

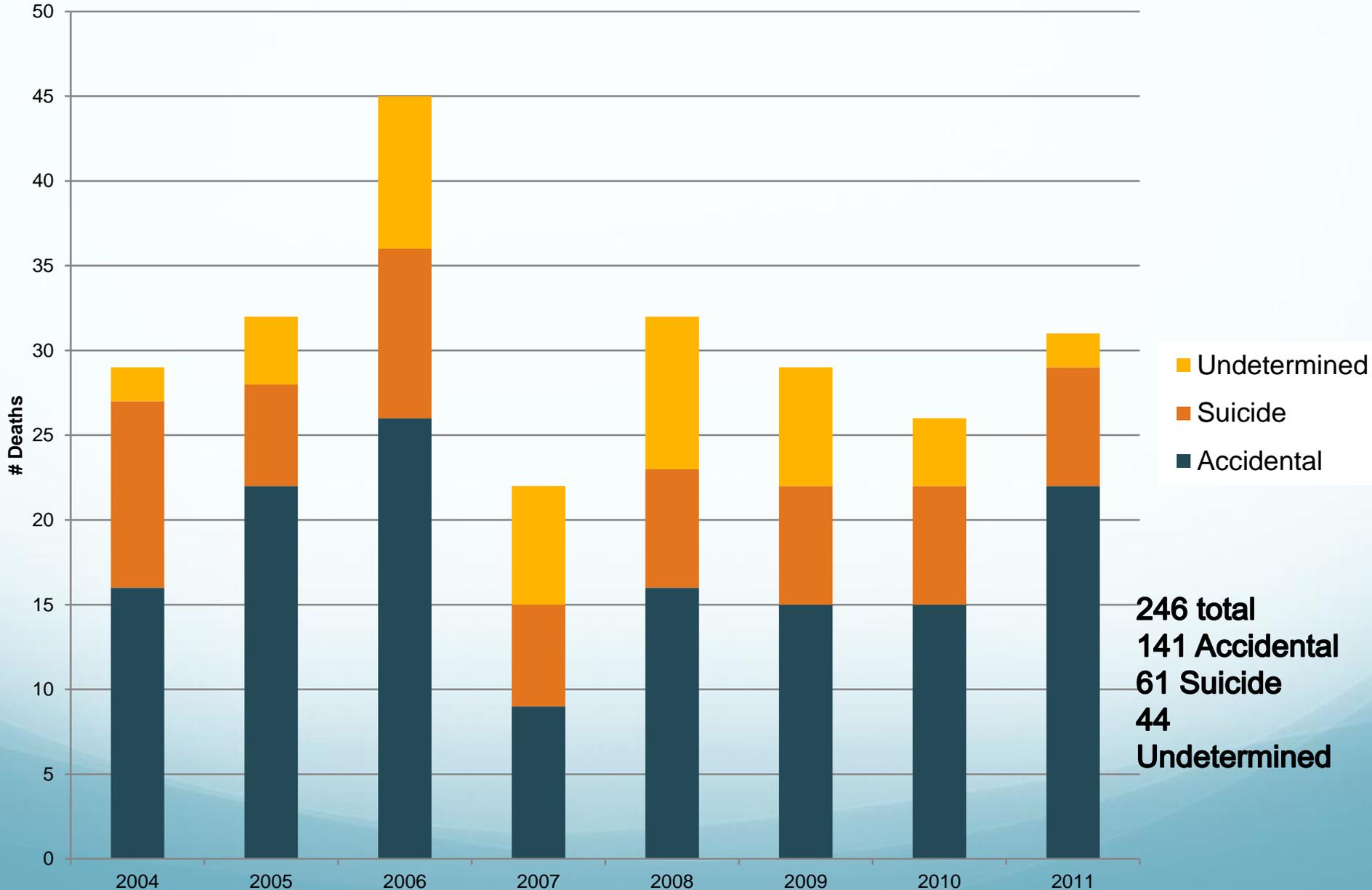
**Jim Shames MD**  
**Medical Director Jackson County**  
**Health and Human Services**

