

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

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# Disclosure Statement

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



# Background: Opioid Overdose in Arkansas (AR)

AR: **36% increase** in opioid OD deaths post-COVID-19 emergence (2020) related to pre-COVID-19 (2017). Increased OD deaths from synthetic narcotics such as fentanyl (AR 69% vs. U.S. 82%)<sup>2,3</sup>

AR: OD deaths involving methamphetamine + opioids **doubled**

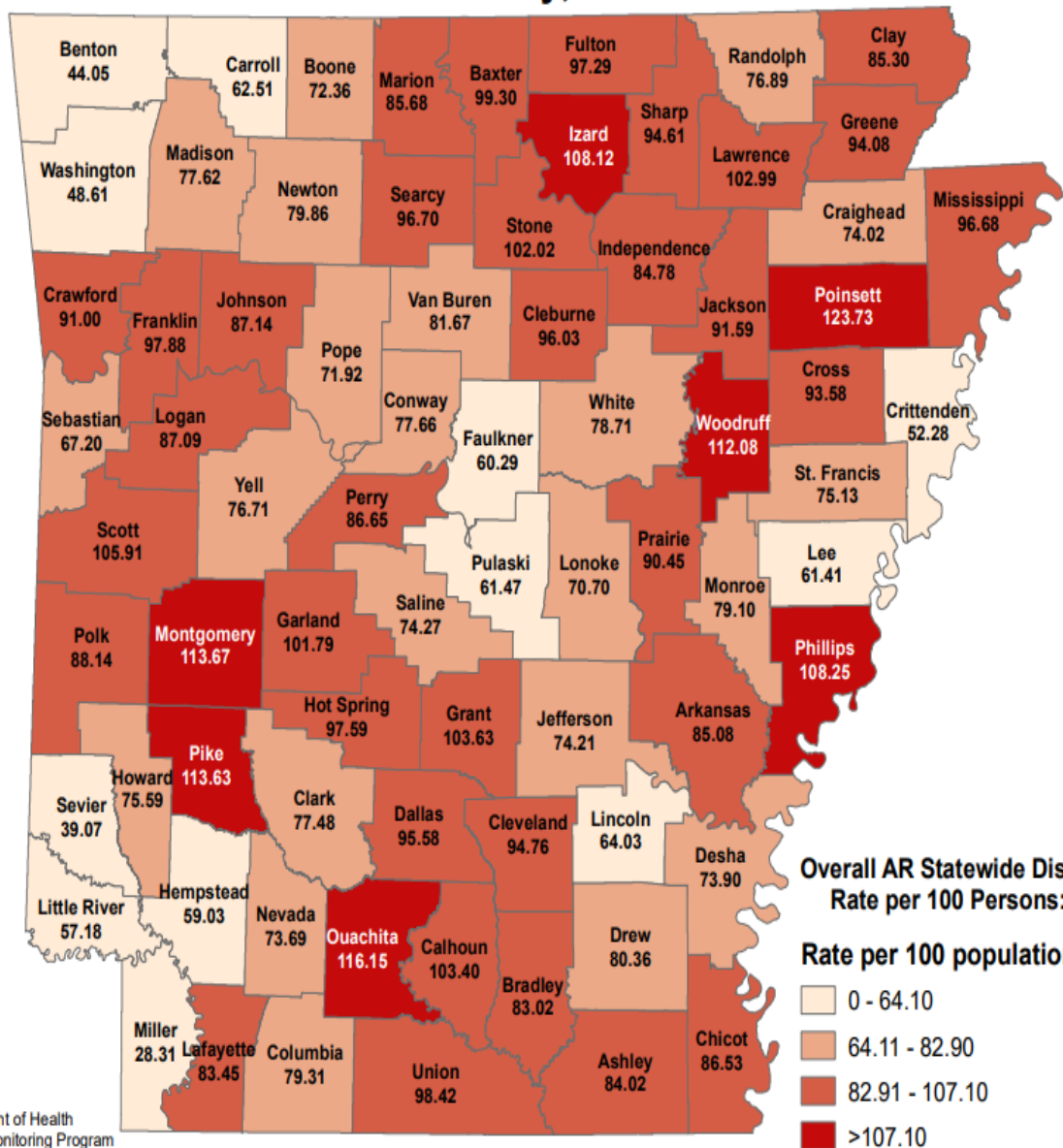
(36 in 2019 vs.  
82 in 2020)<sup>2</sup>

