

**Maine Quality Counts**  
 Better Health Care. Better Health.

**Maine Chronic Pain Collaborative  
 Webinar  
 December 10, 2015**

**“Team Approaches to Chronic Pain  
 including Social Work, Behavioral  
 Health & Integrative Medicine”**

*Remember to dial in for audio!*

**1.866.740.1260, Access Code: 9217167#**



**QC Staff is Working to Improve  
 the Health of Everyone in Maine**



**QC Brings Together the People Who Give, Get and  
 Pay for Health Care to Address Shared Priorities**



3



**Join Us!  
 Become a Maine Quality Counts Member**

Visit [mainequalitycounts.org](http://mainequalitycounts.org) & click “Membership”

- Networking events
- Webinars with national experts
- Discounted registration for QC 2016

**10% Off Individual Dues Rate  
 Ends 12/31/2015**



4



**QC 2016:  
 Taking It to the Streets**  
 Building Clinical & Community Connections

**Wednesday, April 6<sup>th</sup>**



Augusta Civic Center

**Keynote Speakers**



**Dr. Vivek Murthy**  
 U.S. Surgeon General  
*invited*



**Dr. Leana Wen**  
 Baltimore Health  
 Commissioner  
 Emergency Physician  
 Patient Advocate

**Save the Date! Registration opens mid-February**

5

**Connect With Us**

email list:

[mainequalitycounts.org](http://mainequalitycounts.org)

blog:

[blog.mainequalitycounts.org](http://blog.mainequalitycounts.org)



6



## Today's Webinar Agenda:

|          |  |
|----------|--|
| 12:00 pm | Portrait of Pain: Dale Mowery<br><a href="http://www.une.edu/pain/Dale">http://www.une.edu/pain/Dale</a> |
| 12:05 pm | Welcome & Introductions  |
| 12:10 pm | Social Work & Chronic Pain   |
| 12:20 pm | Cognitive Behavioral Therapy for the Treatment of Chronic Pain   |
| 12:35 pm | Using Integrative Medicine Approaches to Treat Chronic Pain  |
| 12:50 pm | Questions & Answers  |
| 12:55 pm | Practice Report Out  |
| 1:00 pm  | Adjourn  |

7



## Webinar Logistics:

To minimize background noise, all lines will be muted until the presentation begins

- To unmute your line, press \*7
- To mute your line, press \*6

To ask questions or share comments, use one of two ways:

1. Raise Your Hand button (press \*7 to unmute your line)
2. Type in chat box on the lower left-hand side of the screen

Please state your name and organization before asking your question or sharing your comment.

8



## CME Certification:

- CME will be available for participants who have signed into the live webinar. If there are multiple people at one computer, please type their names and email addresses into the chat box for our attendance records.
- We do not have separate nursing CEUs- but you can get a CME certificate.
- A CME evaluation survey will be available when you exit the webinar and will be sent after the webinar via email.
- Please complete the survey via Survey Monkey within 1 week
- A CME certificate will be emailed within 1 month of completion of the survey

9



## Welcome Practices and Peer Consultants

Group A: Coaches are Elisabeth Mock, MD and Noah Nesin, MD  
MMA MICIS consultant is Dr. Mock

- Winterport Community Health Center (Bangor) (Dr. Mock)
- EMMC Family Practice Husson (Bangor) (Dr. Mock)
- Brewer Medical Center – PCHC (Brewer) (Dr. Mock)
- Maliseet Health and Wellness Center (Littletton) (Dr. Nesin)
- St. Joseph Internal Medicine (Bangor) (Dr. Nesin)
- Dover Foxcroft Family Medicine (Dover Foxcroft) (Dr. Nesin)

Group B: Coaches are Rich Entel, MD and Anne Graham, NP  
MMA MICIS consultant is Erika Pierce, PA

- HealthReach Health Center – Sheepsfoot Valley Health Center (Coopers Mills) (Graham)
- Inland Family Care (Unity) (Graham)
- Swift River Family Medicine (Rumford) (Graham)
- Westbrook Primary Care (Westbrook) (Dr. Entel)
- CMMC Family Medicine Residency Clinic (Lewiston) (Dr. Entel)
- MMP Family Medicine (Portland/Falmouth) (Dr. Entel)
- Mark Braun, MD (Scarborough) (Dr. Entel)

10



## Speaker Disclosure:

The speakers today do not have any relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.