**Jackson County Oregon**  
**Population 206,412**

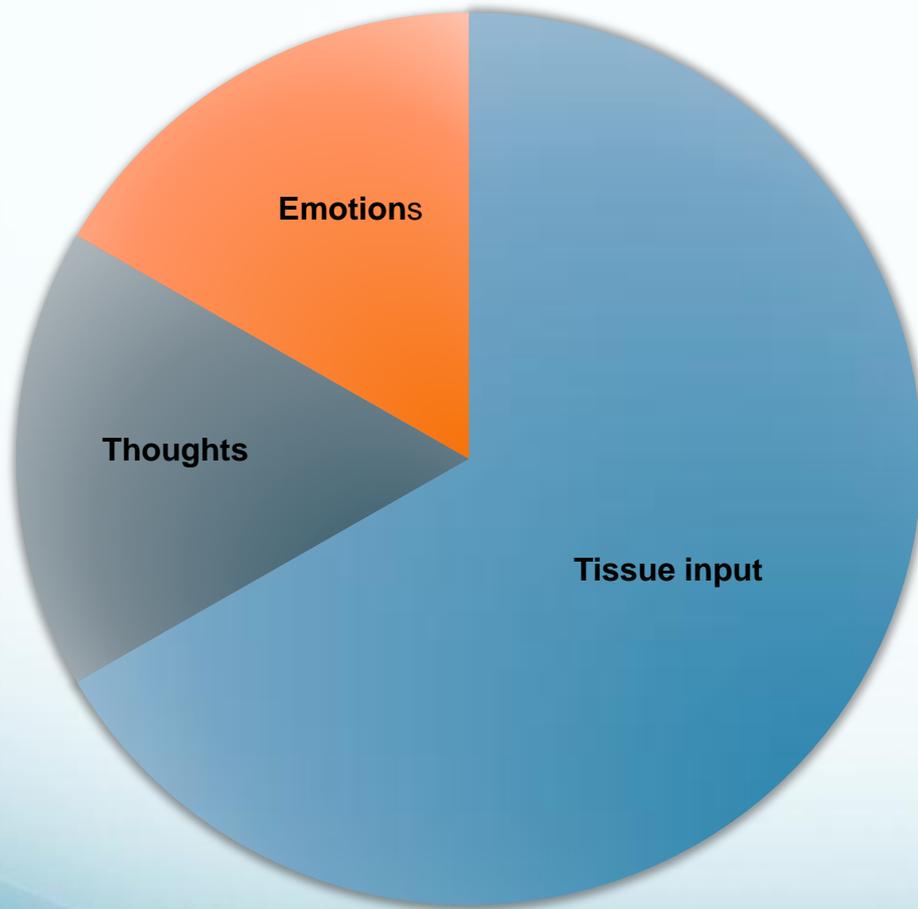
**(Jackson County averages over 250,000  
opioid prescriptions per year)**



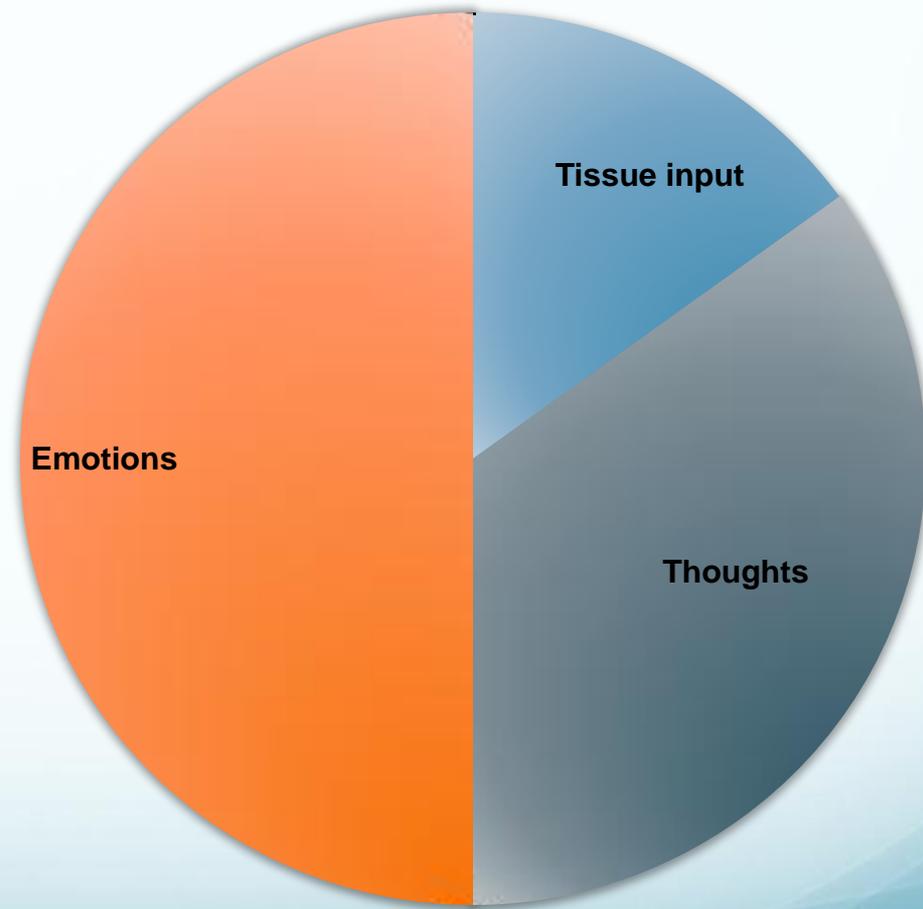
# Overdose Deaths 2004-2011 Jackson County Oregon



