



SAMHSA-HRSA Center for Integrated Health Solutions

Building Organizational Infrastructure to Treat Chronic Pain and Prevent Abuse of Prescription Medications

June 5, 2014



SAMHSA-HRSA Center for Integrated Health Solutions



Aaron Williams, MA (webinar moderator)
Director Training and Technical Assistance for
Substance Abuse for the SAMHSA-HRSA Center
for Integrated Health Solutions (CIHS)



SAMHSA-HRSA Center for Integrated Health Solutions

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Slides are also available on the CIHS website at:

www.Integration.samhsa.gov

under About Us/Webinars

Today's Purpose

The Centers for Disease Control and Prevention classifies prescription drug abuse as an epidemic. At the same time, more than 100 million Americans suffer from chronic pain, and many do not receive adequate treatment or the appropriate options for managing pain. How can health centers and other primary care safety-net provider organizations play a vital role in achieving the balance between appropriate pain management and preventing abuse of prescription medications? Creating a solid organizational infrastructure to support provision of effective chronic pain management is an essential first step.

During today's webinar we will:

- Review a health center's innovative approach to addressing pain management with clients
- Provide administrative guidelines for treating chronic pain in a health center (e.g., the resources and protocols health centers need for effective pain management)
- Outline workforce needs for effective pain management in health centers (Staffing or training needs, team-based care strategies, wraparound infrastructure support, etc.)
- Identify resources for further guidance and information for staff on chronic pain management

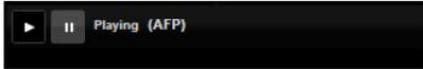
Today's Speakers

- **Aaron Williams, MA (webinar moderator)**
Director Training and Technical Assistance for Substance Abuse for the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)
- **Laura Makaroff, D.O.**
Senior Clinical Advisor for the Office of Quality and Data, Bureau of Primary Health Care at the Health Resources Services Administration (HRSA)
- **Daren Anderson, MD**
VP/Chief Quality Officer, Community Health Center, Inc., Director, Weitzman Quality Institute, Associate Professor of Medicine, Quinnipiac University
- **Kevin A. Sevarino, MD, PhD**
Medical Director, SAMHSA's Providers' Clinical Support System for Opioid Therapies (PCSS-O)
- **Chris Fore, PhD**
Indian Health Service Telebehavioral Health Center of Excellence (TBHCE), Great Plains Area Indian Health Service (IHS) Task Force on Prescription Drug Abuse

Before We Begin

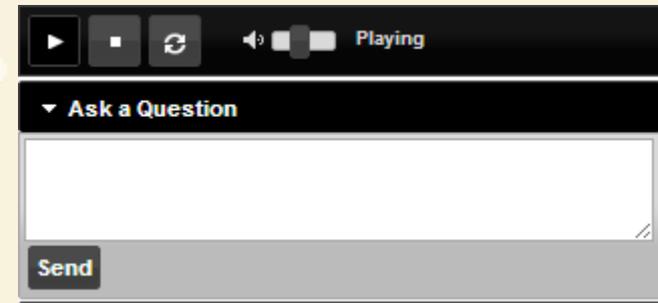
- During today's presentation, your slides will be automatically synchronized with the audio, so you will not need to flip any slides to follow along. You will listen to audio through your computer speakers so please ensure they are on and the volume is up.
- You can also ensure your system is prepared to host this webinar by clicking on the question mark button in the upper right corner of your player and clicking test my system now.

▼ Test my system now

Operating System	 Passed	Windows 7 Your operating system is ready to go!
Browser	 Passed	Google Chrome 33 Your browser is ready to go!
Bandwidth	 Passed	Your connection speed is approximately: 4,513 Kbps Your current bandwidth connection is ready to go!
Media Playback Test	 Passed	
Slide Display Test	 Passed	Your system is ready to go!
Advanced Info	User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36 Tech info: Windows 7 Google Chrome 33 BW: 4,513 Kbps AFP v.12.0.0 WMP v.Not installed or disabled IP: 98.141.87.70 RSA: 173.228.128.107 Screen Res: 1920 x 1080 Compatibility Mode Enabled: NA Cookies Enabled: Yes Click here for the advanced system test Time: Thu Feb 27 16:23:17 GMT+00:00 2014	

Before We Begin

- You may submit questions to the speakers at any time during the presentation by typing a question into the “Ask a Question” box in the lower left portion of your player.
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Toll: 402-875-9835





SAMHSA-HRSA Center for Integrated Health Solutions



Laura Makaroff, D.O.

Senior Clinical Advisor for the Office of Quality and Data, Bureau of Primary Health Care at the Health Resources Services Administration (HRSA)



SAMHSA-HRSA Center for Integrated Health Solutions



Daren Anderson, MD
VP/Chief Quality Officer, Community Health
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Associate Professor of Medicine, Quinnipiac
University

Strategies for Improving the Quality and Safety of Chronic Pain Management in Primary Care



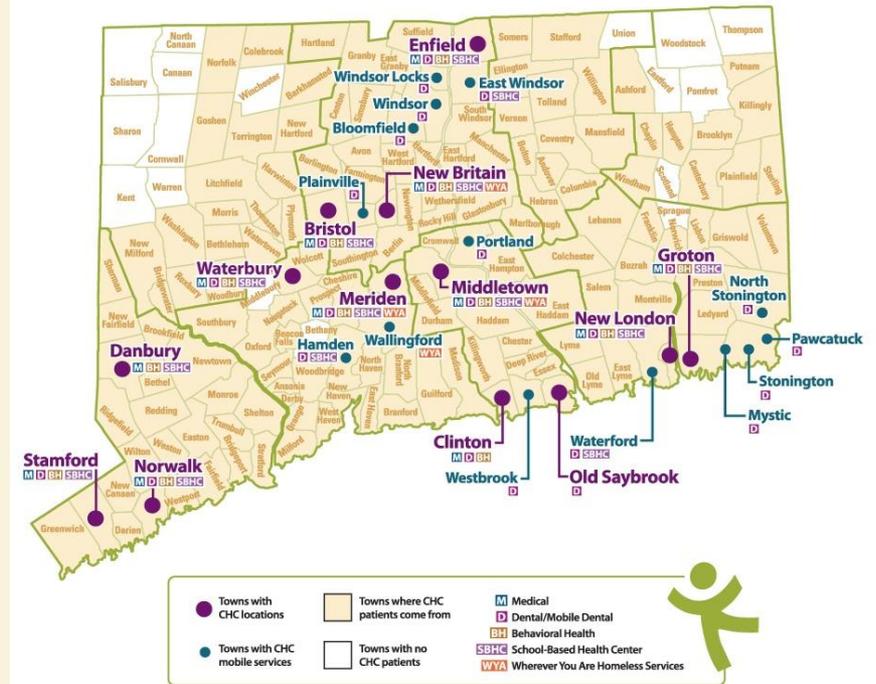
Community Health Center, Inc.

Our Vision: Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and uninsured populations and focused on improving health outcomes and building healthy communities.

CHC Inc. Profile:

- 🕒 Founding Year - 1972
- 🕒 Primary Care Hubs-13
- 🕒 218 service locations
- 🕒 Licensed SBHC locations-24
- 🕒 Organization Staff - 500
- 🕒 140,000 patients
- 🕒 400,000 visits
- 🕒 Medical, dental, behavioral health

CHC Locations in Connecticut



weitzman  **institute**
inspiring primary care innovation

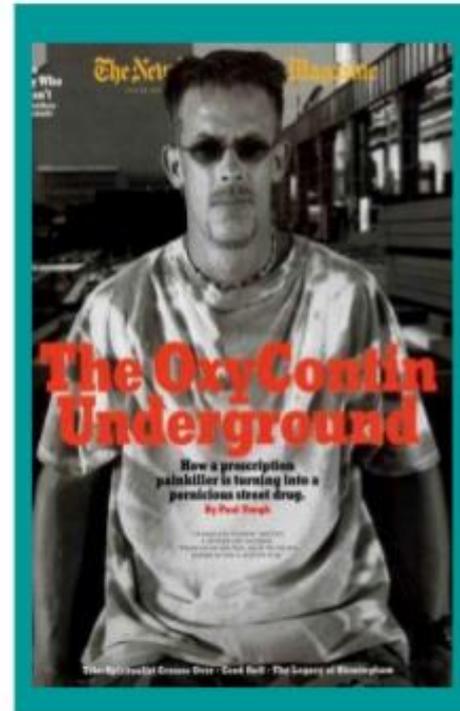
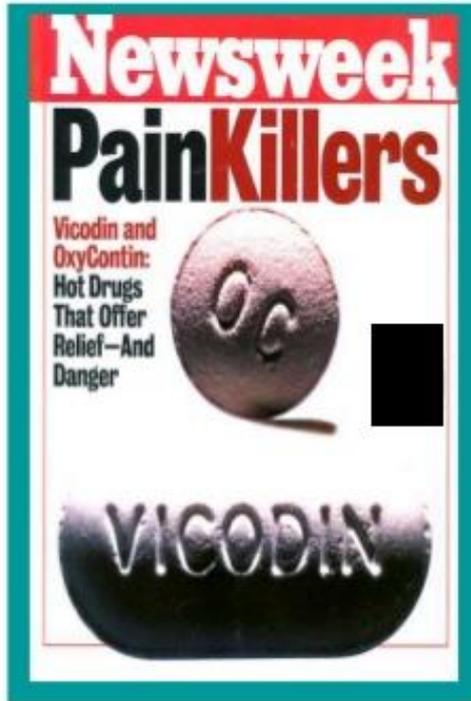
CHCI's Weitzman Institute



