

OHP Back Pain Policy: Tools for Oregon Rural Health Care Providers to Manage Patients' Pain with an Integrative Approach

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Objectives

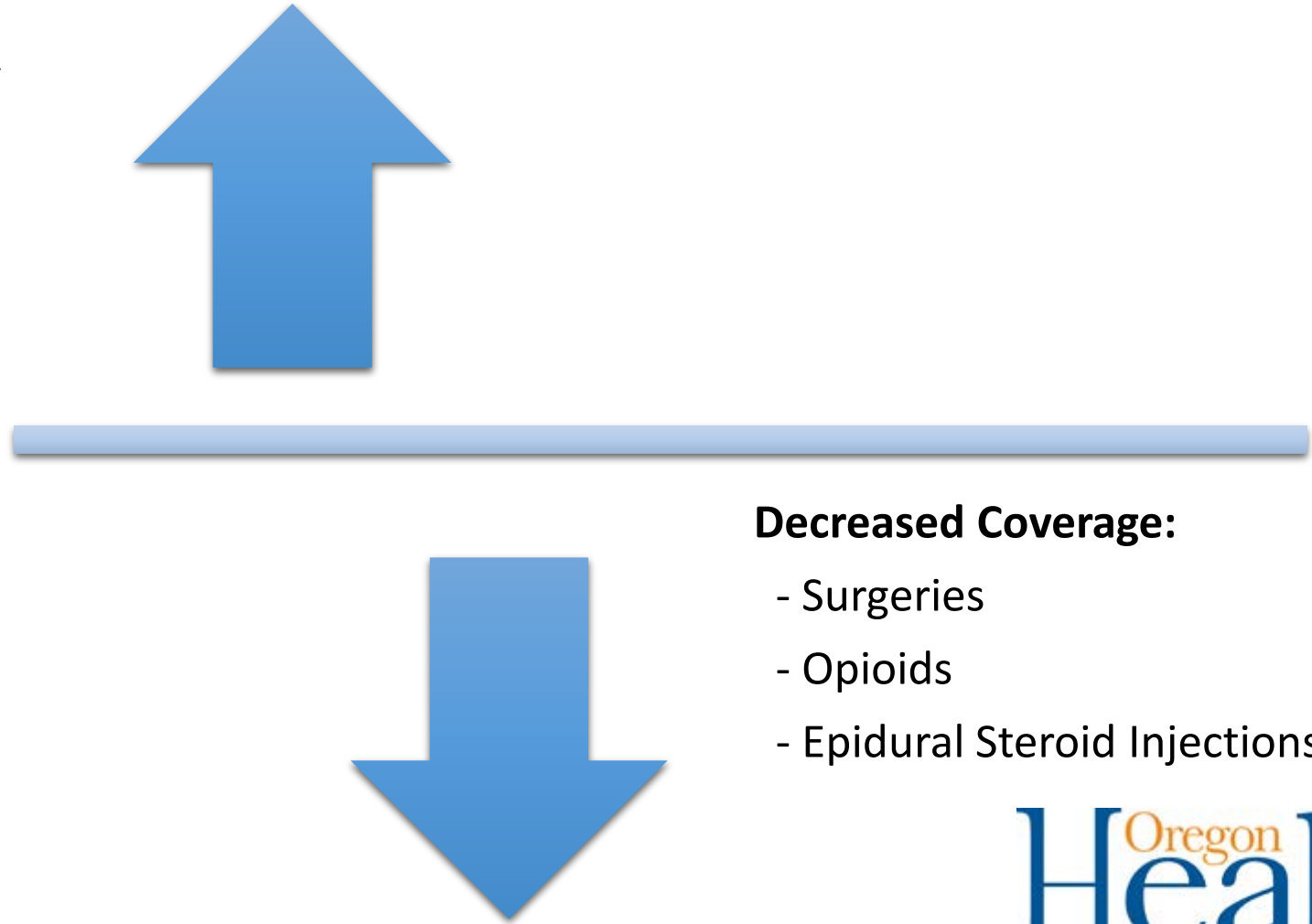
- Participant will understand new treatment options for back pain under the Oregon Health Authority guidelines
- Participant will learn useful interventions in 5 key domains of pain care
- Participant will understand opportunities for and importance of involvement of varied disciplines in team based pain care

Policy Changes: The New Back Care Paradigm

Increased Coverage:

- Cognitive Behavior Therapy
- Spinal Manipulation
- Acupuncture
- PT/OT
- Non-opioid medications
- Yoga *
- Interdisciplinary Rehab *
- Supervised exercise *
- Massage Therapy *

* If available



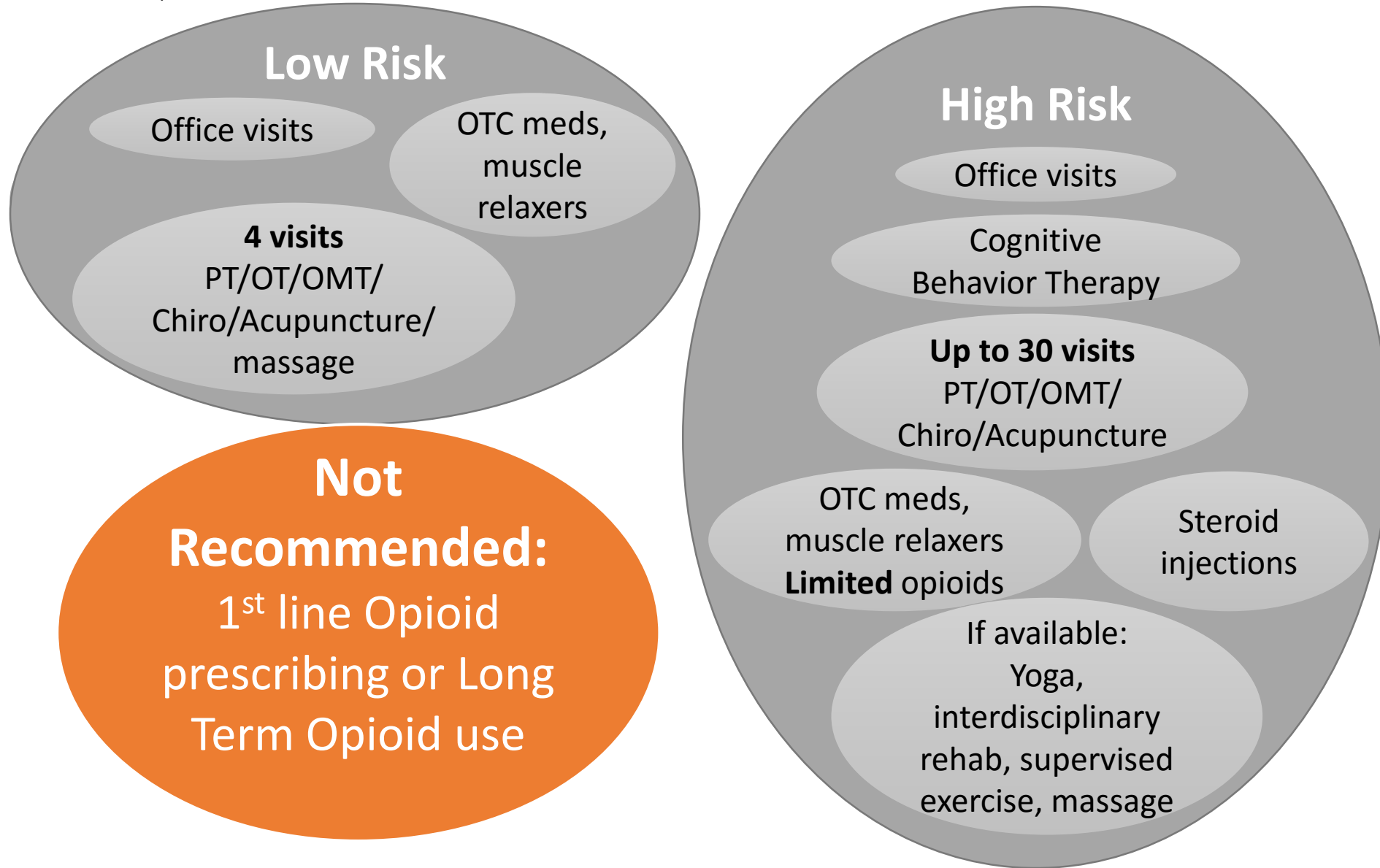
Decreased Coverage:

- Surgeries
- Opioids
- Epidural Steroid Injections

Oregon Health Authority Medicaid

Guideline Note 56: New Treatment Pathways

(Medical Treatment Line)



The Keele STarT Back Screening Tool

Patient name: _____ Date: _____

Thinking about the last 2 weeks tick your response to the following questions:

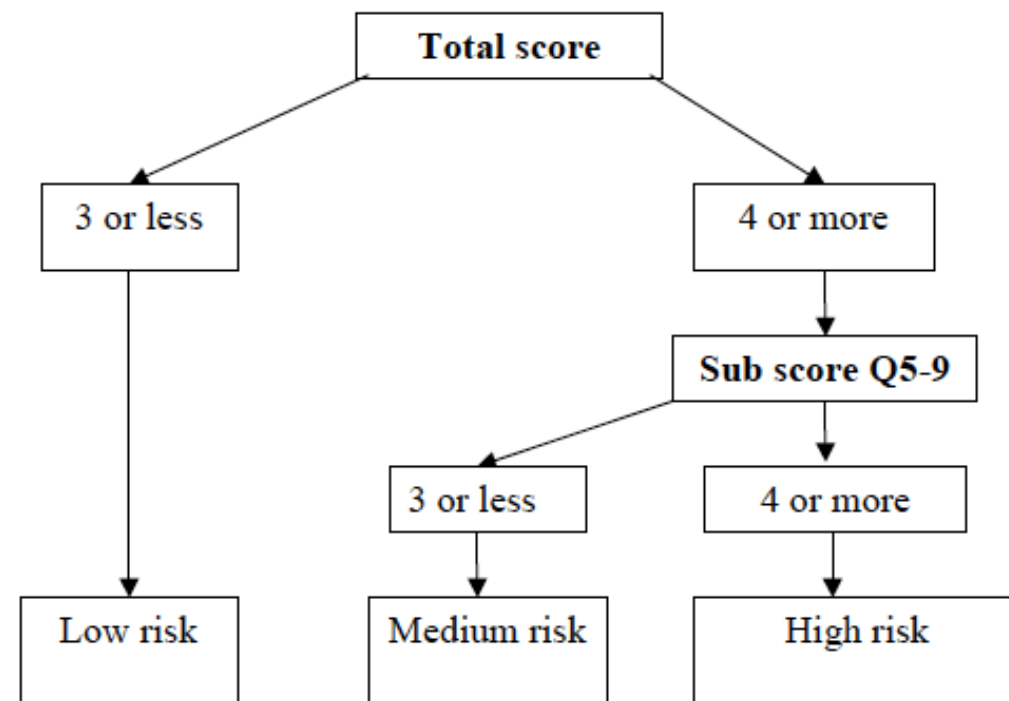
	Disagree 0	Agree 1
1 My back pain has spread down my leg(s) at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
2 I have had pain in the shoulder or neck at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3 I have only walked short distances because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>
4 In the last 2 weeks, I have dressed more slowly than usual because of back pain	<input type="checkbox"/>	<input type="checkbox"/>
5 It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
6 Worrying thoughts have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>
7 I feel that my back pain is terrible and it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>
8 In general I have not enjoyed all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, how bothersome has your back pain been in the last 2 weeks?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1

