



Lessons Learned: Treating Pain in an Under-Resourced State

Johnathan Goree, MD

Carrie Hyde, MD

@CHydeMD

@DrJGoree

Disclosure

- Carrie Hyde: I have no financial disclosures
- Johnathan Goree: Stratus Medical – Consultant; Abbott Medical – Consultant

Learning Objectives

- Describe the common barriers to receiving and providing adequate pain management in an under-resourced state and region
- Recognize that some patients will not be forth-coming about their personal barriers to understanding their prescriptions or navigating health care
- Identify ways to overcome these barriers when practicing in an under-resourced state
- Conclude with ways we will move forward in providing adequate care for all patients across the United States, especially those in under-resourced states

■ Poll Everywhere

–Phone

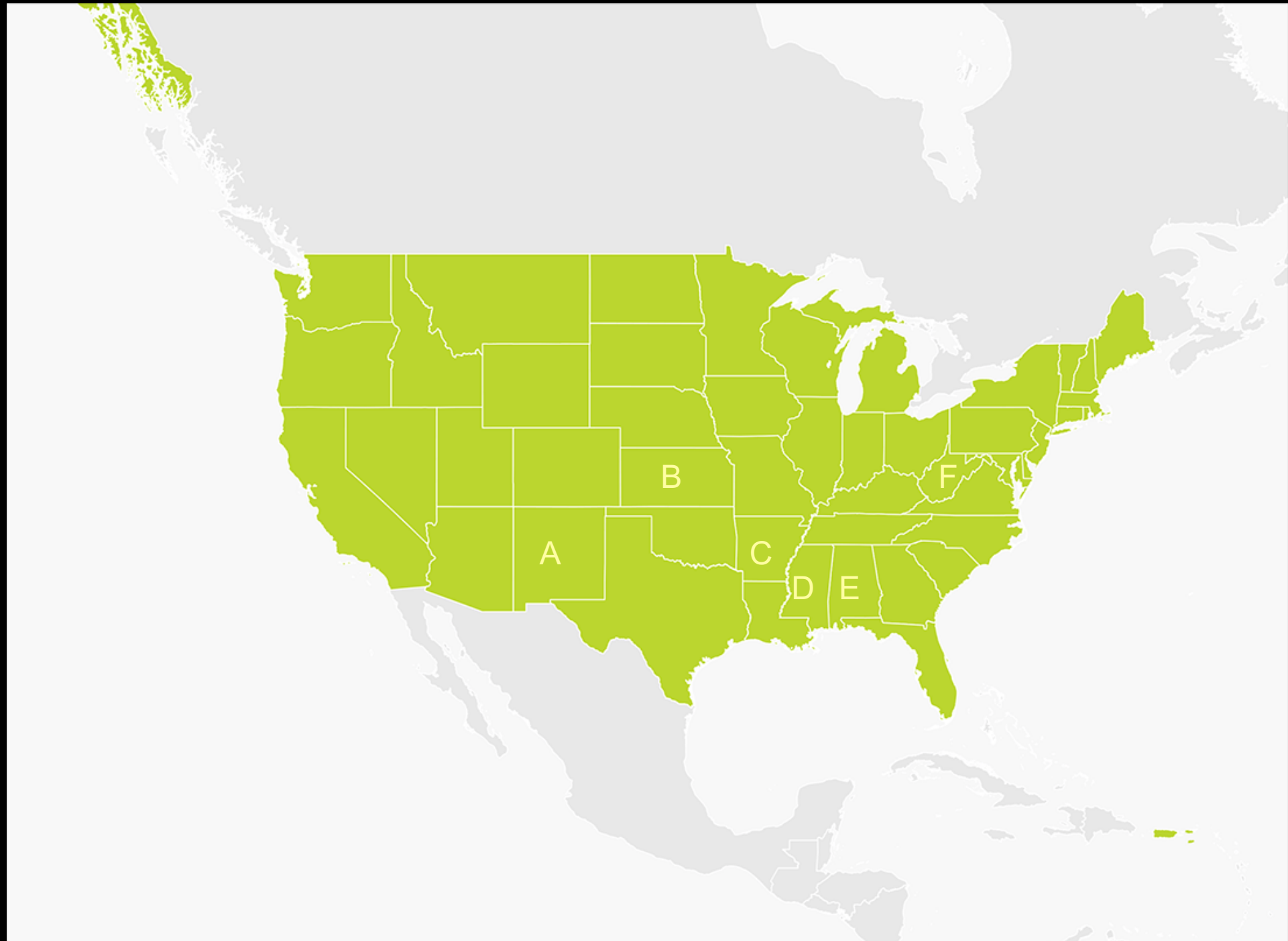
- Text JOHNATHANGOR491 to 37607 to respond

–Computer

- Respond at Pollev.com/johnathangor491

s

Arkansas



Which of these states is Arkansas

A

B

C

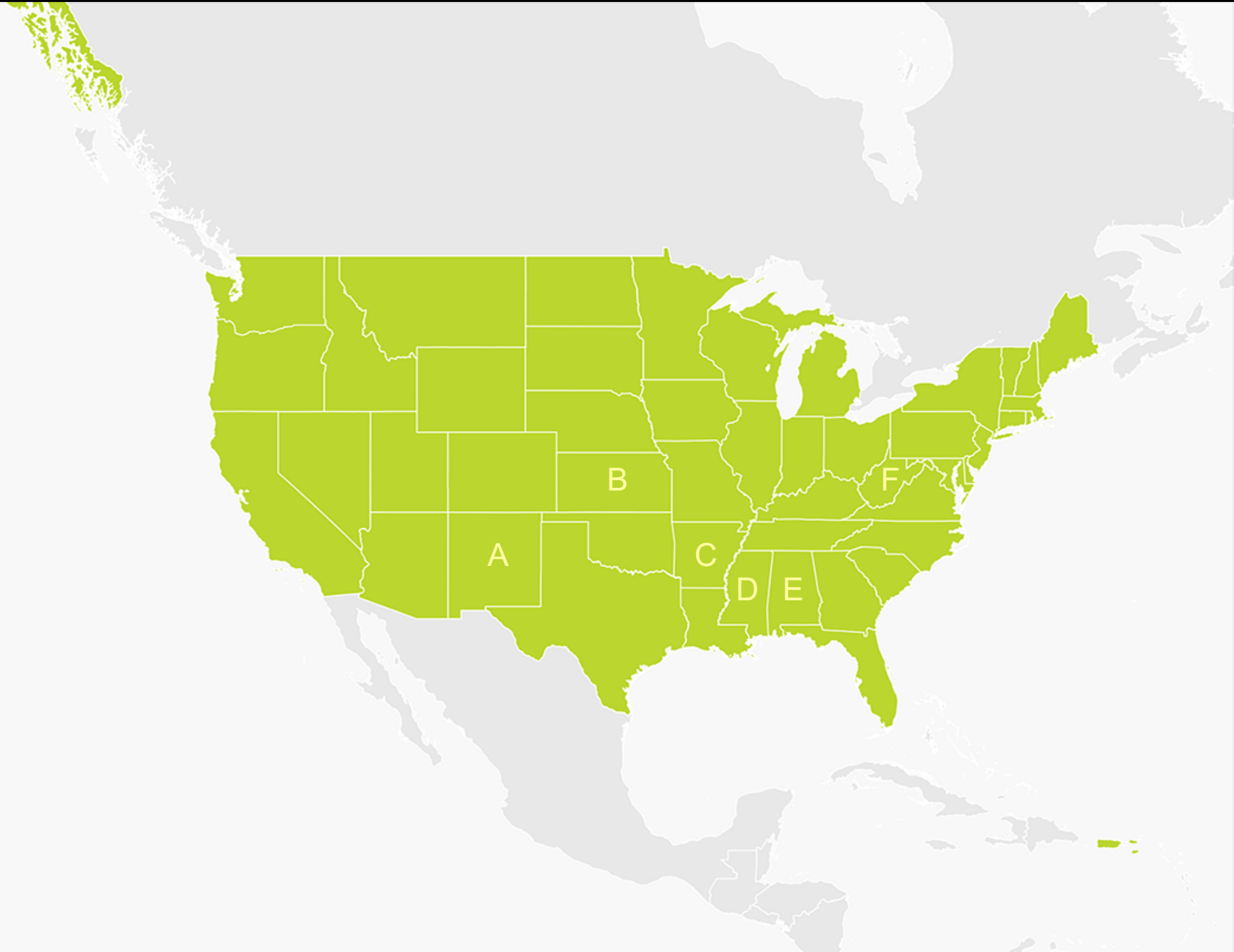
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Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

A – New Mexico
B – Kansas
C – Arkansas
D – Mississippi
E – Alabama
F – West Virginia



Arkansas: A snapshot of our patient population

- Population estimate: 3,017,804 (2019)
 - 80% white alone
 - 16% black or AA alone
 - 7.8% Latino or Hispanic
 - 1.7% Asian alone
- Median household income (in 2018 dollars), 2014-2018: \$45,726
- Poverty level 17.2%
- 22.6% with Bachelor degree or higher, 2014-2018
- Disability
 - Under age 65: 12.5%
 - Under 65 without insurance 9.8%



Arkansas

- Overall Health Outcomes Ranking – 48th
- Infant Mortality – 48th
- Premature Death – 46th
- Diabetes – 48th
- Cardiovascular Death – 47th
- Cancer Death – 46th

- “Thank God for Mississippi...”

