Don't Try This Trick Alone!
How to Create a Team in Treating Pain

Panel Presentation

Moderator: Nora Stern, MSPT
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Oregon Health Authority Medicaid
Guideline Note 56: New Treatment Pathways
(Medical Treatment Line)

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

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

**Not Recommended:**
1st line Opioid prescribing or Long Term Opioid use
The following are not recommended for coverage for low back pain:

• Continuous or intermittent traction
• Transcutaneous electrical nerve stimulation
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”
  • Timely treatment aimed at prevention of chronicity/poor clinical outcomes
  • Focus on bio-psycho-social approach
  • Encouraging patient activation
  • Focus on functional improvements

• Surgery
  • No more effective than self-care and medical management for most conditions
  • Significantly more costly/increased complications

• Opioids
  • Insufficient evidence for long term benefit
  • Significant evidence of dose-dependent risk of harms
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

Health Evidence Review Commission
HERC.Info@state.or.us
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

**Medication:**
- Opioids 110 MED, ambien for sleep

**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
Rethinking Pain

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 bible 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