Total score (all 9): _____ Sub Score (Q5-9): _____

The STarT Back Tool Scoring System



Health Evidence Review Commission 2014-2015 Back Conditions Taskforce

Taskforce membership

- Chiropractor
- Acupuncturist
- Physical therapists
- Pain specialist
- Neurosurgeon
- Orthopedic surgeon
- Physiatrist
- Primary care physician
- Medicaid managed care plan medical director
- Psychologist
- Addictions specialist
- National expert in back pain treatment evidence (Rick Deyo, MD)
- Series of public meetings held in 2014
- Recommendations discussed in public meetings of the HERC and its subcommittees in 2015
- Changes adopted in 2015, effective July 1, 2016

Back Pain Evidence Summary

- New approach to “conservative care”
- Surgery reduction
- Opioid reduction

63 y/o female with fibromyalgia

Widespread Pain for 20 years

Medical Hx:

FM, GERD, IBS, insomnia, obesity, OA, pre-diabetic, Hep C

Surgical hx:

partial thyroidectomy, THA R, ankle surgery, gastric bypass

Mental health hx:

anxiety, depression, bipolar, ADD, PTSD

Suicide attempt 8 y ago, trauma history

Function/ Activity:

Spends most of time on couch, now hurts to walk 10'

Husband does chores, Use to go to gym 3 years ago with trainer

239 lbs, in weight watchers. "emotional eater". Gained 40' over last year



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Social:

- Living with husband of 36 yrs, supportive relationship
- Retired real estate broker 20 yrs ago when got “sick”
- Volunteers at church and belongs to church group

Sleep:

- 5-6 hours/ night of fitful sleep

Substances:

- Smoked age 16-20. Hx of alcohol abuse 21 years ago
- Substance use history in family

Medication: Opioids 110 MED, ambien for sleep



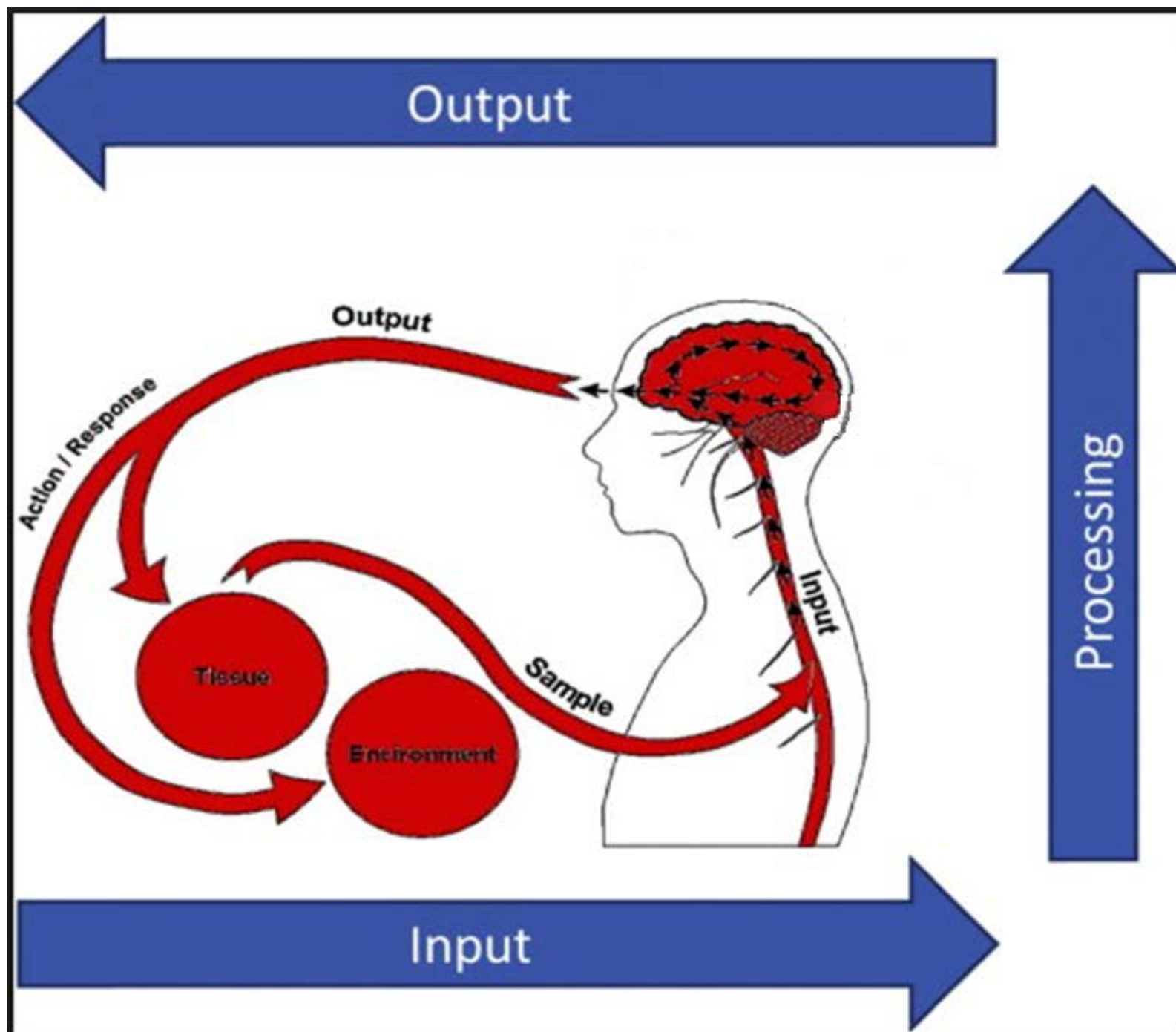
Old Model } Pain
= Tissue Damage



Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients^a

Imaging Finding	Age (yr)						
	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

The troublesome disconnect between
back structure and back pain



Complex pain is..... complex

Acute Injury: Fewer brain processes may be involved in pain experience

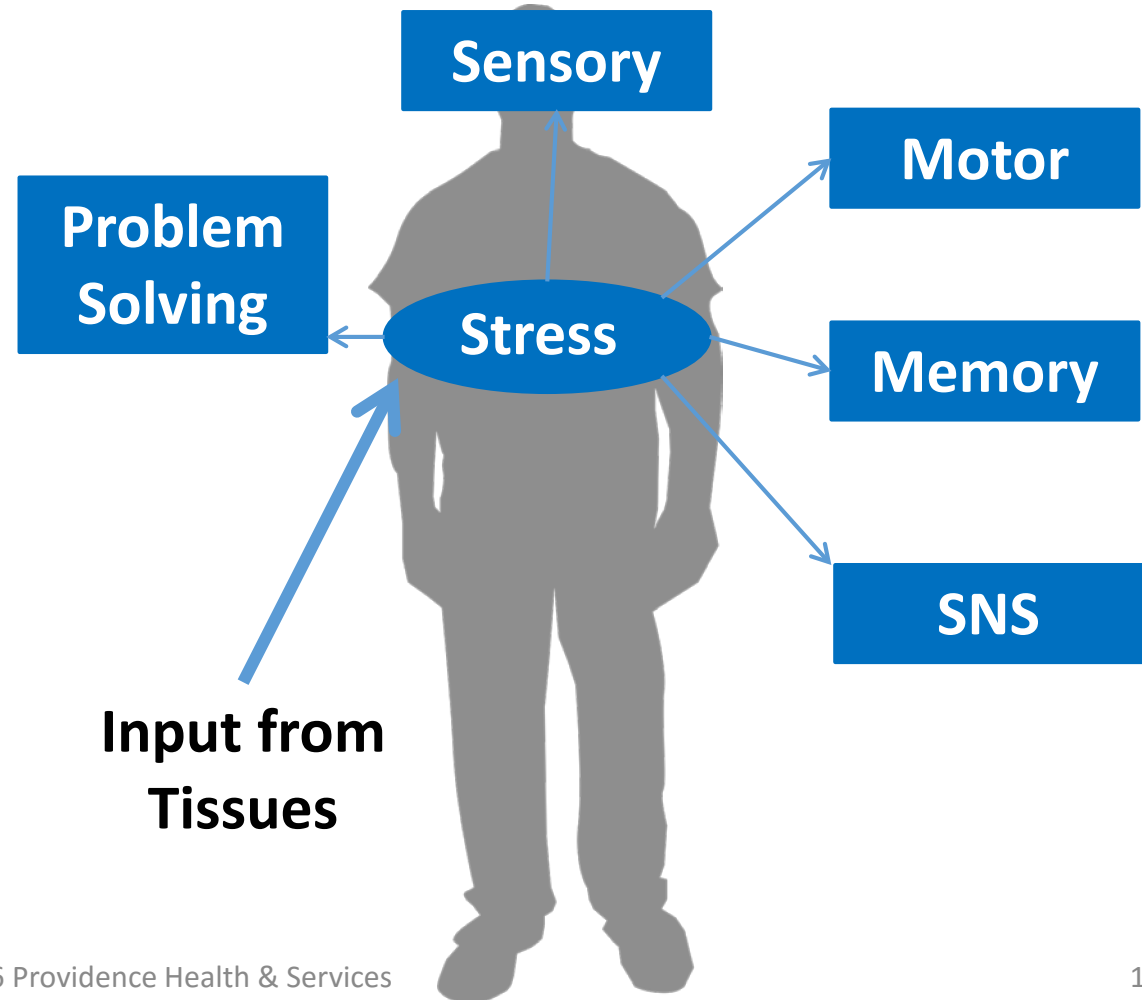
Stress response activates autonomic nervous system

Sensory cortex: identify body part

Memory: has this happened before?