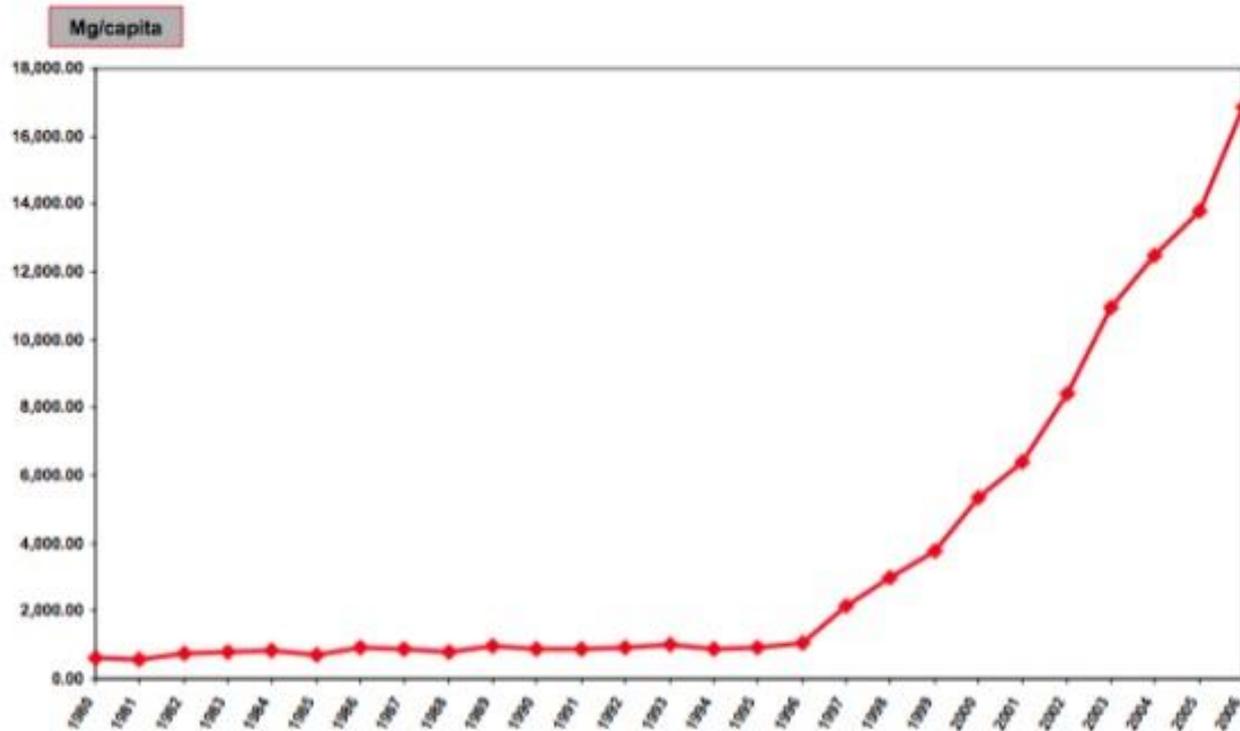
Committed to improving primary care for underserved populations by promoting research, training, education, and innovation

Background

- Chronic pain affects approximately 100 million Americans¹
- Annual cost of \$635 billion in medical treatment and lost productivity¹
- Majority of patients with pain seek care in a primary care setting²
- Primary Care Providers express low knowledge and confidence in pain management and receive little pain management education³
- Opioids are heavily relied on for pain management in primary care⁴
- Prescription opioid overdose is a major and growing public health concern⁵

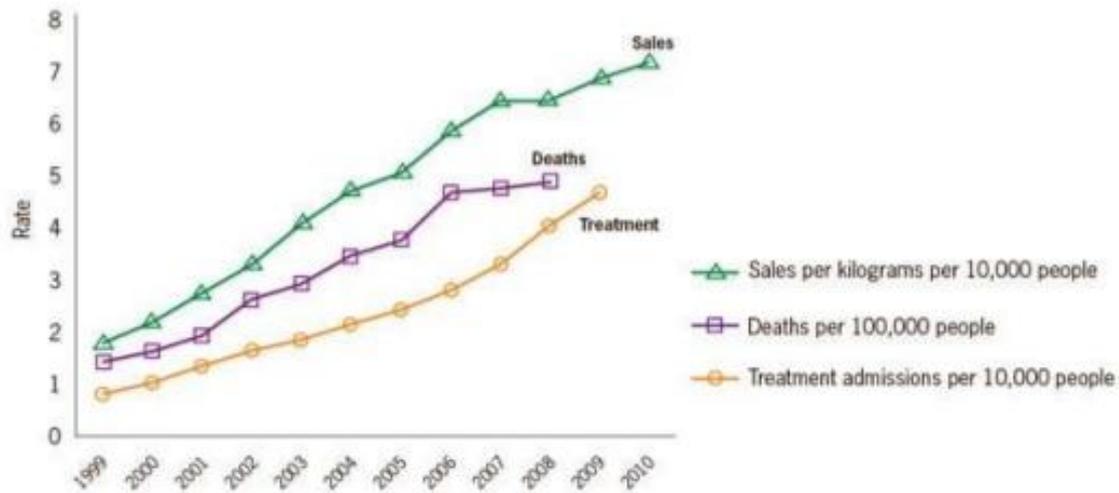


New York Consumption of Oxycodone 1980 - 2006



Sources: U.S. Dept of Justice, Drug Enforcement Administration, Office of Diversion Control

Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)

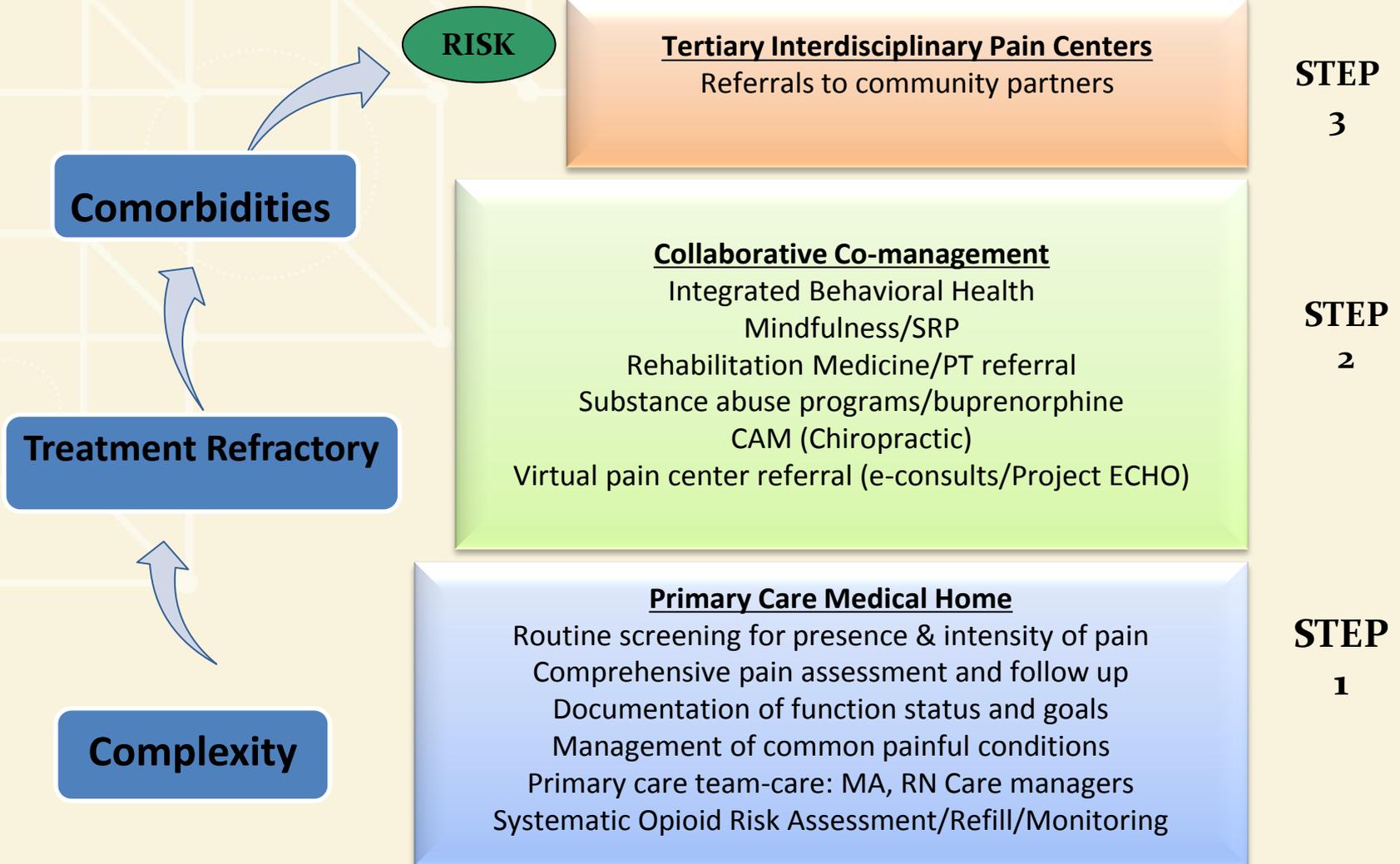


SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009

The Challenge for the PCP

- Increasing demand to identify and manage painful conditions
- Increasing rates of opioid abuse and diversion
- Limited training in pain management
- Limited access to specialists
- Limited access to pain management specialty centers





