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Pain: Integrating care for whole person solutions

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Well Being Trust

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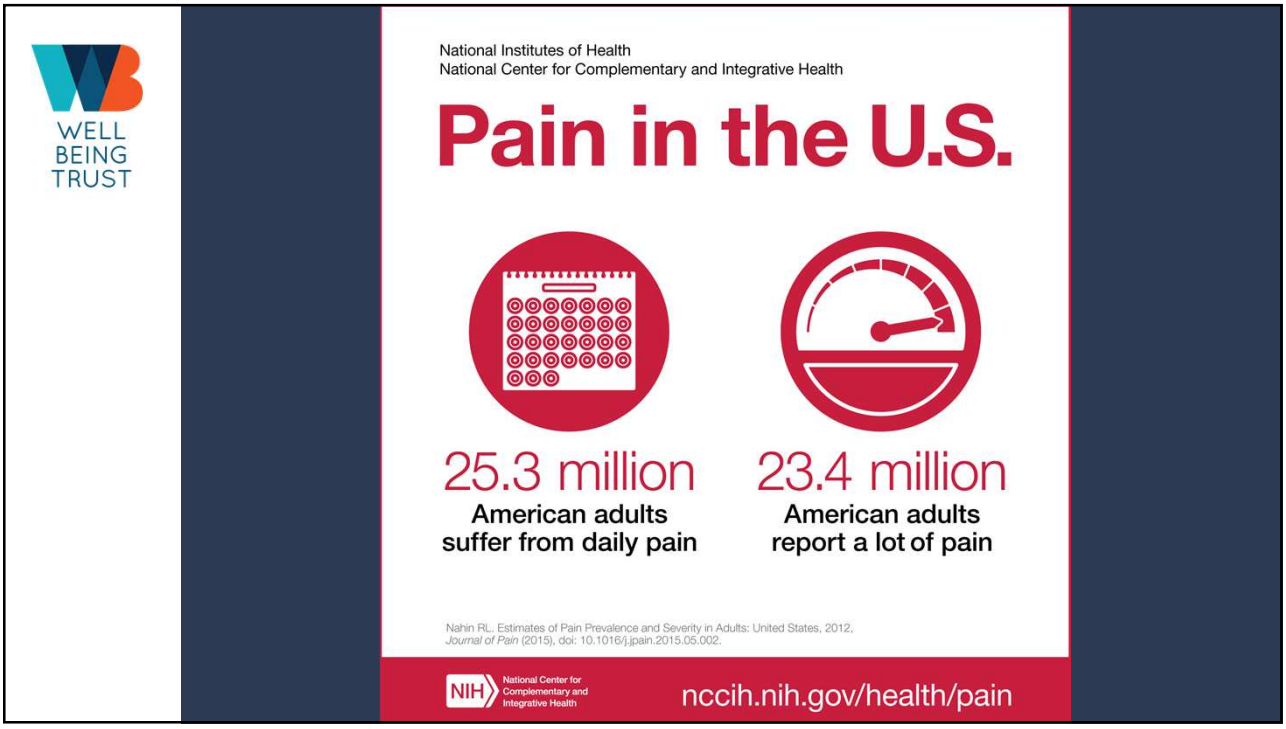

Pain: What kind of damage caused it?
- tissue damage (e.g. cut, broken arm)
- nerve damage (e.g. shingles, burn)
- psychogenic (e.g. beliefs or fears can make pain worse)

Acute pain typically comes on suddenly and has a limited duration.

Chronic pain lasts longer and can be the result of damaged tissue or nerve damage

Biopsychosocial

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CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search MMWR Only

Morbidity and Mortality Weekly Report (*MMWR*)

CDC > MMWR

Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015

Weekly / July 7, 2017 / 66(26):697–704

Gery P. Guy Jr., PhD[1]; Kun Zhang, PhD[1]; Michele K. Bohm, MPH[1]; Jan Losby, PhD[1]; Brian Lewis[2]; Randall Young, MA[2]; Louise B. Murphy, PhD[3]; Deborah Dowell, MD[1] (View author affiliations)

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3x higher

Abstract

Background: Prescription opioid–related overdose deaths increased sharply during 1999–2010 in the United States in parallel with increased opioid prescribing. CDC assessed changes in national-level and county-level opioid prescribing during 2006–2015.