Problem-solving: assess situation

Motor: acts to protect



Persistent Pain: Brain functions change

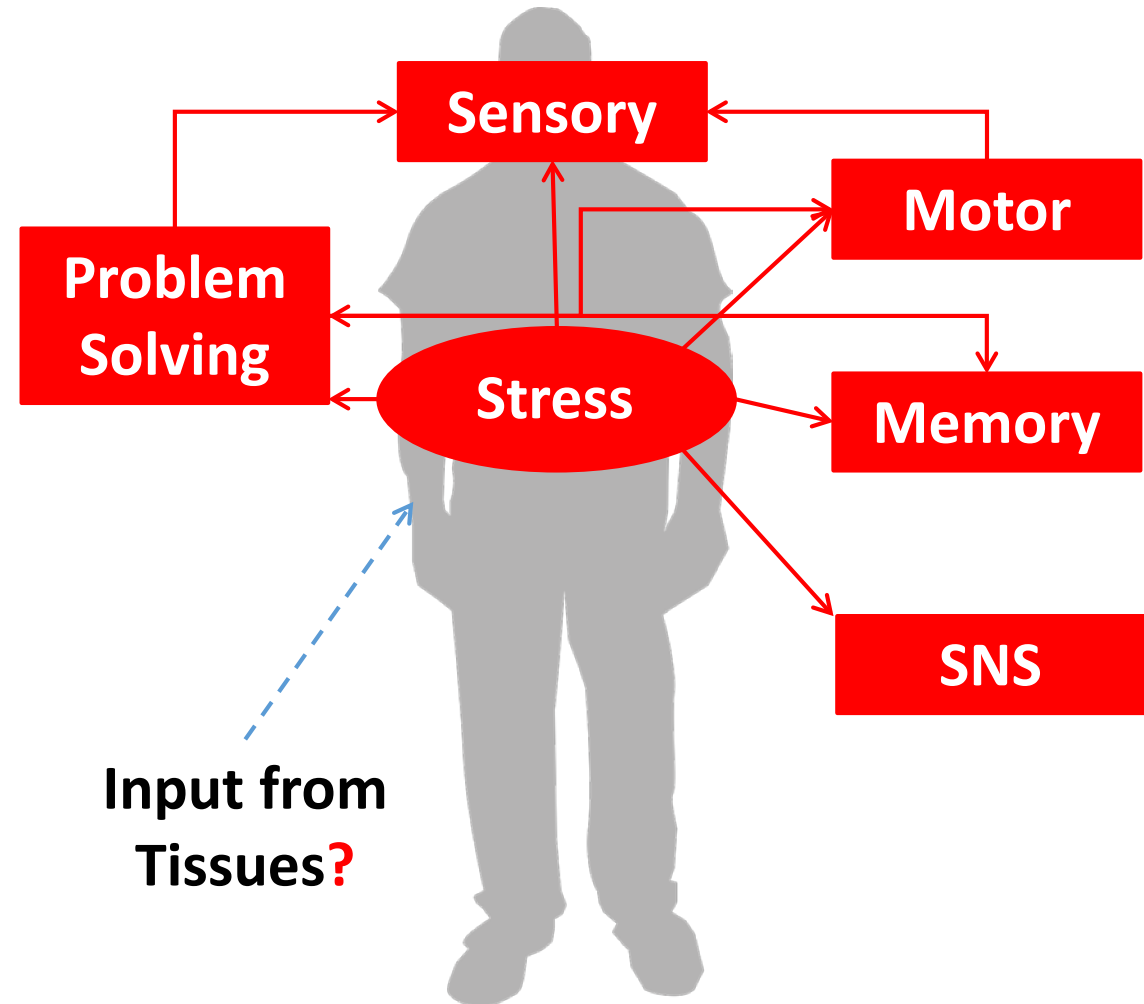
Problem-solving

Memory

Stress

Sensory cortex

Motor



Persistent Pain:

