

# Who am I?

- 1973: Family Practice in Southern Oregon
- Medical Director of FQHC
- Health Officer for Jackson County Oregon
- Medical Director of an OTP clinic.
- Chief Medical Officer for Synergy Health Consulting
- I have no conflicts to disclose



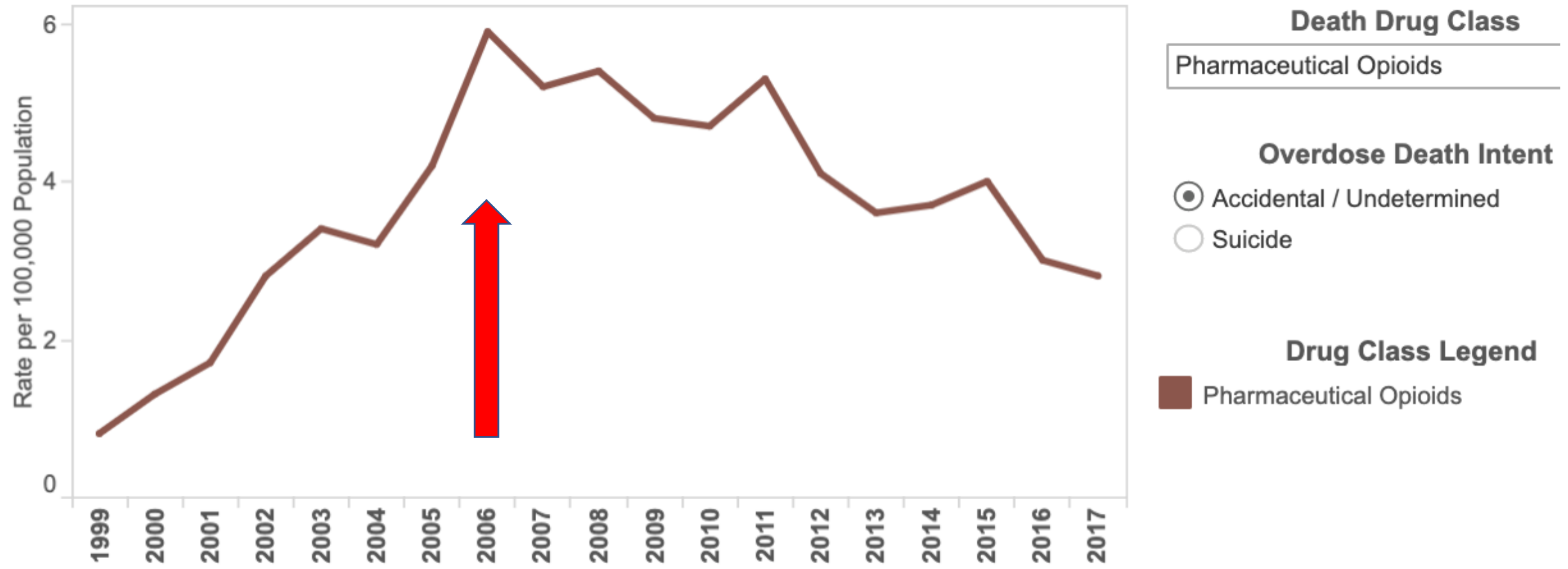
# Community efforts to assist providers in pain and use disorder management

- Local Community
- Provider/Clinic assistance
- Future Challenges



# Jackson County Oregon: 2006 (46 overdose deaths) Population 200,000

## Oregon Drug Overdose Deaths



# Jackson County Oregon: Creation of Oregon Pain Guidance (formerly the Opioid Prescribers Group)

- It takes a village to raise awareness
- Building the plane while we are flying (evolving best practices)
- Education
- Dispelling myths and bias
- Supports for team based care



# How to get them to the table?

- Personal Relationships
- Enticements (Financial support, practice supports, food)
- Threats (fear of Board action)
- CME