Methods: CDC analyzed retail prescription data from QuintilesIMS to assess opioid prescribing in the United States from 2006 to 2015, including rates, amounts, dosages, and durations prescribed. CDC examined county-level prescribing patterns in 2010 and 2015.

Results: The amount of opioids prescribed in the United States peaked at 782 morphine milligram equivalents (MME) per capita in 2010 and then decreased to 640 MME per capita in 2015. Despite significant decreases, the amount of opioids prescribed in 2015 remained approximately three times as high as in 1999 and varied substantially across the country. County-level factors associated with higher amounts of prescribed opioids include a larger percentage of non-Hispanic whites; a higher prevalence of diabetes and arthritis; micropolitan status (i.e., town/city; nonmetro); and higher unemployment and Medicaid enrollment.

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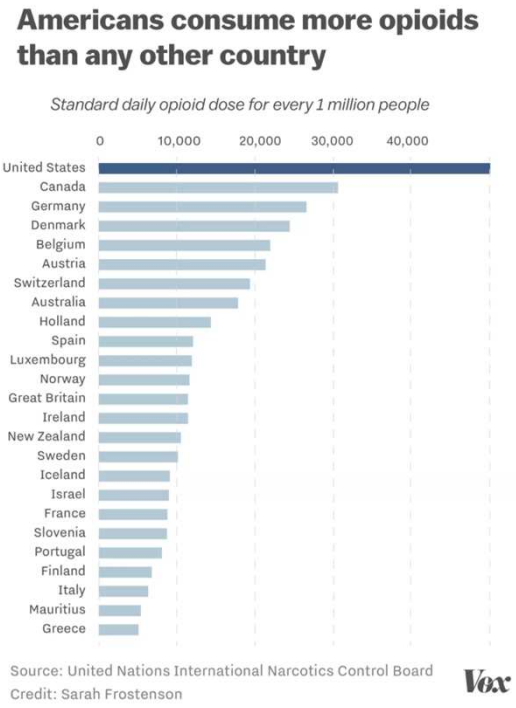

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1) Design the solution to the person (community)

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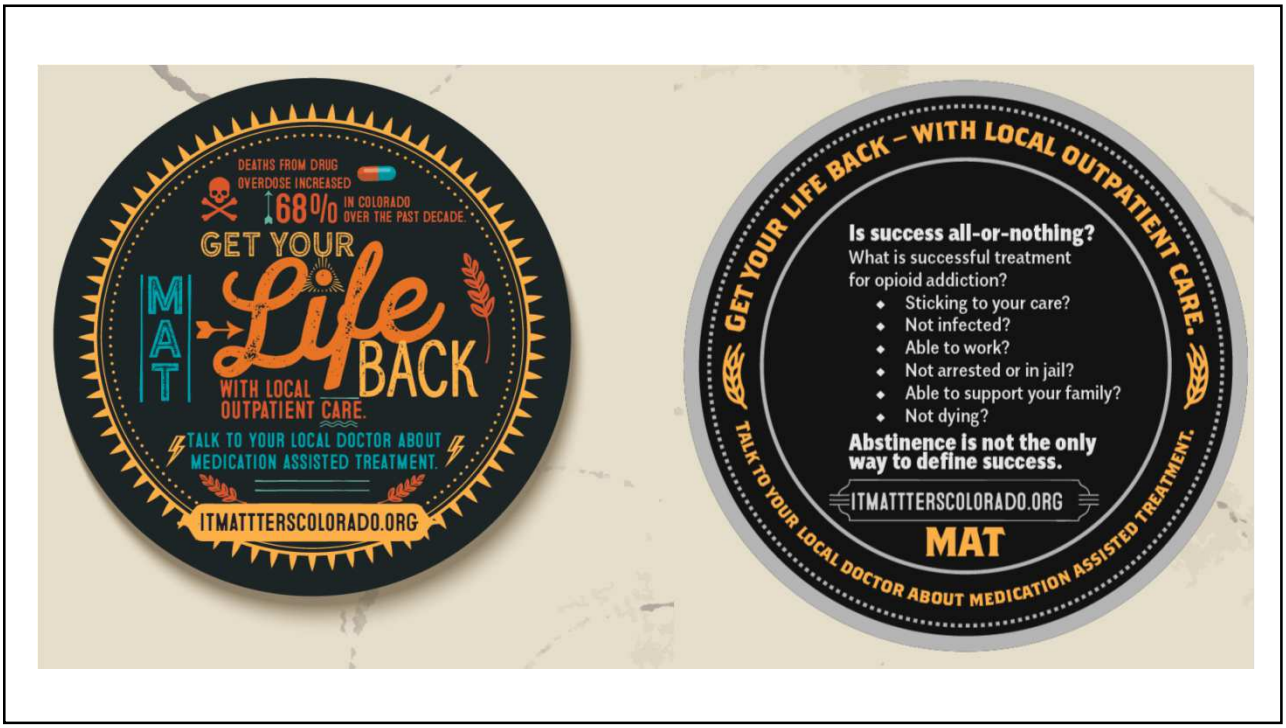
fragmentation