Increased complexity associated with pain response

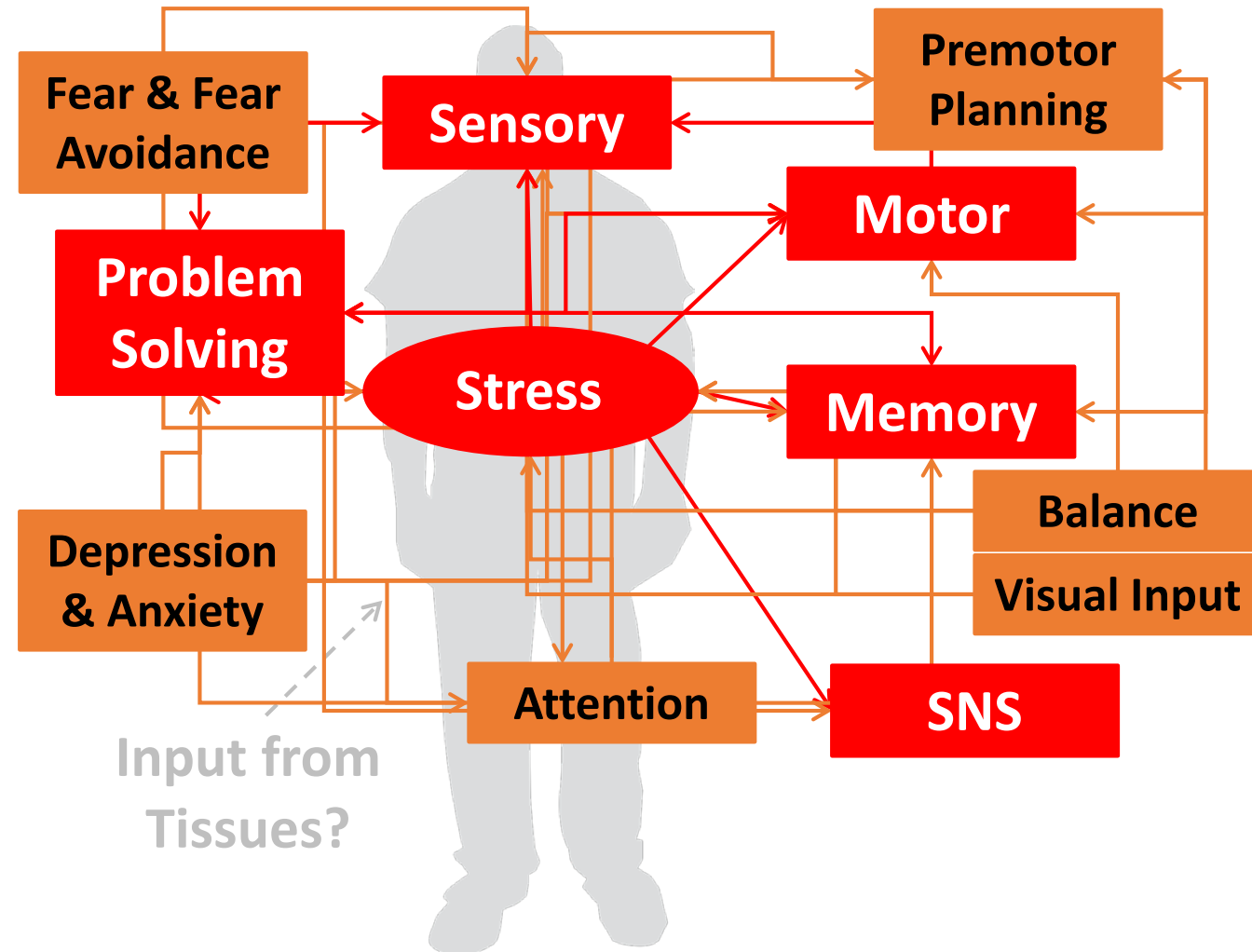
Premotor planning

Attention

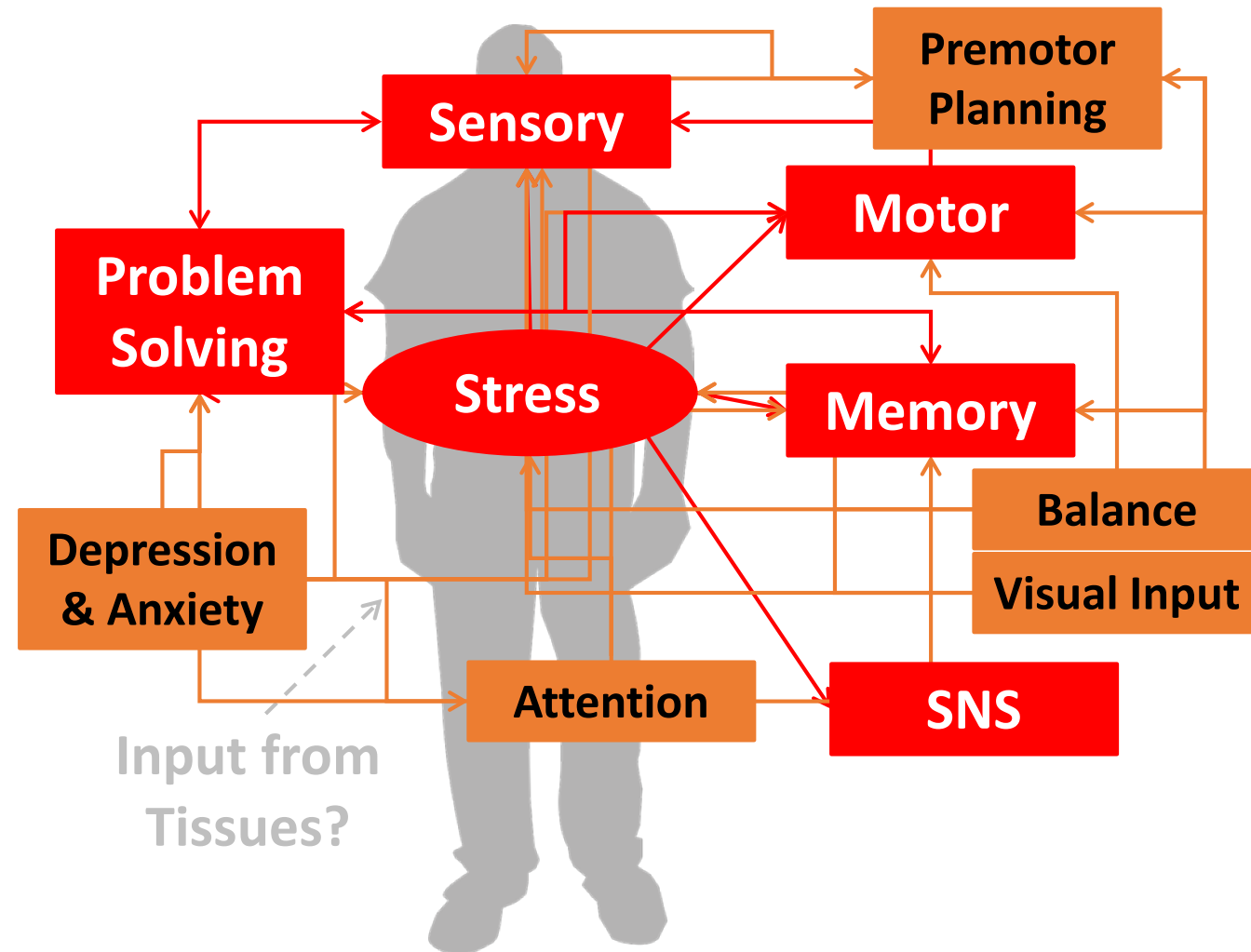
Fear & Fear Avoidance

Balance and Visual Input

Depression, anxiety & trauma

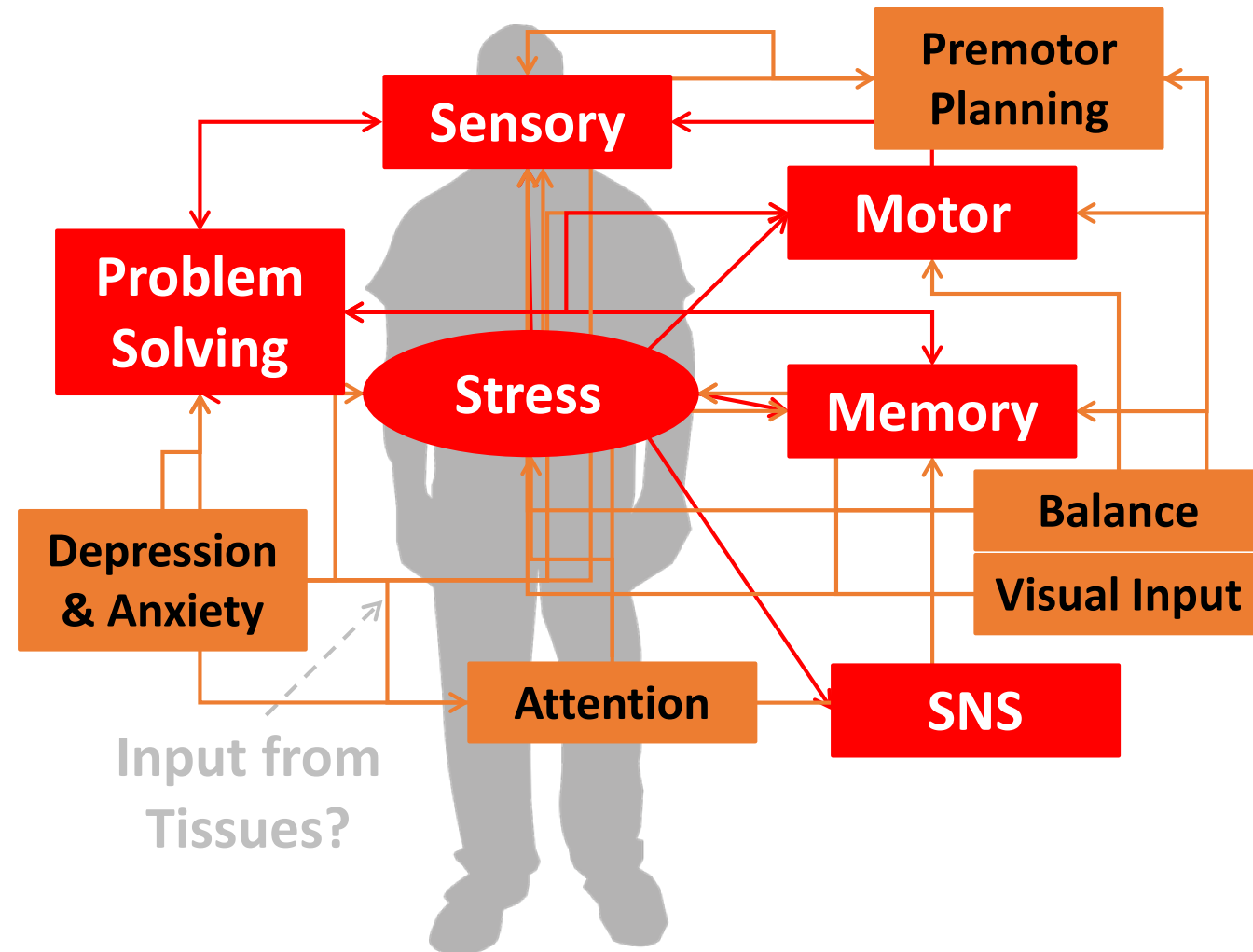


Possible Changes Through Understanding Pain



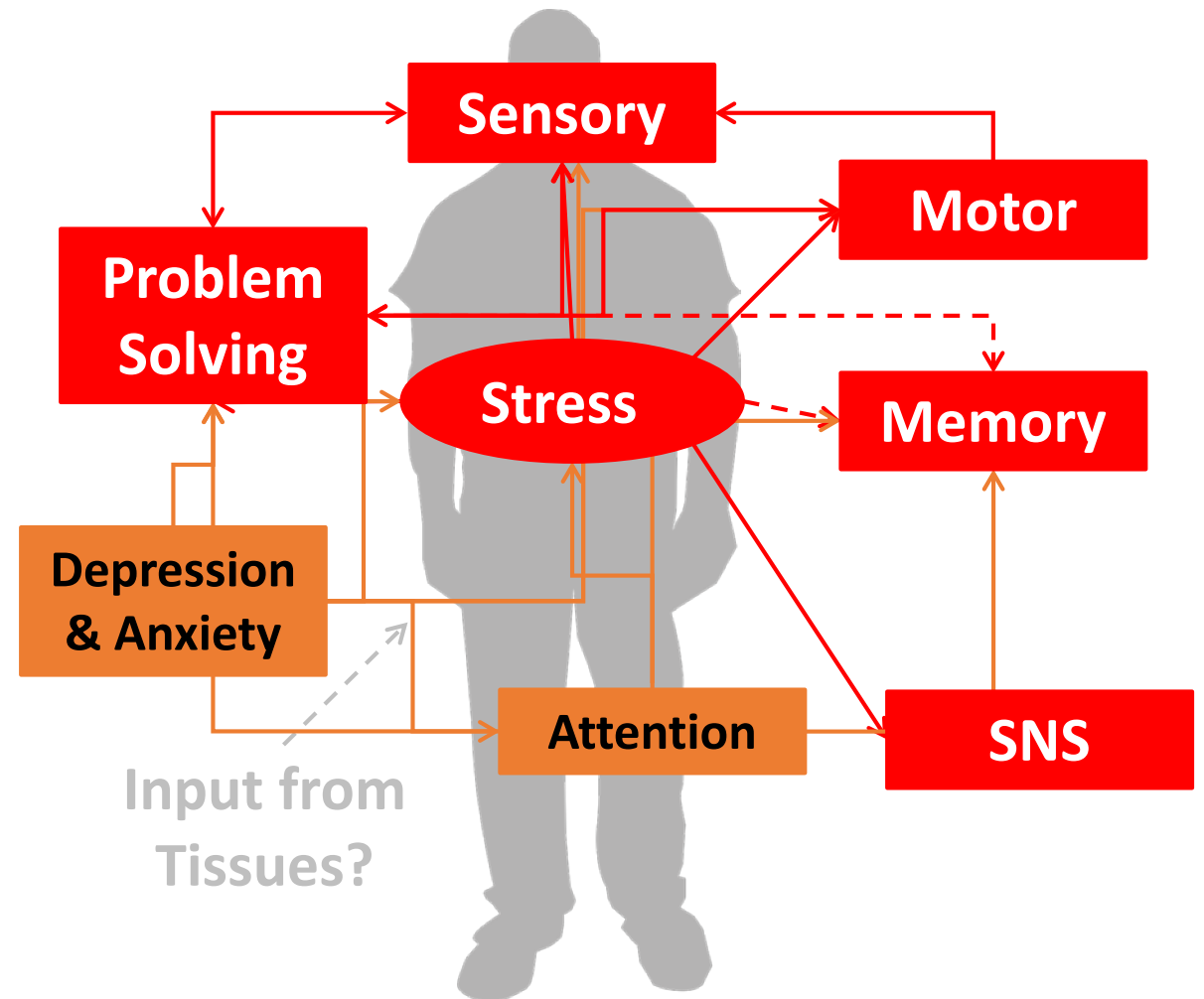
Possible Changes Through Understanding Pain

Problem Solving: Understanding pain



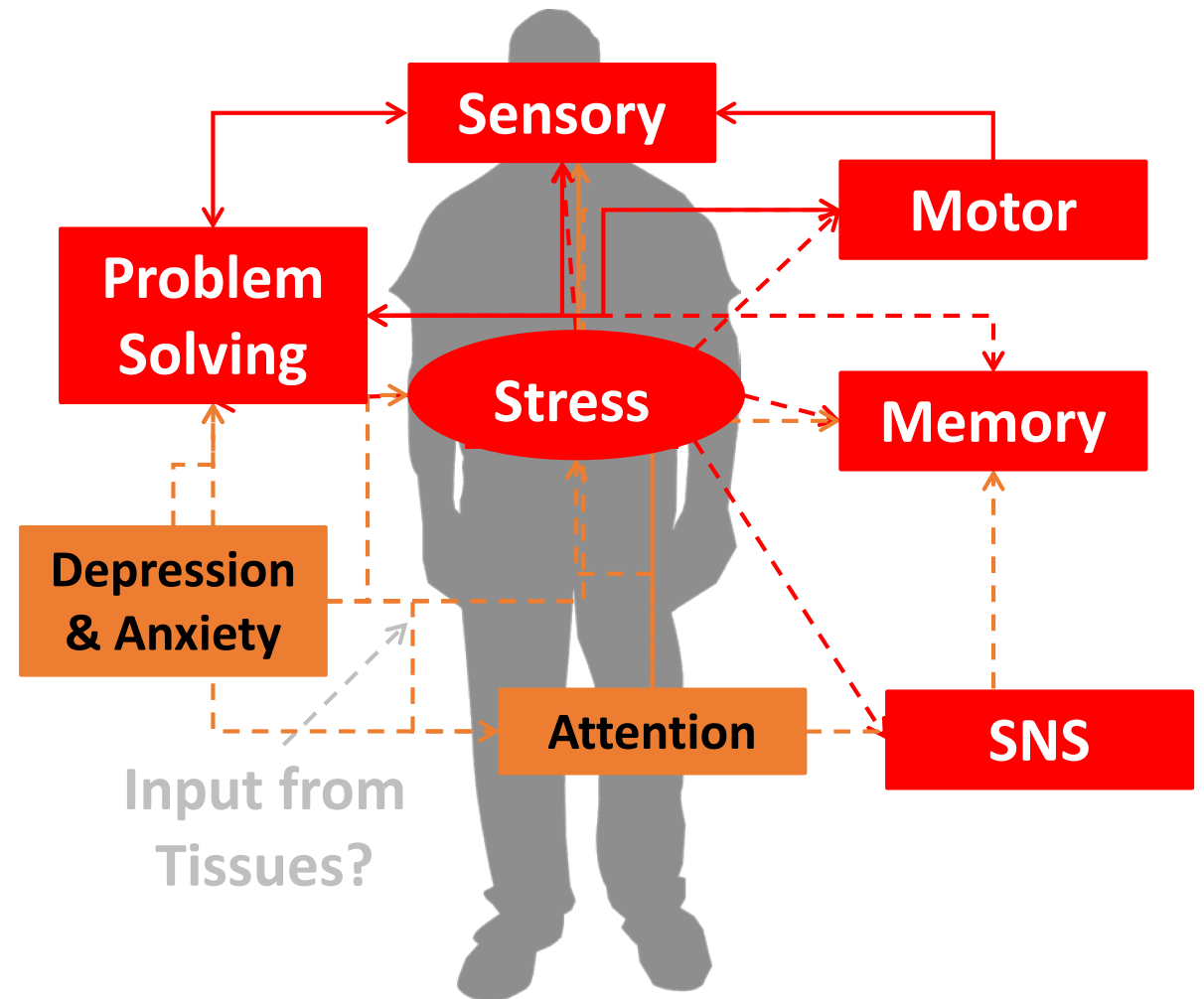
Possible Changes Through Understanding Pain