Chronic Pain in Primary Care: Baseline Data from a large health system

- Chronic pain is extremely common (up to 37% of visits)
- Patients using opioids have >10 visits per year
- Documentation of pain care is poor
- Functional assessments are rarely documented
- Pain care knowledge is low
- Providers have low confidence in their pain management skills
- Providers feel that pain care is an important skill for them

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Low pain knowledge/self efficacy	Increase knowledge and self efficacy	Online, team-based CME
Poor documentation of pain and functional status Poor documentation of pain reassessment	Improve documentation of pain care/functional status	<ul style="list-style-type: none"> EHR templates for pain management visits SF8 Pain interference form (PROMIS tool) Opioid Risk Tool COMM[®] form
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UC DAVIS DIVISION OF PAIN MEDICINE
AND INTEGRATIVE MEDICINE PROGRAM

PRESENT

Integrative
Health for
Pain Relief

April 3-6, 2014

Makena Beach & Golf Resort,
Maui, Hawaii

PAIN

THE NATIONAL CONFERENCE ON PAIN FOR
FRONTLINE PRACTITIONERS

3D CME!

DiStiNcT. DiVerse. DeFiNitiVe.

**100+ CME/CE
CREDITS OFFERED**

SAFE Opioid Prescribing
Strategies. Assessment. Fundamentals. Education

Extended-Release and Long-Acting Opioid Analgesics
Risk Evaluation and Mitigation Strategy (REMS)

PRIMED®

CHCI Biannual Pain Management CME

- All PCP's
- 2 hours, biannually
- Virtual Lecture Hall®
- Group format: PCP, RN, BHP, PharmD

A screenshot of a web-based CME interface titled "IMPROVING OUTCOMES IN CHRONIC PAIN". The interface includes a navigation map, essential points, time management (3 mins, 15 secs elapsed), and a functional assessment section. The main content area displays a question for Michael Brown's visit: "Because your appointment time is limited, how would you ask about his pain and related issues?" with 10 multiple-choice options. A "Submit" button and a "Back" link are also visible.

Improving Outcomes in C... X

IMPROVING OUTCOMES IN CHRONIC PAIN

References Home Help

NAVIGATION MAP

ESSENTIAL POINTS

TIME MANAGEMENT

Elapsed: 3 mins, 15 secs.

FUNCTIONAL ASSESSMENT

You have not earned any case points yet.

Michael BROWN >> VISIT 1 (20 Minutes Scheduled)

You Continue Your Interview

After reviewing his records, you continue your interview.

Question

Because your appointment time is limited, how would you ask about his pain and related issues?
(Select all appropriate answers.)

- 1. Where do you feel the pain? (Time: 35 secs.)
- 2. How long have you been unable to work due to the pain? (Time: 15 secs.)
- 3. What does the pain feel like? (Time: 10 secs.)
- 4. How intense is the pain? (Time: 60 secs.)
- 5. Does the back pain radiate down your legs? (Time: 15 secs.)
- 6. What makes the pain worse or better? (Time: 15 secs.)
- 7. When is the pain worst and least? (Time: 25 secs.)
- 8. How long have you had these pains? (Time: 15 secs.)
- 9. Have you had trouble with your bowels or bladder due to the pain? (Time: 15 secs.)
- 10. Have you lost strength or feeling in your arms or legs? (Time: 15 secs.)

Submit

Back

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Chronic Pain Follow-Up Templates

- Click the **HPI** link and select the category **Chronic Pain Follow Up** to document the necessary information:

The screenshot shows the HPI (TEST, TrainingH) window with the 'Chronic Pain F/U assessment' template selected. The 'Notes' column in the table is highlighted, and a green callout box points to it with the text: "To document, click the Note column for each item listed." The HPI Notes dialog box is open, showing a list of options for pain diagnosis, including 'lumbar disc herniation'. A green callout box points to this option with the text: "Select an option on the left and/or enter free text." The dialog box also includes fields for Duration, Location/Radiation, Onset, Severity, Nature, Aggravated by, Relieved by, and Associated Symptoms.

c/o	denis	Symptom	Duration	Notes
		Pain Diagnosis		
		Pain Location		
		Functional assessment		
		Additional treatment modalit		
		Reported improvement since		
		Diagnostic imaging results		
		Functional goals:		
		Opioid Agreement		
		Adverse medication effects		
		Toxicology screen		
		Specialist referral		
		Signs of aberrancy		

Opioid Risk Tool (ORT)

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

MARK EACH BOX THAT APPLIES	FEMALE	MALE
FAMILY HISTORY OF SUBSTANCE ABUSE		
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Rx drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
PERSONAL HISTORY OF SUBSTANCE ABUSE		
Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Rx drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 5
AGE BETWEEN 16–45 YEARS	<input type="checkbox"/> 1	<input type="checkbox"/> 1
HISTORY OF PREADOLESCENT SEXUAL ABUSE	<input type="checkbox"/> 3	<input type="checkbox"/> 0
PSYCHOLOGIC DISEASE		
ADD, OCD, bipolar, schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1
SCORING TOTALS		

ADMINISTRATION

- On initial visit
- Prior to opioid therapy

SCORING (RISK)

0–3: low

4–7: moderate

≥8: high

Pain Follow Up Assessment Forms



Name: _____ DOB: / / Today's Date: / /

How would you rate your pain TODAY?
 0 1 2 3 4 5 6 7 8 9 10
 Least Worst

What was your range of pain over the last month? Mark the scale twice: once for least pain, and then for worst.

0 1 2 3 4 5 6 7 8 9 10
 Least Worst

Please respond to each question or statement by circling one number per row. In the past 7 days...

	Not at all	A little bit	Somewhat	Quite a bit	Very much
1 How much did pain interfere with your day to day activities?	1	2	3	4	5
2 How much did pain interfere with work around the home?	1	2	3	4	5
3 How much did pain interfere with your ability to participate in social activities?	1	2	3	4	5
4 How much did pain interfere with your enjoyment of life?	1	2	3	4	5
5 How much did pain interfere with the things you usually do for fun?	1	2	3	4	5
6 How much did pain interfere with your enjoyment of social activities?	1	2	3	4	5
7 How much did pain interfere with your household chores?	1	2	3	4	5
8 How much did pain interfere with your family life?	1	2	3	4	5

Please describe how your pain affects your daily life by answering these questions

1. Have you been to the emergency room, urgent care, or other health care practitioner for your pain since your last visit in this clinic? No Yes
2. Do you have an appointment with a health care practitioner for your pain? No Yes If yes, WHO? _____
3. Is your pain relief adequate? No Yes If no, please list specific goals that you feel have not been yet achieved on the reverse side of this paper.

MEDICATION

4. **PAIN RELIEF:** On the average, by what percentage do your medications reduce your pain? (0% = no relief, 100% = complete relief)

Please circle: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

5. Since your last visit with us have you experienced any of the medication side effects (circle any that apply):

Nausea sweating drowsiness poor concentration shakiness increased joint pain
 itching feeling drunk poor sex drive poor coordination flushing increased tiredness rash
 dizziness new headache difficulty urinating constipation new or increased leg or foot swelling

Reviewed with the patient _____ MD, DO, NP, PA, RN

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CHCI standard policy for chronic opioid therapy:

All patients receiving COT* must have:

- Signed opioid agreement scanned and saved in the HER
- Utox at least once every 6 months
- Follow up visit every 3 months

*COT defined as receipt of 90 days or more of prescription opioid analgesic medication

SAMHSA-HRSA Center for Integrated Health Solutions

Community
Health Center

Name _____ Date of Birth _____

- Some medicines ("controlled medications") can be dangerous and addictive. Problems can include driving accidents, confusion, vomiting, breathing problems, itch, constipation and more. If used incorrectly, these medications can also cause death.



