



**Physical Therapy, Pharmacy, and
Primary Care:**
A Multidisciplinary Approach to Pain Management

Meghan Breckling, PharmD, BCACP

Academic Detailer and Ambulatory Care Pharmacist

University of Arkansas for Medical Sciences and Arkansas Department of Health

Disclosure Statement

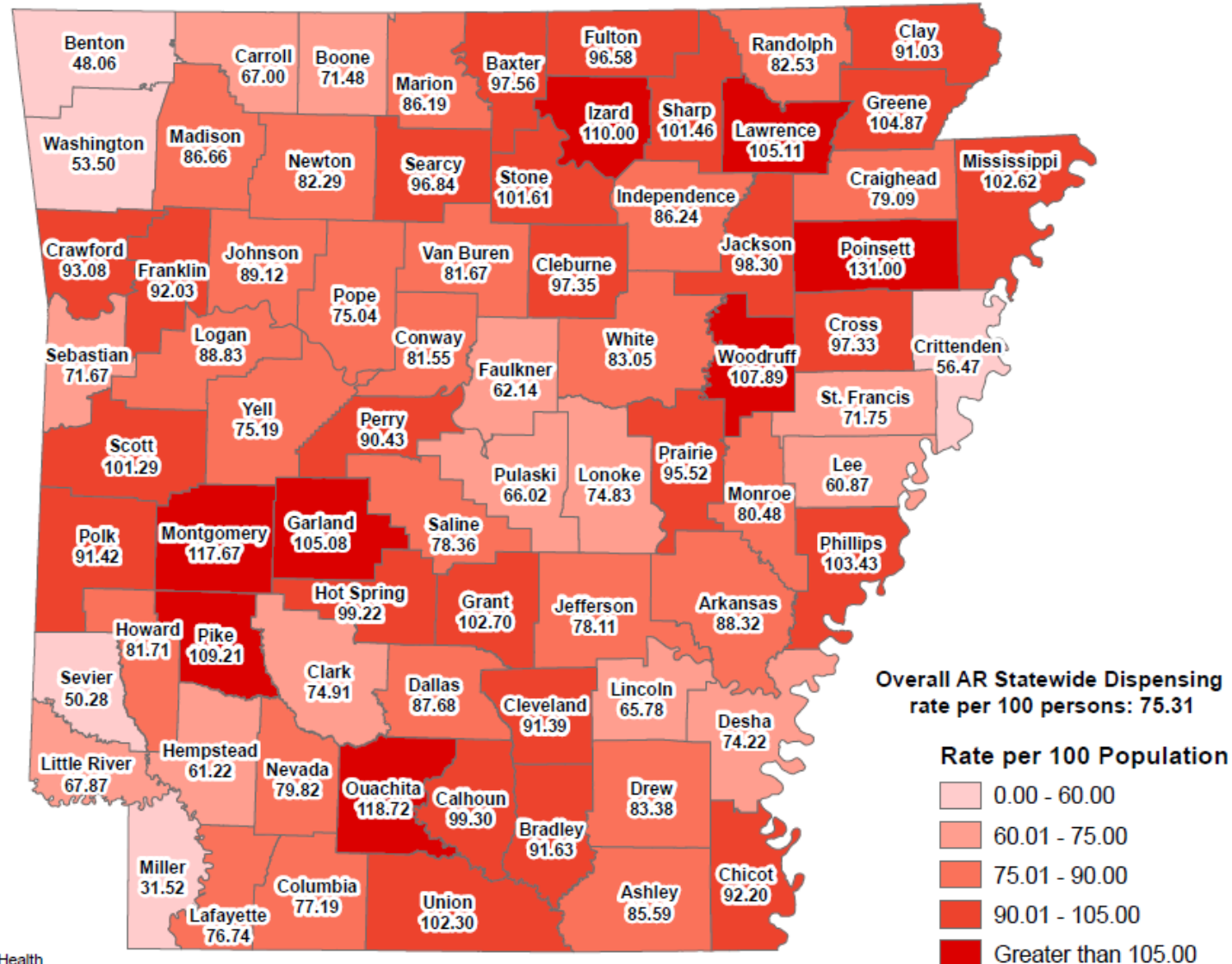
- Speaker has no conflicts of interest to disclose.
- No financial/non-financial relationships to disclose.

