**Benefis Health System Responses to *Pain News Network* 5.16.17**

1. **Has there been a change in Benefis’ policy in the last few months & what led to that change? Are you following the CDC guidelines? Those guidelines are voluntary and recommended for Primary Care, not Pain Management. Are your insurers/legal weighing in on your prescribing protocols, urging you to stop prescribing or limiting it? Are you stopping the prescribing of opioids in your clinic?**

**Has there been a change in Benefis’ policy in the last few months & what led to that change?**

The following statement can be attributed to Dr. Katrina Lewis, Pain Management, Benefis Health System:

We have not made any significant changes to the protocols or policies in our pain clinic in the last several months. The only policy change that has been made recently was the removal of benzodiazepines with opioid use, which is the recommendation of many reputable pain management societies given the overwhelming evidence of increased overdose risk when used in combination therapies. Patient safety is our top priority.

The Benefis Pain Management Center is built upon a multidisciplinary pain model that first and foremost focuses on patient wellbeing and safety based on current evidence-based practice. Our multidisciplinary team is comprised of Pain Management, Primary Care, Psychiatry, Physiatry, Physical Medicine, and more.

The process of implementing our current protocols occurred over the last two years and was discussed in our Pain Committee meetings and agreed upon by all providers and staff. Our protocols are modeled on the highest standards of evidence-based medicine, pain society guidelines, CDC guidelines, and academic pain centers, such as Stanford, UW, and Swedish.

To improve patient access, we incorporated primary care into our clinic to be supervised by and work alongside pain management specialists. Nationally, the field of pain management is moving in the direction of incorporating family practice more and more into helping address the ongoing care needs of patients with chronic pain. When a patient’s complexity reaches a certain point, there is a trigger in our protocols to involve the review of our board-certified Pain Management physicians. Additionally, our Pain Committee meets weekly to review and discuss complex patient cases and to provide ongoing education to our entire staff.

Our family practice providers in the Primary Care Pain Clinic play an important role in addressing access to care and in spreading this knowledge about prescribing guidelines to their colleagues in other areas of the system.

We know so much more now about how these drugs work than we did 20 years ago. The practice of medicine, procedures, and guidelines change over time, and we’re certainly seeing an evolution in how we care for people with chronic pain.

**Are you following the CDC guidelines?**

The following statement can be attributed to Katrina Lewis, MD, Pain Management, Benefis Health System:

The CDC guidelines serve as a guide for providers to refer to an advanced pain specialist or to bring to the multidisciplinary team for input and review. The CDC guidelines have served as a resource and a tool to draft protocols and policies within the Primary Care Pain Clinic.

**Those guidelines are voluntary and recommended for Primary Care, not Pain Management.**

The following statement can be attributed to Nikki Phillips, BSN, RN, Clinic Office Manager, Benefis Neurosciences, Primary Care Pain, Pain Management, and Rehab Clinic:

Correct. The Primary Care Pain Clinic was created to increase patient access to care. These Primary Care providers work directly with Pain Management specialists to safely and effectively manage patient care. When a patient surpasses the prescribing limit outside of the CDC guideline recommendations, the patient is referred to the Pain Management specialty side of the clinic for evaluation and treatment. Like many chronic conditions, 80% of patient needs are initially managed by their primary care provider. When the primary care provider needs further support, they refer to specialty for guidance in patient care. At Benefis, we improved patient access by placing both the Pain Management and Primary Care Pain Management teams alongside one another to work in a peer-to-peer environment offering care continuity for our patients with chronic pain.

**Are your insurers/legal weighing in on your prescribing protocols, urging you to stop prescribing or limiting it?**

The following statement can be attributed to Nikki Phillips, BSN, RN, Clinic Office Manager, Benefis Neurosciences, Primary Care Pain, Pain Management, and Rehab Clinic:

No. This has not been a factor.

**Are you stopping the prescribing of opioids in your clinic?**

The following statement can be attributed to Katrina Lewis, MD, Pain Management, Benefis Health System:

No. We are following evidenced-based practice and recommendations of reputable pain societies in approaching the care we provide. We recognize that opioids absolutely have a place in the management of chronic pain for some patients. Our focus is to treat each patient individually with use of risk stratification and evaluation of patient pathology and co-morbidities. Our focus is to uncover the true pain generator to appropriately treat what is causing the pain.

For example, in the case of a cancer diagnosis, you wouldn’t blindly treat without understanding what type of cancer it is. The treatment of chronic pain is very similar. Not all chronic pain is the same and it is crucial that we identify what the true pain generator is. It would be inappropriate for us to prescribe a medication if it is not indicated for the treatment of the disease. We initiate prescribing doses low and slow to gauge patient response and develop reasonable goals with the patient. Although some clinics throughout the country and even state are moving to an “opioid free” model, we continue to prescribe where appropriate.

1. **Why was Lutes terminated? Can you comment on the reasoning?**

The following statement can be attributed to Keri Garman, Director of Corporate Communications, Benefis Health System:

We respect our employees’ privacy rights and consequently cannot comment on the details of Rodney Lutes employment with Benefis without his written consent to do so.

