

# 15796. An Integrated, comprehensive approach utilizing a Pain Management specialist to co-manage opioid use in a Ryan White program



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## Objective

- Identify simple steps that can be incorporated into your clinic workflow to help with safe prescribing of opioids and opioid management.
- Highlight improvements in care associated with having an integrated pain management team involved in primary care teams.
- Discuss steps your organization can take to implement a similar care model for chronic pain management

## Background

- The United States is in the midst of an opioid crisis.<sup>1</sup>
- Special Immunology Associates is part of a large Federally Qualified Health Clinic - El Rio Community Clinic in southern Arizona, we serve 1350 Persons Living with HIV.
- In August 2018 to January 2019 we had an embedded Pain Care team at our Ryan White funded clinic.
- This team included an Advanced Practice Practitioner with specialty training in Pain Medicine management along with a Clinical Psychologist.

## Methods

STEP 1

- A list of patients from the Ryan White specialty clinic ( with a diagnosis of HIV) who were prescribed opioids, benzodiazepines and/ or muscle relaxants were extracted from the electronic health records

STEP 2

- Patients were introduced to the topic of a multidisciplinary, integrated team working with their Primary Care providers to manage their Pain.
- Introduction to the Pain Management team was facilitated by Medical Case Managers.
- Patients were scheduled to see the Advanced Practice Practitioner along with Clinical Psychologist on a monthly basis

STEP 3

- Patients were then scheduled to see the Advanced Practice Practitioner along with Clinical Psychologist on a monthly basis

STEP 4

- During these visits, the following evaluation were completed:-
- Adverse Childhood Experiences (ACE) scores
- Depression PHQ scores
- anxiety and
- opioid risk tool

## Results

- Controlled substances agreements were reviewed and signed in 89% of patients.
- Every patient was referred to participate in alternative modalities for pain care treatment –
- physical therapy,
- massage therapy and
- acupuncture.
- Medications were reviewed:
- short acting medications were changed to long acting opioids (better safety profile),
- patients prescribe benzodiazepines as well as muscle relaxants with opioids were re-evaluated and de-prescribing occurred.
- Naloxone was also prescribed to all patients receiving > 50 MME

## Conclusion

- The integrated approach to pain management proved to be a successful model at our clinic
- Regular teaching of staff and patients regarding opioids in our clinic setting improved confidence and safe prescribing habits
- Addressing polypharmacy by de-prescribing and tapering off high dose opioids – is a strategy we propose will help with the long-term health and safety of our aging population

## References

1. [Facing Opioids in the Shadow of the HIV Epidemic.](#) Parker CM, et al. N Engl J Med. 2019.

Disclosures: Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.  
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Kathy Davis: Nothing to Disclose