State Prescribing

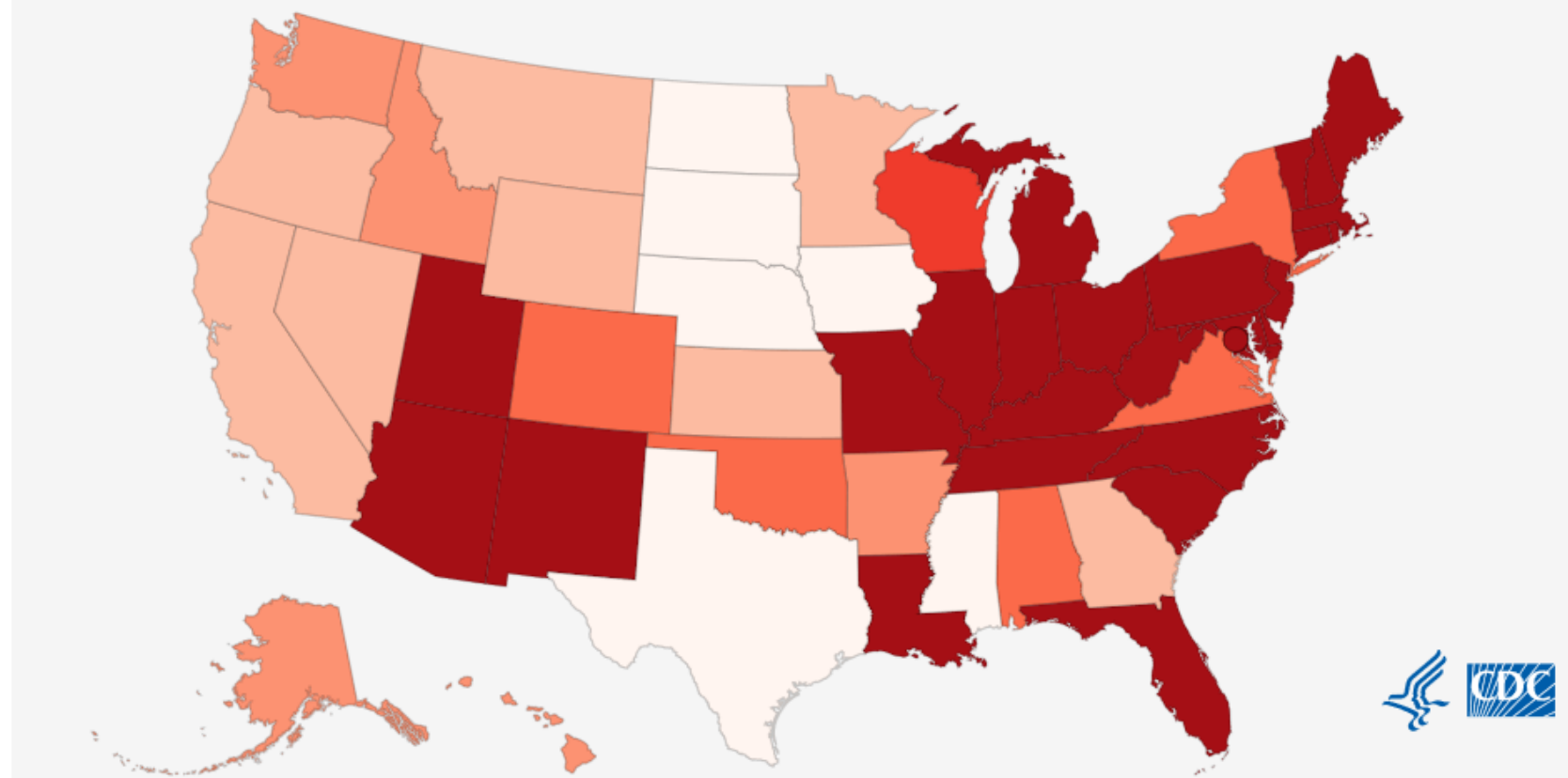
2017 Number of Opioid Prescriptions per 100 persons

- Alabama 107.2
- **Arkansas 105.4**
- Tennessee 94.4
- Mississippi 92.5
- Louisiana 89.5
- **National Average 58.7**