The Chronic Pain Collaborative 2 Project is funded by a grant by the Pfizer Foundation's Independent Grants for Learning and Change (IL&C) which funds the time of QC Staff and Consultants.

**Funding Statement:** Funding for the MCPC2 is provided by the Pfizer Independent Grants for Learning and Change (IGL&C) group, which provides independent grant support to organizations for healthcare quality improvement and learning and change initiatives. The Pfizer IGL&C group is partnering with the California Academy of Family Physicians to support this initiative to provide training, project management, evaluation services and on-going consultation to grantees ([www.familydocs.org](http://www.familydocs.org)). Harvard Pilgrim Health Care 2015 Quality Grants Program is also providing partial funding for CPC2 with a grant to Maine Quality Counts.

11



## Presenters:



**Shelley Cohen Konrad PhD, LCSW, FNAP** is Interim Director of the School of Social, Professor in the School of Social Work and Director of the Interprofessional Education Collaborative (IPEC). A clinical social worker by training Shelley specializes in practice with children and families. Her book, *Practice with Children and Families: A Relational Perspective* was published in 2013. In 1988 Shelley established Touchstone Psychotherapy Associates, a mental health collaborative designed to meet the complex needs of children, families, and careers. She co-founded the Kids First Center in 1997, a Portland-based non-profit program serving children, parenting partners, and families experiencing divorce, family disruption, and parental separation. She is a contributing author of the book *What Kids Want Grown-ups to know about Separation & Divorce*, a resource for families published in 2008 by the Kids First Collaborative. Shelley is passionate about her work in pediatric health, wellness, and end-of-life care. She serves as a consultant to child-centered organizations as well as hospice and bereavement practices.



**Brent Scobie, Ph.D., LCSW**, is formally trained in Cognitive Behavioral Therapy (CBT), Critical Incident Stress Management, and Motivational Interviewing. He specializes in applying CBT to the treatment of chronic pain syndromes, and in evaluating and treating adolescent addiction disorders. Brent has been a Licensed Clinical Social Worker since 1999 and a board-certified Clinical Supervisor since 2003. Brent has been a conference presenter on both the State and National levels, and brings a wealth of practical experience to Restorative Health. He's currently studying as a doctoral student at the University of Maine. Brent and his wife, Carrie, keep busy supporting their three children's athletic interests. In his free time, Brent enjoys fly fishing and tying.



**Megan Britton, MD, Medical Director**, comes to Seaport Family Practice from Houltton, Maine by way of Bowdoin College, the University of Queensland (Australia) and the Maine Medical Center Family Medicine Residency Program. She recently completed a two-year fellowship in Integrative Medicine in Portland, and has also studied under Dr. Andrew Weil at the University of Arizona. Megan enjoys combining her training in herbal medicine, acupuncture, and other complementary therapies with conventional Western medicine to partner with patients as they navigate the various and distinct modes of healing. In her spare time, Megan loves spending time in the outdoors, especially hiking and skiing. She is an avid runner and loves to cook, eat, and feed family and friends! She also enjoys both adventures and lazy days with her husband and two young children. Megan practices in Family Medicine and also offers integrative medicine consults.

12



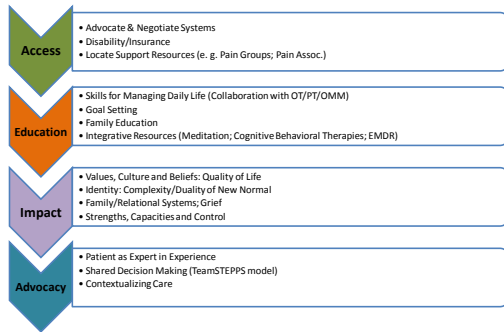
## Social Work Profession



- Practice-based profession based in collective responsibility to improve the quality of life for all people.
- Engages people and systems to address life challenges and enhance well-being.
- Works with other health professions to ensure coordination, collaboration and efficiency.
- Ethical obligation to place client at center of care.

13

## Social Work & Chronic Pain



14

## References

- De Souza, L. & Frank, A. O. (2011). Patients' experiences of the impact of chronic back pain on family life and work. *Disability and Rehabilitation*, 33(4), 310–318,
- Gatchel, R. J., McGeary, D. D., & McGeary, C. A. (2014). Interdisciplinary Chronic Pain Management: Past, Present, & Future. *Am. Psych*, 69(2), 119.
- Sieppert, J. D. Health & Social Work. (1996). Attitudes towards and knowledge of chronic pain. *Health and Social Work*, 21(2),122-122.