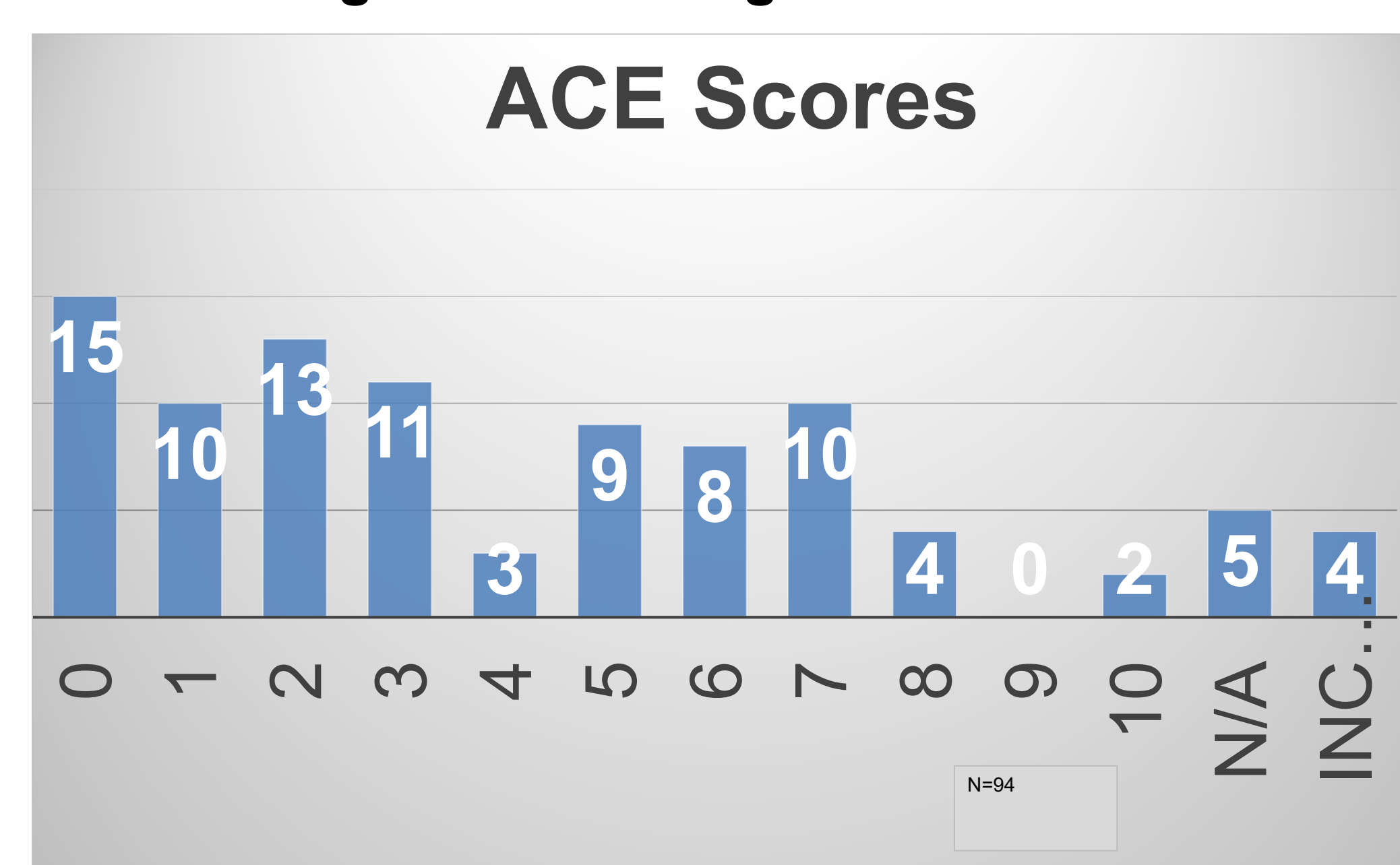
Table 1 Highlighting a summary of the data collected from patients attending our Pain Management clinic

Cumulative Rolling Data	Numerator & Denominator	Current State
Total Unique Patients Scheduled	112 / 112	100%
Total Unique Patients Seen	94 / 112	83.9%
No Show Patients (never been seen)	18 / 112	16.1%
PHQ9	94 / 94	100.0%
GAD7	94 / 94	100.0%
ACE	85 / 94	90.4%
ORT	66 / 70	94.3%
Opioids Agreement	70 / 94	74.5%
Benzos and Opioids	69 / 70	98.6%
Muscle Relaxants and Opioids	14 / 70	20.0%
Short Acting w/o Long Acting	31 / 70	44.3%
High Dose Short Acting	34 / 70	48.6%
MME >/=90	2 / 70.	2.9%
Naloxone MME>/=90	15 / 70	21.4%
Naloxone MME>/=90	15 / 15.	100.0%

## Results

- 112 patients were noted to be on opioids and of these 83.9% were seen by the Pain specialty team.
  - 16% no showed to the appointments.
- The average PHQ9 score 7.33 – Graph 2  
The average GAD 7 score 6.56

Graph 1 ACE scores collected from patients prior to enrolling in Pain management clinic



Graph 2 PHQ9 scores collected from patients prior to enrolling in Pain management clinic