Quieting stress response



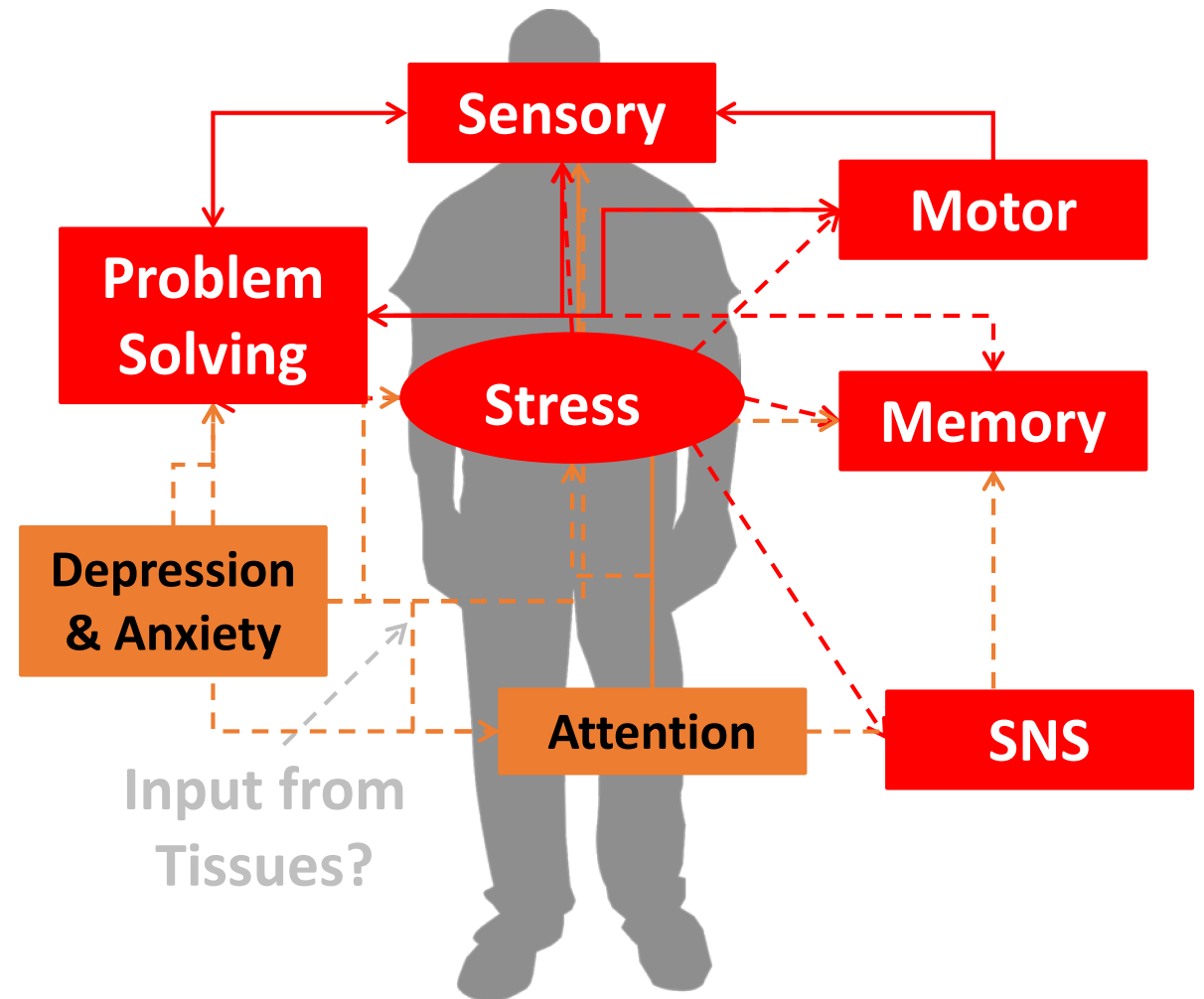
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Quieting stress response