## Acute Pain



## Persistent Pain



The pain is the same....it's the cause that is different: Tissue Damage versus over-sensitized brain activity.

# Primary Care Treatment “Menu”

## *Reduction in Pain Intensity NRS*

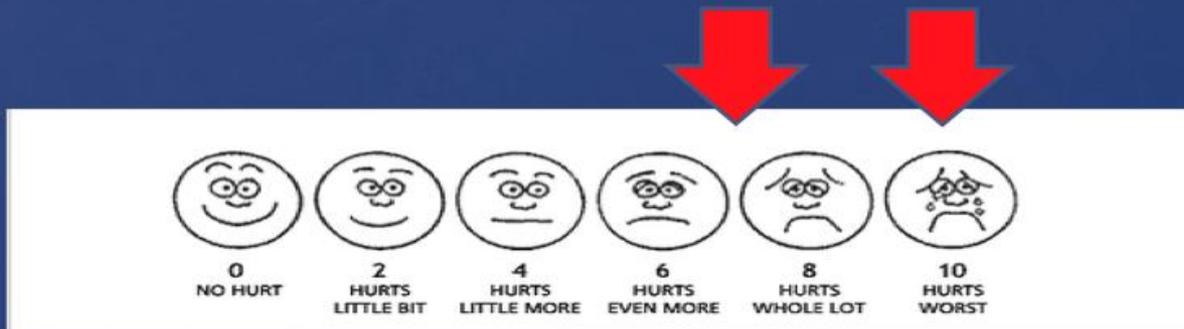
- Physical fitness: 30-60%
- CBT/Mindfulness: 30-50%
- Sleep restoration: 30-40%
- Opioids:  $\leq 30\%$
- Tricyclics:  $\leq 30\%$
- Antiepileptics:  $\leq 30\%$
- Acupuncture:  $\geq 10+\%$