Background

- **Arkansas (AR)** remains the **2nd-highest opioid dispensing state** with a rate nearly double the U.S. average.
- **AD Program Goal:**
 - To increase primary care provider (PCP) knowledge of alternative and multidisciplinary pain care and treatment while reducing opioid prescribing when possible.

Year	AR Opioid Dispensing Rate (per 100 people) ¹
2017	106.1
2018	93.5
2019	80.9
2020	86.3
2021	75.3

Opioid Dispensing Rates per 100 Persons Based on the Patient Address, Arkansas 2021



Date: April 6, 2022
 Source: Arkansas Department of Health
 Map created by: Arch Robertson, Opioid Epidemiologist

*Data exclude Buprenorphine.
 Location is based on patient address.
 Prescriptions written by AR prescribers to AR patients.

Timeline of Academic Detailing Program

Campaign 1 (6/21/19 - 11/26/19)

One PharmD focused on opioid prescribing

Face to Face AD Visits



Campaign 2 (2/3/22 – present)

Multidisciplinary AD Team (*PT, PharmD, MD*) focused on 4 pain management modules with CE credit provided

Virtual AD visits

AD Program Innovations

Multidisciplinary AD Team
(PT, PharmD, and MD)

Approval to provide continuing education credit with 4 AD topics

Assessment of AD program utilizing implementation science outcomes

🌐 When poll is active, respond at pollev.com/narcad1108

📱 Text **NARCAD1108** to **37607** once to join

Which of the following would you be interested in incorporating into your AD program?

Multidisciplinary AD Team
Members

Providing CE credit for AD topics

Virtual AD Visits

In-Person AD Visits

Assessment of implementation
science outcomes

Current Academic Detailing Topics

Module 1:

Evidence-Based Pain Management (Opioid Safety)

- Establish **realistic goals** for pain and function.
- Eliminate **concurrent use** of opioids and benzodiazepines.
- Screen for **comorbid depression** and **substance use disorders**, before prescribing opioids.
- Maximize **multi-disciplinary therapies** before prescribing opioids.
- If prescribing opioids, **assess the risks/benefits** regularly.

Module 2:

Preventing Opioid Overdose with Naloxone

- Identify patients who require a **naloxone prescription** per state law.
- Utilize **opioid safety language** when talking to patients about naloxone.
- Demonstrate how to use **various forms of naloxone**.

Each Module:
15 mins. discussion
+15 mins. evaluation
= 0.50 CE Credit

Current Academic Detailing Topics

Module 3: Evidence-Based Benzodiazepine Therapy

- Limit **new prescriptions** to 2-4 weeks of intermittent use.
- Initiate **risk vs. benefits** discussions with high-risk patients.
- Use a **slow structured taper** for patients using benzodiazepines.
- Guide patients to **evidence-based non-benzodiazepine treatment modalities**.

Module 4: Age Friendly Healthcare

- Understand *4Ms Framework* from Institute for Healthcare Improvement
- Heart of *4Ms* = ***What Matters Most*** to the older adult (goals, priorities)
 - Reducing high-risk ***Medications***
 - Performing ***Mobility*** screens for fall prevention
 - Performing ***Mind*** (depression, delirium, dementia) screens

Each Module:
15 mins. discussion
+15 mins. evaluation
= 0.50 CE Credit

Implementation Science Outcomes²

Dosage

- **Number** of providers educated
- **Types** of providers educated
- Ensuring the **frequency** and **duration** is well- received

Quality

- Provider **evaluations**
- Impact on **knowledge, competence, performance, and patient outcomes**
- **Change** to current practice
- **Barriers** to implementing change

