
PEGs and Pathways to Pain Reduction for Patients on Chronic Opioid Therapy at a Federally Qualified Health Center

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INTRODUCTION AND OBJECTIVES:

The U.S. Department of Health and Human Services has declared the opioid crisis a public health emergency. With many people affected from prescription and nonprescription opioid abuse and overdose deaths, nonpharmacological pain control options and psychological science provide safer alternatives. At an FQHC, we attempted to improve treatment for patients on chronic opioid therapy (COT) by using a team based approach to address comorbidities, integrate behavioral health (BH), and incorporate adjunctive therapies for treatment.

METHODS: Over the course of 3 four-month “plan-do-study-act” (PDSA) Quality Improvement (QI) cycles, behavioral health assessment and adjunctive therapy referral were incorporated into the care of patients on COT for chronic pain. Pre-test/post-test data were collected via chart audit, resident survey, and BH staff survey. Cycle #1 focused on collating a list of adjunctive therapies, informing patients, and placing the list in the patient’s after visit summary. Cycles #2 and #3 integrated behavioral health students in the care of patients on COT by

assessing pain and quality of life using a 3-question PEG score and educating patients about adjunctive therapies for pain management. The frequency of BH integration and adjunctive therapy referral were assessed with chart audits.

RESULTS: The percentage of patients on chronic opioid therapy for pain that were seen by a behavioral health student increased from 0% to 16% over Cycle #1 and to 80% over Cycle #2. During cycle #2, adjunctive therapy referrals increased from 60% to 80% in chronic opioid therapy visits. The most prominent adjunctive therapy referrals were pain clinic and behavioral health at 33% each.

CONCLUSIONS: In conclusion, using a team-based approach to integrate behavioral health and adjunctive therapy referral into the care of patients on COT can reduce risk to patients by providing alternative treatment strategies that minimize the requirement for opioid therapy. Future research and continued surveillance will track the effectiveness of adjunctive therapy and behavioral health care in improving the quality of life for our clinic’s patients on COT.

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