



# PCSS

Providers' Clinical Support System

## Monthly Update

April 2015

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[www.PCSS-O.org](http://www.PCSS-O.org)

[www.PCSSMAT.org](http://www.PCSSMAT.org)



## Project ECHO Brings Specialty Treatment to Underserved Areas

More than 100 million Americans, nearly 40 percent, suffer from pain, according to the Institute of Medicine. Millions of those suffering with pain live in rural areas where seeing a primary care provider is challenging, never mind traveling hundreds of miles to see a specialist.

Providers are confronted with the task of treating pain cases that oftentimes also have political, health, and legal issues that many are not comfortable or trained to deal with. Additionally, pain is frequently accompanied with comorbid diseases, including addiction and depression, making treatment even more complex. Therefore, programs like Project ECHO (Extension for Community Healthcare



Outcomes) have become vital resources, particularly for healthcare providers working in underserved, rural areas. Project ECHO started in New Mexico after Dr. Sanjeev Arora, a hepatologist at the University of New Mexico in Albuquerque, became frustrated by the number of people who were dying from Hepatitis C, even though in many cases

this is a curable disease. The handful of specialists who treated the disease were predominantly located in urban areas, leaving thousands of those with Hepatitis C without care. Often, by the time the patient saw a specialist, it was too late.

In 2003, Dr. Arora began Project ECHO with a simple concept of having specialists use teleconferencing to reach out to primary care physicians in underserved areas to share knowledge and information in treating Hepatitis C. The idea was that if community healthcare was geared to the local population it would give more people access to specialized care. Through Project ECHO, providers develop the skills and knowledge needed to treat specific diseases that would otherwise require a specialist — known as “demonopolizing” medicine. The results for Project ECHO in treating Hepatitis C in New Mexico have been so positive, more than two dozen other diseases were added to the list that fit the Project ECHO model. Now Project ECHO models are located throughout the country with more being added every month.

For a disease to fit the ECHO model, it must be complex, common, and have evolving treatments. Pain is one such area that has seen a dramatic increase in interest, according to Dr. Miriam Komaromy, Associate Director of Project ECHO, particularly with the Department of Defense. Quite often, providers who are part of Project ECHO Pain also see patients with opioid use disorders.

## Family Physician Seeks Specialized Pain Training

Emily Lieder, DO, had not been in her Family Medicine practice long before she realized her medical training was missing an important element—how to treat patients with pain.

Like many physicians in rural areas, Dr. Lieder was seeing patients with a variety of issues involving pain but lacked the training and experience to feel confident in providing effective, evidence-based treatment.

“There’s not a lot of research on how we’re supposed to treat patients with pain,” Dr. Lieder said. “It’s an area of medicine in great need of education”



and like many residencies, pain management was not emphasized, leaving graduates to learn by trial and error once

practicing on their own.

Dr. Lieder practices Family Medicine in Flagstaff, Arizona, at North Country Healthcare’s Flagstaff Clinic and sees patients who are uninsured, homeless, and underserved. In dealing with patients complaining

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## PCSS-MAT Steering Committee

Addiction Technology Transfer Centers  
 American Academy of Addiction Psychiatry  
 American Academy of Child & Adolescent Psychiatry  
 American Academy of Family Physicians  
 American Academy of Pain Medicine  
 American Academy of Pediatrics  
 American Association for the Treatment of Opioid Dependence  
 American Association of Colleges of Pharmacy  
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 American Pain Society  
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 Association for Medical Education and Research in Substance Abuse  
 California Academy of Family Physicians  
 Coalition of Physician Education in Substance Use Disorders  
 College of Psychiatric and Neurologic Pharmacists  
 Faces and Voices of Recovery  
 International Nurses Society on Addictions  
 Medscape  
 National Association for Alcoholism and Drug Abuse Counselors  
 National Association of Drug Court Professionals  
 National Council on Behavioral Health  
 National Institute of Drug Abuse Clinical Trials Network  
 National Medical Association  
 NIATx  
 Society of General Internal Medicine  
 Society of Teachers of Family Medicine  
 Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment  
 Veterans Health Administration  
 World Psychiatric Association

### *ECHO Continued from p. 1*

The project allows healthcare providers to regularly share cases and learn from other healthcare professionals and pain and addiction specialists. Through teleconferencing, clinicians not only share their own cases with specialists, but also have the opportunity to hear other providers' cases. The result is an intensive and interactive learning environment that gives providers more confidence in treating pain.