State Overdose Rates

Number and age-adjusted rates of drug overdose deaths by state, US 2018



Legend

6.9 to 11.0

13.6 to 16.0

18.6 to 21.0

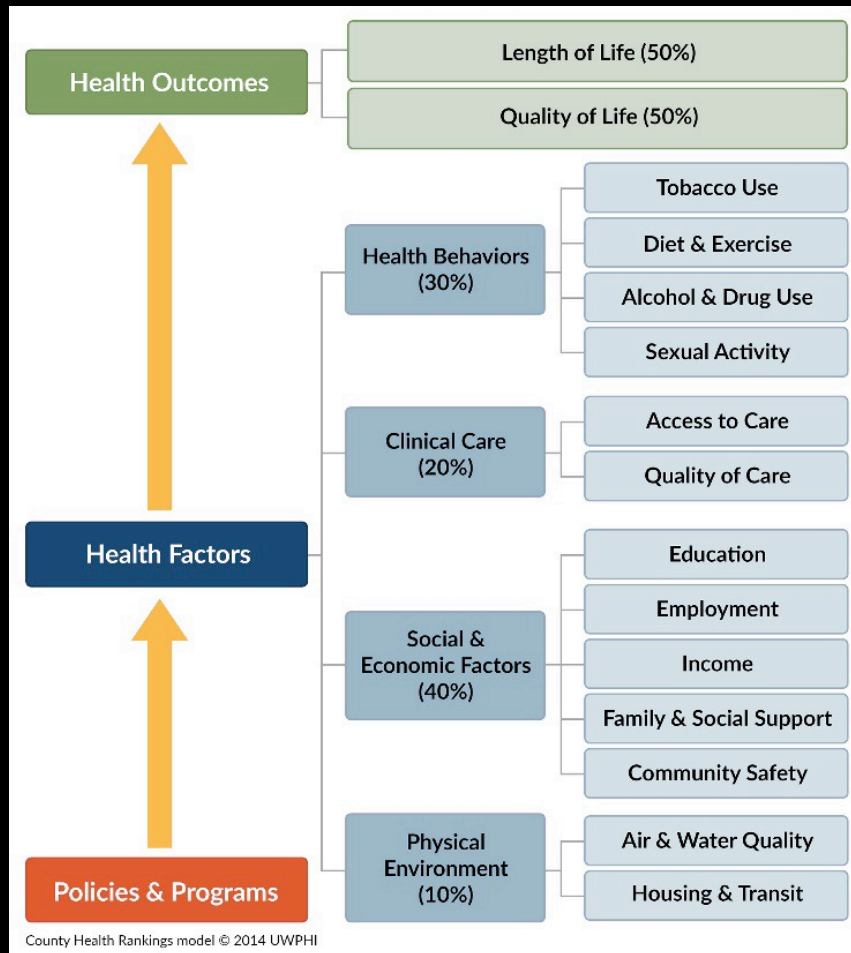
11.1 to 13.5

16.1 to 18.5

21.1 to 57.0

<https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2018.html>

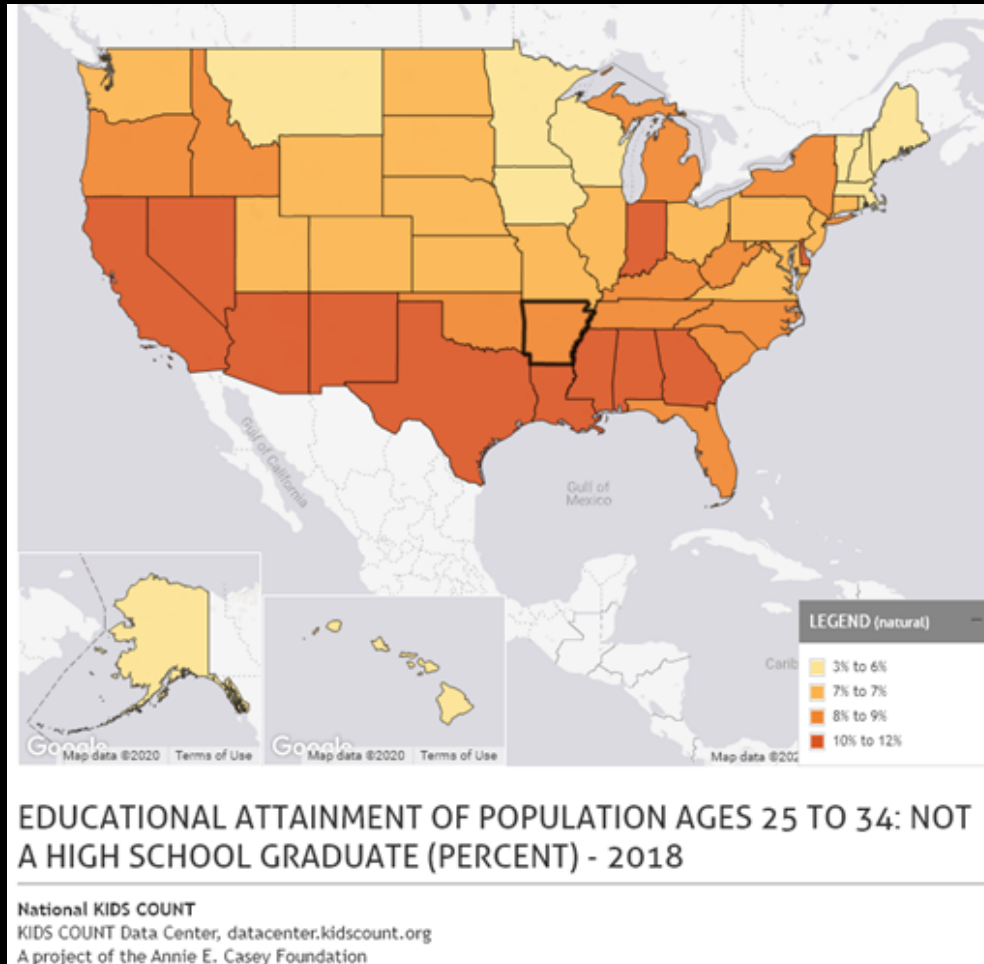
Components to Health Outcomes



- Health is more than Health Care
 - There are a wide range of factors that influence how long and how well we live
- This model of community health is used to by The County Health Rankings & Roadmaps system (collaboration between University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation) by collecting data in these various factors
- Rooted in a deep belief in health equity

“...Of Course My Patient Can Read or Write”

“...Of Course My Patient Can Read or Write”



- In Arkansas, 13.7% of adults age 16 and older lack basic literacy skills. Nearly 19% of Arkansans over 25 years old (347,032 people) do not have a high school diploma or GED and over 130,000 have less than a ninth-grade education (2012 data)
- Not a high school diploma or GED- 8% in 2018

<https://www.countyhealthrankings.org/reports/state-reports/2020-arkansas-report>

<https://datacenter.kidscount.org/data/map/6294-educational-attainment-of-population-ages-25-to-34>

“...Of Course My Patient Can Read or Write”

- Ways to overcome barrier
- Questionnaire prior to visit- “What is your highest level of education”
- In patient encounter ask, “Do you need help with understanding this form?”
“Do you need me to read through this form with you?” “Some of my patients have a hard time understanding written words”
 - Embarrassment if they cannot read or write, most patients won’t stop to ask you for help
 - Normalize and be non-judgmental Stop frequently to ensure they understand what you are telling them
- Color Coordinate their pill bottles and explain in basic terms how to take them

“Why Wont This Patient Just Eat Healthy,
Exercise, and Lose Weight?”

“Why Wont This Patient Just Eat Healthy..?”

■ Food Deserts

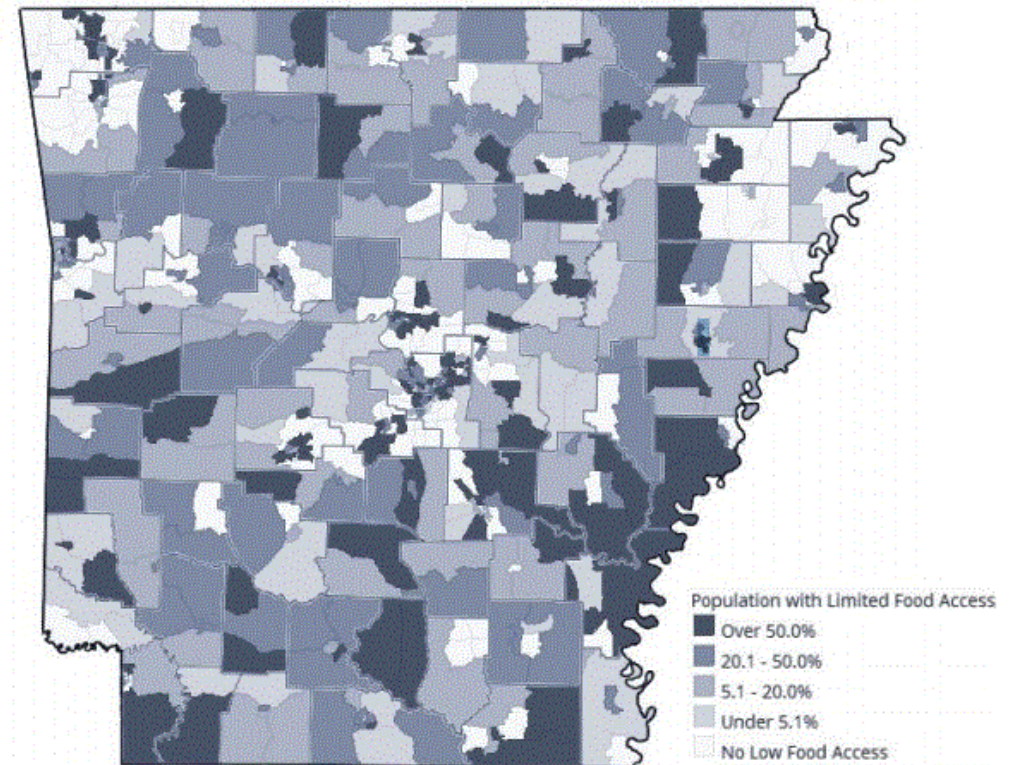
- an area that has limited access to affordable and nutritious food
- In 2010, the United States Department of Agriculture reported that 23.5 million people in the U.S. live in "food deserts", meaning that they live more than one mile from a supermarket in urban or suburban areas and more than 10 miles from a supermarket in rural areas.
- Usually low income, low mobility areas.