- Sharing my medication may also result in harm or death. I promise to keep my medication safe.
- The problem we are treating is: _____
- The goal of treatment is _____ . If I do not reach the goal, the medicine may be stopped.
- I will have my controlled prescriptions filled only at this pharmacy: _____
- I cannot ask for an early refill, and I will not call after-hours for refills. That means I will only call between 8:30 AM and 4:30 PM Monday through Friday. I also agree to always be polite to office staff. When it is time for a refill, I will make an appointment if my provider asks me to.
- My provider will ask me to follow up regularly for these medicines, and missing appointments may result in my medicine being stopped.
- Unless there is an emergency, I will only get my prescriptions from this clinic. If there is an emergency, I will call as soon as possible to let the clinic know.
- Because these medications can be dangerous, I agree to random drug tests (urine or saliva) and medication checks. A medication check means I will be called, and must come in with my medications on the day I am asked. Refusing drug tests or medication checks may result in the medicine being stopped.
- I will not use illegal drugs or abuse alcohol
- I understand that changing a prescription is a crime.
- Because of the dangers of these medications, they will be stopped if the risk appears to be more than the benefit. If someone calls and says I am selling or misusing my medicine, the medicine may be stopped.
- Date: _____ Patient Signature: _____
- Date: _____ Provider Signature: _____

Opioid Management Dashboard

Home > CHC Data > Site Assets

Actions | 1 of 1 | Find Next | 100%



Chronic Opioid Patients

Data as of: 10/1/2012

Provider Names

Total of Chronic Opioid Patients	Total of Current Opioid Patients	Panel Size (12-mon)	% of Panel on Chronic Opioids	Total of 1-Utox Patients (6-mon)	% Utox Completed	Total of Contract Patients (ever)	% of Opioid Contract (ever)	Total of Contract Patients (12-mon)	% of Opioid Contract (12-mon)	Total of Survey Patients (3-mon)	% of Survey Patients (3-mon)	Patients Not Seen (Med) within 3-mon	% Not Seen within 3-mon
34	32	952	3.57%	20	62.50%	27	84.38%	18	56.25%	6	18.75%	3	9.38%
65	61	976	6.66%	50	81.97%	57	93.44%	51	83.61%	30	49.18%	4	6.56%
45	43	1076	4.18%	25	58.14%	33	76.74%	26	60.47%	11	25.58%	3	6.98%
55	52	1209	4.55%	38	73.08%	29	55.77%	9	17.31%	7	13.46%	4	7.69%
13	13	662	1.96%	7	53.85%	11	84.62%	10	76.92%	0	0.00%	0	0.00%
112	106	1111	10.08%	86	81.13%	99	93.40%	84	79.25%	27	25.47%	2	1.89%
1	1	677	0.15%	1	100.00%	1	100.00%	1	100.00%	0	0.00%	0	0.00%
8	8	682	1.17%	5	62.50%	5	62.50%	5	62.50%	3	37.50%	1	12.50%
21	15	1271	1.65%	7	46.67%	11	73.33%	9	60.00%	2	13.33%	1	6.67%
4	4	882	0.45%	3	75.00%	2	50.00%	1	25.00%	3	75.00%	0	0.00%
1	1	584	0.17%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5	5	443	1.13%	4	80.00%	4	80.00%	4	80.00%	3	60.00%	0	0.00%
14	12	1160	1.21%	3	25.00%	7	58.33%	3	25.00%	2	16.67%	2	16.67%
15	15	200	7.50%	11	73.33%	9	60.00%	5	33.33%	0	0.00%	1	6.67%
8	7	945	0.85%	5	71.43%	4	57.14%	4	57.14%	1	14.29%	0	0.00%
82	77	1052	7.79%	50	64.94%	65	84.42%	49	63.64%	42	54.55%	8	10.39%
5	5	832	0.60%	4	80.00%	5	100.00%	5	100.00%	2	40.00%	0	0.00%
67	63	661	10.14%	37	58.73%	38	60.32%	32	50.79%	28	44.44%	4	6.35%
15	15	625	2.40%	15	100.00%	8	53.33%	8	53.33%	8	53.33%	1	6.67%
21	18	830	2.53%	12	66.67%	11	61.11%	8	44.44%	10	55.56%	1	5.56%
4	4	962	0.42%	2	50.00%	3	75.00%	2	50.00%	1	25.00%	0	0.00%

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Behavioral Health Integration for Pain Management

- Co-location of Behavioral health and primary care
- Warm handoffs
- Group therapy
- BH participation in Project ECHO

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SAMHSA-HRSA
Center for Integrated Health Solutions





Action Plan

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Project ECHO



“The mission of Project ECHO is to develop the capacity to safely and effectively treat chronic, common and complex diseases in rural and underserved areas and to monitor outcomes.”
Dr. Sanjeev Arora, University of New Mexico



CHC Project ECHO Goals:

- Replicate ECHO in an urban/underserved geographically widespread FQHC
- Create a flexible access model for PCPs
- Expand access to treatment for various complex illnesses for underserved patients
- Use ECHO model to promote integrated behavioral health/primary care
- Conduct rigorous outcomes evaluation
- Leverage CHC's ECHO platform to meet the needs of clinics interested in ECHO nationwide

Technology Infrastructure



- Video conferencing system for ECHO team
- Mobile teleconferencing platform (Vidyo©)
- Webcam/iPad/smartphone for end-users
- Recorded/catalogued sessions
- Streaming sessions

SAMHSA-HRSA Center for Integrated Health Solutions



Pain Management



Integrative Pain Center of Arizona



Bennet Davis, MD, Founder IPCA

Anesthesiology, orthopedics, and Pain Medicine

Cela Archambault, Ph.D., Founder IPCA

Clinical Psychology, Health Psychology and Pain Management

Jennifer Schneider, MD, Ph.D.

Internal Medicine, Addiction Medicine and Pain Management

Amy Kennedy, PharmD, BCACP

Clinical Assistant Professor at the Univ. of Arizona College of
Pharmacy and Clinical Pharmacist

Kathy Davis, RN, ANP-C, Founder IPCA

Primary care, pain management

Ancillary staff:

Chinese medicine, rehabilitation/occupational medicine, nutrition



Experience:

- The the expert ECHO panel have been working together for over 15 years providing multidisciplinary care and running weekly transdisciplinary care coordination conferences for the benefit of the local So Arizona

Pain ECHO Participants

Connecticut: Community Health Center, Inc.

Arizona: El Rio Community Health Center

Delaware: Westside Community Health Center

California: Open Door Community Health Center

New Jersey: Breakthrough Series Pain and Opioid Management Collaborative

Maine: Maine Chronic Pain Collaborative



Pain ECHO Content Sharing

- Twitter feed for questions/comments
- Project ECHO Pain Google site

Home

- Project Definition
- ▼ The Team
 - ECHO Providers
- Case Submission Process
- eConsults
- Patient Presentation Files **A**
- Didactic Presentations **B**
- Case Presentations
- Calendar
- Project Updates
- How To Join A Meeting
- Helpful Tools & Articles
- Sitemap
- Recent site activity

302
days since
First Echo Session January 3,
2013

WELCOME TO PROJECT ECHO™

This site is for Project Echo participants. Most users are able to edit site content in a version controlled environment.

For help with navigation to get basic things done go [here](#).

If you would like to use Twitter to post questions or comments during an Echo session see instructions

Dan's Clinical Pearls

Epidural steroid benefit may just be systemic
If you get 2 weeks worth of benefit from an epidural steroid and then it goes back to the way it was, it may just be from the systemic absorption helping out facet joints or other inflamed tissue.....not necessarily the discs/nerve roots.
Posted Oct 10, 2013, 10:03 AM by Dan Wilensky

Facet joint pain common in post-whiplash. Common in

- A. Patient presentation files
- B. Didactic presentation files, including recorded sessions
- C. Clinical pearls blog

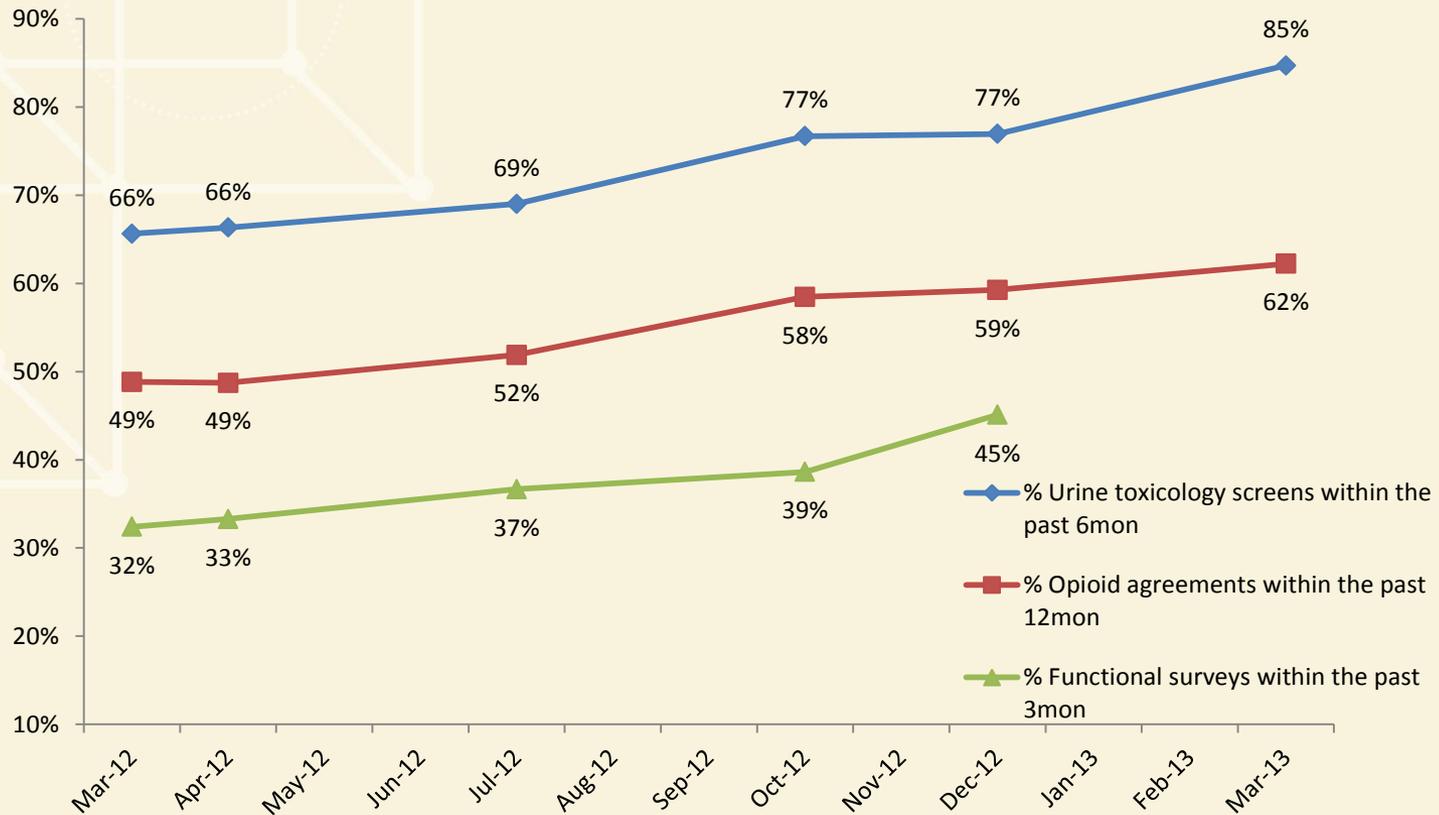
More Unique Features of CHCI Project ECHO