# Expectation (75%) vs Reality (30%)

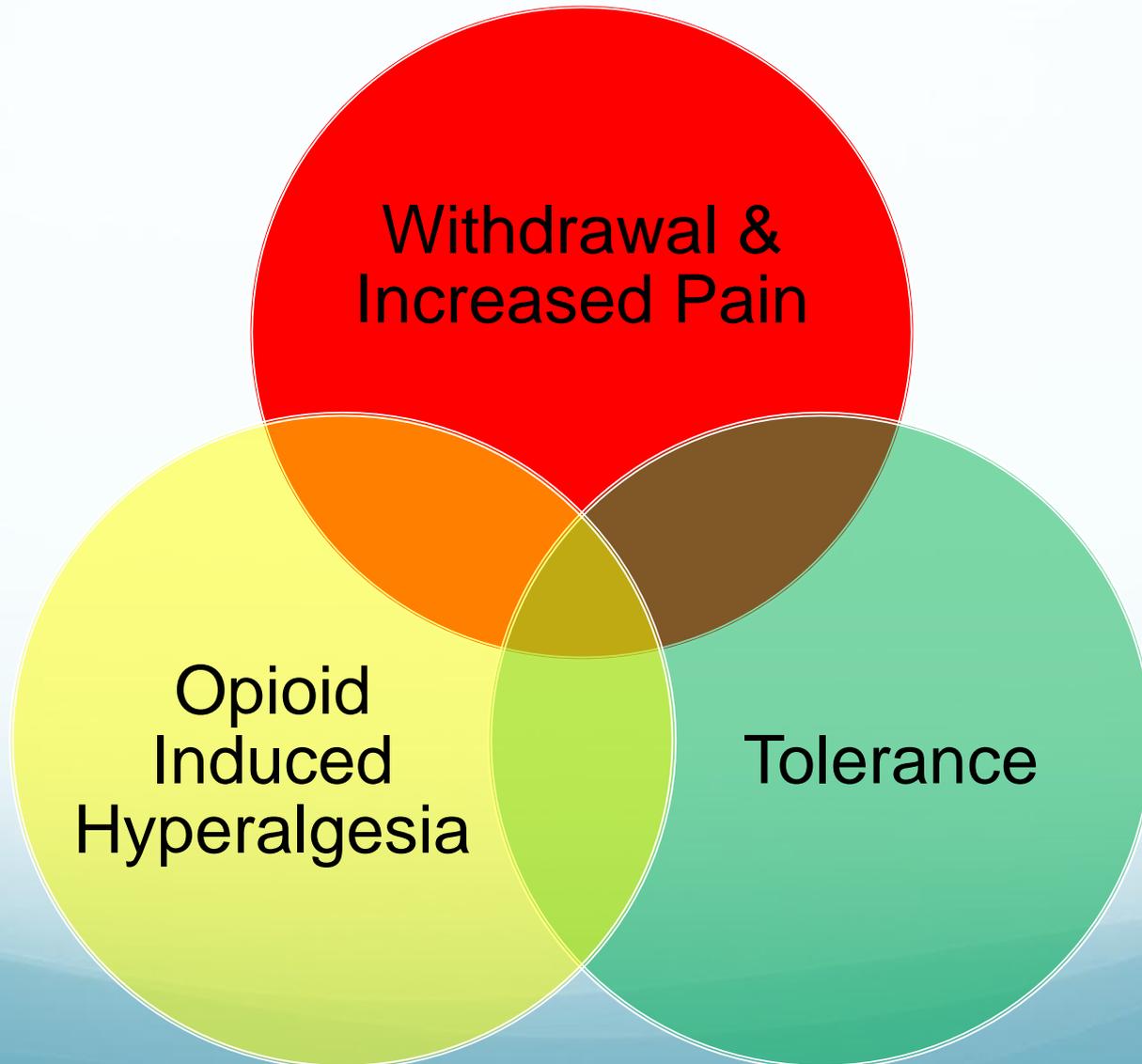
Patient Expectation



Medical Reality

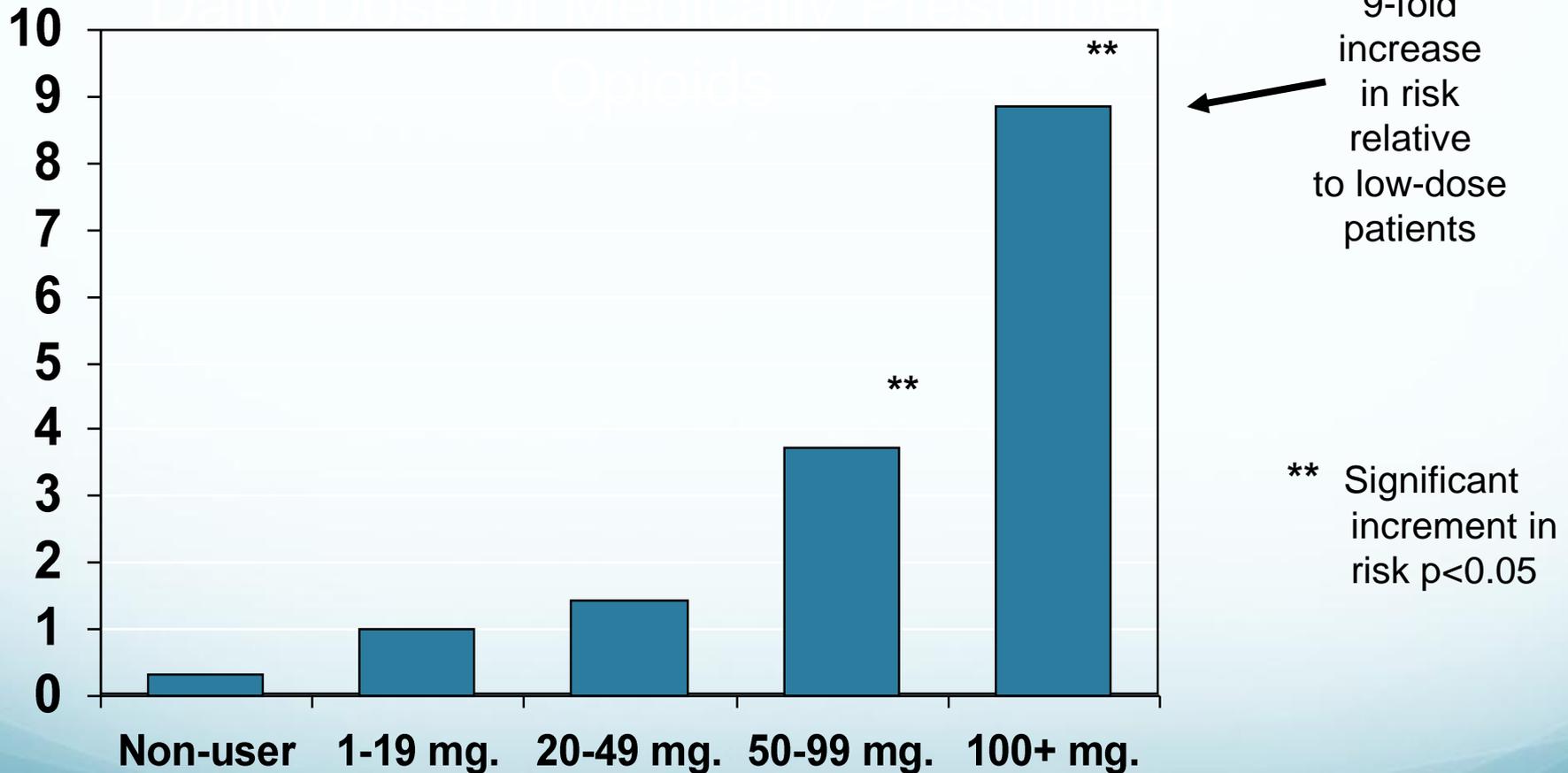


# Dose Escalation with Opioid Use



# As the dose increases, so does mortality

Mortality risk compared to Morphine Equivalent Dose (MED)



# The 3 legged stool for community engagement: The 3 Ps

- Prescribers (Health Professionals): Need to learn about current best practices concerning the treatment of Chronic Complex Non-Cancer Pain (CCNP)
- Patients: Need behavioral and other supports to learn to manage their chronic pain without reliance on opioids
- Public: Need to understand the changes in scientific understanding of pain management so they can support their loved ones. Need to learn about naloxone.



# Prescribers

# Prescribers

The abundance of prescription opioids is the result of prescriptions!



If we don't solve this problem as a community, we are only passing it on to the next provider.



# Oregon Pain Guidance

(formerly Opioid Prescribers Group)



Attendees: Physicians, Mid-level providers, Nurses, Substance Abuse Counselors, CCOs, Therapists, Pharmacists, Medical specialty (Pain Medicine, ED), Dental, Community Justice Partners

# Oregon Pain Guidance (OPG)

- Started as a public health initiative to reduce opioid overdoses by addressing the problem at its core: medical providers
- OPG evolution:

Brainstormed >

Created guidelines >

Worked toward

guideline acceptance

- Steering Committee:

