

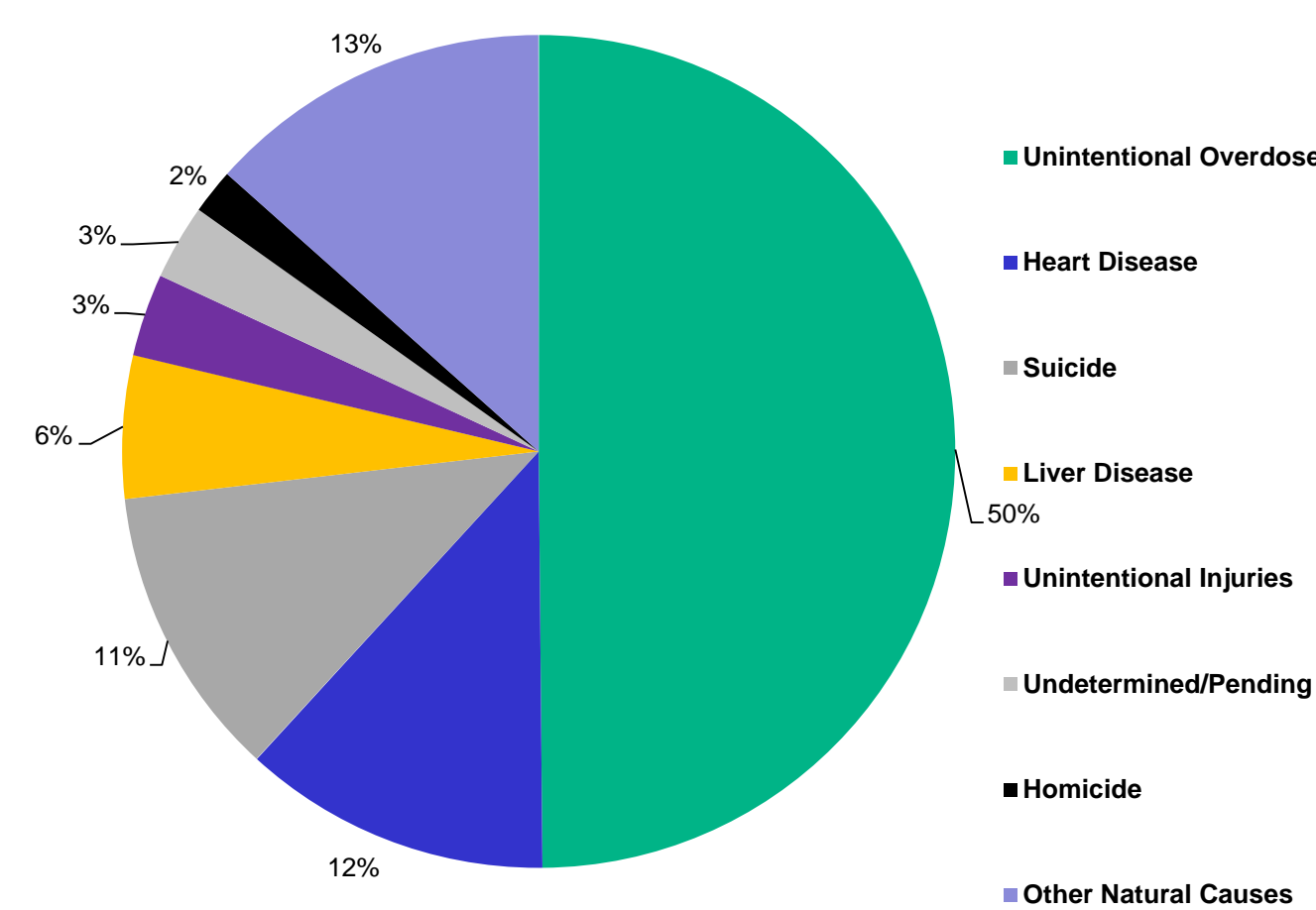
# California Health Improvement Project (CHIP) Buprenorphine Treatment Program for Chronic Pain Patients

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## Problem Statement and Underlying Causes

Every day in the U.S., 44 people die of prescription opioid overdose. Four out of five people who use heroin start out by misusing prescription opioids. As of 2008, drug overdose caused more deaths than motor vehicle accidents. However, in Humboldt County, overdose has been the leading cause of drug-related death since 2005. Buprenorphine, a partial opioid agonist used in the treatment opioid use disorder, is also effective but often underutilized for the treatment of chronic pain, and has the potential to reduce the epidemic of opioid overdose deaths.