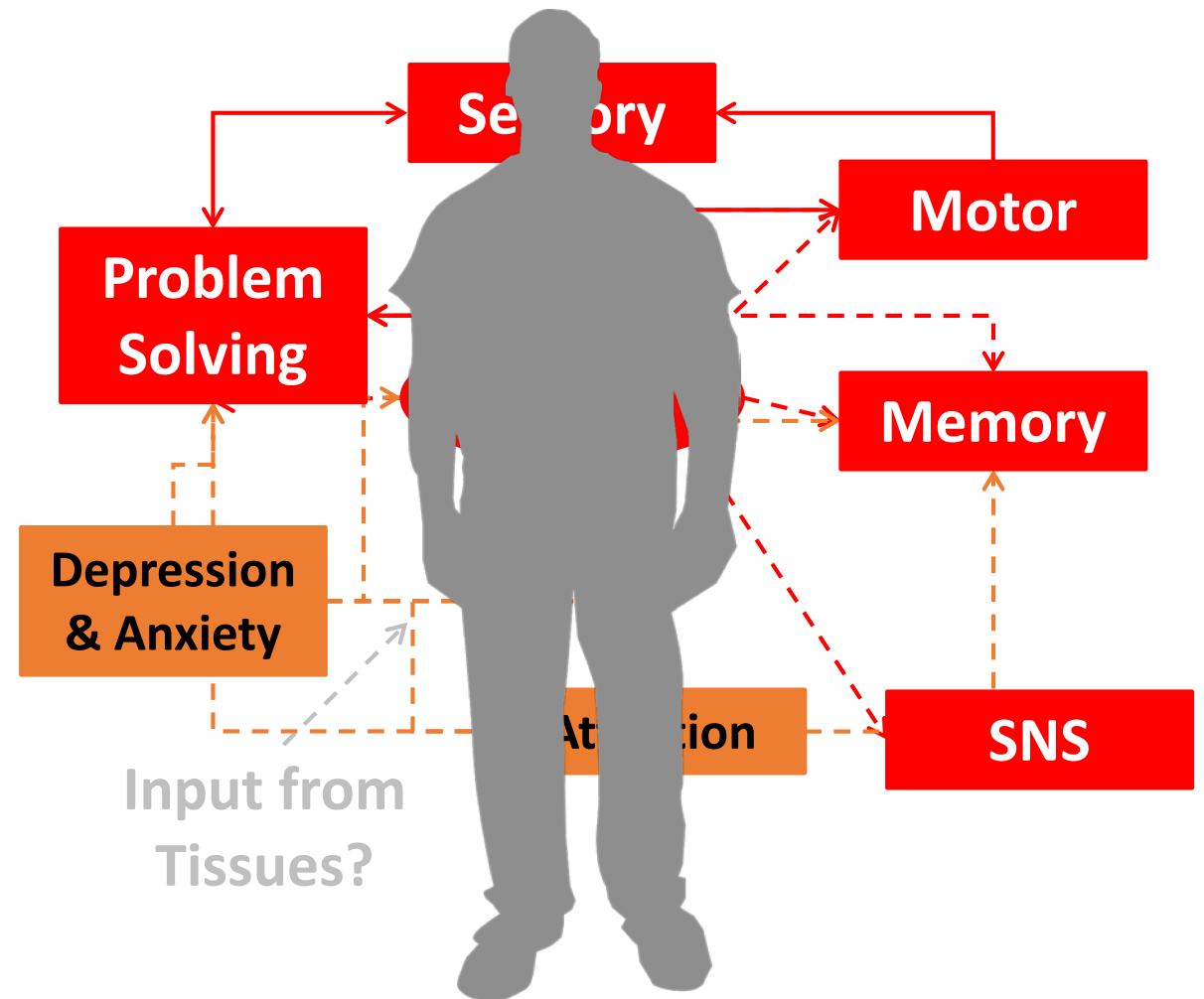


Possible Changes Through Understanding Pain

Addressing depression, anxiety and trauma



Possible Changes Through Understanding Pain



Understanding fear avoidance

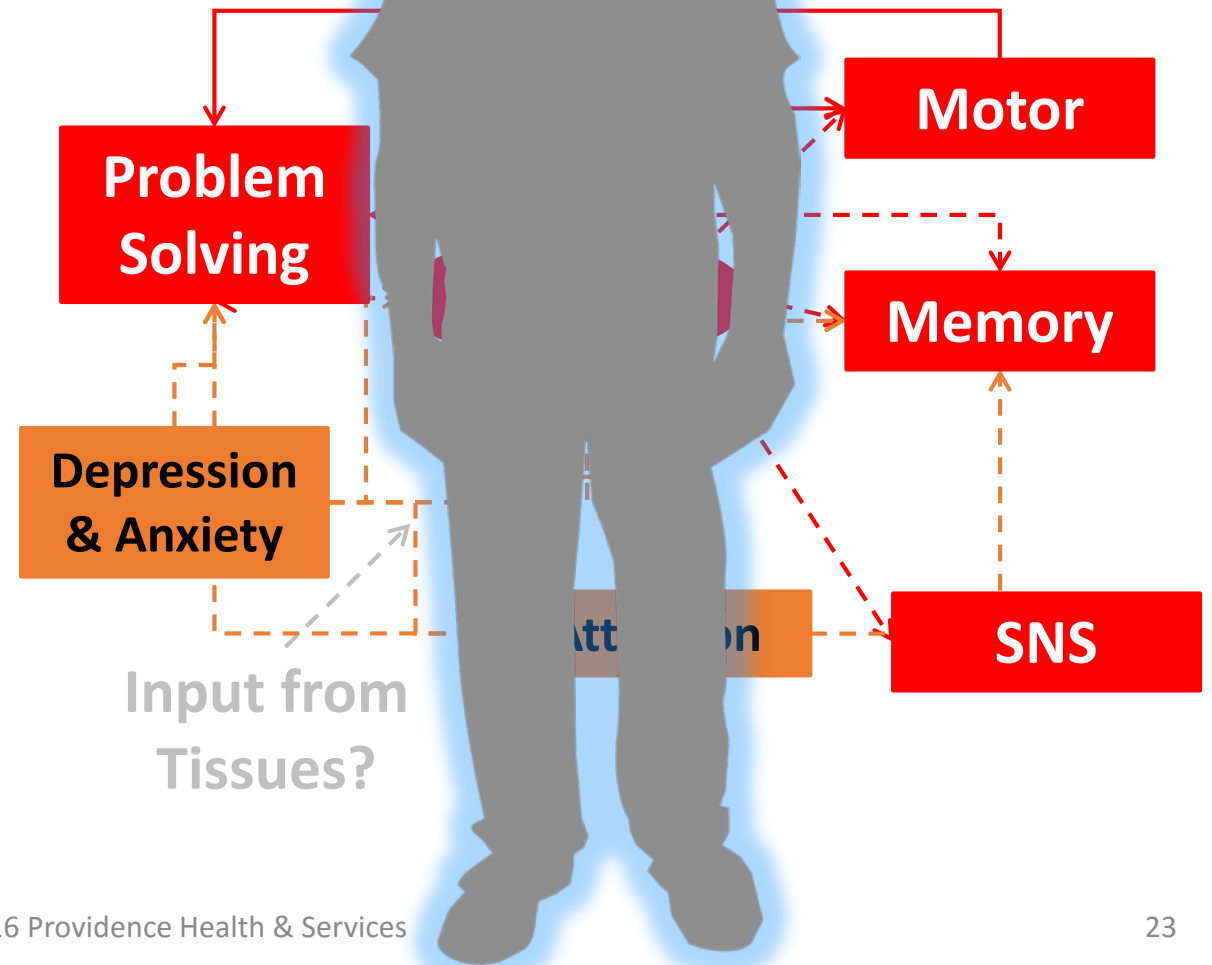
Possible Changes Through Understanding Pain

Problem Solving: Understanding pain

Quieting stress response

Addressing depression, anxiety and trauma

Understanding fear avoidance



Pain Education As A Treatment Intervention



Decrease in pain rating (Van Oosterwijck et al 2011, Meeus et al, 2010, Ryan et al, 2010, Moseley, 2002, 2003, 2004)

Decrease in fear of re-injury (Van Oosterwijck et al 2011, Moseley, 2002, 2003)

Decrease in pain catastrophizing (Meeus et al, Moseley 2004, Louw et al 2011, Arch Phys Med Reh Systematic review)

Decrease in postoperative utilization of services (Adriaan Louw, PhD, PT, et SPINE Volume 39, #18)



Increase in function (Van Oosterwijck et al 2011, Moseley, 2002, 2003, Louw et al 2011 Arch Phys Med Reh Systematic review)

Increase in mobility (Moseley and Hodges, [Clin J Pain](#). 2004 Louw et al Physiotherapy J, 2011)

Key Points

Pain is a multi-dimensional experience

All pain is real pain

Adapted from material from G. Lorimer Moseley: Understand and Explain Pain course material 2010

Key Points

Pain \neq Harm

Adapted from material from G. Lorimer Moseley: Understand and Explain Pain course material 2010

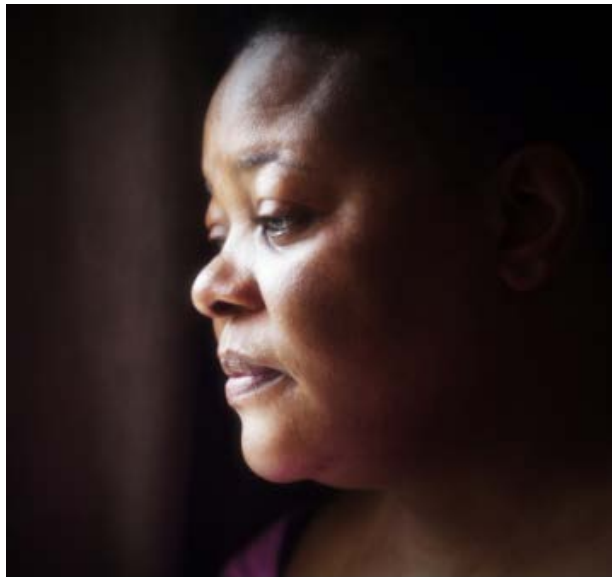


MRI and X-Ray results

THREAT!



Fear of movement



Struggles in living with pain



Medication is the only thing that can help me

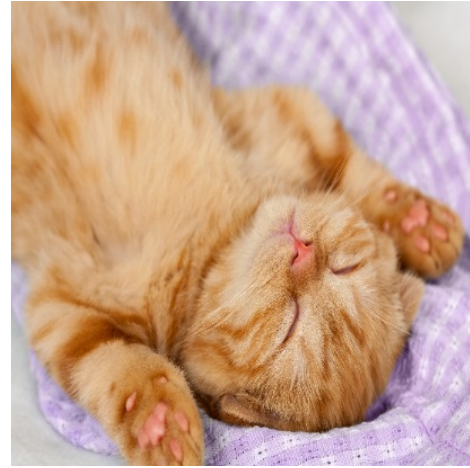
Safety and Hope



Understand pain



“Normal age-related changes”



Quiet your worry



Sore, but safe



Bring some fun back in your life

OPMC Module: A new resources for clinicians



- Physicians
- Physician Assistants
- Nursing
- Acupuncture
- Psychologists
- Physical Therapist
- Occupational Therapist
- Chiropractic Physicians
- Naturopathic Physicians
- Pharmacists
- Dentists

New resources for clinicians

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Providence Persistent Pain

Persistent Pain Toolkit

Providence Persistent Pain

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Toolkit

Patient and Families
Toolkit

Pain Resources

News

Persistent Pain Toolkit

The Providence Persistent Pain Toolkit was designed to help both health care professionals and patients and their families with resources for understanding and quieting pain.

HEALTH CARE PROVIDER TOOLKIT ›

PATIENT AND FAMILIES TOOLKIT ›

For other resources to quiet pain, including classes and therapy services, [visit our main Persistent Pain Program page](#).

Providenceoregon.org/pain-toolkit

Prioritizing Care: Key Domains



Shared Decision Making Tool


Shared Decision Making:

- Helps determine where to begin
- Encourages active participation
- Identifies motivation
- Requires permission

Understanding Your Pain Story

The Big Picture: Many Things Affect Your Pain

Below, circle the two things that represent some of the biggest part of your pain story:



Understanding my brain and nervous system's role when I feel pain

Doing things that I enjoy and spending time with people who help me feel good

Managing stress and worry

Getting up and moving around

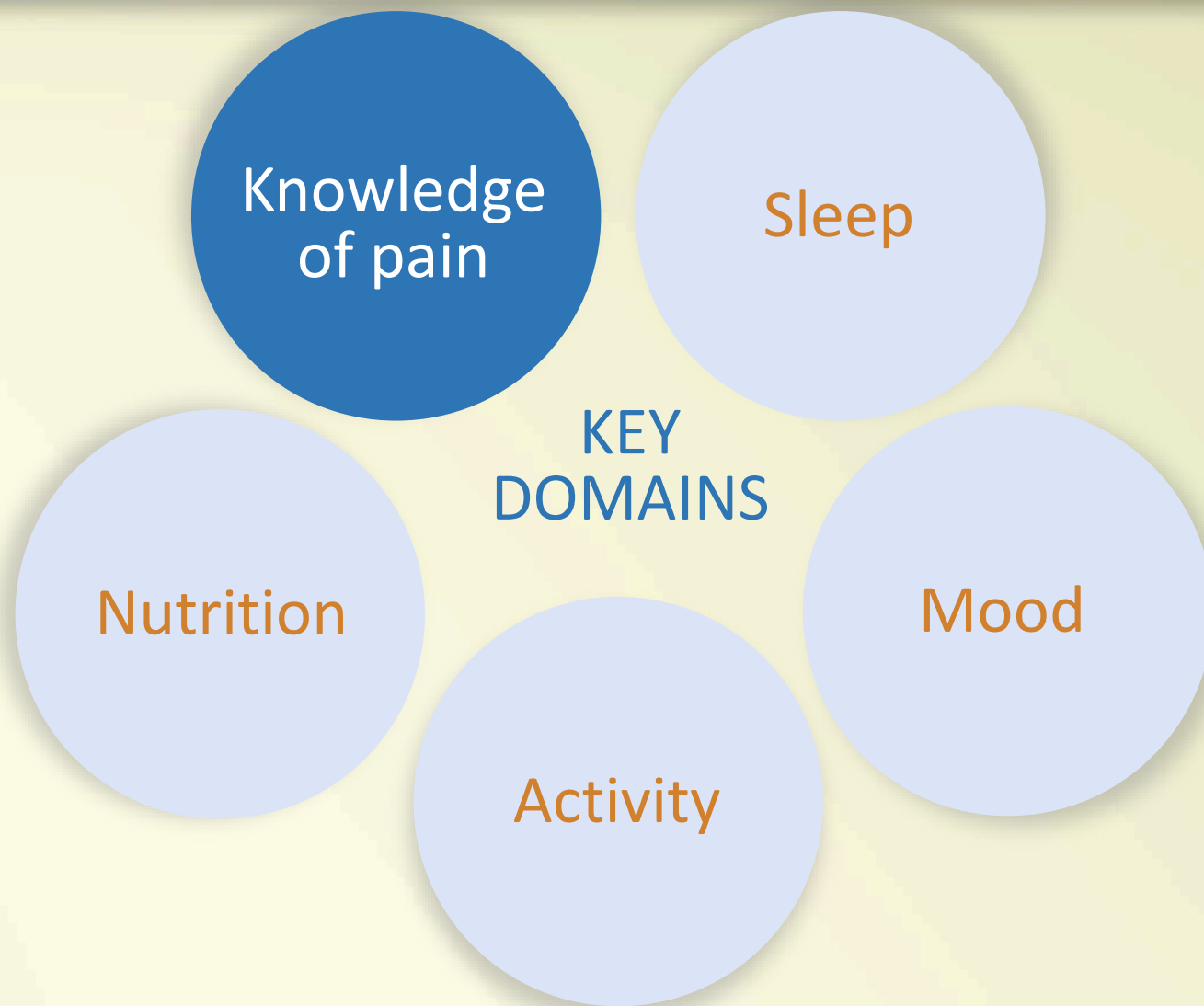
Getting the right amount of sleep, not too much or too little