Laura Heesacker,

Anne Alftine, John Kolsbun,

And others

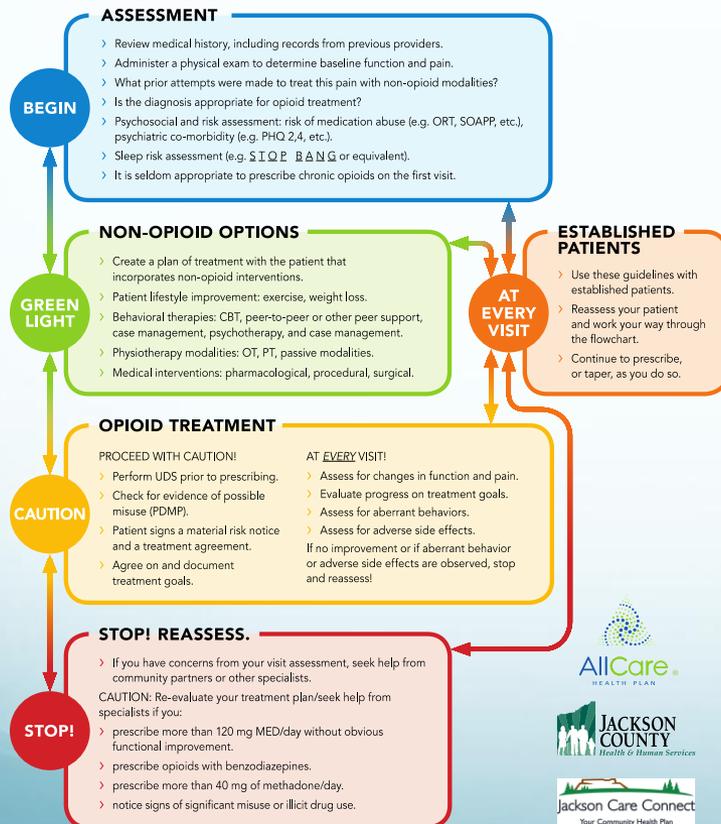


# OPG Guidelines

## for the Treatment of Chronic Non-Cancer Pain

### GUIDELINES FLOWCHART

FOR THE EVALUATION AND THE TREATMENT  
OF COMPLEX CHRONIC NON-CANCER PAIN

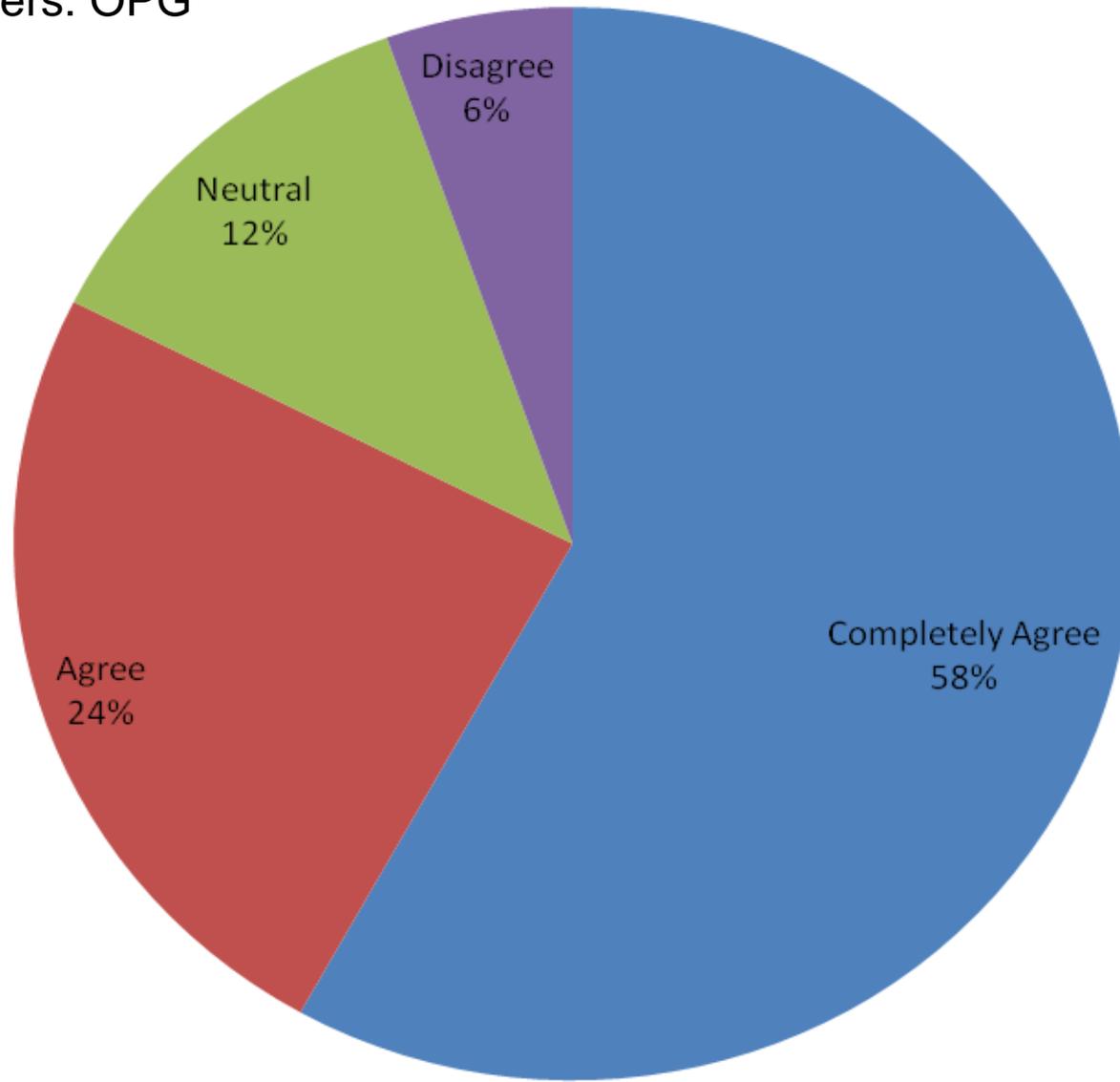


- Assess prior to prescribing!
- Encourage non opioid treatments. They really work.
- Measure functional improvement.
- Learn how to compassionately say “No.”
- Keep MED below 120, and methadone below 40 mg.
- Assess for aberrant behaviors (UDS, PDMP, pill counts, call backs)
- Don’t combine benzodiazepines and opioids
- Collaborate with community partners



# Agreement with MED < 120 Standard Among Chronic Opioid Prescribers

(analysis of 112 JaCo and  
JoCo prescribers: OPG  
survey)



# We do need to provide compassionate care to those with certain painful conditions



## Opioids have a role to play

- In the treatment of acute and post surgical pain
- In cancer and other deteriorating painful conditions
- In some chronic conditions, when utilized at safe doses

# WWW.OREGONPAINGUIDANCE.ORG

- Provider resources
- Patient resources
- Public resources
- Supported by Medicaid insurance plans and Public Health
- Please link us to your websites

**OPG**  
OREGON PAIN GUIDANCE

Oregon Pain Guidance | Opioid Prescribing Guidelines | Tools for Healthcare Professionals | Community Resources | Educational Resources | Patients & Families

Since 2008 the number of deaths from overdoses has exceeded deaths due to motor vehicle accidents in the U.S.



#### PROFILE: Who We Are

The Oregon Pain Guidance group (OPG) is a diverse group of healthcare professionals from Jackson and Josephine Counties. The group was formed to engage healthcare professionals and community partners on the current opioid problem, to learn best practices for managing complex, chronic non-cancer pain (CCNP) and to bring them into standardized, general use in Southern Oregon.