- Rigorous evaluation of outcomes
- Integration of behavioral health and primary care through co-presentation
- National participation

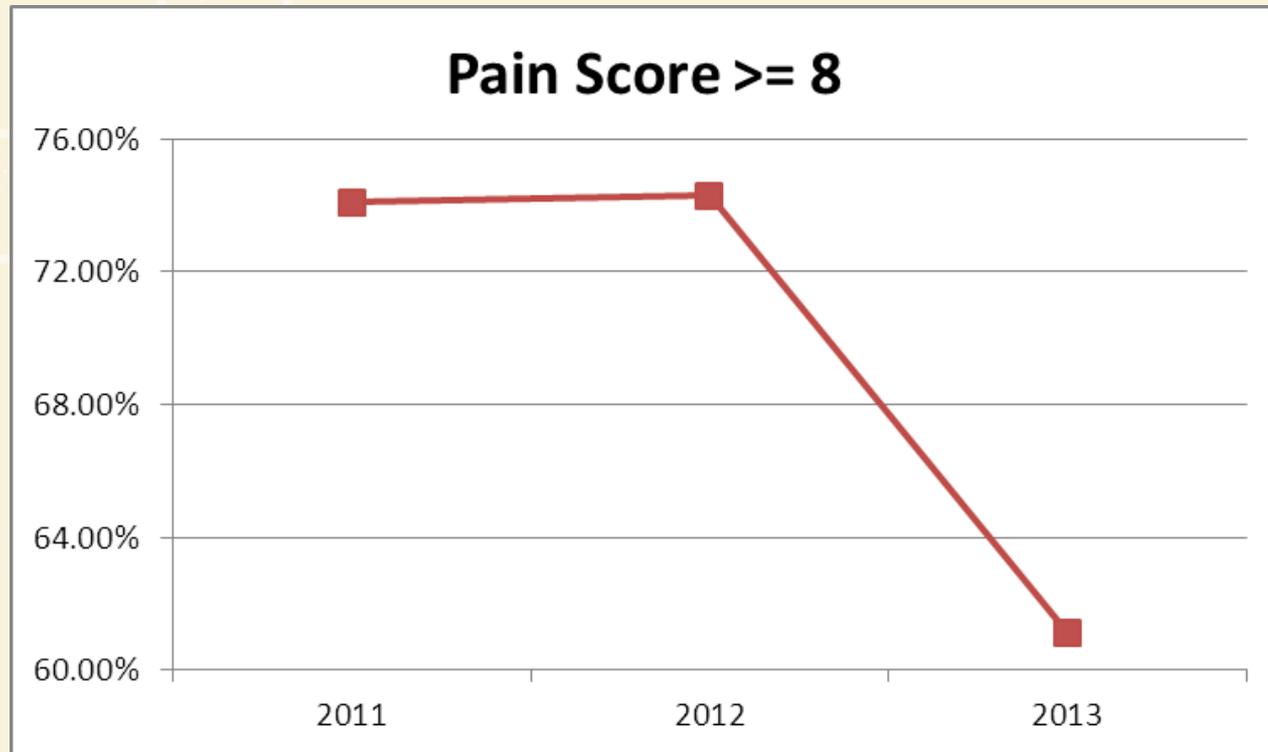


PRELIMINARY RESULTS

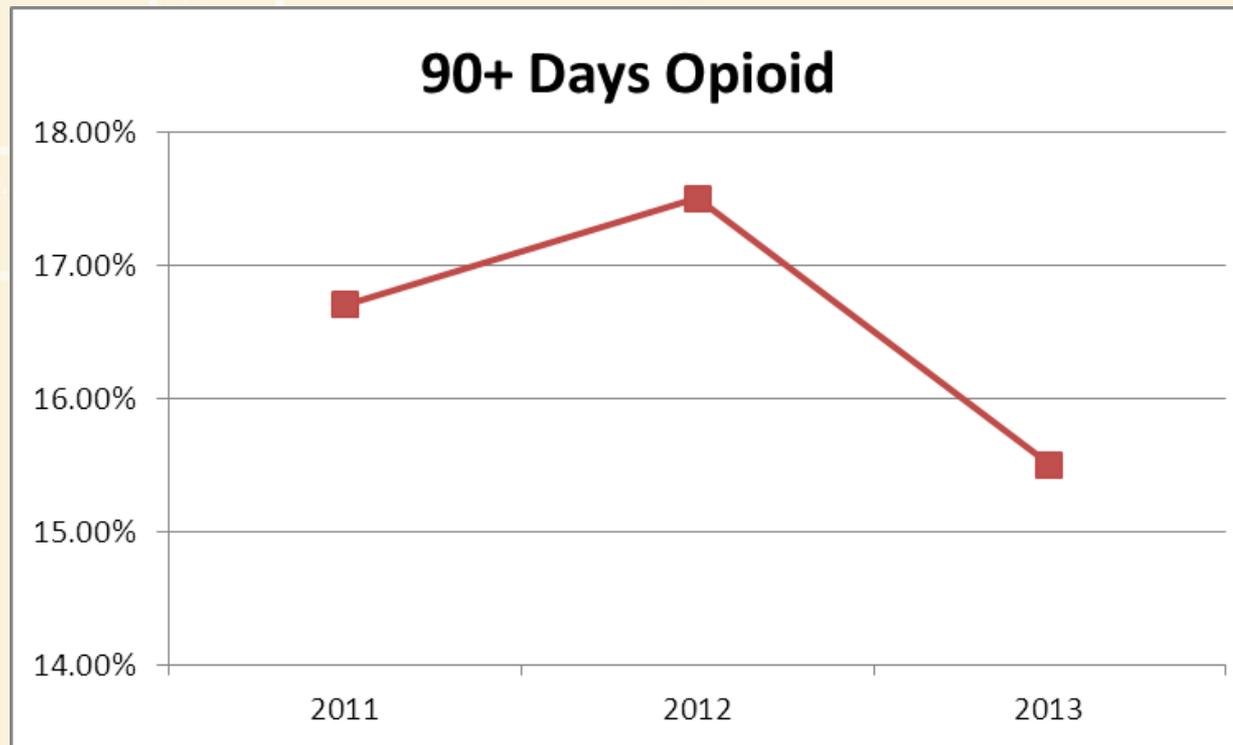
Improvements in Opioid Agreements, uTox Screening and Functional status