2011-15 Humboldt County Drug-Related Deaths by Cause Type (n=343)



## Project Description

Create a Buprenorphine-based treatment program for patients with chronic pain.

## Goal and Objectives

**Goal:** To save and improve the lives of patients with chronic pain in Humboldt County by creating a formalized Buprenorphine treatment program.

**Output-oriented Objective:** To identify and enroll 25 chronic pain patients into the Buprenorphine treatment program by January 2016.

### Outcome-oriented Objectives:

- To maintain a 75% retention rate of participants by 3 months of enrollment in the program (April 2016).
- To reduce the patients' pain level by 3 points (using the Numerical Pain Rating Scale) after 3 months of enrollment.
- To improve the patients' functional level by 3 points (using the Quality of Life Scale) after 3 months of enrollment.
- To improve the patients' depression by 3 points (using the PHQ-9 Score) after 3 months of enrollment.
- To improve the patients' quality of life by 3 points (using the Patient Global Impression of Change Scale) after 3 months of enrollment.

## Outputs & Outcomes

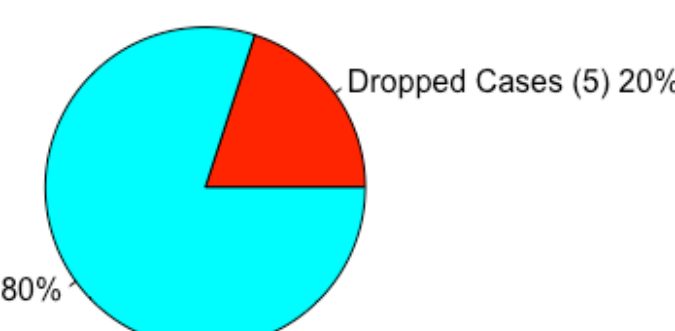
### Outputs Achieved

Enrolled 25 patients into the Chronic Pain Program by January 2016.

### Outcomes Achieved

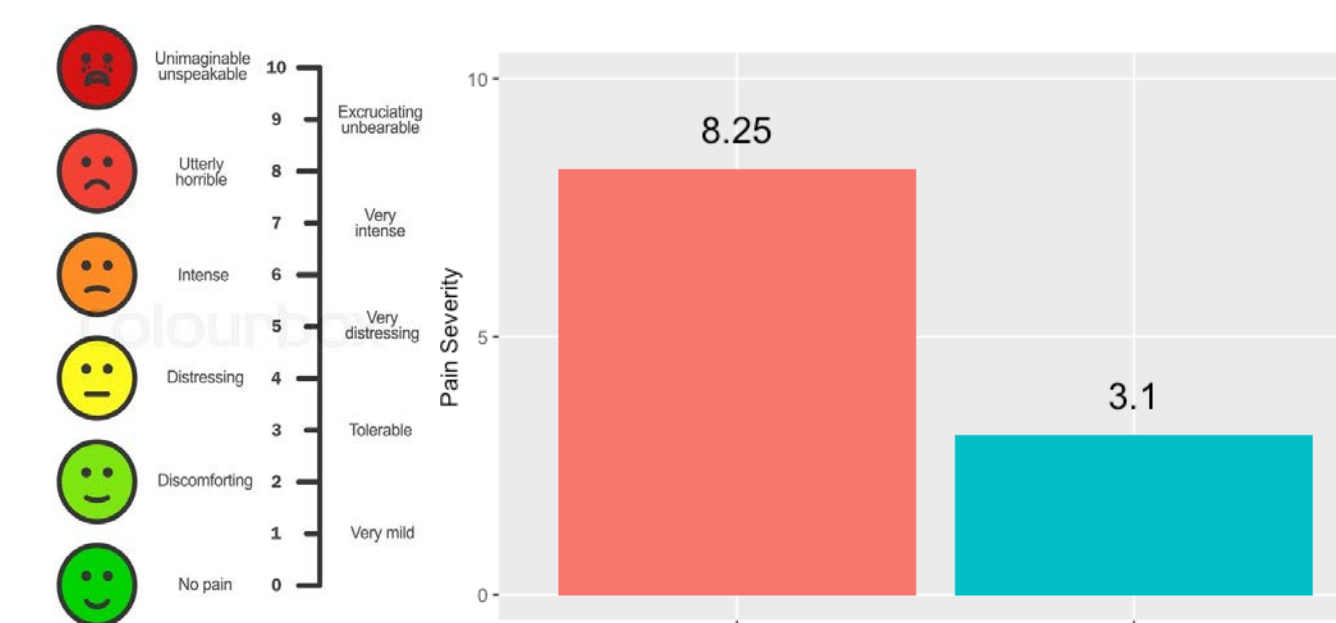
The Chronic Pain Program uses a multi-disciplinary approach (involving behaviorists, counselors, case managers, physicians) to help patients in both group and individual visit settings. After 3 months of enrollment in the Chronic Pain Program:

