



Caring for ME Webinar, February 6, 2018
Alternative Treatments to Pain
Best Practice Shout Outs – Elisabeth Fowlie Mock
Nonopioid Alternatives for Chronic Pain

1. **Harrington Health Center**, Washington County: During the Chronic Pain Collaborative 1 (2014-2015) the team from HHC assimilated a list of all area practitioners offering complimentary treatments and negotiated a discount system. If a patient from HHC was referred from the office, the complimentary practitioner would honor a set discount (along the lines of 10-25%). Not only did this assist some patients in obtaining therapies, it helped the team at HHC to know who was in their “medical neighborhood.”

2. **Calais orthopedic surgeon**, Washington County: being aware of the literature regarding using opioid pain medicines prior to elective joint replacement surgery, one orthopedic surgeon in Calais now works with his prospective patients and their primary care teams to help patients taper off opioids completely in the months prior to surgery.
 - a. Opioid misuse and dependence increased from 0.095% in 2002 to 0.24% in 2011 and were associated with increased inpatient mortality and aggregate mortality including induced mental disorder, respiratory failure, surgical site infection, mechanical ventilation, pneumonia, myocardial infarction, post-operative ileus, increased length of stay, nonroutine discharge and failure to rescue. Menendez, Clin Orthop Relat Res. 2015.

3. **Mercy Pain Center**, Cumberland County: Refer to the Quality Counts webinar for in depth information about how this interdisciplinary program was built and billed and how it might be reproduced at smaller, local levels. The program is very successful in improving function and quality of life for patients while reducing and often eliminating opioid use.
 - a. 1/14/16 Quality Counts webinar “Expanding the Team”
 - b. <https://mainequalitycounts.org/initiatives-resources/opioid-epidemic-caring-for-me-2/#1517005056994-499ef0f6-a27d>

4. **Bucksport Community Health Center**, Hancock County: Behavioral health providers at this FQHC developed a curriculum called, “Pain on the Brain,” a four session class where patients learn about the mechanisms of pain, the mind-body connection, the risks of opioid treatment and nonpharmacologic methods to address chronic pain. Completion of this course, as well as other counselling and active ongoing participation in nonpharmacological therapies, is required of any patients applying for the palliative care exemption.