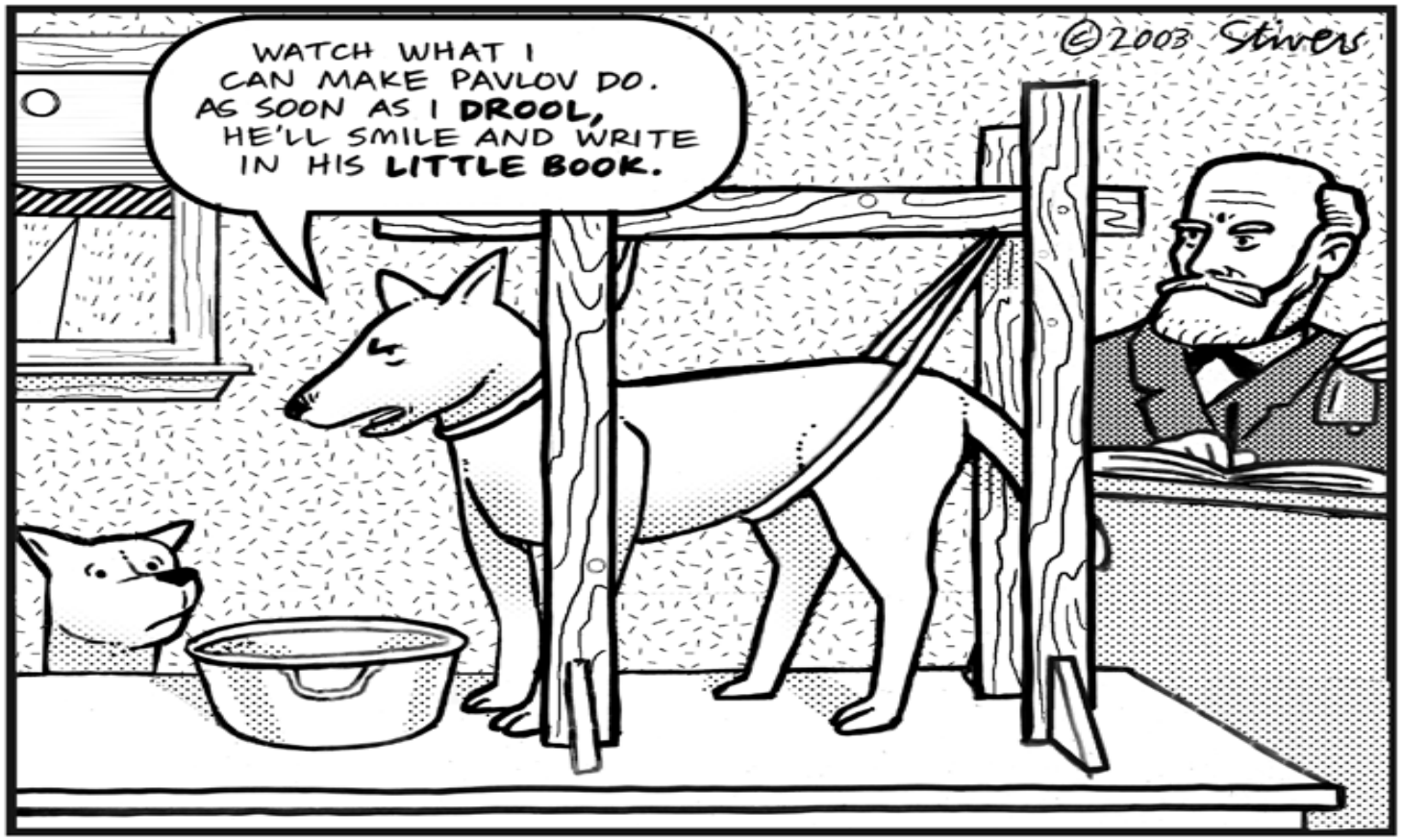
- Topic areas include (continued):
  - Maladaptive thinking patterns and coping strategies for addressing them
  - Interpersonal relationships, pain behaviors and communication styles
  - Sleep hygiene / behavioral strategies for managing sleep
  - Relaxation strategies (diaphragmatic breathing, PMR, guided imagery)



Involving the Payers

- Behavioral health interventions covered by Health and Behavior Individual and Group CPT billing codes
  - Coverage negotiated by hospital with insurance carriers
- Central Oregon Medicaid Provider: PacificSource Community Solutions
  - Negotiating coverage of the cost of treatment
  - Obtaining claims data
  - Providing referrals (future direction)

Evaluating Outcomes



Outcomes Measures

- Measures
  - Pain Severity: Numeric Rating Scale
  - Functioning: Pain Disability Index
  - Psychological: PHQ-9, GAD-7
  - Risk Stratification: ORT

