

New program zeroes in on pain med practices

Dustin Racioppi, @dracioppi 10:16 p.m. EDT June 17, 2014



(Photo: Photo courtesy of Leah-Michelle Nebbia of MSL Group.)

NEWARK – It has taken two decades and a fatal epidemic stretching coast to coast, but health care professionals now are realizing the full effects of ill-informed and inconsistent pain-management programs and are admitting just how little most primary care doctors know about how to treat patients in chronic pain.

In a small office room in downtown Newark on Tuesday, more than a dozen of the region's doctors and pain-management experts gathered to make this humbling admission, then move to confront it through a collaboration aimed at properly training primary-care physicians and stanching the flood of improperly prescribed painkillers, which are highly addictive and often lead to heroin abuse.

"We didn't create the problem of addiction, but we've contributed to the flames," said Dr. Daren Anderson, vice president of [Community Health Center \(http://www.chc1.com/\)](http://www.chc1.com/) and director of the [Weitzman Quality Institute \(http://quality.chc1.com/\)](http://quality.chc1.com/), both in Connecticut.

The institute is partnering with the New Mexico-based [Project ECHO \(http://echo.unm.edu/clinics/clinic-pain.html\)](http://echo.unm.edu/clinics/clinic-pain.html) to train primary-care providers in pain management, using ECHO's model of video conferencing. ECHO links physicians, usually ones in the community care sector for the poor and uninsured, with specialists who can help co-manage a case, train the physicians and provide feedback and mentoring. The collaboration is backed by a \$400,000 grant and support from [The Nicholson Foundation \(http://thenicholsonfoundation-newjersey.org/\)](http://thenicholsonfoundation-newjersey.org/) here.

Of the numerous slides Anderson scrolled through in his presentation, one from a 2012 study of the center's data encapsulated the overall state of primary care in the U.S.: Documentation of pain care is poor, assessments are rarely documented, pain care knowledge is low and although providers feel that pain care is an important skill, they have low confidence in their own.

"We didn't get a lot of training in (medical training) residency ... and so we do what we know as primary-care providers: We write prescriptions. We write opioid prescriptions. And increasingly, we've been relying on opioid prescriptions," Anderson said.

That had been a popular practice since 1996, when the [American Academy of Pain Medicine \(http://www.painmed.org/\)](http://www.painmed.org/) and the [American Pain Society \(http://www.americanpainsociety.org/\)](http://www.americanpainsociety.org/) both said chronic pain should be treated with opioids and that the risk of addiction is low.

Though opioids have been used for much good, Anderson said, they have also given rise to addiction and abuse nationwide. Prescription drugs are the leading cause of injury death in the U.S., [according to the Centers for Disease Control and Prevention \(http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html\)](http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html).

In New Jersey, heroin and other opiates — like prescription drugs — are the leading cause of admissions to state-licensed treatment facilities, [according to the Department of Human Services \(http://www.state.nj.us/humanservices/das/news/reports/other/StateNJGenCY13.pdf\)](http://www.state.nj.us/humanservices/das/news/reports/other/StateNJGenCY13.pdf).

And there has historically been a divide between physical and mental health. But they are closely linked, said Raquel Mazon Jeffers, Nicholson's director for health care integration. The collaboration integrates the two.

"A lot of chronic conditions, in order to be managed well, require behavior change. Behavior change is hand-to-hand combat, and you need educated professionals whose job it is to help people change their behavior," she said.

Educating physicians in pain management is one of more than a dozen recommendations by a state heroin and opiate abuse task force report released earlier this year. Although this effort reached a small group of primary care providers on Tuesday, it could be widespread in New Jersey, where opiate abuse has been termed by lawmakers to be the No. 1 public crisis.

"Project ECHO works well on the law of attractions, so you really want to work with the providers who are ready and interested and able and see the issue and want to participate," Mazon Jeffers said. "Then the model is kind of infinitely scalable."

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