Decrease in severe pain

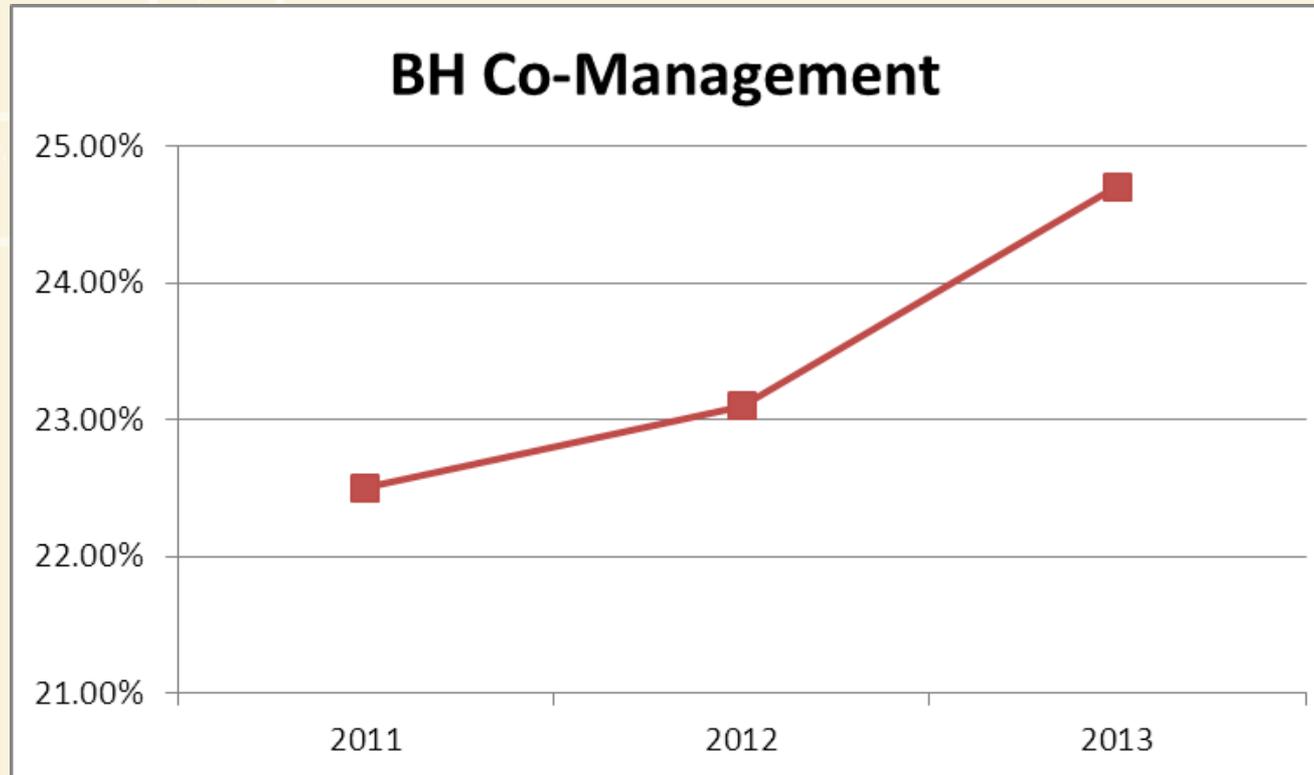


Decrease in Chronic Opioid Prescribing

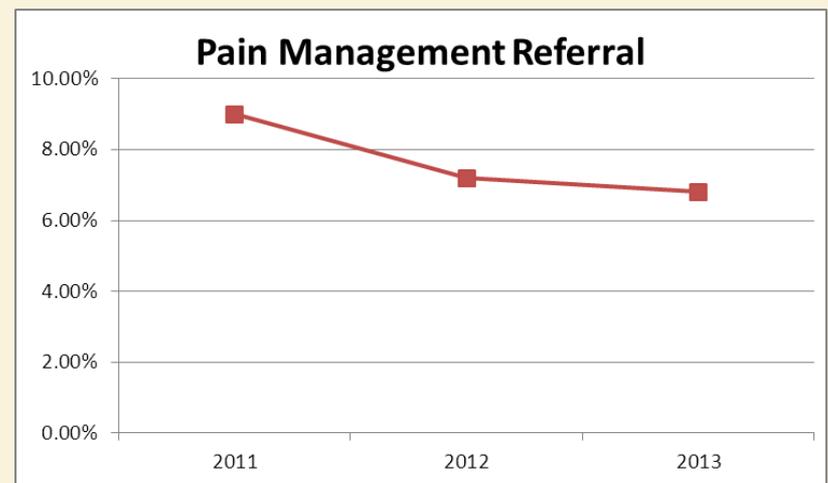
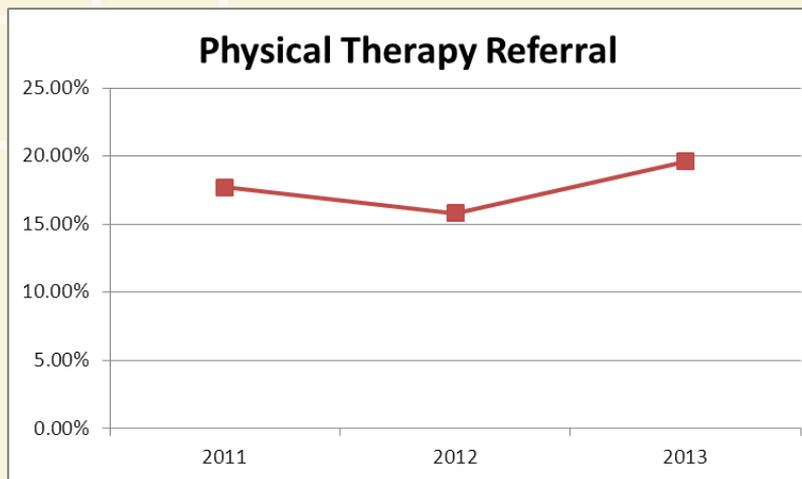
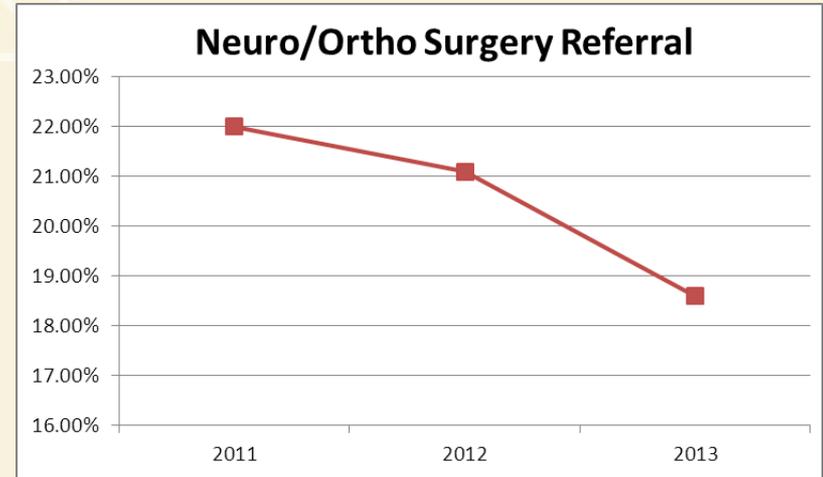


Prescription of 90+ days of any opioid medication
in patients with and without chronic pain