15

# Cognitive Behavioral Pain Treatment

Brent Scobie, Ph.D., LCSW  
Acadia Hospital

## Cognitive Behavioral Treatment (CBT)

- Widely used and studied
- Demonstrated efficacy across multiple psychological and medical conditions
- And within multiple treatment modalities (group, televideo, 1:1, telephone, asynchronous)
- Our physical/emotional experience and behaviors are strongly impacted by our thought processes, assumptions and beliefs

Together We're Stronger

17

- A study of 500,000 patients prescribed opioids for pain—only 25% were taking them as prescribed (Leider et al., 2009)
- Risk for addiction, short acting opioids, self-administered is 1 in 3 to 1 in 4 (Kreek et al., 2002)
- Pharmaceutical interventions represent the most common treatment for pain—yet only modestly effective (Turk & Burwinkle, 2005)

Together We're Stronger

18

## Pain Treatment: The evidence-base

- Unidisciplinary to Interdisciplinary Teams
- Unidimensional to Multidimensional Perspectives
- Biomedical to BioPsychoSocial Treatments

## Acadia's Tx Model

### Initial Consultation:

- Psychiatric
- Substance Abuse
- High Therapeutic Density

### Highly Collaborative:

- Primary Care
- EMMC Interventional Pain Clinic

Small Groups  
8-Weeks  
1.5 Hrs. Weekly

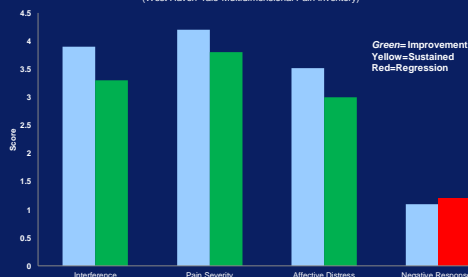
Empirically-Based:  
Assessment  
Instruments—Pre  
and Post

## Progress Since 2013

- Acadia Hospital Site
  - 190 referrals from area providers since July 2012
  - 51 distinct physicians and extenders
  - 23 medical practices
- Expanded to Restorative Health in Bangor
- Tele-therapy Pilot with Inland Hospital

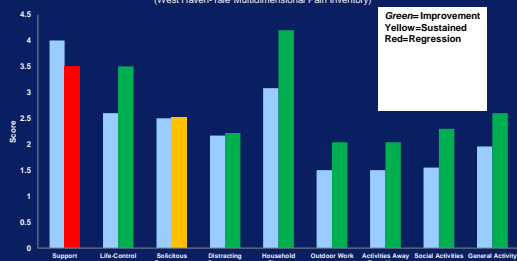
## Acadia CBT Pain Treatment Program Clinical Outcomes

Mean Pre-Post Scores by Scale (n=75)  
(West Haven-Yale Multidimensional Pain Inventory)



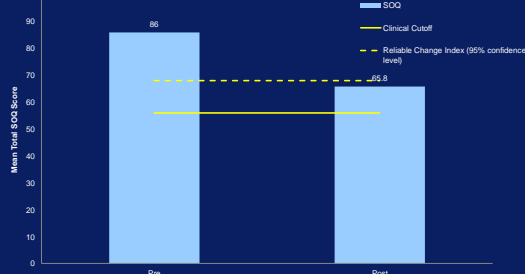
## Acadia CBT Pain Treatment Program Clinical Outcomes

Mean Pre-Post Scores by Scale (n=75)  
(West Haven-Yale Multidimensional Pain Inventory)



## Acadia CBT Pain Treatment Program Clinical Outcomes Pre-Post (n=75)

(SOQ Adult Outcome Measure)



## Integrative Approach to Chronic Pain

Megan Britton, MD  
Seaport Community Health Center  
Dec. 10, 2015

25

## Pain: a significant problem

- American Academy of Pain Medicine: 100 million Americans suffer from chronic pain (more than heart disease, cancer, diabetes combined)
- 25 million American adults (11.2%) have had pain every day for the previous 3 months
- 126 million (>50%) have had some pain within the last 3 months
- Adults with high pain levels have:
  - Worse health overall
  - Use more health care resources
  - Suffer from more disabilities\*
- CDC:
  - opioid prescription rates have quadrupled since 1999
  - 44 people die every day from prescription opioid overdose
  - In 2013, drug overdoses caused more deaths than MVAs