- Know your data
- Know your community
- Design with the end in mind
- Status quo is not an option


DEATHS FROM DRUG OVERDOSE INCREASED
68% IN COLORADO OVER THE PAST DECADE.
GET YOUR
MAT
Life
BACK
WITH LOCAL OUTPATIENT CARE.
TALK TO YOUR LOCAL DOCTOR ABOUT MEDICATION ASSISTED TREATMENT.
ITMATTTERSCOLORADO.ORG
GET YOUR LIFE BACK – WITH LOCAL OUTPATIENT CARE.
Is success all-or-nothing?
What is successful treatment for opioid addiction?
Sticking to your care?
Not infected?
Able to work?
Not arrested or in jail?
Able to support your family?
Not dying?
Abstinence is not the only way to define success.
ITMATTTERSCOLORADO.ORG
MAT
TALK TO YOUR LOCAL DOCTOR ABOUT MEDICATION ASSISTED TREATMENT.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DEATHS FROM DRUG OVERDOSE INCREASED 68%
ARE YOU still taking A PAIN MEDICATION?
ARE YOU craving PAIN MEDICATION?
ARE YOU borrowing PAIN MEDICATION?
CALL TO ACTION
Medication Assisted Treatment" is a treatment plan that can help you overcome addiction to opioids. MAT has important features:
MAT is not a 30-day residential treatment. You receive MAT as an out-patient.
MAT includes medication to decrease craving and withdrawal.
MAT is not just a drug. It includes long term support, including monitoring, counseling, and maintenance.
MAT may include community groups such as 12-step programs, faith communities, group counseling, sober living housing and sober living clubs and activities.
MAT includes your family, friends, and loved ones.
People start MAT with medication to help stop the suffering from withdrawal.
HIGHPLAINS RESEARCH NETWORK
Get your life back.
TALK TO YOUR LOCAL DOCTOR ABOUT MEDICATION ASSISTED TREATMENT.
HIGHPLAINS RESEARCH NETWORK

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2) Creating new programs are not the answer; this is about developing a true system of care (systems › programs)

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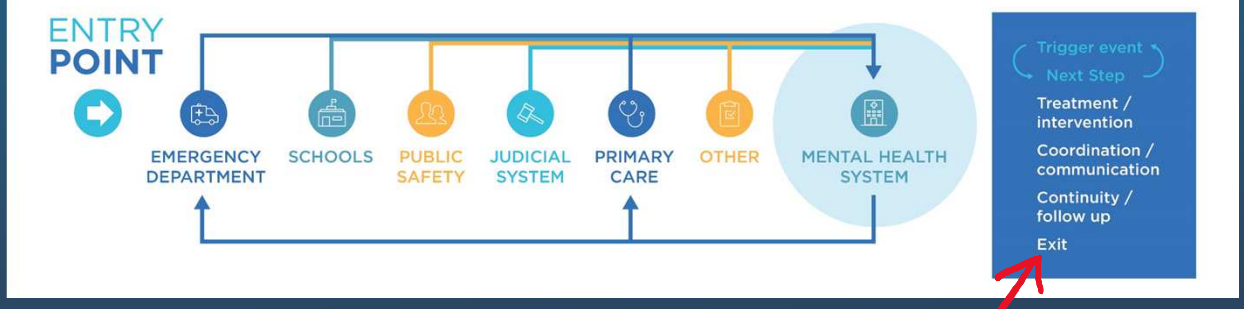

ONE DAY AT A TIME

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Integrated sites: *39 percent* received some type of substance abuse treatment in integrated sites

Non-integrated: *16.8 percent* received substance abuse treatment in non-integrated sites

