Opioid Use: The Road to Recovery

Presented by:

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Agenda

- The Problem of Opioids
- Video: Mr. Stout’s Story
- How Mr. Stout achieved a successful outcome
- Challenges of navigating the healthcare system
- The process of recovery from addiction
- How to support injured workers in achieving successful outcomes
- Q & A
The Scope of the Problem

• In 2016 there were 42,249 deaths from opioid overdose in the United States

• On an average day in the United States:
  ▫ More than 650,000 opioid prescriptions are dispensed
  ▫ 3,900 people initiate nonmedical use of prescription opioids
  ▫ 116 people die from an opioid-related overdose (including prescription opioids)

Sources:
• Department of Health & Human Services
• SAMHSA National Survey on Drug Use and Health
• CDC National Vital Statistics System
The Costs of the Problem

• In 2015, the economic cost of the opioid crisis was estimated to be $504. billion
  ▫ That’s half a trillion dollars!!
  ▫ That’s 2.8% of GDP in 2015!!

• Medical services for people with opioid dependence increased more than 3000% between 2007 and 2014

Sources: Council of Economic Advisors, November 2017 / Fair Health 2016
The Problem in Workers’ Compensation

- Opioids are the most frequently utilized class of drugs for work-related injuries, accounting for **24%** of total pharmacy spend in 2017 (myMatrixx).
- 2018 WCRI Study of claims involving back pain
  - **50-85%** of workers with non-surgical back pain who received pain medications were still getting opioid prescriptions after 3 months – despite the fact that there is no evidence that opioids are appropriate for long term treatment of low-back pain.
  - Workers with longer-term opioid prescriptions had durations of disability **three times longer** than those without long term opioid use.
Video: Mr. Stout’s Story
Evelyn Bonilla, BA, RN, CCM
Reasons Injured Workers Get Stuck

*Psychosocial factors always play a role in delayed recovery*

- **Biomedical model:** Attributes disease to biological factors.
  - Prolonged recovery course
  - Treatment consisted of narcotics, interventional treatments that did not improve his pain or function

- **Biopsychosocial model:** Disease outcome based on interaction of factors.
  - Pain behavior instigates provider to treat
    - More biomedical treatment

**Unable to CHANGE approach in the management of chronic pain**
Paradigm’s Methodology consist of Systematic Care Management

*Paradigm approaches complex pain holistically; we address the underlying medical condition, the physician and the patient.*

Paradigm’s Complex Pain Methodology

- Clarification of Diagnosis
- Coordination of Care
- Pain Behavior Intervention
- Evidence-Based Medicine
- Functional Restoration Approach
- Cognitive-Behavioral Techniques
Mr. Stout’s Customized and Integrated Pain Management Plan

Collaboration with Claim Representative, treating physicians, and family support system allowed Paradigm to implement a functional restoration approach.

- Claims executive (Sallie Weber)
- Treating physicians (Dr. Chen and Dr. Constantine)
- Family support (brother and sister)
- Physician (Paradigm Medical Director Dr. Victor Chin)
- Onsite nurse case manager (Paradigm Network Manager Linda Kenavey, RN)
- Clinical expert coordinator and team (Paradigm Director of Clinical Services Evelyn Bonilla, BA, RN, CCM, PSPM)
- Rosomoff Comprehensive Rehabilitation Center - Center of Excellence led by Dr. Sean Corbett
## Transtheoretical Model Principles and Processes

### Five Stages of Change

<table>
<thead>
<tr>
<th>Stage</th>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
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<td><strong>Processes of Change</strong></td>
<td>Get the Facts</td>
<td>Pay Attention to Feelings</td>
<td>Notice Your Effect on Others</td>
<td>Notice Social Trends</td>
<td>Create a New Self-Image</td>
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Shaun Corbett, MD
How I came to know Tim

Tim was open to help and to “another way” of helping him other than reliance on opioids
Multi-Disciplinary Pain Centers and Opioids

• My Role
• Components of a Multi-Disciplinary Pain Center
• Addiction assessment and non-opioid model of management of chronic pain
• Tapering patients off of opioids using tools:
  ▫ Psychological tools
  ▫ Physical tools
• Challenges of tapering
• Bio-Psychosocial Model of care
Biopsychosocial Factors and Pain

- Bio-psycho-social influence
- Treating the issue
- Effects of negative pain beliefs, fear avoidance behavior, catastrophizing, and poor coping strategies.
- Social factors
  - Isolation
  - Lack of support
Biopsychosocial Factors and Pain

Biological comorbid conditions include:

- Obesity
- Major Depressive Disorder
- Sleep impairment
- Sleep disturbance exacerbates pain: 70% of chronic pain patients suffer disrupted sleep
- Prevalence of chronic pain is elevated in patients with:
  - Chronic respiratory disease
  - Cardiovascular disease
  - Many GI disorders
- Key is to ensure follow-up with non-workers’ comp providers to manage co-morbidities
How Do We Help?