Other:

Eating a healthy diet

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Providence Health & Services

Key domains: Knowledge of pain

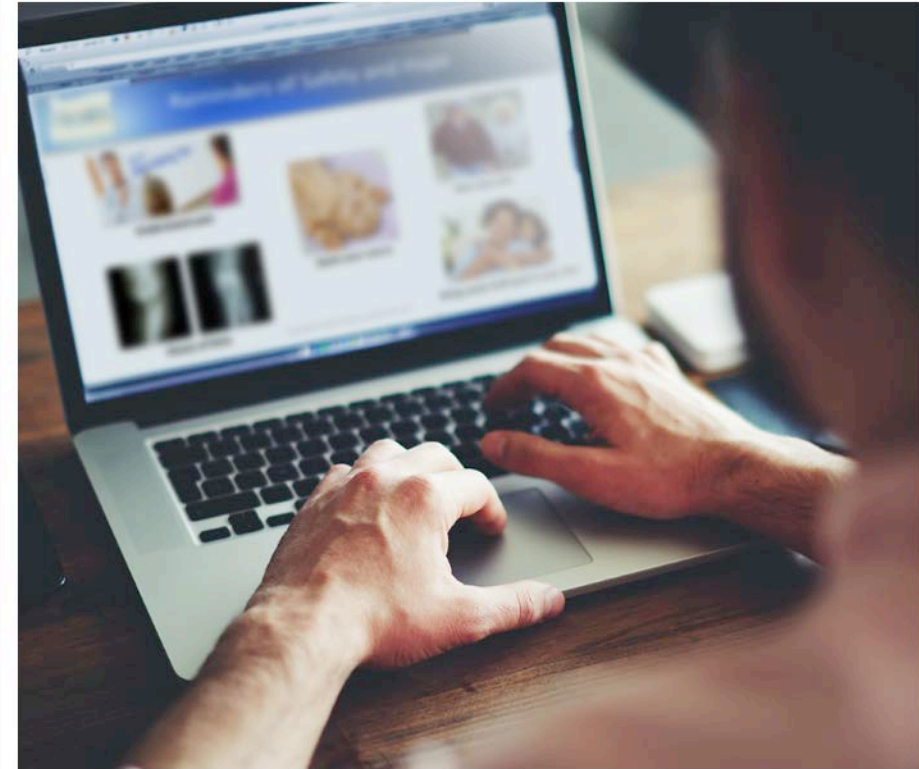


Key Concepts



- **Understanding pain improves a person's pain experience:**
 - Decreases pain rating itself
 - Decreases pain related fears
 - Improves function
 - Decreases unnecessary cost
- Pain education is a treatment intervention
Help your patient understand how pain works as a process and its reversibility through neuroplasticity

Knowledge of Pain: Strategies



Pain knowledge assessment tools: [click here](#), or see addendum or OPMC website

Change language to decrease unintentional threat

- "Sore but safe"
- "Pain does not equal harm"
- "There is a lot that you can do to change your pain"

Teach about pain including pain processing and neuroplasticity/reversibility

Using written material and videos

Connecting with your patient



"We now understand some things about pain differently. And we now know that when a person with pain understands pain better, it can actually help in several ways. I need to be sure that we both have the same understanding so we can build a plan together. You may already know a great deal, but would you be willing to watch a video for a few minutes so that we can talk about it the next time I see you?"

[Click here](#) or refer to addendum or POPMC website for all phrasing

Videos



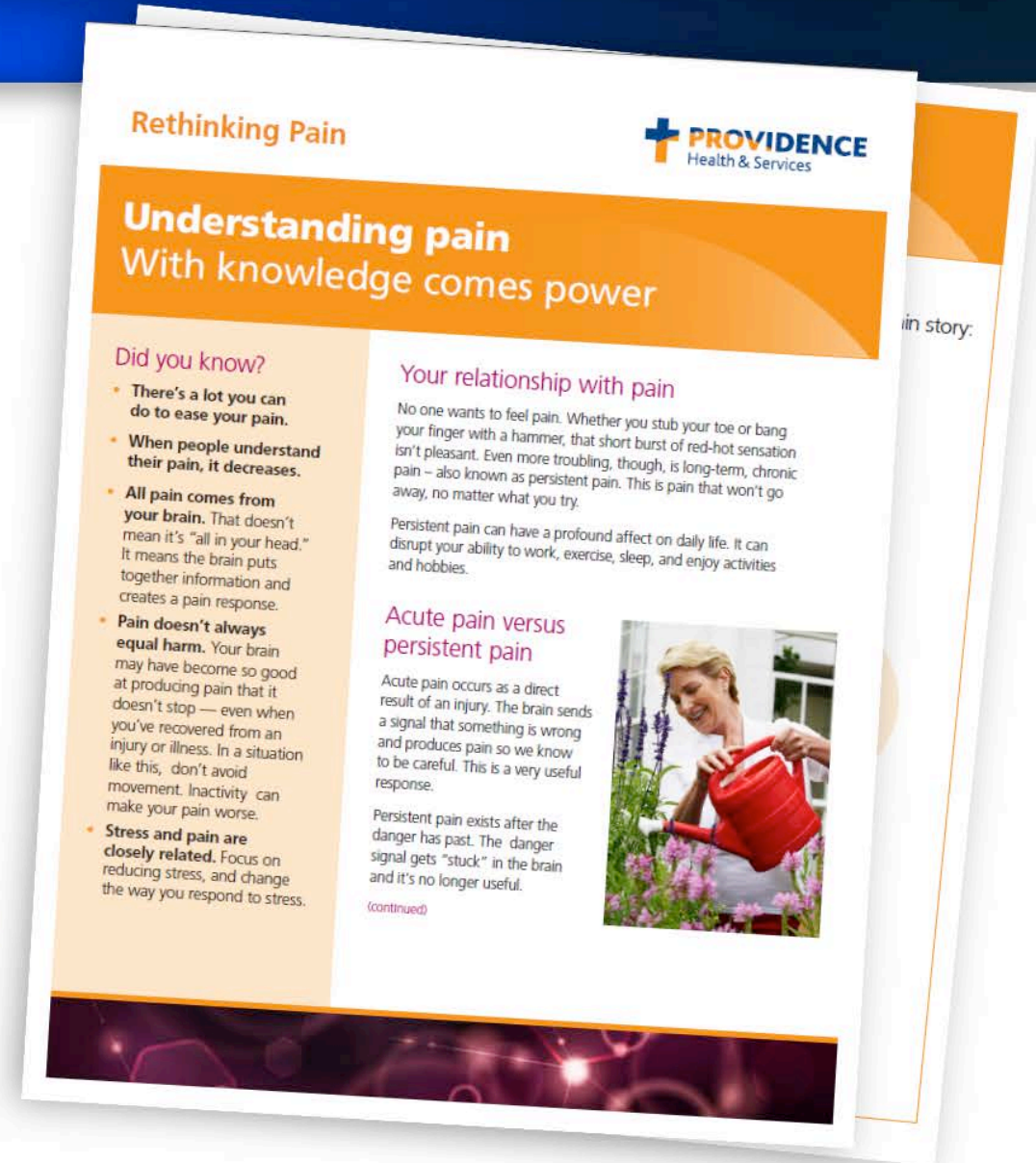
[Providenceoregon.org/pain toolkit](http://Providenceoregon.org/pain%20toolkit)



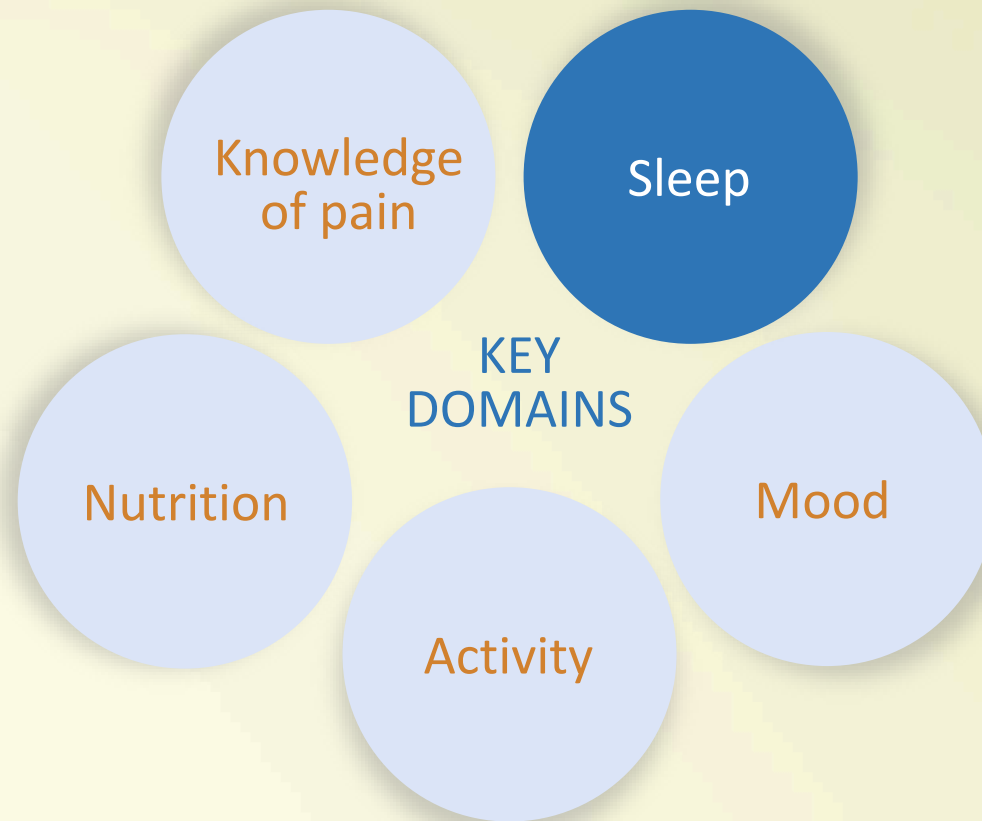
[Tame the Beast](#)