PUBLIC RELEASE: 5-SEP-2017

Opioid abuse can be treated successfully in primary care settings, study finds

RAND CORPORATION

SHARE PRINT E-MAIL

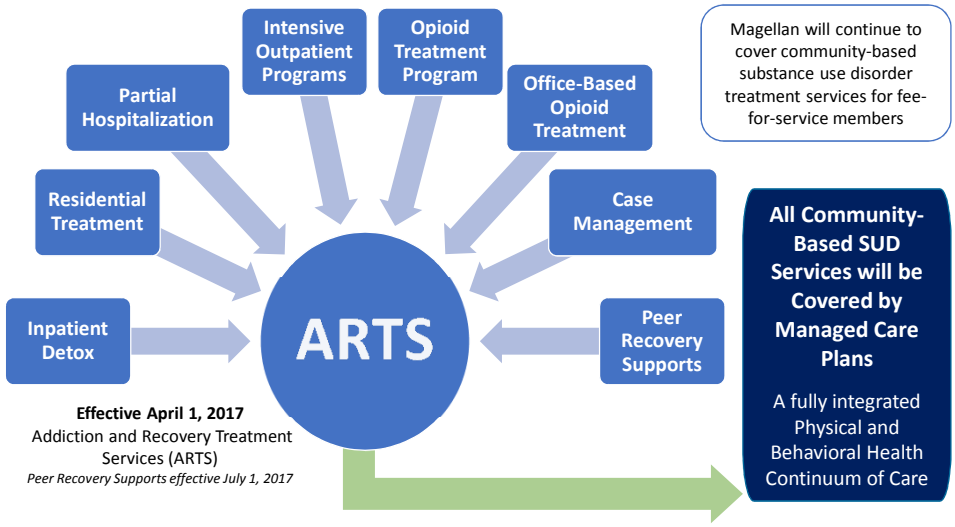
Combining substance abuse treatment with regular medical care can successfully treat people with opioid or alcohol addiction, providing an option that might expand treatment and lower the cost of caring for people caught up in the nation's opioid epidemic, according to a new RAND Corporation study.

Patients who enrolled in a program that combined substance abuse treatment with primary medical care were more than twice as likely to receive treatment for opioid or alcohol abuse, as compared to peers who received usual primary care services, according to the study.

The patients in the collaborative care model also were significantly more likely to report abstinence from opioids or alcohol six month after beginning care, a key marker to successful recovery. The findings are published online by the journal JAMA Internal Medicine.

"This new model of integrating treatment for substance use disorders with a patient's primary medical care could expand access to drug treatment at a lower cost and in a more accessible fashion," said Dr. Katherine E. Watkins, the study's lead author and a senior physician scientist at RAND, a nonprofit research organization. "This is a way to increase access to evidence-based substance use treatment, without having to convince patients to go to a specialized drug treatment center."

Transforming the Delivery System for Community-Based SUD Services in Virginia



Virginia Workforce

ARTS Provider Training, Recruitment, and Education

- DMAS ARTS 101 for Providers educational sessions and ARTS Provider Manual trainings each attended by **over 1,000 providers**
- VDH Addiction Disease Management courses attended by **over 750 MDs, NPs, PAs, behavioral health clinicians, clinic administrators**
- DBHDS ASAM trainings trained **over 500 providers and MCO care coordinators**
- Secretary's ARTS Summit attended by over 100 health system, CSB, FQHC, and health plan leaders

Ongoing Support for ARTS Providers

- DBHDS ASAM trainings continue for providers, plans, executives with special training on use of ASAM for pregnant women
- VDH and DBHDS Project ECHO will provide ongoing support to waivered practitioners via telemedicine
- DMAS OBOT Quality Collaboratives integrated into Project ECHO

Increases in Virginia Medicaid Addiction Providers Due to ARTS

Addiction Provider Type	# of Providers before ARTS	# of Providers after ARTS	% Increase in Providers
Inpatient Detox (ASAM 4.0)	Unknown	103	NEW
Residential Treatment (ASAM 3.1, 3.3, 3.5, 3.7)	4	78	↑ 1850%
Partial Hospitalization Program (ASAM 2.5)	0	13	NEW
Intensive Outpatient Program (ASAM 2.1)	49	72	↑ 47%
Opioid Treatment Program	6	29	↑ 383%
Office-Based Opioid Treatment Provider	0	56	NEW

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3) Change the payment, change the care (divisions divide)

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Mental Health

Medical

Kathol, R. G., Butler, M., McAlpine, D. D., & Kane, R. L. (2010). Barriers to Physical and Mental Condition Integrated Service Delivery. *Psychosom Med, 72*(6), 511-518.

