

Model of Care for Complex Chronic Pain

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Project Goals

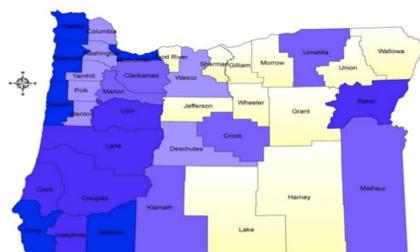
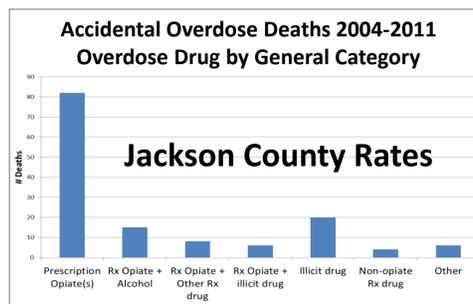
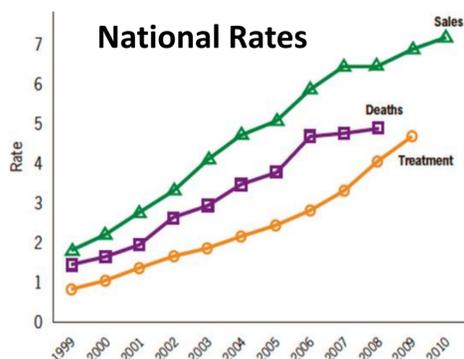
- Decrease opiate prescriptions for chronic pain
- Increase patient function and self efficacy
- Educate, train, & provide tools for providers
- Educate & offer support for chronic pain patient
- Appropriate system utilization
- Work with Community Oregon Pain Guidance Group



Background

Opioid Issues:

- Increasing death and addiction rates
- No standards of care
- Lack of efficacy
- Weak provider training
- Lack of coordinated care



Project Measures

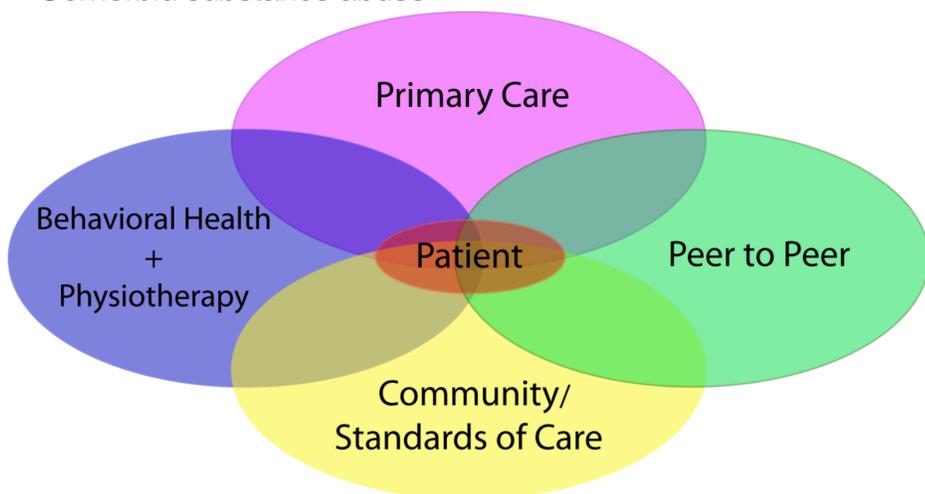
Key measurements, milestones, benchmarks

- Clinical -- Outcomes to improve patient function: Oswestry, self efficacy, fear of movement, PHQ-9
- Financial – Reduction in costs or cost offsets associated with treatment
- Utilization – Alignment with appropriate healthcare resources
- Utilization – Appropriate referrals to mental health & chemical dependency
- Provider – Training & implementation of standards of care



Chronic Pain Issues

- Complexity
- Lack of bio psychosocial programs
- Poor community understanding of opioids and pain
- Comorbid PTSD, depression, anxiety
- Comorbid substance abuse



Progress to Date/Next Steps

Established to date:

- OPG prescribing & pain treatment guidelines
- 120 Morphine equivalent Dose (MED) policy
- Provider training on guideline implementation
- Phase 1 planning for adjunctive pain program
- Peer to peer program for chronic pain
- Community outreach

Next steps:

- Phase 2: pain program start-up, pilot, & data collection
- Provider training on referral and pain program workflow
- Implementation of case rate reimbursement methodology
- Ongoing provider training & community outreach
- Program sustainability

