



Oregon Pain Guidance Initiative Summary & Strategic Directions

INTRODUCTION

Oregon Pain Guidance (OPG) is a regional health initiative focused on health professionals and the general community, and championed by a group of healthcare providers from Jackson and Josephine Counties. Initiated in 2010 by Jackson County Health & Human Services Medical Director, Jim Shames MD. OPG, originally known as the Opioid Prescribers Group, was formed and continues to be championed by Dr. Shames as a response to the morbidity and mortality associated with the over-prescribing of opioids for pain management. This is a significant public health and safety crisis in our community, our state, and our nation.

Initially, OPG developed new standardized opioid prescribing guidelines for clinicians. After completing the guidelines, Dr. Shames and his colleagues began shifting the focus on opioid prescribing to pain management and the development of best practices for treating chronic pain with alternative modalities. At this time, the initiative's goals are to two-fold: to decrease the morbidity and mortality rates of opioid users, and to help chronic pain patients experience an overall improvement in their well-being and quality of life. This report summarizes community and professionally-focused work to date and points to strategic directions for the future.

In the first five years of its existence as a community education resource, OPG reached over 600 professionals in four regional pain conferences and coached almost 300 prescribers/clinicians on new guidelines and pain management practices. Additionally, OPG engaged over 250 individuals with chronic pain in community forums and 200 individuals using peer-to-peer pain management support sessions. Funding for OPG efforts has been provided by AllCare Health, Jackson Care Connect, Primary Health of Josephine County, individual donors and Jefferson Regional Health Alliance.

OPG Initiative Leadership

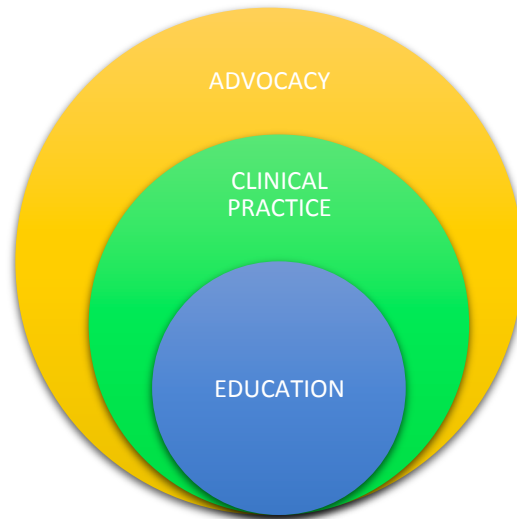
- ❖ Jim Shames, MD, Jackson County Health & Human Services – Medical Director
- ❖ Anne Alftine, MD, Jackson Care Connect – Director of Clinical Integration
- ❖ Laura Heesacker, LCSW, Jackson Care Connect – Behavioral Health Innovation Specialist
- ❖ John Kolsbun, MD, AllCare Health – Medical Director
- ❖ BJ Lynch, MD, Asante Physician Partners
- ❖ Michelle Marikos, Peer to Peer Facilitator
- ❖ Nadejda Razi-Roberson, LCSW, Behavioral Health Specialist
- ❖ Ginger Scott, RN, Jackson Care Connect
- ❖ Michele Schaefer, JCCHS - Dept of Justice Grant Administrator
- ❖ Sara Smith, RN, La Clinica Del Valle

PROGRAM SUMMARY 2010-2015

OPG Vision: Reduced morbidity and mortality due to over-prescribed narcotics for pain relief in non-cancer patients; reduced opioid use; reduced addiction; increased awareness of alternative modalities for pain management; improved long-term pain relief; improved well-being and quality of life.

To achieve this vision, programs and activities are determined by three primary strategies:

1. **Education**
2. **Clinical Practice**
3. **Advocacy**



Strategy One: Education & Awareness

Goals: Increase education and awareness on the issue of the over-prescribing of narcotics for chronic pain management. Provide information and resources for alternative modalities of treatment.