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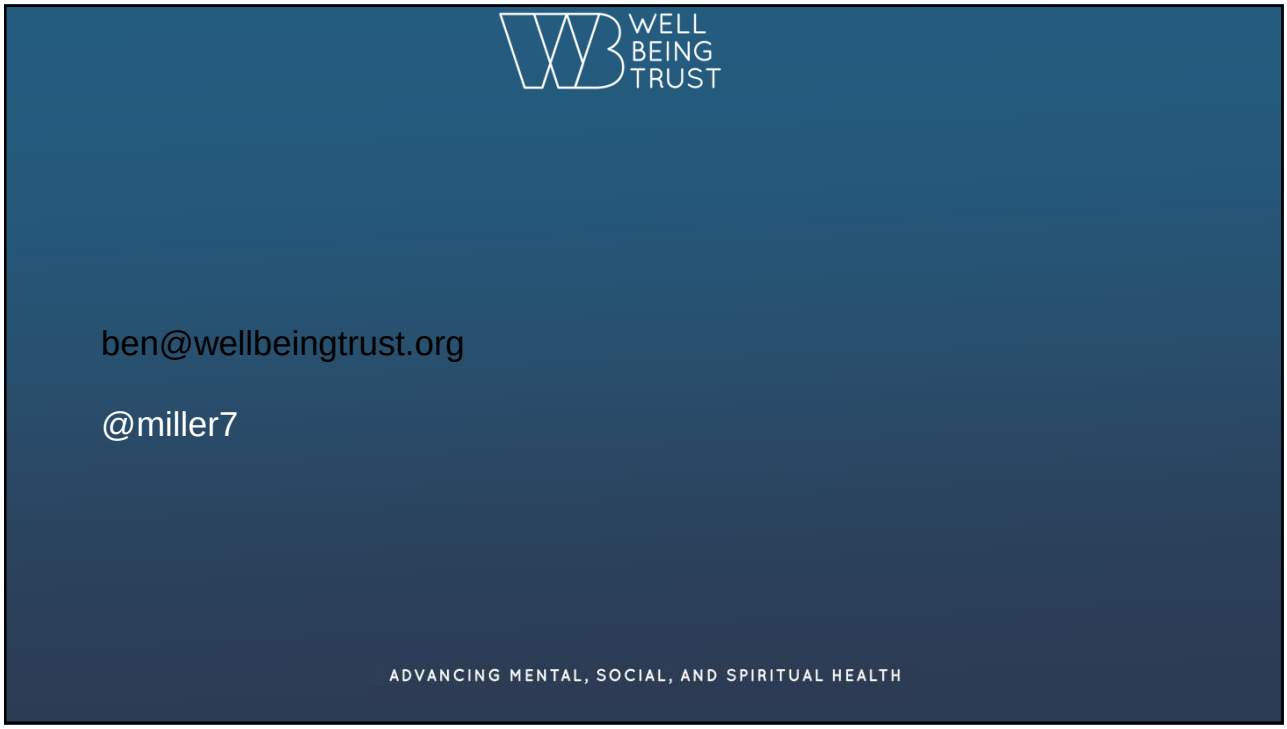
Fragmentation is Costly

	Annual Cost – those without MH condition	Annual Cost – those with MH condition
Heart Condition	$4,697	$6,919
High Blood Pressure	$3,481	$5,492
Asthma	$2,908	$4,028
Diabetes	$4,172	$5,559

Petterson S, Phillips B, Bazemore A, Dodoo M, Zhang X, Green LA. Why there must be room for mental health in the medical home. *American Family Physician*. 2008;77(6):757.

Payment recommendations

- Any policy or payment that limits or bifurcates how teams can work together should be reconsidered (e.g. mental health, substance use, primary care)
- Make sure the delivery setting is getting paid by keeping the patient healthy, not per patient visit (e.g. move as quickly as possible away from fee for service)
- Make sure there are incentives in place to encourage health care clinicians to work as a team (e.g. mental health and substance use with primary care)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