Miriam Komaromy, MD

"Pain ECHO has really flourished," Dr. Komaromy said. "Prescribing opioids has become such a controversial topic. There is anxiety on the part of providers that they are over or under prescribing. Opioid use is at the heart of this."

Currently, there are Pain ECHO projects in Ontario, Canada; the University of Washington; New Mexico; University of California, Davis; the University of Utah; and Connecticut. The Department of Defense Army has a worldwide initiative and the Department of Veteran's Affairs

is also involved. Beginning in January 2015, the Indian Health Services (through its ECHO Pain and Addiction) is requiring its clinicians with licenses to prescribe controlled substances complete five hours of "essential CME training" in Best Practices Pain and Addiction. This is the first Federal agency to mandate pain and addiction training.

Pain ECHO clinics provide training for management of pain, including opioid use disorder, while ECHO's Integrated Addictions and Psychiatry (IAP) project addresses all forms of addiction as well as other mental health disorders. IAP was the first ECHO clinic launched after the original Hepatitis C ECHO. TeleECHO clinics modeled on IAP are currently established in New Mexico, Connecticut, Oregon, Canada, and India.

Training is available through the ECHO Institute in New Mexico for clinicians who want to replicate a Project ECHO in their area. The project offers 1) videoconferencing, 2) one-day orientation, and 3) two-to-five day immersion training.

[More information.](#)

### *Physician Continued from p. 1*

of pain, she was faced with myriad questions, including: How do you screen patients for opioid use disorders? How do you determine if a patient is at risk

for developing the disease?

Are opioids an appropriate option? What

are the best alternative

treatments? What

are standards of care? How do you tell a patient in pain you cannot prescribe opioids and why?

Dr. Lieder found the answers to these questions at Project ECHO Pain, a program that gives healthcare providers specialized training. The project brings together experts in pain and healthcare providers by video conference to aid them in treating patients who need focused

care but have no access to pain specialists.

"With ECHO, you are able to bring patients to the table that are challenging and get answers,"

Dr. Lieder said.

Once a week, Dr. Lieder and others participate in the video conference, talking about specific cases, getting advice, and connecting to other healthcare providers

who are confronted with similar challenges. At any one conference, 30-plus providers and experts exchange knowledge and information in a training exercise that allows Dr. Lieder and others to feel more confident treating patients with pain.

"ECHO has been wonderful in increasing my confidence in treating these patients," Dr. Lieder said.

# Language Matters, Especially in Addiction

by Jeanette M. Tetrault, MD, FACP  
and David A. Fiellin, MD

A substance use disorder is a chronic, relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences. Substance use disorders are widely prevalent affecting more than 40 million Americans. Despite the high prevalence of disease, addiction treatment can be difficult to access or navigate with only 10 percent of patients in need of treatment actually receiving it.[1, 2]

Although several complex factors may explain this treatment gap, one key factor is pervasive stigma. It is not uncommon for patients, families, health professionals, and the general public to view addiction as a moral failing on the part of an individual and to shun those who struggle with this disease. As a medical community, we need to consider how the language we use to refer to substance use may perpetuate negative attitudes about this medical condition.[3, 4]

Patients with substance use disorders are often referred to as addicts, alcoholics, or substance abusers whose treatment course is defined by whether or not they are dirty or clean. These non-medical, value laden, and stigmatized terms can inadvertently reinforce a perception that substance use and substance use disorders are somehow different and lesser than other medical conditions. Would we ever allow patients with obesity to be described as food abusers? Would we describe patients with coronary artery disease as having dirty arteries? Why should patients with substance use disorders be subject to moral judgment inherent in this stigmatizing language?