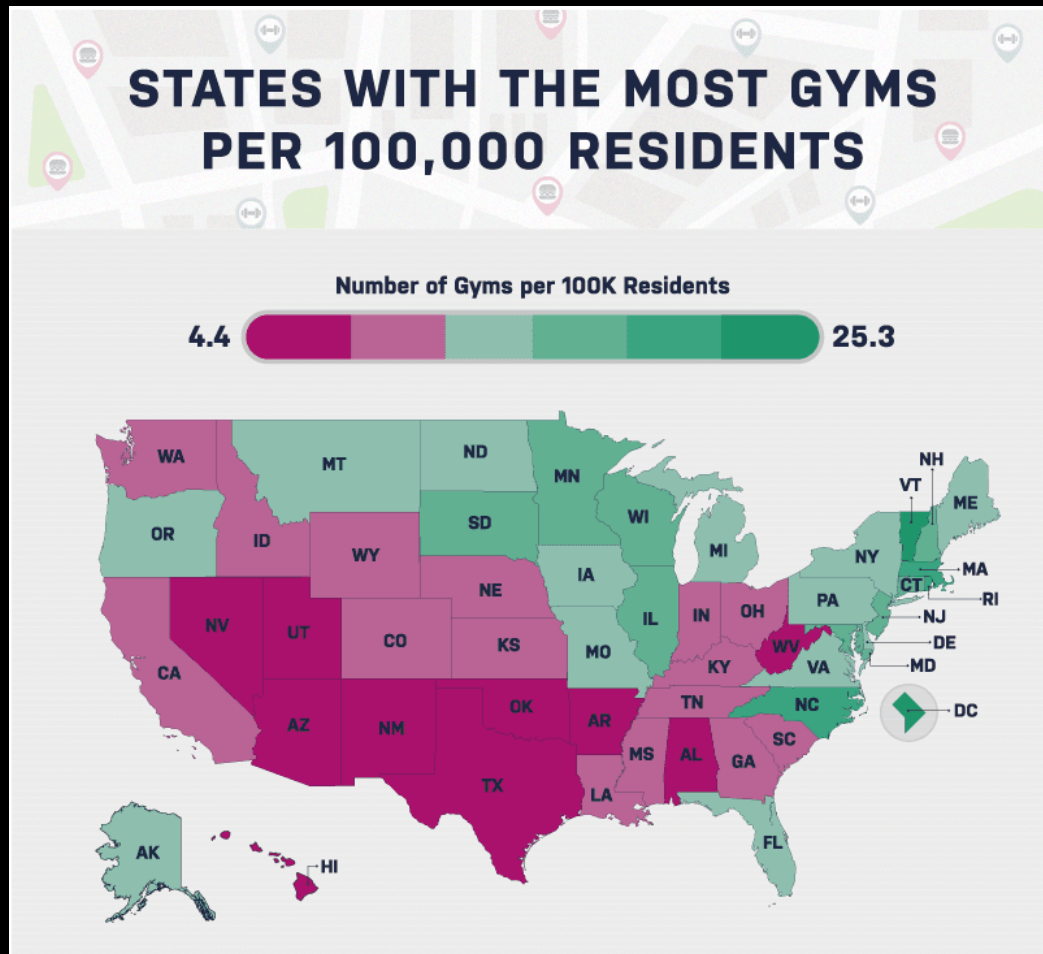
“Why Wont This Patient Just Eat Healthy..?”

- Food Deserts
 - Low Healthy Food
 - High Convenience stores and Corner Stores
- Presence of Supermarkets
 - Decreases risks of DMII and HTN
 - Decreases Adult and Childhood Obesity
- Supermarkets in Arkansas
 - 853 in 1997
 - 495 in 2013
 - One store for every 6100 people.

Figure 1: Arkansas Population with Limited Healthy Food Access, Percent by Census Tract



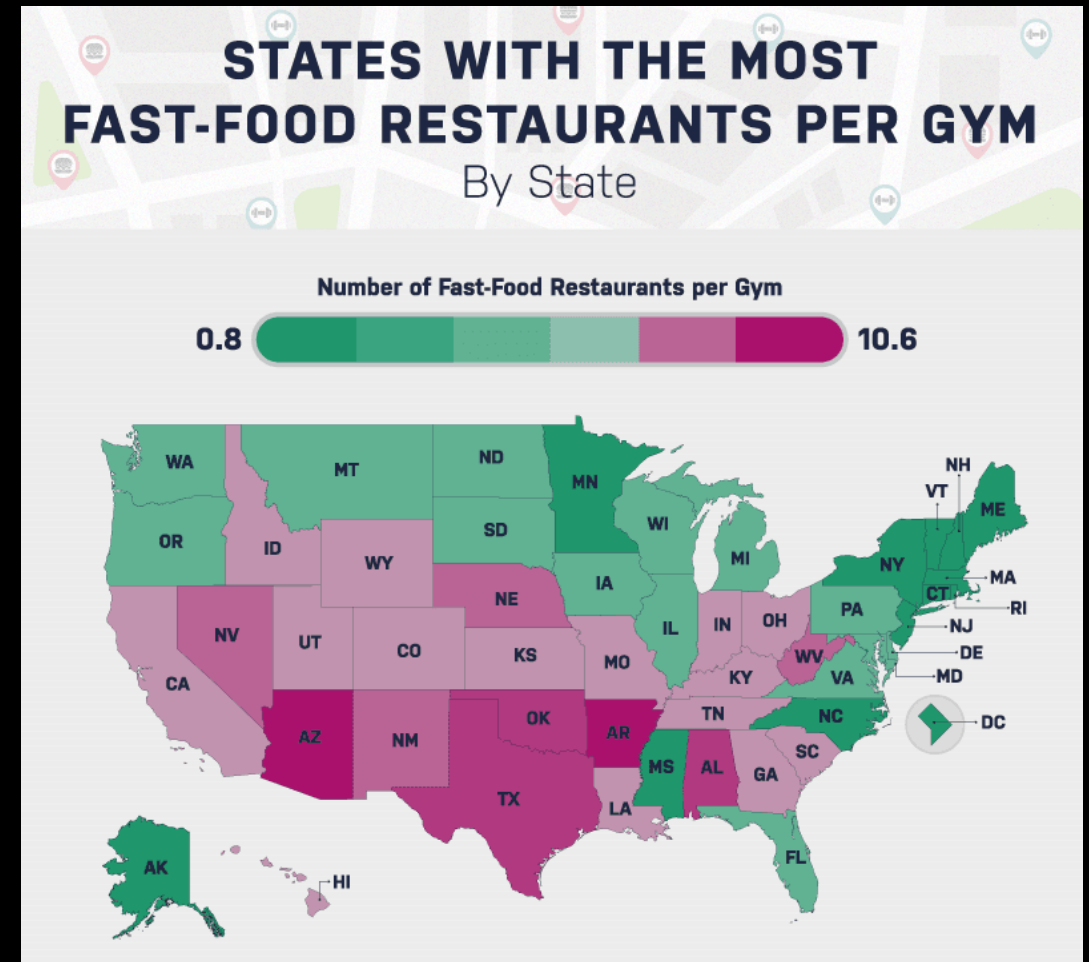
“Why Wont This Patient Just...Exercise...?”



- Arkansas – 50th – 4.4 gyms per 100,000 residents

“Why Wont This Patient Just...Lose Weight?”

- Arkansas – 50th – 10.6 Fast Food Restaurants/Gym



“Why Wont This Patient Just Eat Healthy, Exercise, and Lose Weight?”

- How can this be improved?



- Culinary Medicine Programs for Medical Students

“Why Wont This Patient Just Eat Healthy, Exercise, and Lose Weight?”

