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

June 5, 2014
Aaron Williams, MA (webinar moderator)
Director Training and Technical Assistance for Substance Abuse for the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)
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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.
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.

• If you need technical assistance, please click on the Question Mark button in the upper right corner of your player to see a list of Frequently Asked Questions and contact info for tech support if needed.

• 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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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
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 Americans\(^1\)
- Annual cost of $635 billion in medical treatment and lost productivity\(^1\)
- Majority of patients with pain seek care in a primary care setting\(^2\)
- Primary Care Providers express low knowledge and confidence in pain management and receive little pain management education\(^3\)
- Opioids are heavily relied on for pain management in primary care\(^4\)
- Prescription opioid overdose is a major and growing public health concern\(^5\)
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)

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
**STEP 1**

**Primary Care Medical Home**
- Routine screening for presence & intensity of pain
- Comprehensive pain assessment and follow up
- Documentation of function status and goals
- Management of common painful conditions
- Primary care team-care: MA, RN Care managers
- Systematic Opioid Risk Assessment/Refill/Monitoring

**STEP 2**

**Collaborative Co-management**
- Integrated Behavioral Health
- Mindfulness/SRP
- Rehabilitation Medicine/PT referral
- Substance abuse programs/buprenorphine
- CAM (Chiropractic)
- Virtual pain center referral (e-consults/Project ECHO)

**STEP 3**

**Tertiary Interdisciplinary Pain Centers**
- Referrals to community partners

**RISK**
- Comorbidities
- Treatment Refractory
- Complexity
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
<table>
<thead>
<tr>
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CHCI Biannual Pain Management CME

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

  To document, click the **Notes** column for each item listed.
# Opioid Risk Tool (ORT)

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

## Administration
- On initial visit
- Prior to opioid therapy

## Scoring (Risk)
- 0-3: low
- 4-7: moderate
- >8: high

## Mark Each Box That Applies

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<th>Female</th>
<th>Male</th>
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<td>Illegal drugs</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Rx drugs</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Personal History of Substance Abuse</strong></td>
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<td></td>
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<tr>
<td>Alcohol</td>
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<td>3</td>
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<tr>
<td>Illegal drugs</td>
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<td>4</td>
</tr>
<tr>
<td>Rx drugs</td>
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<td>5</td>
</tr>
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<td><strong>Age Between 16-45 Years</strong></td>
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<td><strong>History of Pre-adolescent Sexual Abuse</strong></td>
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<tr>
<td>Depression</td>
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</table>

## Scoring Totals
Pain Follow Up Assessment Forms

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<th>Name:</th>
<th>DOB: / /</th>
<th>Today's Date: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate your pain TODAY?</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Least</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>What was your range of pain over the last month? Mark the scale twice: once for least pain, and then for worst.</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Least</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Please respond to each question or statement by circling one number per row. In the past 7 days...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How much did pain interfere with your day to day activities?</td>
<td>Not at all</td>
<td>A little bit</td>
</tr>
<tr>
<td>2. How much did pain interfere with work around the house?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. How much did pain interfere with your ability to participate in social activities?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. How much did pain interfere with your enjoyment of life?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. How much did pain interfere with the things you usually do for fun?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. How much did pain interfere with your enjoyment of social activities?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. How much did pain interfere with your household chores?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. How much did pain interfere with your family life?</td>
<td>1</td>
<td>2</td>
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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? [ ] Yes [ ] 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
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

### Chronic Opioid Patients

<table>
<thead>
<tr>
<th>Total of Chronic Opioid Patients</th>
<th>Total of Current Opioid Patients (12-mon)</th>
<th>% of Panel on Chronic Opioids</th>
<th>Total of 1-UtOx Patients (6-mon)</th>
<th>% UtOx Completed</th>
<th>Total of Contract Patients (ever)</th>
<th>% of Opioid Contract (ever)</th>
<th>Total of Contract Patients (12-mon)</th>
<th>% of Opioid Contract (12-mon)</th>
<th>% of Opioid Contract (3-mon)</th>
<th>Total of Survey Patients (3-mon)</th>
<th>Total of Patients Not Seen (Ned) within 3-mon</th>
<th>% of Patients Not Seen (Ned) within 3-mon</th>
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<td>55.56%</td>
<td>10</td>
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<td>0.00%</td>
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</tbody>
</table>