Participant Responsiveness

- Evaluation of AR counties' **opioid dispensing rates** and **naloxone prescription data**

Program Reach

- Extent to which the **target intervention** was delivered to people it was designed to reach

Adaptations

- **Suggestions for improvement** of education provided
- **Ideas for future outreach** education or materials

Primary Care Providers Survey Results

Campaign 1 (C1)

103 Providers Educated
(Face to Face)

31 Evaluations Completed (30%
response rate)

Campaign 2 (C2)

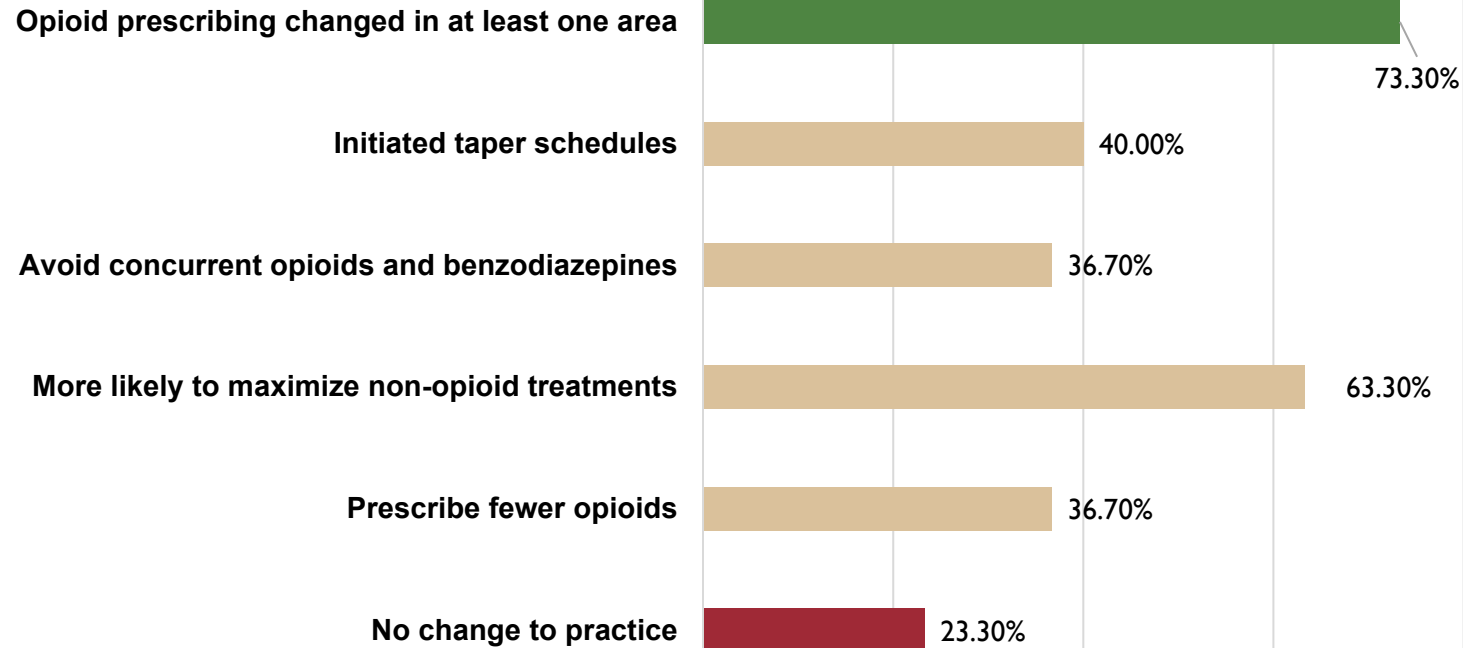
65 Providers Educated
(Virtually)