Chronic Pain Cohort

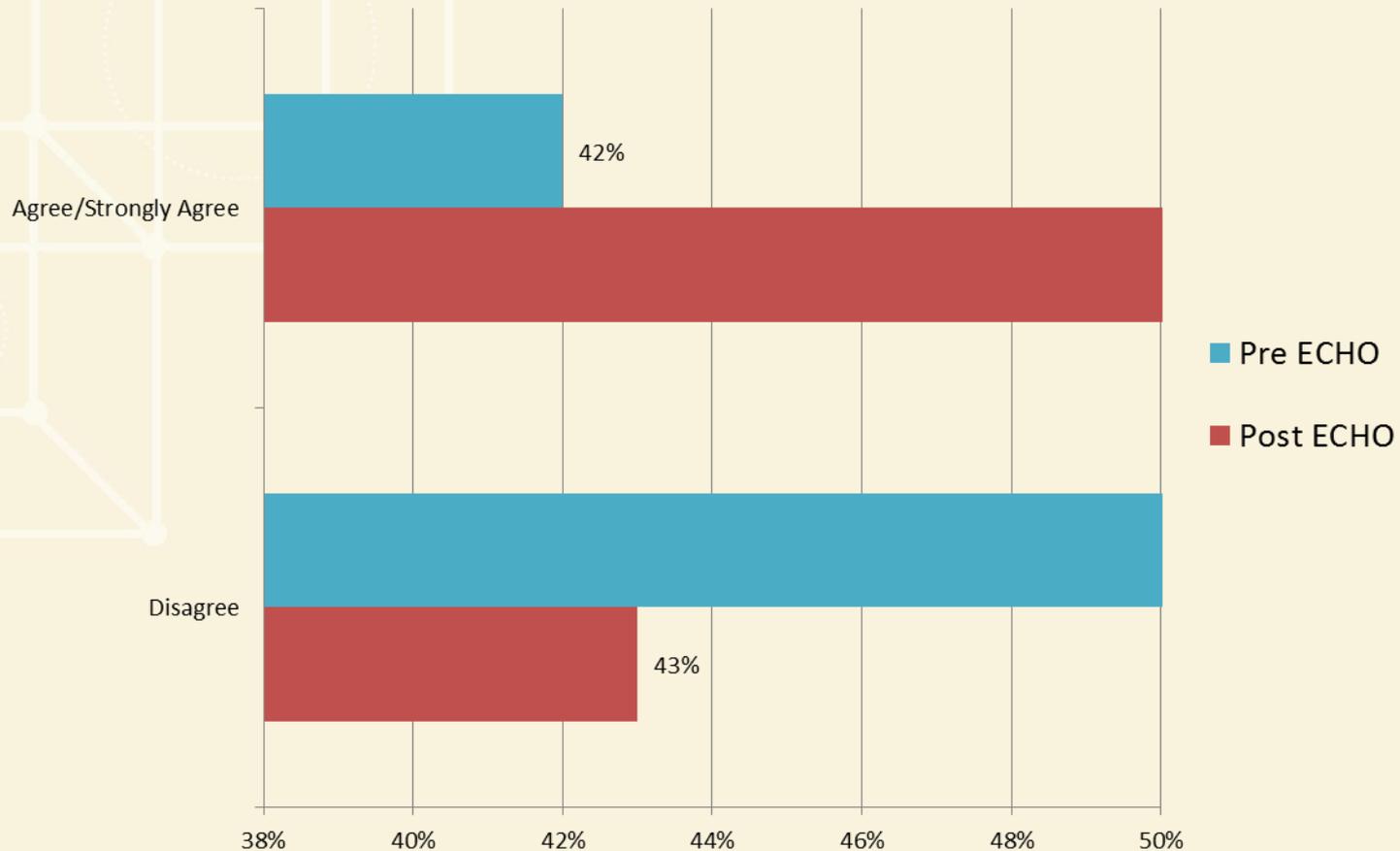


Chronic Pain Cohort



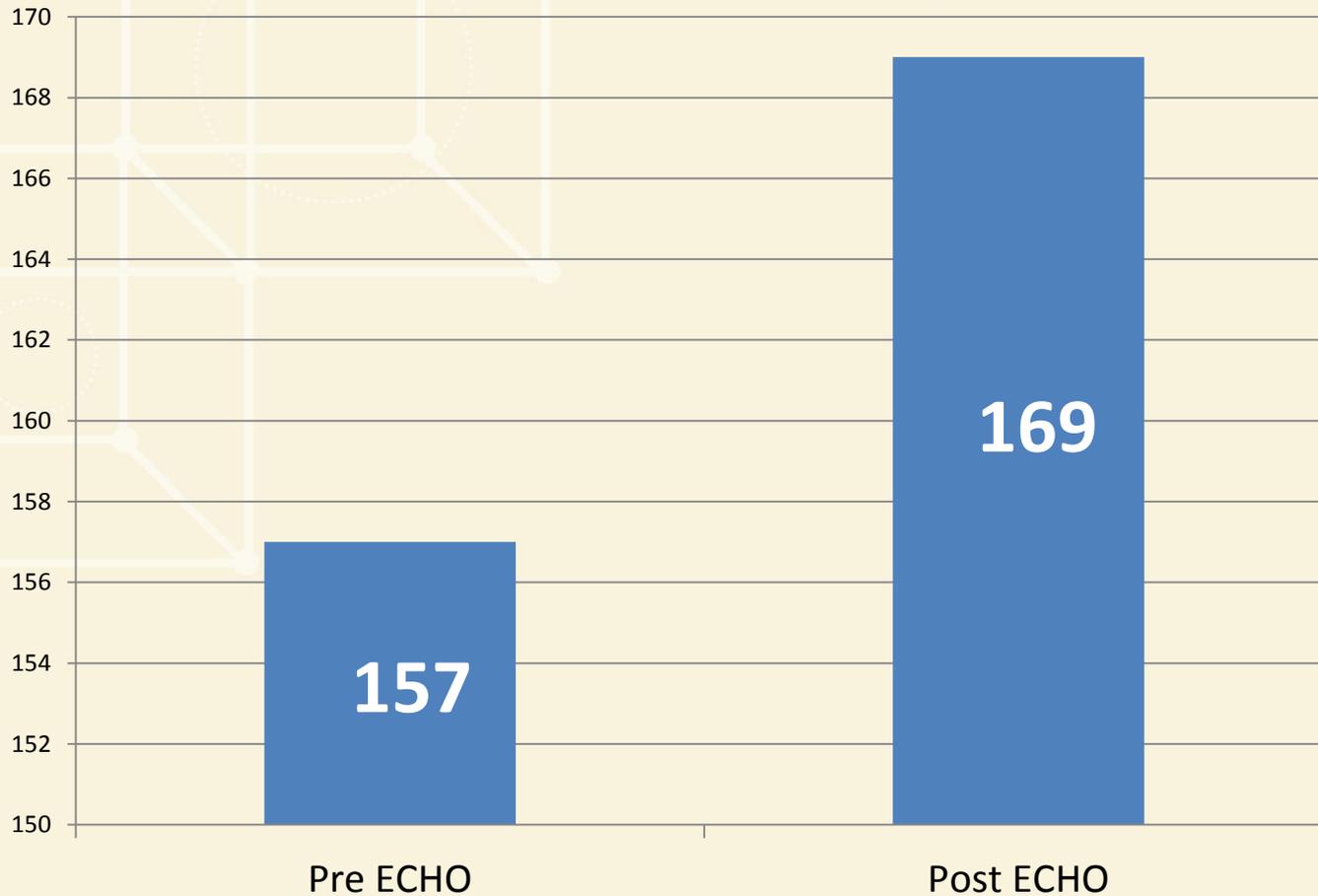
Provider Self-Efficacy

I am confident in my ability to manage chronic pain



Pain Knowledge

Know-Pain 50 – Interventionist Scores



Max Score = 250

Provider Comments



- The sessions are “fascinating”, with “great didactic” presentations and a “collegial feel” that provides “the opportunity to...inspect my own clinical reflexes”.
-- ECHO Medical Provider
- Sessions are “informative and feature helpful information on the types of patients I see in everyday practice”.
-- ECHO Medical Provider
- “I have learned a lot and want to find a way to share this knowledge with the other providers at my site.”
-- ECHO Medical Provider



SAMHSA-HRSA Center for Integrated Health Solutions



Kevin A. Sevarino, MD, PhD

Medical Director, SAMHSA's Providers' Clinical Support System for Opioid Therapies (PCSS-O)



SAMHSA-HRSA Center for Integrated Health Solutions

PCSS-O Overview

Supported by:

CSAT/SAMHSA grant no. H79TI023439



Providers' Clinical Support System for Opioid Therapies (PCSS-O)

- Program supported by Center for Substance Abuse Treatment (CSAT)/Substance Abuse and Mental Health Services Administration (SAMHSA)
- Supports:
 - Innovative approaches to educating all clinicians who prescribe opioids
- Focus:
 - Safe use of opioids in treatment of pain including training on how to recognize misuse, abuse, and addiction
 - Use of opioid therapies for treatment of opioid dependence

PCSS-O Partner Organizations

A collaborative project led by American Academy of Addiction Psychiatry (AAAP) with:

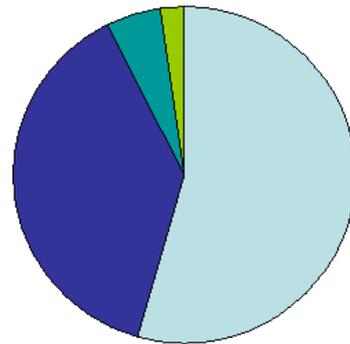
- American Dental Association (ADA)
- American Medical Association (AMA)
- American Osteopathic Academy of Addiction Medicine (AOAAM)
- American Psychiatric Association (APA)
- American Society for Pain Management Nursing (ASPMN)
- International Nurses Society on Addictions (IntNSA)

PCSS-O Training Modalities:

- Lecture series at national and annual meetings of stakeholder groups
- **Clinical Online Modules:** a resource designed to increase prescribers' understanding of: 1) the current state of opioid dependence treatment, 2) treatment issues for special populations, 3) safe and effective use of opioid therapies in chronic pain treatment, and 4) the neurobiology of pain. Currently, 25 online modules have been conducted to date.
 - Each module includes a post test, explanations for incorrect answers, references and a certificate of completion.
- **Webinars:** provided by partner organizations and cover a wide range of topics.
- **Archived Webinars:** 78 Webinars are archived and available for on demand viewing on www.pcoss-o.org.
- **Colleague Support:** Clinical experts provide general information to clinicians about evidence-based clinical practices in prescribing opioid medications.
- **PCSS-O Listserv:** A resource that provides an “Expert of the Month” who will answer questions about educational content that has been presented through PCSS-O project. To join email: info@pcoss-o.org.
- **Phone App/Mobile website:** PCSS-O has a phone application (“Safe Opioid Prescribing”) that is available for iPhone, Android, and on the web! This resource consists of evidence-based resources in an “at your fingertips” format for the safe and effective use of opioid analgesics. To access the virtual website version got to www.safeopioids.org.

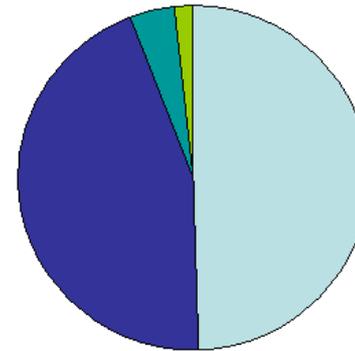
PCSS-O Feedback from Our Participants

Satisfaction with Overall Quality of Training



Very Satisfied Satisfied Neutral
Dissatisfied Very Dissatisfied

Usefulness of Information Received



Very Useful Useful Neutral
Not Very Useful Useless

- More than 15,000 individuals have been trained to date. Participants represent diverse disciplines and areas of specialties.
- More than 90% of participants have been satisfied or very satisfied with quality of training and information presented and would recommend the training to colleagues.
- More than 70% of participants have applied what they have learned to their practice.

