

# Integrated Care

Pain Management & Behavioral Health

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# **Objectives**

- Explore alternatives to opioid prescription that can be implemented with the help of integrated behavioral health within the primary care setting.
- ☐ Share the Pain Management reform that has occured at Eaton Rapids Medical Center Family Practice.

#### Goal

- ☐ To provide safe and effective care for patients experiencing pain
- ☐ Changing prescribing to be consistent with current evidence-based standards for primary care



## **CDC Guidelines for Primary Care**

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks with patients
- ☐ Discuss availability of non-opioid therapies with patients





- □ Physical Therapy
- Progressive
  - Restrengthening
- ☐ Exercise/Weight
  - Management
- Hydrotherapy
- Functional Restoration

- ☐ Side Effect
  - Management/Monitoring
- ☐ TENS Unit
- Acupuncture
- Massage
- Manipulation Therapy
- Behavioral Health

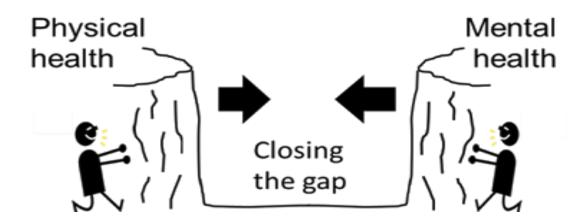


- ☐ Type of pain
- ☐ Source of pain
- ☐ Potential for addiction and/or misuse
- ☐ Functional status
- Psychosocial risks
- Medical co-morbidities
- On-going response to treatment



## Integrated Care

- ☐ Addressing physical and behavioral health conditions
- Our focus is in primary care





- Physician
- ☐ PA/NP
- □ Care Coordinator
- Behavioral Health Consultants
- Medical Assistants
- □ Referral Specialist
- Receptionists





#### Who Are Behavioral Health Consultants?

#### We utilize:

- ☐ LMSW/LLMSW
- ☐ LPC/LLPC
- Master's Level Interns





## Clinical Integration of Behavioral Health

Behavioral Health Consultants will help to:

- ☐ Assess chronic pain, trauma, and addictions
- ☐ Help patients manage pain and/or addiction
- ☐ Learn coping skills for pain management
- ☐ Shift mindsets







#### **Primary billing (CPT) codes:**

Psychotherapy, 30 min	→ 90832
BH Assessment (health focused clinical interview, behavioral obs, hea	
questionnaires), each 15 min face-to-face w pt	→ 96150
BH Reassessment	96151
BH health & behavior intervention, each 15 min, face-to-face, ind ——	→ 96152

# **Updated Pain Management Contracts**

- □ Random drug screening
- ☐ Functional assessment
- Participation in functional restoration
- MAP monitoring
- ☐ Pill counts at every appointment
- ☐ Attendance and participation in all aspects of pain management



# Screeners & Assessments Used for Chronic Pain Management

- PHQ-9 (Depression)
- GAD-7 (Generalized Anxiety)
- POQ-SF (Initial/Annual Functionality)
- PEG (Follow-up Functionality)
- SOAPP-R (Initial Addiction/Misuse)
- COMM (Follow-up Addiction/Misuse)

# Violations of Pain Management Contract



- ☐ Patient will be safely tapered off medication
- ☐ Patient referred to appropriate resources for care (ie: pain management specialist, addiction counseling and recovery, etc)
- ☐ Patient will be encouraged to continue with our practice for non-pain management care

# Criteria for Pain Management Referral

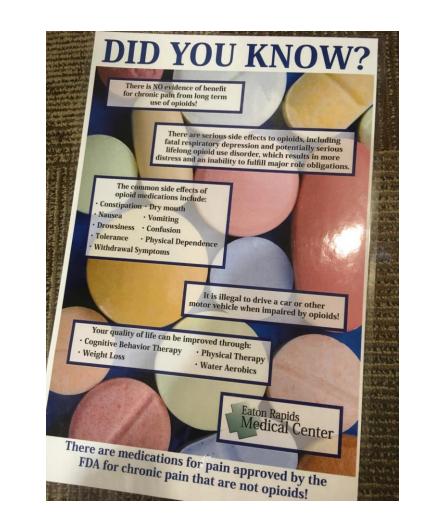
- ☐ Scope of care is beyond CDC guidelines for primary care
- ☐ Patient is not improving with prescribed therapies
- ☐ Patient is a candidate for spinal injections/blocks
- ☐ Patient requires >90 MEQ of morphine daily
- ☐ Patient requires >90 pills per month to manage pain

## Notifying Patients & Community



- Letters mailed to all patients who are currently on controlled substances for pain
- ☐ Facebook/Social Media
- New Patient Letter
- □ Poster Campaign (see next slide)

# Poster Campaign:



# DISCUSSION