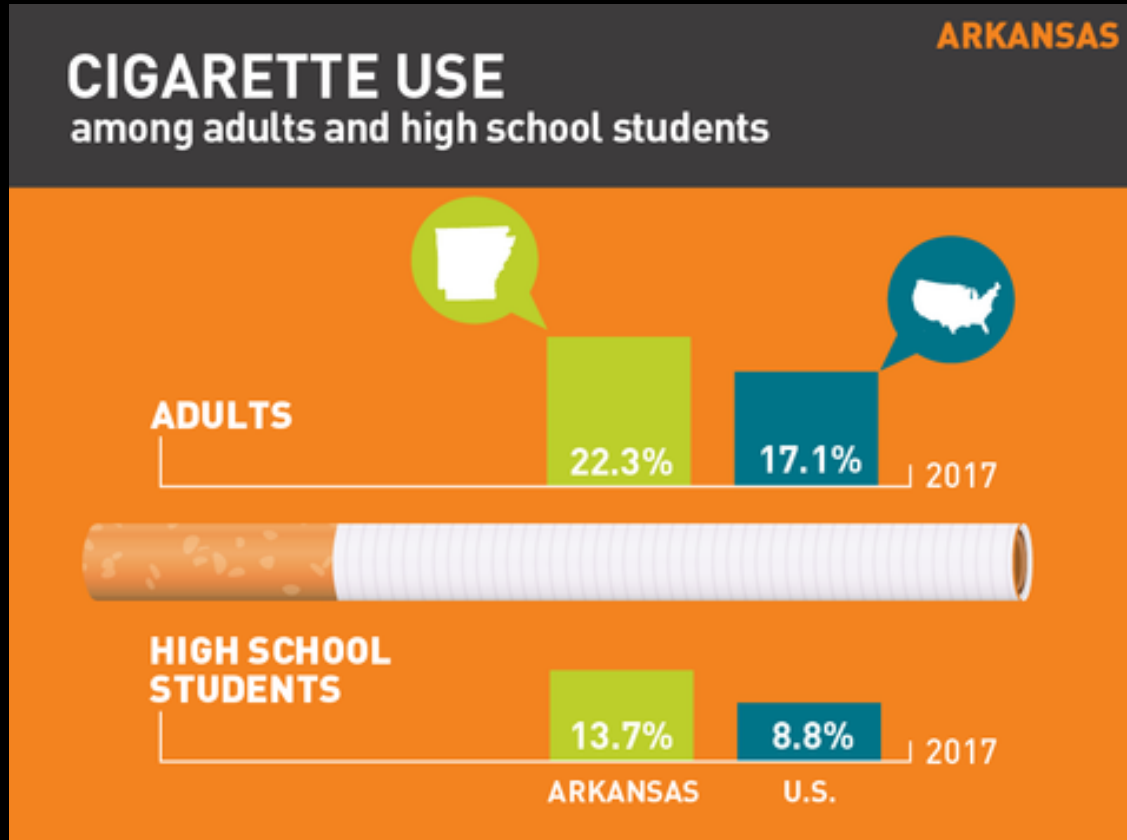
- Health is about more than Medicine.



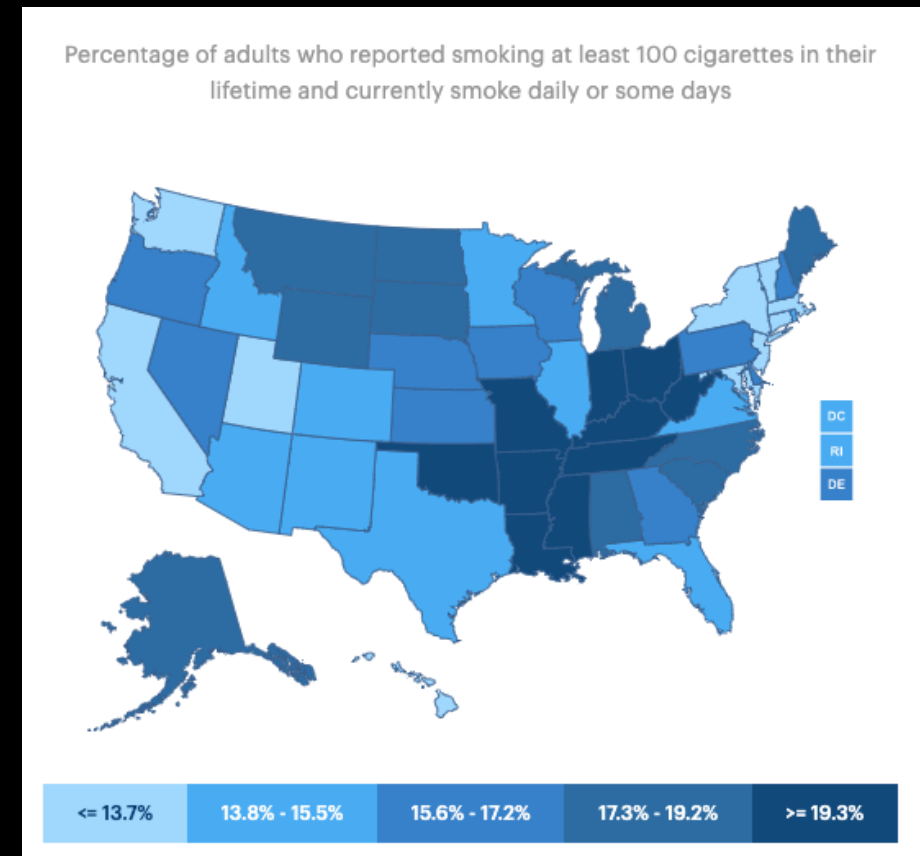
Hospital Sponsored Weekly Farmers Market.

“Smoking is Bad...Duh!”

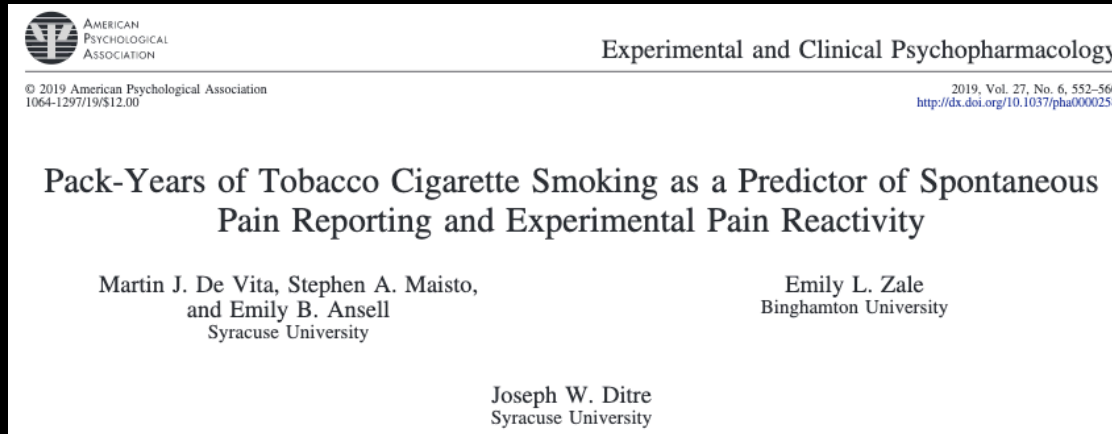
“Smoking is Bad...”



- Arkansas – 48th in smoking 22.3% (Kentucky and West Virginia)



“Smoking is Bad...”



This study showed that pack-years of tobacco smoking was positively and significantly associated with current pain severity, past 180-day pain frequency, experimental pain intensity, and mechanical hyperalgesia. The current study provides preliminary evidence of dysregulated pain processing as a function of smoking exposure among a nonpain sample. Prevention and intervention approaches that target maladaptive pain processes in smokers may reduce the risk for chronic pain development.

“Smoking is Bad...”

Research Paper

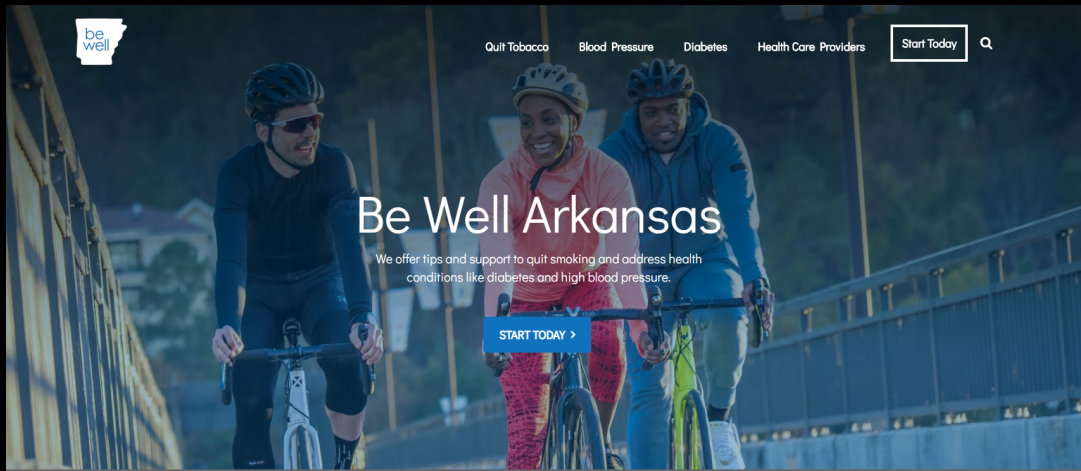
PAIN

Effects of smoking on patients with chronic pain: a propensity-weighted analysis on the Collaborative Health Outcomes Information Registry

James S. Khan^{a,*}, Jennifer M. Hah^b, Sean C. Mackey^b

impairment, anger, emotional support, and depression over time compared with nonsmokers. Patients with chronic pain who smoke have worse pain, functional, sleep, and psychological and mood outcomes compared with nonsmokers. Smoking also has prognostic importance for poor recovery and improvement over time. Further research is needed on tailored therapies to assist

“Smoking is Bad...”