\*Journal of Pain, 2012 National Health Interview Survey

26

## Alternative treatment options increasingly used by patients

- NIH: Dietary supplement sales in 2004: \$20.3 billion
- Kaiser Permanente: chiropractic and acupuncture use:
  - 47% of patients use chiropractic
  - 32% used acupuncture
  - 21% used both
  - 33-42% did not tell their doctors about the care\*
- Integrative Medicine offers patients a safe space to talk about all treatment modalities that they are utilizing

\* Charles Elder, MD, MPH; Lynn DeBar, PhD, MPH; Cheryl Ribenbaugh, PhD, MPH; William Vollmer, PhD; Richard A. Deyo, MD, MPH; John Dickerson, PhD; and Lindsay Kessler, PhD, RN. "Acupuncture and Chiropractic Care: Utilization and Electronic Medical Record Capture," American Journal of Managed Care, 2015;21(7).

27

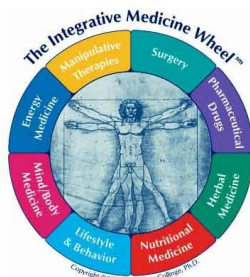
## What is Integrative Medicine?

- Healing-oriented medicine, which emphasizes relationship-centered care
- Takes into account the whole person, considering the person's health belief system
- Integrates conventional and complementary methods for treatment and prevention
- Uses natural, less invasive interventions before costly, invasive ones when possible
- Engages mind, body, spirit, and community to facilitate healing
- Maintains that healing is always possible, even when curing is not
- IM focuses on safety and efficacy of treatments, and is evidence-based.

28

## There is a historical basis...

- "I would rather know the person who has the disease than the disease the person has."  
–Hippocrates (460 BC - 370 BC)
- "One of the first duties of the physician is to educate the masses not to take medicine."  
- Sir William Osler (1849-1919)



29

30

## How to find the evidence base for Integrative Modalities?

- NCCAM
- NMCD
- Consumerlab.com
- Cochrane reviews
- Pubmed
- American Academy of Osteopathic Medicine
- American Academy of Medical Acupuncture

31

## Natural Medicines Comprehensive Database



32

## Consumerlab.com



33

## American Family Physician

- “Acupuncture is increasingly used as an alternative or complementary therapy for the treatment of pain. It is well tolerated, with a low risk of serious adverse effects...based on published evidence, acupuncture is most likely to benefit patients with low back pain, neck pain, chronic idiopathic or tension headache, migraine, and knee osteoarthritis.”
- Am Fam Physician. 2009 Sept 1;80(5):481-484

34

## Some evidence for acupuncture:

- 2010 Systematic review of 6 RCTs on LBP:
  - acupuncture has benefit in reducing pain and improving functional status at 1 month and 3 and/or 6 months\*
- 2005 RCT on Migraine, JAMA:
  - reduction in moderate-to-severe headache days were greater in the acupuncture group than control group (waitlist): 2.2 vs. 0.8 days.\*\*
- 2014 Acupuncture for chronic pain, JAMA:
  - “Acupuncture is associated with reductions in chronic pain as compared to sham acupuncture and no acupuncture control.”\*\*\*

\*Rubinstein SM, van Middeloop M, Kuijpers T, et al. A systematic review on the effectiveness of complementary and alternative medicine for chronic non-specific low back pain. Eur Spine J. 2010;19:123-35.  
 \*\*Linde K, Streng A, Jurgens S, et al. Acupuncture for patients with migraine: a randomized controlled trial. JAMA. 2005;293:2118.  
 \*\*\*Andrew J, Vickers, D. Phil, Klaus Linde, MD. JAMA. 2014 March 5;311(9):955-956.

35

## NIH: NCCAM

- Clinical practice guidelines by the American Pain Society and the American College of Physicians in 2007 recommended acupuncture as one of several nondrug approaches to chronic low back pain
- 2010 systematic review of studies of acupuncture for knee or hip osteoarthritis concluded that acupuncture was more helpful by a large margin than no acupuncture.
- 2012 analysis on migraine and tension headaches showed that acupuncture was more effective than either no acu or simulated acu in reducing headache frequency and severity

36

## Some clinical examples...

of Integrative Medicine in practice

37

## Integrative Approach to Osteoarthritis

- **Conventional medicine:** conventional medical workup, including relevant blood tests, imaging studies
- **Physical activity:** Exercise, maintain ideal weight
- **Nutrition:** Anti-inflammatory diet, consider omega-3 supplementation
- **Mind-body medicine:** biofeedback, CBT, guided imagery, journaling, MBSR
- **Acupuncture**
- **Osteopathic Manipulation**
- **Supplements:** Glucosamine, SAME, MSM, Herbs such as Boswellia, Cat's Claw, Devil's Claw, Ginger, Turmeric
- **Conventional medicine:** acetaminophen