Some may ask whether language really matters. A recent study evaluated whether referring to an individual as “a substance abuser” vs. “having a substance use disorder” evokes different judgments about behavioral self-regulation, social threat, and treatment vs. punishment among highly trained mental health clinicians. Clinicians reading vignettes referring to “substance abusers” were more likely to feel that the individual was to blame and that punitive measures should be taken. [5]

As a medical community, we are making strides. For instance, we no longer recognize the term “substance abuse” as a diagnostic category. Rather, the DSM5 combines the criteria for substance abuse and dependence into a single construct



defining substance use disorder.[6, 7] Additionally, a major journal in the field recently endorsed the use of people-first language, which focuses on the medical aspect of the disease and its treatment, while promoting the recovery process and avoidance perpetuating negative stereotypes through the use of slang terms and idioms.[4]

With more attention being paid to substance use disorders as chronic medical illnesses, we are at a crossroads where we can make a real and lasting impact in advancing the science of our field simply by changing the language we use to talk to our patients, their families, our colleagues, and the general public.

#### References.

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2. O'Connor, P.G., R.J. Sokol, and G. D'Onofrio, *Addiction medicine: The birth of a new discipline*. *JAMA Internal Medicine*, 2014. 174(11): p. 1717-1718.
3. Kelly, J.F., S.E. Wakeman, and R. Saitz, *Stop Talking 'Dirty': Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States*. *The American Journal of Medicine*, 2015. 128(1): p. 8-9.
4. Broyles, L.M., et al., *Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response*. *Substance Abuse*, 2014. 35(3): p. 217-221.
5. Kelly, J.F. and C.M. Westerhoff, *Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms*. *Int J Drug Policy*, 2010. 21(3): p. 202-7.
6. Hasin, D.S., et al., *DSM-5 criteria for substance use disorders: recommendations and rationale*. *Am J Psychiatry*, 2013. 170(8): p. 834-51.
7. American Psychiatric Association, *Diagnostic and Statistical Manual, 5th Edition*. . 2013.



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 College of Psychiatric and Neurologic Pharmacists  
 Faces and Voices of Recovery  
 International Nurses Society on Addictions  
 Medscape  
 National Association of Alcoholism and Drug Abuse Counselors  
 National Association of Drug Court Professionals  
 National Council for Behavioral Health  
 National Medical Association  
 Public Health Foundation (TRAIN)  
 Sickle Cell Adult Providers Network  
 Society of General Internal Medicine  
 Society of Teachers of Family Medicine  
 Southeastern Consortium for Substance Abuse Training  
 Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment  
 Veterans Health Administration  
 World Psychiatric Association

**PCSS-MAT CME WEBINARS**
**Opiate Agonist Therapy: To Maintain or Not To Maintain**

**Sponsor:** American Academy of Addiction Psychiatry (AAAP)

**Presenters:** Timothy Fong, MD; Edwin Salsitz, MD, FASM

**Date:** Tuesday, April 14, 2015

**Time:** 12:00-1:00 pm ET

[Register](#) and more information


**Prescription Pain Medication and Heroin: A Changing Picture**

**Sponsor:** American Psychiatric Association (APA)

**Presenter:** Jane C. Maxwell, PhD

**Date:** Tuesday, May 12, 2015

**Time:** 12:00-1:00 pm ET

[Register](#) and more information


**PCSS-O CME WEBINARS**
**Responsible Prescribing of Methadone for Pain Management: Safety First**

**Sponsor:** American Academy of Pain Medicine (AAPM)

**Speaker:** Lynn Webster, MD

**Date:** Tuesday, April 14, 2015

**Time:** 3:00-4:00 pm ET

[Register](#) and more information


**Safe Prescribing for Patients with a History of Substance Abuse Disorders**

**Sponsor:** American Dental Association (ADA)

**Speaker:** Michael O'Neil, PharmD

**Date:** Wednesday, April 22, 2015

**Time:** 3:00-4:00 pm ET

[Register](#) and more information


**Post Traumatic Stress Syndrome and Traumatic Brain Injury Comorbid Opioid Abuse Risk**

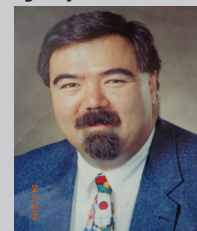
**Sponsor:** American Osteopathic Academy of Addiction Medicine (AOAAM)