**Program Retention: 80%**



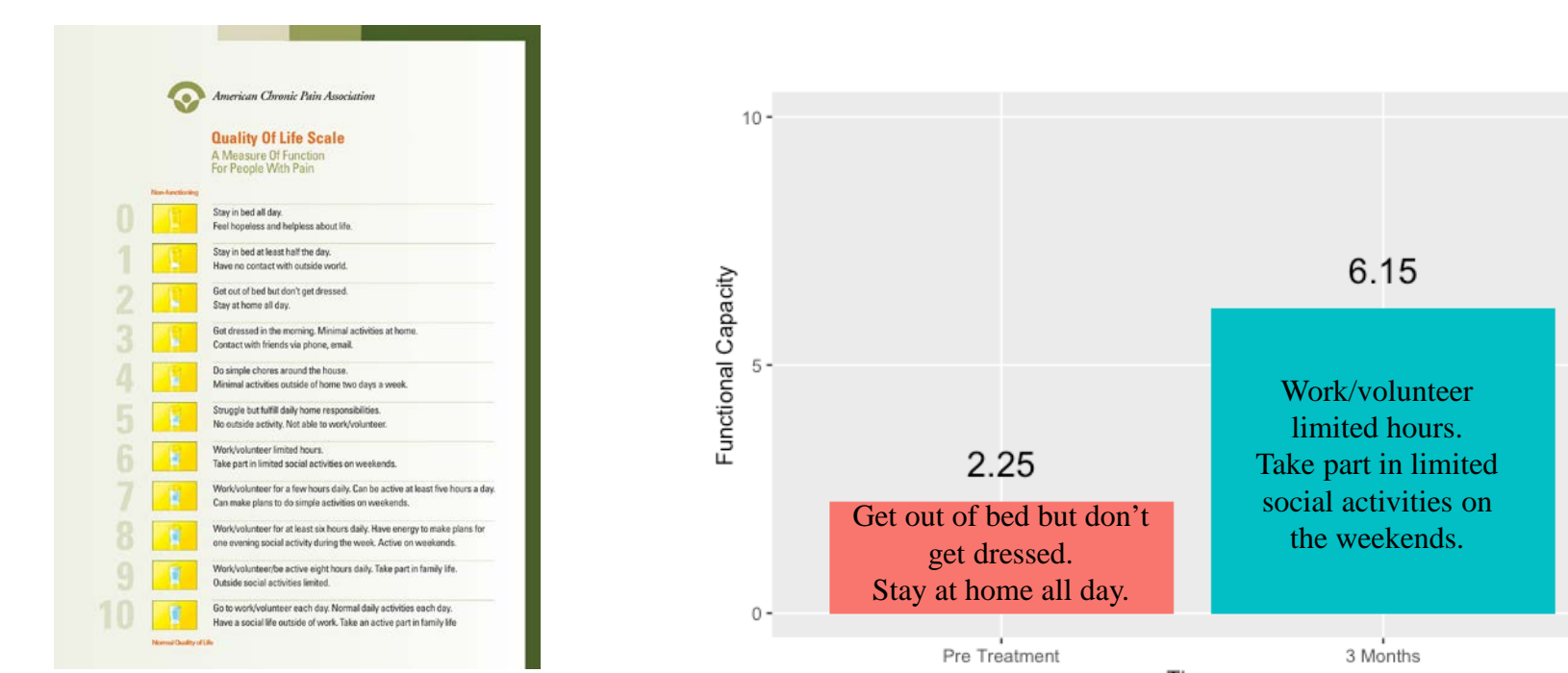
**Pain Reduction: 5.15 points**

"I no longer take pain meds and I now feel like what I used to."