38

## Integrative approach to low back pain

Objectives:

- Empower patients to assume an active role in their care
- Decrease pain and increase function and quality of life
- Prevent chronic disability
  - Reduced need for long-term therapies such as medications, injections, or manipulation

39

## Ten Year Trends in Medicare Spending for Low Back Pain:

Increase in:

- Epidural steroid injections by 629%
- Opioid expenditures by 423%
- Lumbar MRI by 307%
- Spinal fusion rate by 220%

***Despite these increases, there has been no improvement in patient outcomes or disability\****

\*Dejo BA, Mirza KS, Turner JA, Martin BI. Overtreating chronic back pain: Time to back off? J Am Board Fam Med. 2009;21(1):62-68.

40

## An Integrative Approach

1. Rule out specific causes of LBP (red flags)
2. Treatment approaches:
  1. External/physical:
    - OMM, massage, chiropractic, acupuncture, NSAIDs
  2. Internal/emotional: CBT, mindfulness meditation
  3. Reconditioning: physical therapy, yoga therapy, fitness classes, back exercises

41

## Evidence for an Integrative Approach to Low Back Pain

- 2008 RCT of warehouse workers with LBP:
  - Intervention: acupuncture, exercise, relaxation exercises, dietary advice, a back care booklet
  - Outcome:
    - Improved QALY over a 6-month period
    - Reduced cost by over \$1200 per participant\*

\* Herman PM, Szczerko O, Cooley K, Mills EJ. Cost-effectiveness of naturopathic care for chronic low back pain. Altern Ther Health med. 2008;14(2):32-39.

42

## More evidence...

- Cochrane review recommends spinal manipulation as treatment option for both acute and chronic LBP\*
- Meta-analysis of OMM, incorporating HVLA and Indirect techniques showed significant improvement in pain compared to sham and no treatment controls.\*\*
- A 2006 study published in the Archives of Internal Medicine showed that acupuncture reduces pain and improves function in chronic LBP, and that it is more effective when combined with spinal manipulation and exercise therapy.\*\*\*
- A 2007 meta-analysis supported the effects of psychological interventions in reducing self-reported pain, pain-related interference, depression, and disability, while increasing health-related quality of life in people with chronic LBP.\*\*\*\*
- 2005 Cochrane Review recommends including behavioral health support for people with chronic low back pain.\*\*\*\*\*

Thank you

\*Boswell, M., & Irwin, D. (2010). Spinal manipulation for low back pain. *Cochrane Database of Systematic Reviews*, 2010(12), CD008008.  
 \*\*Chou, R., & Bannister, C. (2010). Spinal manipulation for low back pain. *Cochrane Database of Systematic Reviews*, 2010(12), CD008008.  
 \*\*\*Chou, R., & Bannister, C. (2010). Spinal manipulation for low back pain. *Cochrane Database of Systematic Reviews*, 2010(12), CD008008.  
 \*\*\*\*Chou, R., & Bannister, C. (2010). Spinal manipulation for low back pain. *Cochrane Database of Systematic Reviews*, 2010(12), CD008008.  
 \*\*\*\*\*Chou, R., & Bannister, C. (2010). Spinal manipulation for low back pain. *Cochrane Database of Systematic Reviews*, 2010(12), CD008008.

## Questions & Answers

## Practice Report Out



### Upcoming Events:

#### Project ECHO (via Zoom):

December 17<sup>th</sup>, 10:00 – 12:00

January 7<sup>th</sup>, 10:00 – 12:00

#### Next All-Practice Webinar

January 14<sup>th</sup>, 12:00 – 1:00

#### Save the Date: Final Learning Session

May 19<sup>th</sup>, 9:00 – 3:00, Maple Hill Farm

### Contact Information:

**Main Office: 207-620-8526**

Chris Beaudette, MS, Project Manager  
[cbeaudette@mainequalitycounts.org](mailto:cbeaudette@mainequalitycounts.org), ext.1027

Wendy Rodrigue, Administrative Coordinator  
[wrodrigue@mainequalitycounts.org](mailto:wrodrigue@mainequalitycounts.org), ext. 1004