#### RESOURCE: Download OPG Guidelines

These guidelines are resources for local prescribers to help them understand and adopt best practices for the treatment of complex chronic non-cancer pain. Download and print these guidelines (PDF).



#### Resources for Patients & Families:

- Upcoming Events
- Videos
- Website Resources
- Other Educational Resources



**VIDEO:** Addiction is NOT Rare in Pain Patients. Prescribers and the public have been misinformed about the risk of addiction.



**VIDEO:** This 5 minute animated video tells you everything you need to know about chronic pain.



**VIDEO:** Online training for providers in Chronic Pain Management & Opioid treatment with patient provider scenarios. 90 minutes.

#### UPCOMING EVENTS

**Community Forum to discuss Chronic Pain**  
September 16th, 3:30 - 7:30 pm  
Smullin Center Auditorium at RRMCC  
[Click for flyer](#)

**Oregon Pain Guidance Group**  
Meets every month on the third Wednesday from 6 - 8 PM (\$30 for dinner - \$10), room 10B Smullin Center. OPG also meets at Three Rivers Hospital in Grants Pass at the same time. CME is available for a small fee.  
**To be placed on the OPG email list, contact Michele Schaefer**

[Archived Events](#)

#### IN THE SPOTLIGHT

**Washington State Guidelines**  
Washington State Opioid Dosing Guidelines for Chronic Non-Cancer Pain

**Washington State Dosage Policy**  
120 Morphine Equivalent Dosage (MED) Frequently Asked Questions

**Physicians for Responsible Opioid Prescribing (PROPP)**  
PROPP is an excellent resource for guidelines, links, videos, and more: [www.supportpropp.org](http://www.supportpropp.org)