UAMS to Offer No-Cost Freedom From Smoking Program Starting May 10

LITTLE ROCK — If you're ready to quit smoking, the University of Arkansas for Medical Sciences (UAMS) is ready to help.

■ Be Intentional.

—Be Well Arkansas

- Program by Arkansas Department of Health to provide free counseling services surrounding health and wellness including Smoking, Diabetes, and Hypertension
- Nicotine Quit Line 1-833-283-WELL

—Free Smoking Cessation

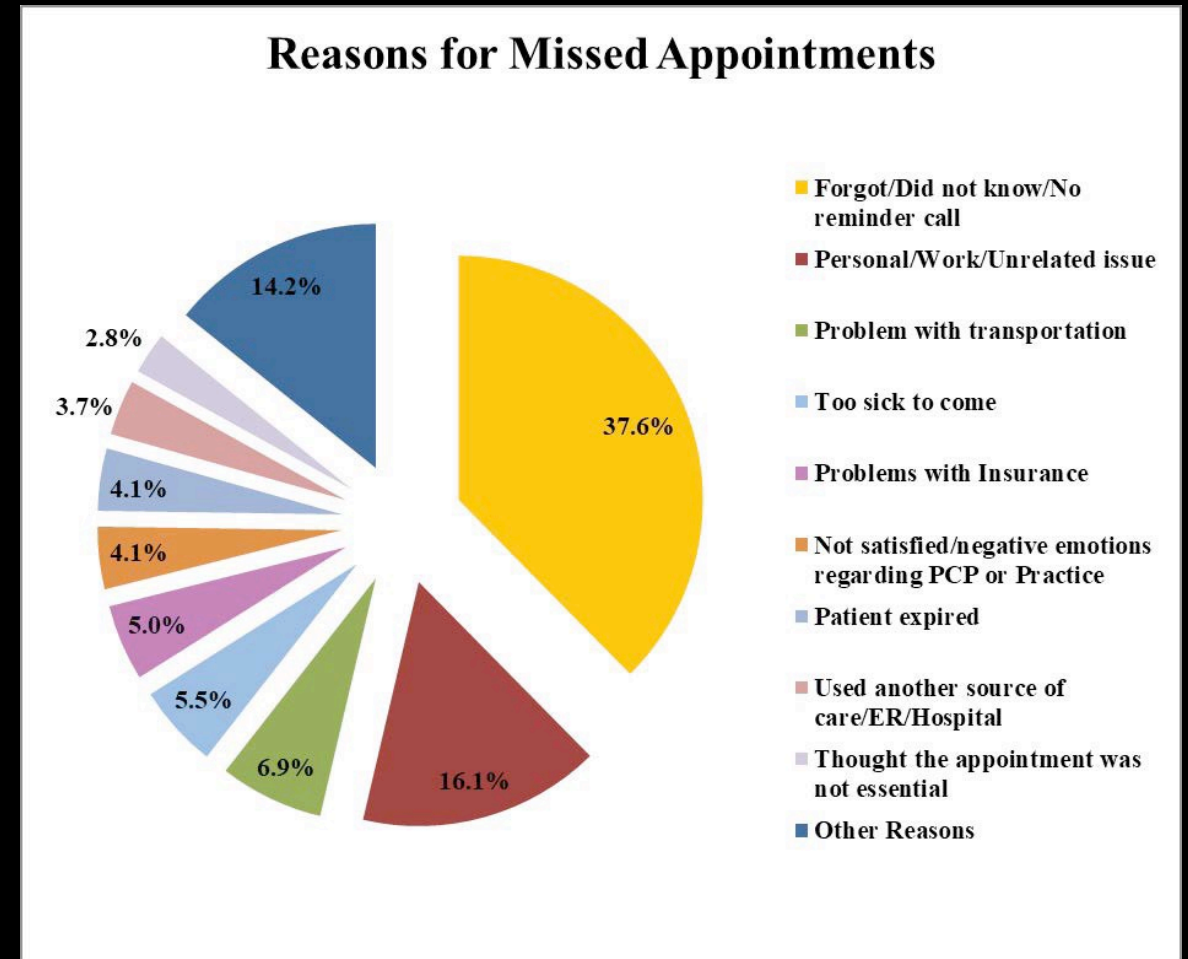
—Encourage all practitioners to use AAR

- Ask — Ask all about smoking
- Advise — Discuss the risks of smoking and advise quitting
- Refer — Refer to services to improve chances of quitting.

“When My Patients No-Show, They Have No Interest in Getting Better”

“My Patient No-Showed...”

- Various Reasons this could happen in an under-resourced state
 - Patient forgot appointment or did not know they had an appointment
 - Appointment reminders failed (no working phone or mailing address)
 - Lack of transportation
 - Language barriers
 - Attitudes toward healthcare
 - Working hours of clinic
 - Wait Times
 - Misunderstanding the reason for an appointment



Ullah et al. J Fam Med Dis Prev 2018, 4:090 (graphic)

Cosgrove MP (1990) Defaulters in general practice: reasons for default and patterns of attendance. Br J Gen Pract 40: 50-52.

Barron WM (1980) Failed appointments. Who misses them, why they are missed, and what can be done. Prim Care 7: 563-574.

“My Patient No-Showed...”

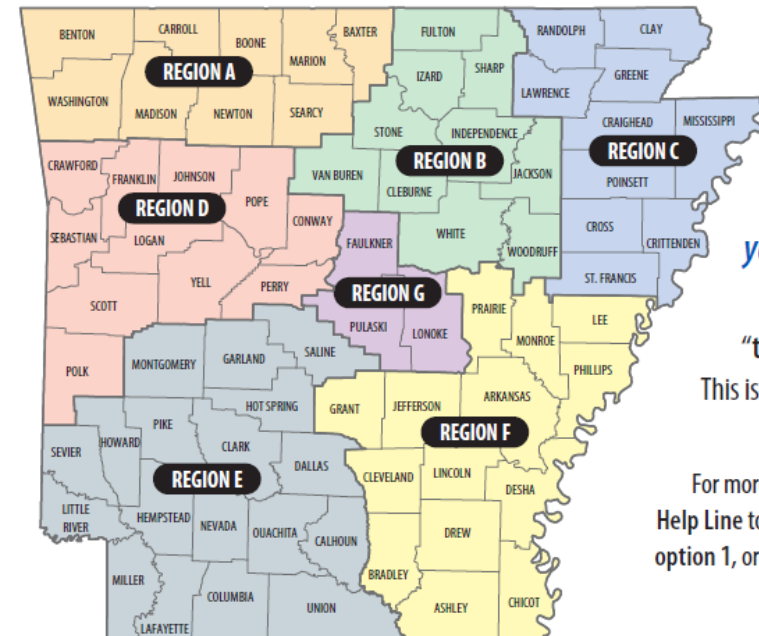
- Non-Emergency Transportation (NET)
 - Medicaid patients– will only take you to and from Medicaid-covered services
 - You must try to find another ride first
 - You must have no other way to get to your appointment
 - Monday through Friday 8AM-5PM
 - Cannot use NET if you are in a nursing home, have an intellectual disability, have Medicare benefit

<https://afmc.org/individuals/arkansans-on-medicaid/non-emergency-transportation-net-program/>

PainWeek®



Find the County Where You Live on the Map
to See Which Broker to Call for a Ride



*For example,
if you live
in Pulaski County,
you live in Region G.*

Each region has a
“transportation broker.”
This is the company you must
call to schedule a ride.

For more information, call the NET
Help Line toll-free at 1-888-987-1200,
option 1, or TDD/TTY 1-800-285-1131,
or visit afmc.org/NET.