**Speaker:** Anthony Dekker, DO, FACOFP, FAOAAM

**Date:** Wednesday, April 29, 2015

**Time:** 12:00 - 1:00 pm ET

[Register](#) and more information



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## The Road Less Traveled: Using Buprenorphine-Naloxone to Treat High-Risk Chronic Pain Patients

**Sponsor:** American Society of Pain Management Nurses (ASPMN)  
**Speakers:** Sarah Roy, BSN, RN, CCRN; Jenna Martino, MSN, APRN, FNP-BC; Audrey Royce, MSN, APRN, FNP-BC; and Patrick Marshalek, MD  
**Date:** Wednesday, April 29, 2015  
**Time:** 1:00 - 2:00 pm ET

[Register](#) and more information

## Where in the World is...PCSS?

[National Rx Drug Abuse Summit](#)

April 6-9, 2015, Atlanta, GA

[Federation of State Medical Boards](#)

April 23-25, 2015, Fort Worth, TX

[APA 168th Annual Meeting](#)

May 15-20, 2015, Toronto, Canada

If you are planning to attend any of these events, please stop by our exhibit for information or to chat. We would love to see you!

## Buprenorphine Waiver Trainings

**Saturday, April 18, 2015**

8:00 am - 12:30 pm ET

Course Director: Stephen A. Wyatt, DO

[Register](#)

**Wednesday, April 22, 2015**

5:00 pm - 9:30 pm ET

Course Director: William Morrone, DO

[Register](#)

**Saturday, May 9, 2015**

8:00 am - 12:30 pm ET

Course Director: Stephen A. Wyatt, DO

[Register](#)

**Saturday, May 16, 2015**

9:00 am - 4 pm

Course Director: John Renner, MD

Offered at the [APA Annual Meeting](#)

## Small Group Discussions

*Small Group Discussions are robust interactions with experts presenting a clinical case to review with health providers on a specific topic. Sessions are limited to 10 participants. Invitations are sent to those already enrolled in [PCSS-MAT Mentor](#) or [PCSS-O Colleague Support](#) programs at least three weeks prior to the event. Click the above links to enroll in the mentoring program of your choice. All discussions are available at no cost.*

**Note:** These programs are designed as a coaching session on clinical issues.

### **PCSS-MAT**

#### **When to Terminate Buprenorphine Maintenance**

Tuesday, April 7, 2015, 12:00 - 1:00 pm ET

Michelle Lofwall, MD

#### **Injectable Naltrexone Induction in Private Office**

Tuesday, April 20, 2015, 1:00 - 2:00 pm ET

Edward Nunes, MD

### **PCSS-O**

#### **Opioid Pharmacotherapy**

Wednesday, April 15, 2015, 3:00 - 4:00 pm ET

Sidarth Wakhlu, MD

## Coming in the May issue of *PCSS Monthly Update*....

How Massachusetts created a model that allows more people with opioid use disorder to access medication assisted treatment.

An analysis of Kentucky's new legislation with Dr. Michelle Lofwall. Will the legislation targeting the heroin epidemic in that state make a difference?

A round-up of legislation around the country. What is happening in your state? Please email [jane@aaap.org](mailto:jane@aaap.org) with legislation of interest pertaining to opioids.

And much more!

## Case Study: Pregnant Woman Admits to Occasionally Using Heroin. Your Diagnosis?

Each month, PCSS Monthly Update will feature one case study. For each of the case studies, you will be presented with a clinical scenario followed by a link to a series of questions. We encourage you to first review the questions and develop what you believe is the most appropriate response. Then review the answers that we have provided. These case studies are provided as a free educational resource and review tool. **NOTE:** There are no CME credits for completing these studies.