AR Opioid dispensing rates remain near **double** the national average

(AR 71.69 vs.  
U.S 43.3)<sup>3</sup>

1. Spencer, M. R., Miniño, A. M., & Warner, M. (2022). Drug Overdose Deaths in the United States, 2001–2021. *NCHS data brief*, (457), 1-8.
2. Rezaeiahari, M., & Fairman, B. J. (2022). Impact of COVID-19 on the characteristics of opioid overdose deaths in Arkansas. *International Journal of Drug Policy*, 109, 103836.
3. <https://www.cdc.gov/drugoverdose/rxrate-maps/state2020.html>

# Opioid Dispensing Rates per 100 Persons Based on Patient Resident County, Arkansas 2022



Arkansas prescribes opioids at a rate near double the national average. (43.3)



Date: April 18, 2023  
Source: Arkansas Department of Health  
Prescription Drug Monitoring Program  
Map created by: J. Jacobs, Epidemiologist

Overall AR Statewide Dispensing Rate per 100 Persons: 71.69

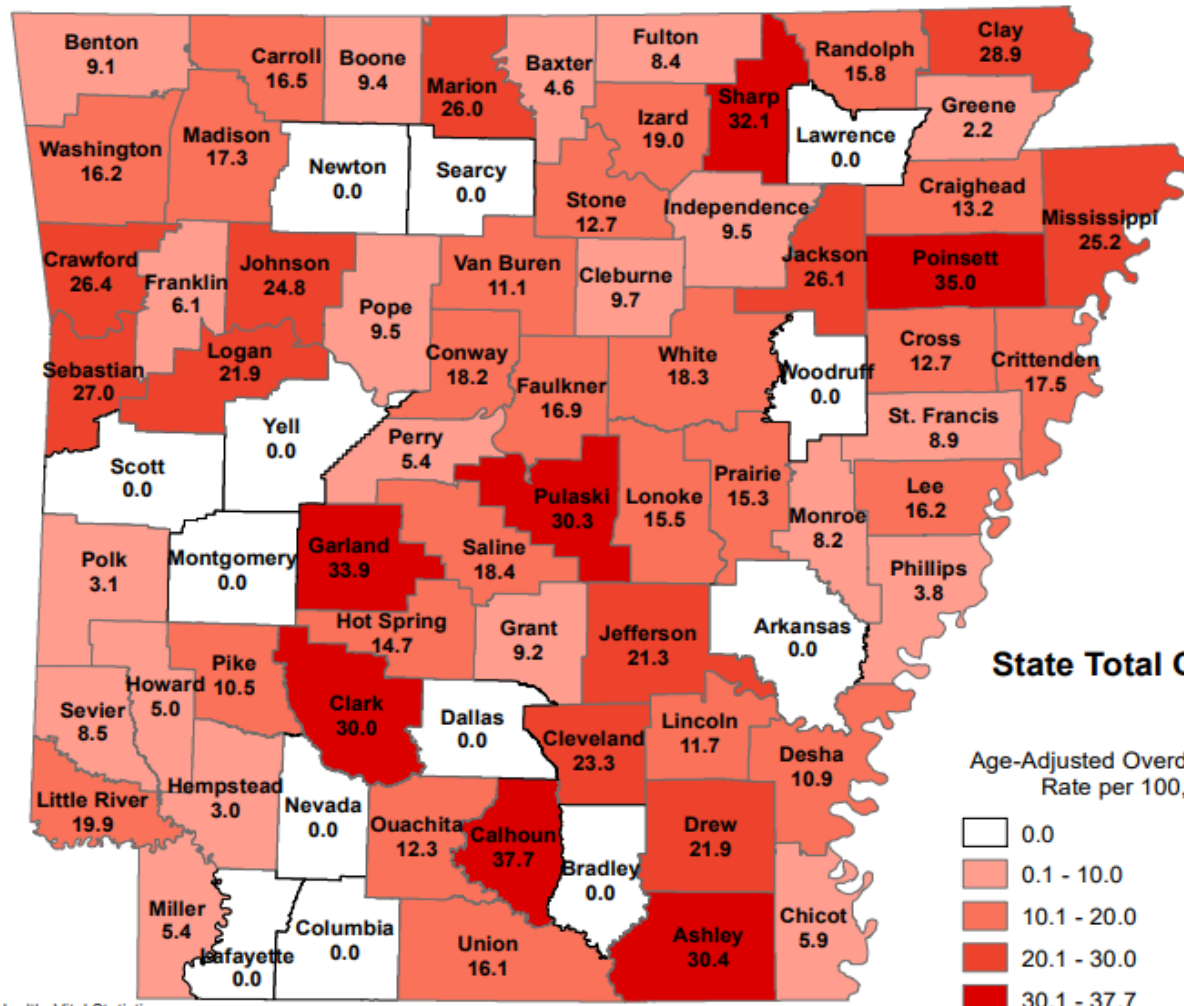
Rate per 100 population

- 0 - 64.10
- 64.11 - 82.90
- 82.91 - 107.10
- >107.10

Data exclude buprenorphine products.  
Location is based on county of patient address.  
Prescriptions written by AR prescribers to AR patients.

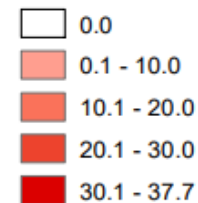


## All-Drug Overdose Death Rates per 100,000 People per County for Arkansas Residents, Based on the Individual's Address - Arkansas, 2022\*



**State Total Count: 487\***

Age-Adjusted Overdose Death Rate per 100,000



Date: March 7, 2023  
 Source: Arkansas Department of Health, Vital Statistics  
 Map created by: Chelsea Clay, Epidemiologist

\* Data are provisional as of 3/6/2023

# AD Program Goals

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- Increase primary care provider (PCP) knowledge of alternative and multidisciplinary pain care and treatment while reducing opioid prescribing when possible.
- Implement harm reduction strategies in primary care practices across AR.