1. **Heard from a number of patients, some willing to be identified, some not, all patients of PA Lutes. They’re saying when seen by other staff members they’re receiving an attitude that they should be off opioids, need to be at lower levels, go through new tests, etc. Some being given just 10 days to ween off of them, which isn’t very long, some taken off completely and denied more.**

The following statement can be attributed to Katrina Lewis, MD, Pain Management, Benefis Health System:

Our clinic does not suddenly discontinue opioid prescriptions for patients unless we feel it is unsafe to continue prescribing them.

For the safety of our patients, regular urine drug screens are conducted to ensure the appropriate levels of prescribed medications, and only those medications, are present.

Presence of too high of a level of opioids or other substances in the urine can make it inappropriate and unsafe to continue prescribing opioids. Presence of none of the prescribed opioids in the urine indicates the care plan is not being followed and further prescribing is medically unnecessary. Patients also sometimes refuse a urine test, in which case it is unsafe for us to continue prescribing opioids as we do not know what other substances may be in their system, which creates risk of an overdose and dangerous drug interactions.

Each individual’s case is different. Without a release form, we cannot comment on the circumstances that may have led to any patient being taken off of opioids.

We have to do what is medically responsible and safe for our patients. Opioids are incredibly powerful drugs. Given the choice between a patient potentially dying and a patient going into withdrawal, we have to pick withdrawal.

If we cannot continue to prescribe opioids for a patient, we give them prescriptions for Klonidine and Narcan to help them through the withdrawal process as much as possible. Unfortunately, many patients choose not to fill their prescriptions for these medications to help them through the withdrawal process. We also have pharmacy cards to help patients with the cost of these prescriptions to make sure they have access to these medications.

In addition to the reasons above that someone may be taken off of opioids, there are also cases where it is recommended that opioid treatment be altered or reduced with other alternatives offered in order to improve the safety of that care and overall health of that patient.

We have patients that have been on pretty high doses of opioids for many years but are not experiencing much relief from pain anymore and their quality of life is suffering significantly. Without conducting a rotation of medications or a taper and reintroduction, patients will continue to develop tolerance to the opioid they’re on and experience decreasing value from the treatment over time. There are many scenarios that may warrant discontinuation of a particular regimen for the benefit of the patient. Opioids can have many negative side effects for patients.

Any time there is a change in providers, the new provider is obligated to review and re-evaluate the patient’s care plan and proceed with treatment based on their personal evaluation and medical opinion.

For some patients, this may result in changes to their plan when seeing a new provider. This is a normal part of the transition process for provider turnover in any medical specialty. We understand that this can be unsettling for patients who have been with a provider for a long period of time and who are accustomed to their care plan. We also know that there is a very real fear of pain that occurs when a patient’s care plan is modified.

The following statement can be attributed to Nikki Phillips, BSN, RN, Clinic Office Manager, Benefis Neurosciences, Primary Care Pain, Pain Management, and Rehab Clinic:

We do our best to care for our patients and regret that this transition has been difficult for some. We realize we have opportunities to improve our communication with patients and will be working on that as a team moving forward. We are always looking at new ways to improve the patient experience, and we value patient feedback.

Sometimes people perceive the refusal of opioids as a discharge from our clinic or refusal to provide any type of care. We try to make it very clear to patients that while we cannot continue to give them opioids, we will still continue to care for them in other ways. Some patients choose to come back and explore other treatment options while others do not.

1. **Some patients say they’ve been “black-balled” by Benefis sending notes to other physicians in the Great Falls area, implying they are addicts, not to treat them after Lutes was dismissed.**

The following statement can be attributed to Kathy Hill, Chief Operating Officer, Benefis Medical Group :

It is our standard practice to send a note to referring physicians within our own health system and community to let them know of changes to the providers practicing in our clinic. The letters never indicate the reason a person is no longer with our organization. It simply informs them of the change and lets them know our transition plan. Community providers had many patients calling with concerns about whether they would be able to get in with a new provider soon enough to avoid a lapse in their medications, so we felt it was important to communicate these changes in our provider team to our colleagues who refer patients to us.

In this case, we let our provider community know that our team would be expanding their clinic hours and working aggressively to absorb the influx of people in need of care as a result of this change in our provider team. We also attached all of the Pain Center clinic policies and protocols to offer prescribing support, as many providers outside of pain management do not feel comfortable prescribing opioids. Whether or not to prescribe opioids to any patient is at the discretion of the provider. Providers were not urged either way, simply given information that we would continue to be available to all of our patients that would need care in the coming weeks.

There was provider turnover throughout the community at this time, and primary care providers were reaching out to Benefis for direction on who would be managing care needs during the transition. All patients of Rod Lutes, PA were absorbed by other providers in our clinic, and we continued to maintain their care. All patients, however, have the right to terminate care with us at any time, and we assist these patients in facilitating a referral to their provider of choice if they choose to seek care elsewhere.