REGION A <ul style="list-style-type: none">• Southeastrans..... 1-888-833-4136	REGION E <ul style="list-style-type: none">• Central Arkansas Development Council..... 1-800-385-9992
REGION B <ul style="list-style-type: none">• Southeastrans..... 1-888-833-4128	REGION F <ul style="list-style-type: none">• Area Agency on Aging of Southeast Arkansas..... 1-844-683-2300
REGION C <ul style="list-style-type: none">• Southeastrans..... 1-888-833-4130	REGION G <ul style="list-style-type: none">• Southeastrans..... 1-888-833-4135
REGION D <ul style="list-style-type: none">• Southeastrans..... 1-888-822-6155	



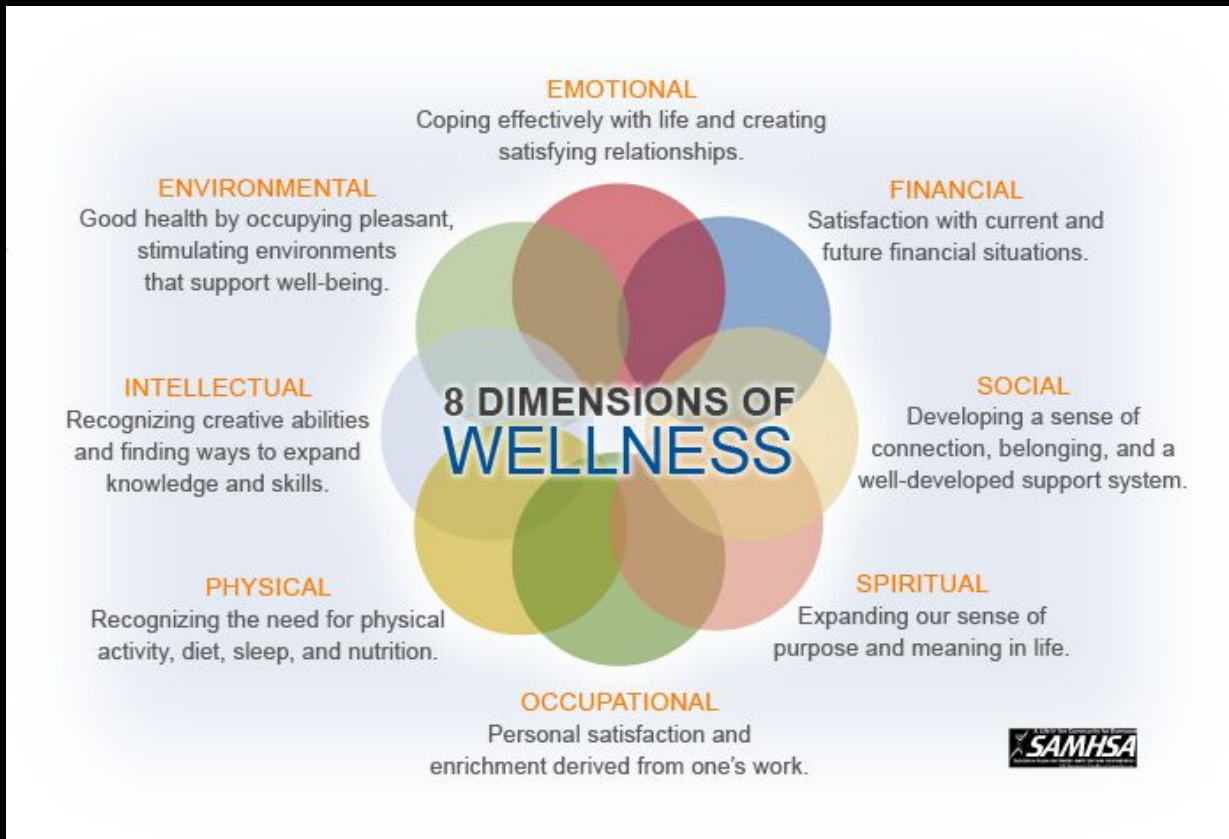
THE INFORMATION WILL HELP YOU LEARN ABOUT SOME BENEFITS PROVIDED UNDER MEDICAID. AFMC IS NOT PROVIDING LEGAL ADVICE. REVISED JANUARY 2019.

“My Patient No-Showed...”

- How can this be improved:
 - Be mindful and ask your patient if they have barriers to arriving to their appointments
 - Communication— frequent reminders, phone calls, letters (cost-efficient and time-efficient)
 - Schedule next appointment before the end of your current appointment with input from patient on their schedule
 - If they have other appointments in town or at the same hospital, schedule on the same day
 - Schedule Medicaid Rides 48 hours in advance- Social Work can help. Help your patients be aware of their transportation options
 - Consider Telehealth visit in between in-person visits in those who have difficulty traveling

“You can Throw a Rock and Hit a
Psychiatrist”

“Access to Mental Health...”



- As pain becomes more chronic, emotional factors play a more dominant role in dysfunction and suffering.¹
- Affective Disorders, anxiety disorders, and substance abuse disorders are the three major psychiatric comorbidities of chronic pain²
- Interdisciplinary treatment of chronic pain patients result in substantive improvement in function and quality of life

“Access to Mental Health...”

- Less access to mental health services
 - # of psychiatrists, psychologist, LCSW, counselors, therapists, and providers for substance use disorder – Ranked 27th
- 296 X-waivered physicians in Arkansas, 27% (# 80) of those are in Pulaski County
- 6 Certified Opioid Treatment Programs in Arkansas on SAMHSA website2019
Data: 36% admitted to a certified treatment center were for amphetamines, 15% for alcohol, 3.1% for heroin, and 11.5% for other opiates

Ways to Improve Access

- Increased awareness of comorbid psychiatric illness on all levels of healthcare and to patients
 - Normalize that mood and sleep suffer when pain is chronic
- Education to our patients about improvement goals
- Policy reform
- Consider hiring a licensed therapist (LMSW, psychologist, therapist) for your pain clinic, CBT-trained
- Assess patients mood/emotions/behaviors in relation to their pain and triage to the appropriate mental health professional
- Have a sleep hygiene hand out for every patient who comes to your clinic

“Pain Physicians are Everywhere”

“Pain Physicians are Everywhere”

- As of 2018
 - Board Certified Pain Physicians



= 24



= 0



= 4

“Pain Physicians are Everywhere”

- As of 2018
 - Total – 28.
 - 1 pain physician per every 110,000 people.

Pipeline

- Pain Training Programs – 361 Pain Fellowship Spots Nationally
 - 1 Pain Fellowship Spot in Arkansas (Started in 2019, Dr. Goree and Hyde Faculty)

“Pain Physicians are Everywhere”

- Palliative Care Definition: Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.



“Pain Physicians are Everywhere”

- Six reported community Palliative Care Clinics in the state.
- There are 2 certified prescribing palliative care providers (MD or APRNs) per 100k residents in Arkansas
- Board Certified vs Fellowship-Trained Board Certified
 - Only 10 of us!
- “In the south-central U.S., no state gained an A or B grade and less than one-third of hospitals in Arkansas, Mississippi and Alabama reported a palliative care team. These south-central regions are most in need of improvement.”

