Oregon Innovations in Pain Management

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Oregon Pain Management Commission:


- 17 voting members, 2 legislative members

- MDs
- Physician Assistant
- Nurses
- Nurse Practitioner
- Naturopathic Physician
- Chiropractic Physician
- Acupuncturist
- Pharmacist
- Psychologist
- Dentist
- Addiction Counseling
- Physical Therapist
- Occupational Therapist
- Health Care Consumers
- Patient Advocates
- Public Representative
- Legislative Members
  - Senate
  - House
Oregon Pain Management Commission:

The Oregon Pain Management (OPMC) Role:

- Develop a pain management educational program for required completion by health care professionals.
- Recommend curriculum to health care educational institutions.
- Represent patient concerns to the Governor and Legislature.
- Improve pain management in Oregon through research, policy analysis and model projects.

OPMC Partnerships to improve pain care:

- Health Evidence Review Commission
- Integrative Medicine Advisory Group
- Prescription Drug Monitoring Program
- Oregon Opioid Guidelines Work Group
- Oregon Coalition for the Responsible use of Medicine - Regional Summits
- Portland Tri-County Prescription Opioid Safety Coalition
- Oregon Pain Guidance Annual Pain Conference
- Oregon Collaborative for Integrative Medicine
- Oregon’s Healthcare Professional Licensing Boards
- Oregon’s Healthcare Professional Associations
The Oregon Opioid Initiative:

Aim:
Reduce deaths, non-fatal overdoses, and harms to Oregonians from prescription opioids, while expanding use of non-opioid pain care
Oregon Opioid Initiative: Strategies

Pain treatment
- Non-opioid therapies for chronic pain
- Best practices for acute, cancer, end of life pain.

Reduce harms
- Ensure availability of treatment for opioid use disorder
- Increase access to naloxone and MAT

Reduce pills
- Decrease the amount of opioids prescribed

Data
- Use data to target and evaluate interventions

Required Pain Management Education:
- Physicians
- Physician Assistants
- Nursing
- Acupuncture
- Psychologists
- Physical Therapist
- Occupational Therapist
- Chiropractic Physicians
- Naturopathic Physicians
- Pharmacists
- Dentists
Prioritizing Care: Key Domains

KEY DOMAINS

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

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
Policy Changes: The New Back Care Paradigm

• Focus on biopsychosocial model
• Added evidence-based effective treatments
• Restricting or eliminated ineffective or harmful treatments

Anticipated Outcomes

• Reduced opioid use for back conditions
• Improved outcomes for patients
• Better educated medical workforce
• Reduced costs; paying only for effective care
Lessons Learned and Next Steps:

Opioid management is not pain management.

Making progress:
• Educating providers – improve pain treatment
• Educating public – improve understanding of pain
• Integration of behavioral health & primary care

Next steps:
• Beyond back pain… review coverage of pain associated with other conditions.
• Improve integration of best-practice pain care into primary care
• OPG Annual Conference: Thoughtful Approach to Pain

For more information:

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Health Evidence Review Commission
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