

Persistent Pain Work Group

All of the VMG staff has been very proactive about helping our patients reduce their high dose opiates. Everyone's efforts are showing as we have reduced the number of patients on high dose opiates in all 4 health centers. As we all know, chronic or persistent pain is a very complex problem and has many components that affect patient's perception of pain.

Here are the number of patients on 90-200 and >200 morphine equivalents at the end of the past 3 quarters. We initially increased slightly at the start of the pandemic but that seems to have stabilized. Since starting our efforts to really focus on keeping our patients safe from higher doses, we have decreased our total numbers of patients on > 90 morphine equivalents by 89 patients. That is a reflection of our dedication and hard work to keeping our patients safe. Each health center has a team of behavioral health, physical therapy and a provider championing the efforts and working with providers who are struggling with some of the very high risk and complex patients.

Center	Between 90 and 200				Over 200		
	Q1 2020	Q3 2020	Q4 2020		Q1 2020	Q3 2020	Q4 2020
AMC	16	17	14		5	3	3
EHC	75	67	69		23	23	22
GHC	59	64	59		26	26	24
NHC	54	49	45		20	19	18
Total	204	197	187		74	71	67

The persistent pain work group continues to develop guidelines to help providers initiate and/or continue discussions with patients to find alternative treatments and help decrease morphine equivalents. These guidelines will also include recommendations or resources available in the community to help our patients manage their persistent pain. Remember, a key to success is using a multidisciplinary approach and engaging the patient's family members or supports.

We have finalized a new opiate/benzo CSRP contract which includes new language about providers offering other forms of treatment in addition to opiates including physical therapy, yoga or evaluations by other specialists. We have also finalized some provider guidelines which will be coming out in the next couple of weeks.

The topic for the March 17th Family Practice meeting will be Persistent Pain.

Please join us for updates on CSRP, use of suboxone with persistent pain, risks of using benzos and opiates, and case presentations. Family practice, Behavioral Health, Specialties and Physical Therapy groups are welcome and encouraged to attend. We aim to foster clinician collaboration for optimal patient care.

Admittedly, our patients with Persistent Pain can be challenging and at times frustrating to work with. An interdisciplinary approach may offer the best path forward for comprehensive care and successful management. Physical Therapy can be an essential component of a holistic plan of care. Certainly, physical therapy can address orthopedic and biomechanical factors relating to persistent pain by improving range of motion, strength, gait, balance, endurance, etc. In addition, physical therapy can creatively offer an opportunity to learn to be and move more comfortably. It can be very rewarding to assist patients in noticing what movements and activities they *are* able to do, and or what sensations they can become more aware of (instead of being limited to the sensation of pain that they are all too familiar with). Consider breathing techniques as a strategy for calming the body (and mind) that can also serve as a backdrop for safe, mindful movement. In concert, these and other techniques can assist patients in feeling more confident and in control of their physical experience. Over time they can see incremental improvements in typical physical therapy measurements as well as quality of movement and functional capacity.

Thank you for all you do. Hope to see you at the meeting March 17th.

Laura Duffy FNP, Trisha Rogers PA, Robin McKeon DPT and the chronic pain team.