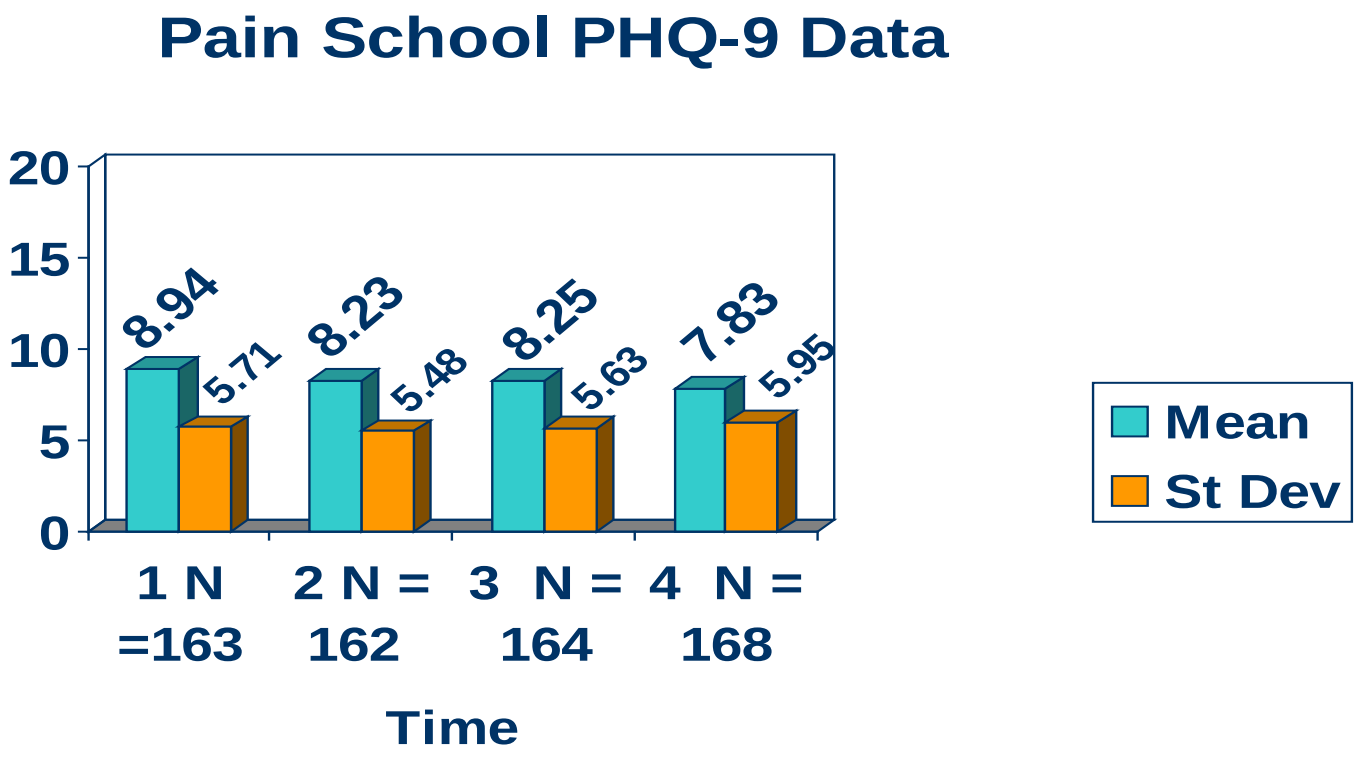
- Physician Compliance
  - Documentation
  - Urine toxicology screening
  - Tracking aberrant drug related behavior
  - Use of Oregon Prescription Drug Monitoring Program
  - Adherence to daily morphine dosage equivalent caps

- Physician satisfaction

Current Outcomes: Demographics and Payer Source

Completers	168			
Age (Mean)	53			
Sex (F/M)	112/54			
Insurance Carrier (N)	BCBS =	7	Pacific Source =	3
	Medicaid/OHP =	68	PP-PEBB =	4
	Medicare =	64	UMR =	1
	MODA/ODS =	9	Generic =	1
	Self Pay =	7		

Current Outcomes



Current Outcomes

- Anecdotal Physician Satisfaction
  - “It is nice to have a ‘program/standard of care”
  - “I feel less anxious about treating pain patients because I feel more supported”

- Physician Adherence (N = 14)
  - Controlled substance agreement = 85%
  - Urine Toxicology Screening = 85%
  - Oregon Prescription Drug Monitoring Program = 85%
  - Evaluation for Risk Stratification and Comorbidities = 64%
  - Documentation to Best Practices = 0%

Medicaid Claims Data

- Claims Data OHP/Medicaid
- Date Range 1/1/2012-7/30/2012
- N = 26

Total Costs Before First Appointment Date	$159,345.45
Total Costs after last appointment date	$128,109.26
Savings	$31,236.19

Cost & Projected Return on Investment

- The Case of Ms. Hello Kitty
  - ED Diversion Patient
  - Attended Pain School = $192.00
  - I BHC Assessment = $110.00
  - 20 BHC interventions 2013 - 2014 = $1880
  - To Date Savings = $19,498

2012	2013	2014
15 ED visits Total Cost = $32,520 *prior to BHC intervention	3 ED visits Total Cost = $ 6,504	2 ED visits Total Cost = $4,336

Future Directions

- Expanding role of RNCC and addition of CHW in primary care team
- Metrics
  - Claims data
    - Health Care Utilization
    - Pharmacy data
    - ED use
    - Specialty Care use
  - PCP Satisfaction
  - Physician adherence to treatment model

Questions & Answers

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