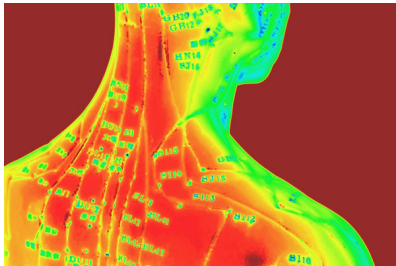




LONG-DISTANCE CONNECTIONS HELP NJ PATIENTS MANAGE CHRONIC PAIN

ANDREW KITCHENMAN | JUNE 18, 2014

New approach using pain-relief specialists is response, in part, to growing problem of opioid abuse



Striking the right balance between helping patients with chronic pain and combating abuse of pain-relieving narcotics is a challenge for primary-care providers, who frequently have little specialized training in pain management.

One solution could be many miles away - but well within reach, thanks to telecommunications.

Healthcare providers from Camden, New Brunswick and Trenton are working with pain-management experts in Arizona and

Connecticut to adopt practices that have proven to work best in treating pain.

As part of one initiative, Project Extension for Community Health Outcomes (ECHO), teams of primary-care providers will hold weekly video conferences with pain specialists. During the conferences, an expert will give a 15-minute presentation on different techniques for managing patients' pain,. The local providers will then go over individual cases and the Arizona-based experts help develop a treatment plan.

Supporters of the approach call it an important strategy for both treating pain and reducing drug addiction in the state.

The issue has acquired an added urgency, as drug-overdose deaths now exceed motor-vehicle crashes as the leading cause of accidental death in New Jersey. In 2011, there were 1,008 drug-related deaths in New Jersey, 337 involving the common prescription opiate oxycodone and 368 involving heroin mixed with other illicit drugs.

Many of the alternatives to opioid prescriptions involve putting a greater emphasis on behavioral or mental healthcare, since conditions like depression and anxiety heighten patients' experience of pain.

The Nicholson Foundation, which seeks to address healthcare needs in the state's urban areas, is funding the project as part of its broader focus on integrating behavioral care with primary care.

"This is an epidemic of opiate use and opiate deaths related to pain," said foundation deputy director Joan Randell.

Raquel Mazon Jeffers, the foundation's health integration director, said the project help ease a large and growing public health crisis.

It's drawn an enthusiastic response from participants. For instance, Dr. Rachael B. Evans of Henry J. Austin Health Center in Trenton said the advice from experts will help her facility's staff treat pain and reduce addiction in a systematic way.

Evans added said the center has already begun to integrate behavioral healthcare in its clinics. She

said there's been an artificial distinction between the pain and addiction treatment specialties, adding, "They're all the same thing."

Primary-care providers played a role in increasing opioid addiction by overprescribing drugs "and we need to play a role in fixing it as well," according to Dr. Daren Anderson, vice president and chief quality officer of Connecticut-based Community Health Center Inc., which is providing training to New Jersey doctors.

Oxycodone prescriptions began to skyrocket in 1995, when the pharmaceutical company Purdue released the brand OxyContin and patient-advocacy groups began to lobby for more treatment of pain. The Joint Commission, which accredits hospitals in the state, later endorsed checking patient pain levels as "the fifth vital sign."

Anderson said this new emphasis led doctors - in an effort to reduce patients' pain - to prescribe opioids even when they weren't appropriate.

"We don't consider the household or the community environment into which we're introducing highly addictive medications," Anderson said. "We devalue all of the effective alternatives that are out there. We treat pain, but we don't treat addiction - or we ignore it."

Behavioral or mental-health treatment, such as stress reduction and cognitive behavioral therapy, are a prime alternative to opioids

Chiropractic treatments and acupuncture can also be effective for some patients, according to Dr. Bennet E. Davis, a Tucson, Arizona, -based pain medicine specialist who will be leading the videoconferences.

Davis noted the challenges of building trust with a patient who is addicted to opioids, but said that it's an essential first step toward helping the patient accept treatment.

"Pain management is a combination of what we do for the patient and what the patient does for themselves," including managing their diets, exercising, reducing stress and quitting smoking, Davis said.

He also emphasized the importance of behavioral health, noting a [2003 study](#) which found that patients with chronic back pain benefited equally from back surgery and from psychological treatment.

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