### Provider Names

- Community Health Center, Inc.
<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low pain knowledge/self efficacy</td>
<td>Increase knowledge and self efficacy</td>
<td>Online, team-based CME</td>
</tr>
</tbody>
</table>
| Poor documentation of pain and functional status | Improve documentation of pain care/functional status       | • EHR templates for pain management visits  
• SF8 Pain interference form (PROMIS tool)  
• Opioid Risk Tool  
• COMM® form                                                                                   |
| Low rates of opioid monitoring/high variation in prescribing patterns | Reduce opioid prescription variation and increase use of opioid agreements and u-tox monitoring | • Standard policy for opioid agreements  
• Standard policy/procedure for utox  
• Opioid dashboard  
• Opioid review committee                                                                 |
| Limited behavioral health co-management      | Increase BH-Primary care co-management                     | • Behavioral health co-location  
• Pain group therapy  
• Project ECHO                                                                                   |
| Low use of CAM                               | Increase access to CAM                                     | Improved access/Co-location of chiropractic, mindfulness program                                                                        |
| Limited access to specialty consultation     | Increase PCP access to specialty advice                     | Project ECHO                                                                                                                                |
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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• Opioid Risk Tool  
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| Poor documentation of pain reassessment                                |                                                                      |                                                                                                                                              |
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## Action Plan

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</tbody>
</table>
“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
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 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 Southern 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

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

- % Urine toxicology screens within the past 6mon
- % Opioid agreements within the past 12mon
- % Functional surveys within the past 3mon

Graph showing trends from March 2012 to March 2013:
- Urine toxicology screens:
  - Mar-12: 32%
  - Apr-12: 33%
  - May-12: 37%
  - Jun-12: 39%
  - Jul-12: 45%
  - Aug-12: 49%
  - Sep-12: 58%
  - Oct-12: 59%
  - Nov-12: 62%
  - Dec-12: 66%
  - Jan-13: 69%
  - Feb-13: 77%
  - Mar-13: 85%

- Opioid agreements:
  - Mar-12: 49%
  - Apr-12: 49%
  - May-12: 52%
  - Jun-12: 58%
  - Jul-12: 59%
  - Aug-12: 62%
  - Sep-12: 77%
  - Oct-12: 77%
  - Nov-12: 77%
  - Dec-12: 85%
  - Jan-13: 85%
  - Feb-13: 85%
  - Mar-13: 85%

- Functional surveys:
  - Mar-12: 32%
  - Apr-12: 33%
  - May-12: 37%
  - Jun-12: 39%
  - Jul-12: 45%
  - Aug-12: 49%
  - Sep-12: 58%
  - Oct-12: 59%
  - Nov-12: 62%
  - Dec-12: 77%
  - Jan-13: 77%
  - Feb-13: 77%
  - Mar-13: 77%
Decrease in severe pain

Pain Score >= 8

- 2011
- 2012
- 2013
Decrease in Chronic Opioid Prescribing

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

BH Co-Management

2011 2012 2013

- 21.00%
- 22.00%
- 23.00%
- 24.00%
- 25.00%
Provider Self-Efficacy

I am confident in my ability to manage chronic pain

Agree/Strongly Agree
Pre ECHO: 42%
Post ECHO: 43%

Disagree
Pre ECHO: 38%
Post ECHO: 44%

SAMHSA-HRSA Center for Integrated Health Solutions
Pain Knowledge
Know-Pain 50 – Interventionist Scores

Max Score = 250

Pre ECHO: 157
Post ECHO: 169
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
Kevin A. Sevarino, MD, PhD
Medical Director, SAMHSA’s Providers' Clinical Support System for Opioid Therapies (PCSS-O)
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.pcss-o.org](http://www.pcss-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@pcss-o.org](mailto:info@pcss-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](http://www.safeopioids.org).
PCSS-O Feedback from Our Participants

- 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 (AAAP) 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.pcso.org
Email: info@pcso.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.
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
Supporting Pain and Addiction Treatment in Indian Country
## AI/AN Health Disparities

<table>
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<tr>
<th>Condition</th>
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<tr>
<td>Alcoholism</td>
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<tr>
<td>Tuberculosis</td>
<td>500% higher</td>
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<tr>
<td>Diabetes</td>
<td>390% higher</td>
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<tr>
<td>Injuries</td>
<td>340% higher</td>
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<tr>
<td>Suicide</td>
<td>190% higher</td>
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<tr>
<td>Homicide</td>
<td>180% higher</td>
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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
- Acupuncture
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
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
Contact Information

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  Aaronw@thenationalcouncil.org

• Laura Makaroff, D.O.
  LMakaroff@hrsa.gov

• Daren Anderson
  AndersD@chc1.com

• Kevin A. Sevarino, MD, PhD
  Sevarino@hotmail.com

• Chris Fore, PhD
  Chris.Fore@ihs.gov

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
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.