# UAMS Multi-disciplinary AD Team



**Meghan Breckling**

**PharmD**

Safer opioid and benzodiazepine prescribing and tapering, evidence-based medication treatment of acute and chronic pain, and SUD treatment



**Leah Tobey-Moore**

**PT, DPT, MBA**

Acute and chronic pain, common musculoskeletal conditions, older adult pain management



**Mohab Ali**

**MD**

Psychiatric impact of pain, harm reduction with naloxone

# Evolution of UAMS AD Program

## Campaign 1 (6/19 - 11/19)

One PharmD focused on opioid-prescribing

Face to Face AD Visits

103 Providers educated

31 Evaluations completed (30% response rate)

Innovative ideas: Multidisciplinary AD Team (PT, PharmD, MD) was formed; We created 4 AD modules (with \*CE\*) called "Evidence-based chronic pain management" series

## Campaign 2 (2/22 – 12/22)

4 Modules: Opioid Safety, Benzodiazepines: The 2nd Drug Epidemic, Preventing Overdoses with Naloxone, and Age-Friendly Healthcare

Virtual AD visits

65 providers educated

55 Evaluations (84%)



# Evolution of UAMS AD Program

## Campaign 3 (1/23 - 10/23)

### Multi-disciplinary team offering 4 AD modules

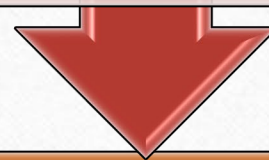
- Developed new materials & modules
- Motivational Interviewing Skills for PCPs
- Harm Reduction Resources
- Partnered with UAMS program (OPAL) to provide naloxone kits for AD trainees

### Innovation: How to involve learners?

- Student Summer Research Fellowship with AD program
- 10-week PharmD research elective
- Attended NaRCAD training
- MOUD module developed

### Unique populations considered & incorporated

- Older Adults
- People with lived experience
- Pulaski County Jail: Incarcerated individuals
- PEERs



## 11/23-2027

### Funding for Arkansas Naloxone Education Training (ANET) Program at UAMS, provided by SAMHSA

- Train-the-Trainer Implementation Strategy

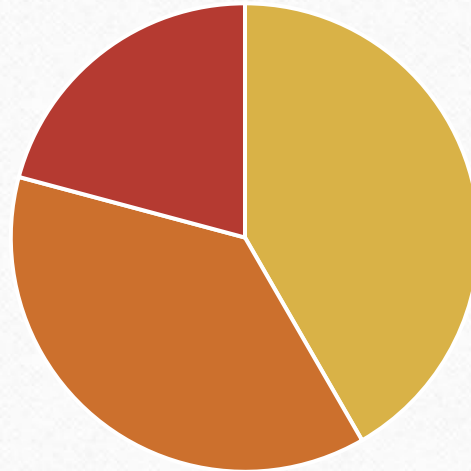
### Funding to develop "Evidence-based treatment of opioid and stimulant use disorders," provided by OSU via SAMHSA Region 6