1. **Some say they feel afraid to say no to epidural treatments, interventional procedures that are now being recommended to them as they’re being stepped down on opioids because they’re afraid they’ll get kicked out of the clinic for being non-compliant with their care plan.**

The following statement can be attributed to Nikki Phillips, BSN, RN, Clinic Office Manager, Benefis Neurosciences, Primary Care Pain, Pain Management, and Rehab Clinic:

This is not a policy or an expectation in any way. While we expect patients to be active participants in getting better, there is never a mandatory procedure.  We appreciate this insight and will share this feedback with our team.

We offer a variety of treatment modalities, in addition to interventional procedures, including acupuncture, chiropractic, osteopathic manipulation, weight loss counseling, smoking cessation counseling, massage therapy, and behavioral therapy (all proven to help with chronic pain). We also offer counseling and mental health support for those living with chronic pain.

The only time a patient is discharged from our clinic is if their behavior becomes abusive or threatening to our staff or other patients. We have a responsibility to maintain a safe environment.

The following statement can be attributed to Katrina Lewis, MD, Pain Management, Benefis Health System:

The decision of whether or not to prescribe opioids to a patient is in no way related to their decision to have or not have other interventional procedures. If a patient is in disagreement with the care plan we recommend, we continue to work together to define new options that they’re open to if they’re willing to explore this with us.

Unfortunately there are some patients who come into the clinic with a preconceived notion that opioids are the answer for them, whether because of past practice within the medical community or other reasons, and overcoming that preconceived notion can be challenging. There is a difference between practicing patient-centered care versus practicing patient-driven care. We are patient centered and provide care based on our medical expertise and the latest evidence-based practices. That does not always align with patients’ expectations and what they think is best for them.

We work with each patient to develop a customized care plan, and that plan often evolves over time as we see what works and does not work for them. What works and doesn’t work can also change over the years. Something that worked a few years ago, may no longer be effective as patients’ conditions change or they develop tolerance to something making it less effective.

1. **Now patients are being put through urine drug tests, costing $1,500 and some not being covered by insurance, which must mean these are pretty extensive panels. Why are these medically necessary? Why are patients who have been patients of Dr. Lutes and Benefis for years suddenly being asked to do all of these? What about MRIs?**

The following statement can be attributed to Kathy Hill, Chief Operating Officer, Benefis Medical Group:

Conducting urine drug tests is a standard practice at the Benefis Pain Management Center and Primary Care Pain Clinic. The lab testing is not sudden but evolutionary.   Urine drug testing has become more sophisticated to include quantitative and qualitative information.  The testing is in place to assure that patients are receiving care in a safe manner by identifying all medications and the levels of those medications in the patient’s system.  This also allows us to also look at drug interactions that could be leading to the inefficacy of certain treatments or pose a potential risk for a dangerous drug interaction. The medical necessity is founded in patient safety to ensure patients are taking medications as prescribed and are not taking any additional substances that can cause harm if combined with opioids.

Initial testing can be up to 26 panels, which is a comprehensive screening but this is only done as a baseline. The company we have partnered with has an extensive patient assistance program, which is part of the reason they were selected. That company was selected two years ago because it was one of the few labs nationwide that offered quantitative and qualitative testing AND patient assistant programs. This company does not send its patients to collections for an inability to pay a bill.

Benefis also conducts genetic testing for patients as a part of their care as appropriate. Patients have the option to decline this testing, however, it proves to be very helpful in determining treatment plans for our patients in many cases. This testing has not been readily available until recently.  Genetic testing allows us to see if the patient is appropriately synthesizing specific medications and can drastically alter treatment plans, showing us that sometimes the medications are not effectively metabolizing and therefore not as effective, which is why some patients have needed high doses. Our partners in this have an extensive patient assistance program that waives many costs, and patients are not penalized or removed from opioids if they refuse to have a genetic test performed.

**MRIs:**

The following statement can be attributed to Nikki Phillips, BSN, RN, Clinic Office Manager, Benefis Neurosciences, Primary Care Pain, Pain Management, and Rehab Clinic:

We also know that as we continue to age, there are changes in the pain generators and perhaps even the pathology.  It is important that at periodic intervals we assess what is causing pain and modify the plan as appropriate.  Continuing to prescribe without updated diagnostics is dangerous and would be doing a disservice to our patients.

Some patients who enter our clinic have never had any imaging performed or haven’t had recent imaging, so it is the responsibility of health care professionals caring for those patients to identify what they are treating before developing a tailored treatment plan.

1. **Background info on Benefis, number of patients seen at the Benefis Pain Clinic.**

* Approximately 8,300 visits a year
* We currently have 350 new patient charts being processed into the clinic.
* We continue to see high patient volumes and recognize there is a shortage of specialty providers nationwide, and Montana has not been immune to this.
* We continue to recruit pain management specialists and mental health specialists to meet these patient access needs. We have two additional providers we are adding to our multidisciplinary team within the next couple months.
* Benefis Health System is the second largest health system in Montana and is the largest non-governmental employer in the Northcentral region of Montana, employing more than 3,100, including approximately 250 providers.