**A** 27-year-old woman presents to your medical office on a Monday morning for a scheduled new patient appointment. She is four months pregnant and is seeking your help with care for this, her first pregnancy. She is generally healthy, but smokes one pack of cigarettes a day, drinks occasional alcohol about once per month, and has a distant history of a motor vehicle accident that required a several-day stay in the hospital. She is on no medications and has no drug allergies.

The patient does not initially admit



to drug use, but during questioning, she reports sniffing heroin, which she began using with her boyfriend about six months ago. This has been primarily on weekends, and she denies any injecting of drugs. (Physical examination shows no evidence of injecting.) She believes she can stop using heroin without any problem. However, she is a bit worried as she feels ill today and thinks it is probably a cold or the pregnancy, but

she also admits to being bothered with the idea that she should go home and use some heroin after she is finished meeting with you. During further questioning, she states that on rare occasions, she has snorted “just a touch” of heroin during the week to help her feel better.

You have a general medical practice in a small, rural town. A mid-sized metropolitan area is about 75 miles away. Your practice has included the delivery of noncomplicated pregnancies at the local hospital, which has about 50 beds, and you have successfully treated four patients with buprenorphine in the office setting. However, two other patients you initially attempted to treat with buprenorphine eventually required referral to a methadone program in the city.

[Review Questions](#)

## Leaders from Medicine and Safety Groups Form Coalition to Provide Stronger State Rx Overdose Prevention and Treatment Efforts

The [American Medical Association](#) (AMA), [Harm Reduction Coalition](#) (HRC), [National Safety Council](#) (NSC) and more than 150 public health, patient, and healthcare organizations recently joined together urging the nation’s governors to place increased emphasis on overdose prevention and treatment, part of the effort to combat prescription drug abuse, misuse, overdose and death.

This year, at least three-quarters of states are expected to introduce legislation related to prescription drug misuse, diversion, overdose, and death, but the predominant theme for that legislation is restricting the supply of opioids. While targeted efforts to ensure appropriate prescribing and use of prescription drug monitoring programs when clinically indicated are part of the solution, AMA, HRC and NSC, urged the nation’s governors to take action to help treat those suffering from substance use disorders and enact other

measures to save lives from overdose.

“States have shown that they can restrict prescription opioids, but the unintended effects of those policies without comparable attention to addiction treatment access have helped lead to the increase in heroin use,” the coalition letter said. “No one wants that trend to continue, but without effective demand-side measures, it will.”

The organizations urged action that includes:

- Increasing access to and use of naloxone, the opioid overdose-reversal drug, in every state.
- Providing “Good Samaritan” protections—allowing others to aid an overdose victim without fear of arrest.
- Increasing access to medication-assisted treatment services and non-opioid-based treatments.

[Learn more](#) about AMA’s efforts.

## Call for Abstracts and Workshops Open for AMERSA

Call for Abstracts and Workshops is now open for the 39th Association for Medical Education and Research in Substance Abuse (AMERSA) annual national conference, November 5-7, 2015 at the Fairmont Georgetown, Washington, DC.

AMERSA is seeking abstract submissions of recent substance use-related research and education innovations in one of three categories: Research, Program and Curricula Evaluation, and Clinical Case Presentations.

Go to [www.amersa.org](http://www.amersa.org) for detailed online submission and instructions. Deadline for submission - 5/29/15 (5:00 PM ET). Registration for the meeting is open.

## AAAP Releases Call for Abstracts, Workshops

The American Academy of Addiction Psychiatry (AAAP) has opened its call for abstracts and workshops for its 26th Annual Meeting and Symposium, slated for Dec. 3-6, 2015 in Huntington Beach, Calif., at the Hyatt Regency Huntington Beach Resort and Spa.

Paper presentations, posters, and workshops submissions must be received by June 1, 2015.

[Submit](#) your abstract and or register for the meeting.

## SCOPE of Pain Offers Half-day Conferences on Safe Opioid Prescribing

Half-day meetings consist of representatives from state and federal regulatory agencies and bring information and resources to clinicians, and open a valuable dialogue between regulatory agencies and clinicians. The panel discussions have been invaluable and are intended to increase provider use of state programs and resources.