55 Evaluations Completed (84%
response rate)

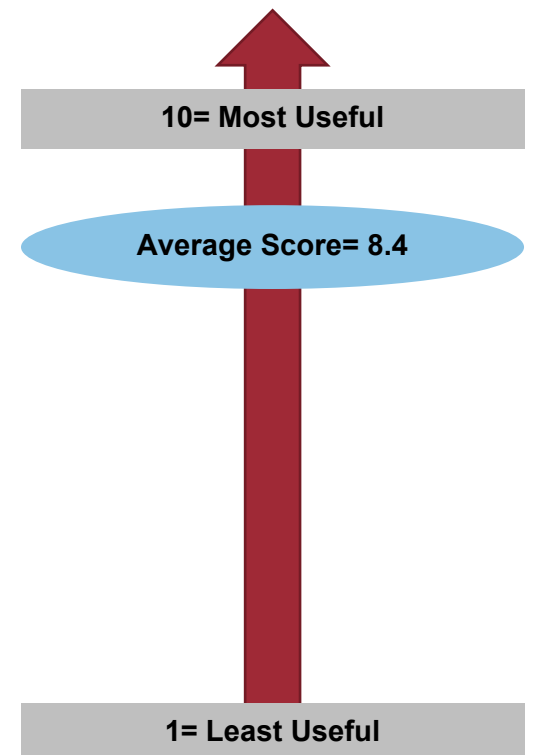
Provider Type		
Credentials of Provider	C1 (N=103)	C2 (N=65)
MD	60	2
APRN	35	32
DO	3	3
PA	4	2
Other	1	26

Campaign 1 (C1) Provider Survey Results

C1 Change to Clinical Practice (N=31)

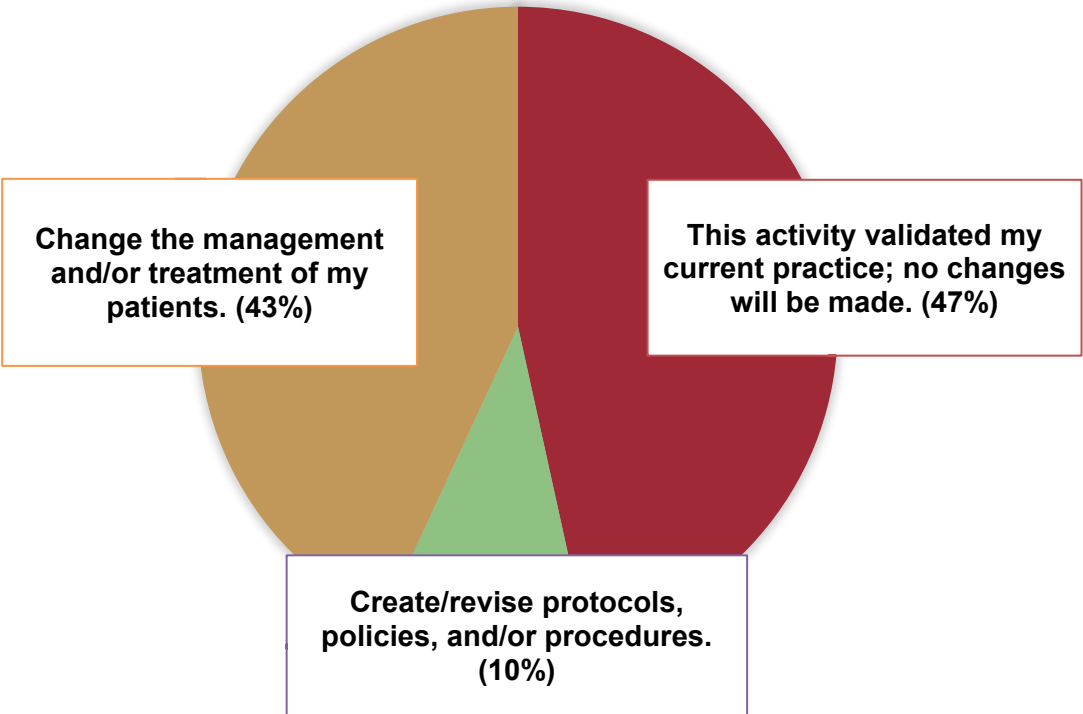


C1 10 Point Likert Scale (N=31)