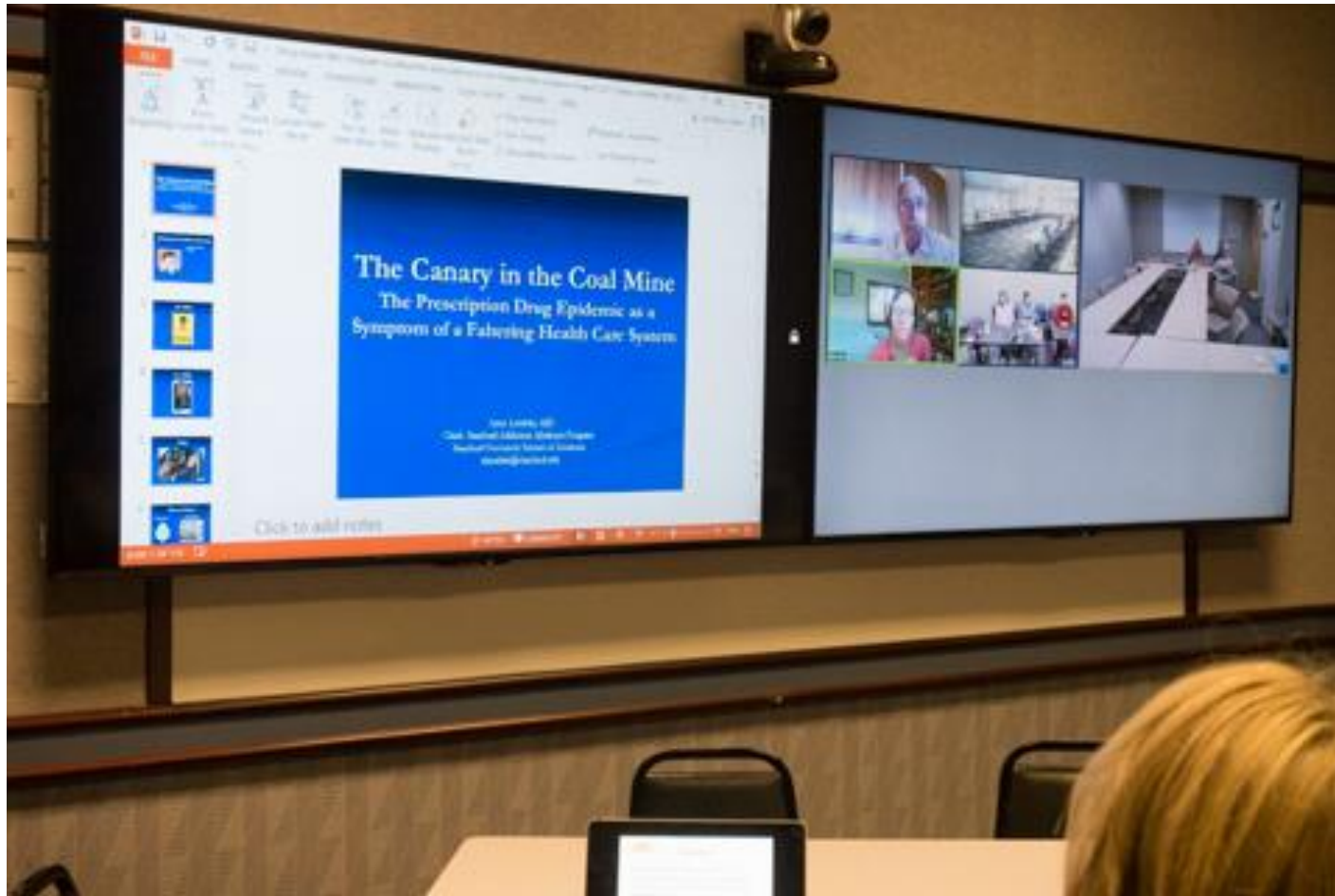


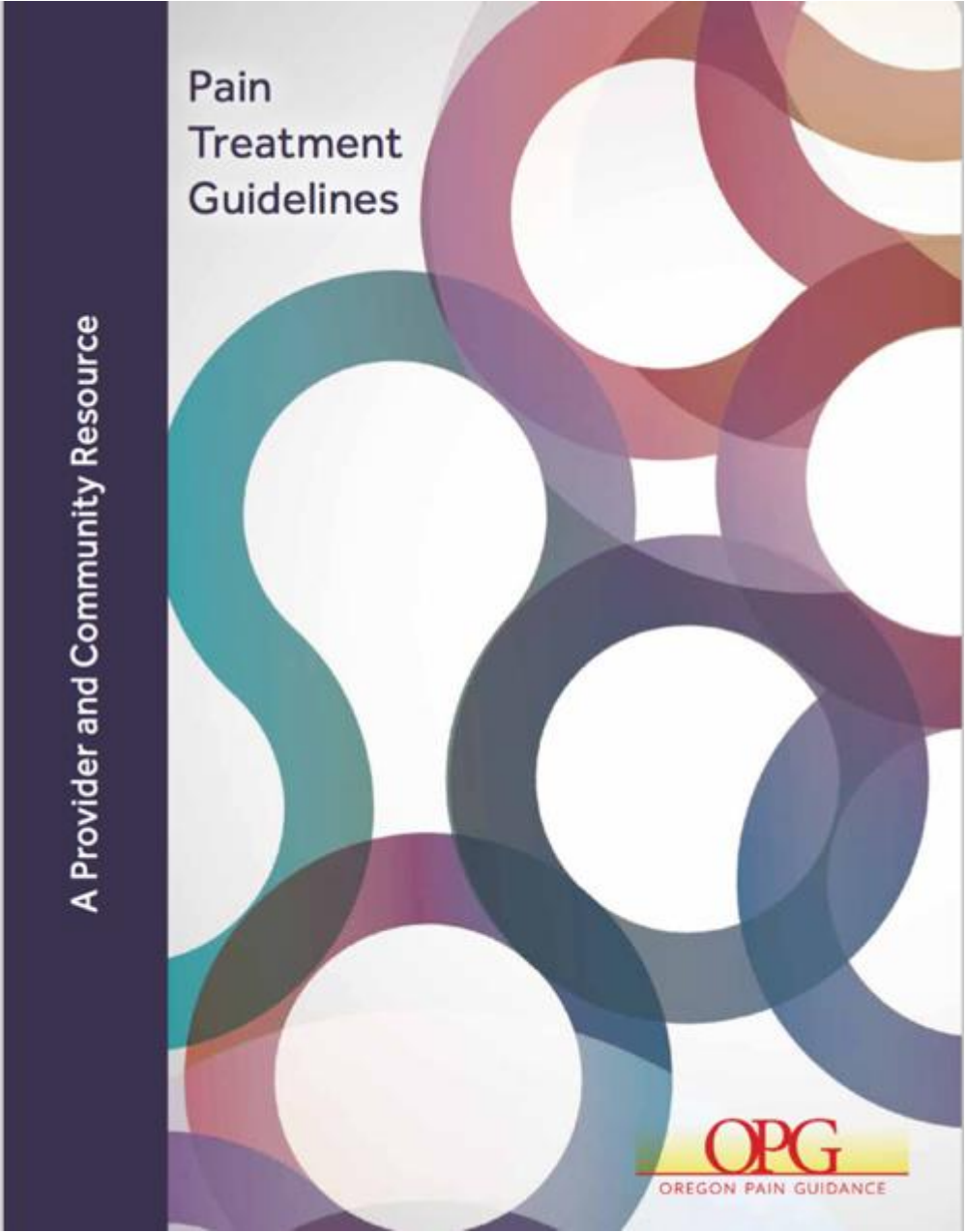
# At the table...now what?

- Brainstorm the problem
- Establish leadership
- Set achievable goals
- Bring in outside expertise
- Leverage technology



# Accessible Education





# Establish Community Best Practice Guidelines

The image is a screenshot of the Oregon Pain Guidance website. The navigation bar at the top includes links for HOME, PAIN TREATMENT GUIDELINES, TOOLS, SIX BUILDING BLOCKS, RESOURCES, OHA, STATE ORGS, REGIONS, and ORCRM. The main header features the OPG logo and the tagline 'The Oregon state resource for healthcare professionals treating pain'. A search bar and a language selection dropdown are also present. The main content area is titled 'PAIN EDUCATION TOOLKIT' and includes a list of topics: HOW PAIN WORKS, MOOD, MOVEMENT, FOOD, SLEEP, and MEDICATION. A red banner at the bottom promotes 'CLINICAL UPDATES' with a 'Get Updates' button.

## PAIN EDUCATION TOOLKIT

Improve your health and help manage pain with the **PAIN EDUCATION TOOLKIT**

Find educational videos and handouts on:

- **HOW PAIN WORKS:** What is pain and how does it work?
- **MOOD:** How does your mood and thought affect your pain?
- **MOVEMENT:** Why does movement and activity help with pain?
- **FOOD:** Why does the food you eat affect your pain?
- **SLEEP:** How does getting better sleep help with pain?
- **MEDICATION:** Why reducing your pain medication can help with pain?

OPG  CLINICAL UPDATES

Receive regular updates on best practices, evidence-based recommendations, & more.