- Consider the individual: not all patients are “addicts”
- Escalating opioid doses with declining function: seek additional resources
  - Psychological assessment
  - Addiction assessment
- Be cautious to deny: Ask WHY?
How Do We Help?

Coordinated Multidisciplinary Care

- Evidence-based pharmacological therapy
- Cognitive behavioral therapy and coping skills therapy
- Progressive strengthening and functional restorative approach
- Interventional pain procedures on an as-needed basis
  - Assist in functional recovery
  - Promote active rather than passive role in recovery
How Do We Help?

- Consider Multi-Disciplinary Pain Center for patients not progressing at 3 months
- Address coping skills and bolster social support
- Use resources that are locally available:
  - Gyms
  - 12-step programs
  - Continued counseling / CBT
- Do NOT ABANDON the Injured Worker!
How Do We Help?

• LASTLY, do not forget, we may not “cure” every patient we work with, but each patient deserves our best efforts - just look at TIM.
Victor Parziale, BSCh, CRS, CAAP
SUBSTANCE USE DISORDER
WHAT IS ADDICTION?

The Bio-Psycho-Social Model

The biopsychosocial model of health

Physical health
- disability
- genetic vulnerabilities

Biological

Drug effects
- temperament
- IQ

Mental Health
- self-esteem
- coping skills
- social skills

Psychological

Social
- peers
- family circumstances
- school

Social

The biopsychosocial model of health

50%
WHAT IS GENETIC VULNERABILITY?

An Example: “I’m of Italian Descent...”

- 25.3% Iberian
- 20.3% Greek
- 15.7% West Asian
- 12.1% Sephardic Jewish - North African
- 26.6% 4 more ethnicities
THE “ACE” TEST

• 1985 – Obesity Study – Dr. Vincent Felitti, Kaiser
• Turned into “Adverse Childhood Experiences” Study
• 17,000+ Kaiser Permanente patients surveyed
• Direct correlation between childhood trauma and adult onset of:

✓ Chronic Disease
✓ Mental Illness
✓ Substance Use
✓ Doing Time in Prison
✓ Work Issues
✓ Attempted Suicide

50% drop out rate
THE ACE CORRELATIONS

ACE = 7, Smoking 2-4 Pts above Alcohol
DRUG RELAPSE RATES vs. OTHER ILLNESSES

Does Treatment Work?

Providers sometimes feel discouraged about referring patients for substance abuse treatment. Sometimes it seems like it just isn’t worth the effort. But relapse rates are really no different than other chronic diseases:

- TYPE I DIABETES: 30 TO 50%
- DRUG ADDICTION: 40 TO 60%
- HYPERTENSION: 50 TO 70%
- ASTHMA: 50 TO 70%

Stigma

http://www.nida.nih.gov/PODAT/faqs.html#Comparison
Suzanne Emmet, CPCU, CCEP, ARe
What Can We Do?

• “The way we’ve always done things” has not been effective
• Implement a program for early identification of injured workers with co-morbidities & risk factors
• Early recognition of long-term or increasing opioid use, without functional improvement
• Utilize non-traditional and multi-disciplinary treatment strategies, such as CBT, functional restoration, and MDPC
• There is no fast, easy, simple fix – but the problem was not fast, easy, or simple to create
The Starfish Parable

One day, an old man was walking along a beach that was littered with thousands of starfish that had been washed ashore by the high tide. As he walked he came upon a young boy who was eagerly throwing the starfish back into the ocean, one by one.

Puzzled, the man looked at the boy and asked what he was doing. Without looking up from his task, the boy simply replied, “I’m saving these starfish, Sir”.

The old man chuckled aloud, “Son, there are thousands of starfish and only one of you. What difference can you make?”

The boy picked up a starfish, gently tossed it into the water and turning to the man, said, “I made a difference to that one!”
Questions?