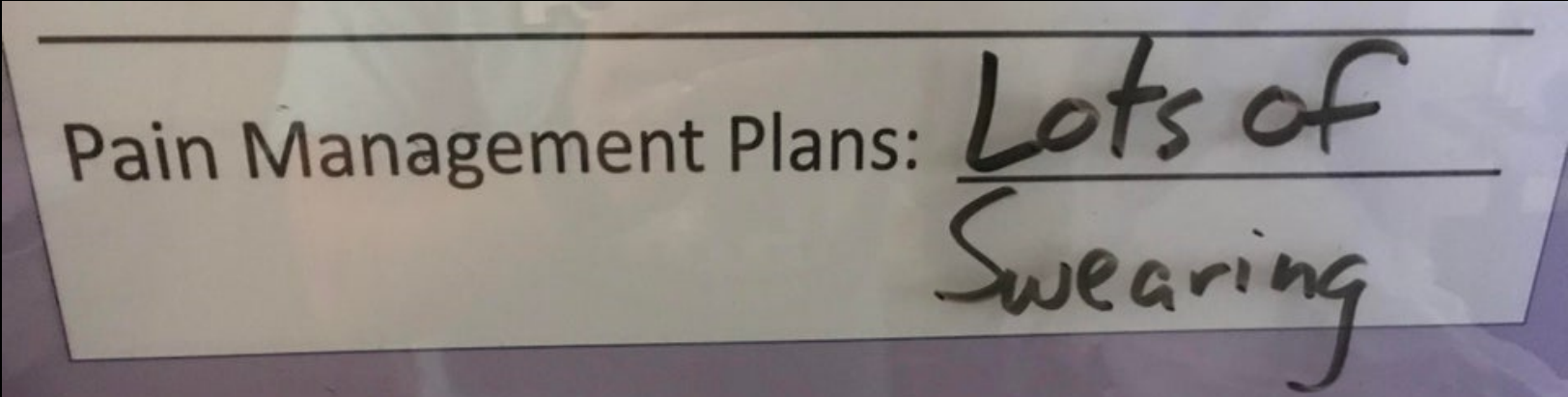
“Pain Physicians are Everywhere”



- “Pain Specialists and Palliative Care Physicians are just Pill Pushers”
- Arkansas – 49th in Opioid Prescribing
–105.4 Prescriptions per 100 persons.
- National Average
–58.7 Prescriptions per 100 persons

“Pain Physicians are Everywhere”

- Due to lack of adequate pain treatment physicians, pain management largely falls on our primary care colleagues. When asked, most do not feel that they were adequately trained in pain management.
- How we improve:
 - pain management training for our primary care specialties (community outreach, medical school, and residency)
 - Availability for coaching/training on demand for complex pain issues
 - AR Impact/lecture series



Pain Management Plans: Lots of
Swearing

Arkansas IMPACT



- AR-Impact
 - ArImpact.uams.edu
 - Founded in 2018
 - Grant Funded, Multi-Disciplinary Pain Treatment and Education Collaborative
 - Weekly tele-video lectures
 - Weekly telemedicine clinic
 - Over 60 hours of Archived Chronic Pain Education.
 - Over 395 providers have claimed CME credit from 54 counties in Arkansas.
 - For More Information:
ArImpact@uams.edu

“Just do Telemedicine, **EVERYBODY** has an iPhone!”

“Everybody has an iPhone”

Prevalence of Cellular Technology.

96% of Americans own a cellular phone



BUT

81% of Americans own a “Smart” Phone



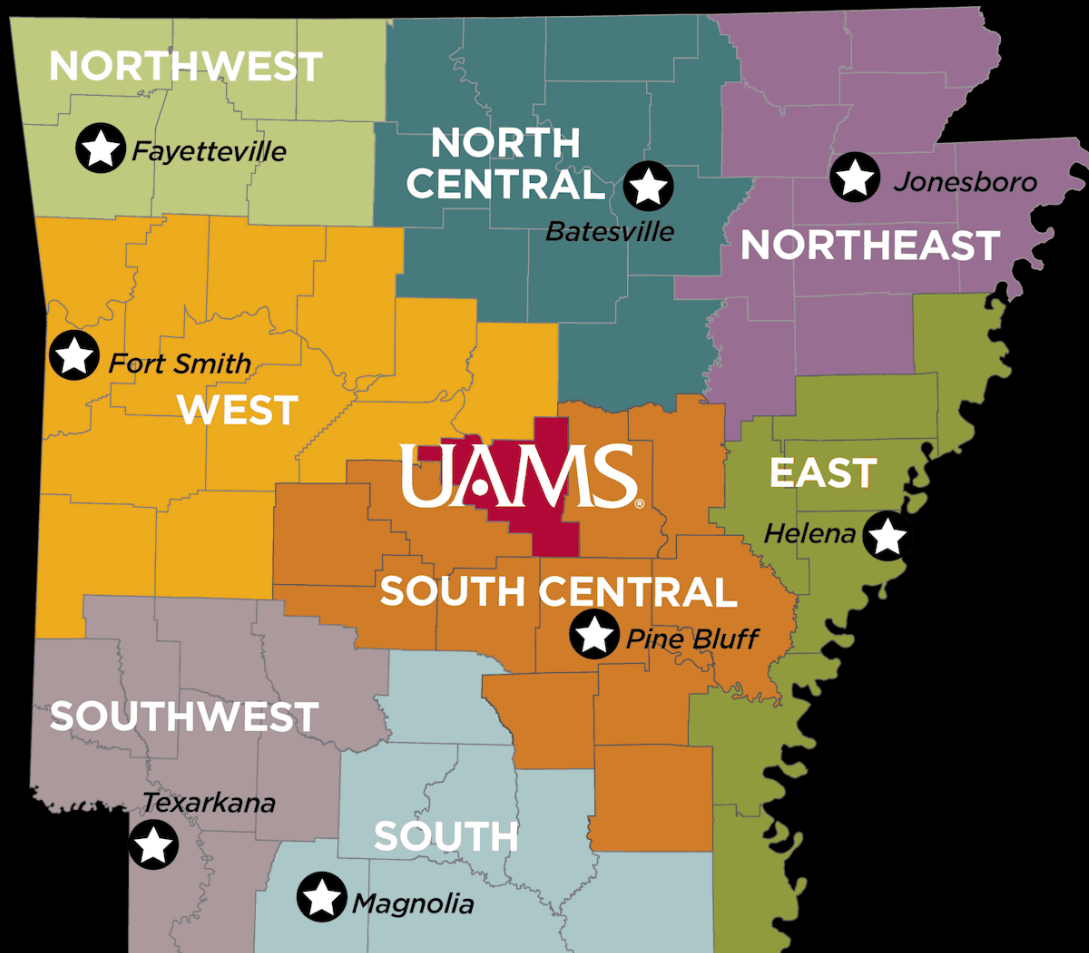
“Everybody has an iPhone”

- Arkansas

- 41st in State Broadband Access

- 23% of Arkansans (530,000 people) do not have access to broadband with speeds of 25 Mbps or faster.
 - 7% of Arkansans do not have access to ANY wireline access to internet.

“Everybody has an iPhone”



- How to Improve Access?
 - Placement of regional primary care programs in each region of the state



“Well...I’m sure they are using
complementary or alternative medicine
treatments”

“...complementary or alternative medicine treatments”

- NIH recommendations for **Low-Back Pain**

- Evidence-based clinical practice guidelines from the American College of Physicians and the American Pain Society (ACP/APS) found good evidence that cognitive-behavioral therapy, exercise, *spinal manipulation*, and interdisciplinary rehabilitation are all moderately effective for chronic or subacute (>4 weeks duration) low back pain.
- The guidelines found fair evidence that *acupuncture*, *massage*, *yoga* (Viniyoga), and functional restoration are also effective for chronic low back pain.

- 38 licensed Acupuncturists in Arkansas- none have medical degree

- Academy of Integrative Health and Medicine- zero trained physicians in Arkansas, Oklahoma, Missouri, Mississippi, Alabama, Georgia

- Yoga, Massage, Acupuncture are cost-prohibitive for many of our patients

“...complementary or alternative medicine treatments”

- How we improve?



Steps Forward



A rising tide lifts all boats

Final Thought


- “Never give in. Never give in. Never, never, never--in nothing, great or small, large or petty--never give in, except to convictions of honour and good sense. Never yield to force. Never yield to the apparently overwhelming might of the enemy.”



Final Thought



■ Arkansas Razorbacks Fight Song:

On your toes,  to the finish,
Carry on with all your might! For it's
A-R-K-A-N-S-A-S for Arkansas!
Fight! Fight! Fiiiiight!

References

Barron WM (1980) Failed appointments. Who misses them, why they are missed, and what can be done. *Prim Care* 7:563-574.

Cosgrove MP (1990) Defaulters in general practice: reasons for default and patterns of attendance. *Br J Gen Pract* 40: 50-52.

Dersh, J., Polatin, P., & Gatchel, R. (2002). Chronic pain and psychopathology: Research findings and theoretical considerations. *Psychosomatic Medicine*, 64,773–786.

Gatchel, R. J. (2004). Comorbidity of Chronic Pain and Mental Health Disorders: The Biopsychosocial Perspective. *American Psychologist*, 59(8), 795–805.

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Questions/Comments

- Carrie Hyde
 - CRHyde@uams.edu
 - @CHydeMD
- Johnathan Goree
 - JHGoree@uams.edu
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