PCSS-O Mini Grants

- \$25,000 each year (\$5,000/grant)
- Steering Committee organizations who are NOT currently funded are eligible
- Reviewed By Clinical Directors
- Promote PCSS-O trainings/resources and further the mission of the project.

PCSS-O is a collaborative effort led by American Academy of Addiction Psychiatry (AAP) in partnership with: American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing, and International Nurses Society on Addictions.

For More Information: www.pcass-o.org

Email: info@pcass-o.org

Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Opioid Therapies (grant no. H79TI023439) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



SAMHSA-HRSA Center for Integrated Health Solutions



Chris Fore, PhD

Indian Health Service Telebehavioral Health
Center of Excellence (TBHCE), Great Plains
Area Indian Health Service (IHS) Task Force
on Prescription Drug Abuse



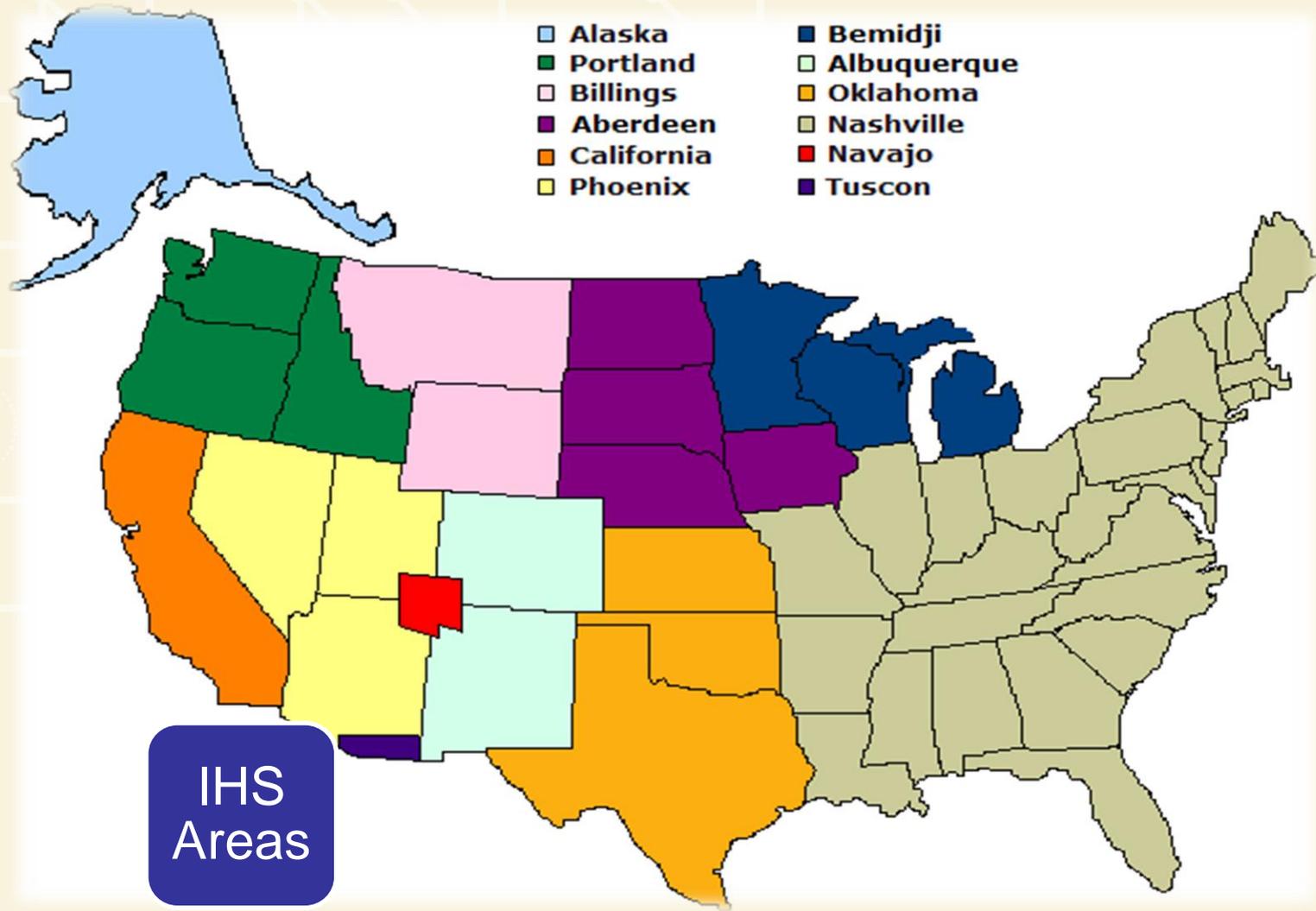
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Supporting Pain and Addiction Treatment in Indian Country

AI/AN Health Disparities

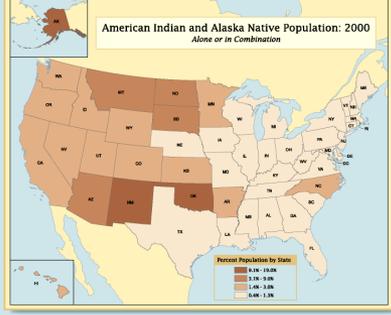
Alcoholism	740% higher
Tuberculosis	500% higher
Diabetes	390% higher
Injuries	340% higher
Suicide	190% higher
Homicide	180% higher

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American Indians and Alaska Natives in the United States



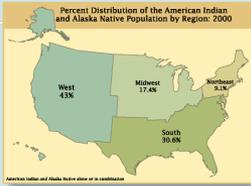
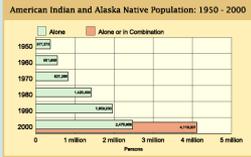
Ten Most Populated Reservations and Off-Reservation Trust Lands: 2000

Reservation Name	Population
Navajo Nation Reservation (AZ, NM, UT)	306,000
Pine Ridge Reservation (SD)	100,000
Fort Belknap Reservation (MT)	80,000
Great River Reservation (AZ)	70,000
Tribal Goshute Reservation (NV)	60,000
Coahuila Reservation (TX)	50,000
Researched Reservation and Off-Reservation Trust Land (AZ)	40,000
San Carlos Reservation (AZ)	30,000
Maricopa Reservation and Off-Reservation Trust Land (AZ)	20,000
Yavapai Reservation and Off-Reservation Trust Land (AZ)	15,000

Legend

- American Indian Reservation and/or Off-Reservation Trust Land (Federal)
- Oklahoma Tribal Statistical Area
- Tribal Designated Statistical Area
- American Indian Reservation (State)
- State Designated American Indian Statistical Area
- Alaska Native Regional Corporation

NOTE: The boundaries and names shown on this map are those reported in the 2000 Census. They do not necessarily reflect the current boundaries and names of the states, counties, or other political subdivisions. The names of the states, counties, or other political subdivisions are shown in the legend. The names of the states, counties, or other political subdivisions are shown in the legend.



SAMHSA-HRSA
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Pain, Psychiatry, & Addictions

- Introduction to Addictions
- Opioid Dependence
- Depression & Chronic Pain
- Anxiety & Chronic Pain

Complimentary & Alternative Medicine

- Myofascial Pain Skills
- Physical Therapy
- Chiropractic
- Massage
- Accupuncture

IHS Pain & Addiction ECHO Team

- Pain Specialist (Neurology)
- Addiction Psychiatry
- Clinical Pharmacy
- Clinical Psychology
- Nursing

Goals

- Educate
- Increase provider confidence & competence
- Promote Best Practices
- Provide provider-to-provider consultation



Interested?

then join us

IHS Pain & Addiction ECHO

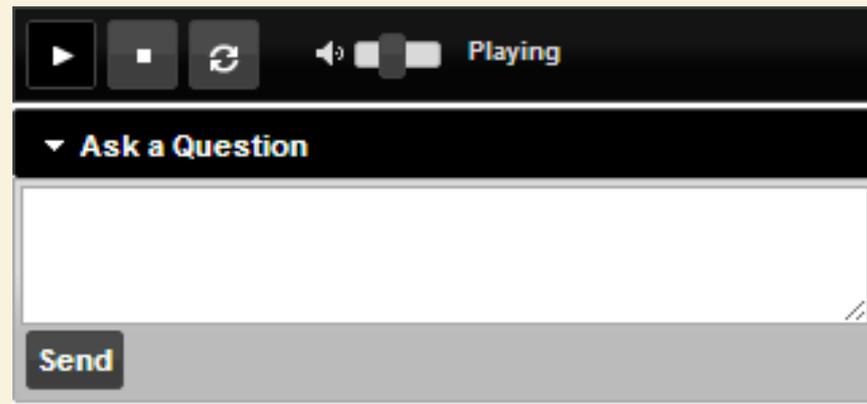
Mondays @ 12:00 (Eastern)

<http://ihs.adobeconnect.com/painandaddiction/>

Passcode=addiction

Questions ?

- You may submit questions at any time during the presentation by typing a question into the “Ask a Question” box in the lower left portion of your player.
- If you require further assistance, you can contact the Technical Support Center. Toll Free: 888-204-5477 or Toll: 402-875-9835



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Additional Questions?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org

For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org





SAMHSA-HRSA Center for Integrated Health Solutions

Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.