**UW Project Echo**  
An excellent weekly collaborative learning opportunity. [Contact information.](#)

**KOBI News Video**  
Recent KOBI special news show on the work of the OPG.

**Naloxone — A Potential Lifesaver**  
Using Naloxone to treat overdose emergencies

**FDA Rejects Moxduo**  
FDA panel rejects painkiller that combines morphine and oxycodone

**NEJM Article**  
Medication-Assisted Therapies — Tackling the Opioid-Overdose Epidemic

[Archived Spotlight Topics](#)

Sponsored by



# Pilot Project

- June 2013 Pilot Project funded by JCC (with support from AllCare and Primary Health)
- Goal: to learn how to assist clinics in adopting the OPG guidelines

# Pilot Project

- We vetted clinics based on committed leadership, infrastructure, and patient volume.
- We brought expertise, primarily behavioral health, directly to the clinic sites
- 2 clinics:
  - Providence system primary care clinic
  - FQHC with 2 sites
- Laura Heesacker LCSW key to success



**Siskiyou Community  
Health Center**

*An Affordable Solution for Quality Health Care*



**PROVIDENCE**

Health & Services

Oregon and Southwest Washington



## Challenges

- Variation in staff perception of the “problem”
- EMR
- Need for behavioral health consultants both for the providers and the patients

## Successes

- Providers: attending OPG, attending pain conferences, checking the PDMP, performing UDS's
- Created “toolkit” for clinics
- Integration of BH into clinic systems
- Change in practice style

# Next steps: Pilot “light”

- Behavioral Health assisting providers with problems “as needed.”
- All Staff presentations: Medical and behavioral education
- Provide clinics with the “toolbox”

# Partnering with PDMP

- Shared Federal Grant
- Encourage local prescriber sign up
- Serve as a test site for PDMP improvements

# 4<sup>th</sup> Annual Pain Conference

May 29<sup>th</sup> and 30<sup>th</sup>, Smullin Center, Medford OR

<http://cmetracker.net/ASANTE/>

Patients

# 120 MED policy

- Both CCOs are asking local prescribers to adhere to the 120 MED ceiling
- Work with providers towards a safe taper strategy

# Creation of a new support clinic

- Educational, behavioral, physical, and peer support for patients tapering down/off of opioids
- No prescribing at this facility
- Thorough patient evaluation and collaboration with primary medical home
- Initial support from the local CCOs with a sustainable business model for the future
- Weekly planning meetings since the spring
- Partnering with PH, MH, and the provider community
- Mark Altenhofen key to success

**Public**

# Education Strategies

- KOBI TV spots

- Sample:

[https://www.youtube.com/watch?v=1qGp  
qC57DEA](https://www.youtube.com/watch?v=1qGp<br/>qC57DEA)

# Public Education

- Community Forum: First annual September 16, 2014
- Next one, May 28<sup>th</sup> 2015 in Medford

## MOVING THROUGH CHRONIC PAIN: A Community Response

September 16th, 3:30–7:30 p.m.  
Smullin Center Auditorium  
Rogue Regional Medical Center  
2825 E Barnett Road, Medford

Join us for a health fair and to learn about chronic pain, pain medication and complementary therapies.

- Presentations from alternative health practitioners and members of the Opioid Prescribers Group
- Shared personal stories from local community members
- **Free dinner and refreshments**

Sponsored by:



**FREE**  
to the public

# Interdisciplinary Action Committee: IDAC

- Collaboration between community justice and the medical community
- Participants:
  - District Attorney
  - Sheriff and police
  - Drug Court Judge and Court Administrator
  - Other local law enforcement
  - Substance Abuse
  - Parole and probation
- Dr. Anne Alftine (Dir. Clinical Dev. JCC) key to success

# IDAC successes

- Participation at the OPG
- Participation at our annual pain conference
- Provider contact when their prescription is involved in a criminal act
- Mutual education
- Naloxone in MPD patrol cars

# Naloxone



# Thanks to our CCOs for supporting this work



[shamesjg@jacksoncounty.org](mailto:shamesjg@jacksoncounty.org)