Get Updates ▶

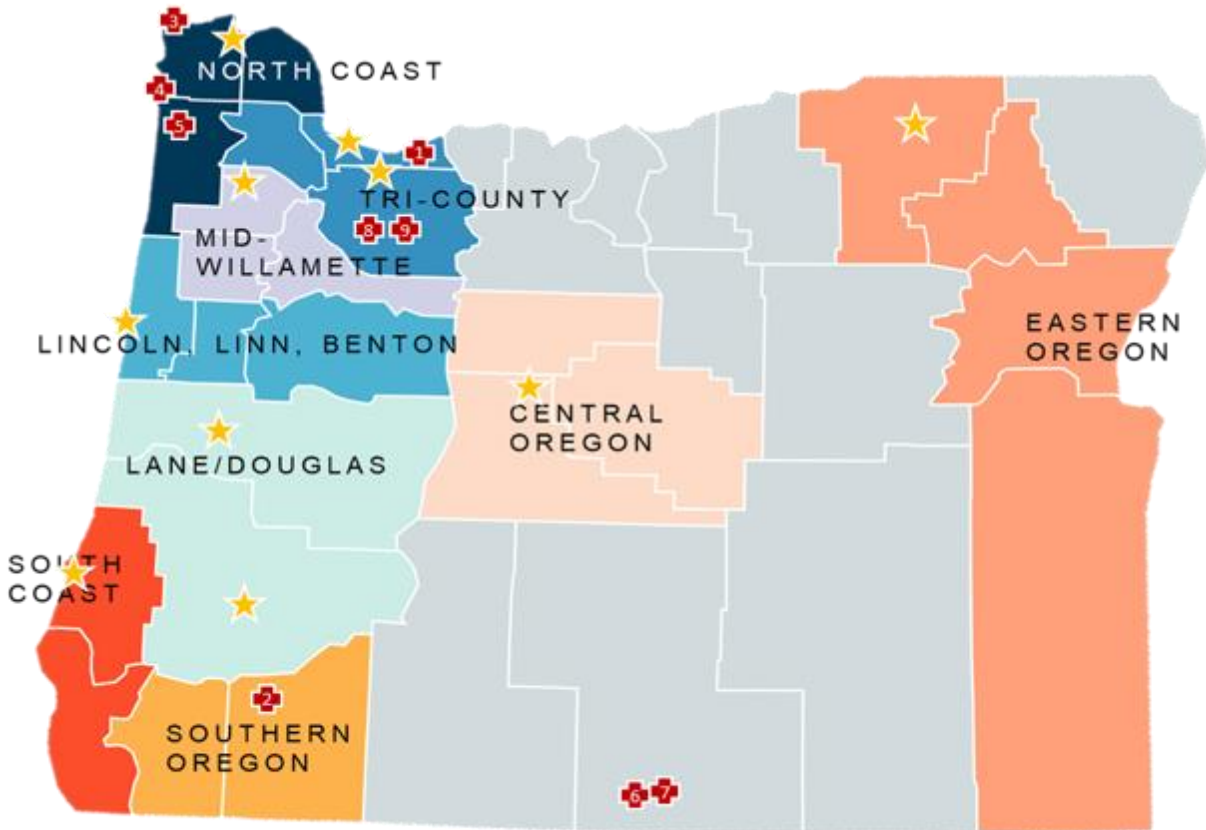


If we don't solve this problem as a community, we are only passing it on to the next provider.



Provider/Clinic Support

# Pain Management Improvement Team



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PEER SUPPORT  
SPECIALIST

# Example: Remote clinic in trouble with the Board

- Frontier rural family practice
- DEA identified worrisome prescribing
- Board investigation produced concerning practices
- Board action could jeopardize a large geographic portion of the State
- Clinic was offered an “intervention” versus usual action



# What did we do?

- In person meeting: Board/Clinic/PMIT team
- Established 2 parallel tracks: clinic staff and provider staff
- Monthly meeting with both
- Discussed difficult patients, established trust
- Brought in expertise



# Collected Baseline Data

**The Six Building Blocks of Pain Management and Safe Opioid Therapy in Primary Care**  
*Oregon Health Authority, Oregon Prescription Drug Overdose Project*

<b>Building Block</b>	<b>Baseline (Jan 2018) (Organization-wide)</b>
<b>1: Leadership</b>	<b>1.0</b>
<b>2: Policies</b>	<b>1.0</b>
<b>3: Identifying &amp; Tracking Patients</b>	<b>1.0</b>
<b>4: Patient-Centered Visits</b>	<b>1.0</b>
<b>5: Caring for Complex Patients</b>	<b>1.0</b>
<b>6: Measuring Success</b>	<b>1.0</b>
<b>Overall</b>	<b>1.0</b>

# Improvement after 1 year

“There have been big changes and now this is then norm, it is easier in the office now with the new changes with prescribing”-Support Staff

Building Block	Baseline (Jan 2018) <small>(Organization-wide)</small>	Clinic	
		Follow-up (June 2018)	Percent increase
1: Leadership	1.0	3.4	240%
2: Policies	1.0	3.1	210%
3: Identifying & Tracking Patients	1.0	2.0	100%
4: Patient-Centered Visits	1.0	2.7	170%
5: Caring for Complex Patients	1.0	3.0	200%
6: Measuring Success	1.0	3.5	250%
Overall	1.0	3.0	200%



## Results:

- All the docs became X wavered
- Total MED, high doses, and overall prescribing went down
- Transition of difficult patients to buprenorphine
- Reported back to the Board

“Prior to OMB involvement they (the MDs) knew there was a problem but didn’t know what to do about it”  
Support Staff



# Future Challenges:

- The Taper Dilemma
- Pushback from frightened patients
- Still too many pills in the community



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