- Acadia Hospital, Bangor, ME, April 10, 2015
- Maine Medical Center Portland, ME, April 11, 2015
- The Cove Restaurant, Fall River, MA, April 28, 2015

[Register or learn more](#) about these one of these conferences.

## Announcements and Educational Opportunities

If you have an educational resource or training on opioid addiction that you would like to share contact: [jane@aaap.org](mailto:jane@aaap.org).

Please limit to 400 words.

## Opioid Documentation and Safe Prescribing

[The American College of Physicians \(ACP\)](#) features presentations on opioids and safe prescribing. The meeting is being held from April 28-May 4 in Boston, Mass. The two sessions involving opioids are:

**Title:** Prescribing Chronic Opioids Important Surveillance and Documentation

**When:** April 30, 2015, 4:30 - 5:30 pm

**Presenter:** Daniel P. Alford, MD, MPH, FACP

- What issues are important to document in follow-up visits for patients receiving chronic opioids?
- How can proper documentation protect my practice?
- How do you recognize and manage a patient suspected of aberrant drug-taking behaviors?

**Title:** Pain Management: Strategies for Safe Prescribing

**When:** May 1, 2015, 8:15 - 9:15 am

**Presenter:** Molly A. Feely, MD, FACP

- What patient or clinical characteristics can help with the choice of therapy for chronic pain?
- When are pain contracts/agreements or monitoring strategies, such as toxicology screen, recommended?
- How can side effects of pain medications be minimized and managed?

## ASAM 46th Annual Meeting

### Pain and Addiction Course Offerings in Texas

[American Society of Addiction Medicine \(ASAM\)](#)

**April 23, 2015, 8:00 am - 5:30 pm**

Experts in the field will examine evidence-based approaches of pain management that involve minimal or no use of prescription opioids. Through the use of five clinical cases, faculty will demonstrate how to treat varied types of pain patients. Faculty will use role play in combination with short lectures to model and explain the best approaches to treatment for the unique patients. Course attendees will learn how to use motivational interviewing effectively and how to get the most out of patient interactions.



## PARTNER AND STEERING COMMITTEE MEETINGS

### May 2015

- [American Psychiatric Association](#), May 16-20, Toronto, Canada
- [American College of Obstetricians and Gynecologists](#), May 2-6, San Francisco, CA

### June 2015

- [American College of Physicians](#)  
State Chapter meetings in: Alabama, June 4-7; and Wyoming, June 5-7
- [American Dental Association](#)  
State Chapter meetings in: Alabama, June 9-14; Florida, June 11-13; Idaho, June 17-19; Indiana, June 10-13; Maine, June 12-13; Nevada, June 25-27; and Washington, June 11-12
- [American Academy of Pediatrics](#)  
State Chapter meeting in Arizona, June 26-28; Georgia, June 10-13; and Utah, June 1-3

### July 2015

- [National Association of Drug Court Professionals](#)  
July 27-30, Washington, D.C.
- [American Academy of Family Physicians National Conference](#)  
July 30-Aug. 1, Kansas City, MO

## IN THE NEWS...

[HHS Takes Strong Steps to Address Opioid-Drug Related Overdose, Death and Dependence](#) (U.S. Dept. of Health & Human Services press release)

[Prisons Are Making America's Drug Problem Worse](#) (*Politico Magazine*)

[Most Painkiller Users Don't Know Opioid Sharing Is Felony](#) (*Bloomberg Business*)

[SAMSHA Issues Federal Guidelines for Opioid Treatment Programs](#) (SAMHSA)

## RECENT STUDIES...

[Review of Naloxone Safety for Opioid Overdose](#) (US National Library of Medicine National Institutes of Health)

[The Pain Experience of Inpatients in a Teaching Hospital: Revisiting a Strategic Priority](#) (American Society for Pain Management Nursing)

[Stepped-Care Approach to Chronic Pain Improves Function](#) (*Journal of the American Medical Association Internal Medicine*)

## NOTABLE PUBLICATIONS...



Facts for Community Members  
Five Essential Steps for First Responders  
Information for Prescribers  
Safety Advice for Patients & Family Members  
Recovering from Opioid Overdose

[View here.](#)