Individuals/Community:

- Community Education Forums
- PSAs through local media
- OPG website for patients
- Information on prescription bags
- Pamphlets on alternative pain treatments and resources

Clinicians/Providers:

- Provide laminated quick reference Prescribing Guidelines
- OPG website for providers
- Monthly professional meetings (with CME credit)
- Quarterly summits for specialists (pain medicine, orthopedics, etc)
- Annual Pain Conference

Systems/Organizations:

- OPG website
- Coordination with CME Committee
- Work with OHA and Lines for Life to share learning and best practices

**denotes programs/activities that are still aspirational*

Partners for Sustainability:

- County Public Health
- OnTrack & Addictions Recovery Center
- Pain Management Specialists
- Behavioral Health Specialists
- Hospitals & Clinics
- CCOs & Private Insurers
- Media

Strategy Two: Clinical Practice & Transformation

Goals: Reduce the over-prescribing of opioids for treatment of non-cancer chronic pain. Reduce addiction and associated morbidity and mortality. Decrease emergency room visits and hospital admissions due to overdose and addiction. Decrease number of physicians facing OMB sanctions.

Patients:

- Pain Resiliency Clinic
- Peer to peer support groups with community health workers
- *SWAT team for rapid response interventions

Clinicians/Providers:

- Physician training on best practices in the management of chronic pain
- In-service training to implement prescribing guidelines
- Intervention support for physicians facing OMB sanction, or in jeopardy of sanction, due to over-prescribing
- Promote naloxone distribution at FQHCs, A&D, Emergency Depts, etc.
- *Develop mentorship program for interns
- *Engage new physicians in implementing guidelines and best practices as they arrive

Systems/Organizations:

- Work with police and sheriff's offices to implement naloxone protocols

**denotes programs/activities that are still aspirational*

Partners for Sustainability:

- County Public Health
- Hospitals & Clinics
- Physicians, RNs, NPs & PAs

- Behavioral Health Specialists
- OnTrack & Addictions Recovery Center
- CCOs & Private Insurers
- Law Enforcement

Strategy Three: Advocacy & Public Policy

Goals: Reduce the morbidity and mortality associated with over-prescribed narcotics for pain relief. Implement best practices for chronic pain management. Reduce demand on resources. Improve cost/benefit ratios.

Local/Public Health:

- Pain Resiliency Program

Regional:

- Establish MEDs with CCOs
- *Establish metrics (county mortality stats, ED admissions, naloxone success, etc) to demonstrate where we're "moving the needle"
- *Create community dashboard & communication plan

State/Federal:

- Coordination of shared resources (i.e. OPG website) and standards (i.e. prescribing guidelines) throughout the State
- *Influence legislative decision-making (i.e. OMB incentives for implementation of prescribing guidelines)
- *Trained workforce development through RCC, SOU, OHSU, PSU, CCOs (encourage embedded curriculum for medical, LCSW, RN, Dental)

**denotes programs/activities that are still aspirational*

Partners for Sustainability:

- CCOs & Private Insurers
- Hospitals
- County Public Health
- Oregon Health & Human Services
- Higher Education
- Oregon Medical Board
- Oregon Legislature

PARTNERSHIPS

OPG's work over the last five years has been successful due to the cooperation and collaboration of many strategic partners. State and Federal resources such as Oregon Health Authority, Lines for Life, National Narcotic Task Force, Oregon Pain Management Commission, Oregon Medical Board, and the Oregon Prescription Drug Monitoring Program have been important in providing information and expertise. Regional community partners have been critical to ensuring the reach, impact and efficacy of OPG's efforts. Recognizing, building and nurturing collaboration between these community partners is necessary in order to sustain this important work here in our community.



CALL TO ACTION

This summary of OPG learning and work to date identifies what our community needs in order to address this critical issue and decrease the morbidity and mortality associated with over-prescribed narcotics. OPG has piloted some excellent community and physician education programs and activities, but there is still much work to be done. It's time for key community partners who recognize the value of this work to act to ensure its continuance. The OPG Initiative must be integrated into the community institutions and organizations that can build on past success, expand the reach, and leverage resources to ensure long-term sustainability, and provide the greatest impact.