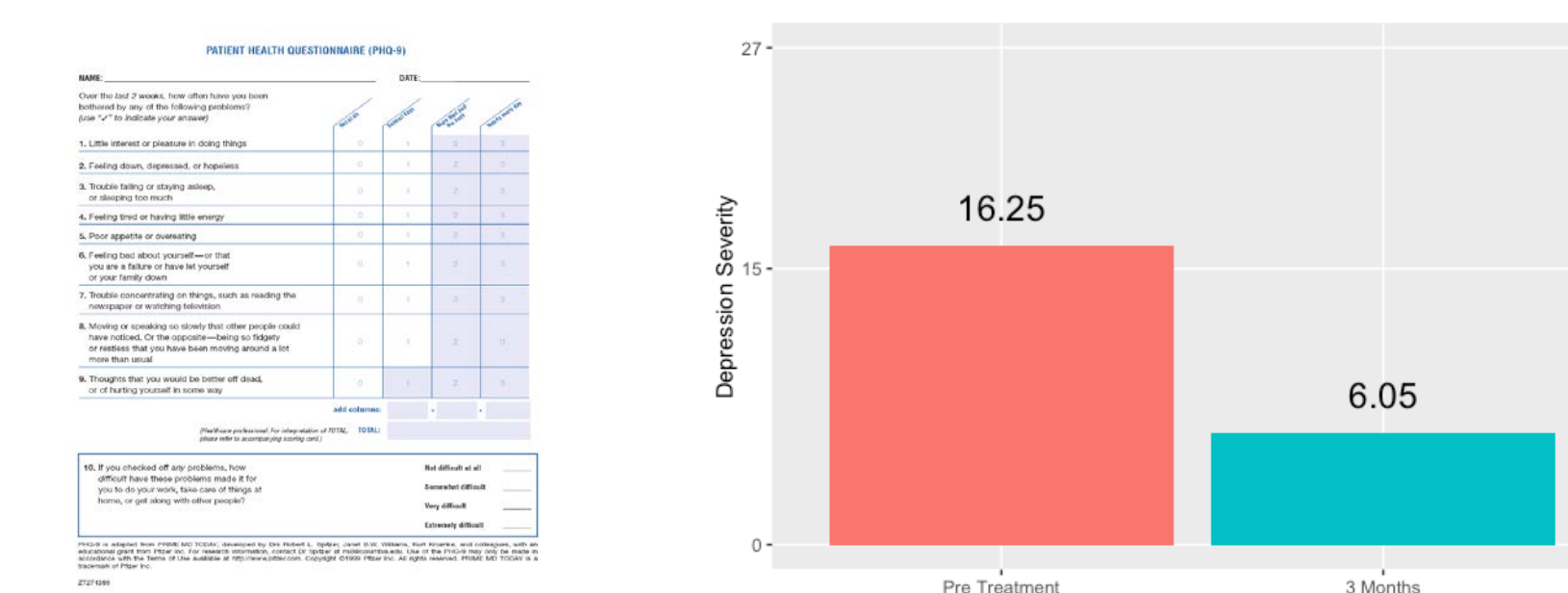
**Function Improvement: 3.9 points**

"Without major pain, I can continue my life as a fishing guide, which helps with my body and mind."



**Depression Improvement: 10.2 points**

"This program helped with my anxiety and reduced by pain beyond any other prescribed medicines I've been given. I've never felt that kind of relief in my life... until now!"