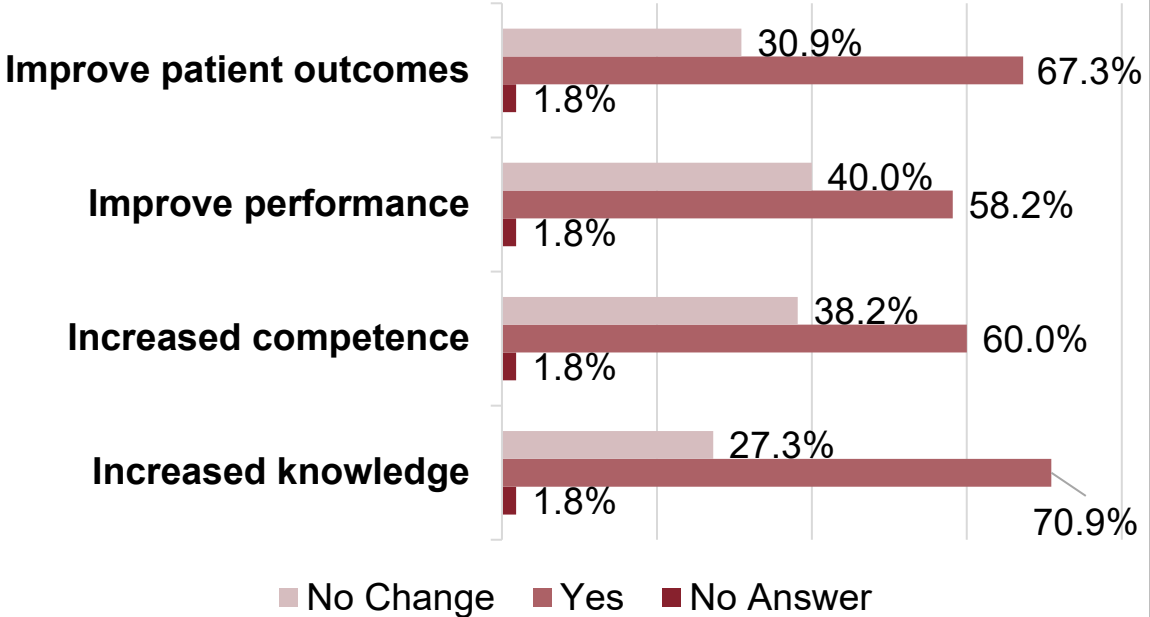


Campaign 2 (C2) Provider Survey Results

C2 CHANGE TO CLINICAL PRACTICE (N=55)



C2 Impact of AD visits (N=55)



Qualitative Results of Multidisciplinary AD Program

- **In-person** and **virtual** visits are **effective interventions** to guide provider behavior.
- Increase in **multidisciplinary conversations** with providers.
- Improvement in educational materials with **multidisciplinary approach to pain management**.
- Development of more educational topics and materials that **fit the needs of providers** educated.

Future Plans

- **Expand AD program to target community pharmacists and federally qualified healthcare centers in rural Arkansas.**
- **Develop new educational topics and materials including:**
 - Mindfulness Stress Reduction Training
 - Motivational Interviewing and Chronic Pain Management
 - Opioid Use Disorder and Treatment
 - Insomnia Treatment
- **Develop manuscripts evaluating AD program utilizing implementation science outcomes.**

Contact Information

Meghan Breckling, PharmD, BCACP

mnbreckling@uams.edu

References

- *Arkansas Department of Health*, www.healthy.arkansas.gov/programs-services/topics/prescription-monitoring-program.
- Livet, M., Haines, S.T., Curran, G. M., Seaton, T. L., Ward, C. S., Sorensen, T. D., & Roth McClurg, M. (2018). Implementation science to advance care delivery: a primer for pharmacists and other health professionals. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 38(5), 490-502.