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

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34th Annual Oregon Rural Health Conference
Bend, Oregon

Thursday October 19, 2017
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)

Low Risk
- Office visits
- OTC meds, muscle relaxers
- 4 visits
  - PT/OT/OMT/
  - Chiro/Acupuncture/
  - massage

High Risk
- Office visits
- Cognitive Behavior Therapy
- Up to 30 visits
  - PT/OT/OMT/
  - Chiro/Acupuncture
- OTC meds, muscle relaxers
- Steroid injections
- Limited opioids
- If available:
  - Yoga,
  - interdisciplinary rehab, supervised exercise, massage

Not Recommended:
1st line Opioid prescribing or Long Term Opioid use
The Keele STarT Back Screening Tool

Patient name: __________________________ Date: ____________

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

1. My back pain has spread down my leg(s) at some time in the last 2 weeks
   - Disagree 0, Agree 1

2. I have had pain in the shoulder or neck at some time in the last 2 weeks
   - Disagree 0, Agree 1

3. I have only walked short distances because of my back pain
   - Disagree 0, Agree 1

4. In the last 2 weeks, I have dressed more slowly than usual because of back pain
   - Disagree 0, Agree 1

5. It's not really safe for a person with a condition like mine to be physically active
   - Disagree 0, Agree 1

6. Worrying thoughts have been going through my mind a lot of the time
   - Disagree 0, Agree 1

7. I feel that my back pain is terrible and it's never going to get any better
   - Disagree 0, Agree 1

8. In general, I have not enjoyed all the things I used to enjoy
   - Disagree 0, Agree 1

9. Overall, how bothersome has your back pain been in the last 2 weeks?
   - Not at all 0, Slightly 0, Moderately 0, Very much 1, Extremely 1

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

The STarT Back Tool Scoring System

- Total score
  - 3 or less
  - 4 or more

  Sub score Q5-9
  - 3 or less
  - 4 or more

- Low risk
- Medium risk
- High risk

© Keele University Aug 1, 2007
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
63 y/o female with fibromyalgia

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 \[ \implies \] Pain = Tissue Damage
Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients

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

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

Stress

Problem Solving

Sensory

Motor

Memory

SNS

Input from Tissues?
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

Input from Tissues?
Possible Changes Through Understanding Pain

Problem Solving: Understanding pain
Possible Changes Through Understanding Pain

Quieting stress response
Possible Changes Through Understanding Pain

Quieting stress response
Addressing depression, anxiety and trauma
Possible Changes Through Understanding Pain

Understanding fear avoidance

Input from Tissues?
Possible Changes Through Understanding Pain

**Problem Solving**: Understanding pain

Quieting stress response

Addressing depression, anxiety and trauma

Understanding fear avoidance

- Problem Solving
- Depression & Anxiety
- SNS
- Motor
- Memory
- Attention

Input from Tissues?
Pain Education As A Treatment Intervention


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


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 ≠ Harm

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

MRI and X-Ray results

Fear of movement

Struggles in living with pain

Medication is the only thing that can help me
Safety and Hope

Understand pain

Sore, but safe

Quiet your worry

“Normal age-related changes”

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

Providence Persistent Pain

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

- Knowledge of pain
- Sleep
- Nutrition
- Mood
- Activity
Shared Decision Making:
• Helps determine where to begin
• Encourages active participation
• Identifies motivation
• Requires permission
Key domains: Knowledge of pain

- Knowledge of pain
- Sleep
- Nutrition
- Mood
- Activity
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

Pain knowledge assessment tools: click here, or see addendum or OPMC website
Knowledge of Pain: Strategies

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

Pain knowledge assessment tools: click here, or see addendum or OPMC website
"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

Tame the Beast
Pain education video

Understanding Pain: With Knowledge Comes Power

Did you know?
- There's a lot you can do to ease your pain.
- When people understand their pain, it decreases.
- All pain comes from your brain. That doesn't mean it's "all in your head." It means the brain puts together information and creates a pain response.
- Pain doesn't always equal harm. Your brain may have become so good at producing pain that it doesn't stop — even when you've recovered from an injury or illness. In a situation like this, don't avoid movement. Inactivity can make your pain worse.
- Stress and pain are closely related. Focus on reducing stress, and change the way you respond to stress.

Your relationship with pain
No one wants to feel pain. Whether you stub your toe or hang your finger with a hammer, that short burst of red-hot sensation isn't pleasant. Even more troubling, though, is long-term, chronic pain — also known as persistent pain. This is pain that won't go away, no matter what you try.

Persistent pain can have a profound affect on daily life. It can disrupt your ability to work, exercise, sleep, and enjoy activities and hobbies.

Acute pain versus persistent pain
Acute pain occurs as a direct result of an injury. The brain sends a signal that something is wrong and produces pain so we know to be careful. This is a very useful response.

Persistent pain exists after the danger has past. The danger signal gets "stuck" in the brain and it's no longer useful.

[Continued]
Key Domains: Sleep

- Knowledge of pain
- Sleep
- Nutrition
- Mood
- Activity
Key Domains: Activity and Pacing

- Knowledge of pain
- Sleep
- Nutrition
- Mood
- Activity
Focus treatment on these key domains

- Knowledge of pain
- Sleep
- Nutrition
- Activity
- Mood
63 y/o female with fibromyalgia

Widespread Pain for 20 years

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QUESTIONS

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Nora Stern: Nora.stern@providence.org
Resources

• Providence Pain Toolkit:
  • Providenceoregon.org/pain_toolkit

• Oregon State Pain Commission on-line module (intended release date: 10/8/17)
  • Oregon State Pain Commission

• 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](http://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](http://www.oregon.gov/OHA/HERC)

- More details on Prioritized List of Health Services:
  [www.oregon.gov/OHA/HERC/Pages/Prioritized-List-Overview.aspx](http://www.oregon.gov/OHA/HERC/Pages/Prioritized-List-Overview.aspx)

- More details on Coverage Guidelines:

- Health Evidence Review Commission: [HERC.Info@state.or.us](mailto:HERC.Info@state.or.us)