Knowledge of Pain: Resources

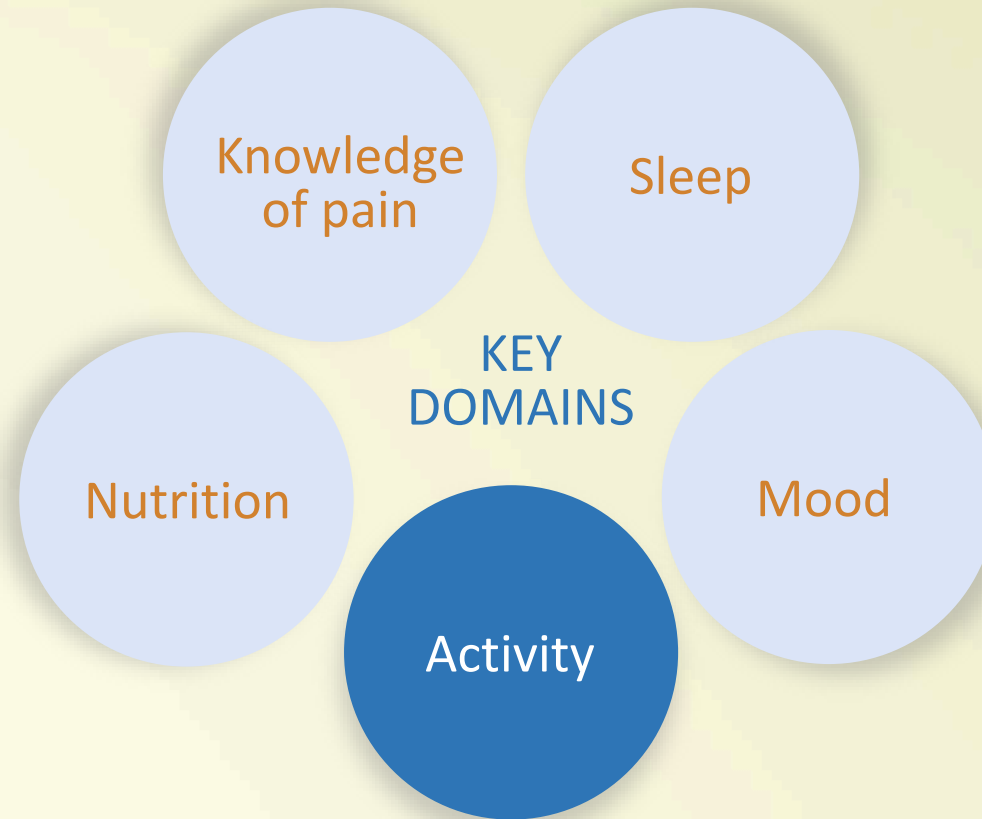
Pain education video



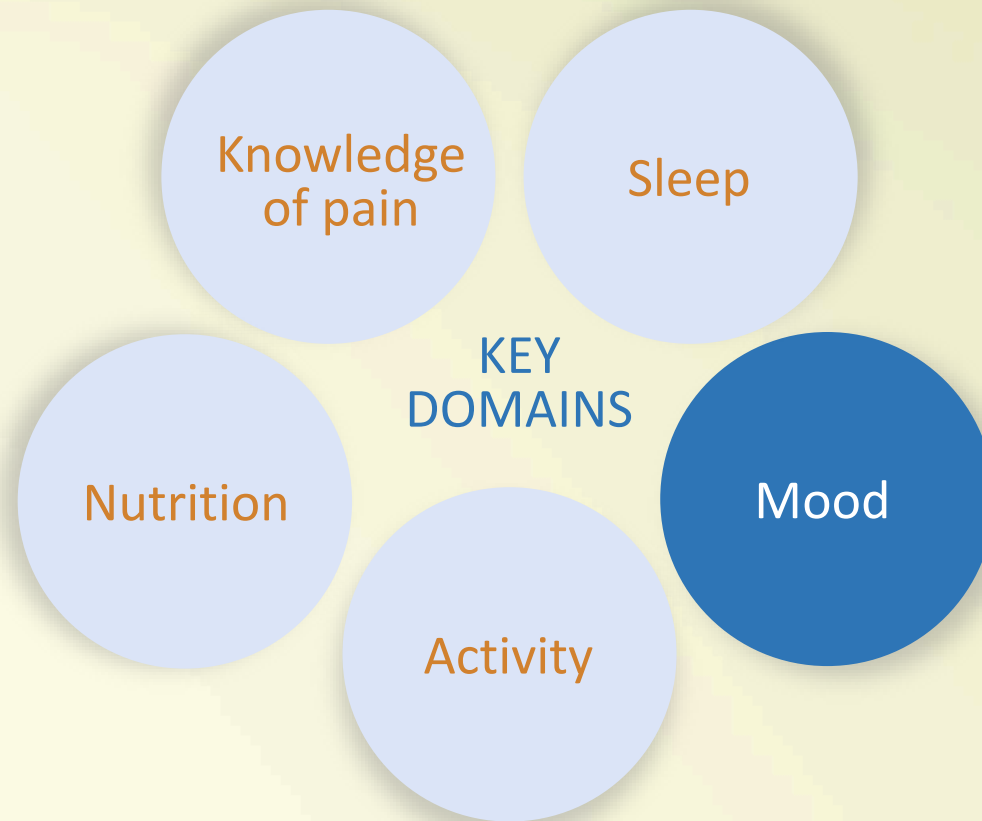
Key Domains: Sleep



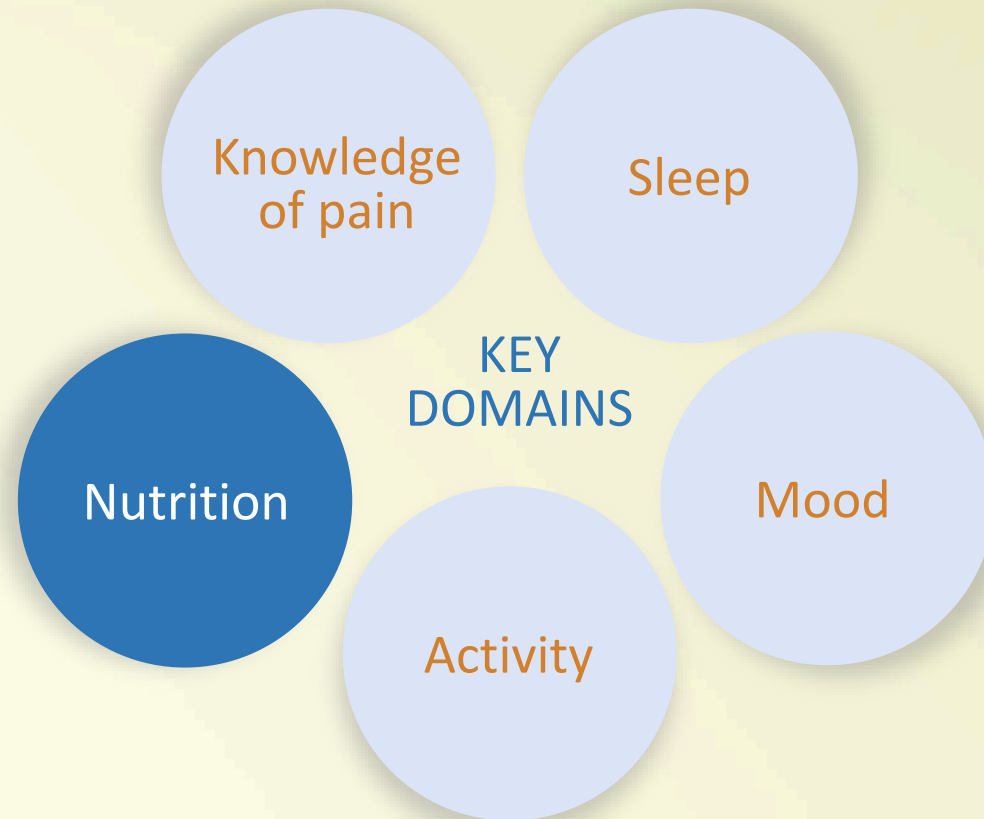
Key Domains: Activity and Pacing



Focus treatment on these key domains



Key domains: Nutrition



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QUESTIONS

Catriona Buist: buistc@ohsu.edu

Nora Stern: Nora.stern@providence.org

Resources

- Providence Pain Toolkit:
 - [Providenceoregon.org/pain toolkit](http://Providenceoregon.org/pain%20toolkit)
- Oregon State Pain Commission on-line module (intended release date: 10/8/17)
 - [Oregon State Pain Commission](http://Oregon%20State%20Pain%20Commission)
- Oregon Pain Guidance
 - <https://www.oregonpainguidance.org/>
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Pain Education

Did you know?

When people understand how pain happens, their level of pain can decrease! This one-time 2-hour class will help you understand how pain happens and its connection between the body and the brain. You will learn how your own actions and thoughts can relieve your pain and help you return to a life you can enjoy. The class will cover calming techniques to decrease stress and quiet pain.



Two class options:

1. **Two-hour in-person group class** taught by pain experts at various locations throughout Oregon. You may bring a family member or caregiver at no extra charge.
2. **Online class:** A live, interactive two-hour webinar, taught by the same pain experts. You can attend using a computer, smart phone or tablet, from anywhere you have an internet connection. You will also need access to a telephone.

Cost:

- **Current Providence Rehabilitation Services patients:** No cost
(NOTE: Providence Rehab patients must call to register: 503-574-6595)
- **Providence Health Assurance members:** Eligible for no cost
- **Providence Health Plan members:** Please visit www.providence.org/classes or call 503-574-6595 for discount information.
- **General public:** \$65

"The class content, the skilled instructor, and the after-class resources were superb. As a direct result of this class, I turned an important corner in how I experience and deal with my pain."

– Online class participant

Ideas for future skill-building opportunities in complex pain care:

- Pain education
- Motivational interviewing
- Shared decision making
- Trauma informed care
- Yoga/Feldenkrais
- Mindfulness
- Cognitive Behavioral Therapy
- Acceptance Commitment Therapy

For more information

www.oregon.gov/OHA/HERC

- More details on Prioritized List of Health Services:
www.oregon.gov/OHA/HERC/Pages/Prioritized-List-Overview.aspx
- More details on Coverage Guidelines:
www.oregon.gov/OHA/HERC/pages/CoverageGuidances.aspx
- Health Evidence Review Commission: HERC.Info@state.or.us