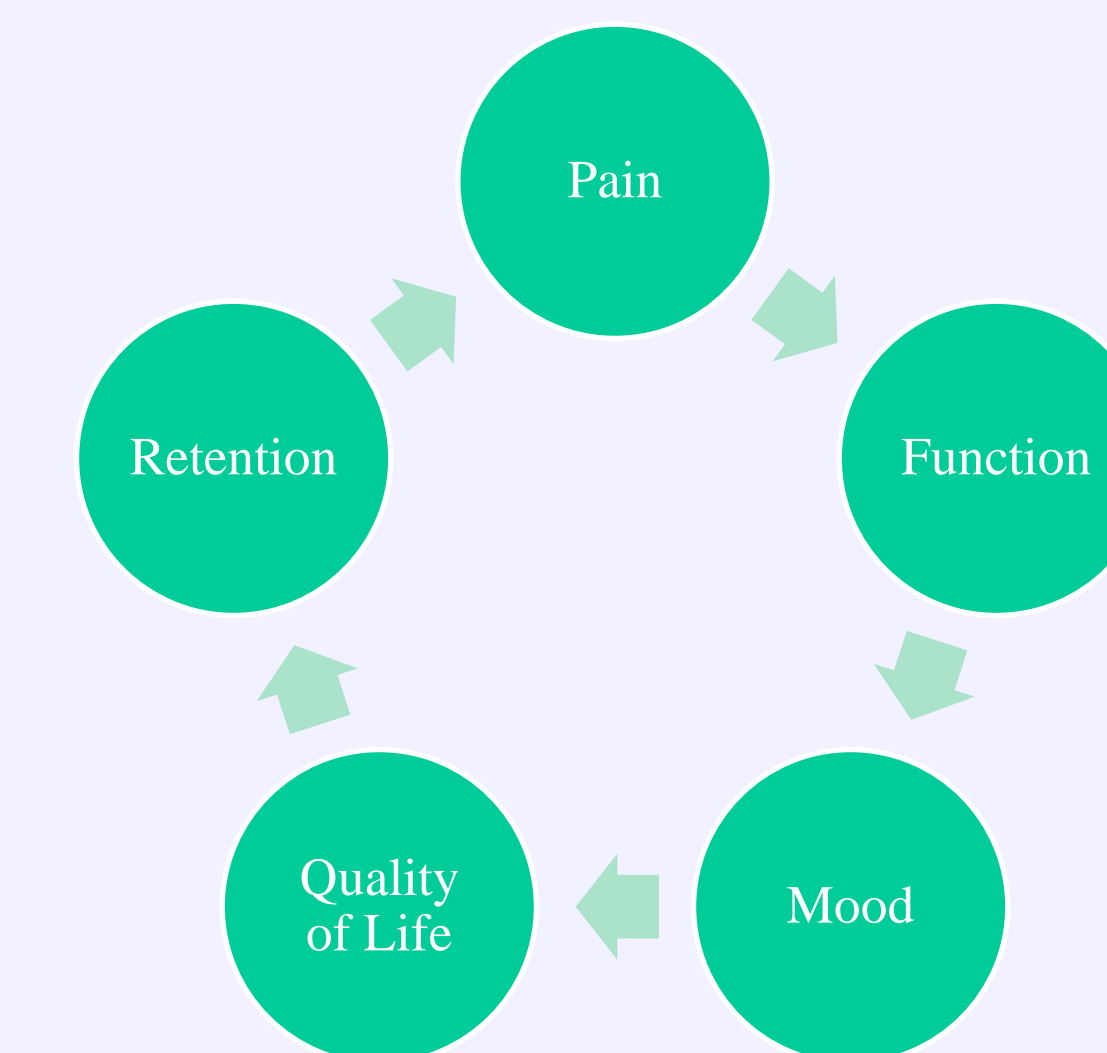
**Quality of Life Improvement: 5.95 points**

"I am now able to rebuild relationships with my family, and be a friend that someone would want to have."

Patient Global Impression of Change	Scale
No change (or condition has gotten worse)	1
Almost the same, hardly any change at all	2
A little better, but no noticeable change	3
Somewhat better, but the change has not made any real difference	4
Moderately better, and a slight but noticeable change	5
Better and a definite improvement that has made a real and worthwhile difference	6
A great deal better and a considerable improvement that has made all the difference	7

## Lessons Learned

- Promote the program as chronic pain control vs opioid dependence to avoid negative connotation
- Create a shared vision by engaging providers and staff earlier in planning and laying groundwork
- Recognize implementation challenges in a large geographic rural area with limited resources
- Acknowledge that the opioid epidemic was partially induced by health care providers
- Taking "pain" out of the equation allows patients and providers to focus their visits on preventive care, acute care, and other chronic diseases



## About My Organization

Open Door Community Health Centers consists of 11 rural clinics and delivers high-quality affordable health care to underserved populations in Humboldt and Del Norte Counties on the northernmost California coast adjacent to the Oregon border. This geographic area is larger than the state of Connecticut, with less than 2% of its population. The 160,000 residents live in cities, towns and small enclaves in an area of over 7,250 square miles. In 2015, we provided primary care services, including behavioral, dental and some specialty care to over 55,000 patients.



## Contact Me

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