- Emphasis on Support & Recovery Services
- Project Echo partnerships across Midwest & Southern states

# Evaluation Data

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Change to clinical practice

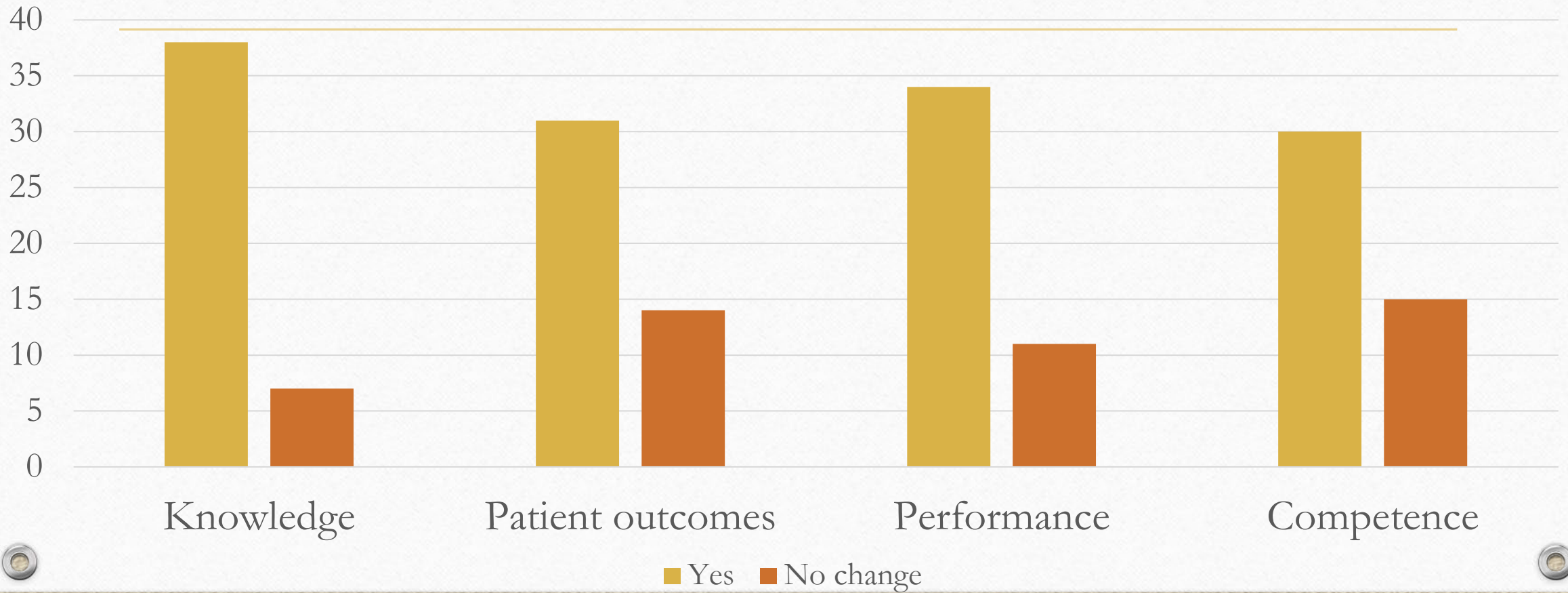


■ Change the management & treatment of patients (20) ■ Validated practices (18) ■ Create revised protocols (10)



# Improvements following AD

N=45



# Evolution of UAMS AD Program

## 11/23 - Future

Funding for Arkansas Naloxone Education Training (ANET) Program at UAMS, provided by SAMHSA (through 2027)

- Train-the-Trainer Implementation Strategy

Funding to develop "Evidence-based treatment of opioid and stimulant use disorders," provided by OSU via SAMHSA Region 6 (through 2024)

- Emphasis on Support & Recovery Services
- Project Echo partnerships across Midwest & Southern states



# References

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- *Arkansas Department of Health*, [www.healthy.arkansas.gov/programs-services/topics/prescription-monitoring-program](http://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.